WATERBURY HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	<u>DESCRIPTION</u>	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% <u>DIFFERENCE</u>
l.	ASSETS				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$16,313,006	\$8,118,706	(\$8,194,300)	-50%
	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$27,695,330	\$21,515,681	(\$6,179,649)	-22%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,254,037	\$2,632,237	(\$621,800)	-19%
8	Prepaid Expenses	\$1,401,820	\$1,249,771	(\$152,049)	-11%
9	Other Current Assets	\$3,708,354	\$11,771,238	\$8,062,884	217%
	Total Current Assets	\$52,372,547	\$45,287,633	(\$7,084,914)	-14%
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$43,411,397	\$45,342,562	\$1,931,165	4%
	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$43,411,397	\$45,342,562	\$1,931,165	4%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$10,521,190	\$10,857,417	\$336,227	3%
7	Other Noncurrent Assets	\$447,767	\$165,128	(\$282,639)	-63%
		, , ,	¥ ,	(+ - , ,	
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$273,590,166	\$270,426,643	(\$3,163,523)	-1%
2	Less: Accumulated Depreciation	\$243,205,726	\$249,206,014	\$6,000,288	2%
	Property, Plant and Equipment, Net	\$30,384,440	\$21,220,629	(\$9,163,811)	-30%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$30,384,440	\$21,220,629	(\$9,163,811)	-30%
	Total Assets	\$137,137,341	\$122,873,369	(\$14,263,972)	-10%
1,	LIARUSTER AND NET ACCETS				
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	Current Liabilities:				

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LIIVE	<u>DESCRIPTION</u>	ACTOAL	ACTUAL	DITTERENCE	DITTERENCE
1	Accounts Payable and Accrued Expenses	\$24,179,749	\$19,191,255	(\$4,988,494)	-21%
2	Salaries, Wages and Payroll Taxes	\$3,538,095	\$2,775,505	(\$762,590)	-22%
3	Due To Third Party Payers	\$7,348,352	\$5,641,257	(\$1,707,095)	-23%
4	Due To Affiliates	\$3,000,067	\$19,683,123	\$16,683,056	556%
5	Current Portion of Long Term Debt	\$516,408	\$0	(\$516,408)	-100%
6	Current Portion of Notes Payable	\$1,440,902	\$1,276,314	(\$164,588)	-11%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$40,023,573	\$48,567,454	\$8,543,881	21%
	Long Term Debt:				
	Bonds Payable (Net of Current Portion)	\$23,273,336	\$0	(\$23,273,336)	-100%
	Notes Payable (Net of Current Portion)	\$3,623,371	\$2,344,833	(\$1,278,538)	-35%
	Total Long Term Debt	\$26,896,707	\$2,344,833	(\$24,551,874)	-91%
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$25,870,676	\$56,693,244	\$30,822,568	119%
	Total Long Term Liabilities	\$52,767,383	\$59,038,077	\$6,270,694	12%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	Net Assets:				
1	Unrestricted Net Assets or Equity	(\$10,077,417)	(\$41,588,851)	(\$31,511,434)	313%
2	Temporarily Restricted Net Assets	\$8,220,369	\$8,722,091	\$501,722	6%
3	Permanently Restricted Net Assets	\$46,203,433	\$48,134,598	\$1,931,165	4%
	Total Net Assets	\$44,346,385	\$15,267,838	(\$29,078,547)	-66%
	Total Liabilities and Net Assets	\$137,137,341	\$122,873,369	(\$14,263,972)	-10%

		WATERBURY HOSPITAL			
	TWEL	VE MONTHS ACTUAL FIL	ING		
	REPORT 165 - HOSPITAL GROSS	FISCAL YEAR 2016	IE AND STATISTIC	C DV DAVED	
	REPORT 105 - HOSPITAL GROSS	REVENUE, NET REVENU	JE AND STATISTIC	SOFFAICK	
(1)	(2)	(3)	(4)	(5)	(6)
. ,	\	FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	GROSS REVENUE BY PAYER			T T	
_	INDATIFNE ODOGO DEVENILE				
	INPATIENT GROSS REVENUE MEDICARE TRADITIONAL	\$24E 740 0EE	\$206,000 F74	(\$0.6E0.204)	40/
2	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	\$215,740,955 \$62,559,918	\$206,090,571 \$66,400,241	(\$9,650,384) \$3,840,323	-4% 6%
3	MEDICAID MEDICAID	\$104,268,326	\$113,625,600	\$9,357,274	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$880,448	\$569,925	(\$310,523)	-35%
6	COMMERCIAL INSURANCE	\$49,763,946	\$46,660,156	(\$3,103,790)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$63,405,760	\$61,833,357	(\$1,572,403)	-2%
8	WORKER'S COMPENSATION	\$5,970,848	\$7,028,883	\$1,058,035	18%
9	SELF- PAY/UNINSURED	\$2,869,380	\$3,893,002	\$1,023,622	36%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
-	TOTAL INPATIENT GROSS REVENUE	\$505,459,581	\$506,101,735	\$642,154	0%
	OUTPATIENT GROSS REVENUE	* * * * * * * * * * * * * * * * * * *	* 4 4 0 * 7 4 0 0 0 *	0.4.5.40.500	40
1	MEDICARE TRADITIONAL	\$112,236,352	\$113,749,935	\$1,513,583	1%
3	MEDICARE MANAGED CARE MEDICAID	\$38,026,082 \$99,862,668	\$38,936,519 \$103,742,526	\$910,437 \$3,879,858	2% 4%
4	MEDICAID MEDICAID MANAGED CARE	\$99,002,000	\$103,742,526	\$3,679,636	0%
5	CHAMPUS/TRICARE	\$693,299	\$653,514	(\$39,785)	-6%
6	COMMERCIAL INSURANCE	\$59,751,928	\$61,129,748	\$1,377,820	2%
7	NON-GOVERNMENT MANAGED CARE	\$85,877,841	\$86,500,031	\$622,190	1%
8	WORKER'S COMPENSATION	\$8,417,810	\$8,490,999	\$73,189	1%
9	SELF- PAY/UNINSURED	\$5,932,157	\$7,447,832	\$1,515,675	26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$410,798,137	\$420,651,104	\$9,852,967	2%
•	TOTAL ORGON REVENUE				
	TOTAL GROSS REVENUE	\$207.077.007	* 040 040 5 00	(\$0.400.004)	004
1	MEDICARE TRADITIONAL	\$327,977,307	\$319,840,506	(\$8,136,801)	-2% 5%
3	MEDICARE MANAGED CARE MEDICAID	\$100,586,000 \$204,130,994	\$105,336,760 \$217,368,126	\$4,750,760 \$43,237,432	6%
4	MEDICAID MANAGED CARE	\$204,130,994	\$217,368,126 \$0	\$13,237,132 \$0	0%
5		\$1,573,747	\$1,223,439	(\$350,308)	-22%
6	COMMERCIAL INSURANCE	\$109,515,874	\$107,789,904	(\$1,725,970)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$149,283,601	\$148,333,388	(\$950,213)	-1%
8	WORKER'S COMPENSATION	\$14,388,658	\$15,519,882	\$1,131,224	8%
9	SELF- PAY/UNINSURED	\$8,801,537	\$11,340,834	\$2,539,297	29%
10		\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$916,257,718	\$926,752,839	\$10,495,121	1%
II.	NET REVENUE BY PAYER		·	·	
A.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$43,294,385	\$53,749,561	\$10,455,176	24%
2	MEDICARE MANAGED CARE	\$13,500,923	\$16,232,507	\$2,731,584	20%

	1	WATERBURY HOSPITAL			
	TWEL	VE MONTHS ACTUAL FIL	ING		
		FISCAL YEAR 2016			
	REPORT 165 - HOSPITAL GROSS	REVENUE, NET REVENU	IE AND STATISTIC	CS BY PAYER	
(1)	(2)	(2)	(4)	(E)	(6)
(1)	(2)	(3)	(4)	(5)	(6)
l <u> </u>		FY 2015	FY 2016	AMOUNT	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$126,256	\$256,075	\$129,819	103%
6	COMMERCIAL INSURANCE	\$33,339,163	\$35,672,551	\$2,333,388	7%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$3,746,182	\$2,916,589	(\$829,593)	-22%
9	SELF- PAY/UNINSURED	\$179,431	\$204,420	\$24,989	14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
В.	TOTAL INPATIENT NET REVENUE	\$116,089,850	\$129,713,690	\$13,623,840	12%
1	MEDICARE TRADITIONAL	\$19,226,909	\$21,280,288	\$2,053,379	11%
2	MEDICARE MANAGED CARE	\$6,437,131	\$5,396,277	(\$1,040,854)	-16%
3	MEDICAID	\$17,436,349	\$18,907,742	\$1,471,393	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$128,676	\$218,891	\$90,215	70%
6	COMMERCIAL INSURANCE	\$33,201,230	\$31,130,355	(\$2,070,875)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$6,662,100	\$2,383,760	(\$4,278,340)	-64%
9	SELF- PAY/UNINSURED	\$1,216,331	\$3,228,369	\$2,012,038	165%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER TOTAL OUTPATIENT NET REVENUE	\$0	\$0	\$0	0% - 2%
	TOTAL OUTPATIENT NET REVENUE	\$84,308,726	\$82,545,682	(\$1,763,044)	-2%
c.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$62,521,294	\$75,029,849	\$12,508,555	20%
2	MEDICARE MANAGED CARE	\$19,938,054	\$21,628,784	\$1,690,730	8%
3	MEDICAID	\$39,339,859	\$39,589,729	\$249,870	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$254,932	\$474,966	\$220,034	86%
6	COMMERCIAL INSURANCE	\$66,540,393	\$66,802,906	\$262,513	0%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$10,408,282	\$5,300,349	(\$5,107,933)	-49%
9	SELF- PAY/UNINSURED	\$1,395,762	\$3,432,789	\$2,037,027	146%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$200,398,576	\$212,259,372	\$11,860,796	6%
l	OTATIOTICS BY BAYER				
III.	STATISTICS BY PAYER		1		
Α.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,231	4,063	(168)	-4%
2	MEDICARE MANAGED CARE	1,172	1,225	53	5%
3	MEDICAID	3,324	3,582	258	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	22	23	1	5%
6	COMMERCIAL INSURANCE	2,730	2,581	(149)	-5%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	66	73	7	11%
9	SELF- PAY/UNINSURED	101	99	(2)	-2%
10	SAGA	0	0	0	0%

	WATER	BURY HOSPITAL			
	TWELVE MO	NTHS ACTUAL FIL	.ING		
	FISC	CAL YEAR 2016			
	REPORT 165 - HOSPITAL GROSS REVE	NUE, NET REVENU	E AND STATISTIC	CS BY PAYER	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
11	OTHER TOTAL DISCHARGES	0	0	0 0	0%
ь	PATIENT DAYS	11,646	11,646	U	0%
B.	MEDICARE TRADITIONAL	23,422	20,571	(2,851)	-12%
2	MEDICARE MANAGED CARE	5.868	5,995	127	2%
3	MEDICAID	14,685	15,884	1,199	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	119	65	(54)	-45%
6	COMMERCIAL INSURANCE	10,802	9,415	(1,387)	-13%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	180	252	72	40%
9 10	SELF- PAY/UNINSURED SAGA	314	404	90	29% 0%
11	OTHER	0	0	0	0%
- ' '	TOTAL PATIENT DAYS	55,390	52,586	(2,804)	-5%
C.	OUTPATIENT VISITS	33,333	02,000	(=,00.)	
1	MEDICARE TRADITIONAL	45,711	42,989	(2,722)	-6%
2	MEDICARE MANAGED CARE	15,227	14,413	(814)	-5%
3	MEDICAID	43,529	41,429	(2,100)	-5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	287	215	(72)	-25%
6	COMMERCIAL INSURANCE	21,350	21,114	(236)	-1%
7	NON-GOVERNMENT MANAGED CARE	30,904	28,144	(2,760)	-9%
8 9	WORKER'S COMPENSATION SELF- PAY/UNINSURED	1,184	1,033	(151)	-13%
10	SAGA	4,052	4,107 0	55 0	1% 0%
11	OTHER	0	0	0	0%
<u> </u>	TOTAL OUTPATIENT VISITS	162,244	153,444	(8,800)	-5%
		1,02,211	,	(0,000)	
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
A.	<u>REVENUE</u>				
1	MEDICARE TRADITIONAL	\$25,998,849	\$28,510,846	\$2,511,997	10%
2	MEDICARE MANAGED CARE	\$8,691,426	\$9,964,485	\$1,273,059	15%
3	MEDICAID MEDICAID MANAGED CARE	\$45,185,452	\$49,717,931	\$4,532,479	10%
4 5	CHAMPUS/TRICARE	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
6	COMMERCIAL INSURANCE	\$12,566,804	\$14,004,616	\$1,437,812	11%
7	NON-GOVERNMENT MANAGED CARE	\$14,973,064	\$16,285,471	\$1,312,407	9%
8	WORKER'S COMPENSATION	\$1,068,332	\$1,020,142	(\$48,190)	-5%
9	SELF- PAY/UNINSURED	\$4,699,133	\$5,846,204	\$1,147,071	24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	GROSS REVENUE	\$113,183,060	\$125,349,695	\$12,166,635	11%
_	EMERGENCY DEPARTMENT OUTPATIENT NET				
В.	REVENUE TO A DITION A L	0-22:	A	A-	
1	MEDICARE TRADITIONAL	\$5,064,977	\$5,578,852	\$513,875	10%
2	MEDICARE MANAGED CARE	\$1,630,579	\$1,918,997	\$288,418	18%

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	WATERBURY HOSPITAL TWELVE MONTHS ACTUAL FILING							
		CAL YEAR 2016	LING					
	REPORT 165 - HOSPITAL GROSS REVE		IE AND STATISTI	CC DV DAVED				
	REPORT 103 - HOSPITAL GROSS REVE	INUE, NEI KEVEN	DE AND STATISTIC	SOFFAICK				
(1)	(2)	(3)	(4)	(5)	(6)			
	, ,	FY 2015	FY 2016	AMOUNT	%			
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE			
LINE	DESCRIPTION	ACTUAL	AOTOAL	DITTERCE	DITTERCHOL			
3	MEDICAID	\$7,640,799	\$8,523,375	\$882,576	12%			
4	MEDICAID MEDICAID MANAGED CARE	\$7,040,799	\$0,523,375	\$002,570	0%			
5	CHAMPUS/TRICARE	\$0	\$0 \$0	\$0	0%			
6	COMMERCIAL INSURANCE	\$4,122,962	\$3,883,909	(\$239,053)	-6%			
7	NON-GOVERNMENT MANAGED CARE	\$4,177,129	\$4,565,768	\$388,639	9%			
8	WORKER'S COMPENSATION	\$670,705	\$387,269	(\$283,436)	-42%			
9	SELF- PAY/UNINSURED	\$206,918	\$81,294	(\$125,624)	-61%			
10	SAGA	\$0	\$0	\$0	0%			
11	OTHER	\$0	\$0	\$0	0%			
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	Ψ.	Ψ.	Ψ.	0,0			
	NET REVENUE	\$23,514,069	\$24,939,464	\$1,425,395	6%			
		Ψ20,014,000	ΨΣ-1,000,101	Ψ1,420,000	070			
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS							
1	MEDICARE TRADITIONAL	6,767	6,367	(400)	-6%			
2	MEDICARE MANAGED CARE	2,186	2,124	(62)	-3%			
3	MEDICAID	20,667	18,863	(1,804)	-9%			
4	MEDICAID MANAGED CARE	0	0	0	0%			
5	CHAMPUS/TRICARE	0	0	0	0%			
6	COMMERCIAL INSURANCE	4,542	4,204	(338)	-7%			
7	NON-GOVERNMENT MANAGED CARE	5,081	4,712	(369)	-7%			
8	WORKER'S COMPENSATION	642	514	(128)	-20%			
9	SELF- PAY/UNINSURED	2,688	2,572	(116)	-4%			
10	SAGA	0	0	0	0%			
11	OTHER	0	0	0	0%			
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT							
	VISITS	42,573	39,356	(3,217)	-8%			

