

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$9,670,263	\$2,105,761	(\$7,564,502)	-78%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$20,749,592	\$20,178,554	(\$571,038)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,305,005	\$5,185,038	(\$119,967)	-2%
5	Due From Affiliates	\$16,797	\$1,634,513	\$1,617,716	9631%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$512,910	\$572,964	\$60,054	12%
8	Prepaid Expenses	\$741,406	\$1,049,390	\$307,984	42%
9	Other Current Assets	\$2,985,713	\$2,774,106	(\$211,607)	-7%
	Total Current Assets	\$39,981,686	\$33,500,326	(\$6,481,360)	-16%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$57,226,133	\$54,638,548	(\$2,587,585)	-5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$57,226,133	\$54,638,548	(\$2,587,585)	-5%
5	Interest in Net Assets of Foundation	\$63,397,452	\$64,936,027	\$1,538,575	2%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$35,900,599	\$10,890,251	(\$25,010,348)	-70%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$150,962,246	\$158,786,993	\$7,824,747	5%
2	Less: Accumulated Depreciation	\$57,885,480	\$66,634,489	\$8,749,009	15%
	Property, Plant and Equipment, Net	\$93,076,766	\$92,152,504	(\$924,262)	-1%
3	Construction in Progress	\$2,661,702	\$1,810,345	(\$851,357)	-32%
	Total Net Fixed Assets	\$95,738,468	\$93,962,849	(\$1,775,619)	-2%
	Total Assets	\$292,244,338	\$257,928,001	(\$34,316,337)	-12%

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FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$28,286,865	\$19,772,680	(\$8,514,185)	-30%
2	Salaries, Wages and Payroll Taxes	\$8,252,411	\$9,550,755	\$1,298,344	16%
3	Due To Third Party Payers	\$2,425,929	\$413,822	(\$2,012,107)	-83%
4	Due To Affiliates	\$1,022,080	\$286,435	(\$735,645)	-72%
5	Current Portion of Long Term Debt	\$2,175,000	\$2,260,000	\$85,000	4%
6	Current Portion of Notes Payable	\$2,873,116	\$3,212,480	\$339,364	12%
7	Other Current Liabilities	\$357,542	\$672,037	\$314,495	88%
	Total Current Liabilities	\$45,392,943	\$36,168,209	(\$9,224,734)	-20%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$35,278,616	\$32,943,820	(\$2,334,796)	-7%
2	Notes Payable (Net of Current Portion)	\$6,678,085	\$5,350,871	(\$1,327,214)	-20%
	Total Long Term Debt	\$41,956,701	\$38,294,691	(\$3,662,010)	-9%
3	Accrued Pension Liability	\$8,193,458	\$14,507,634	\$6,314,176	77%
4	Other Long Term Liabilities	\$9,086,199	\$16,980,215	\$7,894,016	87%
	Total Long Term Liabilities	\$59,236,358	\$69,782,540	\$10,546,182	18%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$102,605,588	\$69,608,421	(\$32,997,167)	-32%
2	Temporarily Restricted Net Assets	\$13,190,286	\$13,020,038	(\$170,248)	-1%
3	Permanently Restricted Net Assets	\$71,819,163	\$69,348,793	(\$2,470,370)	-3%
	Total Net Assets	\$187,615,037	\$151,977,252	(\$35,637,785)	-19%
	Total Liabilities and Net Assets	\$292,244,338	\$257,928,001	(\$34,316,337)	-12%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$318,489,734	\$344,928,055	\$26,438,321	8%
2	Less: Allowances	\$142,960,221	\$161,417,567	\$18,457,346	13%
3	Less: Charity Care	\$2,373,284	\$5,034,035	\$2,660,751	112%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$173,156,229	\$178,476,453	\$5,320,224	3%
5	Other Operating Revenue	\$3,508,098	\$3,049,588	(\$458,510)	-13%
6	Net Assets Released from Restrictions	\$10,708,340	\$11,889,220	\$1,180,880	11%
	Total Operating Revenue	\$187,372,667	\$193,415,261	\$6,042,594	3%
B. Operating Expenses:					
1	Salaries and Wages	\$80,783,563	\$83,825,162	\$3,041,599	4%
2	Fringe Benefits	\$19,618,119	\$18,156,816	(\$1,461,303)	-7%
3	Physicians Fees	\$8,477,836	\$7,012,619	(\$1,465,217)	-17%
4	Supplies and Drugs	\$13,765,196	\$13,644,306	(\$120,890)	-1%
5	Depreciation and Amortization	\$8,267,960	\$9,422,221	\$1,154,261	14%
6	Bad Debts	\$4,145,704	\$3,808,276	(\$337,428)	-8%
7	Interest	\$2,613,102	\$1,921,628	(\$691,474)	-26%
8	Malpractice	\$3,210,583	\$5,204,113	\$1,993,530	62%
9	Other Operating Expenses	\$43,293,064	\$42,540,189	(\$752,875)	-2%
	Total Operating Expenses	\$184,175,127	\$185,535,330	\$1,360,203	1%
	Income/(Loss) From Operations	\$3,197,540	\$7,879,931	\$4,682,391	146%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,050,015	\$2,388,602	\$1,338,587	127%
2	Gifts, Contributions and Donations	\$0	\$531,228	\$531,228	0%
3	Other Non-Operating Gains/(Losses)	\$4,903,939	\$0	(\$4,903,939)	-100%
	Total Non-Operating Revenue	\$5,953,954	\$2,919,830	(\$3,034,124)	-51%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$9,151,494	\$10,799,761	\$1,648,267	18%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$9,151,494	\$10,799,761	\$1,648,267	18%
	Principal Payments	\$0	\$5,260,291	\$5,260,291	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$477,800	\$438,448	(\$39,352)	-8%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$22,319,069	\$23,850,353	\$1,531,284	7%
4	MEDICAID MANAGED CARE	\$73,033,641	\$81,656,061	\$8,622,420	12%
5	CHAMPUS/TRICARE	\$410,335	\$457,574	\$47,239	12%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$102,107,575	\$96,948,589	(\$5,158,986)	-5%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$558,165	\$754,800	\$196,635	35%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$198,906,585	\$204,105,825	\$5,199,240	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$454,316	\$144,624	(\$309,692)	-68%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$4,992,869	\$6,196,003	\$1,203,134	24%
4	MEDICAID MANAGED CARE	\$45,698,064	\$55,894,857	\$10,196,793	22%
5	CHAMPUS/TRICARE	\$446,986	\$637,881	\$190,895	43%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$66,245,392	\$75,921,821	\$9,676,429	15%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,745,522	\$2,027,044	\$281,522	16%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$119,583,149	\$140,822,230	\$21,239,081	18%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$932,116	\$583,072	(\$349,044)	-37%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$27,311,938	\$30,046,356	\$2,734,418	10%
4	MEDICAID MANAGED CARE	\$118,731,705	\$137,550,918	\$18,819,213	16%
5	CHAMPUS/TRICARE	\$857,321	\$1,095,455	\$238,134	28%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$168,352,967	\$172,870,410	\$4,517,443	3%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,303,687	\$2,781,844	\$478,157	21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$318,489,734	\$344,928,055	\$26,438,321	8%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$1,659,819	\$2,622,018	\$962,199	58%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$8,484,005	\$8,485,769	\$1,764	0%
4	MEDICAID MANAGED CARE	\$28,370,214	\$30,658,124	\$2,287,910	8%
5	CHAMPUS/TRICARE	\$244,806	\$76,422	(\$168,384)	-69%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$54,041,034	\$56,766,631	\$2,725,597	5%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$132,020	\$227,133	\$95,113	72%
10	SAGA	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
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FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$92,931,898	\$98,836,097	\$5,904,199	6%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,852,160	\$872,231	(\$979,929)	-53%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$1,058,072	\$2,249,905	\$1,191,833	113%
4	MEDICAID MANAGED CARE	\$14,420,149	\$18,226,888	\$3,806,739	26%
5	CHAMPUS/TRICARE	\$238,170	\$351,959	\$113,789	48%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$38,935,685	\$42,092,617	\$3,156,932	8%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$412,859	\$609,974	\$197,115	48%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$56,917,095	\$64,403,574	\$7,486,479	13%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$3,511,979	\$3,494,249	(\$17,730)	-1%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$9,542,077	\$10,735,674	\$1,193,597	13%
4	MEDICAID MANAGED CARE	\$42,790,363	\$48,885,012	\$6,094,649	14%
5	CHAMPUS/TRICARE	\$482,976	\$428,381	(\$54,595)	-11%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$92,976,719	\$98,859,248	\$5,882,529	6%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$544,879	\$837,107	\$292,228	54%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$149,848,993	\$163,239,671	\$13,390,678	9%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	10	8	(2)	-20%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	427	474	47	11%
4	MEDICAID MANAGED CARE	2,249	2,781	532	24%
5	CHAMPUS/TRICARE	27	31	4	15%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	3,055	3,014	(41)	-1%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	38	51	13	34%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	5,806	6,359	553	10%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	67	77	10	15%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	4,216	4,432	216	5%
4	MEDICAID MANAGED CARE	13,949	14,477	528	4%
5	CHAMPUS/TRICARE	93	98	5	5%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	18,686	16,680	(2,006)	-11%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	126	147	21	17%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%

**CT CHILDREN'S MEDICAL CENTER
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FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL PATIENT DAYS	37,137	35,911	(1,226)	-3%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	142	94	(48)	-34%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	4,594	5,224	630	14%
4	MEDICAID MANAGED CARE	49,894	58,991	9,097	18%
5	CHAMPUS/TRICARE	477	570	93	19%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	62,711	72,700	9,989	16%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,939	2,160	221	11%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	119,757	139,739	19,982	17%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$43,853	\$12,966	(\$30,887)	-70%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$2,547,563	\$2,915,598	\$368,035	14%
4	MEDICAID MANAGED CARE	\$21,146,310	\$26,960,187	\$5,813,877	27%
5	CHAMPUS/TRICARE	\$145,781	\$222,146	\$76,365	52%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$19,784,500	\$22,418,693	\$2,634,193	13%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,258,469	\$1,512,970	\$254,501	20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$44,926,476	\$54,042,560	\$9,116,084	20%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$27,841	\$10,114	(\$17,727)	-64%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$613,772	\$645,887	\$32,115	5%
4	MEDICAID MANAGED CARE	\$5,498,041	\$5,687,693	\$189,652	3%
5	CHAMPUS/TRICARE	\$109,336	\$146,617	\$37,281	34%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$12,953,606	\$14,478,209	\$1,524,603	12%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$377,541	\$453,891	\$76,350	20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$19,580,137	\$21,422,411	\$1,842,274	9%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	24	8	(16)	-67%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	2,626	2,673	47	2%
4	MEDICAID MANAGED CARE	23,491	26,786	3,295	14%
5	CHAMPUS/TRICARE	150	197	47	31%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	15,815	16,107	292	2%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,411	1,491	80	6%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%

