

GREENWICH 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	\$25,344,000	\$43,811,000	\$18,467,000	73%
2	Short Term Investments	\$36,063,000	\$31,934,000	(\$4,129,000)	-11%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$34,799,000	\$37,984,000	\$3,185,000	9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,646,074	\$2,041,000	\$394,926	24%
8	Prepaid Expenses	\$8,132,926	\$7,227,000	(\$905,926)	-11%
9	Other Current Assets	\$28,514,000	\$36,343,000	\$7,829,000	27%
	Total Current Assets	\$134,499,000	\$159,340,000	\$24,841,000	18%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$796,000	\$794,000	(\$2,000)	0%
2	Board Designated for Capital Acquisition	\$32,677,000	\$38,008,600	\$5,331,600	16%
3	Funds Held in Escrow	\$2,000	\$1,400	(\$600)	-30%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$33,475,000	\$38,804,000	\$5,329,000	16%
5	Interest in Net Assets of Foundation	\$56,389,000	\$60,140,000	\$3,751,000	7%
6	Long Term Investments	\$45,989,000	\$51,525,000	\$5,536,000	12%
7	Other Noncurrent Assets	\$30,236,000	\$33,653,000	\$3,417,000	11%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$422,595,000	\$435,733,000	\$13,138,000	3%
2	Less: Accumulated Depreciation	\$194,596,000	\$212,977,000	\$18,381,000	9%
	Property, Plant and Equipment, Net	\$227,999,000	\$222,756,000	(\$5,243,000)	-2%
3	Construction in Progress	\$138,000	\$461,000	\$323,000	234%
	Total Net Fixed Assets	\$228,137,000	\$223,217,000	(\$4,920,000)	-2%
	Total Assets	\$528,725,000	\$566,679,000	\$37,954,000	7%

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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	\$16,539,000	\$17,461,080	\$922,080	6%
2	Salaries, Wages and Payroll Taxes	\$11,995,000	\$12,547,920	\$552,920	5%
3	Due To Third Party Payers	\$1,208,000	\$930,766	(\$277,234)	-23%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,505,000	\$2,605,000	\$100,000	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$17,577,000	\$21,986,234	\$4,409,234	25%
	Total Current Liabilities	\$49,824,000	\$55,531,000	\$5,707,000	11%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$37,710,000	\$35,105,000	(\$2,605,000)	-7%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$37,710,000	\$35,105,000	(\$2,605,000)	-7%
3	Accrued Pension Liability	\$23,880,000	\$31,684,000	\$7,804,000	33%
4	Other Long Term Liabilities	\$39,687,000	\$42,997,000	\$3,310,000	8%
	Total Long Term Liabilities	\$101,277,000	\$109,786,000	\$8,509,000	8%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$318,845,000	\$334,040,000	\$15,195,000	5%
2	Temporarily Restricted Net Assets	\$36,543,000	\$44,115,000	\$7,572,000	21%
3	Permanently Restricted Net Assets	\$22,236,000	\$23,207,000	\$971,000	4%
	Total Net Assets	\$377,624,000	\$401,362,000	\$23,738,000	6%
	Total Liabilities and Net Assets	\$528,725,000	\$566,679,000	\$37,954,000	7%

GREENWICH 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	\$1,081,143,000	\$1,149,849,000	\$68,706,000	6%
2	Less: Allowances	\$715,144,000	\$754,434,000	\$39,290,000	5%
3	Less: Charity Care	\$15,851,000	\$19,753,000	\$3,902,000	25%
4	Less: Other Deductions	\$22,450,000	\$18,370,000	(\$4,080,000)	-18%
	Total Net Patient Revenue	\$327,698,000	\$357,292,000	\$29,594,000	9%
5	Provision for Bad Debts	\$14,716,000	\$25,085,000	\$10,369,000	70%
	Net Patient Service Revenue less provision for bad debts	\$312,982,000	\$332,207,000	\$19,225,000	6%
6	Other Operating Revenue	\$16,176,000	\$14,839,000	(\$1,337,000)	-8%
7	Net Assets Released from Restrictions	\$3,621,000	\$3,009,000	(\$612,000)	-17%
	Total Operating Revenue	\$332,779,000	\$350,055,000	\$17,276,000	5%
B. Operating Expenses:					
1	Salaries and Wages	\$111,450,000	\$113,219,000	\$1,769,000	2%
2	Fringe Benefits	\$40,846,000	\$37,003,000	(\$3,843,000)	-9%
3	Physicians Fees	\$8,762,000	\$9,386,000	\$624,000	7%
4	Supplies and Drugs	\$44,914,321	\$46,591,780	\$1,677,459	4%
5	Depreciation and Amortization	\$21,233,000	\$24,929,000	\$3,696,000	17%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$469,000	\$343,000	(\$126,000)	-27%
8	Malpractice Insurance Cost	(\$981,253)	(\$1,799,000)	(\$817,747)	83%
9	Other Operating Expenses	\$84,325,932	\$88,181,220	\$3,855,288	5%
	Total Operating Expenses	\$311,019,000	\$317,854,000	\$6,835,000	2%
	Income/(Loss) From Operations	\$21,760,000	\$32,201,000	\$10,441,000	48%
C. Non-Operating Revenue:					
1	Income from Investments	\$304,000	\$718,000	\$414,000	136%
2	Gifts, Contributions and Donations	\$3,284,000	\$2,412,000	(\$872,000)	-27%
3	Other Non-Operating Gains/(Losses)	(\$3,448,000)	(\$4,457,000)	(\$1,009,000)	29%
	Total Non-Operating Revenue	\$140,000	(\$1,327,000)	(\$1,467,000)	-1048%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$21,900,000	\$30,874,000	\$8,974,000	41%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$5,019,000	\$6,345,000	\$1,326,000	26%

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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	\$1,011,000	(\$847,000)	(\$1,858,000)	-184%
	Total Other Adjustments	\$6,030,000	\$5,498,000	(\$532,000)	-9%
	Excess/(Deficiency) of Revenue Over Expenses	\$27,930,000	\$36,372,000	\$8,442,000	30%
	Principal Payments	\$2,430,000	\$2,505,000	\$75,000	3%

**GREENWICH 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. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$206,829,289	\$209,423,489	\$2,594,200	1%
2	MEDICARE MANAGED CARE	\$24,951,439	\$30,992,170	\$6,040,731	24%
3	MEDICAID	\$11,003,309	\$12,504,838	\$1,501,529	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$330,425	\$423,387	\$92,962	28%
6	COMMERCIAL INSURANCE	\$67,616,810	\$85,029,776	\$17,412,966	26%
7	NON-GOVERNMENT MANAGED CARE	\$101,930,621	\$110,740,982	\$8,810,361	9%
8	WORKER'S COMPENSATION	\$2,781,728	\$2,578,689	(\$203,039)	-7%
9	SELF- PAY/UNINSURED	\$6,676,345	\$4,687,832	(\$1,988,513)	-30%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$12,500,914	\$13,188,120	\$687,206	5%
	TOTAL INPATIENT GROSS REVENUE	\$434,620,880	\$469,569,283	\$34,948,403	8%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$187,819,676	\$203,916,011	\$16,096,335	9%
2	MEDICARE MANAGED CARE	\$17,839,831	\$21,428,590	\$3,588,759	20%
3	MEDICAID	\$23,648,312	\$28,889,349	\$5,241,037	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$438,848	\$598,322	\$159,474	36%
6	COMMERCIAL INSURANCE	\$146,170,493	\$160,764,875	\$14,594,382	10%
7	NON-GOVERNMENT MANAGED CARE	\$225,836,922	\$218,789,075	(\$7,047,847)	-3%
8	WORKER'S COMPENSATION	\$5,304,494	\$5,248,538	(\$55,956)	-1%
9	SELF- PAY/UNINSURED	\$27,139,820	\$26,018,038	(\$1,121,782)	-4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$12,323,262	\$14,626,542	\$2,303,280	19%
	TOTAL OUTPATIENT GROSS REVENUE	\$646,521,658	\$680,279,340	\$33,757,682	5%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$394,648,965	\$413,339,500	\$18,690,535	5%
2	MEDICARE MANAGED CARE	\$42,791,270	\$52,420,760	\$9,629,490	23%
3	MEDICAID	\$34,651,621	\$41,394,187	\$6,742,566	19%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$769,273	\$1,021,709	\$252,436	33%
6	COMMERCIAL INSURANCE	\$213,787,303	\$245,794,651	\$32,007,348	15%
7	NON-GOVERNMENT MANAGED CARE	\$327,767,543	\$329,530,057	\$1,762,514	1%
8	WORKER'S COMPENSATION	\$8,086,222	\$7,827,227	(\$258,995)	-3%
9	SELF- PAY/UNINSURED	\$33,816,165	\$30,705,870	(\$3,110,295)	-9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$24,824,176	\$27,814,662	\$2,990,486	12%
	TOTAL GROSS REVENUE	\$1,081,142,538	\$1,149,848,623	\$68,706,085	6%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$50,875,595	\$52,258,379	\$1,382,784	3%
2	MEDICARE MANAGED CARE	\$6,569,366	\$7,231,035	\$661,669	10%

**GREENWICH HOSPITAL
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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
3	MEDICAID	\$2,509,474	\$3,773,460	\$1,263,986	50%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$112,174	\$69,245	(\$42,929)	-38%
6	COMMERCIAL INSURANCE	\$31,088,947	\$35,698,747	\$4,609,800	15%
7	NON-GOVERNMENT MANAGED CARE	\$42,916,594	\$47,720,933	\$4,804,339	11%
8	WORKER'S COMPENSATION	\$2,757,562	\$1,555,548	(\$1,202,014)	-44%
9	SELF- PAY/UNINSURED	\$3,888,925	\$246,577	(\$3,642,348)	-94%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,600,396	\$1,588,091	(\$1,012,305)	-39%
	TOTAL INPATIENT NET REVENUE	\$143,319,033	\$150,142,015	\$6,822,982	5%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$28,173,739	\$31,950,176	\$3,776,437	13%
2	MEDICARE MANAGED CARE	\$2,787,908	\$3,623,521	\$835,613	30%
3	MEDICAID	\$4,213,126	\$4,681,630	\$468,504	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$261,553	\$258,984	(\$2,569)	-1%
6	COMMERCIAL INSURANCE	\$63,894,528	\$62,613,449	(\$1,281,079)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$76,452,870	\$85,177,239	\$8,724,369	11%
8	WORKER'S COMPENSATION	\$2,099,142	\$1,659,040	(\$440,102)	-21%
9	SELF- PAY/UNINSURED	\$593,497	\$1,714,362	\$1,120,865	189%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,614,406	\$2,079,011	(\$535,395)	-20%
	TOTAL OUTPATIENT NET REVENUE	\$181,090,769	\$193,757,412	\$12,666,643	7%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$79,049,334	\$84,208,555	\$5,159,221	7%
2	MEDICARE MANAGED CARE	\$9,357,274	\$10,854,556	\$1,497,282	16%
3	MEDICAID	\$6,722,600	\$8,455,090	\$1,732,490	26%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$373,727	\$328,229	(\$45,498)	-12%
6	COMMERCIAL INSURANCE	\$94,983,475	\$98,312,196	\$3,328,721	4%
7	NON-GOVERNMENT MANAGED CARE	\$119,369,464	\$132,898,172	\$13,528,708	11%
8	WORKER'S COMPENSATION	\$4,856,704	\$3,214,588	(\$1,642,116)	-34%
9	SELF- PAY/UNINSURED	\$4,482,422	\$1,960,939	(\$2,521,483)	-56%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$5,214,802	\$3,667,102	(\$1,547,700)	-30%
	TOTAL NET REVENUE	\$324,409,802	\$343,899,427	\$19,489,625	6%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,376	3,927	(449)	-10%
2	MEDICARE MANAGED CARE	512	618	106	21%
3	MEDICAID	370	416	46	12%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	13	14	1	8%
6	COMMERCIAL INSURANCE	2,532	2,868	336	13%
7	NON-GOVERNMENT MANAGED CARE	3,977	4,111	134	3%
8	WORKER'S COMPENSATION	42	36	(6)	-14%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	340	167	(173)	-51%
10	SAGA	0	0	0	0%
11	OTHER	277	381	104	38%
	TOTAL DISCHARGES	12,439	12,538	99	1%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	22,771	22,270	(501)	-2%
2	MEDICARE MANAGED CARE	2,940	3,684	744	25%
3	MEDICAID	1,381	1,607	226	16%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	54	40	(14)	-26%
6	COMMERCIAL INSURANCE	8,457	10,317	1,860	22%
7	NON-GOVERNMENT MANAGED CARE	13,581	14,324	743	5%
8	WORKER'S COMPENSATION	130	153	23	18%
9	SELF- PAY/UNINSURED	1,324	515	(809)	-61%
10	SAGA	0	0	0	0%
11	OTHER	1,326	1,599	273	21%
	TOTAL PATIENT DAYS	51,964	54,509	2,545	5%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	75,054	74,609	(445)	-1%
2	MEDICARE MANAGED CARE	6,538	7,873	1,335	20%
3	MEDICAID	18,071	20,521	2,450	14%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	200	186	(14)	-7%
6	COMMERCIAL INSURANCE	63,955	61,491	(2,464)	-4%
7	NON-GOVERNMENT MANAGED CARE	107,774	102,888	(4,886)	-5%
8	WORKER'S COMPENSATION	2,632	2,342	(290)	-11%
9	SELF- PAY/UNINSURED	18,429	15,234	(3,195)	-17%
10	SAGA	0	0	0	0%
11	OTHER	3,977	4,716	739	19%
	TOTAL OUTPATIENT VISITS	296,630	289,860	(6,770)	-2%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$23,425,796	\$24,415,563	\$989,767	4%
2	MEDICARE MANAGED CARE	\$2,982,791	\$4,028,412	\$1,045,621	35%
3	MEDICAID	\$10,096,234	\$11,915,030	\$1,818,796	18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$238,335	\$283,226	\$44,891	19%
6	COMMERCIAL INSURANCE	\$28,524,745	\$29,069,416	\$544,671	2%
7	NON-GOVERNMENT MANAGED CARE	\$39,970,077	\$40,127,663	\$157,586	0%
8	WORKER'S COMPENSATION	\$2,430,909	\$1,915,846	(\$515,063)	-21%
9	SELF- PAY/UNINSURED	\$14,953,253	\$14,060,319	(\$892,934)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$9,598,187	\$12,139,391	\$2,541,204	26%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$132,220,327	\$137,954,866	\$5,734,539	4%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$3,228,129	\$4,145,666	\$917,537	28%

