

STAMFORD HOSPITAL					
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	\$105,744,000	\$101,451,000	(\$4,293,000)	-4%
2	Short Term Investments	\$44,000	\$58,000	\$14,000	32%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$68,026,000	\$68,967,000	\$941,000	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$159,000	\$113,000	(\$46,000)	-29%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,366,000	\$2,838,000	(\$528,000)	-16%
7	Inventories of Supplies	\$5,564,000	\$6,403,000	\$839,000	15%
8	Prepaid Expenses	\$6,075,000	\$6,029,000	(\$46,000)	-1%
9	Other Current Assets	\$7,322,000	\$6,798,000	(\$524,000)	-7%
	Total Current Assets	\$196,300,000	\$192,657,000	(\$3,643,000)	-2%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$167,015,000	\$77,128,000	(\$89,887,000)	-54%
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	\$26,075,000	\$26,253,000	\$178,000	1%
	Total Noncurrent Assets Whose Use is Limited:	\$193,090,000	\$103,381,000	(\$89,709,000)	-46%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$54,217,000	\$66,272,000	\$12,055,000	22%
7	Other Noncurrent Assets	\$24,604,000	\$33,726,000	\$9,122,000	37%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$561,134,000	\$595,321,000	\$34,187,000	6%
2	Less: Accumulated Depreciation	\$363,576,000	\$385,771,000	\$22,195,000	6%
	Property, Plant and Equipment, Net	\$197,558,000	\$209,550,000	\$11,992,000	6%
3	Construction in Progress	\$132,021,000	\$205,609,000	\$73,588,000	56%
	Total Net Fixed Assets	\$329,579,000	\$415,159,000	\$85,580,000	26%
	Total Assets	\$797,790,000	\$811,195,000	\$13,405,000	2%

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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	\$67,704,000	\$74,743,000	\$7,039,000	10%
2	Salaries, Wages and Payroll Taxes	\$11,945,000	\$10,571,000	(\$1,374,000)	-12%
3	Due To Third Party Payers	\$6,229,000	\$6,542,000	\$313,000	5%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,664,000	\$5,562,000	(\$102,000)	-2%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$18,956,000	\$19,240,000	\$284,000	1%
	Total Current Liabilities	\$110,498,000	\$116,658,000	\$6,160,000	6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$373,518,000	\$367,973,000	(\$5,545,000)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$373,518,000	\$367,973,000	(\$5,545,000)	-1%
3	Accrued Pension Liability	\$59,907,000	\$73,008,000	\$13,101,000	22%
4	Other Long Term Liabilities	\$45,491,000	\$34,750,000	(\$10,741,000)	-24%
	Total Long Term Liabilities	\$478,916,000	\$475,731,000	(\$3,185,000)	-1%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$160,467,000	\$151,392,000	(\$9,075,000)	-6%
2	Temporarily Restricted Net Assets	\$39,876,000	\$59,053,000	\$19,177,000	48%
3	Permanently Restricted Net Assets	\$8,033,000	\$8,361,000	\$328,000	4%
	Total Net Assets	\$208,376,000	\$218,806,000	\$10,430,000	5%
	Total Liabilities and Net Assets	\$797,790,000	\$811,195,000	\$13,405,000	2%

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013 ACTUAL</u>	<u>FY 2014 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,718,105,725	\$1,779,032,454	\$60,926,729	4%
2	Less: Allowances	\$1,174,548,246	\$1,250,283,548	\$75,735,302	6%
3	Less: Charity Care	\$28,856,190	\$30,293,187	\$1,436,997	5%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$514,701,289	\$498,455,719	(\$16,245,570)	-3%
5	Provision for Bad Debts	\$48,816,544	\$40,649,514	(\$8,167,030)	-17%
	Net Patient Service Revenue less provision for bad debts	\$465,884,745	\$457,806,205	(\$8,078,540)	-2%
6	Other Operating Revenue	\$17,736,787	\$21,118,033	\$3,381,246	19%
7	Net Assets Released from Restrictions	\$1,454,412	\$1,495,297	\$40,885	3%
	Total Operating Revenue	\$485,075,944	\$480,419,535	(\$4,656,409)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$184,582,014	\$183,394,489	(\$1,187,525)	-1%
2	Fringe Benefits	\$59,719,752	\$46,314,136	(\$13,405,616)	-22%
3	Physicians Fees	\$10,441,790	\$10,919,257	\$477,467	5%
4	Supplies and Drugs	\$58,276,625	\$64,543,067	\$6,266,442	11%
5	Depreciation and Amortization	\$24,839,004	\$24,086,230	(\$752,774)	-3%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$6,274,383	\$6,006,820	(\$267,563)	-4%
8	Malpractice Insurance Cost	\$9,388,014	\$9,395,508	\$7,494	0%
9	Other Operating Expenses	\$100,143,323	\$98,831,510	(\$1,311,813)	-1%
	Total Operating Expenses	\$453,664,905	\$443,491,017	(\$10,173,888)	-2%
	Income/(Loss) From Operations	\$31,411,039	\$36,928,518	\$5,517,479	18%
C. Non-Operating Revenue:					
1	Income from Investments	\$424,746	\$444,982	\$20,236	5%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$717,812	\$685,785	(\$32,027)	-4%
	Total Non-Operating Revenue	\$1,142,558	\$1,130,767	(\$11,791)	-1%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$32,553,597	\$38,059,285	\$5,505,688	17%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$201,574	\$363,258	\$161,684	80%

STAMFORD HOSPITAL					
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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	(\$256,757)	\$1,224,897	\$1,481,654	-577%
	Total Other Adjustments	(\$55,183)	\$1,588,155	\$1,643,338	-2978%
	Excess/(Deficiency) of Revenue Over Expenses	\$32,498,414	\$39,647,440	\$7,149,026	22%
	Principal Payments	\$5,140,000	\$5,376,000	\$236,000	5%

**STAMFORD HOSPITAL
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.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$245,673,185	\$246,752,076	\$1,078,891	0%
2	MEDICARE MANAGED CARE	\$46,208,526	\$51,673,212	\$5,464,686	12%
3	MEDICAID	\$117,194,274	\$110,053,227	(\$7,141,047)	-6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$455,436	\$722,165	\$266,729	59%
6	COMMERCIAL INSURANCE	\$53,153,142	\$49,522,064	(\$3,631,078)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$136,036,802	\$145,731,595	\$9,694,793	7%
8	WORKER'S COMPENSATION	\$2,891,984	\$4,740,776	\$1,848,792	64%
9	SELF- PAY/UNINSURED	\$16,415,559	\$15,900,440	(\$515,119)	-3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,452,859	\$3,250,759	\$797,900	33%
	TOTAL INPATIENT GROSS REVENUE	\$620,481,767	\$628,346,314	\$7,864,547	1%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$275,679,007	\$302,143,221	\$26,464,214	10%
2	MEDICARE MANAGED CARE	\$60,392,707	\$64,074,177	\$3,681,470	6%
3	MEDICAID	\$137,021,769	\$158,191,842	\$21,170,073	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$686,729	\$1,024,174	\$337,445	49%
6	COMMERCIAL INSURANCE	\$144,966,374	\$147,198,767	\$2,232,393	2%
7	NON-GOVERNMENT MANAGED CARE	\$406,464,894	\$412,797,004	\$6,332,110	2%
8	WORKER'S COMPENSATION	\$9,985,992	\$10,701,168	\$715,176	7%
9	SELF- PAY/UNINSURED	\$63,105,332	\$51,321,924	(\$11,783,408)	-19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,024,524	\$3,233,863	\$1,209,339	60%
	TOTAL OUTPATIENT GROSS REVENUE	\$1,100,327,328	\$1,150,686,140	\$50,358,812	5%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$521,352,192	\$548,895,297	\$27,543,105	5%
2	MEDICARE MANAGED CARE	\$106,601,233	\$115,747,389	\$9,146,156	9%
3	MEDICAID	\$254,216,043	\$268,245,069	\$14,029,026	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,142,165	\$1,746,339	\$604,174	53%
6	COMMERCIAL INSURANCE	\$198,119,516	\$196,720,831	(\$1,398,685)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$542,501,696	\$558,528,599	\$16,026,903	3%
8	WORKER'S COMPENSATION	\$12,877,976	\$15,441,944	\$2,563,968	20%
9	SELF- PAY/UNINSURED	\$79,520,891	\$67,222,364	(\$12,298,527)	-15%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$4,477,383	\$6,484,622	\$2,007,239	45%
	TOTAL GROSS REVENUE	\$1,720,809,095	\$1,779,032,454	\$58,223,359	3%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$59,248,315	\$57,591,876	(\$1,656,439)	-3%
2	MEDICARE MANAGED CARE	\$9,881,422	\$11,219,026	\$1,337,604	14%

**STAMFORD HOSPITAL
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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	\$19,014,905	\$15,718,579	(\$3,296,326)	-17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$30,170	\$229,860	\$199,690	662%
6	COMMERCIAL INSURANCE	\$20,849,725	\$17,119,729	(\$3,729,996)	-18%
7	NON-GOVERNMENT MANAGED CARE	\$50,250,177	\$60,948,208	\$10,698,031	21%
8	WORKER'S COMPENSATION	\$1,714,897	\$920,781	(\$794,116)	-46%
9	SELF- PAY/UNINSURED	\$421,988	\$115,038	(\$306,950)	-73%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$317,098	\$328,652	\$11,554	4%
	TOTAL INPATIENT NET REVENUE	\$161,728,697	\$164,191,749	\$2,463,052	2%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$38,796,229	\$42,156,848	\$3,360,619	9%
2	MEDICARE MANAGED CARE	\$6,613,067	\$7,920,945	\$1,307,878	20%
3	MEDICAID	\$19,151,626	\$24,969,031	\$5,817,405	30%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$171,337	\$189,569	\$18,232	11%
6	COMMERCIAL INSURANCE	\$67,209,465	\$58,911,949	(\$8,297,516)	-12%
7	NON-GOVERNMENT MANAGED CARE	\$175,908,988	\$171,808,671	(\$4,100,317)	-2%
8	WORKER'S COMPENSATION	\$6,478,293	\$5,540,125	(\$938,168)	-14%
9	SELF- PAY/UNINSURED	\$1,669,285	\$1,538,646	(\$130,639)	-8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$238,917	\$91,553	(\$147,364)	-62%
	TOTAL OUTPATIENT NET REVENUE	\$316,237,207	\$313,127,337	(\$3,109,870)	-1%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$98,044,544	\$99,748,724	\$1,704,180	2%
2	MEDICARE MANAGED CARE	\$16,494,489	\$19,139,971	\$2,645,482	16%
3	MEDICAID	\$38,166,531	\$40,687,610	\$2,521,079	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$201,507	\$419,429	\$217,922	108%
6	COMMERCIAL INSURANCE	\$88,059,190	\$76,031,678	(\$12,027,512)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$226,159,165	\$232,756,879	\$6,597,714	3%
8	WORKER'S COMPENSATION	\$8,193,190	\$6,460,906	(\$1,732,284)	-21%
9	SELF- PAY/UNINSURED	\$2,091,273	\$1,653,684	(\$437,589)	-21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$556,015	\$420,205	(\$135,810)	-24%
	TOTAL NET REVENUE	\$477,965,904	\$477,319,086	(\$646,818)	0%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,333	4,501	168	4%
2	MEDICARE MANAGED CARE	785	835	50	6%
3	MEDICAID	3,552	3,376	(176)	-5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	18	15	(3)	-17%
6	COMMERCIAL INSURANCE	1,633	1,500	(133)	-8%
7	NON-GOVERNMENT MANAGED CARE	4,073	4,113	40	1%
8	WORKER'S COMPENSATION	49	61	12	24%