**CT CHILDREN'S MEDICAL CENTER
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 FISCAL YEAR 2009
 REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	43,517	47,262	3,745	9%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$30,432,035	\$31,734,175	\$1,302,140	4%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$50,351,528	\$52,090,987	\$1,739,459	3%
	Total Salaries & Wages	\$80,783,563	\$83,825,162	\$3,041,599	4%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$7,390,356	\$6,873,731	(\$516,625)	-7%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$12,227,763	\$11,283,085	(\$944,678)	-8%
	Total Fringe Benefits	\$19,618,119	\$18,156,816	(\$1,461,303)	-7%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$8,477,836	\$7,012,619	(\$1,465,217)	-17%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$8,477,836	\$7,012,619	(\$1,465,217)	-17%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$9,021,800	\$8,558,185	(\$463,615)	-5%
2	Pharmaceutical Costs	\$4,743,396	\$5,086,121	\$342,725	7%
	Total Medical Supplies and Pharmaceutical Cost	\$13,765,196	\$13,644,306	(\$120,890)	-1%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$3,336,600	\$3,755,454	\$418,854	13%
2	Depreciation-Equipment	\$4,706,444	\$5,281,750	\$575,306	12%
3	Amortization	\$224,916	\$385,017	\$160,101	71%
	Total Depreciation and Amortization	\$8,267,960	\$9,422,221	\$1,154,261	14%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$4,145,704	\$3,808,276	(\$337,428)	-8%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$2,613,102	\$1,921,628	(\$691,474)	-26%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$3,210,583	\$5,204,113	\$1,993,530	62%
I.	<u>Utilities:</u>				
1	Water	\$94,777	\$78,045	(\$16,732)	-18%
2	Natural Gas	\$139,566	\$750,474	\$610,908	438%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,351,905	\$1,453,775	\$101,870	8%
5	Telephone	\$261,944	\$259,857	(\$2,087)	-1%
6	Other Utilities	\$685,880	\$32,374	(\$653,506)	-95%
	Total Utilities	\$2,534,072	\$2,574,525	\$40,453	2%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$178,225	\$328,495	\$150,270	84%
2	Legal Fees	\$678,615	\$785,328	\$106,713	16%
3	Consulting Fees	\$1,447,625	\$1,476,245	\$28,620	2%
4	Dues and Membership	\$555,192	\$705,917	\$150,725	27%
5	Equipment Leases	\$529,759	\$500,468	(\$29,291)	-6%
6	Building Leases	\$2,337,753	\$3,582,083	\$1,244,330	53%
7	Repairs and Maintenance	\$1,405,011	\$1,471,056	\$66,045	5%
8	Insurance	\$280,382	\$255,669	(\$24,713)	-9%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$174,419	\$145,224	(\$29,195)	-17%
10	Conferences	\$411,034	\$378,292	(\$32,742)	-8%
11	Property Tax	\$18,853	\$51,044	\$32,191	171%
12	General Supplies	\$2,512,377	\$2,172,566	(\$339,811)	-14%
13	Licenses and Subscriptions	\$33,807	\$30,251	(\$3,556)	-11%
14	Postage and Shipping	\$108,527	\$125,445	\$16,918	16%
15	Advertising	\$761,195	\$1,045,703	\$284,508	37%
16	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$11,432,774	\$13,053,786	\$1,621,012	14%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$29,326,218	\$26,911,878	(\$2,414,340)	-8%
	Total Operating Expenses - All Expense Categories*	\$184,175,127	\$185,535,330	\$1,360,203	1%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$17,750,560	\$20,202,298	\$2,451,738	14%
2	General Accounting	\$1,510,241	\$1,544,742	\$34,501	2%
3	Patient Billing & Collection	\$974,853	\$1,072,461	\$97,608	10%
4	Admitting / Registration Office	\$2,224,503	\$2,221,529	(\$2,974)	0%
5	Data Processing	\$2,689,210	\$2,877,341	\$188,131	7%
6	Communications	\$915,369	\$808,558	(\$106,811)	-12%
7	Personnel	\$3,417,522	\$2,888,601	(\$528,921)	-15%
8	Public Relations	\$857,629	\$1,605,416	\$747,787	87%
9	Purchasing	\$499,709	\$481,701	(\$18,008)	-4%
10	Dietary and Cafeteria	\$3,160,809	\$3,171,812	\$11,003	0%
11	Housekeeping	\$3,145,544	\$2,894,696	(\$250,848)	-8%
12	Laundry & Linen	\$0	\$9,380	\$9,380	0%
13	Operation of Plant	\$4,944,911	\$5,236,573	\$291,662	6%
14	Security	\$2,078,494	\$2,392,216	\$313,722	15%
15	Repairs and Maintenance	\$285,949	\$324,078	\$38,129	13%
16	Central Sterile Supply	\$0	\$540,854	\$540,854	0%
17	Pharmacy Department	\$6,916,288	\$7,116,844	\$200,556	3%
18	Other General Services	\$1,509,598	\$1,835,232	\$325,634	22%
	Total General Services	\$52,881,189	\$57,224,332	\$4,343,143	8%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$2,418,917	\$3,132,342	\$713,425	29%
2	Residency Program	\$7,173,801	\$7,017,813	(\$155,988)	-2%
3	Nursing Services Administration	\$1,431,279	\$1,134,509	(\$296,770)	-21%
4	Medical Records	\$1,618,286	\$1,340,300	(\$277,986)	-17%
5	Social Service	\$2,489,603	\$2,098,527	(\$391,076)	-16%
6	Other Professional Services	\$2,101,360	\$0	(\$2,101,360)	-100%
	Total Professional Services	\$17,233,246	\$14,723,491	(\$2,509,755)	-15%
C.	<u>Special Services:</u>				
1	Operating Room	\$9,818,677	\$8,850,183	(\$968,494)	-10%
2	Recovery Room	\$0	\$0	\$0	0%
3	Anesthesiology	\$919,028	\$1,012,037	\$93,009	10%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$4,168,210	\$3,547,553	(\$620,657)	-15%
6	Diagnostic Ultrasound	\$789,078	\$824,125	\$35,047	4%
7	Radiation Therapy	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$206,672	\$576,712	\$370,040	179%
10	Laboratory	\$4,052,918	\$4,390,463	\$337,545	8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$244,481	\$219,834	(\$24,647)	-10%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$392,949	\$417,133	\$24,184	6%
15	Occupational Therapy	\$0	\$1,259,419	\$1,259,419	0%
16	Speech Pathology	\$539,367	\$837,591	\$298,224	55%
17	Audiology	\$725,883	\$1,219,502	\$493,619	68%
18	Respiratory Therapy	\$3,897,326	\$3,241,685	(\$655,641)	-17%
19	Pulmonary Function	\$430,811	\$379,650	(\$51,161)	-12%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$749,747	\$1,003,655	\$253,908	34%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$8,511,576	\$8,046,430	(\$465,146)	-5%
25	MRI	\$707,827	\$774,920	\$67,093	9%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$205,781	\$199,368	(\$6,413)	-3%
29	Sleep Center	\$128,185	\$152,738	\$24,553	19%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$358,605	\$293,639	(\$64,966)	-18%
32	Occupational Therapy / Physical Therapy	\$4,491,683	\$2,406,055	(\$2,085,628)	-46%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,084,887	\$2,698,279	(\$386,608)	-13%
	Total Special Services	\$44,423,691	\$42,350,971	(\$2,072,720)	-5%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$0	\$0	\$0	0%
2	Intensive Care Unit	\$7,781,640	\$6,785,163	(\$996,477)	-13%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$15,256,852	\$16,722,195	\$1,465,343	10%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$2,055,093	\$2,055,093	0%
8	Neonatal ICU	\$12,259,776	\$9,074,466	(\$3,185,310)	-26%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$4,108,095	\$3,558,152	(\$549,943)	-13%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$176,343	\$176,343	0%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$39,406,363	\$38,371,412	(\$1,034,951)	-3%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$30,230,638	\$32,865,124	\$2,634,486	9%
	Total Operating Expenses - All Departments*	\$184,175,127	\$185,535,330	\$1,360,203	1%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$140,951,196	\$ 173,156,229	\$178,476,453
2	Other Operating Revenue	13,649,071	14,216,438	14,938,808
3	Total Operating Revenue	\$154,600,267	\$187,372,667	\$193,415,261
4	Total Operating Expenses	166,926,646	184,175,127	185,535,330
5	Income/(Loss) From Operations	(\$12,326,379)	\$3,197,540	\$7,879,931
6	Total Non-Operating Revenue	20,221,221	5,953,954	2,919,830
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,894,842	\$9,151,494	\$10,799,761
B. Profitability Summary				
1	Hospital Operating Margin	-7.05%	1.65%	4.01%
2	Hospital Non Operating Margin	11.57%	3.08%	1.49%
3	Hospital Total Margin	4.52%	4.73%	5.50%
4	Income/(Loss) From Operations	(\$12,326,379)	\$3,197,540	\$7,879,931
5	Total Operating Revenue	\$154,600,267	\$187,372,667	\$193,415,261
6	Total Non-Operating Revenue	\$20,221,221	\$5,953,954	\$2,919,830
7	Total Revenue	\$174,821,488	\$193,326,621	\$196,335,091
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,894,842	\$9,151,494	\$10,799,761
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$117,939,498	\$102,605,588	\$69,608,421
2	Hospital Total Net Assets	\$212,389,064	\$187,615,037	\$151,977,252
3	Hospital Change in Total Net Assets	\$212,389,064	(\$24,774,027)	(\$35,637,785)
4	Hospital Change in Total Net Assets %	0.0%	-11.7%	-19.0%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.56	0.50	0.49
2	Total Operating Expenses	\$161,519,453	\$177,612,255	\$185,535,330
3	Total Gross Revenue	\$263,974,204	\$318,489,734	\$344,928,055
4	Total Other Operating Revenue	\$26,008,457	\$34,201,544	\$30,958,808
5	Private Payment to Cost Ratio	1.01	1.10	1.16
6	Total Non-Government Payments	\$77,291,164	\$93,521,598	\$99,696,355

