

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(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. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$29,053,000	\$32,032,000	\$2,979,000	10%
2	Short Term Investments	\$26,526,000	\$28,273,000	\$1,747,000	7%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$33,602,000	\$32,088,000	(\$1,514,000)	-5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$789,000	\$995,000	\$206,000	26%
8	Prepaid Expenses	\$1,996,000	\$2,260,000	\$264,000	13%
9	Other Current Assets	\$5,521,000	\$7,680,000	\$2,159,000	39%
	Total Current Assets	\$97,487,000	\$103,328,000	\$5,841,000	6%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$802,000	\$802,000	\$0	0%
2	Board Designated for Capital Acquisition	\$16,941,000	\$20,735,000	\$3,794,000	22%
3	Funds Held in Escrow	\$169,000	\$10,000	(\$159,000)	-94%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$17,912,000	\$21,547,000	\$3,635,000	20%
5	Interest in Net Assets of Foundation	\$46,869,000	\$47,113,000	\$244,000	1%
6	Long Term Investments	\$23,182,000	\$31,567,000	\$8,385,000	36%
7	Other Noncurrent Assets	\$40,143,000	\$23,801,000	(\$16,342,000)	-41%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$372,706,000	\$397,461,000	\$24,755,000	7%
2	Less: Accumulated Depreciation	\$135,755,000	\$153,823,000	\$18,068,000	13%
	Property, Plant and Equipment, Net	\$236,951,000	\$243,638,000	\$6,687,000	3%
3	Construction in Progress	\$1,129,000	\$1,331,000	\$202,000	18%
	Total Net Fixed Assets	\$238,080,000	\$244,969,000	\$6,889,000	3%
	Total Assets	\$463,673,000	\$472,325,000	\$8,652,000	2%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$15,752,942	\$18,508,436	\$2,755,494	17%
2	Salaries, Wages and Payroll Taxes	\$17,237,058	\$17,583,564	\$346,506	2%
3	Due To Third Party Payers	\$164,000	\$192,000	\$28,000	17%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,115,000	\$2,190,000	\$75,000	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$5,630,000	\$6,239,000	\$609,000	11%
	Total Current Liabilities	\$40,899,000	\$44,713,000	\$3,814,000	9%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$49,455,000	\$47,265,000	(\$2,190,000)	-4%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$49,455,000	\$47,265,000	(\$2,190,000)	-4%
3	Accrued Pension Liability	\$0	\$27,902,000	\$27,902,000	0%
4	Other Long Term Liabilities	\$21,159,000	\$24,345,000	\$3,186,000	15%
	Total Long Term Liabilities	\$70,614,000	\$99,512,000	\$28,898,000	41%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$304,976,000	\$280,445,000	(\$24,531,000)	-8%
2	Temporarily Restricted Net Assets	\$26,410,000	\$25,902,000	(\$508,000)	-2%
3	Permanently Restricted Net Assets	\$20,774,000	\$21,753,000	\$979,000	5%
	Total Net Assets	\$352,160,000	\$328,100,000	(\$24,060,000)	-7%
	Total Liabilities and Net Assets	\$463,673,000	\$472,325,000	\$8,652,000	2%

GREENWICH HOSPITAL					
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	\$773,050,000	\$829,881,000	\$56,831,000	7%
2	Less: Allowances	\$472,834,000	\$518,529,544	\$45,695,544	10%
3	Less: Charity Care	\$22,244,000	\$25,185,225	\$2,941,225	13%
4	Less: Other Deductions	\$14,879,000	\$17,008,000	\$2,129,000	14%
	Total Net Patient Revenue	\$263,093,000	\$269,158,231	\$6,065,231	2%
5	Other Operating Revenue	\$14,346,000	\$18,508,769	\$4,162,769	29%
6	Net Assets Released from Restrictions	\$7,206,000	\$6,439,000	(\$767,000)	-11%
	Total Operating Revenue	\$284,645,000	\$294,106,000	\$9,461,000	3%
B. Operating Expenses:					
1	Salaries and Wages	\$123,351,000	\$122,497,246	(\$853,754)	-1%
2	Fringe Benefits	\$30,762,000	\$34,145,324	\$3,383,324	11%
3	Physicians Fees	\$1,002,694	\$3,751,612	\$2,748,918	274%
4	Supplies and Drugs	\$31,780,635	\$32,944,899	\$1,164,264	4%
5	Depreciation and Amortization	\$16,861,000	\$19,015,000	\$2,154,000	13%
6	Bad Debts	\$10,117,000	\$7,851,000	(\$2,266,000)	-22%
7	Interest	\$2,205,000	\$669,000	(\$1,536,000)	-70%
8	Malpractice	\$3,865,478	\$2,858,541	(\$1,006,937)	-26%
9	Other Operating Expenses	\$58,323,193	\$59,799,378	\$1,476,185	3%
	Total Operating Expenses	\$278,268,000	\$283,532,000	\$5,264,000	2%
	Income/(Loss) From Operations	\$6,377,000	\$10,574,000	\$4,197,000	66%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,596,000	\$1,478,000	(\$1,118,000)	-43%
2	Gifts, Contributions and Donations	\$1,689,000	\$2,571,000	\$882,000	52%
3	Other Non-Operating Gains/(Losses)	(\$20,184,000)	(\$7,268,000)	\$12,916,000	-64%
	Total Non-Operating Revenue	(\$15,899,000)	(\$3,219,000)	\$12,680,000	-80%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$9,522,000)	\$7,355,000	\$16,877,000	-177%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$6,098,000	\$6,098,000	0%
	All Other Adjustments	\$0	(\$3,971,000)	(\$3,971,000)	0%
	Total Other Adjustments	\$0	\$2,127,000	\$2,127,000	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$9,522,000)	\$9,482,000	\$19,004,000	-200%
	Principal Payments	\$0	\$2,190,000	\$2,190,000	0%

