

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,850,387	\$8,339,532	\$4,489,145	117%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$30,704,847	\$31,383,650	\$678,803	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,021,620	\$435,186	(\$4,586,434)	-91%
5	Due From Affiliates	\$210,170	\$640,957	\$430,787	205%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,389,353	\$1,443,429	\$54,076	4%
8	Prepaid Expenses	\$1,369,327	\$761,737	(\$607,590)	-44%
9	Other Current Assets	\$7,945,948	\$6,401,505	(\$1,544,443)	-19%
	Total Current Assets	\$50,491,652	\$49,405,996	(\$1,085,656)	-2%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$82,885,871	\$75,285,353	(\$7,600,518)	-9%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$82,885,871	\$75,285,353	(\$7,600,518)	-9%
5	Interest in Net Assets of Foundation	\$104,410,463	\$100,379,776	(\$4,030,687)	-4%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$20,804,754	\$24,740,751	\$3,935,997	19%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$236,256,698	\$250,597,819	\$14,341,121	6%
2	Less: Accumulated Depreciation	\$118,311,796	\$134,135,876	\$15,824,080	13%
	Property, Plant and Equipment, Net	\$117,944,902	\$116,461,943	(\$1,482,959)	-1%
3	Construction in Progress	\$16,921,791	\$13,845,701	(\$3,076,090)	-18%
	Total Net Fixed Assets	\$134,866,693	\$130,307,644	(\$4,559,049)	-3%
	Total Assets	\$393,459,433	\$380,119,520	(\$13,339,913)	-3%

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$40,922,726	\$35,669,910	(\$5,252,816)	-13%
2	Salaries, Wages and Payroll Taxes	\$12,269,133	\$14,239,585	\$1,970,452	16%
3	Due To Third Party Payers	\$27,554,100	\$12,264,644	(\$15,289,456)	-55%
4	Due To Affiliates	\$7,733,907	\$14,848,033	\$7,114,126	92%
5	Current Portion of Long Term Debt	\$1,350,000	\$1,415,000	\$65,000	5%
6	Current Portion of Notes Payable	\$6,175,949	\$5,904,502	(\$271,447)	-4%
7	Other Current Liabilities	\$49,938	\$50,382	\$444	1%
	Total Current Liabilities	\$96,055,753	\$84,392,056	(\$11,663,697)	-12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$36,685,000	\$35,269,625	(\$1,415,375)	-4%
2	Notes Payable (Net of Current Portion)	\$22,795,917	\$16,874,755	(\$5,921,162)	-26%
	Total Long Term Debt	\$59,480,917	\$52,144,380	(\$7,336,537)	-12%
3	Accrued Pension Liability	\$11,770,096	\$19,397,464	\$7,627,368	65%
4	Other Long Term Liabilities	\$25,550,702	\$25,935,775	\$385,073	2%
	Total Long Term Liabilities	\$96,801,715	\$97,477,619	\$675,904	1%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$74,193,342	\$75,698,045	\$1,504,703	2%
2	Temporarily Restricted Net Assets	\$26,184,898	\$29,429,877	\$3,244,979	12%
3	Permanently Restricted Net Assets	\$100,223,725	\$93,121,923	(\$7,101,802)	-7%
	Total Net Assets	\$200,601,965	\$198,249,845	(\$2,352,120)	-1%
	Total Liabilities and Net Assets	\$393,459,433	\$380,119,520	(\$13,339,913)	-3%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$596,674,847	\$668,252,698	\$71,577,851	12%
2	Less: Allowances	\$334,897,306	\$369,005,460	\$34,108,154	10%
3	Less: Charity Care	\$1,302,183	\$1,893,788	\$591,605	45%
4	Less: Other Deductions	\$4,097,497	\$3,466,164	(\$631,333)	-15%
	Total Net Patient Revenue	\$256,377,861	\$293,887,286	\$37,509,425	15%
5	Provision for Bad Debts	\$3,419,884	\$852,481	(\$2,567,403)	-75%
	Net Patient Service Revenue less provision for bad debts	\$252,957,977	\$293,034,805	\$40,076,828	16%
6	Other Operating Revenue	\$3,092,774	\$3,320,641	\$227,867	7%
7	Net Assets Released from Restrictions	\$13,260,718	\$15,485,926	\$2,225,208	17%
	Total Operating Revenue	\$269,311,469	\$311,841,372	\$42,529,903	16%
B. Operating Expenses:					
1	Salaries and Wages	\$109,870,644	\$117,098,664	\$7,228,020	7%
2	Fringe Benefits	\$30,164,094	\$29,255,836	(\$908,258)	-3%
3	Physicians Fees	\$11,370,358	\$12,947,896	\$1,577,538	14%
4	Supplies and Drugs	\$22,486,989	\$24,748,107	\$2,261,118	10%
5	Depreciation and Amortization	\$14,745,956	\$17,239,933	\$2,493,977	17%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,231,379	\$1,230,401	(\$978)	0%
8	Malpractice Insurance Cost	\$4,328,239	\$3,757,011	(\$571,228)	-13%
9	Other Operating Expenses	\$85,901,821	\$81,919,697	(\$3,982,124)	-5%
	Total Operating Expenses	\$280,099,480	\$288,197,545	\$8,098,065	3%
	Income/(Loss) From Operations	(\$10,788,011)	\$23,643,827	\$34,431,838	-319%
C. Non-Operating Revenue:					
1	Income from Investments	\$9,192,566	\$5,156,717	(\$4,035,849)	-44%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	(\$655,403)	(\$655,403)	0%
	Total Non-Operating Revenue	\$9,192,566	\$4,501,314	(\$4,691,252)	-51%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,595,445)	\$28,145,141	\$29,740,586	-1864%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$1,595,445)	\$28,145,141	\$29,740,586	-1864%
	Principal Payments	\$6,975,651	\$7,853,485	\$877,834	13%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$344,532	\$1,698,315	\$1,353,783	393%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$185,270,770	\$218,045,317	\$32,774,547	18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,121,594	\$3,052,459	\$1,930,865	172%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$146,643,271	\$166,288,215	\$19,644,944	13%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,436,919	\$894,674	(\$542,245)	-38%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$334,817,086	\$389,978,980	\$55,161,894	16%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$364,729	\$427,046	\$62,317	17%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$135,423,585	\$139,794,966	\$4,371,381	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,798,331	\$1,724,718	(\$73,613)	-4%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$122,220,639	\$133,873,081	\$11,652,442	10%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,050,876	\$2,453,906	\$403,030	20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$261,858,160	\$278,273,717	\$16,415,557	6%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$709,261	\$2,125,361	\$1,416,100	200%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$320,694,355	\$357,840,283	\$37,145,928	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,919,925	\$4,777,177	\$1,857,252	64%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$268,863,910	\$300,161,296	\$31,297,386	12%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$3,487,795	\$3,348,580	(\$139,215)	-4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$596,675,246	\$668,252,697	\$71,577,451	12%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$1,402,653	\$2,433,392	\$1,030,739	73%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%

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FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$51,354,904	\$57,661,686	\$6,306,782	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$383,011	\$746,843	\$363,832	95%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$91,177,775	\$103,601,027	\$12,423,252	14%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$362,139	\$102,412	(\$259,727)	-72%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$144,680,482	\$164,545,360	\$19,864,878	14%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,375,898	\$669,910	(\$705,988)	-51%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$29,766,970	\$29,210,044	(\$556,926)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$822,388	\$911,649	\$89,261	11%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$63,007,064	\$74,346,279	\$11,339,215	18%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,095,326	\$387,830	(\$707,496)	-65%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$96,067,646	\$105,525,712	\$9,458,066	10%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,778,551	\$3,103,302	\$324,751	12%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$81,121,874	\$86,871,730	\$5,749,856	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,205,399	\$1,658,492	\$453,093	38%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$154,184,839	\$177,947,306	\$23,762,467	15%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,457,465	\$490,242	(\$967,223)	-66%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$240,748,128	\$270,071,072	\$29,322,944	12%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	9	20	11	122%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	3,153	3,430	277	9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	43	48	5	12%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	2,564	2,529	(35)	-1%
8	WORKER'S COMPENSATION	0	0	0	0%