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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	\$483,885	\$663,677	\$179,792	37%
3	MEDICAID	\$1,265,732	\$1,859,975	\$594,243	47%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$131,235	\$173,692	\$42,457	32%
6	COMMERCIAL INSURANCE	\$11,933,928	\$14,592,549	\$2,658,621	22%
7	NON-GOVERNMENT MANAGED CARE	\$14,141,829	\$16,047,880	\$1,906,051	13%
8	WORKER'S COMPENSATION	\$760,704	\$460,648	(\$300,056)	-39%
9	SELF- PAY/UNINSURED	\$11,912,879	\$14,777,186	\$2,864,307	24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,900,203	\$2,149,539	\$249,336	13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$45,758,524	\$54,870,812	\$9,112,288	20%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	5,153	4,854	(299)	-6%
2	MEDICARE MANAGED CARE	643	751	108	17%
3	MEDICAID	3,184	3,341	157	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	73	78	5	7%
6	COMMERCIAL INSURANCE	7,417	6,658	(759)	-10%
7	NON-GOVERNMENT MANAGED CARE	10,620	9,524	(1,096)	-10%
8	WORKER'S COMPENSATION	789	583	(206)	-26%
9	SELF- PAY/UNINSURED	3,883	3,368	(515)	-13%
10	SAGA	0	0	0	0%
11	OTHER	3,163	3,447	284	9%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	34,925	32,604	(2,321)	-7%

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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.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$39,074,720	\$39,440,686	\$365,966	1%
2	Physician Salaries	\$6,590,578	\$8,035,783	\$1,445,205	22%
3	Non-Nursing, Non-Physician Salaries	\$65,784,702	\$65,742,531	(\$42,171)	0%
	Total Salaries & Wages	\$111,450,000	\$113,219,000	\$1,769,000	2%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$14,296,983	\$12,951,118	(\$1,345,865)	-9%
2	Physician Fringe Benefits	\$2,450,740	\$2,220,192	(\$230,548)	-9%
3	Non-Nursing, Non-Physician Fringe Benefits	\$24,098,277	\$21,831,690	(\$2,266,587)	-9%
	Total Fringe Benefits	\$40,846,000	\$37,003,000	(\$3,843,000)	-9%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$1,395,278	\$1,316,590	(\$78,688)	-6%
2	Physician Fees	\$8,762,000	\$9,386,000	\$624,000	7%
3	Non-Nursing, Non-Physician Fees	\$302,853	\$426,759	\$123,906	41%
	Total Contractual Labor Fees	\$10,460,131	\$11,129,349	\$669,218	6%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$24,826,423	\$25,770,602	\$944,179	4%
2	Pharmaceutical Costs	\$20,087,898	\$20,821,178	\$733,280	4%
	Total Medical Supplies and Pharmaceutical Cost	\$44,914,321	\$46,591,780	\$1,677,459	4%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$5,574,621	\$5,982,629	\$408,008	7%
2	Depreciation-Equipment	\$15,658,379	\$18,946,371	\$3,287,992	21%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$21,233,000	\$24,929,000	\$3,696,000	17%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$469,000	\$343,000	(\$126,000)	-27%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	(\$981,253)	(\$1,799,000)	(\$817,747)	83%
I.	Utilities:				
1	Water	\$121,509	\$107,105	(\$14,404)	-12%
2	Natural Gas	\$349,096	\$401,012	\$51,916	15%
3	Oil	\$56,225	\$22,325	(\$33,900)	-60%
4	Electricity	\$1,853,170	\$1,848,818	(\$4,352)	0%
5	Telephone	\$2,366	\$6,733	\$4,367	185%
6	Other Utilities	\$35,542	\$30,591	(\$4,951)	-14%
	Total Utilities	\$2,417,908	\$2,416,584	(\$1,324)	0%
J.	Business Expenses:				
1	Accounting Fees	\$358,254	\$226,469	(\$131,785)	-37%
2	Legal Fees	(\$6,451)	\$399,021	\$405,472	-6285%
3	Consulting Fees	\$1,538,469	\$1,608,699	\$70,230	5%
4	Dues and Membership	\$445,312	\$515,738	\$70,426	16%
5	Equipment Leases	\$1,649,021	\$1,415,156	(\$233,865)	-14%
6	Building Leases	\$6,048,748	\$6,262,035	\$213,287	4%
7	Repairs and Maintenance	\$933,969	\$819,249	(\$114,720)	-12%
8	Insurance	\$520,609	\$540,832	\$20,223	4%
9	Travel	\$149,113	\$58,202	(\$90,911)	-61%
10	Conferences	\$248,818	\$267,722	\$18,904	8%

GREENWICH HOSPITAL					
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
11	Property Tax	\$168,875	\$120,026	(\$48,849)	-29%
12	General Supplies	\$2,578,416	\$2,952,492	\$374,076	15%
13	Licenses and Subscriptions	\$320,291	\$288,086	(\$32,205)	-10%
14	Postage and Shipping	\$277,792	\$290,128	\$12,336	4%
15	Advertising	\$0	\$3,935	\$3,935	0%
16	Corporate parent/system fees	\$41,000,242	\$40,491,319	(\$508,923)	-1%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$109,955	\$158,745	\$48,790	44%
19	Dietary / Food Services	\$2,228,629	\$2,222,560	(\$6,069)	0%
20	Lab Fees / Red Cross charges	\$1,385,070	\$1,273,162	(\$111,908)	-8%
21	Billing & Collection / Bank Fees	\$399,657	\$648,884	\$249,227	62%
22	Recruiting / Employee Education & Recognition	\$704,988	\$88,087	(\$616,901)	-88%
23	Laundry / Linen	\$1,183,583	\$1,121,961	(\$61,622)	-5%
24	Professional / Physician Fees	\$2,947,697	\$3,303,520	\$355,823	12%
25	Waste disposal	\$195,377	\$217,155	\$21,778	11%
26	Purchased Services - Medical	\$980,816	\$952,349	(\$28,467)	-3%
27	Purchased Services - Non Medical	\$6,179,031	\$8,844,006	\$2,664,975	43%
28	Other Business Expenses	\$7,597,134	\$8,414,965	\$817,831	11%
	Total Business Expenses	\$80,143,415	\$83,504,503	\$3,361,088	4%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$66,478	\$516,784	\$450,306	677%
	Total Operating Expenses - All Expense Categories*	\$311,019,000	\$317,854,000	\$6,835,000	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	\$81,439,033	\$78,431,050	(\$3,007,983)	-4%
2	General Accounting	\$6,993,380	\$7,914,826	\$921,446	13%
3	Patient Billing & Collection	\$7,242,717	\$8,023,774	\$781,057	11%
4	Admitting / Registration Office	\$3,114,554	\$3,089,948	(\$24,606)	-1%
5	Data Processing	\$19,279,222	\$20,677,631	\$1,398,409	7%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$1,624,418	\$1,770,592	\$146,174	9%
8	Public Relations	\$3,582,495	\$4,065,522	\$483,027	13%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$4,927,350	\$4,964,079	\$36,729	1%
11	Housekeeping	\$2,511,957	\$2,704,698	\$192,741	8%
12	Laundry & Linen	\$193,497	\$217,435	\$23,938	12%
13	Operation of Plant	\$3,492,855	\$3,736,276	\$243,421	7%
14	Security	\$1,978,577	\$2,088,567	\$109,990	6%
15	Repairs and Maintenance	\$2,751,609	\$2,877,921	\$126,312	5%
16	Central Sterile Supply	\$1,521,109	\$1,682,014	\$160,905	11%
17	Pharmacy Department	\$23,491,669	\$24,232,754	\$741,085	3%
18	Other General Services	\$1,173,090	\$1,276,790	\$103,700	9%
	Total General Services	\$165,317,532	\$167,753,877	\$2,436,345	1%
B.	Professional Services:				
1	Medical Care Administration	\$1,598,182	\$1,836,297	\$238,115	15%
2	Residency Program	\$2,409,432	\$2,393,817	(\$15,615)	-1%
3	Nursing Services Administration	\$2,221,067	\$2,516,597	\$295,530	13%
4	Medical Records	\$2,188,075	\$1,400,424	(\$787,651)	-36%
5	Social Service	\$2,633,967	\$2,640,881	\$6,914	0%
6	Other Professional Services	\$2,677,418	\$2,675,544	(\$1,874)	0%
	Total Professional Services	\$13,728,141	\$13,463,560	(\$264,581)	-2%
C.	Special Services:				

