DANBURY HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION** (1) (2) (6) (5) FY 2015 FY 2016 **AMOUNT** % LINE **DESCRIPTION ACTUAL ACTUAL DIFFERENCE DIFFERENCE ASSETS** ١. **Current Assets:** 15% Cash and Cash Equivalents \$21,083,000 \$24,232,000 \$3,149,000 0% Short Term Investments \$15,098,000 \$15,098,000 Accounts Receivable (Less: Allowance for Doubtful Accounts) \$76.938.000 \$67.983.000 (\$8,955,000)-12% 0% Current Assets Whose Use is Limited for Current Liabilities \$1,868,000 \$1,868,000 \$0 \$3,294,000 51% 5 Due From Affiliates \$6,402,000 \$9,696,000 0% 6 Due From Third Party Payers \$0 \$0 \$0 9% Inventories of Supplies \$10,950,000 \$11,965,000 \$1,015,000 \$6,399,000 \$8,710,000 \$2,311,000 36% 8 Prepaid Expenses Other Current Assets \$0 \$0 \$0 0% \$123,640,000 \$139,552,000 \$15,912,000 13% **Total Current Assets** В. Noncurrent Assets Whose Use is Limited: \$0 \$0 \$0 0% 1 Held by Trustee Board Designated for Capital Acquisition \$0 \$0 \$0 0% \$0 \$0 0% 3 Funds Held in Escrow \$0 Other Noncurrent Assets Whose Use is Limited \$166,957,000 \$121,804,000 (\$45,153,000)-27% Total Noncurrent Assets Whose Use is Limited: -27% \$166,957,000 \$121,804,000 (\$45,153,000) Interest in Net Assets of Foundation \$92,378,000 \$87,854,000 (\$4.524.000)-5% \$0 0% 6 Long Term Investments \$0 \$0 Other Noncurrent Assets \$60,272,000 \$74,719,000 \$14,447,000 24% C. **Net Fixed Assets:** Property, Plant and Equipment \$829,653,000 \$860,262,000 \$30,609,000 4% Less: Accumulated Depreciation \$452,258,000 \$491,994,000 \$39,736,000 9% Property, Plant and Equipment, Net \$377,395,000 \$368,268,000 (\$9,127,000)-2% Construction in Progress \$16,766,000 \$30,101,000 \$13,335,000 80% **Total Net Fixed Assets** \$394,161,000 \$398,369,000 \$4,208,000 1%

\$837,408,000

\$822,298,000

(\$15,110,000)

-2%

Total Assets

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION** (1) (2) (6) (5) FY 2015 FY 2016 **AMOUNT** % LINE **DESCRIPTION ACTUAL ACTUAL DIFFERENCE DIFFERENCE LIABILITIES AND NET ASSETS** Α. **Current Liabilities:** Accounts Payable and Accrued Expenses \$35,981,000 \$38,710,000 \$2,729,000 8% 2 Salaries, Wages and Payroll Taxes \$36,985,000 \$30,951,000 (\$6,034,000)-16% Due To Third Party Payers \$18,232,000 \$18,200,000 (\$32,000)0% 0% Due To Affiliates \$0 \$0 \$0 5 Current Portion of Long Term Debt \$1,580,000 \$1,640,000 \$60,000 4% 0% Current Portion of Notes Payable Other Current Liabilities \$4,542,000 \$4,958,000 \$416,000 9% **Total Current Liabilities** -3% \$97,320,000 \$94,459,000 (\$2,861,000) B. Long Term Debt: Bonds Payable (Net of Current Portion) \$0 \$0 \$0 0% Notes Payable (Net of Current Portion) \$243,270,000 \$241,630,000 (\$1,640,000)-1% -1% **Total Long Term Debt** \$243,270,000 \$241,630,000 (\$1,640,000) 0% Accrued Pension Liability \$0 \$0 \$0 \$20,082,000 64% Other Long Term Liabilities \$32,854,000 \$12,772,000 4% **Total Long Term Liabilities** \$263,352,000 \$274,484,000 \$11,132,000 Interest in Net Assets of Affiliates or Joint Ventures 0% \$0 \$0 \$0 C. Net Assets: Unrestricted Net Assets or Equity -3% 1 \$406,110,000 \$392,151,000 (\$13,959,000) -30% Temporarily Restricted Net Assets \$36,051,000 \$25,378,000 (\$10,673,000)Permanently Restricted Net Assets \$34,575,000 \$35,826,000 \$1,251,000 4% **Total Net Assets** \$476,736,000 \$453,355,000 (\$23,381,000) -5% **Total Liabilities and Net Assets** \$837,408,000 \$822,298,000 -2% (\$15,110,000)

	DA	NBURY HOSPITAL							
		MONTHS ACTUAL F	ILING						
	FISCAL YEAR 2016 REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION								
(4)					(0)				
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %				
<u>LINE</u>	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE				
Α.	Operating Revenue:								
1	Total Gross Patient Revenue	\$1,544,328,000	\$1,634,815,000	\$90,487,000	6%				
2	Less: Allowances	\$914,023,000	\$976,510,000	\$62,487,000	7%				
3	Less: Charity Care	\$16,275,000	\$18,294,000	\$2,019,000	12%				
4	Less: Other Deductions	\$0	\$0	\$0	0%				
	Total Net Patient Revenue	\$614,030,000	\$640,011,000	\$25,981,000	4%				
5	Provision for Bad Debts	\$21,154,000	\$18,797,000	(\$2,357,000)	-11%				
	Net Patient Service Revenue less provision for bad debts	\$592,876,000	\$621,214,000	\$28,338,000	5%				
6	Other Operating Revenue	\$10,518,000	\$12,265,000	\$1,747,000	17%				
7	Net Assets Released from Restrictions	\$6,073,000	\$7,062,000	\$989,000	16%				
	Total Operating Revenue	\$609,467,000	\$640,541,000	\$31,074,000	5%				
В.	Operating Expenses:								
1	Salaries and Wages	\$221,767,000	\$219,326,000	(\$2,441,000)	-1%				
2	Fringe Benefits	\$56,560,000	\$58,814,000	\$2,254,000	4%				
3	Physicians Fees	\$74,824,000	\$83,996,000	\$9,172,000	12%				
4	Supplies and Drugs	\$88,691,000	\$91,961,000	\$3,270,000	4%				
5	Depreciation and Amortization	\$45,374,000	\$46,720,000	\$1,346,000	3%				
6	Bad Debts	\$0	\$0	\$0	0%				
7	Interest Expense	\$7,442,000	\$7,341,000	(\$101,000)	-1%				
8	Malpractice Insurance Cost	\$10,110,000	\$6,738,000	(\$3,372,000)	-33%				
9	Other Operating Expenses	\$119,570,000	\$130,074,000	\$10,504,000	9%				
	Total Operating Expenses	\$624,338,000	\$644,970,000	\$20,632,000	3%				
	Income/(Loss) From Operations	(\$14,871,000)	(\$4,429,000)	\$10,442,000	-70%				
C.	Non-Operating Revenue:								
1	Income from Investments	(\$2,463,000)	\$14,640,000	\$17,103,000	-694%				
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%				
3	Other Non-Operating Gains/(Losses)	\$11,728,000	\$14,486,000	\$2,758,000	24%				
	Total Non-Operating Revenue	\$9,265,000	\$29,126,000	\$19,861,000	214%				
	Excess/(Deficiency) of Revenue Over Expenses								
	(Before Other Adjustments)	(\$5,606,000)	\$24,697,000	\$30,303,000	-541%				
	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	(\$5,606,000)	\$24,697,000	\$30,303,000	-541%				
	Principal Payments	\$125,327,000	\$1,640,000	(\$123,687,000)	-99%				

		DANBURY HOSPITAL			
	TWEL	VE MONTHS ACTUAL FI	LING		
	DEDORT (OF LICODITAL ORGAN	FISCAL YEAR 2016	IE AND OTATIOTIC	00 DV DAVED	
	REPORT 165 - HOSPITAL GROSS	REVENUE, NET REVENU	JE AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)				, ,
	DECORIDEION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
ı.	GROSS REVENUE BY PAYER				
	<u> </u>				
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$332,879,325	\$338,569,810	\$5,690,485	29
2	MEDICARE MANAGED CARE	\$61,709,416	\$61,979,215	\$269,799	09
3	MEDICAID	\$89,456,723	\$97,089,520	\$7,632,797	99
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	09
5	CHAMPUS/TRICARE	\$365,331	\$587,755	\$222,424	619
6	COMMERCIAL INSURANCE	\$101,927,993	\$108,424,587	\$6,496,594	69
7	NON-GOVERNMENT MANAGED CARE	\$86,644,428	\$95,385,555	\$8,741,127	109
8 9	WORKER'S COMPENSATION SELF- PAY/UNINSURED	\$3,637,992 \$9,910,178	\$4,685,291	\$1,047,299	299 -189
10	SAGA	\$9,910,178	\$8,080,469 \$0	(\$1,829,709) \$0	-103
11	OTHER	\$2,859,982	\$2,106,914	(\$753,068)	-269
	TOTAL INPATIENT GROSS REVENUE	\$689,391,368	\$716,909,116	\$27,517,748	49
В.	OUTPATIENT GROSS REVENUE	Ψοσο,σο 1,σοσ	Ψ110,000,110	Ψ21,011,140	
1	MEDICARE TRADITIONAL	\$269,873,441	\$286,222,661	\$16,349,220	69
2	MEDICARE MANAGED CARE	\$53,983,714	\$61,452,972	\$7,469,258	149
3	MEDICAID	\$118,372,145	\$126,877,541	\$8,505,396	79
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,306,897	\$1,622,328	\$315,431	249
6	COMMERCIAL INSURANCE	\$198,292,727	\$225,620,474	\$27,327,747	149
7	NON-GOVERNMENT MANAGED CARE	\$172,696,114	\$174,504,306	\$1,808,192	19
8	WORKER'S COMPENSATION	\$6,141,601	\$6,806,529	\$664,928	119
9	SELF- PAY/UNINSURED	\$32,278,519	\$32,379,492	\$100,973	09
10	SAGA	\$0	\$0	\$0	09
11	OTHER	\$1,990,730	\$2,419,544	\$428,814	229
	TOTAL OUTPATIENT GROSS REVENUE	\$854,935,888	\$917,905,847	\$62,969,959	79
C	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$602,752,766	\$624,792,471	\$22,039,705	49
2	MEDICARE MANAGED CARE	\$115,693,130	\$123,432,187	\$7,739,057	79
3	MEDICAID	\$207,828,868	\$223,967,061	\$16,138,193	89
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	09
5	CHAMPUS/TRICARE	\$1,672,228	\$2,210,083	\$537,855	329
6	COMMERCIAL INSURANCE	\$300,220,720	\$334,045,061	\$33,824,341	119
7	NON-GOVERNMENT MANAGED CARE	\$259,340,542	\$269,889,861	\$10,549,319	4
8	WORKER'S COMPENSATION	\$9,779,593	\$11,491,820	\$1,712,227	189
9	SELF- PAY/UNINSURED	\$42,188,697	\$40,459,961	(\$1,728,736)	-4
10	SAGA	\$0	\$0	\$0	0,
11	OTHER	\$4,850,712	\$4,526,458	(\$324,254)	-7
-	TOTAL GROSS REVENUE	\$1,544,327,256	\$1,634,814,963	\$90,487,707	6
	TOTAL GROOD REVENUE	ψ1,544,521,250	ψ1,004,014,303	ψ30,401,101	
II.	NET REVENUE BY PAYER				
A.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$104,498,763	\$102,272,136	(\$2,226,627)	-2'
2	MEDICARE MANAGED CARE	\$17,289,209	\$17,100,816	(\$188,393)	-1

		DANBURY HOSPITAL			
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	REPORT 165 - HOSPITAL GROSS	REVENUE, NET REVENU	JE AND STATISTI	CS BY PAYER	
	(2)			(=)	4-1
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
INF	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
3	MEDICAID	\$18,192,797	\$20,705,832	\$2,513,035	149
4	MEDICAID MEDICAID MANAGED CARE	\$0	\$0,703,032	\$0	0%
5	CHAMPUS/TRICARE	\$100,669	\$192,196	\$91,527	91%
6	COMMERCIAL INSURANCE	\$50,992,433	\$53,078,287	\$2,085,854	49
7	NON-GOVERNMENT MANAGED CARE	\$55,302,426	\$58,684,726	\$3,382,300	6%
8	WORKER'S COMPENSATION	\$2,502,793	\$3,223,293	\$720,500	29%
9	SELF- PAY/UNINSURED	\$2,378,942	\$2,234,024	(\$144,918)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$597,623	\$298,308	(\$299,315)	-50%
	TOTAL INPATIENT NET REVENUE	\$251,855,655	\$257,789,618	\$5,933,963	2%
В.	OUTPATIENT NET REVENUE	\$201,000,000	Ψ201,100,010	ψο,σοσ,σοσ	
1	MEDICARE TRADITIONAL	\$84,719,712	\$86,459,579	\$1,739,867	2%
2	MEDICARE MANAGED CARE	\$15,124,689	\$16,955,619	\$1,830,930	129
3	MEDICAID MEDICAID	\$24,165,250	\$27,142,086	\$2,976,836	129
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$382,303	\$530,501	\$148,198	39%
6	COMMERCIAL INSURANCE	\$112,009,118	\$115,830,972	\$3,821,854	3%
7	NON-GOVERNMENT MANAGED CARE	\$96,279,553	\$103,050,011	\$6,770,458	7%
8	WORKER'S COMPENSATION	\$4,225,176	\$4,681,362	\$456,186	119
9	SELF- PAY/UNINSURED	\$7,748,473	\$8,952,024	\$1,203,551	16%
10	SAGA	\$0	\$0,932,024	\$0	0%
11	OTHER	\$333,771	\$235,653	(\$98,118)	-29%
	TOTAL OUTPATIENT NET REVENUE	\$344,988,045	\$363,837,807	\$18,849,762	5%
		\$0.1,000,0.0	4000,001,001	ψ.ο,ο.ιο,. ο <u>-</u>	• • • • • • • • • • • • • • • • • • • •
С.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$189,218,475	\$188,731,715	(\$486,760)	0%
2	MEDICARE MANAGED CARE	\$32,413,898	\$34,056,435	\$1,642,537	5%
3		\$42,358,047	\$47,847,918	\$5,489,871	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$482,972	\$722,697	\$239,725	50%
6	COMMERCIAL INSURANCE	\$163,001,551	\$168,909,259	\$5,907,708	4%
7	NON-GOVERNMENT MANAGED CARE	\$151,581,979	\$161,734,737	\$10,152,758	7%
8	WORKER'S COMPENSATION	\$6,727,969	\$7,904,655	\$1,176,686	17%
9	SELF- PAY/UNINSURED	\$10,127,415	\$11,186,048	\$1,058,633	10%
10	SAGA	\$10,127,413	\$11,100,040	\$1,030,033	0%
11	OTHER	\$931,394	\$533,961	(\$397,433)	-43%
11		·			
	TOTAL NET REVENUE	\$596,843,700	\$621,627,425	\$24,783,725	4%
III.	STATISTICS BY PAYER			Т	
Α.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	8,597	8,595	(2)	0%
2	MEDICARE MANAGED CARE	1,434	1,597	163	119
3	MEDICAID	3,528	3,664	136	49
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	26	31	5	19%
6	COMMERCIAL INSURANCE	3,391	3,518	127	49
7	NON-GOVERNMENT MANAGED CARE	3,136	3,144	8	0%
8	WORKER'S COMPENSATION		74		0

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		URY HOSPITAL NTHS ACTUAL FIL	INC		
		AL YEAR 2016	ING		
	REPORT 165 - HOSPITAL GROSS REVE		JE AND STATISTI	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DITTERENCE	DITTERCHOL
9	SELF- PAY/UNINSURED	306	327	21	7%
10	SAGA	0	0	0	0%
11	OTHER	66	61	(5)	-8%
	TOTAL DISCHARGES	20,558	21,011	453	2%
В.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	51,059	44,743	(6,316)	-12%
2	MEDICARE MANAGED CARE	8,583	7,617	(966)	-11%
3	MEDICAID	15,997	16,489	492	3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	72	80	8	11%
6	COMMERCIAL INSURANCE	14,009	13,506	(503)	-4%
7	NON-GOVERNMENT MANAGED CARE	11,858	12,388	530	4%
8	WORKER'S COMPENSATION	252	306	54	21%
9	SELF- PAY/UNINSURED	1,267	1,254	(13)	-1%
10	SAGA	0	0	0 (422)	0%
11	OTHER TOTAL PATIENT DAYS	364	241	(123)	-34%
_		103,461	96,624	(6,837)	-7%
C.	OUTPATIENT VISITS	70.074	67.700	(2.504)	40/
1	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	70,371	67,780	(2,591) 900	-4% 7%
3	MEDICAID MEDICAID	13,468	14,368		-6%
4	MEDICAID MEDICAID MANAGED CARE	48,548 0	45,551 0	(2,997)	-6% 0%
5	CHAMPUS/TRICARE	365	430	65	18%
6	COMMERCIAL INSURANCE	49,249	55,897	6,648	13%
7	NON-GOVERNMENT MANAGED CARE	47,050	42,739	(4,311)	-9%
8	WORKER'S COMPENSATION	1,764	1,618	(146)	-8%
9	SELF- PAY/UNINSURED	12,894	11,701	(1,193)	-9%
10	SAGA	0	0	0	0%
11	OTHER	398	775	377	95%
	TOTAL OUTPATIENT VISITS	244,107	240,859	(3,248)	-1%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERCENCY DEPARTMENT QUITRATIENT CROSS				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
A.	MEDICARE TRADITIONAL	\$33,103,288	\$35,253,272	\$2,149,984	6%
2	MEDICARE MANAGED CARE	\$5,917,482	\$7,144,711	\$1,227,229	21%
3	MEDICAID	\$45,275,291	\$51,911,921	\$6,636,630	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0,030,030	0%
5	CHAMPUS/TRICARE	\$495,028	\$581,358	\$86,330	17%
6	COMMERCIAL INSURANCE	\$41,223,040	\$47,157,858	\$5,934,818	14%
7	NON-GOVERNMENT MANAGED CARE	\$29,619,790	\$30,270,868	\$651,078	2%
8	WORKER'S COMPENSATION	\$2,953,269	\$3,056,854	\$103,585	4%
9	SELF- PAY/UNINSURED	\$13,524,960	\$14,568,606	\$1,043,646	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$956,325	\$1,130,472	\$174,147	18%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$173,068,473	\$191,075,920	\$18,007,447	10%
	EMERGENCY DEPARTMENT OUTPATIENT NET	,,	,, -,	,	
	<u>REVENUE</u>				
1	MEDICARE TRADITIONAL	\$7,240,404	\$5,639,536	(\$1,600,868)	-22%