**CT CHILDREN'S MEDICAL CENTER
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FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	34	20	(14)	-41%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	5,803	6,047	244	4%
	B. PATIENT DAYS				
1	MEDICARE TRADITIONAL	46	193	147	320%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	23,813	25,146	1,333	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	137	353	216	158%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	18,351	19,213	862	5%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	177	105	(72)	-41%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	42,524	45,010	2,486	6%
	C. OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	249	421	172	69%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	97,994	120,094	22,100	23%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	1,146	1,602	456	40%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	90,821	113,790	22,969	25%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,528	2,363	835	55%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	191,738	238,270	46,532	24%
	IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$102,388	\$18,312	(\$84,076)	-82%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$59,549,055	\$59,417,609	(\$131,446)	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$631,820	\$483,736	(\$148,084)	-23%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$30,836,344	\$36,243,553	\$5,407,209	18%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,083,777	\$1,285,170	\$201,393	19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$92,203,384	\$97,448,380	\$5,244,996	6%
	B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$42,333	\$6,877	(\$35,456)	-84%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$10,839,741	\$10,529,026	(\$310,715)	-3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$417,001	\$319,266	(\$97,735)	-23%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$21,646,469	\$22,651,462	\$1,004,993	5%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$601,354	\$705,539	\$104,185	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$33,546,898	\$34,212,170	\$665,272	2%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	16	10	(6)	-38%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	35,042	36,781	1,739	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	252	247	(5)	-2%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	15,355	15,669	314	2%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	773	1,033	260	34%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	51,438	53,740	2,302	4%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$29,168,523	\$29,796,100	\$627,577	2%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$80,702,121	\$87,302,564	\$6,600,443	8%
	Total Salaries & Wages	\$109,870,644	\$117,098,664	\$7,228,020	7%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$8,007,981	\$7,444,234	(\$563,747)	-7%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$22,156,113	\$21,811,602	(\$344,511)	-2%
	Total Fringe Benefits	\$30,164,094	\$29,255,836	(\$908,258)	-3%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$11,370,358	\$12,947,896	\$1,577,538	14%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$11,370,358	\$12,947,896	\$1,577,538	14%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$13,998,634	\$13,690,743	(\$307,891)	-2%
2	Pharmaceutical Costs	\$8,488,355	\$11,057,364	\$2,569,009	30%
	Total Medical Supplies and Pharmaceutical Cost	\$22,486,989	\$24,748,107	\$2,261,118	10%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$4,935,636	\$5,451,539	\$515,903	10%
2	Depreciation-Equipment	\$9,585,531	\$11,625,705	\$2,040,174	21%
3	Amortization	\$224,789	\$162,689	(\$62,100)	-28%
	Total Depreciation and Amortization	\$14,745,956	\$17,239,933	\$2,493,977	17%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$1,231,379	\$1,230,401	(\$978)	0%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$4,328,239	\$3,757,011	(\$571,228)	-13%
I.	Utilities:				
1	Water	\$147,197	\$168,773	\$21,576	15%
2	Natural Gas	\$467,979	\$506,911	\$38,932	8%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,509,213	\$1,619,340	\$110,127	7%
5	Telephone	\$324,006	\$325,686	\$1,680	1%
6	Other Utilities	\$53,901	\$43,638	(\$10,263)	-19%
	Total Utilities	\$2,502,296	\$2,664,348	\$162,052	6%
J.	Business Expenses:				
1	Accounting Fees	\$340,809	\$476,211	\$135,402	40%
2	Legal Fees	\$477,936	\$316,360	(\$161,576)	-34%
3	Consulting Fees	\$8,798,522	\$4,022,869	(\$4,775,653)	-54%
4	Dues and Membership	\$966,259	\$1,118,194	\$151,935	16%
5	Equipment Leases	\$689,507	\$694,263	\$4,756	1%
6	Building Leases	\$9,658,370	\$9,416,617	(\$241,753)	-3%
7	Repairs and Maintenance	\$2,343,178	\$2,608,197	\$265,019	11%
8	Insurance	\$361,089	\$424,824	\$63,735	18%
9	Travel	\$202,428	\$286,403	\$83,975	41%
10	Conferences	\$584,129	\$732,166	\$148,037	25%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$113,059	\$72,358	(\$40,701)	-36%
12	General Supplies	\$2,292,824	\$2,215,746	(\$77,078)	-3%
13	Licenses and Subscriptions	\$107,229	\$88,135	(\$19,094)	-18%
14	Postage and Shipping	\$159,825	\$159,825	\$0	0%
15	Advertising	\$895,504	\$940,831	\$45,327	5%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$0	\$0	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$0	\$0	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$0	\$0	\$0	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$27,990,668	\$23,572,999	(\$4,417,669)	-16%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$55,408,857	\$55,682,350	\$273,493	0%
	Total Operating Expenses - All Expense Categories*	\$280,099,480	\$288,197,545	\$8,098,065	3%
	*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	\$33,739,789	\$30,305,199	(\$3,434,590)	-10%
2	General Accounting	\$2,357,721	\$2,467,164	\$109,443	5%
3	Patient Billing & Collection	\$2,935,478	\$1,531,264	(\$1,404,214)	-48%
4	Admitting / Registration Office	\$2,359,924	\$3,445,050	\$1,085,126	46%
5	Data Processing	\$10,703,485	\$13,041,485	\$2,338,000	22%
6	Communications	\$482,090	\$489,934	\$7,844	2%
7	Personnel	\$2,615,925	\$2,709,450	\$93,525	4%
8	Public Relations	\$1,401,803	\$1,614,203	\$212,400	15%
9	Purchasing	\$1,385,602	\$1,162,100	(\$223,502)	-16%
10	Dietary and Cafeteria	\$3,093,160	\$3,062,190	(\$30,970)	-1%
11	Housekeeping	\$2,633,100	\$2,882,823	\$249,723	9%
12	Laundry & Linen	\$3,191	\$41,906	\$38,715	1213%
13	Operation of Plant	\$6,135,441	\$5,995,758	(\$139,683)	-2%
14	Security	\$3,800,890	\$2,986,255	(\$814,635)	-21%
15	Repairs and Maintenance	\$480,157	\$537,036	\$56,879	12%
16	Central Sterile Supply	\$688,316	\$570,693	(\$117,623)	-17%
17	Pharmacy Department	\$10,356,291	\$13,659,684	\$3,303,393	32%
18	Other General Services	\$5,180,532	\$5,469,582	\$289,050	6%
	Total General Services	\$90,352,895	\$91,971,776	\$1,618,881	2%
B.	Professional Services:				
1	Medical Care Administration	\$4,469,460	\$5,889,332	\$1,419,872	32%
2	Residency Program	\$10,404,110	\$10,511,345	\$107,235	1%
3	Nursing Services Administration	\$1,709,557	\$1,215,712	(\$493,845)	-29%
4	Medical Records	\$2,378,641	\$2,071,466	(\$307,175)	-13%
5	Social Service	\$1,916,675	\$1,975,788	\$59,113	3%
6	Other Professional Services	\$1,459,600	\$1,268,406	(\$191,194)	-13%
	Total Professional Services	\$22,338,043	\$22,932,049	\$594,006	3%
C.	Special Services:				

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$11,150,711	\$9,844,803	(\$1,305,908)	-12%
2	Recovery Room	\$2,796,168	\$2,578,504	(\$217,664)	-8%
3	Anesthesiology	\$820,664	\$740,517	(\$80,147)	-10%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$2,495,150	\$2,394,381	(\$100,769)	-4%
6	Diagnostic Ultrasound	\$707,610	\$741,004	\$33,394	5%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$736,703	\$627,557	(\$109,146)	-15%
10	Laboratory	\$5,153,004	\$4,725,432	(\$427,572)	-8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$506,821	\$652,867	\$146,046	29%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$383,396	\$437,159	\$53,763	14%
15	Occupational Therapy	\$1,038,773	\$912,289	(\$126,484)	-12%
16	Speech Pathology	\$1,073,967	\$834,130	(\$239,837)	-22%
17	Audiology	\$1,277,849	\$1,041,901	(\$235,948)	-18%
18	Respiratory Therapy	\$3,116,107	\$3,158,306	\$42,199	1%
19	Pulmonary Function	\$378,310	\$419,970	\$41,660	11%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,698,012	\$1,688,335	(\$9,677)	-1%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$7,778,170	\$8,467,824	\$689,654	9%
25	MRI	\$724,132	\$730,862	\$6,730	1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$224,329	\$261,202	\$36,873	16%
29	Sleep Center	\$428,506	\$797,293	\$368,787	86%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$629,439	\$782,635	\$153,196	24%
32	Occupational Therapy / Physical Therapy	\$2,364,101	\$1,896,910	(\$467,191)	-20%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$4,438,377	\$3,590,381	(\$847,996)	-19%
	Total Special Services	\$49,920,299	\$47,324,262	(\$2,596,037)	-5%
	D. Routine Services:				
1	Medical & Surgical Units	\$0	\$0	\$0	0%
2	Intensive Care Unit	\$5,588,078	\$5,656,447	\$68,369	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$13,819,643	\$14,358,623	\$538,980	4%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$26,232,760	\$28,783,992	\$2,551,232	10%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,397,590	\$2,531,082	\$133,492	6%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$51,949	\$172,805	\$120,856	233%
	Total Routine Services	\$48,090,020	\$51,502,949	\$3,412,929	7%
	E. Other Departments:				
1	Miscellaneous Other Departments	\$69,398,223	\$74,466,509	\$5,068,286	7%
	Total Operating Expenses - All Departments*	\$280,099,480	\$288,197,545	\$8,098,065	3%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$239,314,874	\$252,957,977	\$293,034,805
2	Other Operating Revenue	18,007,225	16,353,492	18,806,567
3	Total Operating Revenue	\$257,322,099	\$269,311,469	\$311,841,372
4	Total Operating Expenses	267,793,841	280,099,480	288,197,545
5	Income/(Loss) From Operations	(\$10,471,742)	(\$10,788,011)	\$23,643,827
6	Total Non-Operating Revenue	10,804,821	9,192,566	4,501,314
7	Excess/(Deficiency) of Revenue Over Expenses	\$333,079	(\$1,595,445)	\$28,145,141
B. Profitability Summary				
1	Hospital Operating Margin	-3.91%	-3.87%	7.47%
2	Hospital Non Operating Margin	4.03%	3.30%	1.42%
3	Hospital Total Margin	0.12%	-0.57%	8.90%
4	Income/(Loss) From Operations	(\$10,471,742)	(\$10,788,011)	\$23,643,827
5	Total Operating Revenue	\$257,322,099	\$269,311,469	\$311,841,372
6	Total Non-Operating Revenue	\$10,804,821	\$9,192,566	\$4,501,314
7	Total Revenue	\$268,126,920	\$278,504,035	\$316,342,686
8	Excess/(Deficiency) of Revenue Over Expenses	\$333,079	(\$1,595,445)	\$28,145,141
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$101,387,989	\$74,193,342	\$75,698,045
2	Hospital Total Net Assets	\$219,132,129	\$200,601,965	\$198,249,845
3	Hospital Change in Total Net Assets	\$9,794,204	(\$18,530,164)	(\$2,352,120)
4	Hospital Change in Total Net Assets %	104.7%	-8.5%	-1.2%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.44	0.45	0.40
2	Total Operating Expenses	\$267,793,841	\$280,099,480	\$288,197,545
3	Total Gross Revenue	\$574,813,439	\$596,675,246	\$668,252,697
4	Total Other Operating Revenue	\$28,586,425	\$31,932,692	\$44,142,342
5	<u>Private Payment to Cost Ratio</u>	1.26	1.29	1.47
6	Total Non-Government Payments	\$150,223,027	\$155,642,304	\$178,437,548
7	Total Uninsured Payments	\$826,408	\$1,457,465	\$490,242
8	Total Non-Government Charges	\$271,599,289	\$272,351,705	\$303,509,876
9	Total Uninsured Charges	\$4,374,830	\$3,487,795	\$3,348,580
10	<u>Medicare Payment to Cost Ratio</u>	6.03	8.79	3.61
11	Total Medicare Payments	\$2,791,378	\$2,778,551	\$3,103,302
12	Total Medicare Charges	\$1,043,904	\$709,261	\$2,125,361
13	<u>Medicaid Payment to Cost Ratio</u>	0.58	0.57	0.60
14	Total Medicaid Payments	\$76,613,744	\$81,121,874	\$86,871,730
15	Total Medicaid Charges	\$296,723,068	\$320,694,355	\$357,840,283
16	<u>Uncompensated Care Cost</u>	\$2,652,569	\$2,104,091	\$1,110,996
17	Charity Care	\$1,431,441	\$1,302,183	\$1,893,788
18	Bad Debts	\$4,545,394	\$3,419,884	\$852,481
19	Total Uncompensated Care	\$5,976,835	\$4,722,067	\$2,746,269
20	<u>Uncompensated Care % of Total Expenses</u>	1.0%	0.8%	0.4%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses	\$267,793,841	\$280,099,480	\$288,197,545
E. Liquidity Measures Summary				
1	Current Ratio	1	1	1
2	Total Current Assets	\$58,654,314	\$50,491,652	\$49,405,996
3	Total Current Liabilities	\$62,339,770	\$96,055,753	\$84,392,056
4	Days Cash on Hand	3	5	11
5	Cash and Cash Equivalents	\$1,782,072	\$3,850,387	\$8,339,532
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$1,782,072	\$3,850,387	\$8,339,532
8	Total Operating Expenses	\$267,793,841	\$280,099,480	\$288,197,545
9	Depreciation Expense	\$11,801,840	\$14,745,956	\$17,239,933
10	Operating Expenses less Depreciation Expense	\$255,992,001	\$265,353,524	\$270,957,612
11	Days Revenue in Patient Accounts Receivable	27	5	24
12	Net Patient Accounts Receivable	\$27,453,944	\$30,704,847	\$31,383,650
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$9,819,700	\$27,554,100	\$12,264,644
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$17,634,244	\$3,150,747	\$19,119,006
16	Total Net Patient Revenue	\$239,314,874	\$252,957,977	\$293,034,805
17	Average Payment Period	89	132	114
18	Total Current Liabilities	\$62,339,770	\$96,055,753	\$84,392,056
19	Total Operating Expenses	\$267,793,841	\$280,099,480	\$288,197,545
20	Depreciation Expense	\$11,801,840	\$14,745,956	\$17,239,933