GREENWICH HOSPITAL					
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
1	Operating Room	\$19,755,979	\$20,221,421	\$465,442	2%
2	Recovery Room	\$1,228,454	\$1,287,040	\$58,586	5%
3	Anesthesiology	\$986,784	\$1,142,547	\$155,763	16%
4	Delivery Room	\$5,779,515	\$6,115,593	\$336,078	6%
5	Diagnostic Radiology	\$5,504,007	\$5,480,683	(\$23,324)	0%
6	Diagnostic Ultrasound	\$2,267,066	\$2,498,420	\$231,354	10%
7	Radiation Therapy	\$4,756,539	\$6,525,705	\$1,769,166	37%
8	Radioisotopes	\$765,936	\$703,728	(\$62,208)	-8%
9	CT Scan	\$1,493,265	\$1,654,631	\$161,366	11%
10	Laboratory	\$16,901,912	\$16,910,034	\$8,122	0%
11	Blood Storing/Processing	\$1,351,222	\$964,454	(\$386,768)	-29%
12	Cardiology	\$2,042,992	\$1,869,780	(\$173,212)	-8%
13	Electrocardiology	\$938,876	\$1,044,418	\$105,542	11%
14	Electroencephalography	\$416,186	\$436,446	\$20,260	5%
15	Occupational Therapy	\$1,980,717	\$1,898,692	(\$82,025)	-4%
16	Speech Pathology	\$233,518	\$238,403	\$4,885	2%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,079,063	\$2,050,506	(\$28,557)	-1%
19	Pulmonary Function	\$473,522	\$474,210	\$688	0%
20	Intravenous Therapy	\$3,416,998	\$3,753,908	\$336,910	10%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$433,703	\$351,557	(\$82,146)	-19%
24	Emergency Room	\$13,326,617	\$13,414,178	\$87,561	1%
25	MRI	\$965,335	\$1,202,273	\$236,938	25%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$423,546	\$453,338	\$29,792	7%
28	Endoscopy	\$1,968,680	\$2,045,844	\$77,164	4%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$19,707	\$591,343	\$571,636	2901%
31	Cardiac Catheterization/Rehabilitation	\$732,042	\$580,551	(\$151,491)	-21%
32	Occupational Therapy / Physical Therapy	\$3,159,326	\$3,268,031	\$108,705	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$567,261	\$565,136	(\$2,125)	0%
	Total Special Services	\$93,968,768	\$97,742,870	\$3,774,102	4%
D.	Routine Services:				
1	Medical & Surgical Units	\$15,840,057	\$15,899,342	\$59,285	0%
2	Intensive Care Unit	\$2,491,824	\$2,425,679	(\$66,145)	-3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$732,015	\$726,363	(\$5,652)	-1%
5	Pediatric Unit	\$1,131,075	\$1,137,525	\$6,450	1%
6	Maternity Unit	\$3,613,630	\$4,092,042	\$478,412	13%
7	Newborn Nursery Unit	\$1,195,405	\$1,327,701	\$132,296	11%
8	Neonatal ICU	\$2,799,594	\$3,058,593	\$258,999	9%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$5,103,707	\$5,305,718	\$202,011	4%
11	Home Care	\$827,878	\$839,135	\$11,257	1%
12	Outpatient Clinics	\$3,755,684	\$3,905,410	\$149,726	4%
13	Other Routine Services	\$513,690	\$176,185	(\$337,505)	-66%
	Total Routine Services	\$38,004,559	\$38,893,693	\$889,134	2%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$311,019,000	\$317,854,000	\$6,835,000	2%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GREENWICH 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	\$304,346,000	\$312,982,000	\$332,207,000
2	Other Operating Revenue	20,142,000	19,797,000	17,848,000
3	Total Operating Revenue	\$324,488,000	\$332,779,000	\$350,055,000
4	Total Operating Expenses	312,559,000	311,019,000	317,854,000
5	Income/(Loss) From Operations	\$11,929,000	\$21,760,000	\$32,201,000
6	Total Non-Operating Revenue	4,054,000	6,170,000	4,171,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$15,983,000	\$27,930,000	\$36,372,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.63%	6.42%	9.09%
2	Hospital Non Operating Margin	1.23%	1.82%	1.18%
3	Hospital Total Margin	4.86%	8.24%	10.27%
4	Income/(Loss) From Operations	\$11,929,000	\$21,760,000	\$32,201,000
5	Total Operating Revenue	\$324,488,000	\$332,779,000	\$350,055,000
6	Total Non-Operating Revenue	\$4,054,000	\$6,170,000	\$4,171,000
7	Total Revenue	\$328,542,000	\$338,949,000	\$354,226,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$15,983,000	\$27,930,000	\$36,372,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$267,939,000	\$318,845,000	\$334,040,000
2	Hospital Total Net Assets	\$319,727,000	\$377,624,000	\$401,362,000
3	Hospital Change in Total Net Assets	\$8,425,000	\$57,897,000	\$23,738,000
4	Hospital Change in Total Net Assets %	102.7%	18.1%	6.3%

GREENWICH 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>	0.31	0.28	0.27
2	Total Operating Expenses	\$312,559,000	\$311,019,000	\$317,854,000
3	Total Gross Revenue	\$971,611,045	\$1,081,142,538	\$1,149,848,623
4	Total Other Operating Revenue	\$24,731,229	\$22,586,617	\$19,028,550
5	<u>Private Payment to Cost Ratio</u>	1.32	1.42	1.48
6	Total Non-Government Payments	\$221,325,514	\$223,692,065	\$236,385,895
7	Total Uninsured Payments	\$13,277,428	\$4,482,422	\$1,960,939
8	Total Non-Government Charges	\$546,209,508	\$583,457,233	\$613,857,805
9	Total Uninsured Charges	\$43,380,063	\$33,816,165	\$30,705,870
10	<u>Medicare Payment to Cost Ratio</u>	0.66	0.72	0.75
11	Total Medicare Payments	\$76,762,153	\$88,406,608	\$95,063,111
12	Total Medicare Charges	\$372,343,911	\$437,440,235	\$465,760,260
13	<u>Medicaid Payment to Cost Ratio</u>	0.39	0.69	0.75
14	Total Medicaid Payments	\$3,885,432	\$6,722,600	\$8,455,090
15	Total Medicaid Charges	\$31,604,672	\$34,651,621	\$41,394,187
16	<u>Uncompensated Care Cost</u>	\$9,443,391	\$8,265,933	\$12,192,361
17	Charity Care	\$16,060,311	\$14,617,978	\$19,751,377
18	Bad Debts	\$14,042,325	\$14,715,765	\$25,084,845
19	Total Uncompensated Care	\$30,102,636	\$29,333,743	\$44,836,222
20	<u>Uncompensated Care % of Total Expenses</u>	3.0%	2.7%	3.8%

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$312,559,000	\$311,019,000	\$317,854,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2	3	3
2	Total Current Assets	\$110,602,000	\$134,499,000	\$159,340,000
3	Total Current Liabilities	\$52,638,000	\$49,824,000	\$55,531,000
4	<u>Days Cash on Hand</u>	56	77	94
5	Cash and Cash Equivalents	\$35,083,000	\$25,344,000	\$43,811,000
6	Short Term Investments	10,243,000	36,063,000	31,934,000
7	Total Cash and Short Term Investments	\$45,326,000	\$61,407,000	\$75,745,000
8	Total Operating Expenses	\$312,559,000	\$311,019,000	\$317,854,000
9	Depreciation Expense	\$18,406,037	\$21,233,000	\$24,929,000
10	Operating Expenses less Depreciation Expense	\$294,152,963	\$289,786,000	\$292,925,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	43	39	41
12	Net Patient Accounts Receivable	\$36,589,000	\$34,799,000	\$37,984,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$492,000	\$1,208,000	\$930,766
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$36,097,000	\$33,591,000	\$37,053,234
16	Total Net Patient Revenue	\$304,346,000	\$312,982,000	\$332,207,000
17	<u>Average Payment Period</u>	65	63	69
18	Total Current Liabilities	\$52,638,000	\$49,824,000	\$55,531,000
19	Total Operating Expenses	\$312,559,000	\$311,019,000	\$317,854,000
20	Depreciation Expense	\$18,406,037	\$21,233,000	\$24,929,000

GREENWICH 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
21	Total Operating Expenses less Depreciation Expense	\$294,152,963	\$289,786,000	\$292,925,000
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	63.5	71.4	70.8
2	Total Net Assets	\$319,727,000	\$377,624,000	\$401,362,000
3	Total Assets	\$503,538,000	\$528,725,000	\$566,679,000
4	<u>Cash Flow to Total Debt Ratio</u>	37.0	56.2	67.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$15,983,000	\$27,930,000	\$36,372,000
6	Depreciation Expense	\$18,406,037	\$21,233,000	\$24,929,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$34,389,037	\$49,163,000	\$61,301,000
8	Total Current Liabilities	\$52,638,000	\$49,824,000	\$55,531,000
9	Total Long Term Debt	\$40,215,000	\$37,710,000	\$35,105,000
10	Total Current Liabilities and Total Long Term Debt	\$92,853,000	\$87,534,000	\$90,636,000
11	<u>Long Term Debt to Capitalization Ratio</u>	11.2	9.1	8.0
12	Total Long Term Debt	\$40,215,000	\$37,710,000	\$35,105,000
13	Total Net Assets	\$319,727,000	\$377,624,000	\$401,362,000
14	Total Long Term Debt and Total Net Assets	\$359,942,000	\$415,334,000	\$436,467,000
15	<u>Debt Service Coverage Ratio</u>	12.8	17.1	21.6
16	Excess Revenues over Expenses	15,983,000	\$27,930,000	\$36,372,000
17	Interest Expense	357,587	\$469,000	\$343,000
18	Depreciation and Amortization Expense	18,406,037	\$21,233,000	\$24,929,000
19	Principal Payments	2,360,000	\$2,430,000	\$2,505,000
G.	<u>Other Financial Ratios</u>			

GREENWICH 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	Average Age of Plant	9.6	9.2	8.5
21	Accumulated Depreciation	177,284,000	194,596,000	212,977,000
22	Depreciation and Amortization Expense	18,406,037	21,233,000	24,929,000
H. Utilization Measures Summary				
1	Patient Days	51,919	51,964	54,509
2	Discharges	13,027	12,439	12,538
3	ALOS	4.0	4.2	4.3
4	Staffed Beds	206	206	206
5	Available Beds	-	206	206
6	Licensed Beds	206	206	206
7	Occupancy of Staffed Beds	69.1%	69.1%	72.5%
8	Occupancy of Available Beds	69.1%	69.1%	72.5%
9	Full Time Equivalent Employees	1,489.3	1,465.1	1,475.3
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	51.8%	50.8%	50.7%
2	Medicare Gross Revenue Payer Mix Percentage	38.3%	40.5%	40.5%
3	Medicaid Gross Revenue Payer Mix Percentage	3.3%	3.2%	3.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.2%	2.3%	2.4%
5	Uninsured Gross Revenue Payer Mix Percentage	4.5%	3.1%	2.7%
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)	\$502,829,445	\$549,641,068	\$583,151,935
9	Medicare Gross Revenue (Charges)	\$372,343,911	\$437,440,235	\$465,760,260
10	Medicaid Gross Revenue (Charges)	\$31,604,672	\$34,651,621	\$41,394,187
11	Other Medical Assistance Gross Revenue (Charges)	\$20,903,539	\$24,824,176	\$27,814,662
12	Uninsured Gross Revenue (Charges)	\$43,380,063	\$33,816,165	\$30,705,870
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$549,415	\$769,273	\$1,021,709
14	Total Gross Revenue (Charges)	\$971,611,045	\$1,081,142,538	\$1,149,848,623
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	68.1%	67.6%	68.2%
2	Medicare Net Revenue Payer Mix Percentage	25.1%	27.3%	27.6%

GREENWICH 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	1.3%	2.1%	2.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.1%	1.6%	1.1%
5	Uninsured Net Revenue Payer Mix Percentage	4.3%	1.4%	0.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$208,048,086	\$219,209,643	\$234,424,956
9	Medicare Net Revenue (Payments)	\$76,762,153	\$88,406,608	\$95,063,111
10	Medicaid Net Revenue (Payments)	\$3,885,432	\$6,722,600	\$8,455,090
11	Other Medical Assistance Net Revenue (Payments)	\$3,242,933	\$5,214,802	\$3,667,103
12	Uninsured Net Revenue (Payments)	\$13,277,428	\$4,482,422	\$1,960,939
13	CHAMPUS / TRICARE Net Revenue Payments)	\$339,612	\$373,727	\$328,229
14	Total Net Revenue (Payments)	\$305,555,644	\$324,409,802	\$343,899,428
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	7,317	6,891	7,182
2	Medicare	4,984	4,888	4,545
3	Medical Assistance	722	647	797
4	Medicaid	425	370	416
5	Other Medical Assistance	297	277	381
6	CHAMPUS / TRICARE	4	13	14
7	Uninsured (Included In Non-Government)	370	340	167
8	Total	13,027	12,439	12,538
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.84780	0.87034	0.90367
2	Medicare	1.34700	1.45937	1.57877
3	Medical Assistance	1.00413	1.02393	1.07591
4	Medicaid	0.92860	0.92638	0.99915
5	Other Medical Assistance	1.11220	1.15423	1.15972
6	CHAMPUS / TRICARE	1.19540	0.69644	1.07080
7	Uninsured (Included In Non-Government)	0.90230	0.98687	1.02805
8	Total Case Mix Index	1.04756	1.10961	1.15953
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	7,663	7,527	6,790
2	Emergency Room - Treated and Discharged	35,924	34,925	32,604
3	Total Emergency Room Visits	43,587	42,452	39,394