		ERBURY HOSPITAL	LINO						
		MONTHS ACTUAL FI	LING						
	FISCAL YEAR 2016 REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION								
(4)					(6)				
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %				
LINE	<u>DESCRIPTION</u>	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE				
A.	Operating Revenue:								
1	Total Gross Patient Revenue	\$916,257,719	\$926,752,839	\$10,495,120	1%				
2	Less: Allowances	\$705,161,881	\$695,049,353	(\$10,112,528)	-19				
3	Less: Charity Care	\$5,323,038	\$6,872,980	\$1,549,942	29%				
4	Less: Other Deductions	\$9,321,152	\$12,421,400	\$3,100,248	33%				
	Total Net Patient Revenue	\$196,451,648	\$212,409,106	\$15,957,458	8%				
5	Provision for Bad Debts Net Patient Service Revenue less provision for bad	\$3,747,762	\$5,505,105	\$1,757,343	47%				
	debts	\$192,703,886	\$206,904,001	\$14,200,115	7%				
6	Other Operating Revenue	\$1,447,376	\$1,779,240	\$331,864	23%				
7	Net Assets Released from Restrictions	\$5,014,429	\$5,095,359	\$80,930	2%				
-	Total Operating Revenue	\$199,165,691	\$213,778,600	\$14,612,909	7%				
			. , ,						
В.	Operating Expenses:								
1	Salaries and Wages	\$80,843,782	\$81,860,585	\$1,016,803	1%				
2	Fringe Benefits	\$26,172,827	\$52,987,390	\$26,814,563	102%				
3	Physicians Fees	\$11,845,274	\$9,989,162	(\$1,856,112)	-16%				
4	Supplies and Drugs	\$28,836,195	\$30,812,889	\$1,976,694	7%				
5	Depreciation and Amortization	\$6,812,424	\$6,440,534	(\$371,890)	-5%				
6	Bad Debts	\$0	\$0	\$0	09				
7	Interest Expense	\$1,330,630	\$1,399,297	\$68,667	5%				
8	Malpractice Insurance Cost	\$6,135,436	(\$5,034,651)	(\$11,170,087)	-182%				
9	Other Operating Expenses	\$48,976,298	\$55,355,948	\$6,379,650	13%				
	Total Operating Expenses	\$210,952,866	\$233,811,154	\$22,858,288	11%				
	Income/(Loss) From Operations	(\$11,787,175)	(\$20,032,554)	(\$8,245,379)	70%				
C.	Non-Operating Revenue:								
1	Income from Investments	\$1,788,788	\$1,694,711	(\$94,077)	-5%				
2	Gifts, Contributions and Donations	\$669,966	\$1,812,867	\$1,142,901	171%				
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%				
	Total Non-Operating Revenue	\$2,458,754	\$3,507,578	\$1,048,824	43%				
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$9,328,421)	(\$16,524,976)	(\$7,196,555)	77%				
	Other Adjustments:								
	Unrealized Gains/(Losses)	(\$289,566)	\$8,198	\$297,764	-103%				
	All Other Adjustments	\$0	\$0	\$0	0%				
	Total Other Adjustments	(\$289,566)	\$8,198	\$297,764	-103%				
	Excess/(Deficiency) of Revenue Over Expenses	(\$9,617,987)	(\$16,516,778)	(\$6,898,791)	72%				
	Principal Payments	\$1,131,501	\$27,084,414	\$25,952,913	2294%				

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)	(6)
. ,		FY 2015	FY 2016	AMOÚNT	%
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
Α.	Salaries & Wages:				
1	Nursing Salaries	\$31,988,923	\$31,304,469	(\$684,454)	-2%
2	Physician Salaries	\$5,125,182	\$5,722,017	\$596,835	12%
3	Non-Nursing, Non-Physician Salaries	\$43,729,677	\$44,834,099	\$1,104,422	3%
	Total Salaries & Wages	\$80,843,782	\$81,860,585	\$1,016,803	1%
В.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$10,356,276	\$37,740,754	\$27,384,478	264%
2	Physician Fringe Benefits	\$1,659,256	\$1,725,637	\$66,381	4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$14,157,295	\$13,520,999	(\$636,296)	-4%
3	Total Fringe Benefits	\$26,172,827	\$52,987,390	\$26,814,563	102%
	Total i filige beliefits	\$20,172,027	\$32,901,390	\$20,014,303	102 /0
C.	Contractual Labor Fees:				
1	Nursing Fees	\$786,335	\$2,312,834	\$1,526,499	194%
2	Physician Fees	\$11,845,274	\$9,989,162	(\$1,856,112)	-16%
3	Non-Nursing, Non-Physician Fees	\$677,513	\$1,088,718	\$411,205	61%
	Total Contractual Labor Fees	\$13,309,122	\$13,390,714	\$81,592	1%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$21,211,568	\$23,288,879	\$2,077,311	10%
2	Pharmaceutical Costs	\$7,624,627	\$7,524,010	(\$100,617)	-1%
_	Total Medical Supplies and Pharmaceutical Cost	\$28,836,195	\$30,812,889	\$1,976,694	7%
	Downsistian and Amentination.				
E.	Depreciation and Amortization:	# 0.000.400	# 4.077.007	(00.40, 440)	450/
1	Depreciation-Building	\$2,326,109	\$1,977,697	(\$348,412)	-15%
2	Depreciation-Equipment	\$4,350,719	\$4,057,039	(\$293,680)	-7%
3	Amortization	\$135,596	\$405,798 \$6,440,534	\$270,202	199% -5%
	Total Depreciation and Amortization	\$6,812,424	\$6,440,534	(\$371,890)	-5%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$1,330,630	\$1,399,297	\$68,667	5%
	The Took Experies	ψ1,000,000	ψ1,000,201	φοσ,σσ:	070
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$6,135,436	(\$5,034,651)	(\$11,170,087)	-182%
l.	Utilities:				
1	Water	\$173,077	\$167,397	(\$5,680)	-3%
2	Natural Gas	\$1,161,657	\$1,000,888	(\$160,769)	-14%
3	Oil	(\$10,066)	\$39,717	\$49,783	-495%
4	Electricity	\$1,925,251	\$1,909,817	(\$15,434)	-1%
5	Telephone	\$241,429	\$277,839	\$36,410	15%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$3,491,348	\$3,395,658	(\$95,690)	-3%
-	Dusiness Eymanass				
J.	Business Expenses:				

FISCAL YEAR 2016

(4)	(0)	(2)	(4)	/F\	(0)
(1)	(2)	(3)	(4)	(5) AMOUNT	(6) %
LINE	DECORIDATION	FY 2015 ACTUAL	FY 2016 ACTUAL	DIFFERENCE	76 DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
1	Accounting Fees	\$213,198	\$242,575	\$29,377	14%
2	Legal Fees	\$2,045,976	\$1,804,746	(\$241,230)	-12%
3	Consulting Fees	\$3,229,903	\$2,698,613	(\$531,290)	-16%
4	Dues and Membership	\$234,649	\$974,976	\$740,327	316%
5	Equipment Leases	\$2,104,334	\$1,690,276	(\$414,058)	-20%
6	Building Leases	\$712,454	\$703,475	(\$8,979)	-1%
7	Repairs and Maintenance	\$3,099,068	\$4,960,704	\$1,861,636	60%
8	Insurance	\$398,381	\$582,623	\$184,242	46%
9	Travel	\$73,963	\$95,180	\$21,217	29%
10	Conferences	\$93,053	\$111,335	\$18,282	20%
11	Property Tax	\$293,305	\$305,675	\$12,370	4%
12	General Supplies	\$924,593	\$772,342	(\$152,251)	-16%
13	Licenses and Subscriptions	\$0	\$0	\$0	0%
14	Postage and Shipping	\$453,221	\$527,124	\$73,903	16%
15	Advertising	\$726,420	\$729,732	\$3,312	0%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$0	\$0	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$0	\$0	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$0	\$0	\$0	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$23,735,219	\$22,769,564	(\$965,655)	-4%
	Total Business Expenses	\$38,337,737	\$38,968,940	\$631,203	2%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$5,683,365	\$9,589,798	\$3,906,433	69%
		****	****		
	Total Operating Expenses - All Expense Categories*	\$210,952,866	\$233,811,154	\$22,858,288	11%
	*AK.The total operating expenses amount above mus	t agree with the te	stal operating ever	nese amount on B	oport 150
	AN. The total operating expenses amount above mus	st agree with the to	nai operating expe	enses amount on N	ероп 130
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$14,397,967	\$14,185,295	(\$212,672)	-1%
2	General Accounting	\$1,250,267	\$1,437,120	\$186,853	15%
3	Patient Billing & Collection	\$2,219,705	\$2,020,834	(\$198,871)	-9%
4	Admitting / Registration Office	\$1,220,863	\$1,316,256	\$95,393	8%
5	Data Processing	\$8,539,259	\$8,910,800	\$371,541	4%
6	Communications	\$0	\$99,472	\$99,472	0%
	Personnel	\$1,206,191	\$1,550,730	\$344,539	29%
8	Public Relations	\$755,330	\$796,486	\$41,156	5%
	Purchasing	\$1,306,539	\$1,176,772	(\$129,767)	-10%
10	Dietary and Cafeteria	\$3,750,048	\$3,854,674	\$104,626	3%

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)	(6)
. ,	, ,	FY 2015	FY 2016	AMOÚNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
11	Housekeeping	\$6,230,635	\$6,058,016	(\$172,619)	-3%
12	Laundry & Linen	\$1,047,622	\$840,567	(\$207,055)	-20%
13	Operation of Plant	\$6,360,254	\$6,416,717	\$56,463	1%
14	Security	\$1,255,064	\$1,403,975	\$148,911	12%
15	Repairs and Maintenance	\$0	\$0	\$0	0%
16	Central Sterile Supply	\$1,208,735	\$1,154,774	(\$53,961)	-4%
17	Pharmacy Department	\$10,488,422	\$9,799,529	(\$688,893)	-7%
18	Other General Services	\$35,950,807	\$57,563,918	\$21,613,111	60%
	Total General Services	\$97,187,708	\$118,585,935	\$21,398,227	22%
В.	Professional Services:				
1	Medical Care Administration	\$8,294,135	\$6,975,910	(\$1,318,225)	-16%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$964,595	\$1,586,268	\$621,673	64%
4	Medical Records	\$1,840,465	\$2,195,308	\$354,843	19%
5	Social Service	\$1,677,604	\$1,782,959	\$105,355	6%
6	Other Professional Services	\$6,936,011	\$7,122,021	\$186,010	3%
	Total Professional Services	\$19,712,810	\$19,662,466	(\$50,344)	0%
			. , ,	ζ. , ,	
C.	Special Services:				
1	Operating Room	\$14,896,297	\$16,628,657	\$1,732,360	12%
2	Recovery Room	\$913,365	\$880,986	(\$32,379)	-4%
3	Anesthesiology	\$374,077	\$802,278	\$428,201	114%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$2,559,513	\$2,453,570	(\$105,943)	-4%
6	Diagnostic Ultrasound	\$434,003	\$465,777	\$31,774	7%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$640,741	\$424,071	(\$216,670)	-34%
9	CT Scan	\$773,385	\$969,782	\$196,397	25%
10	Laboratory	\$7,503,780	\$7,302,618	(\$201,162)	-3%
11	Blood Storing/Processing	\$1,304,931	\$1,408,097	\$103,166	8%
12	Cardiology	\$7,008,314	\$7,161,315	\$153,001	2%
13 14	Electrocardiology	\$0	\$0	\$0	0% -7%
15	Electroencephalography Occupational Therapy	\$348,925	\$326,065	(\$22,860) \$7,800	-7% 0%
16	Speech Pathology	\$0 \$506	\$7,800 \$511	\$7,800 \$5	1%
		*-			0%
17 18	Respiratory Therapy	\$0 \$1,586,746	\$0 \$1,628,252	\$0 \$41,506	3%
19	Pulmonary Function	\$22,565	\$23,696	\$1,131	5%
20	Intravenous Therapy	\$0	\$23,090	\$0	0%
21	Shock Therapy	\$0	\$0	\$0 \$0	0%
22	Psychiatry / Psychology Services	\$6,003,563	\$6,181,372	\$177,809	3%
23	Renal Dialysis	\$349,799	\$339,089	(\$10,710)	-3%
24	Emergency Room	\$6,868,479	\$8,107,878	\$1,239,399	18%
25	MRI	\$1,080,494	\$1,071,800	(\$8,694)	-1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,624,812	\$939,356	(\$685,456)	-42%
29	Sleep Center	\$502,647	\$477,085	(\$25,562)	-5%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$257,580	\$253,656	(\$3,924)	-2%

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
32	Occupational Therapy / Physical Therapy	\$1,338,787	\$1,324,209	(\$14,578)	-1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$410,608	\$384,387	(\$26,221)	-6%
	Total Special Services	\$56,803,917	\$59,562,307	\$2,758,390	5%
D.	Routine Services:				
1	Medical & Surgical Units	\$16,371,125	\$16,012,265	(\$358,860)	-2%
2	Intensive Care Unit	\$4,228,167	\$4,512,736	\$284,569	7%
3	Coronary Care Unit	\$1,454,314	\$1,545,870	\$91,556	6%
4	Psychiatric Unit	\$4,887,887	\$4,205,825	(\$682,062)	-14%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,669,693	\$4,315,157	(\$354,536)	-8%
7	Newborn Nursery Unit	\$1,557,460	\$1,610,200	\$52,740	3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$2,031,590	\$2,119,177	\$87,587	4%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$35,200,236	\$34,321,230	(\$879,006)	-2%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$2,048,195	\$1,679,216	(\$368,979)	-18%
	Total Operating Expenses - All Departments*	\$210,952,866	\$233,811,154	\$22,858,288	11%
	*A E. The total operating expenses amount above	must agree with the t	otal operating exp	enses amount on	Report 150.

	WAT	ERBURY 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	<u>FY 2014</u>	FY 2015	<u>FY 2016</u>					
Α.	Statement of Operations Summary								
1	Total Net Patient Revenue	\$208,626,652	\$192,703,886	\$206,904,001					
2	Other Operating Revenue	8,214,242	6,461,805	6,874,599					
3	Total Operating Revenue	\$216,840,894	\$199,165,691	\$213,778,600					
4	Total Operating Expenses	216,453,293	210,952,866	233,811,154					
5	Income/(Loss) From Operations	\$387,601	(\$11,787,175)	(\$20,032,554)					
6	Total Non-Operating Revenue	3,136,173	2,169,188	3,515,776					
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,523,774	(\$9,617,987)	(\$16,516,778)					
В.	Profitability Summary								
1	Hospital Operating Margin	0.18%	-5.85%	-9.22%					
2	Hospital Non Operating Margin	1.43%	1.08%	1.62%					
3	Hospital Total Margin	1.60%	-4.78%	-7.60%					
4	Income/(Loss) From Operations	\$387,601	(\$11,787,175)	(\$20,032,554)					
5	Total Operating Revenue	\$216,840,894	\$199,165,691	\$213,778,600					
6	Total Non-Operating Revenue	\$3,136,173	\$2,169,188	\$3,515,776					
7	Total Revenue	\$219,977,067	\$201,334,879	\$217,294,376					
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,523,774	(\$9,617,987)	(\$16,516,778)					
C.	Net Assets Summary								
1	Hospital Unrestricted Net Assets	\$11,890,055	(\$10,077,417)	(\$41,588,851)					
2	Hospital Total Net Assets	\$69,529,379	\$44,346,385	\$15,267,838					
3	Hospital Change in Total Net Assets	(\$5,299,889)	(\$25,182,994)	(\$29,078,547)					
4	Hospital Change in Total Net Assets %	92.9%	-36.2%	-65.6%					
D.	Cost Data Summary								
1	Ratio of Cost to Charges	0.24	0.23	0.25					
2	Total Operating Expenses	\$216,453,293	\$210,952,866	\$233,811,154					