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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
9	SELF- PAY/UNINSURED	359	366	7	2%
10	SAGA	0	0	0	0%
11	OTHER	69	81	12	17%
	TOTAL DISCHARGES	14,871	14,848	(23)	0%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	27,017	27,588	571	2%
2	MEDICARE MANAGED CARE	4,529	5,295	766	17%
3	MEDICAID	16,068	14,553	(1,515)	-9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	60	65	5	8%
6	COMMERCIAL INSURANCE	6,306	5,546	(760)	-12%
7	NON-GOVERNMENT MANAGED CARE	15,540	15,746	206	1%
8	WORKER'S COMPENSATION	184	243	59	32%
9	SELF- PAY/UNINSURED	1,614	1,443	(171)	-11%
10	SAGA	0	0	0	0%
11	OTHER	338	605	267	79%
	TOTAL PATIENT DAYS	71,656	71,084	(572)	-1%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	80,103	85,493	5,390	7%
2	MEDICARE MANAGED CARE	17,551	18,246	695	4%
3	MEDICAID	54,846	58,992	4,146	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	286	289	3	1%
6	COMMERCIAL INSURANCE	51,935	48,117	(3,818)	-7%
7	NON-GOVERNMENT MANAGED CARE	151,899	145,029	(6,870)	-5%
8	WORKER'S COMPENSATION	2,034	2,275	241	12%
9	SELF- PAY/UNINSURED	23,192	20,288	(2,904)	-13%
10	SAGA	0	0	0	0%
11	OTHER	506	675	169	33%
	TOTAL OUTPATIENT VISITS	382,352	379,404	(2,948)	-1%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$50,906,810	\$50,723,735	(\$183,075)	0%
2	MEDICARE MANAGED CARE	\$10,803,686	\$10,461,478	(\$342,208)	-3%
3	MEDICAID	\$56,605,614	\$62,296,880	\$5,691,266	10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$318,939	\$435,802	\$116,863	37%
6	COMMERCIAL INSURANCE	\$28,958,446	\$26,081,213	(\$2,877,233)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$57,805,986	\$59,042,440	\$1,236,454	2%
8	WORKER'S COMPENSATION	\$3,003,515	\$3,159,383	\$155,868	5%
9	SELF- PAY/UNINSURED	\$35,087,365	\$31,349,904	(\$3,737,461)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,902,699	\$2,503,836	\$601,137	32%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$245,393,060	\$246,054,671	\$661,611	0%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$4,799,225	\$5,142,898	\$343,673	7%

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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	\$720,939	\$984,212	\$263,273	37%
3	MEDICAID	\$4,667,027	\$5,150,524	\$483,497	10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$45,186	\$42,226	(\$2,960)	-7%
6	COMMERCIAL INSURANCE	\$15,881,090	\$12,351,669	(\$3,529,421)	-22%
7	NON-GOVERNMENT MANAGED CARE	\$28,929,210	\$30,197,408	\$1,268,198	4%
8	WORKER'S COMPENSATION	\$2,195,193	\$2,119,791	(\$75,402)	-3%
9	SELF- PAY/UNINSURED	\$273,586	\$177,683	(\$95,903)	-35%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$116,102	\$234,532	\$118,430	102%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$57,627,558	\$56,400,943	(\$1,226,615)	-2%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	6,015	6,315	300	5%
2	MEDICARE MANAGED CARE	1,261	1,196	(65)	-5%
3	MEDICAID	13,016	13,912	896	7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	68	79	11	16%
6	COMMERCIAL INSURANCE	4,830	4,156	(674)	-14%
7	NON-GOVERNMENT MANAGED CARE	9,478	8,936	(542)	-6%
8	WORKER'S COMPENSATION	697	762	65	9%
9	SELF- PAY/UNINSURED	6,744	5,621	(1,123)	-17%
10	SAGA	0	0	0	0%
11	OTHER	356	440	84	24%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	42,465	41,417	(1,048)	-2%

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TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
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	\$57,236,804	\$56,682,682	(\$554,122)	-1%
2	Physician Salaries	\$24,150,084	\$23,802,174	(\$347,910)	-1%
3	Non-Nursing, Non-Physician Salaries	\$103,195,126	\$102,909,633	(\$285,493)	0%
	Total Salaries & Wages	\$184,582,014	\$183,394,489	(\$1,187,525)	-1%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$18,519,095	\$14,315,699	(\$4,203,396)	-23%
2	Physician Fringe Benefits	\$7,811,344	\$6,011,575	(\$1,799,769)	-23%
3	Non-Nursing, Non-Physician Fringe Benefits	\$33,389,313	\$25,986,862	(\$7,402,451)	-22%
	Total Fringe Benefits	\$59,719,752	\$46,314,136	(\$13,405,616)	-22%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$2,474,853	\$1,298,029	(\$1,176,824)	-48%
2	Physician Fees	\$10,441,790	\$10,919,257	\$477,467	5%
3	Non-Nursing, Non-Physician Fees	\$28,388,584	\$27,871,415	(\$517,169)	-2%
	Total Contractual Labor Fees	\$41,305,227	\$40,088,701	(\$1,216,526)	-3%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$37,084,790	\$40,851,383	\$3,766,593	10%
2	Pharmaceutical Costs	\$21,191,835	\$23,691,684	\$2,499,849	12%
	Total Medical Supplies and Pharmaceutical Cost	\$58,276,625	\$64,543,067	\$6,266,442	11%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$20,295,461	\$19,185,287	(\$1,110,174)	-5%
2	Depreciation-Equipment	\$4,543,543	\$4,900,943	\$357,400	8%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$24,839,004	\$24,086,230	(\$752,774)	-3%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$6,274,383	\$6,006,820	(\$267,563)	-4%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$9,388,014	\$9,395,508	\$7,494	0%
I.	<u>Utilities:</u>				
1	Water	\$153,904	\$246,044	\$92,140	60%
2	Natural Gas	\$1,503,745	\$1,205,998	(\$297,747)	-20%
3	Oil	\$66,124	\$231,183	\$165,059	250%
4	Electricity	\$2,970,521	\$3,121,456	\$150,935	5%
5	Telephone	\$1,347,880	\$1,207,776	(\$140,104)	-10%
6	Other Utilities	\$273,853	\$216,943	(\$56,910)	-21%
	Total Utilities	\$6,316,027	\$6,229,400	(\$86,627)	-1%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$455,101	\$468,002	\$12,901	3%
2	Legal Fees	\$2,130,359	\$2,147,359	\$17,000	1%
3	Consulting Fees	\$6,443,015	\$5,336,290	(\$1,106,725)	-17%
4	Dues and Membership	\$1,826,485	\$1,846,960	\$20,475	1%
5	Equipment Leases	\$2,007,133	\$1,694,701	(\$312,432)	-16%
6	Building Leases	\$5,092,754	\$5,182,353	\$89,599	2%
7	Repairs and Maintenance	\$13,230,565	\$14,477,097	\$1,246,532	9%
8	Insurance	\$817,022	\$943,787	\$126,765	16%
9	Travel	\$780,151	\$758,152	(\$21,999)	-3%
10	Conferences	\$0	\$0	\$0	0%

STAMFORD HOSPITAL					
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	\$0	\$0	\$0	0%
12	General Supplies	\$3,951,669	\$2,744,953	(\$1,206,716)	-31%
13	Licenses and Subscriptions	\$133,797	\$190,609	\$56,812	42%
14	Postage and Shipping	\$252,328	\$329,514	\$77,186	31%
15	Advertising	\$2,424,842	\$1,940,608	(\$484,234)	-20%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$23,563	\$225,709	\$202,146	858%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$2,942,738	\$3,068,094	\$125,356	4%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$5,240,436	\$4,630,143	(\$610,293)	-12%
22	Recruiting / Employee Education & Recognition	\$2,380,091	\$2,414,124	\$34,033	1%
23	Laundry / Linen	\$1,549,776	\$1,789,350	\$239,574	15%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$309,091	\$249,913	(\$59,178)	-19%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$2,775,347	\$2,954,876	\$179,529	6%
28	Other Business Expenses	\$6,888,450	\$8,711,593	\$1,823,143	26%
	Total Business Expenses	\$61,654,713	\$62,104,187	\$449,474	1%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$1,309,146	\$1,328,479	\$19,333	1%
	Total Operating Expenses - All Expense Categories*	\$453,664,905	\$443,491,017	(\$10,173,888)	-2%
	*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	\$72,994,246	\$72,130,862	(\$863,384)	-1%
2	General Accounting	\$4,492,438	\$4,634,890	\$142,452	3%
3	Patient Billing & Collection	\$9,009,781	\$7,935,448	(\$1,074,333)	-12%
4	Admitting / Registration Office	\$3,397,227	\$3,059,616	(\$337,611)	-10%
5	Data Processing	\$16,656,076	\$15,947,755	(\$708,321)	-4%
6	Communications	\$563	\$739	\$176	31%
7	Personnel	\$6,240,423	\$5,796,256	(\$444,167)	-7%
8	Public Relations	\$1,239,838	\$1,420,190	\$180,352	15%
9	Purchasing	\$4,115,068	\$2,536,119	(\$1,578,949)	-38%
10	Dietary and Cafeteria	\$7,220,745	\$6,953,200	(\$267,545)	-4%
11	Housekeeping	\$6,246,842	\$5,969,300	(\$277,542)	-4%
12	Laundry & Linen	\$1,872,431	\$1,939,829	\$67,398	4%
13	Operation of Plant	\$818,105	\$738,128	(\$79,977)	-10%
14	Security	\$1,749,486	\$1,658,048	(\$91,438)	-5%
15	Repairs and Maintenance	\$13,839,440	\$14,432,699	\$593,259	4%
16	Central Sterile Supply	\$2,231,498	\$2,197,889	(\$33,609)	-2%
17	Pharmacy Department	\$11,427,303	\$11,481,883	\$54,580	0%
18	Other General Services	\$262	\$315	\$53	20%
	Total General Services	\$163,551,772	\$158,833,166	(\$4,718,606)	-3%
B.	Professional Services:				
1	Medical Care Administration	\$5,129,784	\$4,760,014	(\$369,770)	-7%
2	Residency Program	\$6,417,974	\$6,106,396	(\$311,578)	-5%
3	Nursing Services Administration	\$2,438,319	\$2,405,286	(\$33,033)	-1%
4	Medical Records	\$3,275,972	\$3,099,400	(\$176,572)	-5%
5	Social Service	\$957,758	\$818,648	(\$139,110)	-15%
6	Other Professional Services	\$3,729,902	\$3,013,870	(\$716,032)	-19%
	Total Professional Services	\$21,949,709	\$20,203,614	(\$1,746,095)	-8%
C.	Special Services:				

STAMFORD HOSPITAL					
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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	\$46,104,481	\$48,675,920	\$2,571,439	6%
2	Recovery Room	\$4,234,212	\$4,090,039	(\$144,173)	-3%
3	Anesthesiology	\$581,100	\$556,009	(\$25,091)	-4%
4	Delivery Room	\$6,986,299	\$6,724,298	(\$262,001)	-4%
5	Diagnostic Radiology	\$10,216,226	\$9,973,910	(\$242,316)	-2%
6	Diagnostic Ultrasound	\$2,719,444	\$2,591,397	(\$128,047)	-5%
7	Radiation Therapy	\$4,090,500	\$4,304,246	\$213,746	5%
8	Radioisotopes	\$1,238,561	\$1,236,697	(\$1,864)	0%
9	CT Scan	\$1,905,737	\$1,884,362	(\$21,375)	-1%
10	Laboratory	\$22,158,691	\$21,535,945	(\$622,746)	-3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$8,072,219	\$9,665,366	\$1,593,147	20%
13	Electrocardiology	\$6,925,237	\$7,303,824	\$378,587	5%
14	Electroencephalography	\$302,937	\$321,371	\$18,434	6%
15	Occupational Therapy	\$347,661	\$335,482	(\$12,179)	-4%
16	Speech Pathology	\$60,955	\$53,385	(\$7,570)	-12%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,935,606	\$3,457,826	(\$477,780)	-12%
19	Pulmonary Function	\$894,606	\$813,889	(\$80,717)	-9%
20	Intravenous Therapy	\$923,448	\$865,825	(\$57,623)	-6%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$325,380	\$366,455	\$41,075	13%
24	Emergency Room	\$9,271,306	\$8,622,211	(\$649,095)	-7%
25	MRI	\$2,366,540	\$2,240,091	(\$126,449)	-5%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$444,800	\$421,900	(\$22,900)	-5%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$5,146,705	\$4,952,228	(\$194,477)	-4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$139,252,651	\$140,992,676	\$1,740,025	1%
D.	Routine Services:				
1	Medical & Surgical Units	\$66,801,552	\$64,603,236	(\$2,198,316)	-3%
2	Intensive Care Unit	\$8,790,134	\$7,975,393	(\$814,741)	-9%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$4,637,646	\$4,899,629	\$261,983	6%
5	Pediatric Unit	\$5,011,779	\$4,482,209	(\$529,570)	-11%
6	Maternity Unit	\$6,168,266	\$6,355,059	\$186,793	3%
7	Newborn Nursery Unit	\$2,333,225	\$2,098,467	(\$234,758)	-10%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,220,797	\$2,133,472	(\$87,325)	-4%
10	Ambulatory Surgery	\$3,913,824	\$3,583,928	(\$329,896)	-8%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$8,022,637	\$7,047,501	(\$975,136)	-12%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$107,899,860	\$103,178,894	(\$4,720,966)	-4%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$21,010,913	\$20,282,667	(\$728,246)	-3%
	Total Operating Expenses - All Departments*	\$453,664,905	\$443,491,017	(\$10,173,888)	-2%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