**GREENWICH 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	\$0	\$468,375	\$468,375	0%
2	Inpatient Payments	\$0	\$139,326	\$139,326	0%
3	Outpatient Charges	\$0	\$708,179	\$708,179	0%
4	Outpatient Payments	\$0	\$97,935	\$97,935	0%
5	Discharges	0	16	16	0%
6	Patient Days	0	63	63	0%
7	Outpatient Visits (Excludes ED Visits)	0	191	191	0%
8	Emergency Department Outpatient Visits	0	41	41	0%
9	Emergency Department Inpatient Admissions	0	16	16	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$1,176,554	\$1,176,554	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$237,261	\$237,261	0%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$3,250	\$0	(\$3,250)	-100%
4	Outpatient Payments	\$2,875	\$0	(\$2,875)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	2	0	(2)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,250	\$0	(\$3,250)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,875	\$0	(\$2,875)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$411,345	\$1,512,537	\$1,101,192	268%
2	Inpatient Payments	\$97,180	\$284,382	\$187,202	193%
3	Outpatient Charges	\$1,904,944	\$2,106,817	\$201,873	11%
4	Outpatient Payments	\$294,118	\$355,754	\$61,636	21%
5	Discharges	8	19	11	138%
6	Patient Days	24	153	129	538%
7	Outpatient Visits (Excludes ED Visits)	401	647	246	61%
8	Emergency Department Outpatient Visits	15	28	13	87%
9	Emergency Department Inpatient Admissions	5	17	12	240%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,316,289	\$3,619,354	\$1,303,065	56%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$391,298	\$640,136	\$248,838	64%

GREENWICH 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	\$8,253,809	\$6,333,180	(\$1,920,629)	-23%
2	Inpatient Payments	\$1,831,212	\$1,378,980	(\$452,232)	-25%
3	Outpatient Charges	\$4,077,792	\$2,867,135	(\$1,210,657)	-30%
4	Outpatient Payments	\$687,688	\$395,522	(\$292,166)	-42%
5	Discharges	208	135	(73)	-35%
6	Patient Days	931	864	(67)	-7%
7	Outpatient Visits (Excludes ED Visits)	603	358	(245)	-41%
8	Emergency Department Outpatient Visits	243	179	(64)	-26%
9	Emergency Department Inpatient Admissions	183	124	(59)	-32%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,331,601	\$9,200,315	(\$3,131,286)	-25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,518,900	\$1,774,502	(\$744,398)	-30%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**GREENWICH 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	\$11,321,278	\$12,548,076	\$1,226,798	11%
2	Inpatient Payments	\$3,471,469	\$2,889,753	(\$581,716)	-17%
3	Outpatient Charges	\$7,975,131	\$9,295,394	\$1,320,263	17%
4	Outpatient Payments	\$1,155,617	\$1,508,786	\$353,169	31%
5	Discharges	173	237	64	37%
6	Patient Days	1,501	1,351	(150)	-10%
7	Outpatient Visits (Excludes ED Visits)	2,642	3,321	679	26%
8	Emergency Department Outpatient Visits	270	310	40	15%
9	Emergency Department Inpatient Admissions	149	201	52	35%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,296,409	\$21,843,470	\$2,547,061	13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,627,086	\$4,398,539	(\$228,547)	-5%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$183,321	\$79,896	(\$103,425)	-56%
2	Inpatient Payments	\$37,439	\$24,628	(\$12,811)	-34%
3	Outpatient Charges	\$103,170	\$264,975	\$161,805	157%
4	Outpatient Payments	\$18,972	\$40,783	\$21,811	115%
5	Discharges	4	4	0	0%
6	Patient Days	20	6	(14)	-70%
7	Outpatient Visits (Excludes ED Visits)	0	162	162	0%
8	Emergency Department Outpatient Visits	5	8	3	60%
9	Emergency Department Inpatient Admissions	4	4	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$286,491	\$344,871	\$58,380	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$56,411	\$65,411	\$9,000	16%
I. AETNA					
1	Inpatient Charges	\$4,496,620	\$9,927,429	\$5,430,809	121%
2	Inpatient Payments	\$1,058,420	\$2,481,628	\$1,423,208	134%
3	Outpatient Charges	\$3,547,371	\$6,061,449	\$2,514,078	71%
4	Outpatient Payments	\$601,222	\$1,201,101	\$599,879	100%
5	Discharges	111	202	91	82%
6	Patient Days	437	1,235	798	183%
7	Outpatient Visits (Excludes ED Visits)	2,208	2,385	177	8%
8	Emergency Department Outpatient Visits	99	176	77	78%
9	Emergency Department Inpatient Admissions	90	175	85	94%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,043,991	\$15,988,878	\$7,944,887	99%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,659,642	\$3,682,729	\$2,023,087	122%

**GREENWICH 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	\$285,066	\$122,677	(\$162,389)	-57%
2	Inpatient Payments	\$73,646	\$32,338	(\$41,308)	-56%
3	Outpatient Charges	\$228,173	\$124,641	(\$103,532)	-45%
4	Outpatient Payments	\$27,416	\$23,640	(\$3,776)	-14%
5	Discharges	8	5	(3)	-38%
6	Patient Days	27	12	(15)	-56%
7	Outpatient Visits (Excludes ED Visits)	39	58	19	49%
8	Emergency Department Outpatient Visits	11	9	(2)	-18%
9	Emergency Department Inpatient Admissions	6	5	(1)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$513,239	\$247,318	(\$265,921)	-52%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$101,062	\$55,978	(\$45,084)	-45%
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%

**GREENWICH 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	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$24,951,439	\$30,992,170	\$6,040,731	24%
	TOTAL INPATIENT PAYMENTS	\$6,569,366	\$7,231,035	\$661,669	10%
	TOTAL OUTPATIENT CHARGES	\$17,839,831	\$21,428,590	\$3,588,759	20%
	TOTAL OUTPATIENT PAYMENTS	\$2,787,908	\$3,623,521	\$835,613	30%
	TOTAL DISCHARGES	512	618	106	21%
	TOTAL PATIENT DAYS	2,940	3,684	744	25%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	5,895	7,122	1,227	21%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	643	751	108	17%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	437	542	105	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$42,791,270	\$52,420,760	\$9,629,490	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,357,274	\$10,854,556	\$1,497,282	16%

**GREENWICH 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%

**GREENWICH 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%

**GREENWICH 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%

GREENWICH HEALTH CARE SERVICES, INC.					
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	\$29,569,000	\$47,945,000	\$18,376,000	62%
2	Short Term Investments	\$36,063,000	\$31,934,000	(\$4,129,000)	-11%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$37,281,000	\$40,615,000	\$3,334,000	9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,646,074	\$2,041,000	\$394,926	24%
8	Prepaid Expenses	\$8,132,926	\$7,227,000	(\$905,926)	-11%
9	Other Current Assets	\$11,820,000	\$17,551,000	\$5,731,000	48%
	Total Current Assets	\$124,512,000	\$147,313,000	\$22,801,000	18%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$796,000	\$794,000	(\$2,000)	0%
2	Board Designated for Capital Acquisition	\$89,577,750	\$102,819,600	\$13,241,850	15%
3	Funds Held in Escrow	\$2,250	\$1,400	(\$850)	-38%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$90,376,000	\$103,615,000	\$13,239,000	15%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$59,347,000	\$64,943,000	\$5,596,000	9%
7	Other Noncurrent Assets	\$29,746,000	\$33,663,000	\$3,917,000	13%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$473,690,000	\$486,940,000	\$13,250,000	3%
2	Less: Accumulated Depreciation	\$212,355,000	\$232,025,000	\$19,670,000	\$0
	Property, Plant and Equipment, Net	\$261,335,000	\$254,915,000	(\$6,420,000)	-2%
3	Construction in Progress	\$153,000	\$601,000	\$448,000	293%
	Total Net Fixed Assets	\$261,488,000	\$255,516,000	(\$5,972,000)	-2%
	Total Assets	\$565,469,000	\$605,050,000	\$39,581,000	7%

GREENWICH HEALTH CARE SERVICES, INC.					
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	\$18,052,000	\$21,338,080	\$3,286,080	18%
2	Salaries, Wages and Payroll Taxes	\$11,995,000	\$12,547,920	\$552,920	5%
3	Due To Third Party Payers	\$1,207,893	\$930,766	(\$277,127)	-23%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,505,000	\$2,605,000	\$100,000	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$19,409,107	\$21,856,234	\$2,447,127	13%
	Total Current Liabilities	\$53,169,000	\$59,278,000	\$6,109,000	11%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$37,710,000	\$35,105,000	(\$2,605,000)	-7%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$37,710,000	\$35,105,000	(\$2,605,000)	-7%
3	Accrued Pension Liability	\$23,880,000	\$31,684,000	\$7,804,000	33%
4	Other Long Term Liabilities	\$39,779,000	\$43,065,000	\$3,286,000	8%
	Total Long Term Liabilities	\$101,369,000	\$109,854,000	\$8,485,000	8%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$793,000	\$1,136,000	\$343,000	43%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$351,359,000	\$367,460,000	\$16,101,000	5%
2	Temporarily Restricted Net Assets	\$36,543,000	\$44,115,000	\$7,572,000	21%
3	Permanently Restricted Net Assets	\$22,236,000	\$23,207,000	\$971,000	4%
	Total Net Assets	\$410,138,000	\$434,782,000	\$24,644,000	6%
	Total Liabilities and Net Assets	\$565,469,000	\$605,050,000	\$39,581,000	7%

GREENWICH HEALTH CARE SERVICES, INC.					
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	\$1,119,126,000	\$1,196,974,000	\$77,848,000	7%
2	Less: Allowances	\$737,296,000	\$784,591,000	\$47,295,000	6%
3	Less: Charity Care	\$15,851,000	\$19,753,000	\$3,902,000	25%
4	Less: Other Deductions	\$22,450,000	\$18,370,000	(\$4,080,000)	-18%
	Total Net Patient Revenue	\$343,529,000	\$374,260,000	\$30,731,000	9%
5	Provision for Bad Debts	\$14,733,000	\$25,252,000	\$10,519,000	71%
	Net Patient Service Revenue less provision for bad debts	\$328,796,000	\$349,008,000	\$20,212,000	6%
6	Other Operating Revenue	\$10,339,000	\$9,523,000	(\$816,000)	-8%
7	Net Assets Released from Restrictions	\$3,621,000	\$3,010,000	(\$611,000)	-17%
	Total Operating Revenue	\$342,756,000	\$361,541,000	\$18,785,000	5%
B. Operating Expenses:					
1	Salaries and Wages	\$111,450,000	\$113,219,000	\$1,769,000	2%
2	Fringe Benefits	\$40,846,000	\$37,520,000	(\$3,326,000)	-8%
3	Physicians Fees	\$8,762,000	\$9,386,000	\$624,000	7%
4	Supplies and Drugs	\$44,914,321	\$52,215,706	\$7,301,385	16%
5	Depreciation and Amortization	\$22,533,000	\$26,218,000	\$3,685,000	16%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$476,000	\$349,000	(\$127,000)	-27%
8	Malpractice Insurance Cost	(\$981,253)	(\$1,799,000)	(\$817,747)	83%
9	Other Operating Expenses	\$99,049,932	\$99,298,294	\$248,362	0%
	Total Operating Expenses	\$327,050,000	\$336,407,000	\$9,357,000	3%
	Income/(Loss) From Operations	\$15,706,000	\$25,134,000	\$9,428,000	60%
C. Non-Operating Revenue:					
1	Income from Investments	\$304,000	\$718,000	\$414,000	136%
2	Gifts, Contributions and Donations	\$3,284,000	\$2,412,000	(\$872,000)	-27%
3	Other Non-Operating Gains/(Losses)	(\$6,348,000)	(\$8,094,000)	(\$1,746,000)	28%
	Total Non-Operating Revenue	(\$2,760,000)	(\$4,964,000)	(\$2,204,000)	80%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$12,946,000	\$20,170,000	\$7,224,000	56%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$5,019,000	\$6,345,000	\$1,326,000	26%
	All Other Adjustments	\$1,011,000	(\$847,000)	(\$1,858,000)	-184%
	Total Other Adjustments	\$6,030,000	\$5,498,000	(\$532,000)	-9%
	Excess/(Deficiency) of Revenue Over Expenses	\$18,976,000	\$25,668,000	\$6,692,000	35%

GREENWICH HEALTH CARE SERVICES, INC.

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	\$327,382,000	\$328,796,000	\$349,008,000
2	Other Operating Revenue	13,249,000	13,960,000	12,533,000
3	Total Operating Revenue	\$340,631,000	\$342,756,000	\$361,541,000
4	Total Operating Expenses	327,936,000	327,050,000	336,407,000
5	Income/(Loss) From Operations	\$12,695,000	\$15,706,000	\$25,134,000
6	Total Non-Operating Revenue	(2,618,000)	3,270,000	534,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$10,077,000	\$18,976,000	\$25,668,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.76%	4.54%	6.94%
2	Parent Corporation Non-Operating Margin	-0.77%	0.95%	0.15%
3	Parent Corporation Total Margin	2.98%	5.48%	7.09%
4	Income/(Loss) From Operations	\$12,695,000	\$15,706,000	\$25,134,000
5	Total Operating Revenue	\$340,631,000	\$342,756,000	\$361,541,000
6	Total Non-Operating Revenue	(\$2,618,000)	\$3,270,000	\$534,000
7	Total Revenue	\$338,013,000	\$346,026,000	\$362,075,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$10,077,000	\$18,976,000	\$25,668,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$299,329,000	\$351,359,000	\$367,460,000
2	Parent Corporation Total Net Assets	\$351,117,000	\$410,138,000	\$434,782,000
3	Parent Corporation Change in Total Net Assets	\$9,134,000	\$59,021,000	\$24,644,000
4	Parent Corporation Change in Total Net Assets %	102.7%	16.8%	6.0%

GREENWICH HEALTH CARE SERVICES, INC.