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
21	Total Operating Expenses less Depreciation Expense	\$255,992,001	\$265,353,524	\$270,957,612
F. Solvency Measures Summary				
1	Equity Financing Ratio	58.2	51.0	52.2
2	Total Net Assets	\$219,132,129	\$200,601,965	\$198,249,845
3	Total Assets	\$376,678,396	\$393,459,433	\$380,119,520
4	Cash Flow to Total Debt Ratio	9.7	8.5	33.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$333,079	(\$1,595,445)	\$28,145,141
6	Depreciation Expense	\$11,801,840	\$14,745,956	\$17,239,933
7	Excess of Revenues Over Expenses and Depreciation Expense	\$12,134,919	\$13,150,511	\$45,385,074
8	Total Current Liabilities	\$62,339,770	\$96,055,753	\$84,392,056
9	Total Long Term Debt	\$63,188,377	\$59,480,917	\$52,144,380
10	Total Current Liabilities and Total Long Term Debt	\$125,528,147	\$155,536,670	\$136,536,436
11	Long Term Debt to Capitalization Ratio	22.4	22.9	20.8
12	Total Long Term Debt	\$63,188,377	\$59,480,917	\$52,144,380
13	Total Net Assets	\$219,132,129	\$200,601,965	\$198,249,845
14	Total Long Term Debt and Total Net Assets	\$282,320,506	\$260,082,882	\$250,394,225
15	Debt Service Coverage Ratio	2.3	1.8	5.1
16	Excess Revenues over Expenses	333,079	(\$1,595,445)	\$28,145,141
17	Interest Expense	1,294,274	\$1,231,379	\$1,230,401
18	Depreciation and Amortization Expense	11,801,840	\$14,745,956	\$17,239,933
19	Principal Payments	4,463,925	\$6,975,651	\$7,853,485
G. Other Financial Ratios				

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
20	Average Age of Plant	8.8	8.0	7.8
21	Accumulated Depreciation	104,192,282	118,311,796	134,135,876
22	Depreciation and Amortization Expense	11,801,840	14,745,956	17,239,933
H. Utilization Measures Summary				
1	Patient Days	46,107	42,524	45,010
2	Discharges	6,422	5,803	6,047
3	ALOS	7.2	7.3	7.4
4	Staffed Beds	182	182	182
5	Available Beds	-	187	187
6	Licensed Beds	187	187	187
7	Occupancy of Staffed Beds	69.4%	64.0%	67.8%
8	Occupancy of Available Beds	67.6%	62.3%	65.9%
9	Full Time Equivalent Employees	1,429.7	1,454.4	1,447.7
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	46.5%	45.1%	44.9%
2	Medicare Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.3%
3	Medicaid Gross Revenue Payer Mix Percentage	51.6%	53.7%	53.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	0.8%	0.6%	0.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.9%	0.5%	0.7%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$267,224,459	\$268,863,910	\$300,161,296
9	Medicare Gross Revenue (Charges)	\$1,043,904	\$709,261	\$2,125,361
10	Medicaid Gross Revenue (Charges)	\$296,723,068	\$320,694,355	\$357,840,283
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$4,374,830	\$3,487,795	\$3,348,580
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$5,447,178	\$2,919,925	\$4,777,177
14	Total Gross Revenue (Charges)	\$574,813,439	\$596,675,246	\$668,252,697
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	64.3%	64.0%	65.9%
2	Medicare Net Revenue Payer Mix Percentage	1.2%	1.2%	1.1%
3	Medicaid Net Revenue Payer Mix Percentage	33.0%	33.7%	32.2%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.6%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	1.1%	0.5%	0.6%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$149,396,619	\$154,184,839	\$177,947,306
9	Medicare Net Revenue (Payments)	\$2,791,378	\$2,778,551	\$3,103,302
10	Medicaid Net Revenue (Payments)	\$76,613,744	\$81,121,874	\$86,871,730

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$826,408	\$1,457,465	\$490,242
13	CHAMPUS / TRICARE Net Revenue Payments)	\$2,585,705	\$1,205,399	\$1,658,492
14	Total Net Revenue (Payments)	\$232,213,854	\$240,748,128	\$270,071,072
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	2,975	2,598	2,549
2	Medicare	20	9	20
3	Medical Assistance	3,357	3,153	3,430
4	Medicaid	3,357	3,153	3,430
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	70	43	48
7	Uninsured (Included In Non-Government)	47	34	20
8	Total	6,422	5,803	6,047
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.67780	1.88270	1.85130
2	Medicare	1.75450	1.03800	1.42750
3	Medical Assistance	1.57760	1.70530	1.69500
4	Medicaid	1.57760	1.70530	1.69500
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.42130	1.10350	1.61040
7	Uninsured (Included In Non-Government)	1.22210	1.04010	1.49560
8	Total Case Mix Index	1.62287	1.77923	1.75933
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	3,299	2,972	3,092
2	Emergency Room - Treated and Discharged	52,341	51,438	53,740
3	Total Emergency Room Visits	55,640	54,410	56,832