STAMFORD HOSPITAL				
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	\$504,856,844	\$465,884,745	\$457,806,205
2	Other Operating Revenue	24,382,136	19,191,199	22,613,330
3	Total Operating Revenue	\$529,238,980	\$485,075,944	\$480,419,535
4	Total Operating Expenses	482,124,601	453,664,905	443,491,017
5	Income/(Loss) From Operations	\$47,114,379	\$31,411,039	\$36,928,518
6	Total Non-Operating Revenue	(10,097,527)	1,087,375	2,718,922
7	Excess/(Deficiency) of Revenue Over Expenses	\$37,016,852	\$32,498,414	\$39,647,440
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	9.08%	6.46%	7.64%
2	Hospital Non Operating Margin	-1.95%	0.22%	0.56%
3	Hospital Total Margin	7.13%	6.68%	8.21%
4	Income/(Loss) From Operations	\$47,114,379	\$31,411,039	\$36,928,518
5	Total Operating Revenue	\$529,238,980	\$485,075,944	\$480,419,535
6	Total Non-Operating Revenue	(\$10,097,527)	\$1,087,375	\$2,718,922
7	Total Revenue	\$519,141,453	\$486,163,319	\$483,138,457
8	Excess/(Deficiency) of Revenue Over Expenses	\$37,016,852	\$32,498,414	\$39,647,440
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$120,895,000	\$160,467,000	\$151,392,000
2	Hospital Total Net Assets	\$161,014,000	\$208,376,000	\$218,806,000
3	Hospital Change in Total Net Assets	\$25,815,000	\$47,362,000	\$10,430,000
4	Hospital Change in Total Net Assets %	119.1%	29.4%	5.0%

STAMFORD HOSPITAL				
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
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.29	0.26	0.25
2	Total Operating Expenses	\$482,124,601	\$453,664,905	\$443,491,017
3	Total Gross Revenue	\$1,642,590,508	\$1,720,809,095	\$1,779,032,454
4	Total Other Operating Revenue	\$23,115,000	\$17,736,787	\$21,118,033
5	<u>Private Payment to Cost Ratio</u>	1.49	1.64	1.66
6	Total Non-Government Payments	\$313,955,958	\$324,502,818	\$316,903,147
7	Total Uninsured Payments	\$2,010,566	\$2,091,273	\$1,653,684
8	Total Non-Government Charges	\$809,729,102	\$833,020,079	\$837,913,738
9	Total Uninsured Charges	\$88,059,017	\$79,520,891	\$67,222,364
10	<u>Medicare Payment to Cost Ratio</u>	0.64	0.70	0.73
11	Total Medicare Payments	\$112,070,218	\$114,539,033	\$118,888,695
12	Total Medicare Charges	\$608,680,750	\$627,953,425	\$664,642,686
13	<u>Medicaid Payment to Cost Ratio</u>	0.58	0.58	0.62
14	Total Medicaid Payments	\$36,819,909	\$38,166,531	\$40,687,610
15	Total Medicaid Charges	\$217,748,363	\$254,216,043	\$268,245,069
16	<u>Uncompensated Care Cost</u>	\$25,108,167	\$20,268,313	\$17,477,680
17	Charity Care	\$34,807,823	\$28,856,190	\$30,293,193
18	Bad Debts	\$51,939,073	\$48,816,541	\$40,649,514
19	Total Uncompensated Care	\$86,746,896	\$77,672,731	\$70,942,707
20	<u>Uncompensated Care % of Total Expenses</u>	5.2%	4.5%	3.9%

STAMFORD HOSPITAL				
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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>
21	Total Operating Expenses	\$482,124,601	\$453,664,905	\$443,491,017
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2	2	2
2	Total Current Assets	\$184,709,000	\$196,300,000	\$192,657,000
3	Total Current Liabilities	\$102,725,000	\$110,498,000	\$116,658,000
4	<u>Days Cash on Hand</u>	79	90	88
5	Cash and Cash Equivalents	\$68,128,000	\$105,744,000	\$101,451,000
6	Short Term Investments	30,119,000	44,000	58,000
7	Total Cash and Short Term Investments	\$98,247,000	\$105,788,000	\$101,509,000
8	Total Operating Expenses	\$482,124,601	\$453,664,905	\$443,491,017
9	Depreciation Expense	\$26,236,169	\$24,839,004	\$24,086,230
10	Operating Expenses less Depreciation Expense	\$455,888,432	\$428,825,901	\$419,404,787
11	<u>Days Revenue in Patient Accounts Receivable</u>	43	51	52
12	Net Patient Accounts Receivable	\$64,792,000	\$68,026,000	\$68,967,000
13	Due From Third Party Payers	\$2,554,000	\$3,366,000	\$2,838,000
14	Due To Third Party Payers	\$7,600,000	\$6,229,000	\$6,542,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$59,746,000	\$65,163,000	\$65,263,000
16	Total Net Patient Revenue	\$504,856,844	\$465,884,745	\$457,806,205
17	<u>Average Payment Period</u>	82	94	102
18	Total Current Liabilities	\$102,725,000	\$110,498,000	\$116,658,000
19	Total Operating Expenses	\$482,124,601	\$453,664,905	\$443,491,017
20	Depreciation Expense	\$26,236,169	\$24,839,004	\$24,086,230

STAMFORD HOSPITAL				
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REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
21	Total Operating Expenses less Depreciation Expense	\$455,888,432	\$428,825,901	\$419,404,787
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	20.2	26.1	27.0
2	Total Net Assets	\$161,014,000	\$208,376,000	\$218,806,000
3	Total Assets	\$798,095,000	\$797,790,000	\$811,195,000
4	<u>Cash Flow to Total Debt Ratio</u>	13.1	11.8	13.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$37,016,852	\$32,498,414	\$39,647,440
6	Depreciation Expense	\$26,236,169	\$24,839,004	\$24,086,230
7	Excess of Revenues Over Expenses and Depreciation Expense	\$63,253,021	\$57,337,418	\$63,733,670
8	Total Current Liabilities	\$102,725,000	\$110,498,000	\$116,658,000
9	Total Long Term Debt	\$379,180,000	\$373,518,000	\$367,973,000
10	Total Current Liabilities and Total Long Term Debt	\$481,905,000	\$484,016,000	\$484,631,000
11	<u>Long Term Debt to Capitalization Ratio</u>	70.2	64.2	62.7
12	Total Long Term Debt	\$379,180,000	\$373,518,000	\$367,973,000
13	Total Net Assets	\$161,014,000	\$208,376,000	\$218,806,000
14	Total Long Term Debt and Total Net Assets	\$540,194,000	\$581,894,000	\$586,779,000
15	<u>Debt Service Coverage Ratio</u>	6.5	5.6	6.1
16	Excess Revenues over Expenses	37,016,852	\$32,498,414	\$39,647,440
17	Interest Expense	5,640,878	\$6,274,383	\$6,006,820
18	Depreciation and Amortization Expense	26,236,169	\$24,839,004	\$24,086,230
19	Principal Payments	4,939,000	\$5,140,000	\$5,376,000
G. <u>Other Financial Ratios</u>				

STAMFORD HOSPITAL				
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
20	<u>Average Age of Plant</u>	12.9	14.6	16.0
21	Accumulated Depreciation	339,669,000	363,576,000	385,771,000
22	Depreciation and Amortization Expense	26,236,169	24,839,004	24,086,230
H. <u>Utilization Measures Summary</u>				
1	Patient Days	70,911	71,656	71,084
2	Discharges	14,294	14,871	14,848
3	ALOS	5.0	4.8	4.8
4	Staffed Beds	267	267	267
5	Available Beds	-	325	325
6	Licensed Beds	325	330	330
7	Occupancy of Staffed Beds	72.8%	73.5%	72.9%
8	Occupancy of Available Beds	59.8%	60.4%	59.9%
9	Full Time Equivalent Employees	2,034.6	1,954.1	1,956.7
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	43.9%	43.8%	43.3%
2	Medicare Gross Revenue Payer Mix Percentage	37.1%	36.5%	37.4%
3	Medicaid Gross Revenue Payer Mix Percentage	13.3%	14.8%	15.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.4%
5	Uninsured Gross Revenue Payer Mix Percentage	5.4%	4.6%	3.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$721,670,085	\$753,499,188	\$770,691,374
9	Medicare Gross Revenue (Charges)	\$608,680,750	\$627,953,425	\$664,642,686
10	Medicaid Gross Revenue (Charges)	\$217,748,363	\$254,216,043	\$268,245,069
11	Other Medical Assistance Gross Revenue (Charges)	\$4,715,341	\$4,477,383	\$6,484,622
12	Uninsured Gross Revenue (Charges)	\$88,059,017	\$79,520,891	\$67,222,364
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,716,952	\$1,142,165	\$1,746,339
14	Total Gross Revenue (Charges)	\$1,642,590,508	\$1,720,809,095	\$1,779,032,454
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	67.3%	67.5%	66.0%
2	Medicare Net Revenue Payer Mix Percentage	24.2%	24.0%	24.9%

STAMFORD HOSPITAL				
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	7.9%	8.0%	8.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.4%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.0%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$311,945,392	\$322,411,545	\$315,249,463
9	Medicare Net Revenue (Payments)	\$112,070,218	\$114,539,033	\$118,888,695
10	Medicaid Net Revenue (Payments)	\$36,819,909	\$38,166,531	\$40,687,610
11	Other Medical Assistance Net Revenue (Payments)	\$584,208	\$556,015	\$420,185
12	Uninsured Net Revenue (Payments)	\$2,010,566	\$2,091,273	\$1,653,684
13	CHAMPUS / TRICARE Net Revenue Payments)	\$358,764	\$201,507	\$419,429
14	Total Net Revenue (Payments)	\$463,789,057	\$477,965,904	\$477,319,066
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	5,963	6,114	6,040
2	Medicare	5,144	5,118	5,336
3	Medical Assistance	3,173	3,621	3,457
4	Medicaid	3,089	3,552	3,376
5	Other Medical Assistance	84	69	81
6	CHAMPUS / TRICARE	14	18	15
7	Uninsured (Included In Non-Government)	399	359	366
8	Total	14,294	14,871	14,848
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.12423	1.10625	1.09190
2	Medicare	1.62365	1.60092	1.57169
3	Medical Assistance	1.03858	1.03593	1.01471
4	Medicaid	1.04147	1.03682	1.01264
5	Other Medical Assistance	0.93227	0.98987	1.10105
6	CHAMPUS / TRICARE	0.77652	0.75303	2.17207
7	Uninsured (Included In Non-Government)	1.15985	1.21066	1.16118
8	Total Case Mix Index	1.28460	1.25894	1.24744
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	7,642	7,595	7,635
2	Emergency Room - Treated and Discharged	43,189	42,465	41,417
3	Total Emergency Room Visits	50,831	50,060	49,052

**STAMFORD HOSPITAL
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	\$1,560,422	\$2,134,275	\$573,853	37%
2	Inpatient Payments	\$347,540	\$437,663	\$90,123	26%
3	Outpatient Charges	\$2,464,302	\$2,455,648	(\$8,654)	0%
4	Outpatient Payments	\$332,136	\$281,003	(\$51,133)	-15%
5	Discharges	29	24	(5)	-17%
6	Patient Days	147	238	91	62%
7	Outpatient Visits (Excludes ED Visits)	652	483	(169)	-26%
8	Emergency Department Outpatient Visits	40	26	(14)	-35%
9	Emergency Department Inpatient Admissions	19	24	5	26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,024,724	\$4,589,923	\$565,199	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$679,676	\$718,666	\$38,990	6%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$5,969	\$9,710	\$3,741	63%
4	Outpatient Payments	\$802	\$1,255	\$453	56%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	3	2	200%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,969	\$9,710	\$3,741	63%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$802	\$1,255	\$453	56%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$3,654,729	\$4,830,106	\$1,175,377	32%
2	Inpatient Payments	\$752,126	\$1,001,780	\$249,654	33%
3	Outpatient Charges	\$5,983,571	\$7,269,238	\$1,285,667	21%
4	Outpatient Payments	\$603,489	\$822,738	\$219,249	36%
5	Discharges	58	68	10	17%
6	Patient Days	304	401	97	32%
7	Outpatient Visits (Excludes ED Visits)	1,646	1,949	303	18%
8	Emergency Department Outpatient Visits	77	102	25	32%
9	Emergency Department Inpatient Admissions	41	48	7	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,638,300	\$12,099,344	\$2,461,044	26%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,355,615	\$1,824,518	\$468,903	35%