OFFICE	OF HEALTH CARE ACCESS TWELVE	MONTHS ACTUAL FILING			DANBURY HOSPITA
		BURY HOSPITAL			
		ONTHS ACTUAL FIL	ING		
		CAL YEAR 2016			
	REPORT 165 - HOSPITAL GROSS REVE	NUE, NET REVENU	JE AND STATISTI	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
1.7	ν-/		-		
l		FY 2015	FY 2016	AMOUNT	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
_					
2	MEDICARE MANAGED CARE	\$1,625,434	\$1,484,748	(\$140,686)	-9%
3	MEDICAID	\$7,339,060	\$8,451,515	\$1,112,455	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$161,874	\$115,002	(\$46,872)	-29%
6	COMMERCIAL INSURANCE	\$24,891,697	\$27,023,886	\$2,132,189	9%
7	NON-GOVERNMENT MANAGED CARE	\$16,895,615	\$18,742,714	\$1,847,099	11%
8	WORKER'S COMPENSATION	\$2,031,731	\$1,751,735	(\$279,996)	-14%
9	SELF- PAY/UNINSURED	\$1,930,053	\$1,690,028	(\$240,025)	-12%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$148,832	\$111,046	(\$37,786)	-25%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$62,264,700	\$65,010,210	\$2,745,510	4%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	11,320	10,843	(477)	-4%
2	MEDICARE MANAGED CARE	1,933	2,227	294	15%
3	MEDICAID	22,394	22,903	509	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	197	236	39	20%
6	COMMERCIAL INSURANCE	15,163	16,012	849	6%
7	NON-GOVERNMENT MANAGED CARE	11,166	10,511	(655)	-6%
8	WORKER'S COMPENSATION	1,411	1,346	(65)	-5%
9	SELF- PAY/UNINSURED	5,905	5,592	(313)	-5%
10	SAGA	0	0	0	0%
11	OTHER	444	472	28	6%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	69,933	70,142	209	0%

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
L	Calarias 9 Marsas				
A.	Salaries & Wages:	\$74.4F0.000	ФСЕ C7C 000	(<u></u> (<u></u> (<u></u> () () () () () () () () () (440/
2	Nursing Salaries Physician Salaries	\$74,150,000 \$9,523,000	\$65,676,000 \$8,388,000	(\$8,474,000) (\$1,135,000)	-11% -12%
3	Non-Nursing, Non-Physician Salaries	\$138,094,000	\$145,262,000	\$7,168,000	5%
	Total Salaries & Wages	\$221,767,000	\$219,326,000	(\$2,441,000)	-1%
	Total Calaires a Wages	ΨΖΖ1,7 07,000	ΨΣ13,323,000	(ψ2,++1,000)	170
В.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$18,911,000	\$17,612,000	(\$1,299,000)	-7%
2	Physician Fringe Benefits	\$2,429,000	\$2,249,000	(\$180,000)	-7%
3	Non-Nursing, Non-Physician Fringe Benefits	\$35,220,000	\$38,953,000	\$3,733,000	11%
	Total Fringe Benefits	\$56,560,000	\$58,814,000	\$2,254,000	4%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$2,408,282	\$391,000	(\$2,017,282)	-84%
2	Physician Fees	\$74,824,000	\$83,996,000	\$9,172,000	12%
3	Non-Nursing, Non-Physician Fees	\$1,536,849	\$1,506,000	(\$30,849)	-2%
	Total Contractual Labor Fees	\$78,769,131	\$85,893,000	\$7,123,869	9%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$53,846,000	\$50,576,000	(\$3,270,000)	-6%
2	Pharmaceutical Costs	\$34,845,000	\$41,385,000	\$6,540,000	19%
	Total Medical Supplies and Pharmaceutical Cost	\$88,691,000	\$91,961,000	\$3,270,000	4%
E.	Depreciation and Amortization:	400,000,000	*	0010.000	201
1	Depreciation-Building	\$20,236,000	\$20,846,000	\$610,000	3%
3	Depreciation-Equipment Amortization	\$24,678,000 \$460,000	\$25,640,000 \$234,000	\$962,000 (\$226,000)	4% -49%
_ <u> </u>	Total Depreciation and Amortization	\$45,374,000	\$46,720,000	\$1,346,000	-49% 3%
	Total Depreciation and Amortization	\$45,574,000	Ψ40,7 20,000	\$1,340,000	3/0
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
		Ψ.	ψ0	40	070
G.	Interest Expense:				
1	Interest Expense	\$7,442,000	\$7,341,000	(\$101,000)	-1%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$10,110,000	\$6,738,000	(\$3,372,000)	-33%
I.	<u>Utilities:</u>				
1	Water	\$627,571	\$753,000	\$125,429	20%
2	Natural Gas	\$264,812	\$232,000	(\$32,812)	-12%
3	Oil	\$3,407,315	\$3,596,000	\$188,685	6%
4	Electricity	\$2,197,131	\$1,613,000	(\$584,131)	-27%
5 6	Telephone Other Utilities	\$1,106,457 \$40,355	\$1,880,000 \$47,000	\$773,543 \$6,645	70% 16%
	Total Utilities	\$7,643,641	\$8,121,000	\$6,645 \$477,359	6%
	i otai otiiities	φ1,043,041	ΨΟ, ΙΖΙ, ΌΟΟ	φ 4 11,309	0%
J.	Business Expenses:				
1	Accounting Fees	\$430,717	\$1,057,000	\$626,283	145%
	/ tooodining 1 000	ψ-100,111	ψ1,001,000	Ψ020,200	175/0

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(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
2	Legal Fees	\$2,612,832	\$2,586,000	(\$26,832)	-1%
3	Consulting Fees	\$4,329,398	\$3,865,000	(\$464,398)	-11%
4	Dues and Membership	\$2,924,673	\$3,304,000	\$379,327	13%
5	Equipment Leases	\$8,481,707	\$8,569,000	\$87,293	1%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$11,214,653	\$11,509,000	\$294,347	3%
8	Insurance	\$833,232	\$909,000	\$75,768	9%
9	Travel	\$912,320	\$714,000	(\$198,320)	-22%
10	Conferences	\$441,374	\$430,000	(\$11,374)	-3%
11	Property Tax	\$296,646	\$385,000	\$88,354	30%
12	General Supplies	\$2,488,597	\$2,473,000	(\$15,597)	-1%
13	Licenses and Subscriptions	\$218,772	\$165,000	(\$53,772)	-25%
14	Postage and Shipping	\$775,837	\$726,000	(\$49,837)	-6%
15	Advertising	\$1,986,271	\$2,435,000	\$448,729	23%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$12,020,439	\$15,165,000	\$3,144,561	26%
18	Computer hardware & small equipment	\$370,476	\$558,000	\$187,524	51%
19	Dietary / Food Services	\$6,798,809	\$6,675,000	(\$123,809)	-2%
20	Lab Fees / Red Cross charges	\$4,268,500	\$3,800,000	(\$468,500)	-11%
21	Billing & Collection / Bank Fees	\$3,747,934	\$3,773,000	\$25,066	1%
22	Recruiting / Employee Education & Recognition	\$3,439,503	\$4,015,000	\$575,497	17%
23	Laundry / Linen	\$1,637,504	\$1,513,000	(\$124,504)	-8%
24	Professional / Physician Fees	\$265,792	\$257,000	(\$8,792)	-3%
25	Waste disposal	\$410,266	\$533,000	\$122,734	30%
26	Purchased Services - Medical	\$148,630	\$158,000	\$9,370	6%
27	Purchased Services - Non Medical	\$12,493,302	\$9,416,000	(\$3,077,302)	-25%
28	Other Business Expenses	\$24,433,044	\$35,066,000	\$10,632,956	44%
	Total Business Expenses	\$107,981,228	\$120,056,000	\$12,074,772	11%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$624,338,000	\$644,970,000	\$20,632,000	3%
	*AK.The total operating expenses amount above mus	st agree with the t	otal operating exp	enses amount on	Report 150
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$80,110,951	\$88,529,000	\$8,418,049	11%
2	General Accounting	\$1,372,603	\$1,084,000	(\$288,603)	-21%
3	Patient Billing & Collection	\$7,073,540	\$6,093,000	(\$980,540)	-14%
4	Admitting / Registration Office	\$0	\$6,620,000	\$6,620,000	0%
5	Data Processing	\$37,415,069	\$38,375,000	\$959,931	3%
6	Communications	\$3,068,795	\$3,336,000	\$267,205	9%
7	Personnel	\$4,058,476	\$2,006,000	(\$2,052,476)	-51%
8	Public Relations	\$0	\$0	\$0	0%
9	Purchasing	\$2,185,869	\$3,541,000	\$1,355,131	62%
10	Dietary and Cafeteria	\$7,239,483	\$7,302,000	\$62,517	1%
11	Housekeeping	\$6,930,491	\$7,659,000	\$728,509	11%
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13 Operation of Plant		T		, c. 1	/r:	
LINE	(1)	(2)				
12 Laundry & Linen						
13 Operation of Plant	<u>LINE</u>	DESCRIPTION	<u>ACTUAL</u>	ACTUAL	DIFFERENCE	DIFFERENCE
13 Operation of Plant	12	Laundry & Linen	\$252 61 <i>4</i>	\$275,000	\$22.386	9%
14 Security						3%
15 Repairs and Maintenance				. , ,		-6%
16 Central Sterile Supply						19%
17 Pharmacy Department						33%
18						1%
Total General Services		· · · · · · · · · · · · · · · · · · ·				0%
Medical Care Administration					1	9%
Medical Care Administration						
Residency Program						
3 Nursing Services Administration \$8,533,968 \$9,428,000 \$894,032 11				· · ·	·	0%
Medical Records \$2,599,652 \$2,354,000 \$245,652 5.5					1	-2%
5 Social Services \$4,918,017 \$5,202,000 \$283,983 (6 Other Professional Services \$0 \$0 \$0 \$0 Total Professional Services \$30,735,046 \$31,417,000 \$681,954 2 C. Special Services: \$30,735,046 \$31,417,000 \$681,954 2 1 Operating Room \$53,458,393 \$49,168,000 (\$4,290,393) -4 2 Recovery Room \$3,864,778 \$3,719,000 (\$145,778) -4 3 Anesthesiology \$6,318,696 \$5,444,000 (\$846,896) -1 4 Delivery Room \$5,648,422 \$5,888,000 \$219,578 -4 5 Diagnostic Ultrasound \$1,368,737 \$10,742,000 \$145,263 11 7 Radiation Therapy \$6,025,702 \$6,646,000 \$202,988 11 8 Radioisotopes \$2,296,303 \$2,075,000 \$224,630 -1 9 CT Scan \$2,565,024 \$2,350,000 \$221,630 -1 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>10%</td>						10%
C. Special Services \$30,735,046 \$31,417,000 \$681,954 2						-9%
Total Professional Services \$30,735,046 \$31,417,000 \$681,954 52.55						6%
C. Special Services: 1 Operating Room \$53,458,393 \$49,168,000 (\$4,290,393) -8 2 Recovery Room \$3,864,778 \$3,719,000 (\$145,778) -4 3 Anesthesiology \$6,318,696 \$5,454,000 (\$864,696) -1 4 Delivery Room \$5,648,422 \$5,686,000 \$219,578 -4 5 Diagnostic Radiology \$11,286,889 \$10,742,000 (\$544,889) -4 6 Diagnostic Ultrasound \$1,368,737 \$1,514,000 \$145,263 11 7 Radiation Therapy \$6,025,702 \$6,646,000 \$620,298 11 8 Radioisotopes \$2,299,630 \$2,075,000 (\$224,630) -11 9 CT Scan \$2,565,024 \$2,350,000 (\$224,630) -11 10 Laboratory \$26,530,787 \$26,282,000 \$248,787) -1 11 Blood Storing/Processing \$0 \$0 \$0 \$0 \$0 12 Cardiology	6			7 -	· · · · · · · · · · · · · · · · · · ·	0%
1 Operating Room		Total Professional Services	\$30,735,046	\$31,417,000	\$681,954	2%
1 Operating Room	C	Special Services:				
Recovery Room			¢52.459.303	\$40,169,000	(\$4.200.303)	-8%
Anesthesiology						-6% -4%
Delivery Room						-4 <i>/</i> 0
5 Diagnostic Radiology \$11,286,889 \$10,742,000 (\$544,889) -5 6 Diagnostic Ultrasound \$1,368,737 \$1,514,000 \$145,263 11 7 Radiation Therapy \$6,025,702 \$6,646,000 \$620,298 11 8 Radiosotopes \$2,299,630 \$2,075,000 (\$224,630) -10 9 CT Scan \$2,565,024 \$2,350,000 (\$215,024) -6 10 Laboratory \$26,530,787 \$26,6282,000 (\$248,787) -7 11 Blood Storing/Processing \$0 \$0 \$0 \$0 12 Cardiology \$16,049,717 \$15,307,000 (\$742,717) -6 13 Electrocardiology \$189,550 \$225,000 \$26,450 11 14 Electrocencephalography \$78,921 \$10,000 \$21,079 22 15 Occupational Therapy \$0 \$0 \$0 \$0 16 Speech Pathology \$0 \$0 \$0 \$0						4%
Diagnostic Ultrasound						-5%
7 Radiation Therapy \$6,025,702 \$6,646,000 \$620,298 10 8 Radioisotopes \$2,299,630 \$2,075,000 (\$224,630) -11 9 CT Scan \$2,565,024 \$2,350,000 (\$215,024) -6 10 Laboratory \$26,530,787 \$26,282,000 (\$248,787) -7 11 Blood Storing/Processing \$0 \$0 \$0 \$0 12 Cardiology \$16,049,717 \$15,307,000 (\$742,717) -5 13 Electrocardiology \$198,550 \$225,000 \$26,450 11 14 Electrocardiolography \$78,921 \$100,000 \$21,079 22 15 Occupational Therapy \$0 \$0 \$0 \$0 \$0 16 Speech Pathology \$0 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>11%</td>						11%
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11 Blood Storing/Processing \$0 \$0 \$0 12 Cardiology \$16,049,717 \$15,307,000 (\$742,717) -6 13 Electrocardiology \$198,550 \$225,000 \$26,450 13 14 Electroencephalography \$78,921 \$100,000 \$21,079 22 15 Occupational Therapy \$0 \$0 \$0 \$0 16 Speech Pathology \$0 \$0 \$0 \$0 17 Audiology \$0 \$0 \$0 \$0 \$0 18 Respiratory Therapy \$4,710,201 \$4,454,000 (\$256,201) -6 19 Pulmonary Function \$1,647,636 \$1,401,000 (\$246,636) -15 20 Intravenous Therapy \$30,400,909 \$36,196,000 \$5,795,091 15 21 Shock Therapy \$220,325 \$200,000 \$20,325) -6 22 Psychiatry / Psychology Services \$4,048,549 \$4,206,000 \$157,451 4						-1%
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15 Occupational Therapy \$0 <td>13</td> <td></td> <td>\$198,550</td> <td>\$225,000</td> <td>\$26,450</td> <td>13%</td>	13		\$198,550	\$225,000	\$26,450	13%
16 Speech Pathology \$0 \$0 \$0 17 Audiology \$0 \$0 \$0 18 Respiratory Therapy \$4,710,201 \$4,454,000 (\$256,201) -5 19 Pulmonary Function \$1,647,636 \$1,401,000 (\$246,636) -15 20 Intravenous Therapy \$30,400,909 \$36,196,000 \$5,795,091 18 21 Shock Therapy \$220,325 \$200,000 (\$20,325) -6 22 Psychiatry / Psychology Services \$4,048,549 \$4,206,000 \$157,451 4 23 Renal Dialysis \$747,357 \$723,000 (\$24,357) -5 24 Emergency Room \$39,264,999 \$39,174,000 (\$90,999) 0 25 MRI \$2,599,653 \$2,641,000 \$41,347 2 26 PET Scan \$936,400 \$891,000 (\$45,400) -6 27 PET/CT Scan \$0 \$0 \$0 \$0 28 Endoscopy \$7,100,365 \$7,232,000 \$131,635 2 29 Sleep	14	Electroencephalography	\$78,921	\$100,000	\$21,079	27%
17 Audiology \$0 \$0 \$0 18 Respiratory Therapy \$4,710,201 \$4,454,000 (\$256,201) -5 19 Pulmonary Function \$1,647,636 \$1,401,000 (\$246,636) -15 20 Intravenous Therapy \$30,400,909 \$36,196,000 \$5,795,091 18 21 Shock Therapy \$220,325 \$200,000 (\$20,325) -6 22 Psychiatry / Psychology Services \$4,048,549 \$4,206,000 \$157,451 4 23 Renal Dialysis \$747,357 \$723,000 (\$24,357) -5 24 Emergency Room \$39,264,999 \$39,174,000 (\$90,999) 0 25 MRI \$2,599,653 \$2,641,000 \$41,347 2 26 PET Scan \$936,400 \$891,000 (\$45,400) -5 27 PET/CT Scan \$0 \$0 \$0 \$0 28 Endoscopy \$7,100,365 \$7,232,000 \$131,635 2 29		Occupational Therapy				0%
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20						-5%
21 Shock Therapy \$220,325 \$200,000 (\$20,325) -5 22 Psychiatry / Psychology Services \$4,048,549 \$4,206,000 \$157,451 4 23 Renal Dialysis \$747,357 \$723,000 (\$24,357) -5 24 Emergency Room \$39,264,999 \$39,174,000 (\$90,999) (\$90,999) -6 25 MRI \$2,599,653 \$2,641,000 \$41,347 2 26 PET Scan \$936,400 \$891,000 (\$45,400) -5 27 PET/CT Scan \$0 \$0 \$0 \$0 28 Endoscopy \$7,100,365 \$7,232,000 \$131,635 2 29 Sleep Center \$1,285,579 \$1,296,000 \$10,421 7 30 Lithotripsy \$0 \$0 \$0 \$0 31 Cardiac Catheterization/Rehabilitation \$724,791 \$729,000 \$4,209 32 Occupational Therapy / Physical Therapy \$8,567,088 \$8,996,000 \$428,912						-15%
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23 Renal Dialysis \$747,357 \$723,000 (\$24,357) -3 24 Emergency Room \$39,264,999 \$39,174,000 (\$90,999) (\$90,						-9%
24 Emergency Room \$39,264,999 \$39,174,000 (\$90,999) 0 25 MRI \$2,599,653 \$2,641,000 \$41,347 2 26 PET Scan \$936,400 \$891,000 (\$45,400) -5 27 PET/CT Scan \$0 \$0 \$0 \$0 28 Endoscopy \$7,100,365 \$7,232,000 \$131,635 2 29 Sleep Center \$1,285,579 \$1,296,000 \$10,421 -7 30 Lithotripsy \$0 \$0 \$0 \$0 31 Cardiac Catheterization/Rehabilitation \$724,791 \$729,000 \$4,209 32 Occupational Therapy / Physical Therapy \$8,567,088 \$8,996,000 \$428,912						4%
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30 Lithotripsy \$0 \$0 \$0 31 Cardiac Catheterization/Rehabilitation \$724,791 \$729,000 \$4,209 32 Occupational Therapy / Physical Therapy \$8,567,088 \$8,996,000 \$428,912						2%
31 Cardiac Catheterization/Rehabilitation \$724,791 \$729,000 \$4,209 32 Occupational Therapy / Physical Therapy \$8,567,088 \$8,996,000 \$428,912						1% 0%
32 Occupational Therapy / Physical Therapy \$8,567,088 \$8,996,000 \$428,912				· · ·	·	1%
						1% 5%
33 Dental Clinic \$1,692,373 \$1,781,000 \$88,627						5% 5%