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
7	Total Uninsured Payments	\$530,685	\$544,879	\$837,107
8	Total Non-Government Charges	\$138,098,440	\$170,656,654	\$175,652,254
9	Total Uninsured Charges	\$1,794,333	\$2,303,687	\$2,781,844
10	<u>Medicare Payment to Cost Ratio</u>	9.20	7.48	12.14
11	Total Medicare Payments	\$4,208,966	\$3,511,979	\$3,494,249
12	Total Medicare Charges	\$821,593	\$932,116	\$583,072
13	<u>Medicaid Payment to Cost Ratio</u>	0.64	0.71	0.72
14	Total Medicaid Payments	\$43,700,524	\$52,332,440	\$59,620,686
15	Total Medicaid Charges	\$123,191,596	\$146,043,643	\$167,597,274
16	<u>Uncompensated Care Cost</u>	\$2,100,336	\$2,346,998	\$2,098,176
17	Charity Care	\$294,708	\$514,817	\$442,542
18	Bad Debts	\$3,476,113	\$4,145,704	\$3,808,276
19	Total Uncompensated Care	\$3,770,821	\$4,660,521	\$4,250,818
20	<u>Uncompensated Care % of Total Expenses</u>	1.3%	1.3%	1.1%
21	Total Operating Expenses	\$161,519,453	\$177,612,255	\$185,535,330
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	0.75	0.88	0.93
2	Total Current Assets	\$29,870,897	\$39,981,686	\$33,500,326
3	Total Current Liabilities	\$39,968,944	\$45,392,943	\$36,168,209
4	<u>Days Cash on Hand</u>	9	20	4
5	Cash and Cash Equivalents	\$3,801,894	\$9,670,263	\$2,105,761
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$3,801,894	\$9,670,263	\$2,105,761
8	Total Operating Expenses	\$166,926,646	\$184,175,127	\$185,535,330
9	Depreciation Expense	\$7,199,726	\$8,267,960	\$9,422,221
10	Operating Expenses less Depreciation Expense	\$159,726,920	\$175,907,167	\$176,113,109
11	<u>Days Revenue in Patient Accounts Receivable</u>	42.91	38.62	40.42

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
12	Net Patient Accounts Receivable	\$ 16,829,556	\$ 20,749,592	\$ 20,178,554
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$260,795	\$2,425,929	\$413,822
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 16,568,761	\$ 18,323,663	\$ 19,764,732
16	Total Net Patient Revenue	\$140,951,196	\$ 173,156,229	\$ 178,476,453
17	Average Payment Period	91.34	94.19	74.96
18	Total Current Liabilities	\$39,968,944	\$45,392,943	\$36,168,209
19	Total Operating Expenses	\$166,926,646	\$184,175,127	\$185,535,330
20	Depreciation Expense	\$7,199,726	\$8,267,960	\$9,422,221
21	Total Operating Expenses less Depreciation Expense	\$159,726,920	\$175,907,167	\$176,113,109
F. Solvency Measures Summary				
1	Equity Financing Ratio	69.8	64.2	58.9
2	Total Net Assets	\$212,389,064	\$187,615,037	\$151,977,252
3	Total Assets	\$304,208,944	\$292,244,338	\$257,928,001
4	Cash Flow to Total Debt Ratio	18.4	19.9	27.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,894,842	\$9,151,494	\$10,799,761
6	Depreciation Expense	\$7,199,726	\$8,267,960	\$9,422,221
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,094,568	\$17,419,454	\$20,221,982
8	Total Current Liabilities	\$39,968,944	\$45,392,943	\$36,168,209
9	Total Long Term Debt	\$41,874,224	\$41,956,701	\$38,294,691
10	Total Current Liabilities and Total Long Term Debt	\$81,843,168	\$87,349,644	\$74,462,900
11	Long Term Debt to Capitalization Ratio	16.5	18.3	20.1
12	Total Long Term Debt	\$41,874,224	\$41,956,701	\$38,294,691
13	Total Net Assets	\$212,389,064	\$187,615,037	\$151,977,252
14	Total Long Term Debt and Total Net Assets	\$254,263,288	\$229,571,738	\$190,271,943
15	Debt Service Coverage Ratio	7.9	7.7	3.1
16	Excess Revenues over Expenses	\$7,894,842	\$9,151,494	\$10,799,761
17	Interest Expense	\$2,185,294	\$2,613,102	\$1,921,628
18	Depreciation and Amortization Expense	\$7,199,726	\$8,267,960	\$9,422,221

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
19	Principal Payments	\$0	\$0	\$5,260,291
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	7.4	7.0	7.1
21	Accumulated Depreciation	\$53,083,087	\$57,885,480	\$66,634,489
22	Depreciation and Amortization Expense	\$7,199,726	\$8,267,960	\$9,422,221
H. <u>Utilization Measures Summary</u>				
1	Patient Days	32,933	37,137	35,911
2	Discharges	5,534	5,806	6,359
3	ALOS	6.0	6.4	5.6
4	Staffed Beds	123	126	142
5	Available Beds	-	-	142
6	Licensed Beds	135	126	147
6	Occupancy of Staffed Beds	73.4%	80.8%	69.3%
7	Occupancy of Available Beds	66.8%	80.8%	69.3%
8	Full Time Equivalent Employees	1,093.5	1,189.5	1,195.2
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	51.6%	52.9%	50.1%
2	Medicare Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.2%
3	Medicaid Gross Revenue Payer Mix Percentage	46.7%	45.9%	48.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	0.7%	0.7%	0.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.7%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$136,304,107	\$168,352,967	\$172,870,410
9	Medicare Gross Revenue (Charges)	\$821,593	\$932,116	\$583,072
10	Medicaid Gross Revenue (Charges)	\$123,191,596	\$146,043,643	\$167,597,274
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$1,794,333	\$2,303,687	\$2,781,844
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,862,575	\$857,321	\$1,095,455
14	Total Gross Revenue (Charges)	\$263,974,204	\$318,489,734	\$344,928,055
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	60.9%	62.0%	60.6%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
2	Medicare Net Revenue Payer Mix Percentage	3.3%	2.3%	2.1%
3	Medicaid Net Revenue Payer Mix Percentage	34.6%	34.9%	36.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.4%	0.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.7%	0.3%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$76,760,479	\$92,976,719	\$98,859,248
9	Medicare Net Revenue (Payments)	\$4,208,966	\$3,511,979	\$3,494,249
10	Medicaid Net Revenue (Payments)	\$43,700,524	\$52,332,440	\$59,620,686
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$530,685	\$544,879	\$837,107
13	CHAMPUS / TRICARE Net Revenue Payments)	\$934,149	\$482,976	\$428,381
14	Total Net Revenue (Payments)	\$126,134,803	\$149,848,993	\$163,239,671
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	2,894	3,093	3,065
2	Medicare	13	10	8
3	Medical Assistance	2,589	2,676	3,255
4	Medicaid	2,589	2,676	3,255
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	38	27	31
7	Uninsured (Included In Non-Government)	37	38	51
8	Total	5,534	5,806	6,359
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	1.424300	1.553500	1.448800
2	Medicare	2.044200	2.223000	2.177200
3	Medical Assistance	1.333500	1.482100	1.361100
4	Medicaid	1.333500	1.482100	1.361100
5	Other Medical Assistance	0.000000	0.000000	0.000000
6	CHAMPUS / TRICARE	1.190000	1.406500	0.945500
7	Uninsured (Included In Non-Government)	1.081800	0.983600	1.155500
8	Total Case Mix Index	1.381667	1.521061	1.402371
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	2,849	3,037	2,838
2	Emergency Room - Treated and Discharged	40,323	43,517	47,262
3	Total Emergency Room Visits	43,172	46,554	50,100