	WA	ATERBURY 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	<u>FY 2014</u>	FY 2015	FY 2016			
3	Total Gross Revenue	\$905,475,426	\$916,257,718	\$926,752,839			
4	Total Other Operating Revenue	\$8,214,242	\$6,461,805	\$6,874,599			
5	Private Payment to Cost Ratio	1.36	1.23	1.06			
6	Total Non-Government Payments	\$90,645,870	\$78,344,437	\$75,536,044			
7	Total Uninsured Payments	\$938,622	\$1,395,762	\$3,432,789			
8	Total Non-Government Charges	\$289,559,066	\$281,989,670	\$282,984,008			
9	Total Uninsured Charges	\$10,706,922	\$8,801,537	\$11,340,834			
10	Medicare Payment to Cost Ratio	0.88	0.84	0.91			
11	Total Medicare Payments	\$88,141,859	\$82,459,348	\$96,658,633			
12	Total Medicare Charges	\$424,951,958	\$428,563,307	\$425,177,266			
13	Medicaid Payment to Cost Ratio	0.70	0.84	0.73			
14	Total Medicaid Payments	\$31,612,939	\$39,339,859	\$39,589,729			
15	Total Medicaid Charges	\$189,733,028	\$204,130,994	\$217,368,126			
16	Uncompensated Care Cost	\$2,212,000	\$1,940,291	\$2,843,490			
17	Charity Care	\$5,644,280	\$4,739,178	\$5,849,188			
18	Bad Debts	\$3,692,986	\$3,747,762	\$5,505,105			
19	Total Uncompensated Care	\$9,337,266	\$8,486,940	\$11,354,293			
20	Uncompensated Care % of Total Expenses	1.0%	0.9%	1.2%			
21	Total Operating Expenses	\$216,453,293	\$210,952,866	\$233,811,154			
E.	Liquidity Measures Summary						
1	Current Ratio	2	1	1			
2	Total Current Assets	\$63,137,003	\$52,372,547	\$45,287,633			
3	Total Current Liabilities	\$36,552,064	\$40,023,573	\$48,567,454			

	WATERBURY HOSPITAL						
	TWELVE MONTHS ACTUAL FILING						
	FISCA	AL YEAR 2016					
	REPORT 185 - HOSPITAL FINANCIA	AL AND STATISTICAL D	ATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016			
4	Days Cash on Hand	48	29	13			
5	Cash and Cash Equivalents	\$27,492,453	\$16,313,006	\$8,118,706			
6	Short Term Investments	0	0	0			
7	Total Cash and Short Term Investments	\$27,492,453	\$16,313,006	\$8,118,706			
8	Total Operating Expenses	\$216,453,293	\$210,952,866	\$233,811,154			
9	Depreciation Expense	\$7,077,295	\$6,812,424	\$6,440,534			
10	Operating Expenses less Depreciation Expense	\$209,375,998	\$204,140,442	\$227,370,620			
11	Days Revenue in Patient Accounts Receivable	40	39	28			
12	Net Patient Accounts Receivable	\$26,853,209	\$27,695,330	\$21,515,681			
13	Due From Third Party Payers	\$0	\$0	\$0			
14	Due To Third Party Payers	\$4,171,981	\$7,348,352	\$5,641,257			
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$22,681,228	\$20,346,978	\$15,874,424			
16	Total Net Patient Revenue	\$208,626,652	\$192,703,886	\$206,904,001			
17	Average Payment Period	64	72	78			
18	Total Current Liabilities	\$36,552,064	\$40,023,573	\$48,567,454			
19	Total Operating Expenses	\$216,453,293	\$210,952,866	\$233,811,154			
20	Depreciation Expense	\$7,077,295	\$6,812,424	\$6,440,534			
21	Total Operating Expenses less Depreciation Expense	\$209,375,998	\$204,140,442	\$227,370,620			
F.	Solvency Measures Summary						
1	Equity Financing Ratio	44.7	32.3	12.4			
2	Total Net Assets	\$69,529,379	\$44,346,385	\$15,267,838			
3	Total Assets	\$155,439,138	\$137,137,341	\$122,873,369			
4	Cash Flow to Total Debt Ratio	17.5	(4.2)	(19.8)			

	WATERBUR'	Y HOSPITAL					
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016						
	REPORT 185 - HOSPITAL FINANCIAL	AND STATISTICAL D	ATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016			
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,523,774	(\$9,617,987)	(\$16,516,778)			
6	Depreciation Expense	\$7,077,295	\$6,812,424	\$6,440,534			
7	Excess of Revenues Over Expenses and Depreciation Expense	\$10,601,069	(\$2,805,563)	(\$10,076,244)			
8	Total Current Liabilities	\$36,552,064	\$40,023,573	\$48,567,454			
9	Total Long Term Debt	\$24,193,888	\$26,896,707	\$2,344,833			
10	Total Current Liabilities and Total Long Term Debt	\$60,745,952	\$66,920,280	\$50,912,287			
11	Long Term Debt to Capitalization Ratio	25.8	37.8	13.3			
12	Total Long Term Debt	\$24,193,888	\$26,896,707	\$2,344,833			
13	Total Net Assets	\$69,529,379	\$44,346,385	\$15,267,838			
14	Total Long Term Debt and Total Net Assets	\$93,723,267	\$71,243,092	\$17,612,671			
15	Debt Service Coverage Ratio	5.0	(0.6)	(0.3)			
16	Excess Revenues over Expenses	3,523,774	(\$9,617,987)	(\$16,516,778)			
17	Interest Expense	1,196,363	\$1,330,630	\$1,399,297			
18	Depreciation and Amortization Expense	7,077,295	\$6,812,424	\$6,440,534			
19	Principal Payments	1,173,560	\$1,131,501	\$27,084,414			
G.	Other Financial Ratios						
20	Average Age of Plant	33.4	35.7	38.7			
21	Accumulated Depreciation	236,509,671	243,205,726	249,206,014			
22	Depreciation and Amortization Expense	7,077,295	6,812,424	6,440,534			
Н.	Utilization Measures Summary						
1	Patient Days	58,082	55,390	52,586			
2	Discharges	11,693	11,646	11,646			
3	ALOS	5.0	4.8	4.5			
4	Staffed Beds	176	180	243			
5	Available Beds	-	282	282			

	WATERBU	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				
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016				
6	Licensed Beds	290	393	393				
7	Occupancy of Staffed Beds	90.4%	84.3%	59.3%				
8	Occupancy of Available Beds	54.9%	53.8%	51.1%				
9	Full Time Equivalent Employees	1,151.5	1,120.7	1,130.9				
l.	Hospital Gross Revenue Payer Mix Percentage							
1	Non-Government Gross Revenue Payer Mix Percentage	30.8%	29.8%	29.3%				
2	Medicare Gross Revenue Payer Mix Percentage	46.9%	46.8%	45.9%				
3	Medicaid Gross Revenue Payer Mix Percentage	21.0%	22.3%	23.5%				
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%				
5	Uninsured Gross Revenue Payer Mix Percentage	1.2%	1.0%	1.2%				
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.1%				
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
8	Non-Government Gross Revenue (Charges)	\$278,852,144	\$273,188,133	\$271,643,174				
9	Medicare Gross Revenue (Charges)	\$424,951,958	\$428,563,307	\$425,177,266				
10	Medicaid Gross Revenue (Charges)	\$189,733,028	\$204,130,994	\$217,368,126				
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0				
12	Uninsured Gross Revenue (Charges)	\$10,706,922	\$8,801,537	\$11,340,834				
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,231,374	\$1,573,747	\$1,223,439				
14	Total Gross Revenue (Charges)	\$905,475,426	\$916,257,718	\$926,752,839				
J.	Hospital Net Revenue Payer Mix Percentage							
1	Non-Government Net Revenue Payer Mix Percentage	42.6%	38.4%	34.0%				
2	Medicare Net Revenue Payer Mix Percentage	41.8%	41.1%	45.5%				
3	Medicaid Net Revenue Payer Mix Percentage	15.0%	19.6%	18.7%				
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%				
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.7%	1.6%				
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.2%				
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%				
8	Non-Government Net Revenue (Payments)	\$89,707,248	\$76,948,675	\$72,103,255				
9	Medicare Net Revenue (Payments)	\$88,141,859	\$82,459,348	\$96,658,633				
10	Medicaid Net Revenue (Payments)	\$31,612,939	\$39,339,859	\$39,589,729				
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0				

	WATE	RBURY HOSPITAL					
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016						
(1)	(2)	(3)	(4)	(5)			
		ACTUAL	ACTUAL	ACTUAL			
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	FY 2016			
12	Uninsured Net Revenue (Payments)	\$938,622	\$1,395,762	\$3,432,789			
13	CHAMPUS / TRICARE Net Revenue Payments)	\$278,693	\$254,932	\$474,966			
14	Total Net Revenue (Payments)	\$210,679,361	\$200,398,576	\$212,259,372			
K.	<u>Discharges</u>						
1	Non-Government (Including Self Pay / Uninsured)	3,089	2,897	2,753			
2	Medicare	5,396	5,403	5,288			
3	Medical Assistance	3,186	3,324	3,582			
4	Medicaid	3,186	3,324	3,582			
5	Other Medical Assistance	-	-	-			
6	CHAMPUS / TRICARE	22	22	23			
7	Uninsured (Included In Non-Government)	113	101	99			
8	Total	11,693	11,646	11,646			
L.	Case Mix Index						
1	Non-Government (Including Self Pay / Uninsured)	1.26220	1.25770	1.37740			
2	Medicare	1.51500	1.45920	1.59300			
3	Medical Assistance	1.02160	0.97370	1.09060			
4	Medicaid	1.02160	0.97370	1.09060			
5	Other Medical Assistance	0.00000	0.00000	0.00000			
6	CHAMPUS / TRICARE	0.87480	0.91200	0.98250			
7	Uninsured (Included In Non-Government)	1.05100	1.01220	1.18950			
8	Total Case Mix Index	1.31257	1.26947	1.38630			
М.	Emergency Department Visits						
1	Emergency Room - Treated and Admitted	8,097	8,080	7,751			
2	Emergency Room - Treated and Discharged	45,587	42,573	39,356			
3	Total Emergency Room Visits	53,684	50,653	47,107			

		BURY HOSPITAL						
		THS ACTUAL FILING)					
		L YEAR 2016	DADE ACTIVITY	,				
	REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY							
(4)	(0)	(0)	(4)	(5)	(0)			
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %			
LINE	DESCRIPTION		ACTUAL	DIFFERENCE	DIFFERENCE			
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE			
I.	MEDICARE MANAGED CARE							
	ANTUEM MEDICADE DI UE CONNECTICUT							
A.	ANTHEM - MEDICARE BLUE CONNECTICUT	₽0 400 E70	£40.0E7.040	₾7 074 440	2470/			
1	Inpatient Charges	\$2,482,578	\$10,357,018	\$7,874,440	317%			
2	Inpatient Payments	\$618,725	\$2,603,934	\$1,985,209	321%			
3	Outpatient Charges	\$1,869,890	\$6,912,390	\$5,042,500	270%			
4	Outpatient Payments	\$300,296	\$960,371	\$660,075	220%			
5	Discharges	44	217	173	393%			
6	Patient Days	237	990	753	318%			
7	Outpatient Visits (Excludes ED Visits)	485	1,897	1,412	291%			
8	Emergency Department Outpatient Visits	101	557	456	451%			
9	Emergency Department Inpatient Admissions	35	189	154	440%			
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,352,468	\$17,269,408	\$12,916,940	297%			
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$919,021	\$3,564,305	\$2,645,284	288%			
В.	CIGNA HEALTHCARE							
1	Inpatient Charges	\$0	\$0	\$0	0%			
2	Inpatient Payments	\$0	\$0	\$0	0%			
3	Outpatient Charges	\$0	\$0	\$0	0%			
4	Outpatient Payments	\$0	\$0	\$0	0%			
5	Discharges	0	0	0	0%			
6	Patient Days	0	0	0	0%			
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%			
8	Emergency Department Outpatient Visits	0	0	0	0%			
9	Emergency Department Unpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%			
9	TOTAL INPATIENT & OUTPATIENT CHARGES	\$ 0	\$0	\$ 0	0%			
		\$0		\$0	0%			
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	070			
C.	CONNECTICARE, INC.	400.074.005	**********	(0.500.045)	90/			
1	Inpatient Charges	\$22,971,295	\$22,447,680	(\$523,615)	-2%			
2	Inpatient Payments	\$4,768,748	\$5,404,235	\$635,487	13%			
3	Outpatient Charges	\$13,442,532	\$13,786,613	\$344,081	3%			
4	Outpatient Payments	\$2,262,952	\$1,872,114	(\$390,838)	-17%			
5	Discharges	398	391	(7)	-2%			
6	Patient Days	2,065	1,928	(137)	-7%			
7	Outpatient Visits (Excludes ED Visits)	4,760	4,534	(226)	-5%			
8	Emergency Department Outpatient Visits	512	499	(13)	-3%			
9	Emergency Department Inpatient Admissions	326	323	(3)	-1%			
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$36,413,827	\$36,234,293	(\$179,534)	0%			
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,031,700	\$7,276,349	\$244,649	3%			
D.	HEALTHNET OF CONNECTICUT							
1	Inpatient Charges	\$0	\$0	\$0	0%			
2	Inpatient Payments	\$0	\$0	\$0	0%			
3	Outpatient Charges	\$0	\$0 \$0	\$0	0%			
4	Outpatient Charges Outpatient Payments	\$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	remergency Department Outpatient VISITS	Ü	U	0	1 09			

	WATERBU	RY HOSPITAL	'		
		IS ACTUAL FILING	;		
		YEAR 2016			
	REPORT 200 - HOSPITAL MEDI	CARE MANAGED	CARE ACTIVITY		
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015	FY 2016	AMOUNT	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
0	Francisco Department Innations Admissions	0	0	0	00/
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	0 \$0	<u>0</u> \$0	0 \$0	0% 0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0 \$0	\$0 \$0	0%
	TOTAL INFATILITY & COTTATILITY FATMLINGS	φυ	Ψυ	Ψ	0 /0
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$533,648	\$874,575	\$340,927	64%
2	Inpatient Payments	\$82,047	\$166,471	\$84,424	103%
3	Outpatient Charges	\$221,789	\$186,700	(\$35,089)	-16%
4	Outpatient Payments	\$47,551	\$26,653	(\$20,898)	-44%
5	Discharges	10	12	2	20%
6	Patient Days	100	110	10	10%
7	Outpatient Visits (Excludes ED Visits)	49	14	(35)	-71%
8	Emergency Department Outpatient Visits	60	42	(18)	-30%
9	Emergency Department Inpatient Admissions	10	12	2	20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$755,437	\$1,061,275	\$305,838	40%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$129,598	\$193,124	\$63,526	49%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAG	E			
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%
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%
G.	UNITED HEALTHCARE INSURANCE COMPANY	040.004.000	* 40.044.000	* 4.070.050	110/
1	Inpatient Charges	\$12,034,933	\$13,311,889	\$1,276,956	11%
3	Inpatient Payments Outpatient Charges	\$2,792,154 \$5,992,689	\$3,432,400 \$6,209,506	\$640,246 \$216,817	23% 4%
4	Outpatient Charges Outpatient Payments	\$1,074,807	\$917,462	\$216,817 (\$157,345)	-15%
5	Discharges	273	258	(\$157,345)	-15%
6	Patient Days	1,264	1,243	(21)	-2%
7	Outpatient Visits (Excludes ED Visits)	2,045	1,856	(189)	-9%
8	Emergency Department Outpatient Visits	518	377	(141)	-27%
9	Emergency Department Inpatient Admissions	261	241	(20)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,027,622	\$19,521,395	\$1,493,773	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,866,961	\$4,349,862	\$482,901	12%
		. , ,	. , .,	. ,	
H.	WELLCARE OF CONNECTICUT			-	-
1	Inpatient Charges	\$7,680,303	\$2,992,345	(\$4,687,958)	-61%
2	Inpatient Payments	\$1,672,695	\$687,814	(\$984,881)	-59%
3	Outpatient Charges	\$5,777,763	\$1,827,612	(\$3,950,151)	-68%
4	Outpatient Payments	\$1,012,832	\$237,168	(\$775,664)	-77%
5	Discharges	157	57	(100)	-64%
6	Patient Days	739	269	(470)	-64%
7	Outpatient Visits (Excludes ED Visits)	2,096	630	(1,466)	-70%