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
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.85	2.34	2.49
2	Total Current Assets	\$102,886,000	\$124,512,000	\$147,313,000
3	Total Current Liabilities	\$55,583,000	\$53,169,000	\$59,278,000
4	<u>Days Cash on Hand</u>	56	79	94
5	Cash and Cash Equivalents	\$37,343,000	\$29,569,000	\$47,945,000
6	Short Term Investments	\$10,243,000	\$36,063,000	\$31,934,000
7	Total Cash and Short Term Investments	\$47,586,000	\$65,632,000	\$79,879,000
8	Total Operating Expenses	\$327,936,000	\$327,050,000	\$336,407,000
9	Depreciation Expense	\$19,710,000	\$22,533,000	\$26,218,000
10	Operating Expenses less Depreciation Expense	\$308,226,000	\$304,517,000	\$310,189,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	44	40	42
12	Net Patient Accounts Receivable	\$ 39,760,000	\$ 37,281,000	\$ 40,615,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$492,000	\$1,207,893	\$930,766
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,268,000	\$ 36,073,107	\$ 39,684,234
16	Total Net Patient Revenue	\$327,382,000	\$328,796,000	\$349,008,000
17	<u>Average Payment Period</u>	66	64	70
18	Total Current Liabilities	\$55,583,000	\$53,169,000	\$59,278,000
19	Total Operating Expenses	\$327,936,000	\$327,050,000	\$336,407,000
20	Depreciation Expense	\$19,710,000	\$22,533,000	\$26,218,000
20	Total Operating Expenses less Depreciation Expense	\$308,226,000	\$304,517,000	\$310,189,000

GREENWICH HEALTH CARE SERVICES, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	65.1	72.5	71.9
2	Total Net Assets	\$351,117,000	\$410,138,000	\$434,782,000
3	Total Assets	\$539,749,000	\$565,469,000	\$605,050,000
4	<u>Cash Flow to Total Debt Ratio</u>	31.1	45.7	55.0
5	Excess/(Deficiency) of Revenues Over Expenses	\$10,077,000	\$18,976,000	\$25,668,000
6	Depreciation Expense	\$19,710,000	\$22,533,000	\$26,218,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$29,787,000	\$41,509,000	\$51,886,000
8	Total Current Liabilities	\$55,583,000	\$53,169,000	\$59,278,000
9	Total Long Term Debt	\$40,215,000	\$37,710,000	\$35,105,000
10	Total Current Liabilities and Total Long Term Debt	\$95,798,000	\$90,879,000	\$94,383,000
11	<u>Long Term Debt to Capitalization Ratio</u>	10.3	8.4	7.5
12	Total Long Term Debt	\$40,215,000	\$37,710,000	\$35,105,000
13	Total Net Assets	\$351,117,000	\$410,138,000	\$434,782,000
14	Total Long Term Debt and Total Net Assets	\$391,332,000	\$447,848,000	\$469,887,000

GREENWICH 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	36,713	7,310	7,224	129	129	78.0%	78.0%
2	ICU/CCU (Excludes Neonatal ICU)	1,983	156	0	10	10	54.3%	54.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	6,208	2,415	2,547	25	25	68.0%	68.0%
7	Newborn	6,006	2,263	2,247	22	22	74.8%	74.8%
8	Neonatal ICU	2,944	246	0	10	10	80.7%	80.7%
9	Pediatric	655	304	259	10	10	17.9%	17.9%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	48,503	10,275	10,030	184	184	72.2%	72.2%
	TOTAL INPATIENT BED UTILIZATION	54,509	12,538	12,277	206	206	72.5%	72.5%
	TOTAL INPATIENT REPORTED YEAR	54,509	12,538	12,277	206	206	72.5%	72.5%
	TOTAL INPATIENT PRIOR YEAR	51,964	12,439	12,192	206	206	69.1%	69.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	2,545	99	85	0	0	3.4%	3.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	5%	1%	1%	0%	0%	5%	5%
	Total Licensed Beds and Bassinets	206						
(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.								

GREENWICH 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	5,691	5,915	224	4%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,856	6,409	553	9%
3	Emergency Department Scans	6,180	7,118	938	15%
4	Other Non-Hospital Providers' Scans (A)	624	520	-104	-17%
	Total CT Scans	18,351	19,962	1,611	9%
B. MRI Scans (A)					
1	Inpatient Scans	1,167	1,146	-21	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,218	5,565	-653	-11%
3	Emergency Department Scans	119	136	17	14%
4	Other Non-Hospital Providers' Scans (A)	1,364	1,794	430	32%
	Total MRI Scans	8,868	8,641	-227	-3%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	18	11	-7	-39%
2	Outpatient Scans (Excluding Emergency Department Scans)	686	627	-59	-9%
3	Emergency Department Scans	1	2	1	100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	705	640	-65	-9%
(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	48	46	-2	-4%
2	Outpatient Procedures	5,083	5,329	246	5%
	Total Linear Accelerator Procedures	5,131	5,375	244	5%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	144	132	-12	-8%
2	Outpatient Procedures	62	56	-6	-10%
	Total Cardiac Catheterization Procedures	206	188	-18	-9%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	45	42	-3	-7%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	45	42	-3	-7%
H. Electrophysiology Studies					
1	Inpatient Studies	4	1	-3	-75%
2	Outpatient Studies	395	340	-55	-14%
	Total Electrophysiology Studies	399	341	-58	-15%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,282	2,420	138	6%
2	Outpatient Surgical Procedures	4,567	4,212	-355	-8%
	Total Surgical Procedures	6,849	6,632	-217	-3%
J. Endoscopy Procedures					

GREENWICH 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	383	418	35	9%
2	Outpatient Endoscopy Procedures	2,934	2,641	-293	-10%
	Total Endoscopy Procedures	3,317	3,059	-258	-8%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	7,527	6,790	-737	-10%
2	Emergency Room Visits: Treated and Discharged	34,925	32,604	-2,321	-7%
	Total Emergency Room Visits	42,452	39,394	-3,058	-7%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	7,447	7,776	329	4%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	7,792	7,899	107	1%
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	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	9,772	9,606	-166	-2%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	2,853	2,780	-73	-3%
	Total Hospital Clinic Visits	27,864	28,061	197	1%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	32,762	38,213	5,451	17%
2	Cardiac Rehabilitation	1,820	1,645	-175	-10%
3	Chemotherapy	18,591	18,561	-30	0%
4	Gastroenterology	2,239	2,542	303	14%
5	Other Outpatient Visits	178,472	168,234	-10,238	-6%
	Total Other Hospital Outpatient Visits	233,884	229,195	-4,689	-2%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	361.4	359.3	-2.1	-1%
2	Total Physician FTEs	33.5	43.5	10.0	30%
3	Total Non-Nursing and Non-Physician FTEs	1,070.2	1,072.5	2.3	0%
	Total Hospital Full Time Equivalent Employees	1,465.1	1,475.3	10.2	1%

GREENWICH 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	at Greenwich Hospital Campus	3,377	2,994	-383	-11%
2	Helmsley Surgical Center	1,190	1,218	28	2%
	Total Outpatient Surgical Procedures(A)	4,567	4,212	-355	-8%
B. Outpatient Endoscopy Procedures					
1	at Greenwich Hospital Campus	292	196	-96	-33%
2	G Hosp @500 W Putnam St.	2,642	2,445	-197	-7%
	Total Outpatient Endoscopy Procedures(B)	2,934	2,641	-293	-10%
C. Outpatient Hospital Emergency Room Visits					
1	At Greenwich Hospital Campus	34,925	32,604	-2,321	-7%
	Total Outpatient Hospital Emergency Room Visits(C)	34,925	32,604	-2,321	-7%
(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.					

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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	\$231,780,728	\$240,415,659	\$8,634,931	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$57,444,961	\$59,489,414	\$2,044,453	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.78%	24.74%	-0.04%	0%
4	DISCHARGES	4,888	4,545	(343)	-7%
5	CASE MIX INDEX (CMI)	1.45937	1.57877	0.11940	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,133.40056	7,175.50965	42.10909	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,052.96	\$8,290.62	\$237.66	3%
8	PATIENT DAYS	25,711	25,954	243	1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,234.26	\$2,292.11	\$57.85	3%
10	AVERAGE LENGTH OF STAY	5.3	5.7	0.5	9%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$205,659,507	\$225,344,601	\$19,685,094	10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$30,961,647	\$35,573,697	\$4,612,050	15%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.05%	15.79%	0.73%	5%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	88.73%	93.73%	5.00%	6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,337.13225	4,260.08529	(77.04696)	-2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,138.74	\$8,350.47	\$1,211.73	17%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$437,440,235	\$465,760,260	\$28,320,025	6%
18	TOTAL ACCRUED PAYMENTS	\$88,406,608	\$95,063,111	\$6,656,503	8%
19	TOTAL ALLOWANCES	\$349,033,627	\$370,697,149	\$21,663,522	6%