DESCRIPTION Other Special Services Total Special Services	FY 2015 <u>ACTUAL</u> \$5,945,312	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Other Special Services		<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
	\$5.045.212			
	¢5 045 212			
Total Special Services	\$5,5 4 5,512	\$5,730,000	(\$215,312)	-4%
Total Opecial Selvices	\$245,585,783	\$245,100,000	(\$485,783)	0%
Routine Services:				
Medical & Surgical Units	\$61,943,188	\$60,105,000	(\$1,838,188)	-3%
Intensive Care Unit	\$8,941,962	\$7,836,000	(\$1,105,962)	-12%
Coronary Care Unit	\$0	\$0	\$0	0%
Psychiatric Unit	\$5,105,273	\$4,772,000	(\$333,273)	-7%
Pediatric Unit	\$2,124,024	\$1,591,000	(\$533,024)	-25%
Maternity Unit	\$4,824,329	\$5,035,000	\$210,671	4%
Newborn Nursery Unit	\$0	\$0	\$0	0%
Neonatal ICU	\$4,677,109	\$5,124,000	\$446,891	10%
Rehabilitation Unit	\$3,280,088	\$3,168,000	(\$112,088)	-3%
Ambulatory Surgery	\$9,237,493	\$8,737,000	(\$500,493)	-5%
Home Care	\$0	\$0	\$0	0%
Outpatient Clinics	\$5,916,386	\$5,699,000	(\$217,386)	-4%
Other Routine Services	\$0	\$0	\$0	0%
Total Routine Services	\$106,049,852	\$102,067,000	(\$3,982,852)	-4%
Other Departments:				
Miscellaneous Other Departments	\$45,798,255	\$52,804,000	\$7,005,745	15%
Total Operating Expenses - All Departments*	\$624,338,000	\$644,970,000	\$20,632,000	3%
*A E. The total operating expenses amount above	must agree with the	total operating ex	penses amount on	Report 150.
	Routine Services: Medical & Surgical Units Intensive Care Unit Coronary Care Unit Psychiatric Unit Pediatric Unit Maternity Unit Newborn Nursery Unit Neonatal ICU Rehabilitation Unit Ambulatory Surgery Home Care Outpatient Clinics Other Routine Services Total Routine Services Other Departments: Miscellaneous Other Departments Total Operating Expenses - All Departments*	Routine Services: Medical & Surgical Units \$61,943,188 Intensive Care Unit \$8,941,962 Coronary Care Unit \$0 Psychiatric Unit \$5,105,273 Pediatric Unit \$2,124,024 Maternity Unit \$4,824,329 Newborn Nursery Unit \$0 Neonatal ICU \$4,677,109 Rehabilitation Unit \$3,280,088 Ambulatory Surgery \$9,237,493 Home Care \$0 Outpatient Clinics \$5,916,386 Other Routine Services \$0 Total Routine Services \$106,049,852 Other Departments: \$45,798,255 Miscellaneous Other Departments \$45,798,255 Total Operating Expenses - All Departments* \$624,338,000	Routine Services:	Routine Services: Sequence Services: Medical & Surgical Units \$61,943,188 \$60,105,000 (\$1,838,188) Intensive Care Unit \$8,941,962 \$7,836,000 (\$1,105,962) Coronary Care Unit \$0 \$0 \$0 Psychiatric Unit \$5,105,273 \$4,772,000 (\$333,273) Pediatric Unit \$2,124,024 \$1,591,000 (\$533,024) Maternity Unit \$0 \$0 \$0 Newborn Nursery Unit \$0 \$0 \$0 Neonatal ICU \$4,677,109 \$5,124,000 \$446,891 Rehabilitation Unit \$3,280,088 \$3,168,000 (\$112,088) Ambulatory Surgery \$9,237,493 \$8,737,000 (\$500,493) Home Care \$0 \$0 \$0 Outpatient Clinics \$5,916,386 \$5,699,000 (\$217,386) Other Routine Services \$0 \$0 \$0 Total Routine Services \$106,049,852 \$102,067,000 (\$3,982,852) Other Departments: \$45,798,255 \$52,804,000 \$7,005,745

	DAN	IBURY HOSPITAL						
	TWELVE MONTHS ACTUAL FILING							
	F	ISCAL YEAR 2016						
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2014	<u>FY 2015</u>	<u>FY 2016</u>				
A.	Statement of Operations Summary							
1	Total Net Patient Revenue	\$506,353,775	\$592,876,000	\$621,214,000				
2	Other Operating Revenue	15,495,383	16,591,000	19,327,000				
3	Total Operating Revenue	\$521,849,158	\$609,467,000	\$640,541,000				
4	Total Operating Expenses	502,208,728	624,338,000	644,970,000				
5	Income/(Loss) From Operations	\$19,640,430	(\$14,871,000)	(\$4,429,000)				
6	Total Non-Operating Revenue	31,445,240	9,265,000	29,126,000				
7	Excess/(Deficiency) of Revenue Over Expenses	\$51,085,670	(\$5,606,000)	\$24,697,000				
В.	Profitability Summary							
1	Hospital Operating Margin	3.55%	-2.40%	-0.66%				
2	Hospital Non Operating Margin	5.68%	1.50%	4.35%				
3	Hospital Total Margin	9.23%	-0.91%	3.69%				
4	Income/(Loss) From Operations	\$19,640,430	(\$14,871,000)	(\$4,429,000				
5	Total Operating Revenue	\$521,849,158	\$609,467,000	\$640,541,000				
6	Total Non-Operating Revenue	\$31,445,240	\$9,265,000	\$29,126,000				
7	Total Revenue	\$553,294,398	\$618,732,000	\$669,667,000				
8	Excess/(Deficiency) of Revenue Over Expenses	\$51,085,670	(\$5,606,000)	\$24,697,000				
C.	Net Assets Summary							
1	Hospital Unrestricted Net Assets	\$412,096,873	\$406,110,000	\$392,151,000				
2	Hospital Total Net Assets	\$489,293,538	\$476,736,000	\$453,355,000				
3	Hospital Change in Total Net Assets	\$2,646,427	(\$12,557,538)	(\$23,381,000				
4	Hospital Change in Total Net Assets %	100.5%	-2.6%	-4.9%				

	DANBURY HOSPITAL							
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016				
D.	Cost Data Summary							
1	Ratio of Cost to Charges	0.38	0.40	0.39				
2	Total Operating Expenses	\$502,208,728	\$624,338,000	\$644,970,000				
3	Total Gross Revenue	\$1,291,510,052	\$1,544,327,256	\$1,634,814,963				
4	Total Other Operating Revenue	\$15,495,383	\$16,591,387	\$19,327,727				
5	Private Payment to Cost Ratio	1.53	1.41	1.41				
6	Total Non-Government Payments	\$305,487,429	\$331,438,914	\$349,734,699				
7	Total Uninsured Payments	\$9,161,068	\$10,127,415	\$11,186,048				
8	Total Non-Government Charges	\$534,946,896	\$611,529,552	\$655,886,703				
9	Total Uninsured Charges	\$32,484,086	\$42,188,697	\$40,459,961				
10	Medicare Payment to Cost Ratio	0.82	0.77	0.76				
11	Total Medicare Payments	\$182,401,310	\$221,632,373	\$222,788,150				
12	Total Medicare Charges	\$578,122,628	\$718,445,896	\$748,224,658				
13	Medicaid Payment to Cost Ratio	0.51	0.51	0.55				
14	Total Medicaid Payments	\$33,894,822	\$42,358,047	\$47,847,918				
15	Total Medicaid Charges	\$174,133,722	\$207,828,868	\$223,967,061				
16	Uncompensated Care Cost	\$10,653,214	\$14,970,996	\$14,462,155				
17	Charity Care	\$12,601,255	\$16,274,798	\$18,294,245				
18	Bad Debts	\$15,123,888	\$21,154,457	\$18,796,578				
19	Total Uncompensated Care	\$27,725,143	\$37,429,255	\$37,090,823				
20	Uncompensated Care % of Total Expenses	2.1%	2.4%	2.2%				

	DANBUF	RY HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
	·	ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	<u>FY 2016</u>				
21	Total Operating Expenses	\$502,208,728	\$624,338,000	\$644,970,000				
E.	Liquidity Measures Summary							
1	Current Ratio	2	1	1				
2	Total Current Assets	\$137,232,555	\$123,640,000	\$139,552,000				
3	Total Current Liabilities	\$89,296,078	\$97,320,000	\$94,459,000				
4	Days Cash on Hand	36	13	24				
5	Cash and Cash Equivalents	\$46,609,541	\$21,083,000	\$24,232,000				
6	Short Term Investments	0	0	15,098,000				
7	Total Cash and Short Term Investments	\$46,609,541	\$21,083,000	\$39,330,000				
8	Total Operating Expenses	\$502,208,728	\$624,338,000	\$644,970,000				
9	Depreciation Expense	\$31,682,167	\$45,374,000	\$46,720,000				
10	Operating Expenses less Depreciation Expense	\$470,526,561	\$578,964,000	\$598,250,000				
11	Days Revenue in Patient Accounts Receivable	35	36	29				
12	Net Patient Accounts Receivable	\$63,595,267	\$76,938,000	\$67,983,000				
13	Due From Third Party Payers	\$0	\$0	\$(
14	Due To Third Party Payers	\$14,656,782	\$18,232,000	\$18,200,00				
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$48,938,485	\$58,706,000	\$49,783,00				
16	Total Net Patient Revenue	\$506,353,775	\$592,876,000	\$621,214,000				
17	Average Payment Period	69	61	58				
18	Total Current Liabilities	\$89,296,078	\$97,320,000	\$94,459,000				
19	Total Operating Expenses	\$502,208,728	\$624,338,000	\$644,970,000				
20	Depreciation Expense	\$31,682,167	\$45,374,000	\$46,720,00				

	DANBUR	Y HOSPITAL					
	TWELVE MONT	HS ACTUAL FILING					
	FISCAL YEAR 2016						
	REPORT 185 - HOSPITAL FINANCIA	AL AND STATISTICAL D	ATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016			
21	Total Operating Expenses less Depreciation Expense	\$470,526,561	\$578,964,000	\$598,250,000			
F.	Solvency Measures Summary						
1	Equity Financing Ratio	58.3	56.9	55.1			
2	Total Net Assets	\$489,293,538	\$476,736,000	\$453,355,000			
3	Total Assets	\$838,720,319	\$837,408,000	\$822,298,000			
4	Cash Flow to Total Debt Ratio	25.0	11.7	21.2			
5	Excess/(Deficiency) of Revenues Over Expenses	\$51,085,670	(\$5,606,000)	\$24,697,000			
6	Depreciation Expense	\$31,682,167	\$45,374,000	\$46,720,000			
7	Excess of Revenues Over Expenses and Depreciation Expense	\$82,767,837	\$39,768,000	\$71,417,000			
8	Total Current Liabilities	\$89,296,078	\$97,320,000	\$94,459,000			
9	Total Long Term Debt	\$241,775,000	\$243,270,000	\$241,630,000			
10	Total Current Liabilities and Total Long Term Debt	\$331,071,078	\$340,590,000	\$336,089,000			
11	Long Term Debt to Capitalization Ratio	33.1	33.8	34.8			
12	Total Long Term Debt	\$241,775,000	\$243,270,000	\$241,630,000			
13	Total Net Assets	\$489,293,538	\$476,736,000	\$453,355,000			
14	Total Long Term Debt and Total Net Assets	\$731,068,538	\$720,006,000	\$694,985,000			
15	Debt Service Coverage Ratio	11.7	0.4	8.8			
16	Excess Revenues over Expenses	51,085,670	(\$5,606,000)	\$24,697,000			
17	Interest Expense	4,557,028	\$7,442,000	\$7,341,000			
18	Depreciation and Amortization Expense	31,682,167	\$45,374,000	\$46,720,000			
19	Principal Payments	2,880,000	\$125,327,000	\$1,640,000			
G.	Other Financial Ratios						

	DANBUR	RY HOSPITAL					
	TWELVE MONT	HS ACTUAL FILING					
	FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016			
LINE	<u>BESSKIF TION</u>		11 2010	<u> </u>			
20	Average Age of Plant	11.3	10.0	10.5			
21	Accumulated Depreciation	356,467,852	452,258,000	491,994,000			
22	Depreciation and Amortization Expense	31,682,167	45,374,000	46,720,000			
		21,22=,121	,,	,,.			
Н.	Utilization Measures Summary						
1	Patient Days	92,169	103,461	96,624			
2	Discharges	18,299	20,558	21,011			
3	ALOS	5.0	5.0	4.6			
4	Staffed Beds	273	296	300			
5	Available Beds	_	456	456			
	Licensed Beds	371	456	456			
6							
7	Occupancy of Staffed Beds	92.5%	95.8%	88.2%			
8	Occupancy of Available Beds	68.1%	62.2%	58.1%			
9	Full Time Equivalent Employees	2,351.1	2,718.9	2,690.1			
I.	Hospital Gross Revenue Payer Mix Percentage						
1	Non-Government Gross Revenue Payer Mix Percentage	38.9%	36.9%	37.6%			
2	Medicare Gross Revenue Payer Mix Percentage	44.8%	46.5%	45.8%			
3	Medicaid Gross Revenue Payer Mix Percentage	13.5%	13.5%	13.7%			
4	Other Medical Assistance Gross Revenue Payer Mix Percentag	0.2%	0.3%	0.3%			
5	Uninsured Gross Revenue Payer Mix Percentage	2.5%	2.7%	2.5%			
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%			
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%			
8	Non-Government Gross Revenue (Charges)	\$502,462,810	\$569,340,855	\$615,426,742			
9	Medicare Gross Revenue (Charges)	\$578,122,628	\$718,445,896	\$748,224,658			
10	Medicaid Gross Revenue (Charges)	\$174,133,722	\$207,828,868	\$223,967,061			
11	Other Medical Assistance Gross Revenue (Charges)	\$2,790,110	\$4,850,712	\$4,526,458			
12	Uninsured Gross Revenue (Charges)	\$32,484,086	\$42,188,697	\$40,459,961			
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,516,696	\$1,672,228	\$2,210,083			
14	Total Gross Revenue (Charges)	\$1,291,510,052	\$1,544,327,256	\$1,634,814,963			
J.	Hospital Net Revenue Payer Mix Percentage						

	DANBURY	HOSPITAL					
	TWELVE MONTHS	S ACTUAL FILING					
	FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)			
(1)	(2)	ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016			
1	Non-Government Net Revenue Payer Mix Percentage	56.7%	53.8%	54.5%			
2	Medicare Net Revenue Payer Mix Percentage	34.9%	37.1%	35.8%			
3	Medicaid Net Revenue Payer Mix Percentage	6.5%	7.1%	7.7%			
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.2%	0.1%			
5	Uninsured Net Revenue Payer Mix Percentage	1.8%	1.7%	1.8%			
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%			
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%			
8	Non-Government Net Revenue (Payments)	\$296,326,361	\$321,311,499	\$338,548,651			
9	Medicare Net Revenue (Payments)	\$182,401,310	\$221,632,373	\$222,788,150			
10	Medicaid Net Revenue (Payments)	\$33,894,822	\$42,358,047	\$47,847,918			
11	Other Medical Assistance Net Revenue (Payments)	\$597,075	\$931,394	\$533,961			
12	Uninsured Net Revenue (Payments)	\$9,161,068	\$10,127,415	\$11,186,048			
13	CHAMPUS / TRICARE Net Revenue Payments)	\$427,013	\$482,972	\$722,697			
14	Total Net Revenue (Payments)	\$522,807,649	\$596,843,700	\$621,627,425			
K.	<u>Discharges</u>						
1	Non-Government (Including Self Pay / Uninsured)	6,516	6,907	7,063			
2	Medicare	8,445	10,031	10,192			
3	Medical Assistance	3,304	3,594	3,725			
4	Medicaid	3,250	3,528	3,664			
5	Other Medical Assistance	54	66	61			
6	CHAMPUS / TRICARE	34	26	31			
7	Uninsured (Included In Non-Government)	175	306	327			
8	Total	18,299	20,558	21,011			
L.	Case Mix Index						
1	Non-Government (Including Self Pay / Uninsured)	1.28683	1.27790	1.28670			
2	Medicare	1.58129	1.54790	1.53970			
3	Medical Assistance	1.05997	1.08280	1.12679			
4	Medicaid	1.05990	1.07550	1.12490			
 5	Other Medical Assistance	1.06430	1.47320	1.24030			
6	CHAMPUS / TRICARE	0.71520	0.64140	0.99070			
7	Uninsured (Included In Non-Government)	1.08980	1.24680	1.29830			
8	Total Case Mix Index	1.38070	1.37473	1.38064			
		1.00070	1.07 170	1.00004			