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE 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. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 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	\$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. 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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$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%
I.	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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 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	\$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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 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%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$6,660,856	\$11,576,841	\$4,915,985	74%
2	Short Term Investments	\$11,232,933	\$2,402,355	(\$8,830,578)	-79%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,656,117	\$38,599,255	(\$1,056,862)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,021,620	\$435,186	(\$4,586,434)	-91%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,389,353	\$1,443,429	\$54,076	4%
8	Prepaid Expenses	\$1,710,411	\$876,320	(\$834,091)	-49%
9	Other Current Assets	\$12,153,939	\$10,767,590	(\$1,386,349)	-11%
	Total Current Assets	\$77,825,229	\$66,100,976	(\$11,724,253)	-15%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$82,885,871	\$75,285,353	(\$7,600,518)	-9%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$82,885,871	\$75,285,353	(\$7,600,518)	-9%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$115,153,581	\$109,844,911	(\$5,308,670)	-5%
7	Other Noncurrent Assets	\$30,495,913	\$36,218,266	\$5,722,353	19%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$247,665,809	\$260,460,768	\$12,794,959	5%
2	Less: Accumulated Depreciation	\$123,858,803	\$139,382,925	\$15,524,122	\$0
	Property, Plant and Equipment, Net	\$123,807,006	\$121,077,843	(\$2,729,163)	-2%
3	Construction in Progress	\$16,921,791	\$13,845,701	(\$3,076,090)	-18%
	Total Net Fixed Assets	\$140,728,797	\$134,923,544	(\$5,805,253)	-4%
	Total Assets	\$447,089,391	\$422,373,050	(\$24,716,341)	-6%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$46,888,207	\$40,741,309	(\$6,146,898)	-13%
2	Salaries, Wages and Payroll Taxes	\$19,785,007	\$22,370,710	\$2,585,703	13%
3	Due To Third Party Payers	\$33,564,770	\$20,369,039	(\$13,195,731)	-39%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,350,000	\$1,415,000	\$65,000	5%
6	Current Portion of Notes Payable	\$6,189,100	\$5,918,464	(\$270,636)	-4%
7	Other Current Liabilities	\$64,013	\$58,357	(\$5,656)	-9%
	Total Current Liabilities	\$107,841,097	\$90,872,879	(\$16,968,218)	-16%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$36,685,000	\$35,269,625	(\$1,415,375)	-4%
2	Notes Payable (Net of Current Portion)	\$22,855,716	\$16,920,593	(\$5,935,123)	-26%
	Total Long Term Debt	\$59,540,716	\$52,190,218	(\$7,350,498)	-12%
3	Accrued Pension Liability	\$11,770,096	\$19,397,464	\$7,627,368	65%
4	Other Long Term Liabilities	\$35,250,131	\$36,301,435	\$1,051,304	3%
	Total Long Term Liabilities	\$106,560,943	\$107,889,117	\$1,328,174	1%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$106,219,054	\$100,983,261	(\$5,235,793)	-5%
2	Temporarily Restricted Net Assets	\$26,244,572	\$29,505,870	\$3,261,298	12%
3	Permanently Restricted Net Assets	\$100,223,725	\$93,121,923	(\$7,101,802)	-7%
	Total Net Assets	\$232,687,351	\$223,611,054	(\$9,076,297)	-4%
	Total Liabilities and Net Assets	\$447,089,391	\$422,373,050	(\$24,716,341)	-6%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$702,777,015	\$779,425,997	\$76,648,982	11%
2	Less: Allowances	\$387,252,545	\$429,248,437	\$41,995,892	11%
3	Less: Charity Care	\$1,531,966	\$2,258,042	\$726,076	47%
4	Less: Other Deductions	\$4,573,990	\$4,149,047	(\$424,943)	-9%
	Total Net Patient Revenue	\$309,418,514	\$343,770,471	\$34,351,957	11%
5	Provision for Bad Debts	\$4,813,073	\$2,520,081	(\$2,292,992)	-48%
	Net Patient Service Revenue less provision for bad debts	\$304,605,441	\$341,250,390	\$36,644,949	12%
6	Other Operating Revenue	\$19,385,792	\$23,356,749	\$3,970,957	20%
7	Net Assets Released from Restrictions	\$13,856,995	\$15,762,598	\$1,905,603	14%
	Total Operating Revenue	\$337,848,228	\$380,369,737	\$42,521,509	13%
B. Operating Expenses:					
1	Salaries and Wages	\$176,241,523	\$179,096,342	\$2,854,819	2%
2	Fringe Benefits	\$44,093,788	\$43,864,547	(\$229,241)	-1%
3	Physicians Fees	\$10,590,399	\$15,921,467	\$5,331,068	50%
4	Supplies and Drugs	\$27,198,087	\$25,223,058	(\$1,975,029)	-7%
5	Depreciation and Amortization	\$15,884,013	\$18,390,575	\$2,506,562	16%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,242,337	\$1,234,420	(\$7,917)	-1%
8	Malpractice Insurance Cost	\$7,156,393	\$5,916,252	(\$1,240,141)	-17%
9	Other Operating Expenses	\$90,082,509	\$89,679,505	(\$403,004)	0%
	Total Operating Expenses	\$372,489,049	\$379,326,166	\$6,837,117	2%
	Income/(Loss) From Operations	(\$34,640,821)	\$1,043,571	\$35,684,392	-103%
C. Non-Operating Revenue:					
1	Income from Investments	\$15,468,829	\$9,627,781	(\$5,841,048)	-38%
2	Gifts, Contributions and Donations	\$2,073,903	\$1,868,238	(\$205,665)	-10%
3	Other Non-Operating Gains/(Losses)	\$0	(\$1,119,641)	(\$1,119,641)	0%
	Total Non-Operating Revenue	\$17,542,732	\$10,376,378	(\$7,166,354)	-41%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$17,098,089)	\$11,419,949	\$28,518,038	-167%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$17,098,089)	\$11,419,949	\$28,518,038	-167%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$286,514,028	\$304,605,441	\$341,250,390
2	Other Operating Revenue	38,302,026	33,242,787	39,119,347
3	Total Operating Revenue	\$324,816,054	\$337,848,228	\$380,369,737
4	Total Operating Expenses	358,502,224	372,489,049	379,326,166
5	Income/(Loss) From Operations	(\$33,686,170)	(\$34,640,821)	\$1,043,571
6	Total Non-Operating Revenue	16,611,908	17,542,732	10,376,378
7	Excess/(Deficiency) of Revenue Over Expenses	(\$17,074,262)	(\$17,098,089)	\$11,419,949
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-9.87%	-9.75%	0.27%
2	Parent Corporation Non-Operating Margin	4.87%	4.94%	2.66%
3	Parent Corporation Total Margin	-5.00%	-4.81%	2.92%
4	Income/(Loss) From Operations	(\$33,686,170)	(\$34,640,821)	\$1,043,571
5	Total Operating Revenue	\$324,816,054	\$337,848,228	\$380,369,737
6	Total Non-Operating Revenue	\$16,611,908	\$17,542,732	\$10,376,378
7	Total Revenue	\$341,427,962	\$355,390,960	\$390,746,115
8	Excess/(Deficiency) of Revenue Over Expenses	(\$17,074,262)	(\$17,098,089)	\$11,419,949
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$127,634,615	\$106,219,054	\$100,983,261
2	Parent Corporation Total Net Assets	\$245,712,538	\$232,687,351	\$223,611,054
3	Parent Corporation Change in Total Net Assets	\$6,162,907	(\$13,025,187)	(\$9,076,297)
4	Parent Corporation Change in Total Net Assets %	102.6%	-5.3%	-3.9%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.00	0.72	0.73
2	Total Current Assets	\$78,269,262	\$77,825,229	\$66,100,976
3	Total Current Liabilities	\$78,547,330	\$107,841,097	\$90,872,879
4	<u>Days Cash on Hand</u>	8	18	14
5	Cash and Cash Equivalents	\$3,643,185	\$6,660,856	\$11,576,841
6	Short Term Investments	\$4,292,988	\$11,232,933	\$2,402,355
7	Total Cash and Short Term Investments	\$7,936,173	\$17,893,789	\$13,979,196
8	Total Operating Expenses	\$358,502,224	\$372,489,049	\$379,326,166
9	Depreciation Expense	\$12,798,412	\$15,884,013	\$18,390,575
10	Operating Expenses less Depreciation Expense	\$345,703,812	\$356,605,036	\$360,935,591
11	<u>Days Revenue in Patient Accounts Receivable</u>	28	7	19
12	Net Patient Accounts Receivable	\$ 35,721,547	\$ 39,656,117	\$ 38,599,255
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$13,394,804	\$33,564,770	\$20,369,039
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 22,326,743	\$ 6,091,347	\$ 18,230,216
16	Total Net Patient Revenue	\$286,514,028	\$304,605,441	\$341,250,390
17	<u>Average Payment Period</u>	83	110	92
18	Total Current Liabilities	\$78,547,330	\$107,841,097	\$90,872,879
19	Total Operating Expenses	\$358,502,224	\$372,489,049	\$379,326,166
20	Depreciation Expense	\$12,798,412	\$15,884,013	\$18,390,575
20	Total Operating Expenses less Depreciation Expense	\$345,703,812	\$356,605,036	\$360,935,591

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	57.4	52.0	52.9
2	Total Net Assets	\$245,712,538	\$232,687,351	\$223,611,054
3	Total Assets	\$428,081,667	\$447,089,391	\$422,373,050
4	<u>Cash Flow to Total Debt Ratio</u>	(3.0)	(0.7)	20.8
5	Excess/(Deficiency) of Revenues Over Expenses	(\$17,074,262)	(\$17,098,089)	\$11,419,949
6	Depreciation Expense	\$12,798,412	\$15,884,013	\$18,390,575
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$4,275,850)	(\$1,214,076)	\$29,810,524
8	Total Current Liabilities	\$78,547,330	\$107,841,097	\$90,872,879
9	Total Long Term Debt	\$63,261,326	\$59,540,716	\$52,190,218
10	Total Current Liabilities and Total Long Term Debt	\$141,808,656	\$167,381,813	\$143,063,097
11	<u>Long Term Debt to Capitalization Ratio</u>	20.5	20.4	18.9
12	Total Long Term Debt	\$63,261,326	\$59,540,716	\$52,190,218
13	Total Net Assets	\$245,712,538	\$232,687,351	\$223,611,054
14	Total Long Term Debt and Total Net Assets	\$308,973,864	\$292,228,067	\$275,801,272

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015								
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	0	0	0	0	0	0.0%	0.0%
2	ICU/CCU (Excludes Neonatal ICU)	4,635	178	781	18	18	70.5%	70.5%
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	0	0	0	0	0	0.0%	0.0%
7	Newborn	0	0	0	0	0	0.0%	0.0%
8	Neonatal ICU	20,023	697	788	72	72	76.2%	76.2%
9	Pediatric	20,352	5,350	4,447	92	97	60.6%	57.5%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	45,010	6,047	6,016	182	187	67.8%	65.9%
	TOTAL INPATIENT BED UTILIZATION	45,010	6,047	6,016	182	187	67.8%	65.9%
	TOTAL INPATIENT REPORTED YEAR	45,010	6,047	6,016	182	187	67.8%	65.9%
	TOTAL INPATIENT PRIOR YEAR	42,524	5,803	5,727	182	187	64.0%	62.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	2,486	244	289	0	0	3.7%	3.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	6%	4%	5%	0%	0%	6%	6%
	Total Licensed Beds and Bassinets	187						
(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.								