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$51,585,468	\$16,362,609	(\$35,222,859)	-68%
2	Inpatient Payments	\$20,361,023	\$5,325,300	(\$15,035,723)	-74%
3	Outpatient Charges	\$33,651,753	\$11,156,688	(\$22,495,065)	-67%
4	Outpatient Payments	\$10,712,746	\$2,658,636	(\$8,054,110)	-75%
5	Discharges	1,511	408	(1,103)	-73%
6	Patient Days	10,001	3,013	(6,988)	-70%
7	Outpatient Visits (Excludes ED Visits)	20,515	6,484	(14,031)	-68%
8	Emergency Department Outpatient Visits	16,870	4,737	(12,133)	-72%
9	Emergency Department Inpatient Admissions	785	207	(578)	-74%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$85,237,221	\$27,519,297	(\$57,717,924)	-68%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$31,073,769	\$7,983,936	(\$23,089,833)	-74%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$16,825,177	\$44,860,227	\$28,035,050	167%
2	Inpatient Payments	\$6,818,752	\$15,704,736	\$8,885,984	130%
3	Outpatient Charges	\$8,153,423	\$28,923,359	\$20,769,936	255%
4	Outpatient Payments	\$2,637,837	\$9,847,837	\$7,210,000	273%
5	Discharges	517	1,703	1,186	229%
6	Patient Days	3,039	7,595	4,556	150%
7	Outpatient Visits (Excludes ED Visits)	4,321	17,974	13,653	316%
8	Emergency Department Outpatient Visits	4,428	13,231	8,803	199%
9	Emergency Department Inpatient Admissions	288	746	458	159%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,978,600	\$73,783,586	\$48,804,986	195%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,456,589	\$25,552,573	\$16,095,984	170%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$3,332,437	\$0	(\$3,332,437)	-100%
2	Inpatient Payments	\$896,673	\$0	(\$896,673)	-100%
3	Outpatient Charges	\$2,616,831	\$0	(\$2,616,831)	-100%
4	Outpatient Payments	\$725,038	\$0	(\$725,038)	-100%
5	Discharges	146	0	(146)	-100%
6	Patient Days	638	0	(638)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,090	0	(1,090)	-100%
8	Emergency Department Outpatient Visits	1,287	0	(1,287)	-100%
9	Emergency Department Inpatient Admissions	85	0	(85)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,949,268	\$0	(\$5,949,268)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,621,711	\$0	(\$1,621,711)	-100%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$1,290,559	\$0	(\$1,290,559)	-100%
2	Inpatient Payments	\$293,766	\$0	(\$293,766)	-100%
3	Outpatient Charges	\$1,259,857	\$0	(\$1,259,857)	-100%
4	Outpatient Payments	\$328,425	\$0	(\$328,425)	-100%
5	Discharges	75	0	(75)	-100%
6	Patient Days	271	0	(271)	-100%
7	Outpatient Visits (Excludes ED Visits)	473	0	(473)	-100%
8	Emergency Department Outpatient Visits	905	0	(905)	-100%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	41	0	(41)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,550,416	\$0	(\$2,550,416)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$622,191	\$0	(\$622,191)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$7,003,164	\$7,003,164	0%
2	Inpatient Payments	\$0	\$3,359,745	\$3,359,745	0%
3	Outpatient Charges	\$0	\$4,676,850	\$4,676,850	0%
4	Outpatient Payments	\$0	\$1,680,786	\$1,680,786	0%
5	Discharges	0	198	198	0%
6	Patient Days	0	1,371	1,371	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,139	2,139	0%
8	Emergency Department Outpatient Visits	0	2,707	2,707	0%
9	Emergency Department Inpatient Admissions	0	89	89	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$11,680,014	\$11,680,014	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$5,040,531	\$5,040,531	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$13,430,061	\$13,430,061	0%
2	Inpatient Payments	\$0	\$6,268,343	\$6,268,343	0%
3	Outpatient Charges	\$16,200	\$11,137,960	\$11,121,760	68653%
4	Outpatient Payments	\$16,103	\$4,039,629	\$4,023,526	24986%
5	Discharges	0	472	472	0%
6	Patient Days	0	2,498	2,498	0%
7	Outpatient Visits (Excludes ED Visits)	4	5,608	5,604	140100%
8	Emergency Department Outpatient Visits	1	6,111	6,110	611000%
9	Emergency Department Inpatient Admissions	0	232	232	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,200	\$24,568,021	\$24,551,821	151554%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,103	\$10,307,972	\$10,291,869	63913%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$73,033,641	\$81,656,061	\$8,622,420	12%
	TOTAL INPATIENT PAYMENTS	\$28,370,214	\$30,658,124	\$2,287,910	8%
	TOTAL OUTPATIENT CHARGES	\$45,698,064	\$55,894,857	\$10,196,793	22%
	TOTAL OUTPATIENT PAYMENTS	\$14,420,149	\$18,226,888	\$3,806,739	26%
	TOTAL DISCHARGES	2,249	2,781	532	24%
	TOTAL PATIENT DAYS	13,949	14,477	528	4%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	26,403	32,205	5,802	22%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	23,491	26,786	3,295	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,199	1,274	75	6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$118,731,705	\$137,550,918	\$18,819,213	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$42,790,363	\$48,885,012	\$6,094,649	14%

**CT CHILDREN'S MEDICAL CENTER
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2009
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$10,205,859	\$4,836,967	(\$5,368,892)	-53%
2	Short Term Investments	\$1,572,105	\$5,286,908	\$3,714,803	236%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$26,041,623	\$26,094,375	\$52,752	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,305,005	\$5,185,038	(\$119,967)	-2%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$530,240	\$585,139	\$54,899	10%
8	Prepaid Expenses	\$1,005,833	\$1,268,162	\$262,329	26%
9	Other Current Assets	\$4,439,431	\$6,669,542	\$2,230,111	50%
	Total Current Assets	\$49,100,096	\$49,926,131	\$826,035	2%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$57,226,133	\$54,638,548	(\$2,587,585)	-5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$57,226,133	\$54,638,548	(\$2,587,585)	-5%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$84,431,034	\$85,444,221	\$1,013,187	1%
7	Other Noncurrent Assets	\$10,225,931	\$11,431,861	\$1,205,930	12%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$156,913,127	\$165,248,839	\$8,335,712	5%
2	Less: Accumulated Depreciation	\$60,004,133	\$69,251,951	\$9,247,818	\$0
	Property, Plant and Equipment, Net	\$96,908,994	\$95,996,888	(\$912,106)	-1%
3	Construction in Progress	\$2,676,043	\$1,846,645	(\$829,398)	-31%
	Total Net Fixed Assets	\$99,585,037	\$97,843,533	(\$1,741,504)	-2%
	Total Assets	\$300,568,231	\$299,284,294	(\$1,283,937)	0%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	<u>Current Liabilities:</u>				
1	Accounts Payable and Accrued Expenses	\$31,330,558	\$22,137,072	(\$9,193,486)	-29%
2	Salaries, Wages and Payroll Taxes	\$11,246,868	\$13,132,660	\$1,885,792	17%
3	Due To Third Party Payers	\$2,435,053	\$413,822	(\$2,021,231)	-83%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,175,000	\$2,260,000	\$85,000	4%
6	Current Portion of Notes Payable	\$2,873,116	\$3,222,230	\$349,114	12%
7	Other Current Liabilities	\$357,542	\$743,628	\$386,086	108%
	Total Current Liabilities	\$50,418,137	\$41,909,412	(\$8,508,725)	-17%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$35,278,616	\$32,943,820	(\$2,334,796)	-7%
2	Notes Payable (Net of Current Portion)	\$6,678,085	\$5,469,214	(\$1,208,871)	-18%
	Total Long Term Debt	\$41,956,701	\$38,413,034	(\$3,543,667)	-8%
3	Accrued Pension Liability	\$8,193,458	\$14,507,634	\$6,314,176	77%
4	Other Long Term Liabilities	\$11,835,836	\$19,846,945	\$8,011,109	68%
	Total Long Term Liabilities	\$61,985,995	\$72,767,613	\$10,781,618	17%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$103,126,462	\$98,946,091	(\$4,180,371)	-4%
2	Temporarily Restricted Net Assets	\$13,218,474	\$16,312,385	\$3,093,911	23%
3	Permanently Restricted Net Assets	\$71,819,163	\$69,348,793	(\$2,470,370)	-3%
	Total Net Assets	\$188,164,099	\$184,607,269	(\$3,556,830)	-2%
	Total Liabilities and Net Assets	\$300,568,231	\$299,284,294	(\$1,283,937)	0%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$380,452,744	\$415,668,643	\$35,215,899	9%
2	Less: Allowances	\$175,123,247	\$198,691,457	\$23,568,210	13%
3	Less: Charity Care	\$2,373,284	\$5,270,065	\$2,896,781	122%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$202,956,213	\$211,707,121	\$8,750,908	4%
5	Other Operating Revenue	\$18,782,545	\$17,984,474	(\$798,071)	-4%
6	Net Assets Released from Restrictions	\$10,729,185	\$12,119,958	\$1,390,773	13%
	Total Operating Revenue	\$232,467,943	\$241,811,553	\$9,343,610	4%
B. Operating Expenses:					
1	Salaries and Wages	\$122,430,497	\$125,134,807	\$2,704,310	2%
2	Fringe Benefits	\$28,170,646	\$25,579,146	(\$2,591,500)	-9%
3	Physicians Fees	\$8,817,182	\$7,117,547	(\$1,699,635)	-19%
4	Supplies and Drugs	\$15,279,835	\$15,523,402	\$243,567	2%
5	Depreciation and Amortization	\$8,714,022	\$9,942,819	\$1,228,797	14%
6	Bad Debts	\$6,080,155	\$5,094,187	(\$985,968)	-16%
7	Interest	\$2,613,102	\$1,922,272	(\$690,830)	-26%
8	Malpractice	\$5,740,843	\$7,707,984	\$1,967,141	34%
9	Other Operating Expenses	\$40,883,745	\$46,639,608	\$5,755,863	14%
	Total Operating Expenses	\$238,730,027	\$244,661,772	\$5,931,745	2%
	Income/(Loss) From Operations	(\$6,262,084)	(\$2,850,219)	\$3,411,865	-54%
C. Non-Operating Revenue:					
1	Income from Investments	\$5,961,511	\$1,875,836	(\$4,085,675)	-69%
2	Gifts, Contributions and Donations	\$3,296,027	\$2,958,651	(\$337,376)	-10%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$9,257,538	\$4,834,487	(\$4,423,051)	-48%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$2,995,454	\$1,984,268	(\$1,011,186)	-34%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$2,995,454	\$1,984,268	(\$1,011,186)	-34%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$168,229,262	\$202,956,213	\$211,707,121
2	Other Operating Revenue	28,551,953	29,511,730	30,104,432
3	Total Operating Revenue	\$196,781,215	\$232,467,943	\$241,811,553
4	Total Operating Expenses	216,868,770	238,730,027	244,661,772
5	Income/(Loss) From Operations	(\$20,087,555)	(\$6,262,084)	(\$2,850,219)
6	Total Non-Operating Revenue	21,989,444	9,257,538	4,834,487
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,901,889	\$2,995,454	\$1,984,268
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-9.18%	-2.59%	-1.16%
2	Parent Corporation Non-Operating Margin	10.05%	3.83%	1.96%
3	Parent Corporation Total Margin	0.87%	1.24%	0.80%
4	Income/(Loss) From Operations	(\$20,087,555)	(\$6,262,084)	(\$2,850,219)
5	Total Operating Revenue	\$196,781,215	\$232,467,943	\$241,811,553
6	Total Non-Operating Revenue	\$21,989,444	\$9,257,538	\$4,834,487
7	Total Revenue	\$218,770,659	\$241,725,481	\$246,646,040
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,901,889	\$2,995,454	\$1,984,268
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$119,484,280	\$103,126,462	\$98,946,091
2	Parent Corporation Total Net Assets	\$213,962,343	\$188,164,099	\$184,607,269
3	Parent Corporation Change in Total Net Assets	\$213,962,343	(\$25,798,244)	(\$3,556,830)
4	Parent Corporation Change in Total Net Assets %	0.0%	-12.1%	-1.9%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	0.83	0.97	1.19
2	Total Current Assets	\$37,798,392	\$49,100,096	\$49,926,131
3	Total Current Liabilities	\$45,519,234	\$50,418,137	\$41,909,412
4	<u>Days Cash on Hand</u>	10	19	16
5	Cash and Cash Equivalents	\$4,606,044	\$10,205,859	\$4,836,967
6	Short Term Investments	892,467	1,572,105	5,286,908
7	Total Cash and Short Term Investments	\$5,498,511	\$11,777,964	\$10,123,875
8	Total Operating Expenses	\$216,868,770	\$238,730,027	\$244,661,772
9	Depreciation Expense	\$7,551,919	\$8,714,022	\$9,942,819
10	Operating Expenses less Depreciation Expense	\$209,316,851	\$230,016,005	\$234,718,953
11	<u>Days Revenue in Patient Accounts Receivable</u>	47	42	44
12	Net Patient Accounts Receivable	\$ 21,732,955	\$ 26,041,623	\$ 26,094,375
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$268,179	\$2,435,053	\$413,822
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 21,464,776	\$ 23,606,570	\$ 25,680,553
16	Total Net Patient Revenue	\$168,229,262	\$202,956,213	\$211,707,121
17	<u>Average Payment Period</u>	79	80	65
18	Total Current Liabilities	\$45,519,234	\$50,418,137	\$41,909,412
19	Total Operating Expenses	\$216,868,770	\$238,730,027	\$244,661,772
20	Depreciation Expense	\$7,551,919	\$8,714,022	\$9,942,819
21	Total Operating Expenses less Depreciation Expense	\$209,316,851	\$230,016,005	\$234,718,953