**STAMFORD HOSPITAL
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	\$850,324	\$1,084,839	\$234,515	28%
2	Inpatient Payments	\$103,967	\$149,653	\$45,686	44%
3	Outpatient Charges	\$898,793	\$1,308,359	\$409,566	46%
4	Outpatient Payments	\$66,129	\$736,165	\$670,036	1013%
5	Discharges	16	26	10	63%
6	Patient Days	86	121	35	41%
7	Outpatient Visits (Excludes ED Visits)	107	85	(22)	-21%
8	Emergency Department Outpatient Visits	41	38	(3)	-7%
9	Emergency Department Inpatient Admissions	12	17	5	42%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,749,117	\$2,393,198	\$644,081	37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$170,096	\$885,818	\$715,722	421%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$13,325	\$1,091	(\$12,234)	-92%
4	Outpatient Payments	\$1,951	\$52	(\$1,899)	-97%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	2	1	(1)	-50%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,325	\$1,091	(\$12,234)	-92%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,951	\$52	(\$1,899)	-97%

**STAMFORD HOSPITAL
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	\$33,389,075	\$30,817,311	(\$2,571,764)	-8%
2	Inpatient Payments	\$7,235,933	\$6,780,747	(\$455,186)	-6%
3	Outpatient Charges	\$39,473,834	\$33,123,491	(\$6,350,343)	-16%
4	Outpatient Payments	\$4,145,327	\$3,685,559	(\$459,768)	-11%
5	Discharges	538	498	(40)	-7%
6	Patient Days	3,358	3,298	(60)	-2%
7	Outpatient Visits (Excludes ED Visits)	10,759	9,562	(1,197)	-11%
8	Emergency Department Outpatient Visits	834	642	(192)	-23%
9	Emergency Department Inpatient Admissions	446	414	(32)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$72,862,909	\$63,940,802	(\$8,922,107)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,381,260	\$10,466,306	(\$914,954)	-8%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$903,007	\$2,604,362	\$1,701,355	188%
2	Inpatient Payments	\$168,177	\$524,225	\$356,048	212%
3	Outpatient Charges	\$1,668,216	\$3,238,206	\$1,569,990	94%
4	Outpatient Payments	\$163,006	\$291,019	\$128,013	79%
5	Discharges	20	46	26	130%
6	Patient Days	63	253	190	302%
7	Outpatient Visits (Excludes ED Visits)	481	866	385	80%
8	Emergency Department Outpatient Visits	71	133	62	87%
9	Emergency Department Inpatient Admissions	17	37	20	118%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,571,223	\$5,842,568	\$3,271,345	127%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$331,183	\$815,244	\$484,061	146%
I. AETNA					
1	Inpatient Charges	\$5,646,576	\$9,962,957	\$4,316,381	76%
2	Inpatient Payments	\$1,215,680	\$2,288,151	\$1,072,471	88%
3	Outpatient Charges	\$9,726,847	\$16,443,477	\$6,716,630	69%
4	Outpatient Payments	\$1,292,393	\$2,068,594	\$776,201	60%
5	Discharges	118	167	49	42%
6	Patient Days	550	965	415	75%
7	Outpatient Visits (Excludes ED Visits)	2,575	4,029	1,454	56%
8	Emergency Department Outpatient Visits	184	249	65	35%
9	Emergency Department Inpatient Admissions	95	136	41	43%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,373,423	\$26,406,434	\$11,033,011	72%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,508,073	\$4,356,745	\$1,848,672	74%

**STAMFORD HOSPITAL
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	\$204,393	\$239,362	\$34,969	17%
2	Inpatient Payments	\$57,999	\$36,807	(\$21,192)	-37%
3	Outpatient Charges	\$145,141	\$220,688	\$75,547	52%
4	Outpatient Payments	\$5,918	\$34,185	\$28,267	478%
5	Discharges	6	6	0	0%
6	Patient Days	21	19	(2)	-10%
7	Outpatient Visits (Excludes ED Visits)	40	57	17	43%
8	Emergency Department Outpatient Visits	13	6	(7)	-54%
9	Emergency Department Inpatient Admissions	6	6	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$349,534	\$460,050	\$110,516	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$63,917	\$70,992	\$7,075	11%
K. SECURE HORIZONS					
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%
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%

**STAMFORD HOSPITAL
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	\$12,709	\$4,269	(\$8,440)	-66%
4	Outpatient Payments	\$1,916	\$375	(\$1,541)	-80%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	27	15	(12)	-44%
8	Emergency Department Outpatient Visits	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,709	\$4,269	(\$8,440)	-66%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,916	\$375	(\$1,541)	-80%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$46,208,526	\$51,673,212	\$5,464,686	12%
	TOTAL INPATIENT PAYMENTS	\$9,881,422	\$11,219,026	\$1,337,604	14%
	TOTAL OUTPATIENT CHARGES	\$60,392,707	\$64,074,177	\$3,681,470	6%
	TOTAL OUTPATIENT PAYMENTS	\$6,613,067	\$7,920,945	\$1,307,878	20%
	TOTAL DISCHARGES	785	835	50	6%
	TOTAL PATIENT DAYS	4,529	5,295	766	17%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	16,290	17,050	760	5%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,261	1,196	(65)	-5%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	636	682	46	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$106,601,233	\$115,747,389	\$9,146,156	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,494,489	\$19,139,971	\$2,645,482	16%

**STAMFORD HOSPITAL
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%

**STAMFORD HOSPITAL
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%

**STAMFORD HOSPITAL
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%

STAMFORD HEALTH SYSTEM					
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	\$112,710,000	\$109,623,000	(\$3,087,000)	-3%
2	Short Term Investments	\$44,000	\$58,000	\$14,000	32%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$72,380,000	\$73,832,000	\$1,452,000	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$543,000	\$257,000	(\$286,000)	-53%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,366,000	\$2,838,000	(\$528,000)	-16%
7	Inventories of Supplies	\$5,565,000	\$6,403,000	\$838,000	15%
8	Prepaid Expenses	\$7,027,000	\$6,626,000	(\$401,000)	-6%
9	Other Current Assets	\$7,739,000	\$7,606,000	(\$133,000)	-2%
	Total Current Assets	\$209,374,000	\$207,243,000	(\$2,131,000)	-1%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$167,015,000	\$77,128,000	(\$89,887,000)	-54%
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	\$42,817,000	\$50,025,000	\$7,208,000	17%
	Total Noncurrent Assets Whose Use is Limited:	\$209,832,000	\$127,153,000	(\$82,679,000)	-39%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$224,042,000	\$243,057,000	\$19,015,000	8%
7	Other Noncurrent Assets	\$28,099,000	\$34,783,000	\$6,684,000	24%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$591,201,000	\$626,774,000	\$35,573,000	6%
2	Less: Accumulated Depreciation	\$381,792,000	\$403,836,000	\$22,044,000	\$0
	Property, Plant and Equipment, Net	\$209,409,000	\$222,938,000	\$13,529,000	6%
3	Construction in Progress	\$132,895,000	\$205,926,000	\$73,031,000	55%
	Total Net Fixed Assets	\$342,304,000	\$428,864,000	\$86,560,000	25%
	Total Assets	\$1,013,651,000	\$1,041,100,000	\$27,449,000	3%

STAMFORD HEALTH SYSTEM					
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	\$73,886,000	\$81,388,000	\$7,502,000	10%
2	Salaries, Wages and Payroll Taxes	\$15,808,000	\$14,631,000	(\$1,177,000)	-7%
3	Due To Third Party Payers	\$14,315,000	\$17,559,000	\$3,244,000	23%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,904,000	\$5,802,000	(\$102,000)	-2%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$19,936,000	\$20,649,000	\$713,000	4%
	Total Current Liabilities	\$129,849,000	\$140,029,000	\$10,180,000	8%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$378,618,000	\$372,853,000	(\$5,765,000)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$378,618,000	\$372,853,000	(\$5,765,000)	-2%
3	Accrued Pension Liability	\$70,257,000	\$84,427,000	\$14,170,000	20%
4	Other Long Term Liabilities	\$43,782,000	\$34,744,000	(\$9,038,000)	-21%
	Total Long Term Liabilities	\$492,657,000	\$492,024,000	(\$633,000)	0%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$340,828,000	\$339,225,000	(\$1,603,000)	0%
2	Temporarily Restricted Net Assets	\$42,237,000	\$61,414,000	\$19,177,000	45%
3	Permanently Restricted Net Assets	\$8,080,000	\$8,408,000	\$328,000	4%
	Total Net Assets	\$391,145,000	\$409,047,000	\$17,902,000	5%
	Total Liabilities and Net Assets	\$1,013,651,000	\$1,041,100,000	\$27,449,000	3%

STAMFORD HEALTH SYSTEM					
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	\$1,791,603,774	\$1,860,699,164	\$69,095,390	4%
2	Less: Allowances	\$1,216,830,957	\$1,292,614,467	\$75,783,510	6%
3	Less: Charity Care	\$28,856,190	\$30,293,187	\$1,436,997	5%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$545,916,627	\$537,791,510	(\$8,125,117)	-1%
5	Provision for Bad Debts	\$50,055,360	\$41,755,223	(\$8,300,137)	-17%
	Net Patient Service Revenue less provision for bad debts	\$495,861,267	\$496,036,287	\$175,020	0%
6	Other Operating Revenue	\$20,666,036	\$24,336,869	\$3,670,833	18%
7	Net Assets Released from Restrictions	\$1,454,412	\$1,495,297	\$40,885	3%
	Total Operating Revenue	\$517,981,715	\$521,868,453	\$3,886,738	1%
B. Operating Expenses:					
1	Salaries and Wages	\$222,977,804	\$230,172,455	\$7,194,651	3%
2	Fringe Benefits	\$64,861,552	\$53,247,236	(\$11,614,316)	-18%
3	Physicians Fees	\$13,223,685	\$11,954,200	(\$1,269,485)	-10%
4	Supplies and Drugs	\$59,159,599	\$65,872,580	\$6,712,981	11%
5	Depreciation and Amortization	\$26,019,535	\$25,517,943	(\$501,592)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$6,446,266	\$6,171,167	(\$275,099)	-4%
8	Malpractice Insurance Cost	\$4,210,826	\$4,032,777	(\$178,049)	-4%
9	Other Operating Expenses	\$116,352,633	\$116,341,673	(\$10,960)	0%
	Total Operating Expenses	\$513,251,900	\$513,310,031	\$58,131	0%
	Income/(Loss) From Operations	\$4,729,815	\$8,558,422	\$3,828,607	81%
C. Non-Operating Revenue:					
1	Income from Investments	\$6,737,969	\$6,206,881	(\$531,088)	-8%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$977,891	\$1,185,087	\$207,196	21%
	Total Non-Operating Revenue	\$7,715,860	\$7,391,968	(\$323,892)	-4%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$12,445,675	\$15,950,390	\$3,504,715	28%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$34,911	\$1,586,055	\$1,551,144	4443%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$34,911	\$1,586,055	\$1,551,144	4443%
	Excess/(Deficiency) of Revenue Over Expenses	\$12,480,586	\$17,536,445	\$5,055,859	41%

STAMFORD HEALTH SYSTEM				
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	\$528,744,000	\$495,861,267	\$496,036,287
2	Other Operating Revenue	27,041,494	22,120,448	25,832,166
3	Total Operating Revenue	\$555,785,494	\$517,981,715	\$521,868,453
4	Total Operating Expenses	528,907,794	513,251,900	513,310,031
5	Income/(Loss) From Operations	\$26,877,700	\$4,729,815	\$8,558,422
6	Total Non-Operating Revenue	(2,165,592)	7,750,771	8,978,023
7	Excess/(Deficiency) of Revenue Over Expenses	\$24,712,108	\$12,480,586	\$17,536,445
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	4.85%	0.90%	1.61%
2	Parent Corporation Non-Operating Margin	-0.39%	1.47%	1.69%
3	Parent Corporation Total Margin	4.46%	2.37%	3.30%
4	Income/(Loss) From Operations	\$26,877,700	\$4,729,815	\$8,558,422
5	Total Operating Revenue	\$555,785,494	\$517,981,715	\$521,868,453
6	Total Non-Operating Revenue	(\$2,165,592)	\$7,750,771	\$8,978,023
7	Total Revenue	\$553,619,902	\$525,732,486	\$530,846,476
8	Excess/(Deficiency) of Revenue Over Expenses	\$24,712,108	\$12,480,586	\$17,536,445
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$266,405,000	\$340,828,000	\$339,225,000
2	Parent Corporation Total Net Assets	\$308,932,000	\$391,145,000	\$409,047,000
3	Parent Corporation Change in Total Net Assets	\$110,818,000	\$82,213,000	\$17,902,000
4	Parent Corporation Change in Total Net Assets %	155.9%	26.6%	4.6%