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,093	1,322	229	21%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,827	1,800	-27	-1%
3	Emergency Department Scans	603	1,050	447	74%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	3,523	4,172	649	18%
B. MRI Scans (A)					
1	Inpatient Scans	626	715	89	14%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,990	4,515	525	13%
3	Emergency Department Scans	73	114	41	56%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,689	5,344	655	14%
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	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/CT Scans	0	0	0	0%
(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	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	20	21	1	5%
2	Outpatient Procedures	46	41	-5	-11%
	Total Cardiac Catheterization Procedures	66	62	-4	-6%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	3	2	-1	-33%
2	Elective Procedures	1	0	-1	-100%
	Total Cardiac Angioplasty Procedures	4	2	-2	-50%
H. Electrophysiology Studies					
1	Inpatient Studies	13	9	-4	-31%
2	Outpatient Studies	43	37	-6	-14%
	Total Electrophysiology Studies	56	46	-10	-18%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,921	1,854	-67	-3%
2	Outpatient Surgical Procedures	8,308	8,306	-2	0%
	Total Surgical Procedures	10,229	10,160	-69	-1%
J. Endoscopy Procedures					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	102	61	-41	-40%
2	Outpatient Endoscopy Procedures	1,396	1,258	-138	-10%
	Total Endoscopy Procedures	1,498	1,319	-179	-12%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	2,972	3,092	120	4%
2	Emergency Room Visits: Treated and Discharged	51,438	53,740	2,302	4%
	Total Emergency Room Visits	54,410	56,832	2,422	4%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	50,871	54,398	3,527	7%
2	Cardiac Rehabilitation	0	0	0	0%
3	Chemotherapy	2,196	3,746	1,550	71%
4	Gastroenterology	2,407	2,432	25	1%
5	Other Outpatient Visits	50,489	52,170	1,681	3%
	Total Other Hospital Outpatient Visits	105,963	112,746	6,783	6%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	327.3	329.9	2.6	1%
2	Total Physician FTEs	44.4	50.0	5.6	13%
3	Total Non-Nursing and Non-Physician FTEs	1,082.7	1,067.8	-14.9	-1%
	Total Hospital Full Time Equivalent Employees	1,454.4	1,447.7	-6.7	0%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Farmington ASC	1,385	1,420	35	3%
2	Hospital OR Suite	6,923	6,886	-37	-1%
	Total Outpatient Surgical Procedures(A)	8,308	8,306	-2	0%
B. Outpatient Endoscopy Procedures					
1	Hospital ENDO Suite	1,396	1,258	-138	-10%
	Total Outpatient Endoscopy Procedures(B)	1,396	1,258	-138	-10%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Department	51,438	53,740	2,302	4%
	Total Outpatient Hospital Emergency Room Visits(C)	51,438	53,740	2,302	4%
(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.					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$344,532	\$1,698,315	\$1,353,783	393%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,402,653	\$2,433,392	\$1,030,739	73%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	407.12%	143.28%	-263.84%	-65%
4	DISCHARGES	9	20	11	122%
5	CASE MIX INDEX (CMI)	1.03800	1.42750	0.38950	38%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9.34200	28.55000	19.20800	206%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$150,144.83	\$85,232.64	(\$64,912.19)	-43%
8	PATIENT DAYS	46	193	147	320%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$30,492.46	\$12,608.25	(\$17,884.21)	-59%
10	AVERAGE LENGTH OF STAY	5.1	9.7	4.5	89%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$364,729	\$427,046	\$62,317	17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,375,898	\$669,910	(\$705,988)	-51%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	377.24%	156.87%	-220.37%	-58%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	105.86%	25.15%	-80.72%	-76%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9.52759	5.02906	(4.49854)	-47%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$144,411.91	\$133,207.92	(\$11,203.98)	-8%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$709,261	\$2,125,361	\$1,416,100	200%
18	TOTAL ACCRUED PAYMENTS	\$2,778,551	\$3,103,302	\$324,751	12%
19	TOTAL ALLOWANCES	(\$2,069,290)	(\$977,941)	\$1,091,349	-53%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$148,080,190	\$167,182,889	\$19,102,699	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$91,539,914	\$103,703,439	\$12,163,525	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	61.82%	62.03%	0.21%	0%
4	DISCHARGES	2,598	2,549	(49)	-2%
5	CASE MIX INDEX (CMI)	1.88270	1.85130	(0.03140)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,891,25460	4,718,96370	(172,29090)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$18,715.02	\$21,975.89	\$3,260.88	17%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$131,429.81	\$63,256.75	(\$68,173.06)	-52%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$642,856,675	\$298,506,316	(\$344,350,359)	-54%
10	PATIENT DAYS	18,528	19,318	790	4%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,940.63	\$5,368.23	\$427.60	9%
12	AVERAGE LENGTH OF STAY	7.1	7.6	0.4	6%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$124,271,515	\$136,326,987	\$12,055,472	10%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$64,102,390	\$74,734,109	\$10,631,719	17%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.58%	54.82%	3.24%	6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	83.92%	81.54%	-2.38%	-3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,180,28756	2,078,54698	(101,74057)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$29,400.89	\$35,954.98	\$6,554.09	22%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$115,011.02	\$97,252.94	(\$17,758.07)	-15%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$250,757,091	\$202,144,815	(\$48,612,277)	-19%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$272,351,705	\$303,509,876	\$31,158,171	11%
22	TOTAL ACCRUED PAYMENTS	\$155,642,304	\$178,437,548	\$22,795,244	15%
23	TOTAL ALLOWANCES	\$116,709,401	\$125,072,328	\$8,362,927	7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$893,613,767	\$500,651,131	(\$392,962,636)	-44%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$272,351,705	\$303,509,876	\$31,158,171	11%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$155,642,304	\$178,437,548	\$22,795,244	15%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,709,401	\$125,072,328	\$8,362,927	7%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.85%	41.21%	-1.64%	

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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 2014	FY 2015	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,436,919	\$894,674	(\$542,245)	-38%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$362,139	\$102,412	(\$259,727)	-72%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.20%	11.45%	-13.76%	-55%
4	DISCHARGES	34	20	(14)	-41%
5	CASE MIX INDEX (CMI)	1.04010	1.49560	0.45550	44%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	35.36340	29.91200	(5.45140)	-15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,240.50	\$3,423.78	(\$6,816.73)	-67%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,474.51	\$18,552.12	\$10,077.60	119%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$139,904.33	\$81,808.87	(\$58,095.46)	-42%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,947,493	\$2,447,067	(\$2,500,426)	-51%
11	PATIENT DAYS	177	105	(72)	-41%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,045.98	\$975.35	(\$1,070.63)	-52%
13	AVERAGE LENGTH OF STAY	5.2	5.3	0.0	1%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,050,876	\$2,453,906	\$403,030	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,095,326	\$387,830	(\$707,496)	-65%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	53.41%	15.80%	-37.60%	-70%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	142.73%	274.28%	131.55%	92%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	48.52729	54.85587	6.32858	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$22,571.34	\$7,069.98	(\$15,501.36)	-69%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,829.55	\$28,885.00	\$22,055.45	323%
21	MEDICARE - UNINSURED OP PMT / OPED	\$121,840.56	\$126,137.94	\$4,297.38	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,912,592	\$6,919,406	\$1,006,814	17%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$3,487,795	\$3,348,580	(\$139,215)	-4%
24	TOTAL ACCRUED PAYMENTS	\$1,457,465	\$490,242	(\$967,223)	-66%
25	TOTAL ALLOWANCES	\$2,030,330	\$2,858,338	\$828,008	41%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,860,085	\$9,366,473	(\$1,493,612)	-14%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$185,270,770	\$218,045,317	\$32,774,547	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,354,904	\$57,661,686	\$6,306,782	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.72%	26.44%	-1.27%	-5%
4	DISCHARGES	3,153	3,430	277	9%
5	CASE MIX INDEX (CMI)	1.70530	1.69500	(0.01030)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,376.81090	5,813.85000	437.03910	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,551.18	\$9,917.99	\$366.80	4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$9,163.83	\$12,057.91	\$2,894.07	32%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$140,593.65	\$75,314.66	(\$65,278.99)	-46%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$755,945,453	\$437,868,124	(\$318,077,329)	-42%
11	PATIENT DAYS	23,813	25,146	1,333	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,156.59	\$2,293.08	\$136.48	6%
13	AVERAGE LENGTH OF STAY	7.6	7.3	(0.2)	-3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$135,423,585	\$139,794,966	\$4,371,381	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,766,970	\$29,210,044	(\$556,926)	-2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.98%	20.89%	-1.09%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	73.09%	64.11%	-8.98%	-12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,304.68391	2,199.06917	(105.61475)	-5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,915.86	\$13,282.91	\$367.05	3%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$16,485.03	\$22,672.06	\$6,187.03	38%
21	MEDICARE - MEDICAID OP PMT / OPED	\$131,496.05	\$119,925.01	(\$11,571.04)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$303,056,826	\$263,723,389	(\$39,333,437)	-13%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$320,694,355	\$357,840,283	\$37,145,928	12%
24	TOTAL ACCRUED PAYMENTS	\$81,121,874	\$86,871,730	\$5,749,856	7%
25	TOTAL ALLOWANCES	\$239,572,481	\$270,968,553	\$31,396,072	13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,059,002,280	\$701,591,513	(\$357,410,767)	-34%