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	68.1	62.6	61.7
2	Total Net Assets	\$213,962,343	\$188,164,099	\$184,607,269
3	Total Assets	\$314,040,190	\$300,568,231	\$299,284,294
4	<u>Cash Flow to Total Debt Ratio</u>	10.8	12.7	14.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,901,889	\$2,995,454	\$1,984,268
6	Depreciation Expense	\$7,551,919	\$8,714,022	\$9,942,819
7	Excess of Revenues Over Expenses and Depreciation Expense	\$9,453,808	\$11,709,476	\$11,927,087
8	Total Current Liabilities	\$45,519,234	\$50,418,137	\$41,909,412
9	Total Long Term Debt	\$41,874,224	\$41,956,701	\$38,413,034
10	Total Current Liabilities and Total Long Term Debt	\$87,393,458	\$92,374,838	\$80,322,446
11	<u>Long Term Debt to Capitalization Ratio</u>	16.4	18.2	17.2
12	Total Long Term Debt	\$41,874,224	\$41,956,701	\$38,413,034
13	Total Net Assets	\$213,962,343	\$188,164,099	\$184,607,269
14	Total Long Term Debt and Total Net Assets	\$255,836,567	\$230,120,800	\$223,020,303

CT CHILDREN'S MEDICAL CENTER						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	0	0	0	0.0%	0.0%
2	ICU/CCU (Excludes Neonatal ICU)	4,265	18	18	64.9%	64.9%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	0	0	0	0.0%	0.0%
7	Newborn	0	0	0	0.0%	0.0%
8	Neonatal ICU	10,317	32	32	88.3%	88.3%
9	Pediatric	21,329	92	92	63.5%	63.5%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	35,911	142	142	69.3%	69.3%
	TOTAL INPATIENT BED UTILIZATION	35,911	142	142	69.3%	69.3%
	TOTAL INPATIENT REPORTED YEAR	35,911	142	142	69.3%	69.3%
	TOTAL INPATIENT PRIOR YEAR	37,137	126	126	80.8%	80.8%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,226	16	16	-11.5%	-11.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-3%	13%	13%	-14%	-14%
	Total Licensed Beds and Bassinets	147				
(A) This number may not exceed the number of available beds for each department or in total.						

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,390	1,576	186	13%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,488	1,663	175	12%
3	Emergency Department Scans	1,101	1,199	98	9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	3,979	4,438	459	12%
B. MRI Scans (A)					
1	Inpatient Scans	578	543	-35	-6%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,503	2,815	312	12%
3	Emergency Department Scans	46	56	10	22%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,127	3,414	287	9%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	8	11	3	38%
2	Outpatient Procedures	46	26	-20	-43%
	Total Cardiac Catheterization Procedures	54	37	-17	-31%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	4	4	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	4	4	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	13	6	-7	-54%
2	Outpatient Studies	20	1	-19	-95%
	Total Electrophysiology Studies	33	7	-26	-79%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,097	2,076	-21	-1%
2	Outpatient Surgical Procedures	6,712	7,666	954	14%
	Total Surgical Procedures	8,809	9,742	933	11%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	131	164	33	25%
2	Outpatient Endoscopy Procedures	1,505	1,327	-178	-12%
	Total Endoscopy Procedures	1,636	1,491	-145	-9%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	3,037	2,838	-199	-7%
2	Emergency Room Visits: Treated and Discharged	43,517	47,262	3,745	9%
	Total Emergency Room Visits	46,554	50,100	3,546	8%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	32,693	40,139	7,446	23%
2	Cardiology	0	0	0	0%
3	Chemotherapy	167	278	111	66%
4	Gastroenterology	1,966	1,919	-47	-2%
5	Other Outpatient Visits	37,226	35,929	-1,297	-3%
	Total Other Hospital Outpatient Visits	72,052	78,265	6,213	9%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	354.7	341.7	-13.0	-4%
2	Total Physician FTEs	8.3	30.1	21.8	263%
3	Total Non-Nursing and Non-Physician FTEs	826.5	823.4	-3.1	0%
	Total Hospital Full Time Equivalent Employees	1,189.5	1,195.2	5.7	0%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital OR Suite	6,712	7,666	954	14%
	Total Outpatient Surgical Procedures(A)	6,712	7,666	954	14%
B. Outpatient Endoscopy Procedures					
1	Hospital ENDO Suite	1,505	1,327	-178	-12%
	Total Outpatient Endoscopy Procedures(B)	1,505	1,327	-178	-12%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Department	43,517	47,262	3,745	9%
	Total Outpatient Hospital Emergency Room Visits(C)	43,517	47,262	3,745	9%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$477,800	\$438,448	(\$39,352)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,659,819	\$2,622,018	\$962,199	58%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	347.39%	598.02%	250.63%	72%
4	DISCHARGES	10	8	(2)	-20%
5	CASE MIX INDEX (CMI)	2.22300	2.17720	(0.04580)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	22.23000	17.41760	(4.81240)	-22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$74,665.72	\$150,538.42	\$75,872.70	102%
8	PATIENT DAYS	67	77	10	15%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$24,773.42	\$34,052.18	\$9,278.76	37%
10	AVERAGE LENGTH OF STAY	6.7	9.6	2.9	44%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$454,316	\$144,624	(\$309,692)	-68%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,852,160	\$872,231	(\$979,929)	-53%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	407.68%	603.10%	195.42%	48%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	95.08%	32.99%	-62.10%	-65%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9.50850	2.63884	(6.86966)	-72%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$194,789.98	\$330,536.37	\$135,746.39	70%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$932,116	\$583,072	(\$349,044)	-37%
18	TOTAL ACCRUED PAYMENTS	\$3,511,979	\$3,494,249	(\$17,730)	-1%
19	TOTAL ALLOWANCES	(\$2,579,863)	(\$2,911,177)	(\$331,314)	13%

CT CHILDREN'S MEDICAL CENTER					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$102,665,740	\$97,703,389	(\$4,962,351)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$54,173,054	\$56,993,764	\$2,820,710	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.77%	58.33%	5.57%	11%
4	DISCHARGES	3,093	3,065	(28)	-1%
5	CASE MIX INDEX (CMI)	1.55350	1.44880	(0.10470)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,804.97550	4,440.57200	(364.40350)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,274.37	\$12,834.78	\$1,560.41	14%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$63,391.36	\$137,703.64	\$74,312.29	117%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$304,593,911	\$611,482,933	\$306,889,022	101%
10	PATIENT DAYS	18,812	16,827	(1,985)	-11%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,879.71	\$3,387.04	\$507.34	18%
12	AVERAGE LENGTH OF STAY	6.1	5.5	(0.6)	-10%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$67,990,914	\$77,948,865	\$9,957,951	15%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$39,348,544	\$42,702,591	\$3,354,047	9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	57.87%	54.78%	-3.09%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	66.23%	79.78%	13.56%	20%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,048,35515	2,445,29155	396,93640	19%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$19,209.83	\$17,463.19	(\$1,746.63)	-9%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$175,580.16	\$313,073.18	\$137,493.03	78%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$359,650,515	\$765,555,204	\$405,904,689	113%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$170,656,654	\$175,652,254	\$4,995,600	3%
22	TOTAL ACCRUED PAYMENTS	\$93,521,598	\$99,696,355	\$6,174,757	7%
23	TOTAL ALLOWANCES	\$77,135,056	\$75,955,899	(\$1,179,157)	-2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$664,244,426	\$1,377,038,137	\$712,793,711	107%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$168,352,967	\$172,870,410	\$4,517,443	3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$94,019,966	\$97,607,451	\$3,587,485	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$74,333,001	\$75,262,959	\$929,958	1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.15%	43.54%	-0.62%	