	DANBURY HOSPITAL						
	TWELVE M	ONTHS ACTUAL FILING					
	F	ISCAL YEAR 2016					
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS						
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2014	<u>FY 2015</u>	<u>FY 2016</u>			
M.	Emergency Department Visits						
1	Emergency Room - Treated and Admitted	11,281	13,654	14,054			
2	Emergency Room - Treated and Discharged	54,777	69,933	70,142			
3	Total Emergency Room Visits	66,058	83,587	84,196			

	DANRII	RY HOSPITAL			<u> </u>
		THS ACTUAL FILING	<u> </u>		
		L YEAR 2016	<u> </u>		
	REPORT 200 - HOSPITAL MEI		CARE ACTIVITY	,	
			,		
(1)	(2)	(3)	(4)	(5)	(6)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FY 2015	FY 2016	AMÒÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	MEDICARE MANAGED CARE				
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$200,763	\$4,643,824	\$4,443,061	2213
2	Inpatient Payments	\$118,936	\$1,215,601	\$1,096,665	922
3	Outpatient Charges	\$33,660	\$4,054,434	\$4,020,774	11945
4	Outpatient Payments	\$17,545	\$1,078,054	\$1,060,509	6045
5	Discharges	4	117	113	2825
6	Patient Days	33	636	603	1827
7	Outpatient Visits (Excludes ED Visits)	6	801	795	13250
8	Emergency Department Outpatient Visits	6	282	276	4600
9	Emergency Department Inpatient Admissions	4	159	155	387
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$234,423	\$8,698,258	\$8,463,835	3610
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$136,481	\$2,293,655	\$2,157,174	1581
В.	CIGNA HEALTHCARE				
<u> </u>	Inpatient Charges	\$0	\$0	\$0	(
2	Inpatient Payments	\$0	\$0	\$0	
3	Outpatient Charges	\$0	\$0	\$0	
4	Outpatient Payments	\$0	\$0	\$0	
5	Discharges	0	0	0	(
6	Patient Days	0	0	0	(
7	Outpatient Visits (Excludes ED Visits)	0	0	0	(
8	Emergency Department Outpatient Visits	0	0	0	(
9	Emergency Department Inpatient Admissions	0	0	0	(
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	(
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$9,647,750	\$9,998,131	\$350,381	
2	Inpatient Payments	\$2,880,492	\$2,964,822	\$84,330	;
3	Outpatient Charges	\$8,898,678	\$10,084,920	\$1,186,242	1:
4	Outpatient Payments	\$3,509,321	\$2,857,013	(\$652,308)	-1
5	Discharges	249	236	(13)	-
6	Patient Days	1,332	1,220	(112)	-
7	Outpatient Visits (Excludes ED Visits)	1,849	1,992	143	
8	Emergency Department Outpatient Visits	340	348	8	
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	196 \$18,546,428	198 \$20,083,051	\$1, 536,623	

DANBURY HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY** (1) (2) (3)(4) (5)(6)FY 2016 <u>AMÒÚNT</u> FY 2015 LINE DESCRIPTION **ACTUAL ACTUAL** DIFFERENCE **DIFFERENCE** HEALTHNET OF CONNECTICUT Inpatient Charges \$0 0% 1 \$0 \$0 2 Inpatient Payments \$0 \$0 \$0 0% **Outpatient Charges** 0% 3 \$0 \$0 \$0 4 Outpatient Payments \$0 \$0 \$0 0% 5 Discharges 0 0 0 0% 0% 6 Patient Days 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0% 0 0% 8 **Emergency Department Outpatient Visits** 0 0 **Emergency Department Inpatient Admissions** 0 0 0% 9 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 0% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$0 \$0 \$0 0% OTHER MEDICARE MANAGED CARE E. \$2,242,222 (\$2,170,481) -49% 1 Inpatient Charges \$4,412,703 2 Inpatient Payments \$1,158,239 \$624,987 (\$533,252)-46% **Outpatient Charges** (\$1,761,764)-67% 3 \$2,614,461 \$852,697 **Outpatient Payments** \$742,067 \$234,326 (\$507,741) -68% 4 5 Discharges 49% 55 113 168 6 Patient Days 749 270 (479)-64% 471 Outpatient Visits (Excludes ED Visits) -64% 7 168 (303)8 -98% **Emergency Department Outpatient Visits** 220 4 (216)9 **Emergency Department Inpatient Admissions** 101 4 (97)-96% (\$3,932,245) TOTAL INPATIENT & OUTPATIENT CHARGES \$7,027,164 \$3,094,919 -56% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$1,900,306 \$859,313 (\$1,040,993)-55% F. **OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE** \$0 0% 1 Inpatient Charges \$0 \$0 2 0% Inpatient Payments \$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%

DANBURY HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY** (1) (2) (3) (4) (5)(6)FY 2015 FY 2016 **AMOUNT** LINE DESCRIPTION **ACTUAL ACTUAL** DIFFERENCE **DIFFERENCE** UNITED HEALTHCARE INSURANCE COMPANY G. Inpatient Charges \$0 0% \$0 \$0 1 2 Inpatient Payments \$0 \$0 \$0 0% **Outpatient Charges** 0% 3 \$0 \$0 \$0 4 **Outpatient Payments** \$0 \$0 \$0 0% 5 Discharges 0 0 0 0% 0% 6 Patient Days 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0% 0 0% 8 **Emergency Department Outpatient Visits** 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% Н. WELLCARE OF CONNECTICUT \$0 0% 1 Inpatient Charges \$0 \$0 2 Inpatient Payments \$0 \$0 \$0 0% **Outpatient Charges** \$0 0% 3 \$0 \$0 **Outpatient Payments** 0% 4 \$0 \$0 \$0 5 Discharges 0% 0 0 0 6 Patient Days 0 0 0 0% Outpatient Visits (Excludes ED Visits) 0% 7 0 0 0 8 **Emergency Department Outpatient Visits** 0 0 0 0% **Emergency Department Inpatient Admissions** 9 0 0 0 0% TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 0% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$0 \$0 \$0 0% **AETNA** I. Inpatient Charges \$24,117,885 \$20,631,828 (\$3,486,057)-14% 1 2 -14% Inpatient Payments \$6,643,219 \$5,691,806 (\$951,413)3 **Outpatient Charges** \$20,396,055 \$23,168,006 \$2,771,951 14% 4 **Outpatient Payments** \$5,779,497 \$6,681,865 \$902,368 16% 5 Discharges -2% 505 494 (11)6 Patient Days 3,276 2,512 (764)-23% 7 Outpatient Visits (Excludes ED Visits) 4,437 4,578 141 3% 8 **Emergency Department Outpatient Visits** 590 735 145 25% 9 **Emergency Department Inpatient Admissions** 41 11% 379 420 **TOTAL INPATIENT & OUTPATIENT CHARGES** \$44,513,940 \$43,799,834 (\$714,106)-2% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$12,422,716 \$12,373,671 (\$49,045)0%

DANBURY HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY** (1) (2) (3) (4) (5)(6)FY 2016 <u>AMÒÚNT</u> FY 2015 LINE DESCRIPTION **ACTUAL ACTUAL** DIFFERENCE **DIFFERENCE** HUMANA J. Inpatient Charges \$0 \$0 0% 1 \$0 2 Inpatient Payments \$0 \$0 \$0 0% **Outpatient Charges** 0% 3 \$0 \$0 \$0 4 Outpatient Payments \$0 \$0 \$0 0% 5 Discharges 0 0 0 0% 0% 6 Patient Days 0 0 0 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0% 0 0% 8 **Emergency Department Outpatient Visits** 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** \$1,792,373 8% 1 Inpatient Charges \$22,670,837 \$24,463,210 2 Inpatient Payments \$6,307,211 \$6,603,600 \$296,389 5% **Outpatient Charges** \$1,568,946 7% 3 \$21,562,032 \$23,130,978 **Outpatient Payments** \$4,990,947 \$6,067,296 \$1,076,349 22% 4 5 Discharges 6% 582 551 31 6 Patient Days 3,126 2,979 (147)-5% Outpatient Visits (Excludes ED Visits) -2% 7 4,659 4,570 (89)8 **Emergency Department Outpatient Visits** 745 855 110 15% **Emergency Department Inpatient Admissions** 9 440 508 68 15% TOTAL INPATIENT & OUTPATIENT CHARGES \$44,232,869 \$47,594,188 \$3,361,319 8% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$11,298,158 \$12,670,896 \$1,372,738 12% **UNICARE LIFE & HEALTH INSURANCE** L. \$0 0% 1 Inpatient Charges \$0 \$0 2 0% Inpatient Payments \$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% 0% 8 **Emergency Department Outpatient Visits** 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%

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY (1) (2) (3)(4) (5)(6)FY 2015 FY 2016 **AMOUNT** LINE DESCRIPTION **ACTUAL ACTUAL DIFFERENCE DIFFERENCE** UNIVERSAL AMERICAN Inpatient Charges \$0 0% 1 \$0 \$0 2 Inpatient Payments \$0 \$0 \$0 0% **Outpatient Charges** 0% 3 \$0 \$0 \$0 4 Outpatient Payments \$0 \$0 \$0 0% Discharges 0 0% 5 0 0 6 Patient Days 0 0 0 0% 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0% 0 0% 8 **Emergency Department Outpatient Visits** 0 0 **Emergency Department Inpatient Admissions** 0 0 0% 9 0 TOTAL INPATIENT & OUTPATIENT CHARGES \$0 \$0 \$0 0% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$0 \$0 \$0 0% **EVERCARE** N. 1 Inpatient Charges \$659,478 \$0 (\$659,478)-100% 2 Inpatient Payments \$0 -100% \$181,112 (\$181,112)**Outpatient Charges** -66% 3 \$478,828 \$161,937 (\$316,891)**Outpatient Payments** \$37,065 (\$48,247) -57% 4 \$85,312 Discharges -100% 5 0 (12)12 6 Patient Days 67 0 (67)-100% Outpatient Visits (Excludes ED Visits) 32 -72% 7 113 (81)-91% 8 **Emergency Department Outpatient Visits** 32 3 (29)9 **Emergency Department Inpatient Admissions** 10 0 (10)-100% TOTAL INPATIENT & OUTPATIENT CHARGES \$1,138,306 \$161,937 (\$976,369)-86% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$266,424 \$37,065 (\$229,359)-86% **TOTAL MEDICARE MANAGED CARE** II. **TOTAL INPATIENT CHARGES** \$61,709,416 \$61,979,215 0% \$269.799 TOTAL INPATIENT PAYMENTS -1% \$17,289,209 \$17,100,816 (\$188,393)TOTAL OUTPATIENT CHARGES \$53,983,714 \$61,452,972 \$7,469,258 14% TOTAL OUTPATIENT PAYMENTS \$15,124,689 \$16,955,619 \$1,830,930 12% TOTAL DISCHARGES 1,434 1,597 163 11% TOTAL PATIENT DAYS 8,583 7,617 -11% (966)TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS) 5% 11,535 12,141 606 TOTAL EMERGENCY DEPARTMENT OUTPATIENT **VISITS** 1,933 2,227 294 15% TOTAL EMERGENCY DEPARTMENT INPATIENT **ADMISSIONS** 14% 1,130 1,289 159 **TOTAL INPATIENT & OUTPATIENT CHARGES** \$115,693,130 \$123,432,187 \$7,739,057 7% TOTAL INPATIENT & OUTPATIENT PAYMENTS \$32,413,898 \$34,056,435 \$1,642,537 5%

		IBURY HOSPITAL			
		ONTHS ACTUAL F	ILING		
		ISCAL YEAR 2016			
	REPORT 250 - HOSPITAL	MEDICAID MANAG	SED CARE ACTIVI	TY	1
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	FY 2015	FY 2016	AMOUNT	(0)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
_					
I.	MEDICAID MANAGED CARE				
Α.	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 TOTAL INPATIENT & OUTPATIENT CHARGES	0 \$0	0 \$0	0 \$0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0 \$0	\$0 \$0	0%
В.	COMMUNITY HEALTH NETWORK OF CT		40	Ψ0	0,1
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%
<u>8</u> 9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
9	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 TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0 \$0	\$0 \$0	\$0 \$0	0%

	DANI	BURY HOSPITAL			
	TWELVE MO	ONTHS ACTUAL FI	LING		
		SCAL YEAR 2016			
	REPORT 250 - HOSPITAL I	MEDICAID MANAG	ED CARE ACTIVI	TY	
(4)	(0)	(0)	(4)	(F)	(0)
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
		7101071		222	70 2 11 2 11 2 11 2
D.	OTHER MEDICAID MANAGED CARE				
<u>D.</u> 1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0 \$0	0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	09
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				
<u></u>	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%
	FIRST CHOICE OF CONNECTICUT, PREFERRED	\Box			
F.	ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	09
3	Outpatient Charges	\$0	\$0	\$0	09
4	Outpatient Payments	\$0	\$0	\$0	09
5	Discharges	0	0	0	09
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	09
8	Emergency Department Outpatient Visits	0	0	0	09

	DANI	BURY HOSPITAL			
		ONTHS ACTUAL F	ILING		
		SCAL YEAR 2016			
	REPORT 250 - HOSPITAL I		SED CARE ACTIV	ITY	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% 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%
	LIMITED LIE AL TUCADE				
G.	UNITED HEALTHCARE	ФО.	ФО.	Φ0	00/
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0 \$0	\$0	\$0 \$0	0%
3	Outpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
4	Outpatient Payments Discharges	·		\$0	0%
5	Ŭ	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% 0%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	0 \$0	0 \$0	\$ 0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0 \$0	\$0 \$0	\$0 \$0	0%
	TOTAL INFATIENT & COTFATIENT FATMENTS	φu	Φ 0	\$ 0	U%
Н.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Charges Inpatient Payments	\$0 \$0	\$0 \$0	\$0	0%
3	Outpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Charges Outpatient Payments	\$0 \$0	\$0 \$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	\$0 \$0	0%
	TOTAL IN ATIENT & COTT ATIENT TATMENTO	ΨΟ	ΨΟ	ΨΟ	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%

\$22,192,000

(\$7,825,000)

\$9,512,000

\$1,202,000

\$11,197,000

(\$33,422,000)

(\$25,373,000)

\$602,000

\$21,954,000

\$22,556,000

(\$131,036,000)

\$115,402,000

\$99.703.000

\$66,604,000

\$33,099,000

(\$28,119,000)

(\$13,471,000)

\$4,980,000

\$0

\$0

\$0

\$0

\$0

159%

-5%

129%

0%

0%

8%

48%

-81%

-8%

4%

0%

0%

17%

15%

0%

-31% 335%

7%

\$0 6%

-26%

1%

-1%

2

5

6

7

В.

3

C.

1

Short Term Investments

Doubtful Accounts)

Due From Affiliates

Inventories of Supplies

Prepaid Expenses

Held by Trustee

Limited:

Other Current Assets

Total Current Assets

Funds Held in Escrow

Long Term Investments

Other Noncurrent Assets

Construction in Progress

Total Net Fixed Assets

Total Assets

Property, Plant and Equipment

Less: Accumulated Depreciation

Property, Plant and Equipment, Net

Net Fixed Assets:

Due From Third Party Payers

Liabilities

Accounts Receivable (Less: Allowance for

Current Assets Whose Use is Limited for Current

Noncurrent Assets Whose Use is Limited:

Other Noncurrent Assets Whose Use is Limited

Total Noncurrent Assets Whose Use is

Interest in Net Assets of Foundation

Board Designated for Capital Acquisition

OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING WESTERN CONNECTICUT HEALTH NETWORK, INC. WESTERN CONNECTICUT HEALTH NETWORK, INC. **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016** REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION (1) (2) (3) (4) (6) (5) FY 2015 FY 2016 **AMOUNT** % LINE **DESCRIPTION ACTUAL ACTUAL DIFFERENCE DIFFERENCE ASSETS** A. **Current Assets:** Cash and Cash Equivalents \$89,299,000 \$61,070,000 (\$28,229,000)-32%

\$13.983.000

\$143,408,000

\$7,368,000

\$14,880,000

\$23,102,000

\$41,268,000

\$333,308,000

\$14,563,000

\$132,780,000

\$147,343,000

\$416,915,000

\$34,445,000

\$1.397.769.000

\$824,711,000

\$106,873,000

\$679,931,000

\$1,611,942,000

\$573,058,000

\$0

\$0

\$0

\$0

\$0

\$36,175,000

\$135,583,000

\$16,880,000

\$16,082,000

\$34,299,000

\$7,846,000

\$307,935,000

\$15,165,000

\$154,734,000

\$169,899,000

\$285,879,000

\$149,847,000

\$1,497,472,000

\$891,315,000

\$606,157,000

\$78,754,000

\$684,911,000

\$1,598,471,000

\$0

\$0

\$0

\$0

\$0

WESTERN CONNECTICUT HEALTH NETWORK, INC. **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016** REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION (1) (2) (3) (4) (5) (6) FY 2015 FY 2016 **AMOUNT** % LINE **DESCRIPTION ACTUAL ACTUAL DIFFERENCE** DIFFERENCE LIABILITIES AND NET ASSETS A. **Current Liabilities:** Accounts Payable and Accrued Expenses \$69,955,000 \$65,526,000 (\$4,429,000)-6% 2 Salaries, Wages and Payroll Taxes \$69,290,000 \$54,994,000 (\$14,296,000) -21% -30% 3 Due To Third Party Payers \$46,275,000 \$32,175,000 (\$14,100,000)0% Due To Affiliates \$0 \$0 \$0 0% 5 Current Portion of Long Term Debt \$9,227,000 \$9,216,000 (\$11,000)Current Portion of Notes Payable \$0 0% 7 Other Current Liabilities \$0 \$7,105,000 \$7,105,000 0% \$194,747,000 **Total Current Liabilities** \$169,016,000 (\$25,731,000) -13% В. Long Term Debt: Bonds Payable (Net of Current Portion) \$0 \$0 \$0 0% Notes Payable (Net of Current Portion) \$354,959,000 \$345,568,000 (\$9,391,000)-3% -3% **Total Long Term Debt** \$354,959,000 \$345,568,000 (\$9,391,000) 3 Accrued Pension Liability \$227,988,000 \$264,662,000 \$36,674,000 16% -5% Other Long Term Liabilities \$78,958,000 \$74,660,000 (\$4,298,000)**Total Long Term Liabilities** \$661,905,000 \$684,890,000 \$22,985,000 3% Interest in Net Assets of Affiliates or Joint 5 Ventures \$0 \$0 \$0 0% C. **Net Assets:** 2% 1 Unrestricted Net Assets or Equity \$603,321,000 \$613,859,000 \$10,538,000 Temporarily Restricted Net Assets \$107,926,000 \$85,290,000 (\$22,636,000)-21% 3% Permanently Restricted Net Assets \$44,043,000 \$45,416,000 \$1,373,000 -1% **Total Net Assets** \$755,290,000 \$744,565,000 (\$10,725,000) **Total Liabilities and Net Assets** \$1,611,942,000 \$1,598,471,000 (\$13,471,000) -1%