WATERBURY 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 **AMOÚNT** LINE DESCRIPTION **ACTUAL ACTUAL** DIFFERENCE **DIFFERENCE** 8 **Emergency Department Outpatient Visits** 563 178 (385)-68% **Emergency Department Inpatient Admissions** 9 144 52 (92)-64% **TOTAL INPATIENT & OUTPATIENT CHARGES** \$13,458,066 \$4,819,957 (\$8,638,109) -64% TOTAL INPATIENT & OUTPATIENT PAYMENTS \$2,685,527 \$924,982 (\$1,760,545) -66% **AETNA** Inpatient Charges \$16,840,091 \$16,416,734 (\$423,357) -3% 1 2 Inpatient Payments \$3,560,049 \$3,937,653 11% \$377,604 **Outpatient Charges** -7% 3 \$10,716,819 \$10,013,698 (\$703,121) -20% **Outpatient Payments** \$1,738,371 \$1,382,509 (\$355,862) 4 5 Discharges 289 290 0% 1 6 Patient Days 1,460 1,455 (5) 0% 7 -7% Outpatient Visits (Excludes ED Visits) 3,606 3,358 (248) 9% 8 **Emergency Department Outpatient Visits** 432 471 39 9 **Emergency Department Inpatient Admissions** 233 236 3 1% \$26,430.432 -4% **TOTAL INPATIENT & OUTPATIENT CHARGES** \$27,556,910 (\$1,126,478) TOTAL INPATIENT & OUTPATIENT PAYMENTS \$5,298,420 \$5,320,162 0% \$21,742 HUMANA J. Inpatient Charges \$0 \$0 \$0 0% 1 2 Inpatient Payments \$0 \$0 0% \$0 3 **Outpatient Charges** \$0 \$0 \$0 0% 4 Outpatient Payments \$0 \$0 \$0 0% 5 Discharges 0 0 0 0% 6 Patient Days 0 0 0 0% 7 Outpatient Visits (Excludes ED Visits) 0 0 0 0% 8 **Emergency Department Outpatient Visits** 0 0 0 0% 9 **Emergency Department Inpatient Admissions** 0 0 0 0% **TOTAL INPATIENT & OUTPATIENT CHARGES** \$0 \$0 \$0 0% **TOTAL INPATIENT & OUTPATIENT PAYMENTS** \$0 \$0 \$0 0% K. **SECURE HORIZONS** Inpatient Charges \$0 \$0 \$0 0% 1 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 Patient Days 0 0% 6 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 0% TOTAL INPATIENT & OUTPATIENT PAYMENTS \$0 \$0 \$0 **UNICARE LIFE & HEALTH INSURANCE** Inpatient Charges \$0 \$0 \$0 0% 1 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%

		RY HOSPITAL			
		IS ACTUAL FILING	}		
	REPORT 200 - HOSPITAL MEDI	YEAR 2016	CADE ACTIVITY	,	
	REPORT 200 - HOSPITAL MEDI	CARE MANAGED	CARE ACTIVITY		
(1)	(2)	(3)	(4)	(5)	(6)
(')	\ <u>\</u>	FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
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%
	LINIVERCAL AMERICAN				
<u>М.</u> 1	UNIVERSAL AMERICAN	C O	C O	C O	00/
•	Inpatient Charges	\$0 \$0	\$0	\$0 \$0	0%
3	Inpatient Payments Outpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE			(4	
1	Inpatient Charges	\$17,070	\$0	(\$17,070)	-100%
2	Inpatient Payments	\$6,505	\$0	(\$6,505)	-100%
<u>3</u>	Outpatient Charges Outpatient Payments	\$4,600 \$322	\$0 \$0	(\$4,600) (\$322)	-100% -100%
5	Discharges	φ322 1	90	(4322)	-100%
6	Patient Days	3	0	(3)	-100%
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	\$21,670	\$0	(\$21,670)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,827	\$0	(\$6,827)	-100%
				\ .,,,	
II.	TOTAL MEDICARE MANAGED CARE				
				42	
	TOTAL INPATIENT CHARGES	\$62,559,918	\$66,400,241	\$3,840,323	6%
	TOTAL INPATIENT PAYMENTS	\$13,500,923	\$16,232,507	\$2,731,584	20%
	TOTAL OUTPATIENT CHARGES	\$38,026,082	\$38,936,519	\$910,437	2%
	TOTAL DISCHARGES	\$6,437,131	\$5,396,277	(\$1,040,854)	-16%
	TOTAL DISCHARGES TOTAL PATIENT DAYS	1,172 5,868	1,225 5,995	53 127	5% 2%
	TOTAL PATIENT DATO	3,008	5,995	127	2%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	13,041	12,289	(752)	-6%
	TOTAL COTPATIENT VISITS (EXCLUDES ED VISITS)	13,041	12,203	(132)	-0/
	VISITS	2,186	2,124	(62)	-3%
	TOTAL EMERGENCY DEPARTMENT INPATIENT	2,.50	_,	(32)	, <u>, , , , , , , , , , , , , , , , , , </u>
	ADMISSIONS	1,009	1,053	44	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$100,586,000	\$105,336,760	\$4,750,760	5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$19,938,054	\$21,628,784	\$1,690,730	8%

		ERBURY HOSPITAL			
		MONTHS ACTUAL FI	LING		
		FISCAL YEAR 2016	== 0.15= 1.0 = 0.00		
	REPORT 250 - HOSPITAL	MEDICAID MANAG	ED CARE ACTIVI	ГҮ	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	FY 2015	(4) FY 2016	(5) AMOUNT	(6)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
		71010712	71010712	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70 5 11 1 2 11 2 11 2
_	MEDICAID MANAGED CARE				
I.	MEDICAID MANAGED CARE				
_	ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT				
A.	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0 \$0	\$0 \$0	0%
3	Outpatient Charges	\$0	\$0 \$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%
_					
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3 4	Outpatient Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
5	Outpatient Payments Discharges	0	<u>\$0</u>	φ ₀	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	HEALTHNET OF THE NORTHEAST, INC.	CO	# O	ф О	00/
2	Inpatient Charges Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Charges Outpatient Payments	\$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%
D.	OTHER MEDICAID MANAGED CARE	<u> </u>			
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%

		RBURY HOSPITAL			
		IONTHS ACTUAL FII	LING		
		ISCAL YEAR 2016		=\/	
	REPORT 250 - HOSPITAL	MEDICAID MANAGI	ED CARE ACTIVI	ГҮ	
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	FY 2015	FY 2016	AMOUNT	(6)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
		ACTORE	HOTOKE	DITTERCENCE	70 DITT ETTENDE
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7 8	Outpatient Visits (Excludes ED Visits)	0	0	0	0% 0%
9	Emergency Department Outpatient Visits Emergency Department Inpatient Admissions	0	0	0	0%
Э	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$ 0	\$ 0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0 \$0	0%
	FIRST CHOICE OF CONNECTICUT, PREFERRED	40	Ψ	Ψ	370
F.	ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
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%
_	LINITED HEALTHCARE				
G.	UNITED HEALTHCARE	C O	_ው	Ф^	00/
2	Inpatient Charges Inpatient Payments	\$0 \$0	\$0 \$0	\$0 \$0	0% 0%
3	Outpatient Charges	\$0	\$0 \$0	\$0 \$0	0%
4	Outpatient Charges Outpatient Payments	\$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%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%

	T	1			I
	WATE	RBURY HOSPITAL			
		ONTHS ACTUAL F			
		ISCAL YEAR 2016	ILING		
	REPORT 250 - HOSPITAL		ED CAPE ACTIVIT	TV	
	KEI OKI 230 - HOOI IIAE	MEDICAID MANAC	LD CARL ACTIVI	• •	
(1)	(2)	(3)	(4)	(5)	(6)
1-7	(-)	FY 2015	FY 2016	AMOUNT	(-)
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED				
	VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT				
	INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

GREATER WATERBURY HEALTH NETWORK TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION (1) (2) (4) (5) (6)FY 2015 FY 2016 **AMOUNT** LINE **DESCRIPTION ACTUAL** DIFFERENCE **DIFFERENCE ACTUAL ASSETS Current Assets:** Cash and Cash Equivalents -49% \$23,373,992 \$11,878,115 (\$11,495,877)Short Term Investments \$1,527,528 \$552,299 (\$975,229)-64% Accounts Receivable (Less: Allowance for Doubtful Accounts) \$32,315,680 \$27,703,809 (\$4,611,871)-14% Current Assets Whose Use is Limited for Current Liabilities \$0 \$0 \$0 0% Due From Affiliates \$189.380 \$187.880 (\$1.500)-1% Due From Third Party Payers 0% \$3,461,115 -15% 7 Inventories of Supplies \$2,929,281 (\$531,834)(\$267,632) -13% 8 Prepaid Expenses \$2,060,247 \$1,792,615 Other Current Assets \$3,837,291 \$11,957,931 \$8,120,640 212% **Total Current Assets** \$66,765,233 \$57,001,930 (\$9,763,303) -15% B. Noncurrent Assets Whose Use is Limited: Held by Trustee \$43,411,397 \$45,342,562 \$1,931,165 4% Board Designated for Capital Acquisition \$0 \$0 0% Funds Held in Escrow \$31.682 \$32.618 \$936 3% Other Noncurrent Assets Whose Use is Limited \$0 \$0 \$0 0% **Total Noncurrent Assets Whose Use is** Limited: \$43,443,079 \$45,375,180 \$1,932,101 4% 5 Interest in Net Assets of Foundation \$0 \$0 \$0 0% Long Term Investments \$25,903,153 \$11,265,188 (\$14,637,965)-57% 7 Other Noncurrent Assets \$2,410,157 \$700,986 (\$1,709,171)-71% C. **Net Fixed Assets:** 1 Property, Plant and Equipment \$292,402,087 \$288,956,637 (\$3,445,450)-1% Less: Accumulated Depreciation \$256,109,338 \$261,912,112 \$5,802,774 \$0 Property, Plant and Equipment, Net \$36,292,749 \$27,044,525 (\$9,248,224) -25% \$0 \$0 \$0 0% Construction in Progress **Total Net Fixed Assets** \$36,292,749 \$27,044,525 (\$9,248,224) -25% **Total Assets** \$174,814,371 \$141,387,809 -19% (\$33,426,562)

		TWELVE MONTHS ACTU	AL FILING					
FISCAL YEAR 2016 REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION								
	REPORT 300 - PARENT CO	RPORATION CONSOLIDA	TED BALANCE SHE	ET INFORMATION				
(1) <u>LINE</u>	(2) <u>DESCRIPTION</u>	(3) FY 2015 <u>ACTUAL</u>	(4) FY 2016 <u>ACTUAL</u>	(5) AMOUNT DIFFERENCE	(6) % <u>DIFFERENCE</u>			
II.	LIABILITIES AND NET ASSETS							
Α.	Current Liabilities:							
1	Accounts Payable and Accrued Expenses	\$26,034,893	\$20,036,422	(\$5,998,471)	-23%			
2	Salaries, Wages and Payroll Taxes	\$6,161,178	\$6,344,404	\$183,226	3%			
3	Due To Third Party Payers	\$7,729,230	\$6,033,009	(\$1,696,221)	-22%			
4	Due To Affiliates	\$0	\$0	\$0	0%			
5	Current Portion of Long Term Debt	\$576,408	\$60,000	(\$516,408)	-90%			
6	Current Portion of Notes Payable	\$1,455,894	\$1,291,333	(\$164,561)	-11%			
7	Other Current Liabilities	\$0	\$0	\$0	0%			
	Total Current Liabilities	\$41,957,603	\$33,765,168	(\$8,192,435)	-20%			
В.	Long Term Debt:							
1	Bonds Payable (Net of Current Portion)	\$24,483,336	\$1,150,000	(\$23,333,336)	-95%			
2	Notes Payable (Net of Current Portion)	\$3,647,977	\$2,354,420	(\$1,293,557)	-35%			
	Total Long Term Debt	\$28,131,313	\$3,504,420	(\$24,626,893)	-88%			
3	Accrued Pension Liability	\$0	\$0	\$0	0%			
4	Other Long Term Liabilities	\$26,049,588	\$56,890,416	\$30,840,828	118%			
	Total Long Term Liabilities	\$54,180,901	\$60,394,836	\$6,213,935	11%			
5	Interest in Net Assets of Affiliates or Joint Ventures	\$2,668,511	\$2,503,706	(\$164,805)	-6%			
C.	Net Assets:							
1	Unrestricted Net Assets or Equity	\$21,583,554	(\$12,132,590)	(\$33,716,144)	-156%			
2	Temporarily Restricted Net Assets	\$8,220,369	\$8,722,091	\$501,722	6%			
3	Permanently Restricted Net Assets	\$46,203,433	\$48,134,598	\$1,931,165	4%			
	Total Net Assets	\$76,007,356	\$44,724,099	(\$31,283,257)	-41%			

\$174,814,371

\$141,387,809

(\$33,426,562)

-19%

Total Liabilities and Net Assets

GREATER WATERBURY HEALTH NETWORK

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A.	Operating Revenue:				
1	Total Gross Patient Revenue	\$1,002,524,595	\$1,019,106,645	\$16,582,050	2%
2	Less: Allowances	\$749,730,757	\$741,820,331	(\$7,910,426)	-1%
3	Less: Charity Care	\$5,323,038	\$6,872,980	\$1,549,942	29%
4	Less: Other Deductions	\$9,321,152	\$12,421,400	\$3,100,248	33%
	Total Net Patient Revenue	\$238,149,648	\$257,991,934	\$19,842,286	8%
5	Provision for Bad Debts	\$4,483,187	\$6,365,067	\$1,881,880	42%
	Net Patient Service Revenue less provision for bad debts	\$233,666,461	\$251,626,867	\$17,960,406	8%
6	Other Operating Revenue	\$6,386,976	\$6,718,689	\$331,713	5%
7	Net Assets Released from Restrictions	\$5,014,429	\$5,095,359	\$80,930	2%
	Total Operating Revenue	\$245,067,866	\$263,440,915	\$18,373,049	7%
	J. C.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	, -,,-	
В.	Operating Expenses:				
1	Salaries and Wages	\$120,866,891	\$124,425,396	\$3,558,505	3%
2	Fringe Benefits	\$33,239,752	\$61,054,809	\$27,815,057	84%
3	Physicians Fees	\$12,654,147	\$11,819,269	(\$834,878)	-7%
4	Supplies and Drugs	\$31,171,674	\$32,219,033	\$1,047,359	3%
5	Depreciation and Amortization	\$7,670,258	\$6,950,095	(\$720,163)	-9%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,535,311	\$1,869,146	\$333,835	22%
8	Malpractice Insurance Cost	\$7,838,777	(\$3,608,223)	(\$11,447,000)	-146%
9	Other Operating Expenses	\$53,076,094	\$62,276,253	\$9,200,159	17%
	Total Operating Expenses	\$268,052,904	\$297,005,778	\$28,952,874	11%
	Income/(Loss) From Operations	(\$22,985,038)	(\$33,564,863)	(\$10,579,825)	46%
C.	Non-Operating Revenue:				
1	Income from Investments	\$1,876,016	\$456,743	(\$1,419,273)	-76%
2	Gifts, Contributions and Donations	\$669,579	\$1,823,267	\$1,153,688	172%
3	Other Non-Operating Gains/(Losses)	(\$750,533)	(\$747,586)	\$2,947	0%
	Total Non-Operating Revenue	\$1,795,062	\$1,532,424	(\$262,638)	-15%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$21,189,976)	(\$32,032,439)	(\$10,842,463)	51%

GREATER WATERBURY HEALTH NETWORK TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION** (1) (2) (4) (6) (3) (5) FY 2015 FY 2016 AMOUNT LINE DESCRIPTION ACTUAL ACTUAL **DIFFERENCE DIFFERENCE** Other Adjustments: Unrealized Gains/(Losses) (\$1,197,928)\$587,807 \$1,785,735 -149% All Other Adjustments \$0 \$0 \$0 0% **Total Other Adjustments** (\$1,197,928) \$587,807 \$1,785,735 -149% Excess/(Deficiency) of Revenue Over Expenses 40% (\$22,387,904) (\$31,444,632) (\$9,056,728)