**GREENWICH HOSPITAL
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	\$160,828,682	\$175,236,378	\$14,407,696	9%
2	MEDICARE MANAGED CARE	\$13,700,404	\$16,239,151	\$2,538,747	19%
3	MEDICAID	\$2,707,169	\$4,009,405	\$1,302,236	48%
4	MEDICAID MANAGED CARE	\$903,939	\$1,964,948	\$1,061,009	117%
5	CHAMPUS/TRICARE	\$114,189	\$266,274	\$152,085	133%
6	COMMERCIAL INSURANCE	\$48,437,412	\$52,930,954	\$4,493,542	9%
7	NON-GOVERNMENT MANAGED CARE	\$87,022,599	\$94,351,059	\$7,328,460	8%
8	WORKER'S COMPENSATION	\$1,750,288	\$2,167,936	\$417,648	24%
9	SELF- PAY/UNINSURED	\$9,747,769	\$8,103,855	(\$1,643,914)	-17%
10	SAGA	\$852,228	\$1,153,931	\$301,703	35%
11	OTHER	\$8,025,064	\$6,110,599	(\$1,914,465)	-24%
	TOTAL INPATIENT GROSS REVENUE	\$334,089,743	\$362,534,490	\$28,444,747	9%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$116,512,104	\$116,185,492	(\$326,612)	0%
2	MEDICARE MANAGED CARE	\$7,040,010	\$8,501,590	\$1,461,580	21%
3	MEDICAID	\$2,855,986	\$3,706,262	\$850,276	30%
4	MEDICAID MANAGED CARE	\$5,149,748	\$7,316,967	\$2,167,219	42%
5	CHAMPUS/TRICARE	\$164,648	\$377,926	\$213,278	130%
6	COMMERCIAL INSURANCE	\$93,510,768	\$103,853,032	\$10,342,264	11%
7	NON-GOVERNMENT MANAGED CARE	\$180,299,731	\$189,416,667	\$9,116,936	5%
8	WORKER'S COMPENSATION	\$5,377,540	\$5,673,371	\$295,831	6%
9	SELF- PAY/UNINSURED	\$23,234,227	\$25,299,716	\$2,065,489	9%
10	SAGA	\$607,200	\$1,345,923	\$738,723	122%
11	OTHER	\$4,208,064	\$5,670,006	\$1,461,942	35%
	TOTAL OUTPATIENT GROSS REVENUE	\$438,960,026	\$467,346,952	\$28,386,926	6%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$277,340,786	\$291,421,870	\$14,081,084	5%
2	MEDICARE MANAGED CARE	\$20,740,414	\$24,740,741	\$4,000,327	19%
3	MEDICAID	\$5,563,155	\$7,715,667	\$2,152,512	39%
4	MEDICAID MANAGED CARE	\$6,053,687	\$9,281,915	\$3,228,228	53%
5	CHAMPUS/TRICARE	\$278,837	\$644,200	\$365,363	131%
6	COMMERCIAL INSURANCE	\$141,948,180	\$156,783,986	\$14,835,806	10%
7	NON-GOVERNMENT MANAGED CARE	\$267,322,330	\$283,767,726	\$16,445,396	6%
8	WORKER'S COMPENSATION	\$7,127,828	\$7,841,307	\$713,479	10%
9	SELF- PAY/UNINSURED	\$32,981,996	\$33,403,571	\$421,575	1%
10	SAGA	\$1,459,428	\$2,499,854	\$1,040,426	71%
11	OTHER	\$12,233,128	\$11,780,605	(\$452,523)	-4%
	TOTAL GROSS REVENUE	\$773,049,769	\$829,881,442	\$56,831,673	7%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$45,383,362	\$47,761,207	\$2,377,845	5%
2	MEDICARE MANAGED CARE	\$3,471,163	\$3,402,467	(\$68,696)	-2%
3	MEDICAID	\$1,295,454	\$1,655,383	\$359,929	28%
4	MEDICAID MANAGED CARE	\$198,239	\$421,070	\$222,831	112%
5	CHAMPUS/TRICARE	\$73,230	\$63,719	(\$9,511)	-13%
6	COMMERCIAL INSURANCE	\$20,021,250	\$20,065,798	\$44,548	0%
7	NON-GOVERNMENT MANAGED CARE	\$35,452,510	\$38,979,700	\$3,527,190	10%
8	WORKER'S COMPENSATION	\$1,238,912	\$1,430,011	\$191,099	15%
9	SELF- PAY/UNINSURED	\$1,360,302	\$1,073,055	(\$287,247)	-21%
10	SAGA	\$72,338	\$126,591	\$54,253	75%