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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 2014	FY 2015	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$18,715.02	\$21,975.89	\$3,260.88	17%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$150,144.83	\$85,232.64	(\$64,912.19)	-43%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$29,400.89	\$35,954.98	\$6,554.09	22%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$144,411.91	\$133,207.92	(\$11,203.98)	-8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$185,270,770	\$218,045,317	\$32,774,547	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,354,904	\$57,661,686	\$6,306,782	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.72%	26.44%	-1.27%	-5%
4	DISCHARGES	3,153	3,430	277	9%
5	CASE MIX INDEX (CMI)	1.70530	1.69500	(0.01030)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,376.81090	5,813.85000	437.03910	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,551.18	\$9,917.99	\$366.80	4%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$9,163.83	\$12,057.91	\$2,894.07	32%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$140,593.65	\$75,314.66	(\$65,278.99)	-46%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$755,945,453	\$437,868,124	(\$318,077,329)	-42%
11	PATIENT DAYS	23,813	25,146	1,333	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,156.59	\$2,293.08	\$136.48	6%
13	AVERAGE LENGTH OF STAY	7.6	7.3	(0.2)	-3%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$135,423,585	\$139,794,966	\$4,371,381	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,766,970	\$29,210,044	(\$556,926)	-2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.98%	20.89%	-1.09%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	73.09%	64.11%	-8.98%	-12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,304.68391	2,199.06917	(105.61475)	-5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,915.86	\$13,282.91	\$367.05	3%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$16,485.03	\$22,672.06	\$6,187.03	38%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$131,496.05	\$119,925.01	(\$11,571.04)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$303,056,826	\$263,723,389	(\$39,333,437)	-13%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$320,694,355	\$357,840,283	\$37,145,928	12%
24	TOTAL ACCRUED PAYMENTS	\$81,121,874	\$86,871,730	\$5,749,856	7%
25	TOTAL ALLOWANCES	\$239,572,481	\$270,968,553	\$31,396,072	13%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,121,594	\$3,052,459	\$1,930,865	172%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$383,011	\$746,843	\$363,832	95%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.15%	24.47%	-9.68%	-28%
4	DISCHARGES	43	48	5	12%
5	CASE MIX INDEX (CMI)	1.10350	1.61040	0.50690	46%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	47.45050	77.29920	29.84870	63%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,071.80	\$9,661.72	\$1,589.92	20%
8	PATIENT DAYS	137	353	216	158%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,795.70	\$2,115.70	(\$680.00)	-24%
10	AVERAGE LENGTH OF STAY	3.2	7.4	4.2	131%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,798,331	\$1,724,718	(\$73,613)	-4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$822,388	\$911,649	\$89,261	11%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$2,919,925	\$4,777,177	\$1,857,252	64%
14	TOTAL ACCRUED PAYMENTS	\$1,205,399	\$1,658,492	\$453,093	38%
15	TOTAL ALLOWANCES	\$1,714,526	\$3,118,685	\$1,404,159	82%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$31,932,692	\$44,142,342	\$12,209,650	38%
2	TOTAL OPERATING EXPENSES	\$280,099,480	\$288,197,545	\$8,098,065	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,302,183	\$1,893,788	\$591,605	45%
5	BAD DEBTS (CHARGES)	\$3,419,884	\$852,481	(\$2,567,403)	-75%
6	UNCOMPENSATED CARE (CHARGES)	\$4,722,067	\$2,746,269	(\$1,975,798)	-42%
7	COST OF UNCOMPENSATED CARE	\$1,867,902	\$1,096,453	(\$771,449)	-41%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$320,694,355	\$357,840,283	\$37,145,928	12%
9	TOTAL ACCRUED PAYMENTS	\$81,121,874	\$86,871,730	\$5,749,856	7%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$126,856,654	\$142,868,396	\$16,011,742	13%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$45,734,780	\$55,996,666	\$10,261,886	22%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$334,817,086	\$389,978,980	\$55,161,894	16%
2	TOTAL INPATIENT PAYMENTS	\$144,680,482	\$164,545,360	\$19,864,878	14%
3	TOTAL INPATIENT PAYMENTS / CHARGES	43.21%	42.19%	-1.02%	-2%
4	TOTAL DISCHARGES	5,803	6,047	244	4%
5	TOTAL CASE MIX INDEX	1.77923	1.75933	(0.01990)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,324.85800	10,638.66290	313.80490	3%
7	TOTAL OUTPATIENT CHARGES	\$261,858,160	\$278,273,717	\$16,415,557	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	78.21%	71.36%	-6.85%	-9%
9	TOTAL OUTPATIENT PAYMENTS	\$96,067,646	\$105,525,712	\$9,458,066	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.69%	37.92%	1.23%	3%
11	TOTAL CHARGES	\$596,675,246	\$668,252,697	\$71,577,451	12%
12	TOTAL PAYMENTS	\$240,748,128	\$270,071,072	\$29,322,944	12%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.35%	40.41%	0.07%	0%
14	PATIENT DAYS	42,524	45,010	2,486	6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$186,736,896	\$222,796,091	\$36,059,195	19%
2	INPATIENT PAYMENTS	\$53,140,568	\$60,841,921	\$7,701,353	14%
3	GOVT. INPATIENT PAYMENTS / CHARGES	28.46%	27.31%	-1.15%	-4%
4	DISCHARGES	3,205	3,498	293	9%
5	CASE MIX INDEX	1.69535	1.69231	(0.00304)	0%
6	CASE MIX ADJUSTED DISCHARGES	5,433.60340	5,919.69920	486.09580	9%
7	OUTPATIENT CHARGES	\$137,586,645	\$141,946,730	\$4,360,085	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	73.68%	63.71%	-9.97%	-14%
9	OUTPATIENT PAYMENTS	\$31,965,256	\$30,791,603	(\$1,173,653)	-4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.23%	21.69%	-1.54%	-7%
11	TOTAL CHARGES	\$324,323,541	\$364,742,821	\$40,419,280	12%
12	TOTAL PAYMENTS	\$85,105,824	\$91,633,524	\$6,527,700	8%
13	TOTAL PAYMENTS / CHARGES	26.24%	25.12%	-1.12%	-4%
14	PATIENT DAYS	23,996	25,692	1,696	7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$239,217,717	\$273,109,297	\$33,891,580	14%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	9.7	4.5	89%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.1	7.6	0.4	6%
3	UNINSURED	5.2	5.3	0.0	1%
4	MEDICAID	7.6	7.3	(0.2)	-3%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.2	7.4	4.2	131%
7	TOTAL AVERAGE LENGTH OF STAY	7.3	7.4	0.1	2%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$596,675,246	\$668,252,697	\$71,577,451	12%
2	TOTAL GOVERNMENT DEDUCTIONS	\$239,217,717	\$273,109,297	\$33,891,580	14%
3	UNCOMPENSATED CARE	\$4,722,067	\$2,746,269	(\$1,975,798)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,709,401	\$125,072,328	\$8,362,927	7%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$523,675	\$523,675	0%
6	TOTAL ADJUSTMENTS	\$360,649,185	\$401,451,569	\$40,802,384	11%
7	TOTAL ACCRUED PAYMENTS	\$236,026,061	\$266,801,128	\$30,775,067	13%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$236,026,061	\$266,801,128	\$30,775,067	13%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3955687161	0.3992518537	0.0036831376	1%
11	COST OF UNCOMPENSATED CARE	\$1,867,902	\$1,096,453	(\$771,449)	-41%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$45,734,780	\$55,996,666	\$10,261,886	22%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$47,602,682	\$57,093,119	\$9,490,437	20%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$303,056,826	\$263,723,389	(\$39,333,437)	-13%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,860,085	\$9,366,473	(\$1,493,612)	-14%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$313,916,911	\$273,089,862	(\$40,827,049)	-13%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$920,780	\$920,780	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$12,209,849	\$22,963,836	\$10,753,987	88.08%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$252,957,977	\$293,034,805	\$40,076,828	15.84%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$596,674,847	\$668,252,697	\$71,577,850	12.00%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,622,972	\$2,031,854	\$408,882	25.19%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,345,039	\$4,778,123	(\$1,566,916)	-24.70%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,080,190	\$167,182,889	\$19,102,699
2	MEDICARE	\$344,532	1,698,315	\$1,353,783
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$185,270,770	218,045,317	\$32,774,547
4	MEDICAID	\$185,270,770	218,045,317	\$32,774,547
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,121,594	3,052,459	\$1,930,865
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,436,919	894,674	(\$542,245)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$186,736,896	\$222,796,091	\$36,059,195
	TOTAL INPATIENT CHARGES	\$334,817,086	\$389,978,980	\$55,161,894
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$124,271,515	\$136,326,987	\$12,055,472
2	MEDICARE	\$364,729	427,046	\$62,317
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$135,423,585	139,794,966	\$4,371,381
4	MEDICAID	\$135,423,585	139,794,966	\$4,371,381
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,798,331	1,724,718	(\$73,613)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,050,876	2,453,906	\$403,030
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$137,586,645	\$141,946,730	\$4,360,085
	TOTAL OUTPATIENT CHARGES	\$261,858,160	\$278,273,717	\$16,415,557
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$272,351,705	\$303,509,876	\$31,158,171
2	TOTAL MEDICARE	\$709,261	\$2,125,361	\$1,416,100
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$320,694,355	\$357,840,283	\$37,145,928
4	TOTAL MEDICAID	\$320,694,355	\$357,840,283	\$37,145,928
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$2,919,925	\$4,777,177	\$1,857,252
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,487,795	\$3,348,580	(\$139,215)
	TOTAL GOVERNMENT CHARGES	\$324,323,541	\$364,742,821	\$40,419,280
	TOTAL CHARGES	\$596,675,246	\$668,252,697	\$71,577,451
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,539,914	\$103,703,439	\$12,163,525
2	MEDICARE	\$1,402,653	2,433,392	\$1,030,739
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$51,354,904	57,661,686	\$6,306,782
4	MEDICAID	\$51,354,904	57,661,686	\$6,306,782
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$383,011	746,843	\$363,832
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$362,139	102,412	(\$259,727)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$53,140,568	\$60,841,921	\$7,701,353
	TOTAL INPATIENT PAYMENTS	\$144,680,482	\$164,545,360	\$19,864,878
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,102,390	\$74,734,109	\$10,631,719
2	MEDICARE	\$1,375,898	669,910	(\$705,988)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,766,970	29,210,044	(\$556,926)
4	MEDICAID	\$29,766,970	29,210,044	(\$556,926)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$822,388	911,649	\$89,261
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,095,326	387,830	(\$707,496)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$31,965,256	\$30,791,603	(\$1,173,653)
	TOTAL OUTPATIENT PAYMENTS	\$96,067,646	\$105,525,712	\$9,458,066
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$155,642,304	\$178,437,548	\$22,795,244
2	TOTAL MEDICARE	\$2,778,551	\$3,103,302	\$324,751
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$81,121,874	\$86,871,730	\$5,749,856
4	TOTAL MEDICAID	\$81,121,874	\$86,871,730	\$5,749,856
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,205,399	\$1,658,492	\$453,093
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,457,465	\$490,242	(\$967,223)
	TOTAL GOVERNMENT PAYMENTS	\$85,105,824	\$91,633,524	\$6,527,700
	TOTAL PAYMENTS	\$240,748,128	\$270,071,072	\$29,322,944