STAMFORD HEALTH SYSTEM				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.23	1.61	1.48
2	Total Current Assets	\$296,325,000	\$209,374,000	\$207,243,000
3	Total Current Liabilities	\$132,704,000	\$129,849,000	\$140,029,000
4	<u>Days Cash on Hand</u>	142	84	82
5	Cash and Cash Equivalents	\$76,275,000	\$112,710,000	\$109,623,000
6	Short Term Investments	\$119,215,000	\$44,000	\$58,000
7	Total Cash and Short Term Investments	\$195,490,000	\$112,754,000	\$109,681,000
8	Total Operating Expenses	\$528,907,794	\$513,251,900	\$513,310,031
9	Depreciation Expense	\$27,388,196	\$26,019,535	\$25,517,943
10	Operating Expenses less Depreciation Expense	\$501,519,598	\$487,232,365	\$487,792,088
11	<u>Days Revenue in Patient Accounts Receivable</u>	31	45	43
12	Net Patient Accounts Receivable	\$ 69,756,000	\$ 72,380,000	\$ 73,832,000
13	Due From Third Party Payers	\$2,554,000	\$3,366,000	\$2,838,000
14	Due To Third Party Payers	\$27,424,000	\$14,315,000	\$17,559,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 44,886,000	\$ 61,431,000	\$ 59,111,000
16	Total Net Patient Revenue	\$528,744,000	\$495,861,267	\$496,036,287
17	<u>Average Payment Period</u>	97	97	105
18	Total Current Liabilities	\$132,704,000	\$129,849,000	\$140,029,000
19	Total Operating Expenses	\$528,907,794	\$513,251,900	\$513,310,031
20	Depreciation Expense	\$27,388,196	\$26,019,535	\$25,517,943
20	Total Operating Expenses less Depreciation Expense	\$501,519,598	\$487,232,365	\$487,792,088

STAMFORD HEALTH SYSTEM
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	31.3	38.6	39.3
2	Total Net Assets	\$308,932,000	\$391,145,000	\$409,047,000
3	Total Assets	\$987,330,000	\$1,013,651,000	\$1,041,100,000
4	<u>Cash Flow to Total Debt Ratio</u>	10.1	7.6	8.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$24,712,108	\$12,480,586	\$17,536,445
6	Depreciation Expense	\$27,388,196	\$26,019,535	\$25,517,943
7	Excess of Revenues Over Expenses and Depreciation Expense	\$52,100,304	\$38,500,121	\$43,054,388
8	Total Current Liabilities	\$132,704,000	\$129,849,000	\$140,029,000
9	Total Long Term Debt	\$384,520,000	\$378,618,000	\$372,853,000
10	Total Current Liabilities and Total Long Term Debt	\$517,224,000	\$508,467,000	\$512,882,000
11	<u>Long Term Debt to Capitalization Ratio</u>	55.5	49.2	47.7
12	Total Long Term Debt	\$384,520,000	\$378,618,000	\$372,853,000
13	Total Net Assets	\$308,932,000	\$391,145,000	\$409,047,000
14	Total Long Term Debt and Total Net Assets	\$693,452,000	\$769,763,000	\$781,900,000

STAMFORD HOSPITAL								
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	43,690	8,736	8,833	183	186	65.4%	64.4%
2	ICU/CCU (Excludes Neonatal ICU)	1,126	117	0	4	16	77.1%	19.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,677	627	620	14	20	91.5%	64.1%
	TOTAL PSYCHIATRIC	4,677	627	620	14	20	91.5%	64.1%
5	Rehabilitation	4,303	338	347	13	17	90.7%	69.3%
6	Maternity	8,056	2,458	2,461	25	32	88.3%	69.0%
7	Newborn	6,170	2,109	2,198	19	25	89.0%	67.6%
8	Neonatal ICU	2,031	183	0	6	16	92.7%	34.8%
9	Pediatric	1,031	397	398	3	13	94.2%	21.7%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	64,914	12,739	12,659	248	300	71.7%	59.3%
	TOTAL INPATIENT BED UTILIZATION	71,084	14,848	14,857	267	325	72.9%	59.9%
	TOTAL INPATIENT REPORTED YEAR	71,084	14,848	14,857	267	325	72.9%	59.9%
	TOTAL INPATIENT PRIOR YEAR	71,656	14,871	14,887	267	325	73.5%	60.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-572	-23	-30	0	0	-0.6%	-0.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	0%	0%	0%	0%	-1%	-1%
	Total Licensed Beds and Bassinets	330						
(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.								

STAMFORD HOSPITAL					
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	9,310	8,989	-321	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	12,853	12,688	-165	-1%
3	Emergency Department Scans	15,407	15,060	-347	-2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	37,570	36,737	-833	-2%
B. MRI Scans (A)					
1	Inpatient Scans	1,462	1,583	121	8%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,933	8,272	339	4%
3	Emergency Department Scans	565	620	55	10%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	9,960	10,475	515	5%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	10	15	5	50%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	10	15	5	50%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	354	383	29	8%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	354	383	29	8%
(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	289	352	63	22%
2	Outpatient Procedures	9,387	9,464	77	1%
	Total Linear Accelerator Procedures	9,676	9,816	140	1%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	309	318	9	3%
2	Outpatient Procedures	389	409	20	5%
	Total Cardiac Catheterization Procedures	698	727	29	4%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	110	123	13	12%
2	Elective Procedures	210	321	111	53%
	Total Cardiac Angioplasty Procedures	320	444	124	39%
H. Electrophysiology Studies					
1	Inpatient Studies	46	119	73	159%
2	Outpatient Studies	45	242	197	438%
	Total Electrophysiology Studies	91	361	270	297%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,558	2,408	-150	-6%
2	Outpatient Surgical Procedures	9,308	8,990	-318	-3%
	Total Surgical Procedures	11,866	11,398	-468	-4%
J. Endoscopy Procedures					

STAMFORD HOSPITAL					
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	422	367	-55	-13%
2	Outpatient Endoscopy Procedures	5,782	6,105	323	6%
	Total Endoscopy Procedures	6,204	6,472	268	4%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	7,595	7,635	40	1%
2	Emergency Room Visits: Treated and Discharged	42,465	41,417	-1,048	-2%
	Total Emergency Room Visits	50,060	49,052	-1,008	-2%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	24,863	26,380	1,517	6%
7	Medical Clinic Visits - Family Practice Clinic	2,743	2,633	-110	-4%
8	Medical Clinic Visits - Other Medical Clinics	5,542	4,592	-950	-17%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	60	52	-8	-13%
11	Specialty Clinic Visits - Chronic Pain Clinic	163	132	-31	-19%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	8,358	7,875	-483	-6%
	Total Hospital Clinic Visits	41,729	41,664	-65	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	36,692	35,653	-1,039	-3%
2	Cardiac Rehabilitation	7,824	8,153	329	4%
3	Chemotherapy	5,788	6,403	615	11%
4	Gastroenterology	5,697	6,027	330	6%
5	Other Outpatient Visits	269,486	246,008	-23,478	-9%
	Total Other Hospital Outpatient Visits	325,487	302,244	-23,243	-7%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	805.4	791.8	-13.6	-2%
2	Total Physician FTEs	115.7	113.3	-2.4	-2%
3	Total Non-Nursing and Non-Physician FTEs	1,033.0	1,051.6	18.6	2%
	Total Hospital Full Time Equivalent Employees	1,954.1	1,956.7	2.6	0%

STAMFORD HOSPITAL					
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	Stamford Hospital	2,862	2,711	-151	-5%
2	Tully Health Center	6,446	6,279	-167	-3%
	Total Outpatient Surgical Procedures(A)	9,308	8,990	-318	-3%
B. Outpatient Endoscopy Procedures					
1	Stamford Hospital	117	120	3	3%
2	Tully Health Center	5,665	5,985	320	6%
	Total Outpatient Endoscopy Procedures(B)	5,782	6,105	323	6%
C. Outpatient Hospital Emergency Room Visits					
1	Stamford Hospital	42,465	41,417	-1,048	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	42,465	41,417	-1,048	-2%
(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.					

STAMFORD HOSPITAL					
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	\$291,881,711	\$298,425,288	\$6,543,577	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$69,129,737	\$68,810,902	(\$318,835)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.68%	23.06%	-0.63%	-3%
4	DISCHARGES	5,118	5,336	218	4%
5	CASE MIX INDEX (CMI)	1.60092	1.57169	(0.02923)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,193.50856	8,386.53784	193.02928	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,437.13	\$8,204.92	(\$232.21)	-3%
8	PATIENT DAYS	31,546	32,883	1,337	4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,191.39	\$2,092.60	(\$98.80)	-5%
10	AVERAGE LENGTH OF STAY	6.2	6.2	(0.0)	0%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$336,071,714	\$366,217,398	\$30,145,684	9%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$45,409,296	\$50,077,793	\$4,668,497	10%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.51%	13.67%	0.16%	1%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	115.14%	122.72%	7.58%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,892.84963	6,548.15833	655.30870	11%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,705.83	\$7,647.61	(\$58.21)	-1%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$627,953,425	\$664,642,686	\$36,689,261	6%
18	TOTAL ACCRUED PAYMENTS	\$114,539,033	\$118,888,695	\$4,349,662	4%
19	TOTAL ALLOWANCES	\$513,414,392	\$545,753,991	\$32,339,599	6%

STAMFORD HOSPITAL					
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	\$208,497,487	\$215,894,875	\$7,397,388	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$73,236,787	\$79,103,756	\$5,866,969	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.13%	36.64%	1.51%	4%
4	DISCHARGES	6,114	6,040	(74)	-1%
5	CASE MIX INDEX (CMI)	1.10625	1.09190	(0.01435)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,763.61250	6,595.07600	(168.53650)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,828.06	\$11,994.37	\$1,166.31	11%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,390.92)	(\$3,789.44)	(\$1,398.52)	58%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,171,276)	(\$24,991,661)	(\$8,820,386)	55%
10	PATIENT DAYS	23,644	22,978	(666)	-3%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,097.48	\$3,442.59	\$345.11	11%
12	AVERAGE LENGTH OF STAY	3.9	3.8	(0.1)	-2%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$624,522,592	\$622,018,863	(\$2,503,729)	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$251,266,031	\$237,799,391	(\$13,466,640)	-5%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.23%	38.23%	-2.00%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	299.53%	288.11%	-11.42%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	18,313.55947	17,401.95978	(911.59968)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,720.22	\$13,665.09	(\$55.13)	0%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$6,014.39)	(\$6,017.48)	(\$3.09)	0%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$110,144,860)	(\$104,715,905)	\$5,428,955	-5%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$833,020,079	\$837,913,738	\$4,893,659	1%
22	TOTAL ACCRUED PAYMENTS	\$324,502,818	\$316,903,147	(\$7,599,671)	-2%
23	TOTAL ALLOWANCES	\$508,517,261	\$521,010,591	\$12,493,330	2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$126,316,135)	(\$129,707,566)	(\$3,391,431)	3%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$721,594,324	\$714,214,340	(\$7,379,984)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$312,700,495	\$286,317,247	(\$26,383,248)	-8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$408,893,829	\$427,897,093	\$19,003,264	5%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.67%	59.91%	3.25%	

STAMFORD HOSPITAL					
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
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$16,415,559	\$15,900,440	(\$515,119)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$421,988	\$115,038	(\$306,950)	-73%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.57%	0.72%	-1.85%	-72%
4	DISCHARGES	359	366	7	2%
5	CASE MIX INDEX (CMI)	1.21066	1.16118	(0.04948)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	434.62694	424.99188	(9.63506)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$970.92	\$270.68	(\$700.24)	-72%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,857.14	\$11,723.68	\$1,866.55	19%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,466.21	\$7,934.24	\$468.03	6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,245,018	\$3,371,988	\$126,970	4%
11	PATIENT DAYS	1,614	1,443	(171)	-11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$261.45	\$79.72	(\$181.73)	-70%
13	AVERAGE LENGTH OF STAY	4.5	3.9	(0.6)	-12%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$63,105,332	\$51,321,924	(\$11,783,408)	-19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,669,285	\$1,538,646	(\$130,639)	-8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.65%	3.00%	0.35%	13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	384.42%	322.77%	-61.65%	-16%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,380.08180	1,181.33990	(198.74190)	-14%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,209.56	\$1,302.46	\$92.90	8%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$12,510.66	\$12,362.63	(\$148.03)	-1%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,496.27	\$6,345.16	(\$151.12)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,965,390	\$7,495,787	(\$1,469,604)	-16%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$79,520,891	\$67,222,364	(\$12,298,527)	-15%
24	TOTAL ACCRUED PAYMENTS	\$2,091,273	\$1,653,684	(\$437,589)	-21%
25	TOTAL ALLOWANCES	\$77,429,618	\$65,568,680	(\$11,860,938)	-15%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,210,409	\$10,867,774	(\$1,342,634)	-11%