	WESTERN CONNE	CTICUT HEALTH N	ETWORK , INC.		
	TWELVE N	MONTHS ACTUAL I	FILING		
		FISCAL YEAR 2016			
	REPORT 350 - PARENT CORPORATION CON				
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
<u>LINE</u>	<u>DESCRIPTION</u>	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	Operating Revenue:	.	•		
1	Total Gross Patient Revenue	\$2,865,780,000	\$3,038,692,000	\$172,912,000	6%
2	Less: Allowances	\$1,669,573,000	\$1,773,802,000	\$104,229,000	6%
3	Less: Charity Care	\$33,743,000	\$48,617,000	\$14,874,000	44%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$1,162,464,000	\$1,216,273,000	\$53,809,000	5%
5	Provision for Bad Debts Net Patient Service Revenue less provision for bad debts	\$38,642,000	\$34,822,000	(\$3,820,000)	-10% 5%
		\$1,123,822,000	\$1,181,451,000	\$57,629,000	
6	Other Operating Revenue	\$25,524,000	\$30,367,000	\$4,843,000	19%
7	Net Assets Released from Restrictions	\$8,093,000	\$8,144,000	\$51,000	1%
	Total Operating Revenue	\$1,157,439,000	\$1,219,962,000	\$62,523,000	5%
В.	Operating Expenses:				
		\$522,007,000	\$554.805.000	¢24.808.000	40/
1	Salaries and Wages	\$532,907,000	\$554,805,000	\$21,898,000	4% 2%
	Fringe Benefits	\$127,826,000	\$130,687,000	\$2,861,000	
	Physicians Fees	\$24,022,000	\$19,696,000	(\$4,326,000)	-18%
	Supplies and Drugs	\$152,939,000	\$172,329,000	\$19,390,000	13%
5	Depreciation and Amortization	\$68,744,000	\$74,054,000	\$5,310,000	8%
	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$9,510,000	\$9,442,000	(\$68,000)	-1%
8	Malpractice Insurance Cost	\$9,517,000	\$7,102,000	(\$2,415,000)	-25%
9	Other Operating Expenses	\$219,182,000	\$243,204,000	\$24,022,000	11%
	Total Operating Expenses	\$1,144,647,000	\$1,211,319,000	\$66,672,000	6%
	Income/(Loss) From Operations	\$12,792,000	\$8,643,000	(\$4,149,000)	-32%
C.	Non-Operating Revenue:				
1	Income from Investments	\$9,298,000	\$11,589,000	\$2,291,000	25%
2	Gifts, Contributions and Donations	\$33,105,000	\$26,909,000	(\$6,196,000)	-19%
3	Other Non-Operating Gains/(Losses)	(\$21,845,000)	\$15,987,000	\$37,832,000	-173%
	Total Non-Operating Revenue	\$20,558,000	\$54,485,000	\$33,927,000	165%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$33,350,000	\$63,128,000	\$29,778,000	89%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	,				
	All Other Adjustments Total Other Adjustments	(\$1,968,000) (\$1,968,000)	(\$2,019,000) (\$2,019,000)	(\$51,000) (\$51,000)	3% 3%
	Total Other Aujustificities	(41,300,000)	(Ф∠,019,000)	(\$31,000)	3%
	Excess/(Deficiency) of Revenue Over Expenses	\$31,382,000	\$61,109,000	\$29,727,000	95%

WESTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)	
		ACTUAL	ACTUAL	ACTUAL	
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016	
A.	Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$961,369,530	\$1,123,822,000	\$1,181,451,000	
2	Other Operating Revenue	32,255,500	33,617,000	38,511,000	
3	Total Operating Revenue	\$993,625,030	\$1,157,439,000	\$1,219,962,000	
4	Total Operating Expenses	961,175,602	1,144,647,000	1,211,319,000	
5	Income/(Loss) From Operations	\$32,449,428	\$12,792,000	\$8,643,000	
6	Total Non-Operating Revenue	316,766,946	18,590,000	52,466,000	
7	Excess/(Deficiency) of Revenue Over Expenses	\$349,216,374	\$31,382,000	\$61,109,000	
В.	Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	2.48%	1.09%	0.68%	
2	Parent Corporation Non-Operating Margin	24.17%	1.58%	4.12%	
3	Parent Corporation Total Margin	26.65%	2.67%	4.80%	
4	Income/(Loss) From Operations	\$32,449,428	\$12,792,000	\$8,643,000	
5	Total Operating Revenue	\$993,625,030	\$1,157,439,000	\$1,219,962,000	
6	Total Non-Operating Revenue	\$316,766,946	\$18,590,000	\$52,466,000	
7	Total Revenue	\$1,310,391,976	\$1,176,029,000	\$1,272,428,000	
8	Excess/(Deficiency) of Revenue Over Expenses	\$349,216,374	\$31,382,000	\$61,109,000	
C.	Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$661,351,254	\$603,321,000	\$613,859,000	
2	Parent Corporation Total Net Assets	\$797,554,121	\$755,290,000	\$744,565,000	
3	Parent Corporation Change in Total Net Assets	\$297,354,981	(\$42,264,121)	(\$10,725,000)	
4	Parent Corporation Change in Total Net Assets %	159.4%	-5.3%	-1.4%	

WESTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)	
		ACTUAL	ACTUAL	ACTUAL	
<u>LINE</u>	DESCRIPTION	FY 2014	<u>FY 2015</u>	FY 2016	
D.	Liquidity Measures Summary				
1	Current Ratio	1.68	1.71	1.82	
2	Total Current Assets	\$358,412,968	\$333,308,000	\$307,935,000	
3	Total Current Liabilities	\$213,255,628	\$194,747,000	\$169,016,000	
4	Days Cash on Hand	64	35	31	
5	Cash and Cash Equivalents	\$144,314,483	\$89,299,000	\$61,070,000	
6	Short Term Investments	\$14,004,464	\$13,983,000	\$36,175,000	
7	Total Cash and Short Term Investments	\$158,318,947	\$103,282,000	\$97,245,000	
8	Total Operating Expenses	\$961,175,602	\$1,144,647,000	\$1,211,319,000	
9	Depreciation Expense	\$53,445,138	\$68,744,000	\$74,054,000	
10	Operating Expenses less Depreciation Expense	\$907,730,464	\$1,075,903,000	\$1,137,265,000	
11	Days Revenue in Patient Accounts Receivable	28	32	32	
12	Net Patient Accounts Receivable	\$ 128,633,349	\$ 143,408,000	\$ 135,583,000	
13	Due From Third Party Payers	\$0	\$0	\$0	
14	Due To Third Party Payers	\$53,635,921	\$46,275,000	\$32,175,000	
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 74,997,428	\$ 97,133,000	\$ 103,408,000	
16	Total Net Patient Revenue	\$961,369,530	\$1,123,822,000	\$1,181,451,000	
17	Average Payment Period	86	66	54	
18	Total Current Liabilities	\$213,255,628	\$194,747,000	\$169,016,000	
19	Total Operating Expenses	\$961,175,602	\$1,144,647,000	\$1,211,319,000	
20	Depreciation Expense	\$53,445,138	\$68,744,000	\$74,054,000	
20	Total Operating Expenses less Depreciation Expense	\$907,730,464	\$1,075,903,000	\$1,137,265,000	

WESTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
. ,		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	<u>FY 2016</u>
E.	Solvency Measures Summary			
1	Equity Financing Ratio	48.9	46.9	46.6
2	Total Net Assets	\$797,554,121	\$755,290,000	\$744,565,000
3	Total Assets	\$1,630,137,836	\$1,611,942,000	\$1,598,471,000
4	Cash Flow to Total Debt Ratio	69.8	18.2	26.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$349,216,374	\$31,382,000	\$61,109,000
6	Depreciation Expense	\$53,445,138	\$68,744,000	\$74,054,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$402,661,512	\$100,126,000	\$135,163,000
8	Total Current Liabilities	\$213,255,628	\$194,747,000	\$169,016,000
9	Total Long Term Debt	\$363,726,412	\$354,959,000	\$345,568,000
10	Total Current Liabilities and Total Long Term Debt	\$576,982,040	\$549,706,000	\$514,584,000
11	Long Term Debt to Capitalization Ratio	31.3	32.0	31.7
12	Total Long Term Debt	\$363,726,412	\$354,959,000	\$345,568,000
13	Total Net Assets	\$797,554,121	\$755,290,000	\$744,565,000
14	Total Long Term Debt and Total Net Assets	\$1,161,280,533	\$1,110,249,000	\$1,090,133,000

			1					
		DANBURY HOSPITAL						
					MONTHS ACTUA			
					ISCAL YEAR 201			
			REPORT 40	0 - HOSPITAL INPATIENT BED UTILIZATION BY DE			PARTMENT	
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
(1)	(2)	(3)	(Sa)	(30)	(4)	(5)	OCCUPANCY	OCCUPANCY
		DATIENT	DICCUARACTO OR	ADMICCIONIC	CTAFFED	AVAII ADI E		
	DECORIDEION	PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	<u>DAYS</u>	CU/CCU # PATIEN		BEDS (A)	<u>BEDS</u>	BEDS (A)	<u>BEDS</u>
1	Adult Medical/Surgical	66,934	15,626	15,765	211	304	86.9%	60.3%
- 1	Addit Medical/Surgical	00,934	15,020	15,765	211	304	00.970	00.5%
2	ICU/CCU (Excludes Neonatal ICU)	4,381	238	0	15	38	80.0%	31.6%
	Exoluces (Exoluces (100))	4,001	200	J	10		00.070	01.070
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,672		509	16	23	97.1%	67.6%
	TOTAL PSYCHIATRIC	5,672		509	16	23	97.1%	67.6%
		,			-			
5	Rehabilitation	4,033	289	281	12	14	92.1%	78.9%
		·						
6	Maternity	6,261	2,162	2,153	18	32	95.3%	53.6%
7	Newborn	4,408	1,868	1,857	13	26	92.9%	46.4%
8	Neonatal ICU	4,496	294	0	13	15	94.8%	82.1%
_	D. P. C.	400	0.47	200	0		00.40/	00.40/
9	Pediatric	439	247	236	2	4	60.1%	30.1%
10	Other	0	0	0	0	0	0.0%	0.0%
10	Other	0	U	U	U	0	0.076	0.076
	TOTAL EXCLUDING NEWBORN	92,216	19,143	18,944	287	430	88.0%	58.8%
	TO THE EXCEPTION NETTERNAL	02,210	10,110	10,011	20.		001070	00.070
	TOTAL INPATIENT BED UTILIZATION	96,624	21,011	20,801	300	456	88.2%	58.1%
	TOTAL INPATIENT REPORTED YEAR	96,624	21,011	20,801	300	456	88.2%	58.1%
	TOTAL INPATIENT PRIOR YEAR	103,461		20,476	296	456	95.8%	62.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-6,837		325	4	0	-7.5%	-4.1%
		,						
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-7%	2%	2%	1%	0%	-8%	-7%
	Total Licensed Beds and Bassinets	456						
(A) T	his number may not exceed the number of avail	able beds for each	ch department or in	total.				
Note:	Total discharges do not include ICU/CCU patie	nts.						

		ANBURY HOSPITAL	W 1010					
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES							
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTHI	ER SERVICES UTILI	ZATION AND FTES	S			
(4)	(2)	(2)	(4)	(5)	(6)			
(1)	(2)	(3)	(4)	(5)	(6)			
-		ACTUAL	ACTUAL	AMOUNT	%			
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE			
LINE	<u>DESORIT FION</u>	112013	112010	DITTERCHOL	DITTERCHOL			
Α.	CT Scans (A)							
1	Inpatient Scans	13,622	14,467	845	6%			
	Outpatient Scans (Excluding Emergency Department	-,-	, -					
	Scans)	17,285	16,328	-957	-6%			
	Emergency Department Scans	15,207	17,712	2,505	16%			
4	Other Non-Hospital Providers' Scans (A)	6,342	6,857	515	8%			
	Total CT Scans	52,456	55,364	2,908	6%			
-	MRI Scans (A)							
1	Inpatient Scans	1,610	1,790	180	11%			
	Outpatient Scans (Excluding Emergency Department	0.444	0.044	470	F 0/			
	Scans) Emergency Department Scans	9,111	8,641 208	-470 -11	-5% -5%			
	Other Non-Hospital Providers' Scans (A)	5,925	6,169	244	4%			
<u> </u>	Total MRI Scans	16,865	16,808	-57	0%			
		10,000	10,000	0.	• • • • • • • • • • • • • • • • • • • •			
C.	PET Scans (A)							
1	Inpatient Scans	7	6	-1	-14%			
	Outpatient Scans (Excluding Emergency Department							
	Scans)	880	923	43	5%			
	Emergency Department Scans	0	0	0				
4	Other Non-Hospital Providers' Scans (A)	-	~ .					
	Total PET Scans	887	929	42	5%			
<u> </u>	DETICT Comp (A)							
D.	PET/CT Scans (A)	0	0	0	00/			
1	Inpatient Scans Outpatient Scans (Excluding Emergency Department	U	U	U	0%			
2	Scans)	0	0	0	0%			
	Emergency Department Scans		_					
4	Other Non-Hospital Providers' Scans (A)	0	0	0				
	Total PET/CT Scans	0	0	0				
		Image: Record Rec						
(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.	<u>Linear Accelerator Procedures</u>							
1	Inpatient Procedures	376	348	-28	-7%			
2	Outpatient Procedures Total Linear Accelerator Procedures	10,656	11,077	421 393	4% 4%			
<u> </u>	Total Lilical Accelerator Frocedures	11,032	11,425	393	4%			
F.	Cardiac Catheterization Procedures							
1	Inpatient Procedures	818	852	34	4%			
2	Outpatient Procedures	814	893	79	10%			
	Total Cardiac Catheterization Procedures	1,632	1,745	113	7%			
		,	, ,					
G.	Cardiac Angioplasty Procedures							
1	Primary Procedures	97	112	15	15%			
2	Elective Procedures	300	325	25	8%			
	Total Cardiac Angioplasty Procedures	397	437	40	10%			
H.	Electrophysiology Studies							
1	Inpatient Studies	50	37	-13	-26%			

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES (1) (2) (3) (4) (5) (6)**ACTUAL ACTUAL AMOUNT** % LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** 172 **Outpatient Studies** 104 68 65% **Total Electrophysiology Studies** 154 209 36% 55 **Surgical Procedures** Inpatient Surgical Procedures 4,295 4,023 -272 -6% 1 **Outpatient Surgical Procedures** 0% 10,670 10,640 -30 **Total Surgical Procedures** -2% 14,965 14,663 -302 **Endoscopy Procedures** J. Inpatient Endoscopy Procedures 10% 902 988 86 Outpatient Endoscopy Procedures 12,891 13,628 737 6% **Total Endoscopy Procedures** 13,793 14,616 823 6% **Hospital Emergency Room Visits** K. Emergency Room Visits: Treated and Admitted 400 3% 13,654 14,054 Emergency Room Visits: Treated and Discharged 209 69,933 70,142 0% **Total Emergency Room Visits** 83,587 84,196 609 1% **Hospital Clinic Visits** Substance Abuse Treatment Clinic Visits 0 0% 0 Dental Clinic Visits 12,011 10,155 -1,856 -15% 3 Psychiatric Clinic Visits 26.764 28,256 1,492 6% 4 Medical Clinic Visits 0 0 0% 49% Medical Clinic Visits - Pediatric Clinic 8,905 4,534 -4,371 Medical Clinic Visits - Urgent Care Clinic 0 0 0% Medical Clinic Visits - Family Practice Clinic 1,556 1,257 -299 -19% Medical Clinic Visits - Other Medical Clinics 8 44,469 40,543 -3,926 -9% 0% Specialty Clinic Visits 0 0 Specialty Clinic Visits - Cardiac Clinic 1,222 -244 10 978 -20% Specialty Clinic Visits - Chronic Pain Clinic 917 774 -143 -16% Specialty Clinic Visits - OB-GYN Clinic 3,915 12 7,545 -3,630 -48% Specialty Clinic Visits - Other Speciality Clinics 5,788 7,583 1,795 31% **Total Hospital Clinic Visits** 109,177 97,995 -11,182 -10% Other Hospital Outpatient Visits 1 Rehabilitation (PT/OT/ST) 50,149 54,413 4,264 9% 9,440 2 Cardiac Rehabilitation 7,661 1,779 23% Chemotherapy 7,671 8,869 16% 3 1,198 Gastroenterology 0% 4 0 185,977 5 Other Outpatient Visits 184,380 -1,597 -1% **Total Other Hospital Outpatient Visits** 2% 251,458 257,102 5,644 **Hospital Full Time Equivalent Employees Total Nursing FTEs** 656.6 658.0 1.4 0% 123.5 -10.4 -8% Total Physician FTEs 113.1 Total Non-Nursing and Non-Physician FTEs 1,938.8 1.919.0 -19.8-1% **Total Hospital Full Time Equivalent Employees** 2.718.9 2.690.1 -28.8 -1%