GREATER WATERBURY HEALTH NETWORK 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 Parent Corporation Statement of Operations Summary Net Patient Revenue \$248,939,189 \$233,666,461 \$251,626,867 2 Other Operating Revenue 11,533,139 11,401,405 11,814,048 Total Operating Revenue \$260,472,328 \$245,067,866 \$263,440,915 Total Operating Expenses 268,450,195 268,052,904 297,005,778 Income/(Loss) From Operations (\$7,977,867)(\$22,985,038)(\$33,564,863)6 Total Non-Operating Revenue 2,323,179 597,134 2,120,231 (\$31,444,632) Excess/(Deficiency) of Revenue Over Expenses (\$5,654,688)(\$22,387,904) B. Parent Corporation Profitability Summary Parent Corporation Operating Margin -3.04% -9.36% -12.64% Parent Corporation Non-Operating Margin 0.88% 0.24% 0.80% -11.84% Parent Corporation Total Margin -2.15% -9.11% Income/(Loss) From Operations (\$7,977,867)(\$22,985,038)(\$33,564,863)Total Operating Revenue \$260,472,328 \$245,067,866 \$263,440,915 Total Non-Operating Revenue \$597,134 \$2,323,179 \$2,120,231 7 Total Revenue \$262,795,507 \$245,665,000 \$265,561,146 Excess/(Deficiency) of Revenue Over Expenses (\$5,654,688)(\$22,387,904)(\$31,444,632)C. Parent Corporation Net Assets Summary 1 Parent Corporation Unrestricted Net Assets \$43,957,226 \$21,583,554 (\$12,132,590) Parent Corporation Total Net Assets \$101.596.550 \$76.007.356 \$44,724,099 Parent Corporation Change in Total Net Assets (\$4,788,368)(\$25,589,194) (\$31,283,257)Parent Corporation Change in Total Net Assets % 95.5% -25.2% -41.2% **Liquidity Measures Summary**

1.98

1.59

1.69

Current Ratio

GREATER WATERBURY HEALTH NETWORK

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
2	Total Current Assets	\$77,477,183	\$66,765,233	\$57,001,930
3	Total Current Liabilities	\$39,105,578	\$41,957,603	\$33,765,168
4	Days Cash on Hand	51	35	16
5	Cash and Cash Equivalents	\$34,802,272	\$23,373,992	\$11,878,115
6	Short Term Investments	\$1,420,733	\$1,527,528	\$552,299
7	Total Cash and Short Term Investments	\$36,223,005	\$24,901,520	\$12,430,414
8	Total Operating Expenses	\$268,450,195	\$268,052,904	\$297,005,778
9	Depreciation Expense	\$7,991,436	\$7,670,258	\$6,950,095
10	Operating Expenses less Depreciation Expense	\$260,458,759	\$260,382,646	\$290,055,683
11	Days Revenue in Patient Accounts Receivable	39	38	31
12	Net Patient Accounts Receivable	\$ 31,329,622	\$ 32,315,680	\$ 27,703,809
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,444,304	\$7,729,230	\$6,033,009
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 26,885,318	\$ 24,586,450	\$ 21,670,800
16	Total Net Patient Revenue	\$248,939,189	\$233,666,461	\$251,626,867
17	Average Payment Period	55	59	42
18	Total Current Liabilities	\$39,105,578	\$41,957,603	\$33,765,168
19	Total Operating Expenses	\$268,450,195	\$268,052,904	\$297,005,778
20	Depreciation Expense	\$7,991,436	\$7,670,258	\$6,950,095
20	Total Operating Expenses less Depreciation Expense	\$260,458,759	\$260,382,646	\$290,055,683
E.	Solvency Measures Summary			
1	Equity Financing Ratio	52.3	43.5	31.6
2	Total Net Assets	\$101,596,550	\$76,007,356	\$44,724,099

	GREATER WATERBURY HI	EALTH NETWORK							
	TWELVE MONTHS AC	TUAL 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					
3	Total Assets	\$194,272,127	\$174,814,371	\$141,387,809					
4	Cash Flow to Total Debt Ratio	3.6	(21.0)	(65.7)					
5	Excess/(Deficiency) of Revenues Over Expenses	(\$5,654,688)	(\$22,387,904)	(\$31,444,632)					
6	Depreciation Expense	\$7,991,436	\$7,670,258	\$6,950,095					
7	Excess of Revenues Over Expenses and Depreciation Expense	\$2,336,748	(\$14,717,646)	(\$24,494,537					
8	Total Current Liabilities	\$39,105,578	\$41,957,603	\$33,765,168					
9	Total Long Term Debt	\$25,498,728	\$28,131,313	\$3,504,420					
10	Total Current Liabilities and Total Long Term Debt	\$64,604,306	\$70,088,916	\$37,269,588					
11	Long Term Debt to Capitalization Ratio	20.1	27.0	7.3					
12	Total Long Term Debt	\$25,498,728	\$28,131,313	\$3,504,420					
13	Total Net Assets	\$101,596,550	\$76,007,356	\$44,724,099					
14	Total Long Term Debt and Total Net Assets	\$127,095,278	\$104,138,669	\$48,228,519					

				WA	TERBURY HOSPIT	ΓAL		
					MONTHS ACTUA			
					ISCAL YEAR 2010			
			REPORT 40	0 - HOSPITAL INPATIENT BED		LIZATION BY DE	PARTMENT	 I
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
							OCCUPANCY	OCCUPANCY
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	<u>DAYS</u>	CU/CCU # PATIENT		BEDS (A)	<u>BEDS</u>	BEDS (A)	BEDS
	Adult Medical/Surgical	33,531	8,727	8,895	170	470	54.0%	54.0%
1	Adult Medical/Surgical	33,531	8,121	8,895	170	170	54.0%	54.0%
2	ICU/CCU (Excludes Neonatal ICU)	4.435	353	0	20	20	60.8%	60.8%
		,		-	_ •		55.575	
	Psychiatric: Ages 0 to 17	1,086		84	4	5	74.4%	59.5%
4	Psychiatric: Ages 18+	6,869		576	23	25	81.8%	75.3%
	TOTAL PSYCHIATRIC	7,955	659	660	27	30	80.7%	72.6%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,870	1,155	1,155	10	26	78.6%	30.2%
7	Newborn	2,095	925	927	10	22	57.4%	26.1%
8	Neonatal ICU	1,700	180	0	6	14	77.6%	33.3%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	50,491	10,721	10,710	233	260	59.4%	53.2%
	TOTAL INPATIENT BED UTILIZATION	52,586	11,646	11,637	243	282	59.3%	51.1%
	TOTAL INI ATIENT BED OTILIZATION	32,300	11,040	11,037	243	202	33.376	31.17
	TOTAL INPATIENT REPORTED YEAR	52.586	11.646	11.637	243	282	59.3%	51.1%
	TOTAL INPATIENT PRIOR YEAR	55,390	11,646	11,613	180	282	84.3%	53.8%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,804	0	24	63	0	-25.0%	-2.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-5%	0%	0%	35%	0%	-30%	-5%
	Total Licensed Beds and Bassinets	393						
(A) T	his number may not exceed the number of availal		h department or in	total.				
Note	: Total discharges do not include ICU/CCU patien	ts.						

	WA	TERBURY HOSPITAL			
		MONTHS ACTUAL FIL	_ING		
		FISCAL YEAR 2016			
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTHE	R SERVICES UTILI	ZATION AND FTES	
(4)	(0)	(2)	(0)	(=)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	0/
LINE	DESCRIPTION	ACTUAL EX 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	DESCRIPTION	FY 2015	<u>F1 2016</u>	DIFFERENCE	DIFFERENCE
Α.	CT Scans (A)				
1	Inpatient Scans	6,596	7,036	440	7%
'	Outpatient Scans (Excluding Emergency Department	0,030	7,000	7-10	170
2	Scans)	4,784	5,547	763	16%
	Emergency Department Scans	7,911	8,571	660	8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	19,291	21,154	1,863	10%
		-, -	, -	,	
В.	MRI Scans (A)				
1	Inpatient Scans	0	0	0	0%
	Outpatient Scans (Excluding Emergency Department				
	Scans)	0	0	0	0%
	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	7,686	7,455	-231	-3%
	Total MRI Scans	7,686	7,455	-231	-3%
	PET Scans (A)				201
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	00/
	Emergency Department Scans	0	0	0	0% 0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
				-	
D.	PET/CT Scans (A)				
1	Inpatient Scans	0	0	0	0%
	Outpatient Scans (Excluding Emergency Department				
2	Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
	(A) If the Hospital is not the primary provider of thes			cal year	
	volume of each of these types of scans from the	primary provider of th	e scans.		
	Lineau Assalaustau Dusas dauss				
	<u>Linear Accelerator Procedures</u>	70	50	2.4	000/
1	Inpatient Procedures	76	52	-24	-32%
2	Outpatient Procedures Total Linear Accelerator Procedures	78	53	-1 -25	-50% - 32%
	Total Lineal Accelerator Procedures	10	33	-23	-32%
F.	Cardiac Catheterization Procedures				
<u>г.</u> 1	Inpatient Procedures	371	431	60	16%
2	Outpatient Procedures	474	450	-24	-5%
	Total Cardiac Catheterization Procedures	845	881	36	4%
		0.0	331	30	***
G.	Cardiac Angioplasty Procedures				
1	Primary Procedures	166	304	138	83%
2	Elective Procedures	167	44	-123	-74%
	Total Cardiac Angioplasty Procedures	333	348	15	5%
H.	<u>Electrophysiology Studies</u>				

	W	ATERBURY HOSPITAL			
		E MONTHS ACTUAL F			
		FISCAL YEAR 2016			
	REPORT 450 - HOSPITAL INPATIENT AN	ND OUTPATIENT OTH	ER SERVICES UTIL	ZATION AND FTES	i
(4)	(0)	(0)	(4)	(E)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
-	Total Electrophysiology Studies	0	0	0	0%
I.	Surgical Procedures				
1	Inpatient Surgical Procedures	1,950	1,873	-77	-4%
2	Outpatient Surgical Procedures	4,288	4,523	235	5%
	Total Surgical Procedures	6,238	6,396	158	3%
J.	Endoscopy Procedures		***		<u> </u>
1	Inpatient Endoscopy Procedures	254	262	8	3%
2	Outpatient Endoscopy Procedures Total Endoscopy Procedures	500 754	527 789	27 35	5% 5%
	Total Endoscopy Frocedures	734	703	33	370
K.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	8,080	7,751	-329	-4%
2	Emergency Room Visits: Treated and Discharged	42,573	39,356	-3,217	-8%
	Total Emergency Room Visits	50,653	47,107	-3,546	-7%
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	22,540	25,470	2,930	13%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6 7	Medical Clinic Visits - Urgent Care Clinic Medical Clinic Visits - Family Practice Clinic	0	0	0	0% 0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0 53	0%
13	Specialty Clinic Visits - Other Speciality Clinics Total Hospital Clinic Visits	14,021 36,561	14,074 39,544	2,983	0% 8%
	Total Hoopital Ollino Violes	30,301	00,044	2,303	070
М.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	0	0	0	0%
2	Cardiac Rehabilitation	3,382	3,846	464	14%
3	Chemotherapy	971	1,054	83	9%
<u>4</u> 5	Gastroenterology Other Outpatient Visits	1,641 95,305	1,779 108,833	138 13,528	8% 14%
- 5	Total Other Hospital Outpatient Visits	101,299	115,512	14,213	14%
		101,200	110,012	17,210	1-470
ļ	Hamital Full Time Facility at Free Land				
N.	Hospital Full Time Equivalent Employees Total Nursing FTEs	331.9	334.8	2.9	1%
2	Total Physician FTEs	53.9	62.8	2.9 8.9	17%
3	Total Non-Nursing and Non-Physician FTEs	734.9	733.3	-1.6	0%
	Total Hospital Full Time Equivalent Employees	1,120.7	1,130.9	10.2	1%
			-		

	FISCAL Y	EAR 2016			
RE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO	SCOPY AND EM	ERGENCY RO	OM SERVICES E	BY LOCATION
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE
Α.	Outpatient Surgical Procedures				
1	Waterbury Hospital	4,288	4,523	235	5%
	Total Outpatient Surgical Procedures(A)	4,288	4,523	235	5%
В.	Outpatient Endoscopy Procedures				
1	Waterbury Hospital	500	527	27	5%
	Total Outpatient Endoscopy Procedures(B)	500	527	27	5%
C.	Outpatient Hospital Emergency Room Visits				
1	Waterbury Hospital	42,573	39,356	-3,217	-8%
	Total Outpatient Hospital Emergency Room Visits(C)	42,573	39,356	-3,217	-8%
	(A) Must agree with Total Outpatient Surgical Procedure	es on Report 450			
	(B) Must agree with Total Outpatient Endoscopy Proced	lures on Report 4	450 .		

WATERBURY HOSPITAL

TWELVE MONTHS ACTUAL FILING

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
A.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$278,300,873	\$272,490,812	(\$5,810,061)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$56,795,308	\$69,982,068	\$13,186,760	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.41%	25.68%	5.27%	26%
4	DISCHARGES	5,403	5,288	(115)	-2%
5	CASE MIX INDEX (CMI)	1.45920	1.59300	0.13380	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,884.05760	8,423.78400	539.72640	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,203.82	\$8,307.68	\$1,103.86	15%
8	PATIENT DAYS	29,290	26,566	(2,724)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,939.07	\$2,634.27	\$695.20	36%
10	AVERAGE LENGTH OF STAY	5.4	5.0	(0.4)	-7%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$150,262,434	\$152,686,454	\$2,424,020	2%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,664,040	\$26,676,565	\$1,012,525	4%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.08%	17.47%	0.39%	2%
	OUTPATIENT CHARGES / INPATIENT CHARGES	53.99%	56.03%	2.04%	4%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,917.23099	2,963.05759	45.82660	2%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,797.40	\$9,003.05	\$205.66	2%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$428,563,307	\$425,177,266	(\$3,386,041)	-1%
18	TOTAL ACCRUED PAYMENTS	\$82,459,348	\$96,658,633	\$14,199,285	17%
19	TOTAL ALLOWANCES	\$346,103,959	\$328,518,633	(\$17,585,326)	-5%
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON COVERNMENT INDATIENT				
	NON-GOVERNMENT INPATIENT	¢422.000.024	\$110 A15 000	(\$2.504.520)	00/
1	INPATIENT ACCRUED CHARGES	\$122,009,934	\$119,415,398	(\$2,594,536)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,264,776	\$38,793,560	\$1,528,784	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.54%	32.49%	1.94%	6%
4	DISCHARGES	2,897	2,753	(144)	-5%
5	CASE MIX INDEX (CMI)	1.25770	1.37740	0.11970	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,643.55690	3,791.98220 \$10.220.42	148.42530	4% 0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,227.58	\$10,230.42	\$2.84	
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,023.76) (\$11,017,250)	(\$1,922.74)	\$1,101.02 \$3,736,358	-36%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$11,017,259)	(\$7,291,001)	\$3,726,258	-34%
10	PATIENT DAYS	11,296	10,071	(1,225) \$552.07	-11% 179/
11 12	INPATIENT ACCRUED PAYMENT / PATIENT DAY AVERAGE LENGTH OF STAY	\$3,298.94 3.9	\$3,852.01 3.7	\$553.07 (0.2)	17% -6%
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TWELVE MONTHS ACTUAL FILING

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	AND BASELINE UNDERFATMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%	
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE	
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$159,979,736	\$163,568,610	\$3,588,874	2%	
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$41,079,661	\$36,742,484	(\$4,337,177)	-11%	
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.68%	22.46%	-3.21%	-13%	
16	OUTPATIENT CHARGES / INPATIENT CHARGES	131.12%	136.97%	5.85%	4%	
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,798.55377	3,770.90719	(27.64658)	-1%	
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,814.55	\$9,743.67	(\$1,070.88)	-10%	
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,017.16)	(\$740.62)	\$1,276.54	-63%	
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$7,662,274)	(\$2,792,806)	\$4,869,468	-64%	
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$281,989,670	\$282,984,008	\$994,338	0%	
22	TOTAL ACCRUED PAYMENTS	\$78,344,437	\$75,536,044	(\$2,808,393)	-4%	
23	TOTAL ALLOWANCES	\$203,645,233	\$207,447,964	\$3,802,731	2%	
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,679,533)	(\$10,083,807)	\$8,595,727	-46%	
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$263,412,870	\$261,694,975	(\$1,717,895)	-1%	
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$75,476,541	\$72,333,072	(\$3,143,469)	-4%	
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,936,329	\$189,361,903	\$1,425,574	1%	
28 C.	TOTAL ACTUAL DISCOUNT PERCENTAGE UNINSURED	71.35%	72.36%	1.01%		
	UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,869,380	\$3,893,002	\$1,023,622	36%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$179,431	\$204,420	\$24,989	14%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	6.25%	5.25%	-1.00%	-16%	
4	DISCHARGES	101	99	(2)	-2%	
5	CASE MIX INDEX (CMI)	1.01220	1.18950	0.17730	18%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	102.23220	117.76050	15.52830	15%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,755.13	\$1,735.90	(\$19.24)	-1%	
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,472.45	\$8,494.52	\$22.07	0%	
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,448.69	\$6,571.78	\$1,123.09	21%	
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$557,031	\$773,896	\$216,865	39%	
11	PATIENT DAYS	314	404	90	29%	
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$571.44	\$505.99	(\$65.45)	-11%	
13	AVERAGE LENGTH OF STAY	3.1	4.1	1.0	31%	
	UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,932,157	\$7,447,832	\$1,515,675	26%	
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,216,331	\$3,228,369	\$2,012,038	165%	
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.50%	43.35%	22.84%	111%	
17	OUTPATIENT CHARGES / INPATIENT CHARGES	206.74%	191.31%	-15.43%	-7%	
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	208.80743	189.40020	(19.40723)	-9%	
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,825.13	\$17,045.22	\$11,220.09	193%	