CT CHILDREN'S MEDICAL CENTER					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$558,165	\$754,800	\$196,635	35%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$132,020	\$227,133	\$95,113	72%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.65%	30.09%	6.44%	27%
4	DISCHARGES	38	51	13	34%
5	CASE MIX INDEX (CMI)	0.98360	1.15550	0.17190	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	37.37680	58.93050	21.55370	58%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,532.14	\$3,854.25	\$322.11	9%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,742.23	\$8,980.53	\$1,238.30	16%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$71,133.58	\$146,684.17	\$75,550.58	106%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,658,746	\$8,644,171	\$5,985,426	225%
11	PATIENT DAYS	126	147	21	17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,047.78	\$1,545.12	\$497.34	47%
13	AVERAGE LENGTH OF STAY	3.3	2.9	(0.4)	-13%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,745,522	\$2,027,044	\$281,522	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$412,859	\$609,974	\$197,115	48%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.65%	30.09%	6.44%	27%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	312.73%	268.55%	-44.17%	-14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	118.83553	136.96243	18.12690	15%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,474.20	\$4,453.59	\$979.38	28%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$15,735.62	\$13,009.60	(\$2,726.02)	-17%
21	MEDICARE - UNINSURED OP PMT / OPED	\$191,315.78	\$326,082.79	\$134,767.01	70%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$22,735,112	\$44,661,091	\$21,925,979	96%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$2,303,687	\$2,781,844	\$478,157	21%
24	TOTAL ACCRUED PAYMENTS	\$544,879	\$837,107	\$292,228	54%
25	TOTAL ALLOWANCES	\$1,758,808	\$1,944,737	\$185,929	11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$25,393,858	\$53,305,263	\$27,911,405	110%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$95,352,710	\$105,506,414	\$10,153,704	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$36,854,219	\$39,143,893	\$2,289,674	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.65%	37.10%	-1.55%	-4%
4	DISCHARGES	2,676	3,255	579	22%
5	CASE MIX INDEX (CMI)	1.48210	1.36110	(0.12100)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,966.09960	4,430.38050	464.28090	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,292.31	\$8,835.33	(\$456.97)	-5%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,982.06	\$3,999.45	\$2,017.39	102%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$65,373.41	\$141,703.09	\$76,329.67	117%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$259,277,471	\$627,798,591	\$368,521,120	142%
11	PATIENT DAYS	18,165	18,909	744	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,028.86	\$2,070.12	\$41.26	2%
13	AVERAGE LENGTH OF STAY	6.8	5.8	(1.0)	-14%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$50,690,933	\$62,090,860	\$11,399,927	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,478,221	\$20,476,793	\$4,998,572	32%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.53%	32.98%	2.44%	8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	53.16%	58.85%	5.69%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,422.60180	1,915.57785	492.97605	35%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,880.22	\$10,689.62	(\$190.60)	-2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,329.60	\$6,773.57	(\$1,556.03)	-19%
21	MEDICARE - MEDICAID OP PMT / OPED	\$183,909.76	\$319,846.75	\$135,936.99	74%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$261,630,356	\$612,691,358	\$351,061,002	134%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$146,043,643	\$167,597,274	\$21,553,631	15%
24	TOTAL ACCRUED PAYMENTS	\$52,332,440	\$59,620,686	\$7,288,246	14%
25	TOTAL ALLOWANCES	\$93,711,203	\$107,976,588	\$14,265,385	15%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$520,907,827	\$1,240,489,949	\$719,582,122	138%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	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)	0.0000	0.0000	0.0000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.0000	0.0000	0.0000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$11,274.37	\$12,834.78	\$1,560.41	14%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$74,665.72	\$150,538.42	\$75,872.70	102%
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)	0.0000	0.0000	0.0000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$19,209.83	\$17,463.19	(\$1,746.63)	-9%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$194,789.98	\$330,536.37	\$135,746.39	70%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$95,352,710	\$105,506,414	\$10,153,704	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$36,854,219	\$39,143,893	\$2,289,674	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.65%	37.10%	-1.55%	-4%
4	DISCHARGES	2,676	3,255	579	22%
5	CASE MIX INDEX (CMI)	1.48210	1.36110	(0.12100)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,966.09960	4,430.38050	464.28090	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,292.31	\$8,835.33	(\$456.97)	-5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,982.06	\$3,999.45	\$2,017.39	102%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$65,373.41	\$141,703.09	\$76,329.67	117%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$259,277,471	\$627,798,591	\$368,521,120	142%
11	PATIENT DAYS	18,165	18,909	744	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,028.86	\$2,070.12	\$41.26	2%
13	AVERAGE LENGTH OF STAY	6.8	5.8	(1.0)	-14%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$50,690,933	\$62,090,860	\$11,399,927	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,478,221	\$20,476,793	\$4,998,572	32%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.53%	32.98%	2.44%	8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	53.16%	58.85%	5.69%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,422.60180	1,915.57785	492.97605	35%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,880.22	\$10,689.62	(\$190.60)	-2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,329.60	\$6,773.57	(\$1,556.03)	-19%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$183,909.76	\$319,846.75	\$135,936.99	74%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$261,630,356	\$612,691,358	\$351,061,002	134%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$146,043,643	\$167,597,274	\$21,553,631	15%
24	TOTAL ACCRUED PAYMENTS	\$52,332,440	\$59,620,686	\$7,288,246	14%
25	TOTAL ALLOWANCES	\$93,711,203	\$107,976,588	\$14,265,385	15%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$410,335	\$457,574	\$47,239	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$244,806	\$76,422	(\$168,384)	-69%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	59.66%	16.70%	-42.96%	-72%
4	DISCHARGES	27	31	4	15%
5	CASE MIX INDEX (CMI)	1.40650	0.94550	(0.46100)	-33%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	37.97550	29.31050	(8.66500)	-23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,446.42	\$2,607.33	(\$3,839.09)	-60%
8	PATIENT DAYS	93	98	5	5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,632.32	\$779.82	(\$1,852.51)	-70%
10	AVERAGE LENGTH OF STAY	3.4	3.2	(0.3)	-8%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$446,986	\$637,881	\$190,895	43%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$238,170	\$351,959	\$113,789	48%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$857,321	\$1,095,455	\$238,134	28%
14	TOTAL ACCRUED PAYMENTS	\$482,976	\$428,381	(\$54,595)	-11%
15	TOTAL ALLOWANCES	\$374,345	\$667,074	\$292,729	78%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$34,201,544	\$30,958,808	(\$3,242,736)	-9%
2	TOTAL OPERATING EXPENSES	\$177,612,255	\$185,535,330	\$7,923,075	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$514,817	\$442,542	(\$72,275)	-14%
5	BAD DEBTS (CHARGES)	\$4,145,704	\$3,808,276	(\$337,428)	-8%
6	UNCOMPENSATED CARE (CHARGES)	\$4,660,521	\$4,250,818	(\$409,703)	-9%
7	COST OF UNCOMPENSATED CARE	\$2,165,574	\$1,967,884	(\$197,690)	-9%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$146,043,643	\$167,597,274	\$21,553,631	15%
9	TOTAL ACCRUED PAYMENTS	\$52,332,440	\$59,620,686	\$7,288,246	14%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$67,861,138	\$77,587,870	\$9,726,733	14%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$15,528,698	\$17,967,184	\$2,438,487	16%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$198,906,585	\$204,105,825	\$5,199,240	3%
2	TOTAL INPATIENT PAYMENTS	\$92,931,898	\$98,836,097	\$5,904,199	6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	46.72%	48.42%	1.70%	4%
4	TOTAL DISCHARGES	5,806	6,359	553	10%
5	TOTAL CASE MIX INDEX	1.52106	1.40237	(0.11869)	-8%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,831,28060	8,917,68060	86,40000	1%
7	TOTAL OUTPATIENT CHARGES	\$119,583,149	\$140,822,230	\$21,239,081	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	60.12%	68.99%	8.87%	15%
9	TOTAL OUTPATIENT PAYMENTS	\$56,917,095	\$64,403,574	\$7,486,479	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	47.60%	45.73%	-1.86%	-4%
11	TOTAL CHARGES	\$318,489,734	\$344,928,055	\$26,438,321	8%
12	TOTAL PAYMENTS	\$149,848,993	\$163,239,671	\$13,390,678	9%
13	TOTAL PAYMENTS / TOTAL CHARGES	47.05%	47.33%	0.28%	1%
14	PATIENT DAYS	37,137	35,911	(1,226)	-3%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$96,240,845	\$106,402,436	\$10,161,591	11%
2	INPATIENT PAYMENTS	\$38,758,844	\$41,842,333	\$3,083,489	8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	40.27%	39.32%	-0.95%	-2%
4	DISCHARGES	2,713	3,294	581	21%
5	CASE MIX INDEX	1.48408	1.35917	(0.12491)	-8%
6	CASE MIX ADJUSTED DISCHARGES	4,026,30510	4,477,10860	450,80350	11%
7	OUTPATIENT CHARGES	\$51,592,235	\$62,873,365	\$11,281,130	22%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	53.61%	59.09%	5.48%	10%
9	OUTPATIENT PAYMENTS	\$17,568,551	\$21,700,983	\$4,132,432	24%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.05%	34.52%	0.46%	1%
11	TOTAL CHARGES	\$147,833,080	\$169,275,801	\$21,442,721	15%
12	TOTAL PAYMENTS	\$56,327,395	\$63,543,316	\$7,215,921	13%
13	TOTAL PAYMENTS / CHARGES	38.10%	37.54%	-0.56%	-1%
14	PATIENT DAYS	18,325	19,084	759	4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$91,505,685	\$105,732,485	\$14,226,800	16%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.7	9.6	2.9	44%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6.1	5.5	(0.6)	-10%
3	UNINSURED	3.3	2.9	(0.4)	-13%
4	MEDICAID	6.8	5.8	(1.0)	-14%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.4	3.2	(0.3)	-8%
7	TOTAL AVERAGE LENGTH OF STAY	6.4	5.6	(0.7)	-12%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$318,489,734	\$344,928,055	\$26,438,321	8%
2	TOTAL GOVERNMENT DEDUCTIONS	\$91,505,685	\$105,732,485	\$14,226,800	16%
3	UNCOMPENSATED CARE	\$4,660,521	\$4,250,818	(\$409,703)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$74,333,001	\$75,262,959	\$929,958	1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$170,499,207	\$185,246,262	\$14,747,055	9%
7	TOTAL ACCRUED PAYMENTS	\$147,990,527	\$159,681,793	\$11,691,266	8%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$147,990,527	\$159,681,793	\$11,691,266	8%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4646634136	0.4629423171	(0.0017210966)	0%
11	COST OF UNCOMPENSATED CARE	\$2,165,574	\$1,967,884	(\$197,690)	-9%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$15,528,698	\$17,967,184	\$2,438,487	16%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$17,694,271	\$19,935,068	\$2,240,797	13%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$261,630,356	\$612,691,358	\$351,061,002	134%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,393,858	\$53,305,263	\$27,911,405	110%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$287,024,214	\$665,996,620	\$378,972,407	132%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$23,307,240	\$15,236,782	(\$8,070,458)	-34.63%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$173,156,229	\$178,476,453	\$5,320,224	3.07%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$318,489,734	\$344,928,056	\$26,438,322	8.30%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,858,465	\$4,591,494	\$2,733,029	147.06%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,518,986	\$8,842,313	\$2,323,327	35.64%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$102,665,740	\$97,703,389	(\$4,962,351)
2	MEDICARE	\$477,800	438,448	(\$39,352)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$95,352,710	105,506,414	\$10,153,704
4	MEDICAID	\$95,352,710	105,506,414	\$10,153,704
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$410,335	457,574	\$47,239
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$558,165	754,800	\$196,635
	TOTAL INPATIENT GOVERNMENT CHARGES	\$96,240,845	\$106,402,436	\$10,161,591
	TOTAL INPATIENT CHARGES	\$198,906,585	\$204,105,825	\$5,199,240
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$67,990,914	\$77,948,865	\$9,957,951
2	MEDICARE	\$454,316	144,624	(\$309,692)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$50,690,933	62,090,860	\$11,399,927
4	MEDICAID	\$50,690,933	62,090,860	\$11,399,927
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$446,986	637,881	\$190,895
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,745,522	2,027,044	\$281,522
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$51,592,235	\$62,873,365	\$11,281,130
	TOTAL OUTPATIENT CHARGES	\$119,583,149	\$140,822,230	\$21,239,081
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$170,656,654	\$175,652,254	\$4,995,600
2	TOTAL MEDICARE	\$932,116	\$583,072	(\$349,044)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$146,043,643	\$167,597,274	\$21,553,631
4	TOTAL MEDICAID	\$146,043,643	\$167,597,274	\$21,553,631
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$857,321	\$1,095,455	\$238,134
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,303,687	\$2,781,844	\$478,157
	TOTAL GOVERNMENT CHARGES	\$147,833,080	\$169,275,801	\$21,442,721
	TOTAL CHARGES	\$318,489,734	\$344,928,055	\$26,438,321
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,173,054	\$56,993,764	\$2,820,710
2	MEDICARE	\$1,659,819	2,622,018	\$962,199
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$36,854,219	39,143,893	\$2,289,674
4	MEDICAID	\$36,854,219	39,143,893	\$2,289,674
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$244,806	76,422	(\$168,384)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$132,020	227,133	\$95,113
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$38,758,844	\$41,842,333	\$3,083,489
	TOTAL INPATIENT PAYMENTS	\$92,931,898	\$98,836,097	\$5,904,199
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$39,348,544	\$42,702,591	\$3,354,047
2	MEDICARE	\$1,852,160	872,231	(\$979,929)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,478,221	20,476,793	\$4,998,572
4	MEDICAID	\$15,478,221	20,476,793	\$4,998,572
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$238,170	351,959	\$113,789
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$412,859	609,974	\$197,115
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$17,568,551	\$21,700,983	\$4,132,432
	TOTAL OUTPATIENT PAYMENTS	\$56,917,095	\$64,403,574	\$7,486,479
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$93,521,598	\$99,696,355	\$6,174,757
2	TOTAL MEDICARE	\$3,511,979	\$3,494,249	(\$17,730)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$52,332,440	\$59,620,686	\$7,288,246
4	TOTAL MEDICAID	\$52,332,440	\$59,620,686	\$7,288,246
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$482,976	\$428,381	(\$54,595)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$544,879	\$837,107	\$292,228
	TOTAL GOVERNMENT PAYMENTS	\$56,327,395	\$63,543,316	\$7,215,921
	TOTAL PAYMENTS	\$149,848,993	\$163,239,671	\$13,390,678