	DANBURY							
	TWELVE MONTHS		<u>G</u>					
		EAR 2016						
RE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	SCOPY AND EM	ERGENCY RO	OM SERVICES	BY LOCATION			
(4)	(0)	(0)	(4)	(5)	(0)			
(1)	(2)	(3)	(4)	(5)	(6)			
		ACTUAL	ACTUAL	AMOUNT	%			
INE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE			
Α.	Outpatient Surgical Procedures							
1	Hospital	7,906	7,681	-225	-3%			
2	Ridgefield Surgical Center	2,764	2,959	195	79			
	Total Outpatient Surgical Procedures(A)	10,670	10,640	-30	09			
B.	Outpatient Endoscopy Procedures							
1	Hospital	11,840	12,495	655	69			
2	Ridgefield Surgical Center	1,051	1,133		89			
	Total Outpatient Endoscopy Procedures(B)	12,891	13,628	737	69			
C.	Outpatient Hospital Emergency Room Visits							
1	Hospital	69,933	0	-69,933	-100%			
2	Hospital	69,933	70,142	209	0%			
	Total Outpatient Hospital Emergency Room Visits(C)	139,866	70,142	-69,724	-50°			
	(A) Must agree with Total Outpatient Surgical Procedures on Report 450.							
	(B) Must agree with Total Outpatient Endoscopy Proced	dures on Report	450					
	(b) Must agree with Total Outpatient Endoscopy Frocet	dures on Report	430.					
	(C) Must agree with Emergency Room Visits Treated an	n Emergency Room Visits Treated and Discharged on Report 450.						
			•					

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** DATA BY MAJOR PAYER CATEGORY Α. **MEDICARE** MEDICARE INPATIENT INPATIENT ACCRUED CHARGES \$394,588,741 \$400,549,025 \$5,960,284 2% -2% INPATIENT ACCRUED PAYMENTS (IP PMT) \$121,787,972 \$119,372,952 (\$2,415,020)-3% INPATIENT PAYMENTS / INPATIENT CHARGES -1.06% 3 30.86% 29.80% 4 DISCHARGES 2% 10,031 10,192 161 -1% 5 CASE MIX INDEX (CMI) 1.54790 1.53970 (0.00820)CASE MIX ADJUSTED DISCHARGES (CMAD) 15.526.98490 15.692.62240 165.63750 1% 6 INPATIENT ACCRUED PAYMENT / CMAD \$7,843.63 \$7,606.95 (\$236.69)-3% -12% 8 PATIENT DAYS 59,642 52,360 (7,282)12% INPATIENT ACCRUED PAYMENT / PATIENT DAY \$2,041.98 \$2,279.85 \$237.87 10 AVERAGE LENGTH OF STAY -14% 5.9 5.1 (8.0)MEDICARE OUTPATIENT 11 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$323,857,155 \$347,675,633 \$23,818,478 7% OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$103,415,198 \$3,570,797 4% \$99,844,401 13 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 30.83% 29.74% -1.09% -4% 14 OUTPATIENT CHARGES / INPATIENT CHARGES 82.07% 86.80% 4.73% 6% 7% 15 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 8,232.90374 8,846.63257 613.72883 OUTPATIENT ACCRUED PAYMENTS / OPED \$12,127.48 (\$437.70) -4% 16 \$11,689.78 MEDICARE TOTALS (INPATIENT + OUTPATIENT) TOTAL ACCRUED CHARGES 4% 17 \$718,445,896 \$748,224,658 \$29,778,762 TOTAL ACCRUED PAYMENTS \$222,788,150 1% \$221,632,373 \$1,155,777

\$496,813,523

\$525,436,508

\$28,622,985

6%

19

TOTAL ALLOWANCES

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) NON-GOVERNMENT INPATIENT INPATIENT ACCRUED CHARGES \$202,120,591 \$216,575,902 \$14,455,311 7% 1 INPATIENT ACCRUED PAYMENTS (IP PMT) \$111,176,594 \$117,220,330 \$6,043,736 5% 3 INPATIENT PAYMENTS / INPATIENT CHARGES 55.01% 54.12% -0.88% -2% 2% 4 DISCHARGES 6,907 7,063 156 1% 5 CASE MIX INDEX (CMI) 1.27790 1.28670 0.00880 CASE MIX ADJUSTED DISCHARGES (CMAD) 8,826.45530 9,087.96210 261.50680 3% 7 INPATIENT ACCRUED PAYMENT / CMAD \$12,595.84 \$12,898.42 \$302.58 2% 8 MEDICARE - NON-GOVERNMENT IP PMT / CMAD (\$4,752.20)(\$5,291.47)(\$539.27)11% 9 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT (\$41,945,117)(\$48,088,681)(\$6,143,564)15% 10 PATIENT DAYS 27,386 27,454 0% 5% 11 \$4,059.61 \$4,269.70 \$210.09 INPATIENT ACCRUED PAYMENT / PATIENT DAY AVERAGE LENGTH OF STAY -2% 12 4.0 3.9 (0.1)NON-GOVERNMENT OUTPATIENT 13 OUTPATIENT ACCRUED CHARGES (OP CHGS) \$409,408,961 \$439,310,801 \$29,901,840 7% OUTPATIENT ACCRUED PAYMENTS (OP PMT) 6% \$220,262,320 \$232,514,369 \$12,252,049 15 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES 53.80% 52.93% -0.87% -2% 16 OUTPATIENT CHARGES / INPATIENT CHARGES 202.56% 202.84% 0.29% 0% 2% 336.26117 17 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 13,990.59680 14,326.85797 OUTPATIENT ACCRUED PAYMENTS / OPED 18 \$15,743.60 \$16,229.26 \$485.67 3% 19 MEDICARE- NON-GOVERNMENT OP PMT / OPED 26% (\$3,616.11)(\$4,539.48)(\$923.37)20 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT (\$50,591,594) (\$65,036,536) (\$14,444,942) 29% NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT) 7% 21 TOTAL ACCRUED CHARGES \$611,529,552 \$655,886,703 \$44,357,151 6% 22 TOTAL ACCRUED PAYMENTS \$331,438,914 \$349,734,699 \$18,295,785 23 TOTAL ALLOWANCES \$280,090,638 \$306,152,004 \$26,061,366 9% 24 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT (\$92,536,711) (\$113,125,217)(\$20,588,506) 22% NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA ACCRUED CHARGES ASSOCIATED WITH NGCA \$42,411,344 8% \$535,124,832 \$577,536,176 8% ACCRUED PAYMENTS ASSOCIATED WITH NGCA \$312,135,754 \$338,099,919 \$25,964,165 (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)

\$222,989,078

41.67%

\$239,436,257

41 46%

\$16,447,179

-0.21%

27

28

TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES

TOTAL ACTUAL DISCOUNT PERCENTAGE

7%

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
	DECORPTION	ACTUAL	ACTUAL	AMOUNT	% DIFFERENCE		
LINE	DESCRIPTION	FY 2015	<u>FY 2016</u>	DIFFERENCE	<u>DIFFERENCE</u>		
C.	UNINSURED						
	UNINSURED INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$9,910,178	\$8,080,469	(\$1,829,709)	-18%		
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,378,942	\$2,234,024	(\$144,918)	-6%		
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.01%	27.65%	3.64%	15%		
4	DISCHARGES	306	327	21	7%		
5	CASE MIX INDEX (CMI)	1.24680	1.29830	0.05150	4%		
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	381.52080	424.54410	43.02330	11%		
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,235.42	\$5,262.17	(\$973.25)	-16%		
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,360.42	\$7,636.25	\$1,275.83	20%		
9	MEDICARE - UNINSURED IP PMT / CMAD	\$1,608.21	\$2,344.78	\$736.56	46%		
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$613,567	\$995,461	\$381,893	62%		
11	PATIENT DAYS	1,267	1,254	(13)	-1%		
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,877.62	\$1,781.52	(\$96.10)	-5%		
13	AVERAGE LENGTH OF STAY	4.1	3.8	(0.3)	-7%		
	UNINSURED OUTPATIENT						
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$32,278,519	\$32,379,492	\$100,973	0%		
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,748,473	\$8,952,024	\$1,203,551	16%		
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.01%	27.65%	3.64%	15%		
17	OUTPATIENT CHARGES / INPATIENT CHARGES	325.71%	400.71%	75.00%	23%		
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	996.67502	1,310.33160	313.65659	31%		
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,774.32	\$6,831.88	(\$942.45)	-12%		
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,969.27	\$9,397.39	\$1,428.11	18%		
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,353.16	\$4,857.90	\$504.74	12%		
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,338,686	\$6,365,466	\$2,026,779	47%		
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)						
23	TOTAL ACCRUED CHARGES	\$42,188,697	\$40,459,961	(\$1,728,736)	-4%		
24	TOTAL ACCRUED PAYMENTS	\$10,127,415	\$11,186,048	\$1,058,633	10%		
25	TOTAL ALLOWANCES	\$32,061,282	\$29,273,913	(\$2,787,369)	-9%		
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,952,254	\$7,360,926	\$2,408,673	49%		

FISCAL YEAR 2016

	REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
	AND BASELINE UNDERPAYMENT	DATA: COMPARA	TIVE ANALYS	IS		
		ACTUAL	ACTUAL	AMOUNT	%	
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE	
D.	STATE OF CONNECTICUT MEDICAID					
	MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$89,456,723	\$97,089,520	\$7,632,797	9%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,192,797	\$20,705,832	\$2,513,035	14%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.34%	21.33%	0.99%	5%	
4	DISCHARGES	3,528	3,664	136	4%	
5	CASE MIX INDEX (CMI)	1.07550	1.12490	0.04940	5%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,794.36400	4,121.63360	327.26960	9%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,794.69	\$5,023.70	\$229.01	5%	
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$7,801.15	\$7,874.72	\$73.57	1%	
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,048.94	\$2,583.25	(\$465.69)	-15%	
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,568,802	\$10,647,218	(\$921,584)	-8%	
11	PATIENT DAYS	15,997	16,489	492	3%	
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,137.26	\$1,255.74	\$118.47	10%	
13	AVERAGE LENGTH OF STAY	4.5	4.5	(0.0)	-1%	
	MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$118,372,145	\$126,877,541	\$8,505,396	7%	
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,165,250	\$27,142,086	\$2,976,836	12%	
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.41%	21.39%	0.98%	5%	
17	OUTPATIENT CHARGES / INPATIENT CHARGES	132.32%	130.68%	-1.64%	-1%	
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,668.36827	4,788.15129	119.78301	3%	
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,176.38	\$5,668.59	\$492.21	10%	
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$10,567.22	\$10,560.67	(\$6.55)	0%	
21	MEDICARE - MEDICAID OP PMT / OPED	\$6,951.10	\$6,021.19	(\$929.92)	-13%	
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$32,450,307	\$28,830,354	(\$3,619,953)	-11%	
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$207,828,868	\$223,967,061	\$16,138,193	8%	
24	TOTAL ACCRUED PAYMENTS	\$42,358,047	\$47,847,918	\$5,489,871	13%	
25	TOTAL ALLOWANCES	\$165,470,821	\$176,119,143	\$10,648,322	6%	
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$44,019,109	\$39,477,572	(\$4,541,537)	-10%	

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016

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

	AND BASELINE UNDERPAYMENT DA	TA. COMPARA	IIVE ANALIS		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$2,859,982	\$2,106,914	(\$753,068)	-26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$597,623	\$298,308	(\$299,315)	-50%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.90%	14.16%	-6.74%	-32%
4	DISCHARGES	66	61	(5)	-8%
5	CASE MIX INDEX (CMI)	1.47320	1.24030	(0.23290)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	97.23120	75.65830	(21.57290)	-22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,146.41	\$3,942.83	(\$2,203.58)	-36%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$6,449.43	\$8,955.59	\$2,506.16	39%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,697.22	\$3,664.11	\$1,966.89	116%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$165,023	\$277,221	\$112,198	68%
11	PATIENT DAYS	364	241	(123)	-34%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,641.82	\$1,237.79	(\$404.03)	-25%
13	AVERAGE LENGTH OF STAY	5.5	4.0	(1.6)	-28%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,990,730	\$2,419,544	\$428,814	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$333,771	\$235,653	(\$98,118)	-29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.77%	9.74%	-7.03%	-42%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	69.61%	114.84%		65%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	45.94021	70.05136	24.11114	52%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,265.33	\$3,364.00	(\$3,901.33)	-54%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$8,478.26	\$12,865.26	\$4,387.00	52%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,862.15	\$8,325.78	\$3,463.63	71%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$223,368	\$583,232	\$359,864	161%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATII	ENT)			
23	TOTAL ACCRUED CHARGES	\$4,850,712	\$4,526,458	(\$324,254)	-7%
24	TOTAL ACCRUED PAYMENTS	\$931,394	\$533,961	(\$397,433)	-43%
25	TOTAL ALLOWANCES	\$3,919,318	\$3,992,497	\$73,179	2%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$388,391	\$860,453	\$472,062	122%

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DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** F. |TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE INPATIENT INPATIENT ACCRUED CHARGES \$92,316,705 \$99,196,434 \$6,879,729 7% 1 12% INPATIENT ACCRUED PAYMENTS (IP PMT) \$18,790,420 \$21,004,140 \$2,213,720 3 INPATIENT PAYMENTS / INPATIENT CHARGES 20.35% 21.17% 0.82% 4% 4% 4 DISCHARGES 3,594 3,725 131 1.12679 4% 5 CASE MIX INDEX (CMI) 1.08280 0.04399 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 3,891.59520 4,197.29190 305.69670 8% 4% 7 INPATIENT ACCRUED PAYMENT / CMAD \$4,828.46 \$5,004.21 \$175.75 8 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$7.767.38 \$7.894.21 \$126.83 2% 9 MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$3,015.17 \$2,602.73 (\$412.44)-14% -7% 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$11,733,825 \$10,924,438 (\$809,386)2% 11 PATIENT DAYS 16,361 16,730 INPATIENT ACCRUED PAYMENT / PATIENT DAY \$1,148.49 \$1,255.48 \$106.99 9% 12 13 AVERAGE LENGTH OF STAY -1% 4.6 4.5 (0.1)TOTAL MEDICAL ASSISTANCE OUTPATIENT **OUTPATIENT ACCRUED CHARGES (OP CHGS)** \$120,362,875 \$129,297,085 7% \$8,934,210 15 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$24,499,021 \$27,377,739 \$2.878.718 12% 16 **OUTPATIENT PAYMENTS / OUTPATIENT CHARGES** 20.35% 21.17% 0.82% 4% 0% 130.38% 130.34% -0.04% OUTPATIENT CHARGES / INPATIENT CHARGES 17 OUTPATIENT EQUIVALENT DISCHARGES (OPED) 4,714.30849 4,858.20264 143.89416 3% 18 **OUTPATIENT ACCRUED PAYMENTS / OPED** \$5,196.74 \$438.63 8% 19 \$5,635.36 20 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$10,546.86 \$10,593.90 \$47.04 0% \$6,054.42 -13% 21 MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$6,930.75 (\$876.33)OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$32,673,676 \$29,413,586 (\$3,260,089)-10% 22 TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT) TOTAL ACCRUED CHARGES \$212,679,580 \$228,493,519 7% 23 \$15,813,939 TOTAL ACCRUED PAYMENTS 12% 24 \$43,289,441 \$48,381,879 \$5,092,438 25 **TOTAL ALLOWANCES** \$169,390,139 \$180,111,640 \$10,721,501 6%

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%	
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE	
G.	CHAMPUS / TRICARE					
	CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$365,331	\$587,755	\$222,424	61%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$100,669	\$192,196	\$91,527	91%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.56%	32.70%	5.14%	19%	
4	DISCHARGES	26	31	5	19%	
5	CASE MIX INDEX (CMI)	0.64140	0.99070	0.34930	54%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	16.67640	30.71170	14.03530	84%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,036.61	\$6,258.07	\$221.46	4%	
8	PATIENT DAYS	72	80	8	11%	
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,398.18	\$2,402.45	\$1,004.27	72%	
10	AVERAGE LENGTH OF STAY	2.8	2.6	(0.2)	-7%	
	CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,306,897	\$1,622,328	\$315,431	24%	
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$382,303	\$530,501	\$148,198	39%	
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,672,228	\$2,210,083	\$537,855	32%	
14	TOTAL ACCRUED PAYMENTS	\$482,972	\$722,697	\$239,725	50%	
15	TOTAL ALLOWANCES	\$1,189,256	\$1,487,386	\$298,130	25%	
Н.	OTHER DATA					
	OTHER OPERATING PENERALIS	# 40 F04 007	# 40.007.707	#0.700.040	100/	
1	OTHER OPERATING REVENUE	\$16,591,387	\$19,327,727	\$2,736,340	16%	
2	TOTAL OPERATING EXPENSES	\$624,338,000	\$644,970,000	\$20,632,000	3%	
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%	
	COOT OF LINCOMPENSATED CARE (DAGE INF METHODOL COV)					
_	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)	¢40.074.700	£40,004,045	DO 040 447	400/	
4	CHARITY CARE (CHARGES)	\$16,274,798	\$18,294,245	\$2,019,447	12%	
5	BAD DEBTS (CHARGES)	\$21,154,457	\$18,796,578	(\$2,357,879)	-11%	
6	UNCOMPENSATED CARE (CHARGES)	\$37,429,255	\$37,090,823	(\$338,432)	-1%	
7	COST OF UNCOMPENSATED CARE	\$14,448,349	\$14,254,272	(\$194,077)	-1%	
	TOTAL MEDICAL ACCIOTANCE UNDERDAYMENT (DACELINE METHODO	1 OCV)				
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODO		#000 400 F40	#4F 040 000	70/	
8	TOTAL ACCRUED DAYMENTS	\$212,679,580	\$228,493,519	\$15,813,939	7%	
9	TOTAL ACCRUED PAYMENTS	\$43,289,441	\$48,381,879	\$5,092,438 \$5,712,667	12%	
10	COST OF TOTAL MEDICAL ASSISTANCE	\$82,098,049	\$87,811,716	\$5,713,667	7%	
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$38,808,608	\$39,429,837	\$621,229	2%	