STAMFORD HOSPITAL					
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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$117,194,274	\$110,053,227	(\$7,141,047)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,014,905	\$15,718,579	(\$3,296,326)	-17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.23%	14.28%	-1.94%	-12%
4	DISCHARGES	3,552	3,376	(176)	-5%
5	CASE MIX INDEX (CMI)	1.03682	1.01264	(0.02418)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,682.78464	3,418.67264	(264.11200)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,163.19	\$4,597.86	(\$565.33)	-11%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,664.87	\$7,396.51	\$1,731.63	31%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,273.95	\$3,607.06	\$333.12	10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,057,246	\$12,331,369	\$274,123	2%
11	PATIENT DAYS	16,068	14,553	(1,515)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,183.40	\$1,080.09	(\$103.31)	-9%
13	AVERAGE LENGTH OF STAY	4.5	4.3	(0.2)	-5%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$137,021,769	\$158,191,842	\$21,170,073	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,151,626	\$24,969,031	\$5,817,405	30%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.98%	15.78%	1.81%	13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	116.92%	143.74%	26.82%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,152.94457	4,852.70331	699.75874	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,611.58	\$5,145.39	\$533.81	12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$9,108.64	\$8,519.71	(\$588.93)	-6%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,094.25	\$2,502.23	(\$592.02)	-19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,850,258	\$12,142,575	(\$707,683)	-6%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$254,216,043	\$268,245,069	\$14,029,026	6%
24	TOTAL ACCRUED PAYMENTS	\$38,166,531	\$40,687,610	\$2,521,079	7%
25	TOTAL ALLOWANCES	\$216,049,512	\$227,557,459	\$11,507,947	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,907,504	\$24,473,944	(\$433,560)	-2%

STAMFORD HOSPITAL					
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
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$2,452,859	\$3,250,759	\$797,900	33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$317,098	\$328,652	\$11,554	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.93%	10.11%	-2.82%	-22%
4	DISCHARGES	69	81	12	17%
5	CASE MIX INDEX (CMI)	0.98987	1.10105	0.11118	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	68.30103	89.18505	20.88402	31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,642.65	\$3,685.06	(\$957.60)	-21%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$6,185.40	\$8,309.31	\$2,123.90	34%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,794.48	\$4,519.87	\$725.38	19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$259,167	\$403,105	\$143,938	56%
11	PATIENT DAYS	338	605	267	79%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$938.16	\$543.23	(\$394.93)	-42%
13	AVERAGE LENGTH OF STAY	4.9	7.5	2.6	52%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,024,524	\$3,233,863	\$1,209,339	60%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$238,917	\$91,533	(\$147,384)	-62%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.80%	2.83%	-8.97%	-76%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	82.54%	99.48%	16.94%	21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	56.95075	80.57900	23.62825	41%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,195.15	\$1,135.94	(\$3,059.21)	-73%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$9,525.07	\$12,529.15	\$3,004.08	32%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,510.68	\$6,511.67	\$3,001.00	85%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$199,936	\$524,704	\$324,768	162%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$4,477,383	\$6,484,622	\$2,007,239	45%
24	TOTAL ACCRUED PAYMENTS	\$556,015	\$420,185	(\$135,830)	-24%
25	TOTAL ALLOWANCES	\$3,921,368	\$6,064,437	\$2,143,069	55%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$459,103	\$927,809	\$468,706	102%

STAMFORD HOSPITAL					
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
F.	<u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u>				
	<u>TOTAL MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$119,647,133	\$113,303,986	(\$6,343,147)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,332,003	\$16,047,231	(\$3,284,772)	-17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.16%	14.16%	-1.99%	-12%
4	DISCHARGES	3,621	3,457	(164)	-5%
5	CASE MIX INDEX (CMI)	1.03593	1.01471	(0.02121)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,751.08567	3,507.85769	(243.22798)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,153.71	\$4,574.65	(\$579.06)	-11%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,674.35	\$7,419.71	\$1,745.36	31%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,283.43	\$3,630.27	\$346.84	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,316,413	\$12,734,473	\$418,060	3%
11	PATIENT DAYS	16,406	15,158	(1,248)	-8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,178.35	\$1,058.66	(\$119.69)	-10%
13	AVERAGE LENGTH OF STAY	4.5	4.4	(0.1)	-3%
	<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,046,293	\$161,425,705	\$22,379,412	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,390,543	\$25,060,564	\$5,670,021	29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.95%	15.52%	1.58%	11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	116.21%	142.47%	26.26%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,209.89532	4,933.28230	723.38699	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,605.94	\$5,079.90	\$473.95	10%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$9,114.27	\$8,585.20	(\$529.08)	-6%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,099.89	\$2,567.72	(\$532.17)	-17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,050,194	\$12,667,279	(\$382,914)	-3%
	<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$258,693,426	\$274,729,691	\$16,036,265	6%
24	TOTAL ACCRUED PAYMENTS	\$38,722,546	\$41,107,795	\$2,385,249	6%
25	TOTAL ALLOWANCES	\$219,970,880	\$233,621,896	\$13,651,016	6%

STAMFORD HOSPITAL					
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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$455,436	\$722,165	\$266,729	59%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$30,170	\$229,860	\$199,690	662%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	6.62%	31.83%	25.20%	380%
4	DISCHARGES	18	15	(3)	-17%
5	CASE MIX INDEX (CMI)	0.75303	2.17207	1.41904	188%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	13.55454	32.58105	19.02651	140%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,225.82	\$7,055.02	\$4,829.20	217%
8	PATIENT DAYS	60	65	5	8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$502.83	\$3,536.31	\$3,033.47	603%
10	AVERAGE LENGTH OF STAY	3.3	4.3	1.0	30%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$686,729	\$1,024,174	\$337,445	49%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$171,337	\$189,569	\$18,232	11%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,142,165	\$1,746,339	\$604,174	53%
14	TOTAL ACCRUED PAYMENTS	\$201,507	\$419,429	\$217,922	108%
15	TOTAL ALLOWANCES	\$940,658	\$1,326,910	\$386,252	41%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$17,736,787	\$21,118,033	\$3,381,246	19%
2	TOTAL OPERATING EXPENSES	\$453,664,905	\$443,491,017	(\$10,173,888)	-2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$28,856,190	\$30,293,193	\$1,437,003	5%
5	BAD DEBTS (CHARGES)	\$48,816,541	\$40,649,514	(\$8,167,027)	-17%
6	UNCOMPENSATED CARE (CHARGES)	\$77,672,731	\$70,942,707	(\$6,730,024)	-9%
7	COST OF UNCOMPENSATED CARE	\$21,541,627	\$18,921,872	(\$2,619,755)	-12%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$258,693,426	\$274,729,691	\$16,036,265	6%
9	TOTAL ACCRUED PAYMENTS	\$38,722,546	\$41,107,795	\$2,385,249	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$71,745,607	\$73,276,031	\$1,530,424	2%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$33,023,061	\$32,168,236	(\$854,825)	-3%

STAMFORD HOSPITAL					
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	\$620,481,767	\$628,346,314	\$7,864,547	1%
2	TOTAL INPATIENT PAYMENTS	\$161,728,697	\$164,191,749	\$2,463,052	2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	26.07%	26.13%	0.07%	0%
4	TOTAL DISCHARGES	14,871	14,848	(23)	0%
5	TOTAL CASE MIX INDEX	1.25894	1.24744	(0.01150)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	18,721.76127	18,522.05258	(199.70869)	-1%
7	TOTAL OUTPATIENT CHARGES	\$1,100,327,328	\$1,150,686,140	\$50,358,812	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	177.33%	183.13%	5.79%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$316,237,207	\$313,127,317	(\$3,109,890)	-1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.74%	27.21%	-1.53%	-5%
11	TOTAL CHARGES	\$1,720,809,095	\$1,779,032,454	\$58,223,359	3%
12	TOTAL PAYMENTS	\$477,965,904	\$477,319,066	(\$646,838)	0%
13	TOTAL PAYMENTS / TOTAL CHARGES	27.78%	26.83%	-0.95%	-3%
14	PATIENT DAYS	71,656	71,084	(572)	-1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$411,984,280	\$412,451,439	\$467,159	0%
2	INPATIENT PAYMENTS	\$88,491,910	\$85,087,993	(\$3,403,917)	-4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	21.48%	20.63%	-0.85%	-4%
4	DISCHARGES	8,757	8,808	51	1%
5	CASE MIX INDEX	1.36555	1.35411	(0.01145)	-1%
6	CASE MIX ADJUSTED DISCHARGES	11,958.14877	11,926.97658	(31.17219)	0%
7	OUTPATIENT CHARGES	\$475,804,736	\$528,667,277	\$52,862,541	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	115.49%	128.18%	12.69%	11%
9	OUTPATIENT PAYMENTS	\$64,971,176	\$75,327,926	\$10,356,750	16%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.66%	14.25%	0.59%	4%
11	TOTAL CHARGES	\$887,789,016	\$941,118,716	\$53,329,700	6%
12	TOTAL PAYMENTS	\$153,463,086	\$160,415,919	\$6,952,833	5%
13	TOTAL PAYMENTS / CHARGES	17.29%	17.05%	-0.24%	-1%
14	PATIENT DAYS	48,012	48,106	94	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$734,325,930	\$780,702,797	\$46,376,867	6%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.2	6.2	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.8	(0.1)	-2%
3	UNINSURED	4.5	3.9	(0.6)	-12%
4	MEDICAID	4.5	4.3	(0.2)	-5%
5	OTHER MEDICAL ASSISTANCE	4.9	7.5	2.6	52%
6	CHAMPUS / TRICARE	3.3	4.3	1.0	30%
7	TOTAL AVERAGE LENGTH OF STAY	4.8	4.8	(0.0)	-1%

STAMFORD HOSPITAL					
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	\$1,720,809,095	\$1,779,032,454	\$58,223,359	3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$734,325,930	\$780,702,797	\$46,376,867	6%
3	UNCOMPENSATED CARE	\$77,672,731	\$70,942,707	(\$6,730,024)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$408,893,829	\$427,897,093	\$19,003,264	5%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$22,670,255	\$24,985,494	\$2,315,239	10%
6	TOTAL ADJUSTMENTS	\$1,243,562,745	\$1,304,528,091	\$60,965,346	5%
7	TOTAL ACCRUED PAYMENTS	\$477,246,350	\$474,504,363	(\$2,741,987)	-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.	\$477,246,350	\$474,504,363	(\$2,741,987)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2773383471	0.2667204648	(0.0106178823)	-4%
11	COST OF UNCOMPENSATED CARE	\$21,541,627	\$18,921,872	(\$2,619,755)	-12%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$33,023,061	\$32,168,236	(\$854,825)	-3%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$54,564,688	\$51,090,108	(\$3,474,580)	-6%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$12,850,258	\$12,142,575	(\$707,683)	-6%
2	OTHER MEDICAL ASSISTANCE	\$459,103	\$927,809	\$468,706	102%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,210,409	\$10,867,774	(\$1,342,634)	-11%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$25,519,769	\$23,938,158	(\$1,581,611)	-6%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$31,904,863	\$33,807,354	\$1,902,491	5.96%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$12,081,445)	(\$19,512,086)	(\$7,430,641)	61.50%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$465,884,000	\$457,807,000	(\$8,077,000)	-1.73%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	(\$2,703,000)	\$546	\$2,703,546	-100.02%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,718,106,000	\$1,779,033,000	\$60,927,000	3.55%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$77,673,000	\$70,943,000	(\$6,730,000)	-8.66%