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.24%	28.33%	-3.91%
2	MEDICARE	0.15%	0.13%	-0.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.94%	30.59%	0.65%
4	MEDICAID	29.94%	30.59%	0.65%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.13%	0.13%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%	0.22%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.22%	30.85%	0.63%
	TOTAL INPATIENT PAYER MIX	62.45%	59.17%	-3.28%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.35%	22.60%	1.25%
2	MEDICARE	0.14%	0.04%	-0.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.92%	18.00%	2.09%
4	MEDICAID	15.92%	18.00%	2.09%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.14%	0.18%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.55%	0.59%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.20%	18.23%	2.03%
	TOTAL OUTPATIENT PAYER MIX	37.55%	40.83%	3.28%
	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)	36.15%	34.91%	-1.24%
2	MEDICARE	1.11%	1.61%	0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.59%	23.98%	-0.61%
4	MEDICAID	24.59%	23.98%	-0.61%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.16%	0.05%	-0.12%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.09%	0.14%	0.05%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	25.87%	25.63%	-0.23%
	TOTAL INPATIENT PAYER MIX	62.02%	60.55%	-1.47%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.26%	26.16%	-0.10%
2	MEDICARE	1.24%	0.53%	-0.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.33%	12.54%	2.21%
4	MEDICAID	10.33%	12.54%	2.21%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.16%	0.22%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.28%	0.37%	0.10%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	11.72%	13.29%	1.57%
	TOTAL OUTPATIENT PAYER MIX	37.98%	39.45%	1.47%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,093	3,065	(28)
2	MEDICARE	10	8	(2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,676	3,255	579
4	MEDICAID	2,676	3,255	579
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	27	31	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	38	51	13
	TOTAL GOVERNMENT DISCHARGES	2,713	3,294	581
	TOTAL DISCHARGES	5,806	6,359	553
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18,812	16,827	(1,985)
2	MEDICARE	67	77	10
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,165	18,909	744
4	MEDICAID	18,165	18,909	744
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	93	98	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	126	147	21
	TOTAL GOVERNMENT PATIENT DAYS	18,325	19,084	759
	TOTAL PATIENT DAYS	37,137	35,911	(1,226)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6.1	5.5	(0.6)
2	MEDICARE	6.7	9.6	2.9
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.8	5.8	(1.0)
4	MEDICAID	6.8	5.8	(1.0)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.4	3.2	(0.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.3	2.9	(0.4)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.8	5.8	(1.0)
	TOTAL AVERAGE LENGTH OF STAY	6.4	5.6	(0.7)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.55350	1.44880	(0.10470)
2	MEDICARE	2.22300	2.17720	(0.04580)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.48210	1.36110	(0.12100)
4	MEDICAID	1.48210	1.36110	(0.12100)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.40650	0.94550	(0.46100)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98360	1.15550	0.17190
	TOTAL GOVERNMENT CASE MIX INDEX	1.48408	1.35917	(0.12491)
	TOTAL CASE MIX INDEX	1.52106	1.40237	(0.11869)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$168,352,967	\$172,870,410	\$4,517,443
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$94,019,966	\$97,607,451	\$3,587,485
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$74,333,001	\$75,262,959	\$929,958
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.15%	43.54%	-0.62%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$514,817	\$442,542	(\$72,275)
9	BAD DEBTS	\$4,145,704	\$3,808,276	(\$337,428)
10	TOTAL UNCOMPENSATED CARE	\$4,660,521	\$4,250,818	(\$409,703)
11	TOTAL OTHER OPERATING REVENUE	\$168,352,967	\$172,870,410	\$4,517,443
12	TOTAL OPERATING EXPENSES	\$177,612,255	\$185,535,330	\$7,923,075

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2008</u>	<u>ACTUAL</u> <u>FY 2009</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,804.97550	4,440.57200	(364.40350)
2	MEDICARE	22.23000	17.41760	(4.81240)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,966.09960	4,430.38050	464.28090
4	MEDICAID	3,966.09960	4,430.38050	464.28090
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	37.97550	29.31050	(8.66500)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	37.37680	58.93050	21.55370
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	4,026.30510	4,477.10860	450.80350
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,831.28060	8,917.68060	86.40000
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,048.35515	2,445.29155	396.93640
2	MEDICARE	9.50850	2.63884	-6.86966
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,422.60180	1,915.57785	492.97605
4	MEDICAID	1,422.60180	1,915.57785	492.97605
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	29.41163	43.21555	13.80392
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	118.83553	136.96243	18.12690
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	1,461.52193	1,961.43223	499.91030
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	3,509.87707	4,406.72378	896.84670
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,274.37	\$12,834.78	\$1,560.41
2	MEDICARE	\$74,665.72	\$150,538.42	\$75,872.70
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,292.31	\$8,835.33	(\$456.97)
4	MEDICAID	\$9,292.31	\$8,835.33	(\$456.97)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,446.42	\$2,607.33	(\$3,839.09)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,532.14	\$3,854.25	\$322.11
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,626.41	\$9,345.84	(\$280.57)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,523.04	\$11,083.16	\$560.12
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,209.83	\$17,463.19	(\$1,746.63)
2	MEDICARE	\$194,789.98	\$330,536.37	\$135,746.39
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,880.22	\$10,689.62	(\$190.60)
4	MEDICAID	\$10,880.22	\$10,689.62	(\$190.60)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,097.82	\$8,144.27	\$46.45
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,474.20	\$4,453.59	\$979.38
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,020.72	\$11,063.85	(\$956.88)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$16,216.26	\$14,614.84	(\$1,601.42)

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$261,630,356	\$612,691,358	\$351,061,002
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,393,858	\$53,305,263	\$27,911,405
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$287,024,214	\$665,996,620	\$378,972,407
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$318,489,734	\$344,928,055	\$26,438,321
2	TOTAL GOVERNMENT DEDUCTIONS	\$91,505,685	\$105,732,485	\$14,226,800
3	UNCOMPENSATED CARE	\$4,660,521	\$4,250,818	(\$409,703)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$74,333,001	\$75,262,959	\$929,958
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$170,499,207	\$185,246,262	\$14,747,055
7	TOTAL ACCRUED PAYMENTS	\$147,990,527	\$159,681,793	\$11,691,266
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$147,990,527	\$159,681,793	\$11,691,266
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4646634136	0.4629423171	(0.0017210966)
11	COST OF UNCOMPENSATED CARE	\$2,165,574	\$1,967,884	(\$197,690)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$15,528,698	\$17,967,184	\$2,438,487
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$17,694,271	\$19,935,068	\$2,240,797
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.77%	58.33%	5.57%
2	MEDICARE	347.39%	598.02%	250.63%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38.65%	37.10%	-1.55%
4	MEDICAID	38.65%	37.10%	-1.55%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	59.66%	16.70%	-42.96%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	23.65%	30.09%	6.44%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	40.27%	39.32%	-0.95%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	46.72%	48.42%	1.70%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	57.87%	54.78%	-3.09%
2	MEDICARE	407.68%	603.10%	195.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.53%	32.98%	2.44%
4	MEDICAID	30.53%	32.98%	2.44%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	53.28%	55.18%	1.89%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	23.65%	30.09%	6.44%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.05%	34.52%	0.46%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	47.60%	45.73%	-1.86%