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FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
II.	AGGREGATE DATA				
Α.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$689,391,368	\$716,909,116	\$27,517,748	4%
2	TOTAL INPATIENT PAYMENTS	\$251,855,655	\$257,789,618	\$5,933,963	2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	36.53%	35.96%	-0.57%	-2%
	TOTAL DISCHARGES	20,558	21,011	453	2%
_ 	TOTAL CASE MIX INDEX	1.37473	1.38064	0.00591	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	28,261.71180	29,008.58810	746.87630	3%
7	TOTAL CASE MIX ADJUSTED DISCHARGES TOTAL OUTPATIENT CHARGES	\$854,935,888	\$917,905,847	\$62,969,959	7%
 8	OUTPATIENT CHARGES / INPATIENT CHARGES				3%
		124.01%	128.04%	4.02%	5%
9	TOTAL OUTPATIENT PAYMENTS	\$344,988,045	\$363,837,807	\$18,849,762	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.35%	39.64%	-0.71%	
11	TOTAL DAVAGENTO	\$1,544,327,256		\$90,487,707	6%
12	TOTAL PAYMENTS	\$596,843,700	\$621,627,425	\$24,783,725	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	38.65%		-0.62%	-2%
14	PATIENT DAYS	103,461	96,624	(6,837)	-7%
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$487,270,777	\$500,333,214	\$13,062,437	3%
2	INPATIENT PAYMENTS	\$140,679,061	\$140,569,288	(\$109,773)	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	28.87%	28.10%	-0.78%	-3%
4	DISCHARGES	13,651	13,948	297	2%
5	CASE MIX INDEX	1.42372	1.42821	0.00448	0%
6	CASE MIX ADJUSTED DISCHARGES	19,435.25650	19,920.62600	485.36950	2%
7	OUTPATIENT CHARGES	\$445,526,927	\$478,595,046	\$33,068,119	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	91.43%	95.66%	4.22%	5%
9	OUTPATIENT PAYMENTS	\$124,725,725	\$131,323,438	\$6,597,713	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.00%	27.44%	-0.56%	-2%
	TOTAL CHARGES	\$932,797,704	\$978,928,260	\$46,130,556	5%
	TOTAL PAYMENTS	\$265,404,786	\$271,892,726	\$6,487,940	2%
	TOTAL PAYMENTS / CHARGES	28.45%	27.77%	-0.68%	-2%
	PATIENT DAYS	76,075	69,170	(6,905)	-9%
14 15	TOTAL GOVERNMENT DEDUCTIONS	\$667,392,918	\$707,035,534	\$39,642,616	6%
	AVERAGE LENGTH OF STAY		F 1	(0.0)	4.40/
1	MEDICARE	5.9	5.1	(0.8)	-14%
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)	-2%
3	UNINSURED	4.1	3.8	(0.3)	-7%
4	MEDICAID	4.5	4.5	(0.0)	-1%
5	OTHER MEDICAL ASSISTANCE	5.5	4.0	(1.6)	-28%
6	CHAMPUS / TRICARE	2.8	2.6	(0.2)	-7%
7	TOTAL AVERAGE LENGTH OF STAY	5.0	4.6	(0.4)	-9%

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DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION TOTAL CHARGES 1 \$1,544,327,256 | \$1,634,814,963 \$90.487.707 6% TOTAL GOVERNMENT DEDUCTIONS \$667,392,918 \$707,035,534 \$39,642,616 6% UNCOMPENSATED CARE \$37,429,255 \$37,090,823 (\$338,432)4 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$222,989,078 \$239,436,257 \$16,447,179 7% 5 EMPLOYEE SELF INSURANCE ALLOWANCE 13% \$20,378,593 \$22,981,106 \$2,602,513 6% 6 TOTAL ADJUSTMENTS \$948,189,844 \$1,006,543,720 \$58,353,876 7 TOTAL ACCRUED PAYMENTS \$596,137,412 \$628,271,243 \$32,133,831 5% 8 UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input) 0% \$0 \$0 \$0 NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS 9 \$596.137.412 \$628,271,243 \$32,133,831 5% RATIO OF NET REVENUE TO TOTAL CHARGES 0.3860175424 0.3843072502 (0.0017102922)0% COST OF UNCOMPENSATED CARE \$14,448,349 \$14,254,272 (\$194,077)-1% 2% \$38,808,608 \$39,429,837 \$621,229 MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT PLUS OHCA ADJUSTMENT (OHCA INPUT) 0% 13 \$0 \$0 \$0 TOTAL COST OF UNCOMPENSATED CARE AND 14 MEDICAL ASSISTANCE UNDERPAYMENT \$53,256,957 1% \$53,684,109 \$427,152 IV. | CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) **MEDICAID** \$32,450,307 \$28,830,354 (\$3,619,953)-11% 122% 2 OTHER MEDICAL ASSISTANCE \$388,391 \$860,453 \$472,062 UNINSURED (INCLUDED IN NON-GOVERNMENT) 49% \$4,952,254 \$7,360,926 \$2,408,673 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) -2% 4 \$37,790,952 \$37,051,733 (\$739,219)DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600 EMPLOYEE SELF INSURANCE GROSS REVENUE \$33,602,226 \$37,228,342 \$3,626,116 10.79% 2 -89.58% PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE (\$3,967,700)(\$413,425)\$3,554,275 3 NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS \$592,876,000 \$621,214,000 \$28,338,000 4.78% 4 PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE \$0 \$0 0.00% 5 GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS \$1,544,327,256 \$1,634,815,000 \$90,487,744 5.86% PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE \$0 \$0 \$0 0.00% 7 UNCOMP CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS \$37,429,255 \$37,090,823 (\$338,432)-0.90%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
(1)	(2)	(3)	(4)	(5)
INE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
	DESCRIF HON	112013	1 1 2010	DITTERCHOL
I.	ACCRUED CHARGES AND PAYMENTS			
	INPATIENT ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$202,120,591	\$216,575,902	\$14,455,311
	MEDICARE	\$394,588,741	400,549,025	\$5,960,284
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	\$92,316,705	99,196,434	\$6,879,729
	OTHER MEDICAL ASSISTANCE	\$89,456,723 \$2,859,982	97,089,520 2,106,914	\$7,632,797 (\$753,068
	CHAMPUS / TRICARE	\$365,331	587,755	\$222,424
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,910,178	8,080,469	(\$1,829,709
	TOTAL INPATIENT GOVERNMENT CHARGES	\$487,270,777	\$500,333,214	\$13,062,437
	TOTAL INPATIENT CHARGES	\$689,391,368	\$716,909,116	\$27,517,748
	OUTPATIENT ACCRUED CHARGES	# 400 400 004	A 400 040 004	# 00.004.040
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$409,408,961	\$439,310,801	\$29,901,840
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$323,857,155 \$120,362,875	347,675,633 129,297,085	\$23,818,478 \$8,934,210
	MEDICALD	\$120,302,873	126,877,541	\$8,505,396
	OTHER MEDICAL ASSISTANCE	\$1,990,730	2,419,544	\$428,814
	CHAMPUS / TRICARE	\$1,306,897	1,622,328	\$315,431
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$32,278,519	32,379,492	\$100,973
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$445,526,927	\$478,595,046	\$33,068,119
	TOTAL OUTPATIENT CHARGES	\$854,935,888	\$917,905,847	\$62,969,959
	TOTAL ACCRUED CHARGES	\$044 F00 FF0	\$055,000,700	£44.057.454
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED) TOTAL MEDICARE	\$611,529,552 \$718,445,896	\$655,886,703 \$748,224,658	\$44,357,151 \$29,778,762
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$212,679,580	\$228,493,519	\$15,813,939
	TOTAL MEDICALD	\$207,828,868	\$223,967,061	\$16,138,193
	TOTAL OTHER MEDICAL ASSISTANCE	\$4,850,712	\$4,526,458	(\$324,254
6	TOTAL CHAMPUS / TRICARE	\$1,672,228	\$2,210,083	\$537,855
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$42,188,697	\$40,459,961	(\$1,728,736
	TOTAL GOVERNMENT CHARGES	\$932,797,704	\$978,928,260	\$46,130,556
	TOTAL CHARGES	\$1,544,327,256	\$1,634,814,963	\$90,487,707
_	INDATIONS ACCOURT BANGERITO			
	INPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$111,176,594	\$117,220,330	\$6,043,736
	MEDICARE	\$121,787,972	119,372,952	(\$2,415,020
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,790,420	21,004,140	\$2,213,720
	MEDICAID	\$18,192,797	20,705,832	\$2,513,035
	OTHER MEDICAL ASSISTANCE	\$597,623	298,308	(\$299,315
	CHAMPUS / TRICARE	\$100,669	192,196	\$91,527
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,378,942	2,234,024	(\$144,918
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$140,679,061	\$140,569,288	(\$109,773
	TOTAL INPATIENT PAYMENTS	\$251,855,655	\$257,789,618	\$5,933,963
E.	OUTPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$220,262,320	\$232,514,369	\$12,252,049
	MEDICARE	\$99,844,401	103,415,198	\$3,570,797
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,499,021	27,377,739	\$2,878,718
	MEDICAID	\$24,165,250	27,142,086	\$2,976,836
5	OTHER MEDICAL ASSISTANCE	\$333,771	235,653	(\$98,118
	CHAMPUS / TRICARE	\$382,303	530,501	\$148,198
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,748,473	8,952,024	\$1,203,551
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$124,725,725	\$131,323,438	\$6,597,713
	TOTAL OUTPATIENT PAYMENTS	\$344,988,045	\$363,837,807	\$18,849,762
F.	TOTAL ACCRUED PAYMENTS			
	TOTAL ACCRUED FATMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$331,438,914	\$349,734,699	\$18,295,785
1				

	DANBURY HOSPITAL			
	TWELVE MONTHS ACTUAL FIL	ING		
	FISCAL YEAR 2016			
	REPORT 550 - CALCULATION OF DSH UPPER F	PAYMENT LIMIT AND		
	BASELINE UNDERPAYMENT D			
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$43,289,441	\$48,381,879	\$5,092,438
4	TOTAL MEDICAID	\$42,358,047	\$47,847,918	\$5,489,871
5	TOTAL OTHER MEDICAL ASSISTANCE	\$931,394	\$533,961	(\$397,433)
6	TOTAL CHAMPUS / TRICARE	\$482,972	\$722,697	\$239,725
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,127,415	\$11,186,048	\$1,058,633
	TOTAL GOVERNMENT PAYMENTS	\$265,404,786	\$271,892,726	\$6,487,940
	TOTAL PAYMENTS	\$596,843,700	\$621,627,425	\$24,783,725

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TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

(4)	(2)	(2)	(4)	(E)
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT <u>DIFFERENCE</u>
	DAVED MIV			
II.	PAYER MIX			
Α.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	INFATIENT FATER WITH BASED ON ACCROED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.09%	13.25%	0.16%
2	MEDICARE	25.55%	24.50%	-1.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.98%	6.07%	0.09%
	MEDICAID	5.79%	5.94%	0.15%
5	OTHER MEDICAL ASSISTANCE	0.19%	0.13%	-0.06%
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02% 0.64%	0.04% 0.49%	0.01% -0.15%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.55%	30.60%	-0.15% - 0.95 %
	TOTAL INPATIENT PAYER MIX	44.64%	43.85%	-0.79%
		1110172	10.0070	0070
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.51%	26.87%	0.36%
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.97% 7.79%	21.27% 7.91%	0.30%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.79%	7.76%	0.12% 0.10%
	OTHER MEDICAL ASSISTANCE	0.13%	0.15%	0.02%
_	CHAMPUS / TRICARE	0.08%	0.10%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.09%	1.98%	-0.11%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	28.85%	29.28%	0.43%
	TOTAL OUTPATIENT PAYER MIX	55.36%	56.15%	0.79%
	TOTAL DAVED MIX DACED ON ACCOURD CHARGES	100.00%	100.00%	0.00%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.63%	18.86%	0.23%
	MEDICARE	20.41%	19.20%	-1.20%
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.15%	3.38%	0.23%
	MEDICAID OTHER MEDICAL ASSISTANCE	3.05%	3.33% 0.05%	0.28% -0.05%
	CHAMPUS / TRICARE	0.10% 0.02%	0.05%	-0.05% 0.01%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.40%	0.36%	-0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	23.57%	22.61%	-0.96%
	TOTAL INPATIENT PAYER MIX	42.20%	41.47%	-0.73%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26 00%	37.40%	0.50%
	MEDICARE	36.90% 16.73%	16.64%	-0.09%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.10%	4.40%	0.30%
	MEDICAID	4.05%	4.37%	0.32%
	OTHER MEDICAL ASSISTANCE	0.06%	0.04%	-0.02%
	CHAMPUS / TRICARE	0.06%	0.09%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.30%	1.44%	0.14%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.90%	21.13%	0.23%
	TOTAL CHILDATIENT DAVED MIY	57.80%	58.53%	0.73%
	TOTAL OUTPATIENT PAYER MIX			
	TOTAL DOTPATIENT PATER MIX TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

TWELVE MONTHS ACTUAL FILING

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
(1)	(2)	(3)	. ,	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL <u>FY 2016</u>	AMOUNT <u>DIFFERENCE</u>
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED I	DATA		
A.	<u>DISCHARGES</u>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,907	7,063	156
	MEDICARE	10,031	10,192	161
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,594	3,725	131
	MEDICAID	3,528	3,664	136
-	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	66 26	61 31	(5 5
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	306	327	21
	TOTAL GOVERNMENT DISCHARGES	13,651	13,948	297
	TOTAL DISCHARGES	20,558	21,011	453
_	DATIFALT DAVO			
B.	PATIENT DAYS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27,386	27,454	68
2	MEDICARE	59,642	52,360	(7,282)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,361	16,730	369
	MEDICAID OTHER MEDICAL ASSISTANCE	15,997	16,489	492
	CHAMPUS / TRICARE	364 72	241 80	(123)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,267	1,254	(13
	TOTAL GOVERNMENT PATIENT DAYS	76,075	69,170	(6,905
	TOTAL PATIENT DAYS	103,461	96,624	(6,837)
	AVED A OF LENGTH OF STAY (ALOS)			
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1
	MEDICARE	5.9	5.1	(0.8)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.6	4.5	(0.1)
	MEDICAID	4.5	4.5	(0.0)
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	5.5 2.8	4.0 2.6	(1.6)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.1	3.8	(0.3)
-	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.6	5.0	(0.6)
	TOTAL AVERAGE LENGTH OF STAY	5.0	4.6	(0.4)
D.	CASE MIX INDEX			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.27790	1.28670	0.00880
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.54790	1.53970	(0.00820)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.08280 1.07550	1.12679 1.12490	0.04399 0.04940
	OTHER MEDICAL ASSISTANCE	1.47320	1.24030	(0.23290
6	CHAMPUS / TRICARE	0.64140	0.99070	0.34930
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24680	1.29830	0.05150
	TOTAL GOVERNMENT CASE MIX INDEX	1.42372	1.42821	0.00448
	TOTAL CASE MIX INDEX	1.37473	1.38064	0.00591
E.	OTHER REQUIRED DATA			
	TOTAL CHARGES ASSOCIATED WITH NON-COVERNMENT CONTRACTUAL ALL CHARGES	ØE0E 404 000	PE77 FOO 470	Φ40 A44 044
	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$535,124,832 \$312,135,754	\$577,536,176 \$338,099,919	\$42,411,344 \$25,964,165
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$222,989,078	\$239,436,257	\$16,447,179
	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.67%	41.46%	
	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$33,602,226	\$37,228,342	\$3,626,116
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$20,378,593	\$22,981,106	\$2,602,513

	DANBURY HOSPITAL					
	TWELVE MONTHS ACTUAL FILING					
	FISCAL YEAR 2016					
	REPORT 550 - CALCULATION OF DSH UPPER PAYN	MENT LIMIT AND				
	BASELINE UNDERPAYMENT DATA					
(1)	(2)	(3)	(4)	(5)		
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE		
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$0	\$0			
	OHCA INPUT)			\$0		
8	CHARITY CARE	\$16,274,798	\$18,294,245	\$2,019,447		
9	BAD DEBTS	\$21,154,457	\$18,796,578	(\$2,357,879)		
10	TOTAL UNCOMPENSATED CARE	\$37,429,255	\$37,090,823	(\$338,432)		
11	TOTAL OTHER OPERATING REVENUE	\$16,591,387	\$19,327,727	\$2,736,340		
12	TOTAL OPERATING EXPENSES	\$624,338,000	\$644,970,000	\$20,632,000		

FISCAL YEAR 2016

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND

BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
	NON COVERNMENT (INCLUDING CELE DAY (LININGLIDED)	0.000.45500	0.007.00040	004 50000
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	8,826.45530 15,526.98490	9,087.96210 15,692.62240	261.50680 165.63750
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,891.59520	4,197.29190	305.69670
4	MEDICAID	3,794.36400	4,121.63360	327.26960
5	OTHER MEDICAL ASSISTANCE	97.23120	75.65830	(21.57290)
6	CHAMPUS / TRICARE	16.67640	30.71170	14.03530
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	381.52080	424.54410	43.02330
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	19,435.25650	19,920.62600	485.36950
	TOTAL CASE MIX ADJUSTED DISCHARGES	28,261.71180	29,008.58810	746.87630
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
-	SOTT THE RESTAURE OF PROSTRICES OF PROSTRICE IN PROSTRICE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,990.59680	14,326.85797	336.26117
2	MEDICARE	8,232.90374	8,846.63257	613.72883
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,714.30849	4,858.20264	143.89416
4	MEDICAID	4,668.36827	4,788.15129	
5	OTHER MEDICAL ASSISTANCE	45.94021	70.05136	24.11114
6	CHAMPUS / TRICARE	93.00969	85.56655	-7.44314
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	996.67502	1,310.33160	313.65659
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	13,040.22191	13,790.40177	750.17985
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	27,030.81871	28,117.25974	1,086.44102
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
	NON COVERNMENT (NOT LIDING OFFER DAY / LININGUERED)	\$40.505.04	\$40,000,40	\$
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,595.84	\$12,898.42	\$302.58
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,843.63	\$7,606.95	(\$236.69)
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,828.46	\$5,004.21 \$5,023.70	\$175.75 \$229.01
5	OTHER MEDICAL ASSISTANCE	\$4,794.69 \$6,146.41	\$3,942.83	(\$2,203.58)
6	CHAMPUS / TRICARE	\$6,036.61	\$6,258.07	\$221.46
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,235.42	\$5,262.17	(\$973.25)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,238.34	\$7,056.47	(\$181.87)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,911.55	\$8,886.67	(\$24.88)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
<u> </u>	NOV. COVERNMENT (NICHARDING OFFICE DAY (TIME)	A 1	• • • • • • • • • • • • • • • • • • • •	*
<u> 1</u>	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,743.60	\$16,229.26	\$485.67
2	MEDICARE	\$12,127.48	\$11,689.78	(\$437.70)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,196.74	\$5,635.36	\$438.63
4	MEDICAID	\$5,176.38	\$5,668.59	\$492.21
5	OTHER MEDICAL ASSISTANCE	\$7,265.33	\$3,364.00	(\$3,901.33)
6	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,110.36	\$6,199.86	\$2,089.51
7	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,774.32	\$6,831.88	(\$942.45)
I	TOTAL GOVERNMENT OUTFATIENT FATMENT PER OUTFATIENT EQUIVALENT DISCHARGE	¢0 E64 60	¢0 500 04	(\$44.00\
	1	\$9,564.69	\$9,522.81	(\$41.88)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,762.77	\$12,940.02	\$177.25