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LINE DESCRIPTION 20 NON-GOVERNMENT - UNINSURED OP PMT / OPED 21 MEDICARE - UNINSURED OP PMT / OPED 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT UNINSURED TOTALS (INPATIENT AND OUTPATIENT) 23 TOTAL ACCRUED CHARGES 24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT DAYS 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,989.42 \$2,972.26 \$620,631 \$8,801,537 \$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370 3,236.57880	\$11,340,834 \$3,432,789 \$7,908,045 \$113,625,600 \$20,681,987 18.20% 3,582 1.09060	\$2,539,297 \$2,037,027 \$502,270 \$1,926,955) \$9,357,274 \$1,221,523) \$2,80% \$2,539,297	% DIFFERENCE -246% -371% -345% 29% 146% 7% -164% 9% -6% -13%
20 NON-GOVERNMENT - UNINSURED OP PMT / OPED 21 MEDICARE - UNINSURED OP PMT / OPED 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT UNINSURED TOTALS (INPATIENT AND OUTPATIENT) 23 TOTAL ACCRUED CHARGES 24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,989.42 \$2,972.26 \$620,631 \$8,801,537 \$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	(\$7,301.55) (\$8,042.17) (\$1,523,189) \$11,340,834 \$3,432,789 \$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	(\$12,290.97) (\$11,014.44) (\$2,143,820) \$2,539,297 \$2,037,027 \$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	-246% -371% -345% 29% 146% 7% -164%
21 MEDICARE - UNINSURED OP PMT / OPED 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT UNINSURED TOTALS (INPATIENT AND OUTPATIENT) 23 TOTAL ACCRUED CHARGES 24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,972.26 \$620,631 \$8,801,537 \$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	(\$8,042.17) (\$1,523,189) \$11,340,834 \$3,432,789 \$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	(\$11,014.44) (\$2,143,820) \$2,539,297 \$2,037,027 \$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	-246% -371% -345% 29% 146% 7% -164%
21 MEDICARE - UNINSURED OP PMT / OPED 22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT UNINSURED TOTALS (INPATIENT AND OUTPATIENT) 23 TOTAL ACCRUED CHARGES 24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,972.26 \$620,631 \$8,801,537 \$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	(\$8,042.17) (\$1,523,189) \$11,340,834 \$3,432,789 \$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	(\$11,014.44) (\$2,143,820) \$2,539,297 \$2,037,027 \$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	-371% -345% 29% 146% 7% -164%
22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT UNINSURED TOTALS (INPATIENT AND OUTPATIENT) 23 TOTAL ACCRUED CHARGES 24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED CHARGES 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,801,537 \$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	\$11,340,834 \$3,432,789 \$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	\$2,539,297 \$2,037,027 \$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	-345% 29% 146% 7% -164% 9% -6%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT) 23 TOTAL ACCRUED CHARGES 24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,801,537 \$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	\$11,340,834 \$3,432,789 \$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	\$2,539,297 \$2,037,027 \$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	29% 146% 7% -164% 9% -6%
23 TOTAL ACCRUED CHARGES 24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT 27 D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	\$3,432,789 \$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	\$2,037,027 \$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	146% 7% -164% 9% -6%
23 TOTAL ACCRUED CHARGES 24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT 27 D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	\$3,432,789 \$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	\$2,037,027 \$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	146% 7% -164% 9% -6%
24 TOTAL ACCRUED PAYMENTS 25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT 27 D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,395,762 \$7,405,775 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	\$3,432,789 \$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	\$2,037,027 \$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	146% 7% -164% 9% -6%
25 TOTAL ALLOWANCES 26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT ACCRUED PAYMENTS (IP PMT) 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,177,662 \$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	\$7,908,045 (\$749,293) \$113,625,600 \$20,681,987 18.20% 3,582	\$502,270 (\$1,926,955) \$9,357,274 (\$1,221,523) -2.80%	7% -164% 9% -6%
26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT 1 INPATIENT ACCRUED CHARGES 2 INPATIENT ACCRUED PAYMENTS (IP PMT) 3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,177,662 \$104,268,326 \$21,903,510 21.01% 3,324 0.97370	\$113,625,600 \$20,681,987 18.20% 3,582	\$9,357,274 (\$1,221,523) -2.80%	-164% 9% -6%
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D. STATE OF CONNECTICUT MEDICAID MEDICAID INPATIENT I INPATIENT ACCRUED CHARGES INPATIENT ACCRUED PAYMENTS (IP PMT) INPATIENT PAYMENTS / INPATIENT CHARGES INPATIENT PAYMENTS / INPATIENT CHARGES CASE MIX INDEX (CMI) CASE MIX ADJUSTED DISCHARGES (CMAD) INPATIENT ACCRUED PAYMENT / CMAD NON-GOVERNMENT - MEDICAID IP PMT / CMAD MEDICARE - MEDICAID IP PMT / CMAD INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT PATIENT DAYS INPATIENT ACCRUED PAYMENT / PATIENT DAY AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,268,326 \$21,903,510 21.01% 3,324 0.97370	\$113,625,600 \$20,681,987 18.20% 3,582	\$9,357,274 (\$1,221,523) -2.80%	9% -6%
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3 INPATIENT PAYMENTS / INPATIENT CHARGES 4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	21.01% 3,324 0.97370	18.20% 3,582	-2.80%	
4 DISCHARGES 5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	3,324 0.97370	3,582		-13%
5 CASE MIX INDEX (CMI) 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	0.97370		258	
6 CASE MIX ADJUSTED DISCHARGES (CMAD) 7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)		1.09060		8%
7 INPATIENT ACCRUED PAYMENT / CMAD 8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	3,236.57880		0.11690	12%
8 NON-GOVERNMENT - MEDICAID IP PMT / CMAD 9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)		3,906.52920	669.95040	21%
9 MEDICARE - MEDICAID IP PMT / CMAD 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,767.49	\$5,294.21	(\$1,473.28)	-22%
10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT 11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,460.09	\$4,936.21	\$1,476.11	43%
11 PATIENT DAYS 12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$436.33	\$3,013.47	\$2,577.14	591%
12 INPATIENT ACCRUED PAYMENT / PATIENT DAY 13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,412,211	\$11,772,192	\$10,359,980	734%
13 AVERAGE LENGTH OF STAY MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	14,685	15,884	1,199	8%
MEDICAID OUTPATIENT 14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,491.56	\$1,302.06	(\$189.49)	-13%
14 OUTPATIENT ACCRUED CHARGES (OP CHGS)	4.4	4.4	0.0	0%
14 OUTPATIENT ACCRUED CHARGES (OP CHGS)				
` '	Фод осо осо	# 400 7 40 5 00	\$0.070.050	40/
	\$99,862,668	\$103,742,526	\$3,879,858	4%
15 OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,436,349	\$18,907,742	\$1,471,393	8%
16 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.46%	18.23%	0.77%	4%
17 OUTPATIENT CHARGES / INPATIENT CHARGES	95.77%	91.30%	-4.47%	-5%
18 OUTPATIENT ACCOUNT DAYMENTS (OPED)	3,183.55076	3,270.44018	86.88942	3% 6%
19 OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,477.01	\$5,781.41	\$304.39	
20 NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,337.54	\$3,962.27	(\$1,375.27)	-26%
21 MEDICARE - MEDICAID OP PMT / OPED	\$3,320.38	\$3,221.65 \$10.536.205	(\$98.74)	-3% 0%
22 OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,570,612	\$10,536,205	(\$34,407)	0%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23 TOTAL ACCRUED CHARGES	\$204,130,994	\$217,368,126	\$13,237,132	6%
24 TOTAL ACCRUED PAYMENTS	\$39,339,859	\$39,589,729	\$249,870	1%
25 TOTAL ALLOWANCES	\$164,791,135	\$177,778,397	\$12,987,262	8%
20 I STAL ALLOWARDED	ψ 10 1 ,131,133	ψ111,110,031	Ψ12,301,202	070
26 TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	, , ,		\$10,325,573	86%
20 TOTAL OFF LINE (OVEN) / UNDERFATIVIENT	\$11,982,823	\$22,308,397		00%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

		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	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$10,227.58	\$10,230.42	\$2.84	0%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,203.82	\$8,307.68	\$1,103.86	15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-		-	0%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$10,814.55	\$9,743.67	(\$1,070.88)	-10%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,797.40	\$9,003.05	\$205.66	2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIEN	JT\			
22				22	00/
	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
		75		70	
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICA	L ASSISTANCE	<u>)</u>		
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$104,268,326	\$113,625,600	\$9,357,274	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,903,510	\$20,681,987	(\$1,221,523)	-6%
3	INPATIENT ACCROED PATMENTS (IP PMT) INPATIENT PAYMENTS / INPATIENT CHARGES	21.01%	18.20%	-2.80%	-13%
4					-13%
	DISCHARGES CASE MIX INDEX (CMI)	3,324	3,582	258	
5	CASE MIX INDEX (CMI)	0.97370	1.09060	0.11690	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,236.57880	3,906.52920	669.95040	21%
7	INPATIENT ACCRUED PAYMENT / CMAD NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,767.49 \$3,460.09	\$5,294.21 \$4,936.21	(\$1,473.28)	-22%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

	AND BASELINE UNDERPATMENT D	ATA. COMITANA	IVE ANALISI		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
	<u> </u>	112010	20.0	<u> </u>	<u>DILITERIOL</u>
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$436.33	\$3,013.47	\$2,577.14	591%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,412,211	\$11,772,192	\$10,359,980	734%
11	PATIENT DAYS	14,685	15,884	1,199	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,491.56	\$1,302.06	(\$189.49)	-13%
13	AVERAGE LENGTH OF STAY	4.4	4.4	0.0	0%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$99,862,668	\$103,742,526	\$3,879,858	4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,436,349	\$18,907,742	\$1,471,393	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.46%	18.23%	0.77%	4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	95.77%	91.30%		-5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,183.55076	3,270.44018	86.88942	3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,477.01	\$5,781.41	\$304.39	6%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,337.54	\$3,962.27	(\$1,375.27)	-26%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,320.38	\$3,221.65	(\$98.74)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,570,612	\$10,536,205	(\$34,407)	0%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATI	ENT)			
23	TOTAL ACCRUED CHARGES	\$204,130,994	\$217,368,126	\$13,237,132	6%
23	TOTAL ACCRUED PAYMENTS	\$39,339,859	\$39,589,729	\$249,870	1%
25	TOTAL ALLOWANCES	\$164,791,135	\$177,778,397	\$12,987,262	8%
G.	CHAMPUS / TRICARE		¥ 111,110,000	* · · · · · · · · · · · · · · · · · · ·	
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$880,448	\$569,925	(\$310,523)	-35%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$126,256	\$256,075	\$129,819	103%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	14.34%	44.93%	30.59%	213%
4	DISCHARGES	22	23	1	5%
5	CASE MIX INDEX (CMI)	0.91200	0.98250	0.07050	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20.06400	22.59750	2.53350	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,292.66	\$11,332.01	\$5,039.34	80%
8	PATIENT DAYS	119	65	(54)	-45%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,060.97	\$3,939.62	\$2,878.64	271%
10	AVERAGE LENGTH OF STAY	5.4	2.8	(2.6)	-48%
	CHAMBIS / TRICARE OUTRATIENT				
11	CHAMPUS / TRICARE OUTPATIENT	\$602.200	\$653,514	(\$20.70E)	60/
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$693,299 \$128,676	\$218,891	(\$39,785) \$90,215	-6% 70%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$120,070	Ψ210,091	\$90,213	70%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$1,573,747	\$1,223,439	(\$350,308)	-22%
14	TOTAL ACCRUED PAYMENTS	\$254,932	\$474,966	\$220,034	86%
15	TOTAL ALLOWANCES	\$1,318,815	\$748,473	(\$570,342)	-43%
<u> </u>	OTHER RATA				
Н.	OTHER DATA				

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

ı	AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS						
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION						
LINE	DESCRIPTION	<u>FY 2015</u>	FY 2016	DIFFERENCE	DIFFERENCE		
1	OTHER OPERATING REVENUE	\$6,461,805	\$6,874,599	\$412,794	6%		
2	TOTAL OPERATING EXPENSES	\$210,952,866	\$233,811,154	\$22,858,288	11%		
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%		
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)						
	CHARITY CARE (CHARGES)	\$4,739,178	\$5,849,188	\$1,110,010	23%		
	BAD DEBTS (CHARGES)	\$3,747,762	\$5,505,105	\$1,757,343	47%		
	UNCOMPENSATED CARE (CHARGES)	\$8,486,940	\$11,354,293	\$2,867,353	34%		
	COST OF UNCOMPENSATED CARE	\$1,856,214	\$2,600,537	\$744,323	40%		
		ψ1,000, <u>2</u> 11	ψ2,000,00.	ψ,σ=σ	10,0		
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODO						
8	TOTAL ACCRUED CHARGES	\$204,130,994	\$217,368,126	\$13,237,132	6%		
9	TOTAL ACCRUED PAYMENTS	\$39,339,859	\$39,589,729	\$249,870	1%		
10	COST OF TOTAL MEDICAL ASSISTANCE	\$44,646,347	\$49,785,034	\$5,138,687	12%		
	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,306,488	\$10,195,305	\$4,888,817	92%		
II.	AGGREGATE DATA						
Α.	TOTALS - ALL PAYERS						
1	TOTAL INPATIENT CHARGES	\$505,459,581	\$506,101,735	\$642,154	0%		
2	TOTAL INPATIENT PAYMENTS	\$116,089,850	\$129,713,690	\$13,623,840	12%		
3	TOTAL INPATIENT PAYMENTS / CHARGES	22.97%	25.63%	2.66%	12%		
4	TOTAL DISCHARGES	11,646	11,646	0	0%		
5	TOTAL CASE MIX INDEX	1.26947	1.38630	0.11683	9%		
6	TOTAL CASE MIX ADJUSTED DISCHARGES	14,784.25730	16,144.89290	1,360.63560	9%		
7	TOTAL OUTPATIENT CHARGES	\$410,798,137	\$420,651,104	\$9,852,967	2%		
8	OUTPATIENT CHARGES / INPATIENT CHARGES	81.27%	83.12%	1.84%	2%		
9	TOTAL OUTPATIENT PAYMENTS	\$84,308,726	\$82,545,682	(\$1,763,044)	-2%		
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.52%	19.62%	-0.90%	-4%		
11	TOTAL CHARGES	\$916,257,718	\$926,752,839	\$10,495,121	1%		
12	TOTAL PAYMENTS	\$200,398,576	\$212,259,372	\$11,860,796	6%		
13	TOTAL PAYMENTS / TOTAL CHARGES	21.87%	22.90%	1.03%	5%		
14	PATIENT DAYS	55,390	52,586	(2,804)	-5%		
B.	TOTALS - ALL GOVERNMENT PAYERS						
1	INPATIENT CHARGES	\$383,449,647	\$386,686,337	\$3,236,690	1%		
2	INPATIENT PAYMENTS	\$78,825,074	\$90,920,130	\$12,095,056	15%		
3	GOVT. INPATIENT PAYMENTS / CHARGES	20.56%	23.51%	2.96%	14%		
4	DISCHARGES	8,749	8,893	144	2%		
5	CASE MIX INDEX	1.27337	1.38906	0.11569	9%		
6	CASE MIX ADJUSTED DISCHARGES	11,140.70040	12,352.91070	1,212.21030	11%		
7	OUTPATIENT CHARGES	\$250,818,401	\$257,082,494	\$6,264,093	2%		
8	OUTPATIENT CHARGES / INPATIENT CHARGES	65.41%	66.48%	1.07%	2%		
9	OUTPATIENT PAYMENTS	\$43,229,065	\$45,803,198	\$2,574,133	6%		
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.24%	17.82%		3%		
11	TOTAL CHARGES	\$634,268,048	\$643,768,831	\$9,500,783	1%		