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$149,848,993	\$163,239,671	\$13,390,678
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$149,848,993	\$163,239,671	\$13,390,678
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$23,307,240	\$15,236,782	(\$8,070,458)
4	CALCULATED NET REVENUE	\$177,301,937	\$178,476,453	\$1,174,516
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$173,156,229	\$178,476,453	\$5,320,224
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$4,145,708	\$0	(\$4,145,708)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$318,489,734	\$344,928,055	\$26,438,321
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$318,489,734	\$344,928,055	\$26,438,321
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$318,489,734	\$344,928,056	\$26,438,322
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,660,521	\$4,250,818	(\$409,703)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,858,465	\$4,591,494	\$2,733,029
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,518,986	\$8,842,312	\$2,323,326
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,518,986	\$8,842,313	\$2,323,327
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1)

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$97,703,389
2	MEDICARE	438,448
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	105,506,414
4	MEDICAID	105,506,414
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	457,574
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	754,800
	TOTAL INPATIENT GOVERNMENT CHARGES	\$106,402,436
	TOTAL INPATIENT CHARGES	\$204,105,825
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,948,865
2	MEDICARE	144,624
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	62,090,860
4	MEDICAID	62,090,860
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	637,881
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,027,044
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$62,873,365
	TOTAL OUTPATIENT CHARGES	\$140,822,230
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$175,652,254
2	TOTAL GOVERNMENT ACCRUED CHARGES	169,275,801
	TOTAL ACCRUED CHARGES	\$344,928,055
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$56,993,764
2	MEDICARE	2,622,018
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39,143,893
4	MEDICAID	39,143,893
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	76,422
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	227,133
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$41,842,333
	TOTAL INPATIENT PAYMENTS	\$98,836,097
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$42,702,591
2	MEDICARE	872,231
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,476,793
4	MEDICAID	20,476,793
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	351,959
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	609,974
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$21,700,983
	TOTAL OUTPATIENT PAYMENTS	\$64,403,574
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$99,696,355
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	63,543,316
	TOTAL ACCRUED PAYMENTS	\$163,239,671

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,065
2	MEDICARE	8
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,255
4	MEDICAID	3,255
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	31
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51
	TOTAL GOVERNMENT DISCHARGES	3,294
	TOTAL DISCHARGES	6,359
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,44880
2	MEDICARE	2,17720
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,36110
4	MEDICAID	1,36110
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.94550
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.15550
	TOTAL GOVERNMENT CASE MIX INDEX	1.35917
	TOTAL CASE MIX INDEX	1.40237
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$172,870,410
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$97,607,451
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,262,959
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.54%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$442,542
9	BAD DEBTS	\$3,808,276
10	TOTAL UNCOMPENSATED CARE	\$4,250,818
11	TOTAL OTHER OPERATING REVENUE	\$30,958,808
12	TOTAL OPERATING EXPENSES	\$185,535,330

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$163,239,671
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$163,239,671
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$15,236,782
	CALCULATED NET REVENUE	\$178,476,453
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$178,476,453
	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	\$344,928,055
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$344,928,055
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$344,928,056
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,250,818
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$4,591,494
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,842,312
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,842,313
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	104	263	159	153%
2	Number of Approved Applicants	94	236	142	151%
3	Total Charges (A)	\$514,817	\$442,542	(\$72,275)	-14%
4	Average Charges	\$5,477	\$1,875	(\$3,602)	-66%
5	Ratio of Cost to Charges (RCC)	0.556997	0.503591	(0.053406)	-10%
6	Total Cost	\$286,752	\$222,860	(\$63,891)	-22%
7	Average Cost	\$3,051	\$944	(\$2,106)	-69%
8	Charity Care - Inpatient Charges	\$353,401	\$253,958	(\$99,443)	-28%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	142,703	140,236	(2,467)	-2%
10	Charity Care - Emergency Department Charges	18,713	48,348	29,635	158%
11	Total Charges (A)	\$514,817	\$442,542	(\$72,275)	-14%
12	Charity Care - Number of Patient Days	50	186	136	272%
13	Charity Care - Number of Discharges	14	44	30	214%
14	Charity Care - Number of Outpatient ED Visits	23	68	45	196%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	268	181	(87)	-32%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$868,226	\$762,813	(\$105,413)	-12%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,249,493	1,166,272	(83,221)	-7%
3	Bad Debts - Emergency Department	2,027,985	1,879,191	(148,794)	-7%
4	Total Bad Debts (A)	\$4,145,704	\$3,808,276	(\$337,428)	-8%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$514,817	\$442,542	(\$72,275)	-14%
2	Bad Debts (A)	4,145,704	3,808,276	(337,428)	-8%
3	Total Uncompensated Care (A)	\$4,660,521	\$4,250,818	(\$409,703)	-9%
4	Uncompensated Care - Inpatient Services	\$1,221,627	\$1,016,771	(\$204,856)	-17%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,392,196	1,306,508	(85,688)	-6%
6	Uncompensated Care - Emergency Department	2,046,698	1,927,539	(119,159)	-6%
7	Total Uncompensated Care (A)	\$4,660,521	\$4,250,818	(\$409,703)	-9%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$168,352,967	\$172,870,410	\$4,517,443	3%
2	Total Contractual Allowances	\$74,333,001	\$75,262,959	\$929,958	1%
	Total Accrued Payments (A)	\$94,019,966	\$97,607,451	\$3,587,485	4%
	Total Discount Percentage	44.15%	43.54%	-0.62%	-1%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$162,117,130	\$198,906,585	\$204,105,825
2	Outpatient Gross Revenue	\$101,857,074	\$119,583,149	\$140,822,230
3	Total Gross Patient Revenue	\$263,974,204	\$318,489,734	\$344,928,055
4	Net Patient Revenue	\$140,951,196	\$173,156,229	\$178,476,453
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$166,926,646	\$184,175,127	\$185,535,330
C. <u>Utilization Statistics</u>				
1	Patient Days	32,933	37,137	35,911
2	Discharges	5,534	5,806	6,359
3	Average Length of Stay	6.0	6.4	5.6
4	Equivalent (Adjusted) Patient Days (EPD)	53,625	59,464	60,688
0	Equivalent (Adjusted) Discharges (ED)	9,011	9,297	10,746
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.38167	1.52106	1.40237
2	Case Mix Adjusted Patient Days (CMAPD)	45,502	56,488	50,361
3	Case Mix Adjusted Discharges (CMAD)	7,646	8,831	8,918
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	74,091	90,448	85,107
5	Case Mix Adjusted Equivalent Discharges (CMAED)	12,450	14,141	15,070
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,015	\$8,576	\$9,605
2	Total Gross Revenue per Discharge	\$47,700	\$54,855	\$54,242
3	Total Gross Revenue per EPD	\$4,923	\$5,356	\$5,684
4	Total Gross Revenue per ED	\$29,295	\$34,259	\$32,097
5	Total Gross Revenue per CMAEPD	\$3,563	\$3,521	\$4,053
6	Total Gross Revenue per CMAED	\$21,202	\$22,523	\$22,888
7	Inpatient Gross Revenue per EPD	\$3,023	\$3,345	\$3,363
8	Inpatient Gross Revenue per ED	\$17,991	\$21,396	\$18,993

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,280	\$4,663	\$4,970
2	Net Patient Revenue per Discharge	\$25,470	\$29,824	\$28,067
3	Net Patient Revenue per EPD	\$2,628	\$2,912	\$2,941
4	Net Patient Revenue per ED	\$15,642	\$18,626	\$16,608
5	Net Patient Revenue per CMAEPD	\$1,902	\$1,914	\$2,097
6	Net Patient Revenue per CMAED	\$11,321	\$12,245	\$11,843
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,069	\$4,959	\$5,167
2	Total Operating Expense per Discharge	\$30,164	\$31,722	\$29,177
3	Total Operating Expense per EPD	\$3,113	\$3,097	\$3,057
4	Total Operating Expense per ED	\$18,525	\$19,811	\$17,265
5	Total Operating Expense per CMAEPD	\$2,253	\$2,036	\$2,180
6	Total Operating Expense per CMAED	\$13,408	\$13,024	\$12,311
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$28,134,592	\$30,432,035	\$31,734,175
2	Nursing Fringe Benefits Expense	\$6,890,693	\$7,390,356	\$6,873,731
3	Total Nursing Salary and Fringe Benefits Expense	\$35,025,285	\$37,822,391	\$38,607,906
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$44,707,836	\$50,351,528	\$52,090,987
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$10,944,182	\$12,227,763	\$11,283,085
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$55,652,018	\$62,579,291	\$63,374,072
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$72,842,428	\$80,783,563	\$83,825,162
2	Total Fringe Benefits Expense	\$17,834,875	\$19,618,119	\$18,156,816
3	Total Salary and Fringe Benefits Expense	\$90,677,303	\$100,401,682	\$101,981,978

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	330.5	354.7	341.7
2	Total Physician FTEs	0.0	8.3	30.1
3	Total Non-Nursing, Non-Physician FTEs	763.0	826.5	823.4
4	Total Full Time Equivalent Employees (FTEs)	1,093.5	1,189.5	1,195.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$85,127	\$85,797	\$92,871
2	Nursing Fringe Benefits Expense per FTE	\$20,849	\$20,836	\$20,116
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$105,977	\$106,632	\$112,988
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$58,595	\$60,921	\$63,263
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,344	\$14,795	\$13,703
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$72,938	\$75,716	\$76,966
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$66,614	\$67,914	\$70,135
2	Total Fringe Benefits Expense per FTE	\$16,310	\$16,493	\$15,191
3	Total Salary and Fringe Benefits Expense per FTE	\$82,924	\$84,407	\$85,326
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,753	\$2,704	\$2,840
2	Total Salary and Fringe Benefits Expense per Discharge	\$16,385	\$17,293	\$16,037
3	Total Salary and Fringe Benefits Expense per EPD	\$1,691	\$1,688	\$1,680
4	Total Salary and Fringe Benefits Expense per ED	\$10,063	\$10,800	\$9,490
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,224	\$1,110	\$1,198
6	Total Salary and Fringe Benefits Expense per CMAED	\$7,283	\$7,100	\$6,767