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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	\$179,005,504	\$203,037,279	\$24,031,775	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$80,652,028	\$85,221,805	\$4,569,777	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.06%	41.97%	-3.08%	-7%
4	DISCHARGES	6,891	7,182	291	4%
5	CASE MIX INDEX (CMI)	0.87034	0.90367	0.03333	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,997.51294	6,490.15794	492.64500	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$13,447.58	\$13,130.93	(\$316.65)	-2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$5,394.62)	(\$4,840.31)	\$554.31	-10%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$32,354,320)	(\$31,414,381)	\$939,939	-3%
10	PATIENT DAYS	23,492	25,309	1,817	8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,433.17	\$3,367.25	(\$65.92)	-2%
12	AVERAGE LENGTH OF STAY	3.4	3.5	0.1	3%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$404,451,729	\$410,820,526	\$6,368,797	2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$143,040,037	\$151,164,090	\$8,124,053	6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.37%	36.80%	1.43%	4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	225.94%	202.34%	-23.61%	-10%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	15,569.78306	14,531.87825	(1,037.90482)	-7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,187.03	\$10,402.24	\$1,215.21	13%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,048.29)	(\$2,051.77)	(\$3.48)	0%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$31,891,449)	(\$29,816,136)	\$2,075,313	-7%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$583,457,233	\$613,857,805	\$30,400,572	5%
22	TOTAL ACCRUED PAYMENTS	\$223,692,065	\$236,385,895	\$12,693,830	6%
23	TOTAL ALLOWANCES	\$359,765,168	\$377,471,910	\$17,706,742	5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$64,245,769)	(\$61,230,517)	\$3,015,252	-5%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$527,794,479	\$561,179,954	\$33,385,475	6%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$209,167,420	\$225,546,338	\$16,378,918	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,627,059	\$335,633,616	\$17,006,557	5%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	60.37%	59.81%	-0.56%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$6,676,345	\$4,687,832	(\$1,988,513)	-30%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,888,925	\$246,577	(\$3,642,348)	-94%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.25%	5.26%	-52.99%	-91%
4	DISCHARGES	340	167	(173)	-51%
5	CASE MIX INDEX (CMI)	0.98687	1.02805	0.04118	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	335.53580	171.68435	(163.85145)	-49%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,590.19	\$1,436.22	(\$10,153.97)	-88%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$1,857.38	\$11,694.71	\$9,837.32	530%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$3,537.24)	\$6,854.40	\$10,391.63	-294%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,186,870)	\$1,176,792	\$2,363,662	-199%
11	PATIENT DAYS	1,324	515	(809)	-61%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,937.25	\$478.79	(\$2,458.46)	-84%
13	AVERAGE LENGTH OF STAY	3.9	3.1	(0.8)	-21%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$27,139,820	\$26,018,038	(\$1,121,782)	-4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$593,497	\$1,714,362	\$1,120,865	189%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.19%	6.59%	4.40%	201%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	406.51%	555.01%	148.51%	37%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,382.12432	926.87032	(455.25400)	-33%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$429.41	\$1,849.62	\$1,420.22	331%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,757.62	\$8,552.62	(\$205.00)	-2%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,709.33	\$6,500.84	(\$208.49)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,273,125	\$6,025,437	(\$3,247,688)	-35%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$33,816,165	\$30,705,870	(\$3,110,295)	-9%
24	TOTAL ACCRUED PAYMENTS	\$4,482,422	\$1,960,939	(\$2,521,483)	-56%
25	TOTAL ALLOWANCES	\$29,333,743	\$28,744,931	(\$588,812)	-2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,086,255	\$7,202,229	(\$884,026)	-11%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$11,003,309	\$12,504,838	\$1,501,529	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,509,474	\$3,773,460	\$1,263,986	50%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.81%	30.18%	7.37%	32%
4	DISCHARGES	370	416	46	12%
5	CASE MIX INDEX (CMI)	0.92638	0.99915	0.07277	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	342.76060	415.64640	72.88580	21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,321.36	\$9,078.53	\$1,757.17	24%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,126.22	\$4,052.40	(\$2,073.82)	-34%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$731.60	(\$787.92)	(\$1,519.51)	-208%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$250,762	(\$327,494)	(\$578,256)	-231%
11	PATIENT DAYS	1,381	1,607	226	16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,817.14	\$2,348.14	\$531.00	29%
13	AVERAGE LENGTH OF STAY	3.7	3.9	0.1	3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$23,648,312	\$28,889,349	\$5,241,037	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,213,126	\$4,681,630	\$468,504	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.82%	16.21%	-1.61%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	214.92%	231.03%	16.11%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	795.20401	961.06556	165.86155	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,298.17	\$4,871.29	(\$426.88)	-8%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,888.86	\$5,530.95	\$1,642.09	42%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,840.57	\$3,479.17	\$1,638.61	89%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,463,626	\$3,343,715	\$1,880,089	128%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$34,651,621	\$41,394,187	\$6,742,566	19%
24	TOTAL ACCRUED PAYMENTS	\$6,722,600	\$8,455,090	\$1,732,490	26%
25	TOTAL ALLOWANCES	\$27,929,021	\$32,939,097	\$5,010,076	18%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,714,388	\$3,016,221	\$1,301,833	76%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$12,500,914	\$13,188,120	\$687,206	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,600,396	\$1,588,092	(\$1,012,304)	-39%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.80%	12.04%	-8.76%	-42%
4	DISCHARGES	277	381	104	38%
5	CASE MIX INDEX (CMI)	1.15423	1.15972	0.00549	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	319.72171	441.85332	122.13161	38%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,133.31	\$3,594.16	(\$4,539.15)	-56%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$5,314.27	\$9,536.77	\$4,222.50	79%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$80.35)	\$4,696.46	\$4,776.81	-5945%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$25,691)	\$2,075,145	\$2,100,836	-8177%
11	PATIENT DAYS	1,326	1,599	273	21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,961.08	\$993.18	(\$967.90)	-49%
13	AVERAGE LENGTH OF STAY	4.8	4.2	(0.6)	-12%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,323,262	\$14,626,542	\$2,303,280	19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,614,406	\$2,079,011	(\$535,395)	-20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.22%	14.21%	-7.00%	-33%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	98.58%	110.91%	12.33%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	273.06352	422.55549	149.49197	55%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,574.35	\$4,920.09	(\$4,654.26)	-49%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	(\$387.32)	\$5,482.15	\$5,869.47	-1515%
21	MEDICARE - O.M.A. OP PMT / CMAD	(\$2,435.61)	\$3,430.38	\$5,865.99	-241%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$665,077)	\$1,449,524	\$2,114,602	-318%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$24,824,176	\$27,814,662	\$2,990,486	12%
24	TOTAL ACCRUED PAYMENTS	\$5,214,802	\$3,667,103	(\$1,547,699)	-30%
25	TOTAL ALLOWANCES	\$19,609,374	\$24,147,559	\$4,538,185	23%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$690,768)	\$3,524,670	\$4,215,438	-610%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
F.	<u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u>				
	<u>TOTAL MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$23,504,223	\$25,692,958	\$2,188,735	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,109,870	\$5,361,552	\$251,682	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.74%	20.87%	-0.87%	-4%
4	DISCHARGES	647	797	150	23%
5	CASE MIX INDEX (CMI)	1.02393	1.07591	0.05198	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	662.48231	857.49972	195.01741	29%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,713.22	\$6,252.54	(\$1,460.68)	-19%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,734.36	\$6,878.39	\$1,144.03	20%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$339.74	\$2,038.08	\$1,698.34	500%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$225,071	\$1,747,651	\$1,522,580	676%
11	PATIENT DAYS	2,707	3,206	499	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,887.65	\$1,672.35	(\$215.30)	-11%
13	AVERAGE LENGTH OF STAY	4.2	4.0	(0.2)	-4%
	<u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$35,971,574	\$43,515,891	\$7,544,317	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,827,532	\$6,760,641	(\$66,891)	-1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.98%	15.54%	-3.44%	-18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	153.04%	169.37%	16.33%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,068.26753	1,383.62105	315.35352	30%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,391.22	\$4,886.19	(\$1,505.03)	-24%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,795.81	\$5,516.05	\$2,720.24	97%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$747.52	\$3,464.27	\$2,716.75	363%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$798,549	\$4,793,239	\$3,994,690	500%
	<u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$59,475,797	\$69,208,849	\$9,733,052	16%
24	TOTAL ACCRUED PAYMENTS	\$11,937,402	\$12,122,193	\$184,791	2%
25	TOTAL ALLOWANCES	\$47,538,395	\$57,086,656	\$9,548,261	20%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
G. <u>CHAMPUS / TRICARE</u>					
<u>CHAMPUS / TRICARE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$330,425	\$423,387	\$92,962	28%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$112,174	\$69,245	(\$42,929)	-38%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.95%	16.36%	-17.59%	-52%
4	DISCHARGES	13	14	1	8%
5	CASE MIX INDEX (CMI)	0.69644	1.07080	0.37436	54%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9.05372	14.99120	5.93748	66%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,389.82	\$4,619.04	(\$7,770.78)	-63%
8	PATIENT DAYS	54	40	(14)	-26%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,077.30	\$1,731.13	(\$346.17)	-17%
10	AVERAGE LENGTH OF STAY	4.2	2.9	(1.3)	-31%
<u>CHAMPUS / TRICARE OUTPATIENT</u>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$438,848	\$598,322	\$159,474	36%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$261,553	\$258,984	(\$2,569)	-1%
<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>					
13	TOTAL ACCRUED CHARGES	\$769,273	\$1,021,709	\$252,436	33%
14	TOTAL ACCRUED PAYMENTS	\$373,727	\$328,229	(\$45,498)	-12%
15	TOTAL ALLOWANCES	\$395,546	\$693,480	\$297,934	75%
H. <u>OTHER DATA</u>					
1	OTHER OPERATING REVENUE	\$22,586,617	\$19,028,550	(\$3,558,067)	-16%
2	TOTAL OPERATING EXPENSES	\$311,019,000	\$317,854,000	\$6,835,000	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>					
4	CHARITY CARE (CHARGES)	\$14,617,978	\$19,751,377	\$5,133,399	35%
5	BAD DEBTS (CHARGES)	\$14,715,765	\$25,084,845	\$10,369,080	70%
6	UNCOMPENSATED CARE (CHARGES)	\$29,333,743	\$44,836,222	\$15,502,479	53%
7	COST OF UNCOMPENSATED CARE	\$8,867,985	\$12,782,155	\$3,914,171	44%
<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>					
8	TOTAL ACCRUED CHARGES	\$59,475,797	\$69,208,849	\$9,733,052	16%
9	TOTAL ACCRUED PAYMENTS	\$11,937,402	\$12,122,193	\$184,791	2%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$17,980,333	\$19,730,437	\$1,750,105	10%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,042,931	\$7,608,244	\$1,565,314	26%

GREENWICH 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	\$434,620,880	\$469,569,283	\$34,948,403	8%
2	TOTAL INPATIENT PAYMENTS	\$143,319,033	\$150,142,016	\$6,822,983	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	32.98%	31.97%	-1.00%	-3%
4	TOTAL DISCHARGES	12,439	12,538	99	1%
5	TOTAL CASE MIX INDEX	1.10961	1.15953	0.04992	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	13,802.44953	14,538.15851	735.70898	5%
7	TOTAL OUTPATIENT CHARGES	\$646,521,658	\$680,279,340	\$33,757,682	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	148.76%	144.87%	-3.88%	-3%
9	TOTAL OUTPATIENT PAYMENTS	\$181,090,769	\$193,757,412	\$12,666,643	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.01%	28.48%	0.47%	2%
11	TOTAL CHARGES	\$1,081,142,538	\$1,149,848,623	\$68,706,085	6%
12	TOTAL PAYMENTS	\$324,409,802	\$343,899,428	\$19,489,626	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.01%	29.91%	-0.10%	0%
14	PATIENT DAYS	51,964	54,509	2,545	5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$255,615,376	\$266,532,004	\$10,916,628	4%
2	INPATIENT PAYMENTS	\$62,667,005	\$64,920,211	\$2,253,206	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	24.52%	24.36%	-0.16%	-1%
4	DISCHARGES	5,548	5,356	(192)	-3%
5	CASE MIX INDEX	1.40680	1.50261	0.09581	7%
6	CASE MIX ADJUSTED DISCHARGES	7,804.93659	8,048.00057	243.06398	3%
7	OUTPATIENT CHARGES	\$242,069,929	\$269,458,814	\$27,388,885	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	94.70%	101.10%	6.40%	7%
9	OUTPATIENT PAYMENTS	\$38,050,732	\$42,593,322	\$4,542,590	12%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.72%	15.81%	0.09%	1%
11	TOTAL CHARGES	\$497,685,305	\$535,990,818	\$38,305,513	8%
12	TOTAL PAYMENTS	\$100,717,737	\$107,513,533	\$6,795,796	7%
13	TOTAL PAYMENTS / CHARGES	20.24%	20.06%	-0.18%	-1%
14	PATIENT DAYS	28,472	29,200	728	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$396,967,568	\$428,477,285	\$31,509,717	8%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.3	5.7	0.5	9%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.5	0.1	3%
3	UNINSURED	3.9	3.1	(0.8)	-21%
4	MEDICAID	3.7	3.9	0.1	3%
5	OTHER MEDICAL ASSISTANCE	4.8	4.2	(0.6)	-12%
6	CHAMPUS / TRICARE	4.2	2.9	(1.3)	-31%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.2	4%

GREENWICH 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	\$1,081,142,538	\$1,149,848,623	\$68,706,085	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$396,967,568	\$428,477,285	\$31,509,717	8%
3	UNCOMPENSATED CARE	\$29,333,743	\$44,836,222	\$15,502,479	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,627,059	\$335,633,616	\$17,006,557	5%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,370,250	\$13,096,363	\$3,726,113	40%
6	TOTAL ADJUSTMENTS	\$754,298,620	\$822,043,486	\$67,744,866	9%
7	TOTAL ACCRUED PAYMENTS	\$326,843,918	\$327,805,137	\$961,219	0%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$326,843,918	\$327,805,137	\$961,219	0%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3023134383	0.2850854716	(0.0172279667)	-6%
11	COST OF UNCOMPENSATED CARE	\$8,867,985	\$12,782,155	\$3,914,171	44%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,042,931	\$7,608,244	\$1,565,314	26%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$14,910,915	\$20,390,400	\$5,479,484	37%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$1,463,626	\$3,343,715	\$1,880,089	128%
2	OTHER MEDICAL ASSISTANCE	(\$690,768)	\$3,524,670	\$4,215,438	-610%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,086,255	\$7,202,229	(\$884,026)	-11%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,859,113	\$14,070,614	\$5,211,501	59%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,412,473	\$21,974,981	\$2,562,508	13.20%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$11,427,717)	(\$11,692,829)	(\$265,112)	2.32%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$312,982,083	\$332,206,599	\$19,224,516	6.14%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,081,142,538	\$1,149,848,623	\$68,706,085	6.35%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,232,722	\$2,121	(\$1,230,601)	-99.83%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$30,566,465	\$44,838,343	\$14,271,878	46.69%