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.82%	25.02%	0.20%
2	MEDICARE	0.06%	0.25%	0.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.05%	32.63%	1.58%
4	MEDICAID	31.05%	32.63%	1.58%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.19%	0.46%	0.27%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.24%	0.13%	-0.11%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.30%	33.34%	2.04%
	TOTAL INPATIENT PAYER MIX	56.11%	58.36%	2.24%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.83%	20.40%	-0.43%
2	MEDICARE	0.06%	0.06%	0.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.70%	20.92%	-1.78%
4	MEDICAID	22.70%	20.92%	-1.78%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.30%	0.26%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.34%	0.37%	0.02%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	23.06%	21.24%	-1.82%
	TOTAL OUTPATIENT PAYER MIX	43.89%	41.64%	-2.24%
	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)	38.02%	38.40%	0.38%
2	MEDICARE	0.58%	0.90%	0.32%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.33%	21.35%	0.02%
4	MEDICAID	21.33%	21.35%	0.02%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.16%	0.28%	0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.15%	0.04%	-0.11%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	22.07%	22.53%	0.46%
	TOTAL INPATIENT PAYER MIX	60.10%	60.93%	0.83%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.63%	27.67%	1.05%
2	MEDICARE	0.57%	0.25%	-0.32%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.36%	10.82%	-1.55%
4	MEDICAID	12.36%	10.82%	-1.55%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.34%	0.34%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.45%	0.14%	-0.31%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.28%	11.40%	-1.88%
	TOTAL OUTPATIENT PAYER MIX	39.90%	39.07%	-0.83%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,598	2,549	(49)
2	MEDICARE	9	20	11
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,153	3,430	277
4	MEDICAID	3,153	3,430	277
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	43	48	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	34	20	(14)
	TOTAL GOVERNMENT DISCHARGES	3,205	3,498	293
	TOTAL DISCHARGES	5,803	6,047	244
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18,528	19,318	790
2	MEDICARE	46	193	147
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23,813	25,146	1,333
4	MEDICAID	23,813	25,146	1,333
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	137	353	216
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	177	105	(72)
	TOTAL GOVERNMENT PATIENT DAYS	23,996	25,692	1,696
	TOTAL PATIENT DAYS	42,524	45,010	2,486
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.1	7.6	0.4
2	MEDICARE	5.1	9.7	4.5
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.6	7.3	(0.2)
4	MEDICAID	7.6	7.3	(0.2)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.2	7.4	4.2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.2	5.3	0.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	7.5	7.3	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	7.3	7.4	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.88270	1.85130	(0.03140)
2	MEDICARE	1.03800	1.42750	0.38950
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.70530	1.69500	(0.01030)
4	MEDICAID	1.70530	1.69500	(0.01030)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.10350	1.61040	0.50690
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04010	1.49560	0.45550
	TOTAL GOVERNMENT CASE MIX INDEX	1.69535	1.69231	(0.00304)
	TOTAL CASE MIX INDEX	1.77923	1.75933	(0.01990)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$272,351,705	\$303,509,876	\$31,158,171
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$155,642,304	\$178,437,548	\$22,795,244
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,709,401	\$125,072,328	\$8,362,927
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.85%	41.21%	-1.64%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$920,780	\$920,780
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$523,675	\$523,675
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,302,183	\$1,893,788	\$591,605
9	BAD DEBTS	\$3,419,884	\$852,481	(\$2,567,403)
10	TOTAL UNCOMPENSATED CARE	\$4,722,067	\$2,746,269	(\$1,975,798)
11	TOTAL OTHER OPERATING REVENUE	\$31,932,692	\$44,142,342	\$12,209,650
12	TOTAL OPERATING EXPENSES	\$280,099,480	\$288,197,545	\$8,098,065

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FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,891.25460	4,718.96370	(172.29090)
2	MEDICARE	9,34200	28,55000	19,20800
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,376.81090	5,813.85000	437.03910
4	MEDICAID	5,376.81090	5,813.85000	437.03910
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	47.45050	77.29920	29.84870
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	35.36340	29.91200	(5.45140)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,433.60340	5,919.69920	486.09580
	TOTAL CASE MIX ADJUSTED DISCHARGES	10,324.85800	10,638.66290	313.80490
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,180.28756	2,078.54698	-101.74057
2	MEDICARE	9,52759	5,02906	-4,49854
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,304.68391	2,199.06917	-105.61475
4	MEDICAID	2,304.68391	2,199.06917	-105.61475
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	68.94494	27.12124	-41.82370
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	48.52729	54.85587	6.32858
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,383.15645	2,231.21946	-151.93699
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	4,563.44401	4,309.76644	-253.67757
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,715.02	\$21,975.89	\$3,260.88
2	MEDICARE	\$150,144.83	\$85,232.64	(\$64,912.19)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,551.18	\$9,917.99	\$366.80
4	MEDICAID	\$9,551.18	\$9,917.99	\$366.80
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,071.80	\$9,661.72	\$1,589.92
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,240.50	\$3,423.78	(\$6,816.73)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,779.99	\$10,277.87	\$497.89
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$14,012.83	\$15,466.73	\$1,453.90
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$29,400.89	\$35,954.98	\$6,554.09
2	MEDICARE	\$144,411.91	\$133,207.92	(\$11,203.98)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,915.86	\$13,282.91	\$367.05
4	MEDICAID	\$12,915.86	\$13,282.91	\$367.05
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$11,928.18	\$33,613.84	\$21,685.66
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,571.34	\$7,069.98	(\$15,501.36)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$13,412.99	\$13,800.35	\$387.36
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$21,051.57	\$24,485.25	\$3,433.68

CT CHILDREN'S MEDICAL CENTER				
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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$303,056,826	\$263,723,389	(\$39,333,437)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,860,085	\$9,366,473	(\$1,493,612)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$313,916,911	\$273,089,862	(\$40,827,049)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$596,675,246	\$668,252,697	\$71,577,451
2	TOTAL GOVERNMENT DEDUCTIONS	\$239,217,717	\$273,109,297	\$33,891,580
3	UNCOMPENSATED CARE	\$4,722,067	\$2,746,269	(\$1,975,798)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$116,709,401	\$125,072,328	\$8,362,927
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$523,675	\$523,675
6	TOTAL ADJUSTMENTS	\$360,649,185	\$401,451,569	\$40,802,384
7	TOTAL ACCRUED PAYMENTS	\$236,026,061	\$266,801,128	\$30,775,067
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$236,026,061	\$266,801,128	\$30,775,067
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3955687161	0.3992518537	0.0036831376
11	COST OF UNCOMPENSATED CARE	\$1,867,902	\$1,096,453	(\$771,449)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$45,734,780	\$55,996,666	\$10,261,886
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$47,602,682	\$57,093,119	\$9,490,437
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	61.82%	62.03%	0.21%
2	MEDICARE	407.12%	143.28%	-263.84%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.72%	26.44%	-1.27%
4	MEDICAID	27.72%	26.44%	-1.27%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	34.15%	24.47%	-9.68%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25.20%	11.45%	-13.76%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	28.46%	27.31%	-1.15%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	43.21%	42.19%	-1.02%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.58%	54.82%	3.24%
2	MEDICARE	377.24%	156.87%	-220.37%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.98%	20.89%	-1.09%
4	MEDICAID	21.98%	20.89%	-1.09%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	45.73%	52.86%	7.13%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	53.41%	15.80%	-37.60%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	23.23%	21.69%	-1.54%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	36.69%	37.92%	1.23%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	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	\$240,748,128	\$270,071,072	\$29,322,944
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$240,748,128	\$270,071,072	\$29,322,944
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,209,849	\$22,963,836	\$10,753,987
4	CALCULATED NET REVENUE	\$256,377,861	\$293,034,908	\$36,657,047
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$252,957,977	\$293,034,805	\$40,076,828
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3,419,884	\$103	(\$3,419,781)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$596,675,246	\$668,252,697	\$71,577,451
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$596,675,246	\$668,252,697	\$71,577,451
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$596,674,847	\$668,252,697	\$71,577,850
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$399	\$0	(\$399)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,722,067	\$2,746,269	(\$1,975,798)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,622,972	\$2,031,854	\$408,882
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,345,039	\$4,778,123	(\$1,566,916)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,345,039	\$4,778,123	(\$1,566,916)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$167,182,889
2	MEDICARE	1,698,315
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	218,045,317
4	MEDICAID	218,045,317
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	3,052,459
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	894,674
	TOTAL INPATIENT GOVERNMENT CHARGES	\$222,796,091
	TOTAL INPATIENT CHARGES	\$389,978,980
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$136,326,987
2	MEDICARE	427,046
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	139,794,966
4	MEDICAID	139,794,966
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,724,718
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,453,906
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$141,946,730
	TOTAL OUTPATIENT CHARGES	\$278,273,717
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$303,509,876
2	TOTAL GOVERNMENT ACCRUED CHARGES	364,742,821
	TOTAL ACCRUED CHARGES	\$668,252,697
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$103,703,439
2	MEDICARE	2,433,392
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	57,661,686
4	MEDICAID	57,661,686
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	746,843
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	102,412
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$60,841,921
	TOTAL INPATIENT PAYMENTS	\$164,545,360
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$74,734,109
2	MEDICARE	669,910
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,210,044
4	MEDICAID	29,210,044
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	911,649
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	387,830
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$30,791,603
	TOTAL OUTPATIENT PAYMENTS	\$105,525,712
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$178,437,548
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	91,633,524
	TOTAL ACCRUED PAYMENTS	\$270,071,072