STAMFORD HOSPITAL				
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
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$208,497,487	\$215,894,875	\$7,397,388
2	MEDICARE	\$291,881,711	298,425,288	\$6,543,577
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$119,647,133	113,303,986	(\$6,343,147)
4	MEDICAID	\$117,194,274	110,053,227	(\$7,141,047)
5	OTHER MEDICAL ASSISTANCE	\$2,452,859	3,250,759	\$797,900
6	CHAMPUS / TRICARE	\$455,436	722,165	\$266,729
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,415,559	15,900,440	(\$515,119)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$411,984,280	\$412,451,439	\$467,159
	TOTAL INPATIENT CHARGES	\$620,481,767	\$628,346,314	\$7,864,547
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$624,522,592	\$622,018,863	(\$2,503,729)
2	MEDICARE	\$336,071,714	366,217,398	\$30,145,684
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$139,046,293	161,425,705	\$22,379,412
4	MEDICAID	\$137,021,769	158,191,842	\$21,170,073
5	OTHER MEDICAL ASSISTANCE	\$2,024,524	3,233,863	\$1,209,339
6	CHAMPUS / TRICARE	\$686,729	1,024,174	\$337,445
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$63,105,332	51,321,924	(\$11,783,408)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$475,804,736	\$528,667,277	\$52,862,541
	TOTAL OUTPATIENT CHARGES	\$1,100,327,328	\$1,150,686,140	\$50,358,812
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$833,020,079	\$837,913,738	\$4,893,659
2	TOTAL MEDICARE	\$627,953,425	\$664,642,686	\$36,689,261
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$258,693,426	\$274,729,691	\$16,036,265
4	TOTAL MEDICAID	\$254,216,043	\$268,245,069	\$14,029,026
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,477,383	\$6,484,622	\$2,007,239
6	TOTAL CHAMPUS / TRICARE	\$1,142,165	\$1,746,339	\$604,174
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$79,520,891	\$67,222,364	(\$12,298,527)
	TOTAL GOVERNMENT CHARGES	\$887,789,016	\$941,118,716	\$53,329,700
	TOTAL CHARGES	\$1,720,809,095	\$1,779,032,454	\$58,223,359
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$73,236,787	\$79,103,756	\$5,866,969
2	MEDICARE	\$69,129,737	68,810,902	(\$318,835)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,332,003	16,047,231	(\$3,284,772)
4	MEDICAID	\$19,014,905	15,718,579	(\$3,296,326)
5	OTHER MEDICAL ASSISTANCE	\$317,098	328,652	\$11,554
6	CHAMPUS / TRICARE	\$30,170	229,860	\$199,690
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$421,988	115,038	(\$306,950)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$88,491,910	\$85,087,993	(\$3,403,917)
	TOTAL INPATIENT PAYMENTS	\$161,728,697	\$164,191,749	\$2,463,052
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$251,266,031	\$237,799,391	(\$13,466,640)
2	MEDICARE	\$45,409,296	50,077,793	\$4,668,497
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,390,543	25,060,564	\$5,670,021
4	MEDICAID	\$19,151,626	24,969,031	\$5,817,405
5	OTHER MEDICAL ASSISTANCE	\$238,917	91,533	(\$147,384)
6	CHAMPUS / TRICARE	\$171,337	189,569	\$18,232
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,669,285	1,538,646	(\$130,639)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$64,971,176	\$75,327,926	\$10,356,750
	TOTAL OUTPATIENT PAYMENTS	\$316,237,207	\$313,127,317	(\$3,109,890)
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$324,502,818	\$316,903,147	(\$7,599,671)
2	TOTAL MEDICARE	\$114,539,033	\$118,888,695	\$4,349,662
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$38,722,546	\$41,107,795	\$2,385,249
4	TOTAL MEDICAID	\$38,166,531	\$40,687,610	\$2,521,079
5	TOTAL OTHER MEDICAL ASSISTANCE	\$556,015	\$420,185	(\$135,830)
6	TOTAL CHAMPUS / TRICARE	\$201,507	\$419,429	\$217,922
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,091,273	\$1,653,684	(\$437,589)
	TOTAL GOVERNMENT PAYMENTS	\$153,463,086	\$160,415,919	\$6,952,833
	TOTAL PAYMENTS	\$477,965,904	\$477,319,066	(\$646,838)

STAMFORD HOSPITAL				
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
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.12%	12.14%	0.02%
2	MEDICARE	16.96%	16.77%	-0.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.95%	6.37%	-0.58%
4	MEDICAID	6.81%	6.19%	-0.62%
5	OTHER MEDICAL ASSISTANCE	0.14%	0.18%	0.04%
6	CHAMPUS / TRICARE	0.03%	0.04%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.95%	0.89%	-0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	23.94%	23.18%	-0.76%
	TOTAL INPATIENT PAYER MIX	36.06%	35.32%	-0.74%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.29%	34.96%	-1.33%
2	MEDICARE	19.53%	20.59%	1.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.08%	9.07%	0.99%
4	MEDICAID	7.96%	8.89%	0.93%
5	OTHER MEDICAL ASSISTANCE	0.12%	0.18%	0.06%
6	CHAMPUS / TRICARE	0.04%	0.06%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.67%	2.88%	-0.78%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	27.65%	29.72%	2.07%
	TOTAL OUTPATIENT PAYER MIX	63.94%	64.68%	0.74%
	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)	15.32%	16.57%	1.25%
2	MEDICARE	14.46%	14.42%	-0.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.04%	3.36%	-0.68%
4	MEDICAID	3.98%	3.29%	-0.69%
5	OTHER MEDICAL ASSISTANCE	0.07%	0.07%	0.00%
6	CHAMPUS / TRICARE	0.01%	0.05%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.09%	0.02%	-0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	18.51%	17.83%	-0.69%
	TOTAL INPATIENT PAYER MIX	33.84%	34.40%	0.56%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.57%	49.82%	-2.75%
2	MEDICARE	9.50%	10.49%	0.99%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.06%	5.25%	1.19%
4	MEDICAID	4.01%	5.23%	1.22%
5	OTHER MEDICAL ASSISTANCE	0.05%	0.02%	-0.03%
6	CHAMPUS / TRICARE	0.04%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.35%	0.32%	-0.03%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.59%	15.78%	2.19%
	TOTAL OUTPATIENT PAYER MIX	66.16%	65.60%	-0.56%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

STAMFORD HOSPITAL				
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
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,114	6,040	(74)
2	MEDICARE	5,118	5,336	218
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,621	3,457	(164)
4	MEDICAID	3,552	3,376	(176)
5	OTHER MEDICAL ASSISTANCE	69	81	12
6	CHAMPUS / TRICARE	18	15	(3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	359	366	7
	TOTAL GOVERNMENT DISCHARGES	8,757	8,808	51
	TOTAL DISCHARGES	14,871	14,848	(23)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,644	22,978	(666)
2	MEDICARE	31,546	32,883	1,337
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,406	15,158	(1,248)
4	MEDICAID	16,068	14,553	(1,515)
5	OTHER MEDICAL ASSISTANCE	338	605	267
6	CHAMPUS / TRICARE	60	65	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,614	1,443	(171)
	TOTAL GOVERNMENT PATIENT DAYS	48,012	48,106	94
	TOTAL PATIENT DAYS	71,656	71,084	(572)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.8	(0.1)
2	MEDICARE	6.2	6.2	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	4.4	(0.1)
4	MEDICAID	4.5	4.3	(0.2)
5	OTHER MEDICAL ASSISTANCE	4.9	7.5	2.6
6	CHAMPUS / TRICARE	3.3	4.3	1.0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.5	3.9	(0.6)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.5	5.5	(0.0)
	TOTAL AVERAGE LENGTH OF STAY	4.8	4.8	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.10625	1.09190	(0.01435)
2	MEDICARE	1.60092	1.57169	(0.02923)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.03593	1.01471	(0.02121)
4	MEDICAID	1.03682	1.01264	(0.02418)
5	OTHER MEDICAL ASSISTANCE	0.98987	1.10105	0.11118
6	CHAMPUS / TRICARE	0.75303	2.17207	1.41904
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.21066	1.16118	(0.04948)
	TOTAL GOVERNMENT CASE MIX INDEX	1.36555	1.35411	(0.01145)
	TOTAL CASE MIX INDEX	1.25894	1.24744	(0.01150)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$721,594,324	\$714,214,340	(\$7,379,984)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$312,700,495	\$286,317,247	(\$26,383,248)
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$408,893,829	\$427,897,093	\$19,003,264
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.67%	59.91%	3.25%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$31,904,863	\$33,807,354	\$1,902,491
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$22,670,255	\$24,985,494	\$2,315,239
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$28,856,190	\$30,293,193	\$1,437,003
9	BAD DEBTS	\$48,816,541	\$40,649,514	(\$8,167,027)
10	TOTAL UNCOMPENSATED CARE	\$77,672,731	\$70,942,707	(\$6,730,024)
11	TOTAL OTHER OPERATING REVENUE	\$17,736,787	\$21,118,033	\$3,381,246
12	TOTAL OPERATING EXPENSES	\$453,664,905	\$443,491,017	(\$10,173,888)

STAMFORD HOSPITAL				
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)	6,763.61250	6,595.07600	(168.53650)
2	MEDICARE	8,193.50856	8,386.53784	193.02928
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,751.08567	3,507.85769	(243.22798)
4	MEDICAID	3,682.78464	3,418.67264	(264.11200)
5	OTHER MEDICAL ASSISTANCE	68.30103	89.18505	20.88402
6	CHAMPUS / TRICARE	13.55454	32.58105	19.02651
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	434.62694	424.99188	(9.63506)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	11,958.14877	11,926.97658	(31.17219)
	TOTAL CASE MIX ADJUSTED DISCHARGES	18,721.76127	18,522.05258	(199.70869)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18,313.55947	17,401.95978	-911.59968
2	MEDICARE	5,892.84963	6,548.15833	655.30870
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,209.89532	4,933.28230	723.38699
4	MEDICAID	4,152.94457	4,852.70331	699.75874
5	OTHER MEDICAL ASSISTANCE	56.95075	80.57900	23.62825
6	CHAMPUS / TRICARE	27.14129	21.27299	-5.86830
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,380.08180	1,181.33990	-198.74190
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	10,129.88624	11,502.71363	1,372.82739
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	28,443.44571	28,904.67341	461.22771
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,828.06	\$11,994.37	\$1,166.31
2	MEDICARE	\$8,437.13	\$8,204.92	(\$232.21)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,153.71	\$4,574.65	(\$579.06)
4	MEDICAID	\$5,163.19	\$4,597.86	(\$565.33)
5	OTHER MEDICAL ASSISTANCE	\$4,642.65	\$3,685.06	(\$957.60)
6	CHAMPUS / TRICARE	\$2,225.82	\$7,055.02	\$4,829.20
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$970.92	\$270.68	(\$700.24)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,400.13	\$7,134.08	(\$266.06)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,638.54	\$8,864.66	\$226.12
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,720.22	\$13,665.09	(\$55.13)
2	MEDICARE	\$7,705.83	\$7,647.61	(\$58.21)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,605.94	\$5,079.90	\$473.95
4	MEDICAID	\$4,611.58	\$5,145.39	\$533.81
5	OTHER MEDICAL ASSISTANCE	\$4,195.15	\$1,135.94	(\$3,059.21)
6	CHAMPUS / TRICARE	\$6,312.78	\$8,911.25	\$2,598.47
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,209.56	\$1,302.46	\$92.90
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,413.81	\$6,548.71	\$134.90
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,118.10	\$10,833.10	(\$285.00)

STAMFORD HOSPITAL				
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	\$12,850,258	\$12,142,575	(\$707,683)
2	OTHER MEDICAL ASSISTANCE	\$459,103	\$927,809	\$468,706
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,210,409	\$10,867,774	(\$1,342,634)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$25,519,769	\$23,938,158	(\$1,581,611)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$1,720,809,095	\$1,779,032,454	\$58,223,359
2	TOTAL GOVERNMENT DEDUCTIONS	\$734,325,930	\$780,702,797	\$46,376,867
3	UNCOMPENSATED CARE	\$77,672,731	\$70,942,707	(\$6,730,024)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$408,893,829	\$427,897,093	\$19,003,264
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$22,670,255	\$24,985,494	\$2,315,239
6	TOTAL ADJUSTMENTS	\$1,243,562,745	\$1,304,528,091	\$60,965,346
7	TOTAL ACCRUED PAYMENTS	\$477,246,350	\$474,504,363	(\$2,741,987)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$477,246,350	\$474,504,363	(\$2,741,987)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2773383471	0.2667204648	(0.0106178823)
11	COST OF UNCOMPENSATED CARE	\$21,541,627	\$18,921,872	(\$2,619,755)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$33,023,061	\$32,168,236	(\$854,825)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$54,564,688	\$51,090,108	(\$3,474,580)
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.13%	36.64%	1.51%
2	MEDICARE	23.68%	23.06%	-0.63%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.16%	14.16%	-1.99%
4	MEDICAID	16.23%	14.28%	-1.94%
5	OTHER MEDICAL ASSISTANCE	12.93%	10.11%	-2.82%
6	CHAMPUS / TRICARE	6.62%	31.83%	25.20%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.57%	0.72%	-1.85%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	21.48%	20.63%	-0.85%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	26.07%	26.13%	0.07%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.23%	38.23%	-2.00%
2	MEDICARE	13.51%	13.67%	0.16%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.95%	15.52%	1.58%
4	MEDICAID	13.98%	15.78%	1.81%
5	OTHER MEDICAL ASSISTANCE	11.80%	2.83%	-8.97%
6	CHAMPUS / TRICARE	24.95%	18.51%	-6.44%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.65%	3.00%	0.35%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	13.66%	14.25%	0.59%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.74%	27.21%	-1.53%