GREENWICH 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	FY	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS						
A. INPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$179,005,504		\$203,037,279		\$24,031,775
2	MEDICARE	\$231,780,728		240,415,659		\$8,634,931
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,504,223		25,692,958		\$2,188,735
4	MEDICAID	\$11,003,309		12,504,838		\$1,501,529
5	OTHER MEDICAL ASSISTANCE	\$12,500,914		13,188,120		\$687,206
6	CHAMPUS / TRICARE	\$330,425		423,387		\$92,962
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,676,345		4,687,832		(\$1,988,513)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$255,615,376		\$266,532,004		\$10,916,628
	TOTAL INPATIENT CHARGES	\$434,620,880		\$469,569,283		\$34,948,403
B. OUTPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$404,451,729		\$410,820,526		\$6,368,797
2	MEDICARE	\$205,659,507		225,344,601		\$19,685,094
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,971,574		43,515,891		\$7,544,317
4	MEDICAID	\$23,648,312		28,889,349		\$5,241,037
5	OTHER MEDICAL ASSISTANCE	\$12,323,262		14,626,542		\$2,303,280
6	CHAMPUS / TRICARE	\$438,848		598,322		\$159,474
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,139,820		26,018,038		(\$1,121,782)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$242,069,929		\$269,458,814		\$27,388,885
	TOTAL OUTPATIENT CHARGES	\$646,521,658		\$680,279,340		\$33,757,682
C. TOTAL ACCRUED CHARGES						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$583,457,233		\$613,857,805		\$30,400,572
2	TOTAL MEDICARE	\$437,440,235		\$465,760,260		\$28,320,025
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$59,475,797		\$69,208,849		\$9,733,052
4	TOTAL MEDICAID	\$34,651,621		\$41,394,187		\$6,742,566
5	TOTAL OTHER MEDICAL ASSISTANCE	\$24,824,176		\$27,814,662		\$2,990,486
6	TOTAL CHAMPUS / TRICARE	\$769,273		\$1,021,709		\$252,436
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$33,816,165		\$30,705,870		(\$3,110,295)
	TOTAL GOVERNMENT CHARGES	\$497,685,305		\$535,990,818		\$38,305,513
	TOTAL CHARGES	\$1,081,142,538		\$1,149,848,623		\$68,706,085
D. INPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$80,652,028		\$85,221,805		\$4,569,777
2	MEDICARE	\$57,444,961		59,489,414		\$2,044,453
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,109,870		5,361,552		\$251,682
4	MEDICAID	\$2,509,474		3,773,460		\$1,263,986
5	OTHER MEDICAL ASSISTANCE	\$2,600,396		1,588,092		(\$1,012,304)
6	CHAMPUS / TRICARE	\$112,174		69,245		(\$42,929)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,888,925		246,577		(\$3,642,348)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$62,667,005		\$64,920,211		\$2,253,206
	TOTAL INPATIENT PAYMENTS	\$143,319,033		\$150,142,016		\$6,822,983
E. OUTPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$143,040,037		\$151,164,090		\$8,124,053
2	MEDICARE	\$30,961,647		35,573,697		\$4,612,050
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,827,532		6,760,641		(\$66,891)
4	MEDICAID	\$4,213,126		4,681,630		\$468,504
5	OTHER MEDICAL ASSISTANCE	\$2,614,406		2,079,011		(\$535,395)
6	CHAMPUS / TRICARE	\$261,553		258,984		(\$2,569)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$593,497		1,714,362		\$1,120,865
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$38,050,732		\$42,593,322		\$4,542,590
	TOTAL OUTPATIENT PAYMENTS	\$181,090,769		\$193,757,412		\$12,666,643
F. TOTAL ACCRUED PAYMENTS						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$223,692,065		\$236,385,895		\$12,693,830
2	TOTAL MEDICARE	\$88,406,608		\$95,063,111		\$6,656,503
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,937,402		\$12,122,193		\$184,791
4	TOTAL MEDICAID	\$6,722,600		\$8,455,090		\$1,732,490
5	TOTAL OTHER MEDICAL ASSISTANCE	\$5,214,802		\$3,667,103		(\$1,547,699)
6	TOTAL CHAMPUS / TRICARE	\$373,727		\$328,229		(\$45,498)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,482,422		\$1,960,939		(\$2,521,483)
	TOTAL GOVERNMENT PAYMENTS	\$100,717,737		\$107,513,533		\$6,795,796
	TOTAL PAYMENTS	\$324,409,802		\$343,899,428		\$19,489,626

GREENWICH 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	FY	ACTUAL	FY	AMOUNT
		2013		2014		DIFFERENCE
II.	PAYER MIX					
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.56%		17.66%		1.10%
2	MEDICARE	21.44%		20.91%		-0.53%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.17%		2.23%		0.06%
4	MEDICAID	1.02%		1.09%		0.07%
5	OTHER MEDICAL ASSISTANCE	1.16%		1.15%		-0.01%
6	CHAMPUS / TRICARE	0.03%		0.04%		0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.62%		0.41%		-0.21%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	23.64%		23.18%		-0.46%
	TOTAL INPATIENT PAYER MIX	40.20%		40.84%		0.64%
B.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.41%		35.73%		-1.68%
2	MEDICARE	19.02%		19.60%		0.58%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.33%		3.78%		0.46%
4	MEDICAID	2.19%		2.51%		0.33%
5	OTHER MEDICAL ASSISTANCE	1.14%		1.27%		0.13%
6	CHAMPUS / TRICARE	0.04%		0.05%		0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.51%		2.26%		-0.25%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.39%		23.43%		1.04%
	TOTAL OUTPATIENT PAYER MIX	59.80%		59.16%		-0.64%
	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)	24.86%		24.78%		-0.08%
2	MEDICARE	17.71%		17.30%		-0.41%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.58%		1.56%		-0.02%
4	MEDICAID	0.77%		1.10%		0.32%
5	OTHER MEDICAL ASSISTANCE	0.80%		0.46%		-0.34%
6	CHAMPUS / TRICARE	0.03%		0.02%		-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.20%		0.07%		-1.13%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	19.32%		18.88%		-0.44%
	TOTAL INPATIENT PAYER MIX	44.18%		43.66%		-0.52%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.09%		43.96%		-0.14%
2	MEDICARE	9.54%		10.34%		0.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.10%		1.97%		-0.14%
4	MEDICAID	1.30%		1.36%		0.06%
5	OTHER MEDICAL ASSISTANCE	0.81%		0.60%		-0.20%
6	CHAMPUS / TRICARE	0.08%		0.08%		-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%		0.50%		0.32%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	11.73%		12.39%		0.66%
	TOTAL OUTPATIENT PAYER MIX	55.82%		56.34%		0.52%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%		100.00%		0.00%

GREENWICH 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	FY AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,891	7,182	291
2	MEDICARE	4,888	4,545	(343)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	647	797	150
4	MEDICAID	370	416	46
5	OTHER MEDICAL ASSISTANCE	277	381	104
6	CHAMPUS / TRICARE	13	14	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	340	167	(173)
	TOTAL GOVERNMENT DISCHARGES	5,548	5,356	(192)
	TOTAL DISCHARGES	12,439	12,538	99
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,492	25,309	1,817
2	MEDICARE	25,711	25,954	243
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,707	3,206	499
4	MEDICAID	1,381	1,607	226
5	OTHER MEDICAL ASSISTANCE	1,326	1,599	273
6	CHAMPUS / TRICARE	54	40	(14)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,324	515	(809)
	TOTAL GOVERNMENT PATIENT DAYS	28,472	29,200	728
	TOTAL PATIENT DAYS	51,964	54,509	2,545
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.5	0.1
2	MEDICARE	5.3	5.7	0.5
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.2	4.0	(0.2)
4	MEDICAID	3.7	3.9	0.1
5	OTHER MEDICAL ASSISTANCE	4.8	4.2	(0.6)
6	CHAMPUS / TRICARE	4.2	2.9	(1.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.9	3.1	(0.8)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.1	5.5	0.3
	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.87034	0.90367	0.03333
2	MEDICARE	1.45937	1.57877	0.11940
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.02393	1.07591	0.05198
4	MEDICAID	0.92638	0.99915	0.07277
5	OTHER MEDICAL ASSISTANCE	1.15423	1.15972	0.00549
6	CHAMPUS / TRICARE	0.69644	1.07080	0.37436
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98687	1.02805	0.04118
	TOTAL GOVERNMENT CASE MIX INDEX	1.40680	1.50261	0.09581
	TOTAL CASE MIX INDEX	1.10961	1.15953	0.04992
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$527,794,479	\$561,179,954	\$33,385,475
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$209,167,420	\$225,546,338	\$16,378,918
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,627,059	\$335,633,616	\$17,006,557
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	60.37%	59.81%	-0.56%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,412,473	\$21,974,981	\$2,562,508
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,370,250	\$13,096,363	\$3,726,113
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$14,617,978	\$19,751,377	\$5,133,399
9	BAD DEBTS	\$14,715,765	\$25,084,845	\$10,369,080
10	TOTAL UNCOMPENSATED CARE	\$29,333,743	\$44,836,222	\$15,502,479
11	TOTAL OTHER OPERATING REVENUE	\$22,586,617	\$19,028,550	(\$3,558,067)
12	TOTAL OPERATING EXPENSES	\$311,019,000	\$317,854,000	\$6,835,000

GREENWICH 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)	5,997.51294	6,490.15794	492.64500
2	MEDICARE	7,133.40056	7,175.50965	42.10909
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	662.48231	857.49972	195.01741
4	MEDICAID	342.76060	415.64640	72.88580
5	OTHER MEDICAL ASSISTANCE	319.72171	441.85332	122.13161
6	CHAMPUS / TRICARE	9.05372	14.99120	5.93748
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	335.53580	171.68435	(163.85145)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	7,804.93659	8,048.00057	243.06398
	TOTAL CASE MIX ADJUSTED DISCHARGES	13,802.44953	14,538.15851	735.70898
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15,569.78306	14,531.87825	-1,037.90482
2	MEDICARE	4,337.13225	4,260.08529	-77.04696
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,068.26753	1,383.62105	315.35352
4	MEDICAID	795.20401	961.06556	165.86155
5	OTHER MEDICAL ASSISTANCE	273.06352	422.55549	149.49197
6	CHAMPUS / TRICARE	17.26572	19.78452	2.51880
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,382.12432	926.87032	-455.25400
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,422.66549	5,663.49086	240.82536
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,992.44856	20,195.36910	-797.07945
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,447.58	\$13,130.93	(\$316.65)
2	MEDICARE	\$8,052.96	\$8,290.62	\$237.66
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,713.22	\$6,252.54	(\$1,460.68)
4	MEDICAID	\$7,321.36	\$9,078.53	\$1,757.17
5	OTHER MEDICAL ASSISTANCE	\$8,133.31	\$3,594.16	(\$4,539.15)
6	CHAMPUS / TRICARE	\$12,389.82	\$4,619.04	(\$7,770.78)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,590.19	\$1,436.22	(\$10,153.97)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,029.15	\$8,066.63	\$37.48
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,383.59	\$10,327.44	(\$56.15)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,187.03	\$10,402.24	\$1,215.21
2	MEDICARE	\$7,138.74	\$8,350.47	\$1,211.73
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,391.22	\$4,886.19	(\$1,505.03)
4	MEDICAID	\$5,298.17	\$4,871.29	(\$426.88)
5	OTHER MEDICAL ASSISTANCE	\$9,574.35	\$4,920.09	(\$4,654.26)
6	CHAMPUS / TRICARE	\$15,148.69	\$13,090.24	(\$2,058.46)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$429.41	\$1,849.62	\$1,420.22
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,016.98	\$7,520.68	\$503.70
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,626.47	\$9,594.15	\$967.68