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

	AND BASELINE UNDERFATMENT DAT		102 /44/12101		
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
12	TOTAL PAYMENTS	\$122,054,139	\$136,723,328	\$14,669,189	12%
13	TOTAL PAYMENTS / CHARGES	19.24%	21.24%	1.99%	10%
14	PATIENT DAYS	44,094	42,515	(1,579)	-4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$512,213,909	\$507,045,503	(\$5,168,406)	-1%
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	5.4	5.0	(0.4)	-7%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.7	(0.2)	-6%
3	UNINSURED	3.1	4.1	1.0	31%
4	MEDICAID	4.4	4.4	0.0	0%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	5.4	2.8	(2.6)	-48%
7	TOTAL AVERAGE LENGTH OF STAY	4.8	4.5	(0.2)	-5%
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$916,257,718	\$926,752,839	\$10,495,121	1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$512,213,909	\$507,045,503	(\$5,168,406)	-1%
3	UNCOMPENSATED CARE	\$8,486,940	\$11,354,293	\$2,867,353	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,936,329	\$189,361,903	\$1,425,574	1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,221,967	\$6,731,769	(\$490,198)	-7%
6	TOTAL ADJUSTMENTS	\$715,859,145	\$714,493,468	(\$1,365,677)	0%
7	TOTAL ACCRUED PAYMENTS	\$200,398,573	\$212,259,371	\$11,860,798	6%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$200,398,573	\$212,259,371	\$11,860,798	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2187141991	0.2290355768	0.0103213776	5%
11	COST OF UNCOMPENSATED CARE	\$1,856,214	\$2,600,537	\$744,323	40%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,306,488	\$10,195,305	\$4,888,817	92%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$7,162,702	\$12,795,842	\$5,633,140	79%
IV.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLO	GY)			
	MEDICAID	\$10,570,612	\$10,536,205	(\$34,407)	0%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,177,662	(\$749,293)	(\$1,926,955)	-164%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$11,748,274	\$9,786,912	(\$1,961,362)	-17%
V.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600	<u>)</u>			
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,775,266	\$9,981,864	\$206,598	2.11%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$7,694,690)	(\$5,355,371)	\$2,339,319	-30.40%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$192,703,886	\$206,904,001	\$14,200,115	7.37%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$80,287,239	\$84,295,514	\$4,008,275	4.99%

WATERBURY HOSPITAL							
	TWELVE MONTH	IS ACTUAL FILING					
	FISCAL	YEAR 2016					
	REPORT FORM 500 - CALCULATION	ON OF DSH UPPER	PAYMENT LIM	IT			
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS							
		ACTUAL	ACTUAL	AMOUNT	%		
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE		
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$996,544,955	\$1,011,048,353	\$14,503,398	1.46%		
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$583,860	\$1,023,791	\$439,931	75.35%		
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$9,070,799	\$12,378,085	\$3,307,286	36.46%		

WATERBURY 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)
(1)	(4)	, ,	· · · · · · · · · · · · · · · · · · ·	, ,
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT <u>DIFFERENCE</u>
I.	ACCRUED CHARGES AND PAYMENTS			
	INPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$122,009,934	\$119,415,398	(\$2,594,536)
	MEDICARE	\$278,300,873	272,490,812	(\$5,810,061)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$104,268,326	113,625,600	\$9,357,274
	MEDICAID	\$104,268,326	113,625,600	\$9,357,274
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$0 \\ \$880.448	0 569,925	\$0 (\$310,523)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,869,380	3,893,002	\$1,023,622
	TOTAL INPATIENT GOVERNMENT CHARGES	\$383,449,647	\$386,686,337	\$3,236,690
	TOTAL INPATIENT CHARGES	\$505,459,581	\$506,101,735	\$642,154
В.	OUTPATIENT ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$159,979,736	\$163,568,610	\$3,588,874
2	MEDICARE	\$150,262,434	152,686,454	\$2,424,020
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$99,862,668	103,742,526	\$3,879,858
	MEDICAID OTHER MEDICAL ASSISTANCE	\$99,862,668 \$0	103,742,526 0	\$3,879,858 \$0
_	CHAMPUS / TRICARE	\$693,299	653,514	(\$39,785)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,932,157	7,447,832	\$1,515,675
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$250,818,401	\$257,082,494	\$6,264,093
	TOTAL OUTPATIENT CHARGES	\$410,798,137	\$420,651,104	\$9,852,967
C.	TOTAL ACCRUED CHARGES			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$281,989,670	\$282,984,008	\$994,338
	TOTAL MEDICARE	\$428,563,307	\$425,177,266	(\$3,386,041)
	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) TOTAL MEDICAID	\$204,130,994 \$204,130,994	\$217,368,126 \$217,368,126	\$13,237,132 \$13,237,132
	TOTAL MEDICAL ASSISTANCE	\$0	\$0	\$13,237,132
6	TOTAL CHAMPUS / TRICARE	\$1,573,747	\$1,223,439	(\$350,308)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,801,537	\$11,340,834	\$2,539,297
	TOTAL GOVERNMENT CHARGES TOTAL CHARGES	\$634,268,048 \$916,257,718	\$643,768,831 \$926,752,839	\$9,500,783 \$10,495,121
	TOTAL STIANGES	\$310,237,710	ψ320,732,033	ψ10, 4 33,121
	INPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,264,776	\$38,793,560	\$1,528,784
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$56,795,308 \$21,903,510	69,982,068 20,681,987	\$13,186,760 (\$1,221,523)
	MEDICAID	\$21,903,510	20,681,987	(\$1,221,523)
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
	CHAMPUS / TRICARE	\$126,256	256,075	\$129,819
	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	\$179,431 \$78,825,074	204,420 \$90,920,130	\$24,989 \$12,095,056
	TOTAL INPATIENT PAYMENTS	\$116,089,850	\$129,713,690	\$13,623,840
	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	£44.070.004	\$36,742,484	/#A 207 477\
	MEDICARE	\$41,079,661 \$25,664,040	\$36,742,484 26,676,565	(\$4,337,177) \$1,012,525
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,436,349	18,907,742	\$1,471,393
4	MEDICAID	\$17,436,349	18,907,742	\$1,471,393
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$128,676 \$1,216,331	218,891 3,228,369	\$90,215 \$2,012,038
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$43,229,065	\$45,803,198	\$2,574,133
	TOTAL OUTPATIENT PAYMENTS	\$84,308,726	\$82,545,682	(\$1,763,044)
_	TOTAL ACCOURT DAYMENTS			
	TOTAL ACCRUED PAYMENTS TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$78,344,437	\$75,536,044	(\$2,808,393)
	TOTAL NONGOVERNIMENT (INCLODING SEEF FAT / ONINGORED)	\$82,459,348	\$96,658,633	\$14,199,285
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$39,339,859	\$39,589,729	\$249,870
4	TOTAL MEDICAID	\$39,339,859	\$39,589,729	\$249,870

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND

BASELINE UNDERPAYMENT DATA

(1)	4-3			
٠٠/	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE
	TOTAL OTHER MEDICAL ASSISTANCE	\$0 \$25,4,033	\$0	\$0
6 7	TOTAL CHAMPUS / TRICARE TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$254,932 \$1,395,762	\$474,966 \$3,432,789	\$220,034 \$2,037,027
	TOTAL GOVERNMENT PAYMENTS	\$122,054,139	\$136,723,328	\$14,669,189
	TOTAL PAYMENTS	\$200,398,576	\$212,259,372	\$11,860,796
II	PAYER MIX			
11.	FATER MIX			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.32%	12.89%	-0.43%
2	MEDICARE	30.37%	29.40%	-0.97%
3 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	11.38% 11.38%	12.26% 12.26%	0.88% 0.88%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.10%	0.06%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.31%	0.42%	0.11%
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	41.85% 55.17%	41.72% 54.61%	-0.12% -0.56%
	TOTAL INI ATENTI ATEN IIIA	00.1170	04.0170	0.0070
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.46%	17.65%	0.19%
2	MEDICARE	16.40%	16.48%	0.08%
3 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	10.90%	11.19%	0.30% 0.30%
5	OTHER MEDICAL ASSISTANCE	10.90%	11.19% 0.00%	0.30%
6	CHAMPUS / TRICARE	0.08%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.65%	0.80%	0.16%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX TOTAL OUTPATIENT PAYER MIX	27.37% 44.83%	27.74% 45.39%	0.37% 0.56%
	TOTAL COTFATIENT PATER WIX	44.03 //	45.59 /6	0.30 /6
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C.	INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.60%	18.28%	-0.32%
2	MEDICARE	28.34%	32.97%	4.63%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.93%	9.74%	-1.19%
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	10.93%	9.74% 0.00%	-1.19% 0.00%
6	CHAMPUS / TRICARE	0.06%	0.12%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.09%	0.10%	0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	39.33% 57.93%	42.83% 61.11%	3.50% 3.18%
		37.3370	01.1170	3.1070
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.50%	17.31%	-3.19%
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.81% 8.70%	12.57% 8.91%	-0.24% 0.21%
4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.70%	8.91%	0.21%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.06%	0.10%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL OUTPATIENT GOVERNMENT PAYER MIX	0.61% 21.57%	1.52% 21.58%	0.91% 0.01%
	TOTAL OUTPATIENT PAYER MIX	42.07%	38.89%	-3.18%
	TOTAL DAVED MIV DASED ON ACCOURD DAVMENTS	400.0007	400.000/	0.000
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

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
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE
A.	DISCHARGES			
Α.	DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,897	2,753	(144
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,403 3,324	5,288 3,582	(115) 258
	MEDICALD	3,324	3,582	258
	OTHER MEDICAL ASSISTANCE	0	0	-
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	22 101	23 99	1 (2)
-	TOTAL GOVERNMENT DISCHARGES	8,749	8,893	144
	TOTAL DISCHARGES	11,646	11,646	-
	DATIFALT DAVC			
В.	PATIENT DAYS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,296	10,071	(1,225)
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,290	26,566	(2,724)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	14,685 14,685	15,884 15,884	1,199 1,199
5	OTHER MEDICAL ASSISTANCE	0	0	-
	CHAMPUS / TRICARE	119	65	(54)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PATIENT DAYS	314 44,094	404 42,515	90 (1,579)
	TOTAL PATIENT DAYS	55,390	52,586	(2,804)
			•	
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.7	(0.2)
2	MEDICARE	5.4	5.0	(0.4)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.4	4.4	0.0
	MEDICAID OTHER MEDICAL ASSISTANCE	4.4 0.0	4.4 0.0	0.0
6	CHAMPUS / TRICARE	5.4	2.8	(2.6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.1	4.1	1.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY TOTAL AVERAGE LENGTH OF STAY	5.0 4.8	4.8 4.5	(0.3)
	TOTAL AVERAGE ELIGITION OF AT	4.0	4.0	(0.2)
D.	CASE MIX INDEX			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.25770	1.37740	0.11970
	MEDICARE	1.45920	1.59300	0.13380
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97370	1.09060	0.11690
	MEDICAID OTHER MEDICAL ASSISTANCE	0.97370 0.00000	1.09060 0.00000	0.11690 0.00000
	CHAMPUS / TRICARE	0.91200	0.98250	0.07050
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01220	1.18950	0.17730
	TOTAL GOVERNMENT CASE MIX INDEX TOTAL CASE MIX INDEX	1.27337 1.26947	1.38906	0.11569 0.11683
	TOTAL GASE WITA INDEA	1.20947	1.38630	0.11083
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	¢262 442 070	\$261 604 07F	(¢1 717 00E)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$263,412,870 \$75,476,541	\$261,694,975 \$72,333,072	(\$1,717,895) (\$3,143,469)
		, -,,	. ,	(+-)-12,100)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	¢407.000.000	£400.004.000	0.1.105.5
3 4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES TOTAL ACTUAL DISCOUNT PERCENTAGE	\$187,936,329 71.35%	\$189,361,903 72.36%	\$1,425,574 1.01%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,775,266	\$9,981,864	\$206,598
	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,221,967	\$6,731,769	(\$490,198)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-	\$0	\$0	\$0
	OHCA INPUT)			

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

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

	BASELINE UNDERPATMENT DATA					
(1)	(2)	(3)	(4)	(5)		
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT <u>DIFFERENCE</u>		
	CHARITY CARE	\$4,739,178	\$5,849,188	\$1,110,010		
	BAD DEBTS	\$3,747,762	\$5,505,105	\$1,757,343		
	TOTAL UNCOMPENSATED CARE	\$8,486,940	\$11,354,293	\$2,867,353		
11	TOTAL OTHER OPERATING REVENUE TOTAL OPERATING EXPENSES	\$6,461,805 \$210,952,866	\$6,874,599 \$233,811,154	\$412,794 \$22,858,288		
		ΨΖ10,902,000	ψ200,011,104	Ψ22,000,200		
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS					
A.	CASE MIX ADJUSTED DISCHARGES					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,643.55690	3,791.98220	148.42530		
2	MEDICARE	7,884.05760	8,423.78400	539.72640		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,236.57880	3,906.52920	669.95040		
	MEDICAID OTHER MEDICAL ASSISTANCE	3,236.57880	3,906.52920 0.00000	669.95040 0.00000		
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.00000 20.06400	22.59750	2.53350		
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	102.23220	117.76050	15.52830		
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	11,140.70040	12,352.91070	1,212.21030		
	TOTAL CASE MIX ADJUSTED DISCHARGES	14,784.25730	16,144.89290	1,360.63560		
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,798.55377	3.770.90719	-27.64658		
	MEDICARE	2,917.23099	2.963.05759	45.82660		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,183.55076	3,270.44018	86.88942		
4	MEDICAID	3,183.55076	3,270.44018	86.88942		
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000		
6	CHAMPUS / TRICARE	17.32366	26.37333	9.04968		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	208.80743 6,118.10540	189.40020 6,259.87111	-19.40723 141.76570		
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,916.65918	10,030.77830	114.11912		
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE					
4	NON COVEDNMENT (INCLLIDING SELF DAY / LININGLIDED)	\$10,227.58	\$10,230.42	\$2.84		
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$10,227.58	\$8,307.68	\$1,103.86		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,767.49	\$5,294.21	(\$1,473.28)		
4	MEDICAID	\$6,767.49	\$5,294.21	(\$1,473.28)		
	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00		
6	CHAMPUS / TRICARE	\$6,292.66	\$11,332.01	\$5,039.34		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL COVERNMENT INDATIENT PAYMENT BED CASE MIX AD HISTED DISCHARGE	\$1,755.13 \$7,075.41	\$1,735.90 \$7,360.22	(\$19.24) \$284.80		
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,075.41 \$7,852.26	\$8,034.35			
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	7.,002.20	+0,001100	Ų.02.00		
٠.		¢40.044.55	PO 740 07	(\$4.070.00)		
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	\$10,814.55 \$8,797.40	\$9,743.67 \$9,003.05	(\$1,070.88) \$205.66		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,477.01	\$5,781.41	\$304.39		
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,477.01	\$5,781.41	\$304.39		
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00		
	CHAMPUS / TRICARE	\$7,427.76	\$8,299.71	\$871.95		
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,825.13	\$17,045.22	\$11,220.09		
		\$7,065.76 \$8,501.73	\$7,316.96 \$8,229.24	\$251.20 (\$272.49)		
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	φ δ, 501.73	₽ 8,∠∠9.∠4	(\$212.49)		
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$10,570,612	\$10,536,205	(\$34,407)		
	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0		