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,549
2	MEDICARE	20
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,430
4	MEDICAID	3,430
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	48
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20
	TOTAL GOVERNMENT DISCHARGES	3,498
	TOTAL DISCHARGES	6,047
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,85130
2	MEDICARE	1,42750
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,69500
4	MEDICAID	1,69500
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1,61040
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,49560
	TOTAL GOVERNMENT CASE MIX INDEX	1,69231
	TOTAL CASE MIX INDEX	1,75933
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$303,509,876
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$178,437,548
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,072,328
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.21%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$920,780
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$523,675
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,893,788
9	BAD DEBTS	\$852,481
10	TOTAL UNCOMPENSATED CARE	\$2,746,269
11	TOTAL OTHER OPERATING REVENUE	\$44,142,342
12	TOTAL OPERATING EXPENSES	\$288,197,545

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
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	\$270,071,072
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$270,071,072
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$22,963,836
	CALCULATED NET REVENUE	\$293,034,908
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$293,034,805
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$103
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$668,252,697
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$668,252,697
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$668,252,697
	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)	\$2,746,269
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,031,854
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,778,123
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,778,123
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	450	792	342	76%
2	Number of Approved Applicants	419	760	341	81%
3	Total Charges (A)	\$1,302,183	\$1,893,788	\$591,605	45%
4	Average Charges	\$3,108	\$2,492	(\$616)	-20%
5	Ratio of Cost to Charges (RCC)	0.443808	0.445587	0.001779	0%
6	Total Cost	\$577,919	\$843,847	\$265,928	46%
7	Average Cost	\$1,379	\$1,110	(\$269)	-19%
8	Charity Care - Inpatient Charges	\$892,532	\$911,805	\$19,273	2%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	53,800	247,338	193,538	360%
10	Charity Care - Emergency Department Charges	355,851	734,645	378,794	106%
11	Total Charges (A)	\$1,302,183	\$1,893,788	\$591,605	45%
12	Charity Care - Number of Patient Days	499	743	244	49%
13	Charity Care - Number of Discharges	68	167	99	146%
14	Charity Care - Number of Outpatient ED Visits	94	365	271	288%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	258	935	677	262%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$813,932	\$202,890	(\$611,042)	-75%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,128,562	281,319	(847,243)	-75%
3	Bad Debts - Emergency Department	1,477,390	368,272	(1,109,118)	-75%
4	Total Bad Debts (A)	\$3,419,884	\$852,481	(\$2,567,403)	-75%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$1,302,183	\$1,893,788	\$591,605	45%
2	Bad Debts (A)	3,419,884	852,481	(2,567,403)	-75%
3	Total Uncompensated Care (A)	\$4,722,067	\$2,746,269	(\$1,975,798)	-42%
4	Uncompensated Care - Inpatient Services	\$1,706,464	\$1,114,695	(\$591,769)	-35%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,182,362	528,657	(653,705)	-55%
6	Uncompensated Care - Emergency Department	1,833,241	1,102,917	(730,324)	-40%
7	Total Uncompensated Care (A)	\$4,722,067	\$2,746,269	(\$1,975,798)	-42%

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

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$272,351,705	\$303,509,876	\$31,158,171	11%
2	Total Contractual Allowances	\$116,709,401	\$125,072,328	\$8,362,927	7%
	Total Accrued Payments (A)	\$155,642,304	\$178,437,548	\$22,795,244	15%
	Total Discount Percentage	42.85%	41.21%	-1.64%	-4%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$346,236,656	\$334,817,086	\$389,978,980
2	Outpatient Gross Revenue	\$228,576,783	\$261,858,160	\$278,273,717
3	Total Gross Patient Revenue	\$574,813,439	\$596,675,246	\$668,252,697
4	Net Patient Revenue	\$239,314,874	\$252,957,977	\$293,034,805
B. Total Operating Expenses				
1	Total Operating Expense	\$267,793,841	\$280,099,480	\$288,197,545
C. Utilization Statistics				
1	Patient Days	46,107	42,524	45,010
2	Discharges	6,422	5,803	6,047
3	Average Length of Stay	7.2	7.3	7.4
4	Equivalent (Adjusted) Patient Days (EPD)	76,546	75,782	77,127
0	Equivalent (Adjusted) Discharges (ED)	10,662	10,341	10,362
D. Case Mix Statistics				
1	Case Mix Index	1.62287	1.77923	1.75933
2	Case Mix Adjusted Patient Days (CMAPD)	74,825	75,660	79,187
3	Case Mix Adjusted Discharges (CMAD)	10,422	10,325	10,639
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	124,223	134,833	135,692
5	Case Mix Adjusted Equivalent Discharges (CMAED)	17,302	18,400	18,230
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$12,467	\$14,031	\$14,847
2	Total Gross Revenue per Discharge	\$89,507	\$102,822	\$110,510
3	Total Gross Revenue per EPD	\$7,509	\$7,874	\$8,664
4	Total Gross Revenue per ED	\$53,914	\$57,697	\$64,491
5	Total Gross Revenue per CMAEPD	\$4,627	\$4,425	\$4,925
6	Total Gross Revenue per CMAED	\$33,222	\$32,428	\$36,657
7	Inpatient Gross Revenue per EPD	\$4,523	\$4,418	\$5,056
8	Inpatient Gross Revenue per ED	\$32,475	\$32,376	\$37,636

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,190	\$5,949	\$6,510
2	Net Patient Revenue per Discharge	\$37,265	\$43,591	\$48,460
3	Net Patient Revenue per EPD	\$3,126	\$3,338	\$3,799
4	Net Patient Revenue per ED	\$22,446	\$24,461	\$28,280
5	Net Patient Revenue per CMAEPD	\$1,926	\$1,876	\$2,160
6	Net Patient Revenue per CMAED	\$13,831	\$13,748	\$16,074
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,808	\$6,587	\$6,403
2	Total Operating Expense per Discharge	\$41,699	\$48,268	\$47,660
3	Total Operating Expense per EPD	\$3,498	\$3,696	\$3,737
4	Total Operating Expense per ED	\$25,118	\$27,085	\$27,813
5	Total Operating Expense per CMAEPD	\$2,156	\$2,077	\$2,124
6	Total Operating Expense per CMAED	\$15,477	\$15,223	\$15,809
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$29,967,685	\$29,168,523	\$29,796,100
2	Nursing Fringe Benefits Expense	\$8,711,626	\$8,007,981	\$7,444,234
3	Total Nursing Salary and Fringe Benefits Expense	\$38,679,311	\$37,176,504	\$37,240,334
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$77,662,593	\$80,702,121	\$87,302,564
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$22,576,569	\$22,156,113	\$21,811,602
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$100,239,162	\$102,858,234	\$109,114,166
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$107,630,278	\$109,870,644	\$117,098,664
2	Total Fringe Benefits Expense	\$31,288,195	\$30,164,094	\$29,255,836
3	Total Salary and Fringe Benefits Expense	\$138,918,473	\$140,034,738	\$146,354,500

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	329.6	327.3	329.9
2	Total Physician FTEs	43.6	44.4	50.0
3	Total Non-Nursing, Non-Physician FTEs	1056.5	1082.7	1067.8
4	Total Full Time Equivalent Employees (FTEs)	1,429.7	1,454.4	1,447.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$90,921	\$89,119	\$90,319
2	Nursing Fringe Benefits Expense per FTE	\$26,431	\$24,467	\$22,565
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$117,352	\$113,585	\$112,884
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$73,509	\$74,538	\$81,759
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$21,369	\$20,464	\$20,427
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$94,879	\$95,002	\$102,186
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$75,282	\$75,544	\$80,886
2	Total Fringe Benefits Expense per FTE	\$21,884	\$20,740	\$20,208
3	Total Salary and Fringe Benefits Expense per FTE	\$97,166	\$96,284	\$101,094
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,013	\$3,293	\$3,252
2	Total Salary and Fringe Benefits Expense per Discharge	\$21,632	\$24,131	\$24,203
3	Total Salary and Fringe Benefits Expense per EPD	\$1,815	\$1,848	\$1,898
4	Total Salary and Fringe Benefits Expense per ED	\$13,030	\$13,541	\$14,124
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,118	\$1,039	\$1,079
6	Total Salary and Fringe Benefits Expense per CMAED	\$8,029	\$7,611	\$8,028