GREENWICH 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	\$1,463,626	\$3,343,715	\$1,880,089
2	OTHER MEDICAL ASSISTANCE	(\$690,768)	\$3,524,670	\$4,215,438
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,086,255	\$7,202,229	(\$884,026)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,859,113	\$14,070,614	\$5,211,501
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,081,142,538	\$1,149,848,623	\$68,706,085
2	TOTAL GOVERNMENT DEDUCTIONS	\$396,967,568	\$428,477,285	\$31,509,717
3	UNCOMPENSATED CARE	\$29,333,743	\$44,836,222	\$15,502,479
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$318,627,059	\$335,633,616	\$17,006,557
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,370,250	\$13,096,363	\$3,726,113
6	TOTAL ADJUSTMENTS	\$754,298,620	\$822,043,486	\$67,744,866
7	TOTAL ACCRUED PAYMENTS	\$326,843,918	\$327,805,137	\$961,219
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$326,843,918	\$327,805,137	\$961,219
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3023134383	0.2850854716	(0.0172279667)
11	COST OF UNCOMPENSATED CARE	\$8,867,985	\$12,782,155	\$3,914,171
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$6,042,931	\$7,608,244	\$1,565,314
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$14,910,915	\$20,390,400	\$5,479,484
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.06%	41.97%	-3.08%
2	MEDICARE	24.78%	24.74%	-0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.74%	20.87%	-0.87%
4	MEDICAID	22.81%	30.18%	7.37%
5	OTHER MEDICAL ASSISTANCE	20.80%	12.04%	-8.76%
6	CHAMPUS / TRICARE	33.95%	16.36%	-17.59%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	58.25%	5.26%	-52.99%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	24.52%	24.36%	-0.16%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	32.98%	31.97%	-1.00%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.37%	36.80%	1.43%
2	MEDICARE	15.05%	15.79%	0.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18.98%	15.54%	-3.44%
4	MEDICAID	17.82%	16.21%	-1.61%
5	OTHER MEDICAL ASSISTANCE	21.22%	14.21%	-7.00%
6	CHAMPUS / TRICARE	59.60%	43.29%	-16.31%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.19%	6.59%	4.40%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	15.72%	15.81%	0.09%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.01%	28.48%	0.47%

GREENWICH 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	FY AMOUNT DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS			
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	TOTAL ACCRUED PAYMENTS	\$324,409,802	\$343,899,428	\$19,489,626
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$324,409,802	\$343,899,428	\$19,489,626
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$11,427,717)	(\$11,692,829)	(\$265,112)
4	CALCULATED NET REVENUE	\$337,740,073	\$332,206,599	(\$5,533,474)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$312,982,083	\$332,206,599	\$19,224,516
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$24,757,990	\$0	(\$24,757,990)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED GROSS REVENUE	\$1,081,142,538	\$1,149,848,623	\$68,706,085
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,081,142,538	\$1,149,848,623	\$68,706,085
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,081,142,538	\$1,149,848,623	\$68,706,085
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$29,333,743	\$44,836,222	\$15,502,479
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,232,722	\$2,121	(\$1,230,601)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$30,566,465	\$44,838,343	\$14,271,878
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$30,566,465	\$44,838,343	\$14,271,878
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

GREENWICH 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)	\$203,037,279
2	MEDICARE	240,415,659
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,692,958
4	MEDICAID	12,504,838
5	OTHER MEDICAL ASSISTANCE	13,188,120
6	CHAMPUS / TRICARE	423,387
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,687,832
	TOTAL INPATIENT GOVERNMENT CHARGES	\$266,532,004
	TOTAL INPATIENT CHARGES	\$469,569,283
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$410,820,526
2	MEDICARE	225,344,601
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	43,515,891
4	MEDICAID	28,889,349
5	OTHER MEDICAL ASSISTANCE	14,626,542
6	CHAMPUS / TRICARE	598,322
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26,018,038
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$269,458,814
	TOTAL OUTPATIENT CHARGES	\$680,279,340
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$613,857,805
2	TOTAL GOVERNMENT ACCRUED CHARGES	535,990,818
	TOTAL ACCRUED CHARGES	\$1,149,848,623
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$85,221,805
2	MEDICARE	59,489,414
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,361,552
4	MEDICAID	3,773,460
5	OTHER MEDICAL ASSISTANCE	1,588,092
6	CHAMPUS / TRICARE	69,245
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	246,577
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$64,920,211
	TOTAL INPATIENT PAYMENTS	\$150,142,016
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$151,164,090
2	MEDICARE	35,573,697
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,760,641
4	MEDICAID	4,681,630
5	OTHER MEDICAL ASSISTANCE	2,079,011
6	CHAMPUS / TRICARE	258,984
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,714,362
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$42,593,322
	TOTAL OUTPATIENT PAYMENTS	\$193,757,412
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$236,385,895
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	107,513,533
	TOTAL ACCRUED PAYMENTS	\$343,899,428

GREENWICH 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)	7,182
2	MEDICARE	4,545
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	797
4	MEDICAID	416
5	OTHER MEDICAL ASSISTANCE	381
6	CHAMPUS / TRICARE	14
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	167
	TOTAL GOVERNMENT DISCHARGES	5,356
	TOTAL DISCHARGES	12,538
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.90367
2	MEDICARE	1.57877
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.07591
4	MEDICAID	0.99915
5	OTHER MEDICAL ASSISTANCE	1.15972
6	CHAMPUS / TRICARE	1.07080
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02805
	TOTAL GOVERNMENT CASE MIX INDEX	1.50261
	TOTAL CASE MIX INDEX	1.15953
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$561,179,954
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$225,546,338
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$335,633,616
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.81%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,974,981
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,096,363
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$19,751,377
9	BAD DEBTS	\$25,084,845
10	TOTAL UNCOMPENSATED CARE	\$44,836,222
11	TOTAL OTHER OPERATING REVENUE	\$19,028,550
12	TOTAL OPERATING EXPENSES	\$317,854,000

GREENWICH 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	\$343,899,428
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$343,899,428
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$11,692,829)
	CALCULATED NET REVENUE	\$332,206,599
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$332,206,599
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,149,848,623
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,149,848,623
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,149,848,623
	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)	\$44,836,222
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,121
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$44,838,343
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$44,838,343
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GREENWICH 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	3,588	3,619	31	1%
2	Number of Approved Applicants	3,464	3,185	(279)	-8%
3	Total Charges (A)	\$14,617,978	\$19,751,377	\$5,133,399	35%
4	Average Charges	\$4,220	\$6,201	\$1,981	47%
5	Ratio of Cost to Charges (RCC)	0.313706	0.281789	(0.031917)	-10%
6	Total Cost	\$4,585,747	\$5,565,721	\$979,973	21%
7	Average Cost	\$1,324	\$1,747	\$424	32%
8	Charity Care - Inpatient Charges	\$1,447,842	\$3,000,704	\$1,552,862	107%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	3,792,001	9,159,408	5,367,407	142%
10	Charity Care - Emergency Department Charges	9,378,135	7,591,265	(1,786,870)	-19%
11	Total Charges (A)	\$14,617,978	\$19,751,377	\$5,133,399	35%
12	Charity Care - Number of Patient Days	799	1,191	392	49%
13	Charity Care - Number of Discharges	153	353	200	131%
14	Charity Care - Number of Outpatient ED Visits	1,330	4,301	2,971	223%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	11,036	11,821	785	7%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$4,912,791	\$6,385,577	\$1,472,786	30%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,234,981	10,788,114	7,553,133	233%
3	Bad Debts - Emergency Department	6,567,993	7,911,154	1,343,161	20%
4	Total Bad Debts (A)	\$14,715,765	\$25,084,845	\$10,369,080	70%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$14,617,978	\$19,751,377	\$5,133,399	35%
2	Bad Debts (A)	14,715,765	25,084,845	10,369,080	70%
3	Total Uncompensated Care (A)	\$29,333,743	\$44,836,222	\$15,502,479	53%
4	Uncompensated Care - Inpatient Services	\$6,360,633	\$9,386,281	\$3,025,648	48%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	7,026,982	19,947,522	12,920,540	184%
6	Uncompensated Care - Emergency Department	15,946,128	15,502,419	(443,709)	-3%
7	Total Uncompensated Care (A)	\$29,333,743	\$44,836,222	\$15,502,479	53%

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

GREENWICH 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	\$422,498,886	\$434,620,880	\$469,569,283
2	Outpatient Gross Revenue	\$549,112,159	\$646,521,658	\$680,279,340
3	Total Gross Patient Revenue	\$971,611,045	\$1,081,142,538	\$1,149,848,623
4	Net Patient Revenue	\$304,346,000	\$312,982,000	\$332,207,000
B. Total Operating Expenses				
1	Total Operating Expense	\$312,559,000	\$311,019,000	\$317,854,000
C. Utilization Statistics				
1	Patient Days	51,919	51,964	54,509
2	Discharges	13,027	12,439	12,538
3	Average Length of Stay	4.0	4.2	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	119,397	129,263	133,478
0	Equivalent (Adjusted) Discharges (ED)	29,958	30,943	30,702
D. Case Mix Statistics				
1	Case Mix Index	1.04756	1.10961	1.15953
2	Case Mix Adjusted Patient Days (CMAPD)	54,388	57,660	63,205
3	Case Mix Adjusted Discharges (CMAD)	13,647	13,802	14,538
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	125,075	143,432	154,771
5	Case Mix Adjusted Equivalent Discharges (CMAED)	31,383	34,334	35,600
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$18,714	\$20,806	\$21,095
2	Total Gross Revenue per Discharge	\$74,584	\$86,916	\$91,709
3	Total Gross Revenue per EPD	\$8,138	\$8,364	\$8,615
4	Total Gross Revenue per ED	\$32,433	\$34,940	\$37,452
5	Total Gross Revenue per CMAEPD	\$7,768	\$7,538	\$7,429
6	Total Gross Revenue per CMAED	\$30,960	\$31,489	\$32,299
7	Inpatient Gross Revenue per EPD	\$3,539	\$3,362	\$3,518
8	Inpatient Gross Revenue per ED	\$14,103	\$14,046	\$15,294

GREENWICH 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	\$5,862	\$6,023	\$6,095
2	Net Patient Revenue per Discharge	\$23,363	\$25,161	\$26,496
3	Net Patient Revenue per EPD	\$2,549	\$2,421	\$2,489
4	Net Patient Revenue per ED	\$10,159	\$10,115	\$10,820
5	Net Patient Revenue per CMAEPD	\$2,433	\$2,182	\$2,146
6	Net Patient Revenue per CMAED	\$9,698	\$9,116	\$9,332
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$6,020	\$5,985	\$5,831
2	Total Operating Expense per Discharge	\$23,993	\$25,004	\$25,351
3	Total Operating Expense per EPD	\$2,618	\$2,406	\$2,381
4	Total Operating Expense per ED	\$10,433	\$10,051	\$10,353
5	Total Operating Expense per CMAEPD	\$2,499	\$2,168	\$2,054
6	Total Operating Expense per CMAED	\$9,960	\$9,059	\$8,928
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$38,516,535	\$39,074,720	\$39,440,686
2	Nursing Fringe Benefits Expense	\$11,554,960	\$14,296,983	\$12,951,118
3	Total Nursing Salary and Fringe Benefits Expense	\$50,071,495	\$53,371,703	\$52,391,804
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$9,013,899	\$6,590,578	\$8,035,783
2	Physician Fringe Benefits Expense	\$2,704,170	\$2,450,740	\$2,220,192
3	Total Physician Salary and Fringe Benefits Expense	\$11,718,069	\$9,041,318	\$10,255,975
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$67,271,694	\$65,784,702	\$65,742,531
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$24,163,937	\$24,098,277	\$21,831,690
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$91,435,631	\$89,882,979	\$87,574,221
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$114,802,128	\$111,450,000	\$113,219,000
2	Total Fringe Benefits Expense	\$38,423,067	\$40,846,000	\$37,003,000
3	Total Salary and Fringe Benefits Expense	\$153,225,195	\$152,296,000	\$150,222,000

GREENWICH 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	430.3	361.4	359.3
2	Total Physician FTEs	47.3	33.5	43.5
3	Total Non-Nursing, Non-Physician FTEs	1011.7	1070.2	1072.5
4	Total Full Time Equivalent Employees (FTEs)	1,489.3	1,465.1	1,475.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$89,511	\$108,120	\$109,771
2	Nursing Fringe Benefits Expense per FTE	\$26,853	\$39,560	\$36,045
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$116,364	\$147,680	\$145,816
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$190,569	\$196,734	\$184,731
2	Physician Fringe Benefits Expense per FTE	\$57,171	\$73,156	\$51,039
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$247,739	\$269,890	\$235,770
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$66,494	\$61,470	\$61,298
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$23,884	\$22,518	\$20,356
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$90,378	\$83,987	\$81,654
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$77,085	\$76,070	\$76,743
2	Total Fringe Benefits Expense per FTE	\$25,799	\$27,879	\$25,082
3	Total Salary and Fringe Benefits Expense per FTE	\$102,884	\$103,949	\$101,825
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,951	\$2,931	\$2,756
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,762	\$12,243	\$11,981
3	Total Salary and Fringe Benefits Expense per EPD	\$1,283	\$1,178	\$1,125
4	Total Salary and Fringe Benefits Expense per ED	\$5,115	\$4,922	\$4,893
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,225	\$1,062	\$971
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,882	\$4,436	\$4,220