WATERBURY HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

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

	BASELINE UNDERPATMENT DATA			
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,177,662	(\$749,293)	(\$1,926,955)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$11,748,274	\$9,786,912	(\$1,961,362)
		\$11,110,211	\$0,7.00,0.12	(#1,001,002)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLO	OGY)		
1	TOTAL CHARGES	\$916,257,718	\$926,752,839	\$10,495,121
2	TOTAL GOVERNMENT DEDUCTIONS	\$512,213,909	\$507,045,503	(\$5,168,406)
3	UNCOMPENSATED CARE TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$8,486,940 \$187,936,329	\$11,354,293 \$189,361,903	\$2,867,353 \$1,425,574
<u>4</u> 5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,221,967	\$6,731,769	(\$490,198)
6	TOTAL ADJUSTMENTS	\$715,859,145	\$714,493,468	(\$1,365,677)
7	TOTAL ACCRUED PAYMENTS	\$200,398,573	\$212,259,371	\$11,860,798
	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$200,398,573	\$212,259,371	\$11,860,798
	RATIO OF NET REVENUE TO TOTAL CHARGES COST OF UNCOMPENSATED CARE	0.2187141991 \$1,856,214	0.2290355768 \$2,600,537	0.0103213776 \$744,323
	MEDICAL ASSISTANCE UNDERPAYMENT	\$5,306,488	\$10,195,305	\$4,888,817
	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$7,162,702	\$12,795,842	\$5,633,140
VII.	RATIOS			
Α.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.54%	32.49%	1.94%
2	MEDICARE	20.41%	25.68%	5.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.01%	18.20%	-2.80%
4	MEDICAID	21.01%	18.20%	-2.80%
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.00% 14.34%	0.00% 44.93%	0.00% 30.59%
6 7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.25%	5.25%	-1.00%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	0.2070	0.2070	1.0070
		20.56%	23.51%	2.96%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	22.97%	25.63%	2.66%
	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	25.000/	00.400/	0.040/
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) MEDICARE	25.68% 17.08%	22.46% 17.47%	-3.21% 0.39%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.46%	18.23%	0.39%
4	MEDICAID	17.46%	18.23%	0.77%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	18.56%	33.49%	14.93%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	20.50%	43.35%	22.84%
		17.24%	17.82%	0.58%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	20.52%	19.62%	-0.90%
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIAT	<u>IONS</u>		
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	TOTAL ACCRUED PAYMENTS	\$200,398,576	\$212,259,372	\$11,860,796
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA	, ,	, ,	\$0
	INPUT)	\$0	\$0	
<u> </u>	OHCA DEFINED NET REVENUE	\$200,398,576	\$212,259,372	\$11,860,796
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$7,694,690)	(\$5,355,371)	\$2,339,319
4	CALCULATED NET REVENUE	\$199,004,947	\$206,904,001	\$7,899,054
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$192,703,886	\$206,904,001	\$14,200,115

WATERBURY 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** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE** VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) 6 \$6,301,061 \$0 (\$6,301,061) В. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED GROSS REVENUE \$916,257,718 \$926,752,839 \$10,495,121 PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE \$84,295,514 \$4,008,275 2 \$80,287,239 CALCULATED GROSS REVENUE \$996,544,957 \$1,011,048,353 \$14,503,396 GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL \$996,544,955 \$1,011,048,353 \$14,503,398 REPORTING) VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$2 \$0 RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$8,486,940 \$11,354,293 \$2,867,353 PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE 2 \$583.860 \$1.023.791 \$439.931 CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS) \$9,070,800 \$12,378,084 \$3,307,284 UNCOMP, CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING) \$9.070.799 \$12.378.085 \$3.307.286 VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500) \$1

	WATERBURY HOSPITAL	<u> </u>
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2016	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
	BASELINE UNDERFATMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
(.,	(-)	ACTUAL
LINE	<u>DESCRIPTION</u>	FY 2016
I.	ACCRUED CHARGES AND PAYMENTS	
Α.	INPATIENT ACCRUED CHARGES	+
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$119,415,398
2	MEDICARE	272,490,812
<u>3</u>	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	113,625,600 113,625,600
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	569,925
7	TOTAL INPATIENT GOVERNMENT CHARGES	3,893,002 \$386,686,337
	TOTAL INPATIENT CHARGES	\$506,101,735
<u> </u>	OUTDATIENT ACCRUED CHARGES	
<u>В.</u> 1	OUTPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$163,568,610
2	MEDICARE	152,686,454
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	103,742,526
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	103,742,526
6	CHAMPUS / TRICARE	653,514
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,447,832
	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$257,082,494 \$420,651,104
		¥ :==,==;
C.	TOTAL ACCRUED CHARGES TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$282,984,008
2	TOTAL NON-GOVERNMENT ACCROED CHARGES (INCLUDING SELF PAT7 UNINSURED)	643,768,831
	TOTAL ACCRUED CHARGES	\$926,752,839
D.	INPATIENT ACCRUED PAYMENTS	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,793,560
	MEDICARE	69,982,068
3 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	20,681,987 20,681,987
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	256,075
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	204,420 \$90,920,130
	TOTAL INPATIENT PAYMENTS	\$129,713,690
	OUTDATIENT ACCOURT BANKENTO	
<u>Е.</u> 1	OUTPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,742,484
2	MEDICARE	26,676,565
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,907,742
<u>4</u> 5	MEDICAID OTHER MEDICAL ASSISTANCE	18,907,742
6	CHAMPUS / TRICARE	218,891
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,228,369
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS TOTAL OUTPATIENT PAYMENTS	\$45,803,198 \$82,545,682
	TOTAL OUT A CHIEF TO	ψ02,043,002
F.	TOTAL ACCRUED PAYMENTS	
2	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) TOTAL GOVERNMENT ACCRUED PAYMENTS	\$75,536,044 136,723,328
	TOTAL ACCRUED PAYMENTS	\$212,259,372

	WATERBURY HOSPITAL	
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(4)		(2)
(1)	(2)	(3) ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	FY 2016
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
Α.	ACCRUED DISCHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,753
3	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,288 3,582
4	MEDICAID	3,582
5 6	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	23
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	99
	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	8,893 11.646
		11,040
B.	CASE MIX INDEX NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.37740
2	MEDICARE	1.59300
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	1.09060
5	OTHER MEDICAL ASSISTANCE	1.09060 0.00000
6	CHAMPUS / TRICARE	0.98250
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT CASE MIX INDEX	1.18950 1.38906
	TOTAL CASE MIX INDEX	1.38630
C.	OTHER REQUIRED DATA	
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$261,694,975
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$72,333,072
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$189,361,903
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	72.36%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,981,864
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,731,769
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$5,849,188
9 10	BAD DEBTS TOTAL UNCOMPENSATED CARE	\$5,505,105 \$11,354,293
10	TOTAL UNCOMI LINGATED GAIL	ψ11,334,293
11	TOTAL OTHER OPERATING REVENUE	\$6,874,599
12	TOTAL OPERATING EXPENSES	\$233,811,154
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	\$212,259,372
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) OHCA DEFINED NET REVENUE	\$0 \$212,259,372
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$5,355,371)
	CALCULATED NET REVENUE	\$206,904,001
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$206,904,001
		, ,

	WATERBURY 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
	<u>=====================================</u>	
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
		·
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$926,752,839
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$84,295,514
	CALCULATED GROSS REVENUE	\$1,011,048,353
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1.011.048.353
	ONOSS REVENUE I ROMITIOSI TIAE AUDITED I INANGIAE STATEMENTO (I ROM ANNOAE REI ORTINO)	ψ1,011,040,333
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
	,	•
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,354,293
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,023,791
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,378,084
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12.378.085
	CHOOM ENGINES CARE PROMITION THE MODITED FIRE OTHER MENTO (FROM ANTIONE REI ORTHO)	ψ12,070,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1
	· ·	

		RY HOSPITAL			
		S ACTUAL FILING			
		YEAR 2016	0405		
	REPORT 650 - HOSPITAL	. UNCOMPENSATEL	CARE		
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	ACTUAL	ACTUAL	AMOUNT	(6) %
INE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
LIINL	<u>DESCRIPTION</u>	1 1 2013	1 1 2010	DILITERATE	DITTERCE
Α.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	3,859	3,417	(442)	-11%
2	Number of Approved Applicants	3,859	3,417	(442)	
	Trained: of Pippinosino	0,000	0,	(::=)	
3	Total Charges (A)	\$4,739,178	\$5,849,188	\$1,110,010	23%
4	Average Charges	\$1,228	\$1,712	\$484	39%
	-				
5	Ratio of Cost to Charges (RCC)	0.236900	0.228621	(0.008279)	-3%
6	Total Cost	\$1,122,711	\$1,337,247	\$214,536	19%
7	Average Cost	\$291	\$391	\$100	35%
8	Charity Care - Inpatient Charges	\$1,598,286	\$2,534,866	\$936,580	59%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	958,688	1,166,452	207,764	22%
10	Charity Care - Emergency Department Charges	2,182,204	2,147,870	(34,334)	
11	Total Charges (A)	\$4,739,178	\$5,849,188	\$1,110,010	23%
12	Charity Care - Number of Patient Days	183	276	93	51%
13	Charity Care - Number of Discharges	60	54	(6)	
14	Charity Care - Number of Outpatient ED Visits Charity Care - Number of Outpatient Visits (Excludes ED	1,356	1,244	(112)	-8%
15	Visits)	499	424	(75)	-15%
15	VISITS)	499	424	(13)	-13/6
В.	Hospital Bad Debts (from HRS Report 500)				
1	Bad Debts - Inpatient Services	\$1,558,176	\$2,884,158	\$1,325,982	85%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	910,620	1,704,050	793,430	87%
3	Bad Debts - Emergency Department	1,278,966	916,897	(362,069)	
4	Total Bad Debts (A)	\$3,747,762	\$5,505,105	\$1,757,343	47%
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$4,739,178	\$5,849,188	\$1,110,010	23%
2	Bad Debts (A)	3,747,762	5,505,105	1,757,343	47%
3	Total Uncompensated Care (A)	\$8,486,940	\$11,354,293	\$2,867,353	34%
		00.450.400	Φ= 440.004	Φο οοο ποο	700
4	Uncompensated Care - Inpatient Services	\$3,156,462	\$5,419,024	\$2,262,562	72%
E	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,869,308	2,870,502	1,001,194	54%
5 6	Uncompensated Care - Emergency Department	3,461,170	3,064,767	(396,403)	
7	Total Uncompensated Care (A)	\$8,486,940	\$11,354,293	\$2,867,353	34%
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	Total Discount Percentage	71.35%	72.36%	1.01%	19
	Total Accrued Payments (A)	\$75,476,541	\$72,333,072	(\$3,143,469)	-4'
2	Total Contractual Allowances	\$187,936,329	\$189,361,903	\$1,425,574	19
1	Total Gross Revenue	\$263,412,870	\$261,694,975	(\$1,717,895)	-19
	COMMERCIAL - ALL PAYERS				
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
(1)	(2)	(3) FY 2015	(4) FY 2016	(5)	(6)
(4)	(0)	(0)	(4)	(5)	(0)
		UED PAYMENTS AND DISCOL			
	REPORT 685 - HOSPITAL NO	PISCAL YEAR 201 ON-GOVERNMENT GROSS RE	<u> </u>	ALLOWANCES	
		TWELVE MONTHS ACTUA FISCAL YEAR 201			
		WATERBURY HOSPI	· · · · · · · · · · · · · · · · · · ·		

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL FY 2015	ACTUAL FY 2016
A.	Gross and Net Revenue			
1	Inpatient Gross Revenue	\$503,526,979	\$505,459,581	\$506,101,735
2	Outpatient Gross Revenue	\$401,948,447	\$410,798,137	\$420,651,104
3	Total Gross Patient Revenue	\$905,475,426	\$916,257,718	\$926,752,839
4	Net Patient Revenue	\$208,626,652	\$192,703,886	\$206,904,001
В.	Total Operating Expenses			
1	Total Operating Expense	\$216,453,293	\$210,952,866	\$233,811,154
C.	Utilization Statistics			
1	Patient Days	58,082	55,390	52,586
2	Discharges	11,693	11,646	11,646
3	Average Length of Stay	5.0	4.8	4.5
4	Equivalent (Adjusted) Patient Days (EPD)	104,447	100,407	96,293
0	Equivalent (Adjusted) Discharges (ED)	21,027	21,111	21,326
D.	Case Mix Statistics			
1	Case Mix Index	1.31257	1.26947	1.38630
2	Case Mix Adjusted Patient Days (CMAPD)	76,237	70,316	72,900
3	Case Mix Adjusted Discharges (CMAD)	15,348	14,784	16,145
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	137,094	127,463	133,492
5	Case Mix Adjusted Equivalent Discharges (CMAED)	27,600	26,800	29,564
Ε.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$15,590	\$16,542	\$17,624
2	Total Gross Revenue per Discharge	\$77,437	\$78,676	\$79,577
3	Total Gross Revenue per EPD	\$8,669	\$9,125	\$9,624
4	Total Gross Revenue per ED	\$43,062	\$43,402	\$43,457
5	Total Gross Revenue per CMAEPD	\$6,605	\$7,188	\$6,942
6	Total Gross Revenue per CMAED	\$32,807	\$34,189	\$31,347

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
7	Inpatient Gross Revenue per EPD	\$4,821	\$5,034	\$5,256
8	Inpatient Gross Revenue per ED	\$23,947	\$23,943	\$23,732
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$3,592	\$3,479	\$3,935
2	Net Patient Revenue per Discharge	\$17,842	\$16,547	\$17,766
3	Net Patient Revenue per EPD	\$1,997	\$1,919	\$2,149
4	Net Patient Revenue per ED	\$9,922	\$9,128	\$9,702
5	Net Patient Revenue per CMAEPD	\$1,522	\$1,512	\$1,550
6	Net Patient Revenue per CMAED	\$7,559	\$7,191	\$6,999
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$3,727	\$3,809	\$4,446
2	Total Operating Expense per Discharge	\$18,511	\$18,114	\$20,077
3	Total Operating Expense per EPD	\$2,072	\$2,101	\$2,428
4	Total Operating Expense per ED	\$10,294	\$9,993	\$10,964
5	Total Operating Expense per CMAEPD	\$1,579	\$1,655	\$1,752
6	Total Operating Expense per CMAED	\$7,843	\$7,871	\$7,909
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$32,573,504	\$31,988,923	\$31,304,469
2	Nursing Fringe Benefits Expense	\$9,167,076	\$10,356,276	\$37,740,754
3	Total Nursing Salary and Fringe Benefits Expense	\$41,740,580	\$42,345,199	\$69,045,223
l.	Physician Salary and Fringe Expense			
11	Physician Salary Expense	\$3,568,677	\$5,125,182	\$5,722,017
2	Physician Fringe Benefits Expense	\$1,004,323	\$1,659,256	\$1,725,637
3	Total Physician Salary and Fringe Benefits Expense	\$4,573,000	\$6,784,438	\$7,447,654
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$47,766,756	\$43,729,677	\$44,834,099

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL <u>FY 2015</u>	ACTUAL <u>FY 2016</u>
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$13,442,873	\$14,157,295	\$13,520,999
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$61,209,629	\$57,886,972	\$58,355,098
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$83,908,937	\$80,843,782	\$81,860,585
2	Total Fringe Benefits Expense	\$23,614,272	\$26,172,827	\$52,987,390
3	Total Salary and Fringe Benefits Expense	\$107,523,209	\$107,016,609	\$134,847,975
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	343.2	331.9	334.8
2	Total Physician FTEs	33.0	53.9	62.8
3	Total Non-Nursing, Non-Physician FTEs	775.3	734.9	733.3
4	Total Full Time Equivalent Employees (FTEs)	1,151.5	1,120.7	1,130.9
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$94,911	\$96,381	\$93,502
2	Nursing Fringe Benefits Expense per FTE	\$26,711	\$31,203	\$112,726
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$121,622	\$127,584	\$206,228
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$108,142	\$95,087	\$91,115
2	Physician Fringe Benefits Expense per FTE	\$30,434	\$30,784	\$27,478
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$138,576	\$125,871	\$118,593
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense p	er FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$61,611	\$59,504	\$61,140
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,339	\$19,264	\$18,439
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$78,950	\$78,769	\$79,579
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$72,869	\$72,137	\$72,385

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016
2	Total Fringe Benefits Expense per FTE	\$20,507	\$23,354	\$46,854
3	Total Salary and Fringe Benefits Expense per FTE	\$93,377	\$95,491	\$119,240
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,851	\$1,932	\$2,564
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,196	\$9,189	\$11,579
3	Total Salary and Fringe Benefits Expense per EPD	\$1,029	\$1,066	\$1,400
4	Total Salary and Fringe Benefits Expense per ED	\$5,114	\$5,069	\$6,323
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$784	\$840	\$1,010
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,896	\$3,993	\$4,561