STAMFORD HOSPITAL				
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
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	\$477,965,904	\$477,319,066	(\$646,838)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$477,965,904	\$477,319,066	(\$646,838)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$12,081,445)	(\$19,512,086)	(\$7,430,641)
4	CALCULATED NET REVENUE	\$523,935,608	\$457,806,980	(\$66,128,628)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$465,884,000	\$457,807,000	(\$8,077,000)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$58,051,608	(\$20)	(\$58,051,628)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,720,809,095	\$1,779,032,454	\$58,223,359
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$2,703,000)	\$546	\$2,703,546
	CALCULATED GROSS REVENUE	\$1,718,106,095	\$1,779,033,000	\$60,926,905
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,718,106,000	\$1,779,033,000	\$60,927,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$95	\$0	(\$95)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$77,672,731	\$70,942,707	(\$6,730,024)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$77,672,731	\$70,942,707	(\$6,730,024)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$77,673,000	\$70,943,000	(\$6,730,000)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$269)	(\$293)	(\$24)

STAMFORD HOSPITAL		
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)	\$215,894,875
2	MEDICARE	298,425,288
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	113,303,986
4	MEDICAID	110,053,227
5	OTHER MEDICAL ASSISTANCE	3,250,759
6	CHAMPUS / TRICARE	722,165
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	15,900,440
	TOTAL INPATIENT GOVERNMENT CHARGES	\$412,451,439
	TOTAL INPATIENT CHARGES	\$628,346,314
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$622,018,863
2	MEDICARE	366,217,398
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	161,425,705
4	MEDICAID	158,191,842
5	OTHER MEDICAL ASSISTANCE	3,233,863
6	CHAMPUS / TRICARE	1,024,174
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51,321,924
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$528,667,277
	TOTAL OUTPATIENT CHARGES	\$1,150,686,140
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$837,913,738
2	TOTAL GOVERNMENT ACCRUED CHARGES	941,118,716
	TOTAL ACCRUED CHARGES	\$1,779,032,454
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,103,756
2	MEDICARE	68,810,902
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,047,231
4	MEDICAID	15,718,579
5	OTHER MEDICAL ASSISTANCE	328,652
6	CHAMPUS / TRICARE	229,860
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	115,038
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$85,087,993
	TOTAL INPATIENT PAYMENTS	\$164,191,749
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$237,799,391
2	MEDICARE	50,077,793
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,060,564
4	MEDICAID	24,969,031
5	OTHER MEDICAL ASSISTANCE	91,533
6	CHAMPUS / TRICARE	189,569
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,538,646
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$75,327,926
	TOTAL OUTPATIENT PAYMENTS	\$313,127,317
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$316,903,147
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	160,415,919
	TOTAL ACCRUED PAYMENTS	\$477,319,066

STAMFORD HOSPITAL		
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)	6,040
2	MEDICARE	5,336
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,457
4	MEDICAID	3,376
5	OTHER MEDICAL ASSISTANCE	81
6	CHAMPUS / TRICARE	15
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	366
	TOTAL GOVERNMENT DISCHARGES	8,808
	TOTAL DISCHARGES	14,848
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.09190
2	MEDICARE	1.57169
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.01471
4	MEDICAID	1.01264
5	OTHER MEDICAL ASSISTANCE	1.10105
6	CHAMPUS / TRICARE	2.17207
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.16118
	TOTAL GOVERNMENT CASE MIX INDEX	1.35411
	TOTAL CASE MIX INDEX	1.24744
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$714,214,340
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$286,317,247
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$427,897,093
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.91%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$33,807,354
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$24,985,494
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$30,293,193
9	BAD DEBTS	\$40,649,514
10	TOTAL UNCOMPENSATED CARE	\$70,942,707
11	TOTAL OTHER OPERATING REVENUE	\$21,118,033
12	TOTAL OPERATING EXPENSES	\$443,491,017

STAMFORD HOSPITAL		
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	\$477,319,066
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$477,319,066
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$19,512,086)
	CALCULATED NET REVENUE	\$457,806,980
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$457,807,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$20)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,779,032,454
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$546
	CALCULATED GROSS REVENUE	\$1,779,033,000
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,779,033,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$70,942,707
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$70,942,707
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$70,943,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$293)

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	2,201	2,099	(102)	-5%
2	Number of Approved Applicants	1,683	1,623	(60)	-4%
3	Total Charges (A)	\$28,856,190	\$30,293,193	\$1,437,003	5%
4	Average Charges	\$17,146	\$18,665	\$1,519	9%
5	Ratio of Cost to Charges (RCC)	0.289442	0.260945	(0.028497)	-10%
6	Total Cost	\$8,352,193	\$7,904,857	(\$447,336)	-5%
7	Average Cost	\$4,963	\$4,871	(\$92)	-2%
8	Charity Care - Inpatient Charges	\$5,658,614	\$6,031,664	\$373,050	7%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	15,145,955	17,762,711	2,616,756	17%
10	Charity Care - Emergency Department Charges	8,051,621	6,498,818	(1,552,803)	-19%
11	Total Charges (A)	\$28,856,190	\$30,293,193	\$1,437,003	5%
12	Charity Care - Number of Patient Days	637	709	72	11%
13	Charity Care - Number of Discharges	159	136	(23)	-14%
14	Charity Care - Number of Outpatient ED Visits	1,340	1,040	(300)	-22%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	8,607	8,720	113	1%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$12,461,515	\$8,883,712	(\$3,577,803)	-29%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	14,000,287	12,232,981	(1,767,306)	-13%
3	Bad Debts - Emergency Department	22,354,739	19,532,821	(2,821,918)	-13%
4	Total Bad Debts (A)	\$48,816,541	\$40,649,514	(\$8,167,027)	-17%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$28,856,190	\$30,293,193	\$1,437,003	5%
2	Bad Debts (A)	48,816,541	40,649,514	(8,167,027)	-17%
3	Total Uncompensated Care (A)	\$77,672,731	\$70,942,707	(\$6,730,024)	-9%
4	Uncompensated Care - Inpatient Services	\$18,120,129	\$14,915,376	(\$3,204,753)	-18%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	29,146,242	29,995,692	849,450	3%
6	Uncompensated Care - Emergency Department	30,406,360	26,031,639	(4,374,721)	-14%
7	Total Uncompensated Care (A)	\$77,672,731	\$70,942,707	(\$6,730,024)	-9%

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

STAMFORD HOSPITAL 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	\$721,594,324	\$714,214,340	(\$7,379,984)	-1%
2	Total Contractual Allowances	\$408,893,829	\$427,897,093	\$19,003,264	5%
	Total Accrued Payments (A)	\$312,700,495	\$286,317,247	(\$26,383,248)	-8%
	Total Discount Percentage	56.67%	59.91%	3.25%	6%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

STAMFORD HOSPITAL				
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	\$603,986,071	\$620,481,767	\$628,346,314
2	Outpatient Gross Revenue	\$1,038,604,437	\$1,100,327,328	\$1,150,686,140
3	Total Gross Patient Revenue	\$1,642,590,508	\$1,720,809,095	\$1,779,032,454
4	Net Patient Revenue	\$504,856,844	\$465,884,745	\$457,806,205
B. Total Operating Expenses				
1	Total Operating Expense	\$482,124,601	\$453,664,905	\$443,491,017
C. Utilization Statistics				
1	Patient Days	70,911	71,656	71,084
2	Discharges	14,294	14,871	14,848
3	Average Length of Stay	5.0	4.8	4.8
4	Equivalent (Adjusted) Patient Days (EPD)	192,848	198,727	201,260
0	Equivalent (Adjusted) Discharges (ED)	38,874	41,242	42,039
D. Case Mix Statistics				
1	Case Mix Index	1.28460	1.25894	1.24744
2	Case Mix Adjusted Patient Days (CMAPD)	91,093	90,211	88,673
3	Case Mix Adjusted Discharges (CMAD)	18,362	18,722	18,522
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	247,734	250,186	251,060
5	Case Mix Adjusted Equivalent Discharges (CMAED)	49,937	51,922	52,441
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$23,164	\$24,015	\$25,027
2	Total Gross Revenue per Discharge	\$114,915	\$115,716	\$119,816
3	Total Gross Revenue per EPD	\$8,518	\$8,659	\$8,839
4	Total Gross Revenue per ED	\$42,255	\$41,724	\$42,319
5	Total Gross Revenue per CMAEPD	\$6,630	\$6,878	\$7,086
6	Total Gross Revenue per CMAED	\$32,893	\$33,142	\$33,924
7	Inpatient Gross Revenue per EPD	\$3,132	\$3,122	\$3,122
8	Inpatient Gross Revenue per ED	\$15,537	\$15,045	\$14,947

STAMFORD HOSPITAL				
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	\$7,120	\$6,502	\$6,440
2	Net Patient Revenue per Discharge	\$35,319	\$31,328	\$30,833
3	Net Patient Revenue per EPD	\$2,618	\$2,344	\$2,275
4	Net Patient Revenue per ED	\$12,987	\$11,296	\$10,890
5	Net Patient Revenue per CMAEPD	\$2,038	\$1,862	\$1,823
6	Net Patient Revenue per CMAED	\$10,110	\$8,973	\$8,730
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$6,799	\$6,331	\$6,239
2	Total Operating Expense per Discharge	\$33,729	\$30,507	\$29,869
3	Total Operating Expense per EPD	\$2,500	\$2,283	\$2,204
4	Total Operating Expense per ED	\$12,402	\$11,000	\$10,550
5	Total Operating Expense per CMAEPD	\$1,946	\$1,813	\$1,766
6	Total Operating Expense per CMAED	\$9,655	\$8,737	\$8,457
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$55,627,968	\$57,236,804	\$56,682,682
2	Nursing Fringe Benefits Expense	\$15,837,999	\$18,519,095	\$14,315,699
3	Total Nursing Salary and Fringe Benefits Expense	\$71,465,967	\$75,755,899	\$70,998,381
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$22,560,307	\$24,150,084	\$23,802,174
2	Physician Fringe Benefits Expense	\$6,423,210	\$7,811,344	\$6,011,575
3	Total Physician Salary and Fringe Benefits Expense	\$28,983,517	\$31,961,428	\$29,813,749
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$98,326,147	\$103,195,126	\$102,909,633
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$27,994,721	\$33,389,313	\$25,986,862
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$126,320,868	\$136,584,439	\$128,896,495
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$176,514,422	\$184,582,014	\$183,394,489
2	Total Fringe Benefits Expense	\$50,255,930	\$59,719,752	\$46,314,136
3	Total Salary and Fringe Benefits Expense	\$226,770,352	\$244,301,766	\$229,708,625

STAMFORD HOSPITAL				
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	589.0	805.4	791.8
2	Total Physician FTEs	117.4	115.7	113.3
3	Total Non-Nursing, Non-Physician FTEs	1328.2	1033.0	1051.6
4	Total Full Time Equivalent Employees (FTEs)	2,034.6	1,954.1	1,956.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$94,445	\$71,066	\$71,587
2	Nursing Fringe Benefits Expense per FTE	\$26,890	\$22,994	\$18,080
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$121,334	\$94,060	\$89,667
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$192,166	\$208,730	\$210,081
2	Physician Fringe Benefits Expense per FTE	\$54,712	\$67,514	\$53,059
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$246,878	\$276,244	\$263,140
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$74,030	\$99,898	\$97,860
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$21,077	\$32,323	\$24,712
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$95,107	\$132,221	\$122,572
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$86,756	\$94,459	\$93,726
2	Total Fringe Benefits Expense per FTE	\$24,701	\$30,561	\$23,670
3	Total Salary and Fringe Benefits Expense per FTE	\$111,457	\$125,020	\$117,396
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,198	\$3,409	\$3,232
2	Total Salary and Fringe Benefits Expense per Discharge	\$15,865	\$16,428	\$15,471
3	Total Salary and Fringe Benefits Expense per EPD	\$1,176	\$1,229	\$1,141
4	Total Salary and Fringe Benefits Expense per ED	\$5,834	\$5,924	\$5,464
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$915	\$976	\$915
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,541	\$4,705	\$4,380