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA** (1) (2) (3) (4) (5) **ACTUAL ACTUAL AMOUNT** FY 2015 FY 2016 **DIFFERENCE** LINE DESCRIPTION CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) MEDICAID 1 \$32,450,307 \$28,830,354 (\$3,619,953) 2 OTHER MEDICAL ASSISTANCE \$388,391 \$860,453 \$472,062 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$4,952,254 \$7,360,926 \$2,408,673 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$37,790,952 \$37,051,733 (\$739,219) CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY) TOTAL CHARGES \$1,544,327,256 \$1,634,814,963 \$90,487,707 2 TOTAL GOVERNMENT DEDUCTIONS \$667,392,918 \$707,035,534 \$39,642,616 3 UNCOMPENSATED CARE \$37,090,823 \$37,429,255 (\$338,432 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES 4 \$222,989,078 \$239,436,257 \$16,447,179 EMPLOYEE SELF INSURANCE ALLOWANCE \$20,378,593 5 \$22,981,106 \$2,602,513 6 TOTAL ADJUSTMENTS \$948,189,844 \$1,006,543,720 \$58,353,876 TOTAL ACCRUED PAYMENTS \$628,271,243 \$596,137,412 \$32,133,831 UCP DSH PAYMENTS (OHCA INPUT) 8 \$0 \$0 \$0 NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS \$596,137,412 \$628,271,243 \$32,133,831 9 RATIO OF NET REVENUE TO TOTAL CHARGES 0.3860175424 0.3843072502 (0.0017102922) 11 COST OF UNCOMPENSATED CARE \$14,448,349 \$14,254,272 (\$194,077) 12 MEDICAL ASSISTANCE UNDERPAYMENT \$38.808.608 \$621,229 \$39,429,837 13 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT \$53,256,957 \$53,684,109 \$427,152 14 VII. RATIOS RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 55.01% 54.12% -0.88% 2 MEDICARE 30.86% 29.80% -1.06% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 21.17% 0.82% 20.35% MEDICAID 20.34% 21.33% 0.99% 5 OTHER MEDICAL ASSISTANCE 20.90% 14.16% -6.74% CHAMPUS / TRICARE 6 27.56% 32.70% 5.14% UNINSURED (INCLUDED IN NON-GOVERNMENT) 3.64% 24.01% 27.65% TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 28.87% 28.10% -0.78% TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 35.96% 36.53% -0.57% RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) -0.87% 53.80% 52.93% MEDICARE 2 30.83% 29.74% -1.09% 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 21.17% 0.82% 20.35% 4 **MEDICAID** 20.41% 21.39% 0.98% OTHER MEDICAL ASSISTANCE 16.77% 9.74% -7.03% 6 CHAMPUS / TRICARE 29.25% 32.70% 3.45% UNINSURED (INCLUDED IN NON-GOVERNMENT) 24.01% 27.65% 3.64% TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES -0.56<u>%</u> 28.00% 27.44% TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES 40.35% 39.64% -0.71%

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA (1) (2) (3) (4) (5) **ACTUAL ACTUAL AMOUNT** FY 2015 FY 2016 **DIFFERENCE** LINE DESCRIPTION VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS Α. TOTAL ACCRUED PAYMENTS \$596,843,700 \$621,627,425 \$24,783,725 PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA \$0 INPUT) \$0 **OHCA DEFINED NET REVENUE** \$596,843,700 \$621,627,425 \$24,783,725 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE \$3,554,275 CALCULATED NET REVENUE \$627,254,090 \$621,214,000 (\$6,040,090) NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL \$592,876,000 \$621,214,000 \$28,338,000 REPORTING) 6 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$34,378,090 \$0 (\$34,378,090) В. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE \$1,544,327,256 \$1,634,814,963 \$90,487,707 2 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$0 \$0 \$0 CALCULATED GROSS REVENUE \$1,544,327,256 \$1,634,814,963 \$90,487,707 \$1,634,815,000 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL \$1,544,327,256 \$90,487,744 REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$0 4 (\$37)(\$37) C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$37,429,255 \$37,090,823 (\$338,432 PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 2 \$0 \$0 \$0 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$37,429,255 \$37,090,823 432 UNCOMP, CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$37,429,255 \$37,090,823 (\$338,432) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$0 \$0 \$0

	DANBURY HOSPITAL				
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016				
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND				
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES				
(1)	(2)	(3)			
	·	ACTÚAL			
LINE	DESCRIPTION	FY 2016			
I.	ACCRUED CHARGES AND PAYMENTS				
Α.	INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$216,575,902			
2	MEDICARE	400,549,025			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	99,196,434 97,089,520			
5	OTHER MEDICAL ASSISTANCE	2,106,914			
6	CHAMPUS / TRICARE	587,755			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,080,469			
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$500,333,214 \$716,909,116			
	TOTAL INFATILITY CHARGES	\$710,8U8,0116			
B.	OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$439,310,801			
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	347,675,633 129,297,085			
_	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	129,297,083			
5	OTHER MEDICAL ASSISTANCE	2,419,544			
6	CHAMPUS / TRICARE	1,622,328			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT CHARGES	32,379,492 \$478,595,046			
	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$917,905,847			
C .	TOTAL ACCRUED CHARGES TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$655,886,703			
2	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLODING SELF FAT / UNINSURED)	978,928,260			
	TOTAL ACCRUED CHARGES	\$1,634,814,963			
D.	INDATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$117,220,330			
	MEDICARE	119,372,952			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,004,140			
	MEDICAID OTHER MEDICAL ASSISTANCE	20,705,832			
5 6	CHAMPUS / TRICARE	298,308 192,196			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,234,024			
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$140,569,288			
-	TOTAL INPATIENT PAYMENTS	\$257,789,618			
E.	OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$232,514,369			
	MEDICARE	103,415,198			
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	27,377,739 27,142,086			
	OTHER MEDICAL ASSISTANCE	235,653			
6	CHAMPUS / TRICARE	530,501			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,952,024			
<u> </u>	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$131,323,438 \$363,837,807			
	TOTAL CONTRIBUTION	ψ303,037,007			
F.	TOTAL ACCRUED PAYMENTS				
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$349,734,699			
2	TOTAL GOVERNMENT ACCRUED PAYMENTS TOTAL ACCRUED PAYMENTS	271,892,726 \$621,627,425			
-	TOTAL AGONDED I ATMENTO	ψ021,021,425			

	DANBURY HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2016	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
		ACTUAL
LINE	DESCRIPTION	FY 2016
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
- "-	AGGREE BIOGRANGES, GAGE WITH INDEX AND STITLE REGULED BATA	
Α.	ACCRUED DISCHARGES	
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,063
2	MEDICARE	10,192
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,725
4	MEDICAID	3,664
5	OTHER MEDICAL ASSISTANCE	61
6	CHAMPUS / TRICARE	31
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	327
	TOTAL GOVERNMENT DISCHARGES	13,948
	TOTAL DISCHARGES	21,011
В.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.28670
2	MEDICARE	1.53970
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.12679
4	MEDICAID	1.12490
5	OTHER MEDICAL ASSISTANCE	1.24030
6	CHAMPUS / TRICARE	0.99070
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.29830
	TOTAL GOVERNMENT CASE MIX INDEX	1.42821
	TOTAL CASE MIX INDEX	1.38064
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$577,536,176
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$338,099,919
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	1
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$239,436,257
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.46%
	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$37,228,342
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$22,981,106
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
•	DOLL DOLL ALMERITO (ORGOD DOLL ALMERITO LEGO OLL EN ENVILLA ADDODITIVENT - OLICA HAPOT)	*
8	CHARITY CARE	\$18,294,245
9	BAD DEBTS	\$18,796,578
10	TOTAL UNCOMPENSATED CARE	\$37,090,823
11	TOTAL OTHER OPERATING REVENUE	\$19,327,727
12	TOTAL OPERATING EXPENSES	\$644,970,000

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	DANDURY HOCDITAL	
	DANBURY HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2016	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL <u>FY 2016</u>
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	\$621,627,42
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$
	OHCA DEFINED NET REVENUE	\$621,627,42
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$413,42
	CALCULATED NET REVENUE	\$621,214,00
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$621,214,00
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$1,634,814,96
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$
	CALCULATED GROSS REVENUE	\$1,634,814,96
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,634,815,00
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$37,090,82
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$37,090,82
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$37,090,82
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$

0.000000

\$3,591,917

3,129,220

9,553,661

\$16,274,798

\$0

\$0

480

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12.213

\$5,540,618

12,768,494

2,845,345

\$21,154,457

\$16.274.798

21,154,457

\$37,429,255

\$9,132,535

15,897,714

12,399,006

\$37,429,255

0.399981

\$2,255

\$7,317,350

\$4,763,037

3,824,911

9,706,297

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\$4,578,440

11,757,671

\$18,796,578

\$18.294.245

18,796,578

\$37,090,823

\$9,341,477

15,582,582

12,166,764

\$37,090,823

2,460,467

\$18,294,245

0.399981

\$2,255

\$7,317,350

\$1,171,120

\$2,019,447

695,691

152.636

273

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(102)

(588)

(\$962,178)

(1,010,823)

(\$2,357,879)

\$2.019.447

(2,357,879)

(\$338,432)

\$208,942

(315, 132)

(232,242)

(\$338,432)

(384,878)

(6)

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DANBURY HOSPITAL **TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 650 - HOSPITAL UNCOMPENSATED CARE** (1) (2) (3) (4) (5) **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 DIFFERENCE DIFFERENCE **Hospital Charity Care (from HRS Report 500)** Number of Applicants 142 3,106 3.248 2 **Number of Approved Applicants** 148 3.097 3,245 Total Charges (A) \$2,019,447 3 \$16,274,798 \$18,294,245 **Average Charges** 4 \$5,255 \$5,638 \$383

Ratio of Cost to Charges (RCC)

Charity Care - Inpatient Charges

Charity Care - Number of Patient Days

Charity Care - Number of Discharges

Bad Debts - Inpatient Services

Total Uncompensated Care (A)

Total Uncompensated Care (A)

Uncompensated Care - Inpatient Services

Uncompensated Care - Emergency Department

Total Bad Debts (A)

Charity Care (A)

Bad Debts (A)

Unc. Care)

Bad Debts - Emergency Department

Charity Care - Outpatient Charges (Excludes ED Charges)

Charity Care - Number of Outpatient Visits (Excludes ED

Bad Debts - Outpatient Services (Excludes ED Bad Debts)

Hospital Uncompensated Care (from HRS Report 500)

Uncompensated Care - Outpatient Services (Excludes ED

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

Charity Care - Emergency Department Charges

Charity Care - Number of Outpatient ED Visits

Hospital Bad Debts (from HRS Report 500)

Total Cost

Average Cost

Total Charges (A)

6

7

8

9

10

11

13

15

B.

2

3

4

1 2

3

5

6

7

Visits)

(1)	(2)	(3)	(4)	(5)	(6)
(')	(2)	FY 2015	FY 2016	(0)	(0)
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	<u>DIFFERENCE</u>
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$535,124,832	\$577,536,176	\$42,411,344	89
2	Total Contractual Allowances	\$222,989,078	\$239,436,257	\$16,447,179	7%
	Total Accrued Payments (A)	\$312,135,754	\$338,099,919	\$25,964,165	8%
	Total Discount Percentage	41.67%	41.46%	-0.21%	-1%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL FY 2015	ACTUAL FY 2016
A.	Gross and Net Revenue			
1	Inpatient Gross Revenue	\$594,451,602	\$689,391,368	\$716,909,116
2	Outpatient Gross Revenue	\$697,058,450	\$854,935,888	\$917,905,847
3	Total Gross Patient Revenue	\$1,291,510,052	\$1,544,327,256	\$1,634,814,963
4	Net Patient Revenue	\$506,353,775	\$592,876,000	\$621,214,000
В.	Total Operating Expenses			
1	Total Operating Expense	\$502,208,728	\$624,338,000	\$644,970,000
C.	Utilization Statistics			
1	Patient Days	92,169	103,461	96,624
2	Discharges	18,299	20,558	21,011
3	Average Length of Stay	5.0	5.0	4.6
4	Equivalent (Adjusted) Patient Days (EPD)	200,247	231,766	220,338
0	Equivalent (Adjusted) Discharges (ED)	39,757	46,053	47,913
D.	Case Mix Statistics			
1	Case Mix Index	1.38070	1.37473	1.38064
2	Case Mix Adjusted Patient Days (CMAPD)	127,258	142,231	133,403
3	Case Mix Adjusted Discharges (CMAD)	25,265	28,262	29,009
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	276,481	318,616	304,207
5	Case Mix Adjusted Equivalent Discharges (CMAED)	54,892	63,310	66,150
E.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$14,012	\$14,927	\$16,919
2	Total Gross Revenue per Discharge	\$70,578	\$75,121	\$77,808
3	Total Gross Revenue per EPD	\$6,450	\$6,663	\$7,420
4	Total Gross Revenue per ED	\$32,485	\$33,534	\$34,121
5	Total Gross Revenue per CMAEPD	\$4,671	\$4,847	\$5,374
6	Total Gross Revenue per CMAED	\$23,528	\$24,393	\$24,714
7	Inpatient Gross Revenue per EPD	\$2,969	\$2,975	\$3,254

	DANBUF	RY HOSPITAL		
	TWELVE MONT	THS ACTUAL FILING		
	FISCAL	YEAR 2016		
	REPORT 700 - STATISTICAL ANALYS	IS OF HOSPITAL REVENUE AND EX	XPENSE	
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
8	Inpatient Gross Revenue per ED	\$14,952	\$14,970	\$14,963

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL <u>FY 2016</u>
F.	Net Revenue Per Statistic			
	Net Patient Revenue per Patient Day	\$5,494	\$5,730	¢6 420
1	·			\$6,429 \$29,566
2	Net Patient Revenue per Discharge	\$27,671	\$28,839	. ,
3	Net Patient Revenue per EPD	\$2,529	\$2,558	\$2,819
4	Net Patient Revenue per ED	\$12,736	\$12,874	\$12,966
5	Net Patient Revenue per CMAEPD	\$1,831	\$1,861	\$2,042
6	Net Patient Revenue per CMAED	\$9,225	\$9,365	\$9,391
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$5,449	\$6,035	\$6,675
2	Total Operating Expense per Discharge	\$27,445	\$30,370	\$30,697
3	Total Operating Expense per EPD	\$2,508	\$2,694	\$2,927
4	Total Operating Expense per ED	\$12,632	\$13,557	\$13,461
5	Total Operating Expense per CMAEPD	\$1,816	\$1,960	\$2,120
6	Total Operating Expense per CMAED	\$9,149	\$9,862	\$9,750
н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$61,078,519	\$74,150,000	\$65,676,000
2	Nursing Fringe Benefits Expense	\$14,791,328	\$18,911,000	\$17,612,000
3	Total Nursing Salary and Fringe Benefits Expense	\$75,869,847	\$93,061,000	\$83,288,000
I.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$8,610,701	\$9,523,000	\$8,388,000
2	Physician Fringe Benefits Expense	\$2,085,245	\$2,429,000	\$2,249,000
3	Total Physician Salary and Fringe Benefits Expense	\$10,695,946	\$11,952,000	\$10,637,000
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$121,938,706	\$138,094,000	\$145,262,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$29,529,785	\$35,220,000	\$38,953,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$151,468,491	\$173,314,000	\$184,215,000

	DANBURY	Y HOSPITAL		
	TWELVE MONTH	IS ACTUAL FILING		
	FISCAL	YEAR 2016		
	REPORT 700 - STATISTICAL ANALYSIS	OF HOSPITAL REVENUE AND EX	XPENSE	
(4)	(2)	(2)	(4)	(5)
(1)	(2) DESCRIPTION	(3) ACTUAL FY 2014	(4) ACTUAL FY 2015	(5) ACTUAL <u>FY 2016</u>
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$191,627,926	\$221,767,000	\$219,326,000
2	Total Fringe Benefits Expense	\$46,406,358	\$56,560,000	\$58,814,000
3	Total Salary and Fringe Benefits Expense	\$238,034,284	\$278,327,000	\$278,140,000

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	551.4	656.6	658.0
2	Total Physician FTEs	115.8	123.5	113.1
3	Total Non-Nursing, Non-Physician FTEs	1683.9	1938.8	1919.0
4	Total Full Time Equivalent Employees (FTEs)	2,351.1	2,718.9	2,690.1
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$110,770	\$112,930	\$99,812
2	Nursing Fringe Benefits Expense per FTE	\$26,825	\$28,801	\$26,766
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$137,595	\$141,732	\$126,578
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$74,358	\$77,109	\$74,164
2	Physician Fringe Benefits Expense per FTE	\$18,007	\$19,668	\$19,885
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$92,366	\$96,777	\$94,050
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expens	se per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$72,414	\$71,227	\$75,697
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,537	\$18,166	\$20,299
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$89,951	\$89,392	\$95,995
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$81,506	\$81,565	\$81,531
2	Total Fringe Benefits Expense per FTE	\$19,738	\$20,803	\$21,863
3	Total Salary and Fringe Benefits Expense per FTE	\$101,244	\$102,368	\$103,394
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,583	\$2,690	\$2,879
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,008	\$13,539	\$13,238
3	Total Salary and Fringe Benefits Expense per EPD	\$1,189	\$1,201	\$1,262

	DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING					
	FISCAL YEAR 2016					
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL	REVENUE AND E	XPENSE			
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(1)	(2)	(3)	(4)	(5)		
<u>LINE</u>	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL <u>FY 2015</u>	ACTUAL <u>FY 2016</u>		
4	Total Salary and Fringe Benefits Expense per ED	\$5,987	\$6,044	\$5,805		
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$861	\$874	\$914		
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,336	\$4,396	\$4,205		