**GREENWICH HOSPITAL
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
11	OTHER	\$2,524,903	\$1,528,013	(\$996,890)	-39%
	TOTAL INPATIENT NET REVENUE	\$111,091,663	\$116,507,014	\$5,415,351	5%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$23,540,382	\$22,187,653	(\$1,352,729)	-6%
2	MEDICARE MANAGED CARE	\$1,722,859	\$1,738,427	\$15,568	1%
3	MEDICAID	\$415,163	\$783,162	\$367,999	89%
4	MEDICAID MANAGED CARE	\$1,203,436	\$1,636,231	\$432,795	36%
5	CHAMPUS/TRICARE	\$44,816	\$162,577	\$117,761	263%
6	COMMERCIAL INSURANCE	\$36,448,040	\$37,402,462	\$954,422	3%
7	NON-GOVERNMENT MANAGED CARE	\$75,578,060	\$77,885,448	\$2,307,388	3%
8	WORKER'S COMPENSATION	\$3,224,848	\$3,603,094	\$378,246	12%
9	SELF- PAY/UNINSURED	\$3,245,647	\$3,350,009	\$104,362	3%
10	SAGA	\$49,064	\$168,155	\$119,091	243%
11	OTHER	\$0	\$502,384	\$502,384	0%
	TOTAL OUTPATIENT NET REVENUE	\$145,472,315	\$149,419,602	\$3,947,287	3%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$68,923,744	\$69,948,860	\$1,025,116	1%
2	MEDICARE MANAGED CARE	\$5,194,022	\$5,140,894	(\$53,128)	-1%
3	MEDICAID	\$1,710,617	\$2,438,545	\$727,928	43%
4	MEDICAID MANAGED CARE	\$1,401,675	\$2,057,301	\$655,626	47%
5	CHAMPUS/TRICARE	\$118,046	\$226,296	\$108,250	92%
6	COMMERCIAL INSURANCE	\$56,469,290	\$57,468,260	\$998,970	2%
7	NON-GOVERNMENT MANAGED CARE	\$111,030,570	\$116,865,148	\$5,834,578	5%
8	WORKER'S COMPENSATION	\$4,463,760	\$5,033,105	\$569,345	13%
9	SELF- PAY/UNINSURED	\$4,605,949	\$4,423,064	(\$182,885)	-4%
10	SAGA	\$121,402	\$294,746	\$173,344	143%
11	OTHER	\$2,524,903	\$2,030,397	(\$494,506)	-20%
	TOTAL NET REVENUE	\$256,563,978	\$265,926,616	\$9,362,638	4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,339	4,624	285	7%
2	MEDICARE MANAGED CARE	401	430	29	7%
3	MEDICAID	98	212	114	116%
4	MEDICAID MANAGED CARE	63	115	52	83%
5	CHAMPUS/TRICARE	2	6	4	200%
6	COMMERCIAL INSURANCE	2,342	2,313	(29)	-1%
7	NON-GOVERNMENT MANAGED CARE	4,733	4,645	(88)	-2%
8	WORKER'S COMPENSATION	44	44	0	0%
9	SELF- PAY/UNINSURED	448	296	(152)	-34%
10	SAGA	26	27	1	4%
11	OTHER	235	219	(16)	-7%
	TOTAL DISCHARGES	12,731	12,931	200	2%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	22,354	21,906	(448)	-2%
2	MEDICARE MANAGED CARE	2,077	2,283	206	10%
3	MEDICAID	661	761	100	15%
4	MEDICAID MANAGED CARE	147	338	191	130%
5	CHAMPUS/TRICARE	5	27	22	440%
6	COMMERCIAL INSURANCE	7,921	7,836	(85)	-1%
7	NON-GOVERNMENT MANAGED CARE	15,393	14,870	(523)	-3%
8	WORKER'S COMPENSATION	118	141	23	19%
9	SELF- PAY/UNINSURED	1,495	1,000	(495)	-33%
10	SAGA	135	184	49	36%
11	OTHER	1,394	803	(591)	-42%

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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	51,700	50,149	(1,551)	-3%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	108,535	106,924	(1,611)	-1%
2	MEDICARE MANAGED CARE	5,504	6,721	1,217	22%
3	MEDICAID	4,337	5,314	977	23%
4	MEDICAID MANAGED CARE	8,102	10,878	2,776	34%
5	CHAMPUS/TRICARE	138	159	21	15%
6	COMMERCIAL INSURANCE	78,660	89,616	10,956	14%
7	NON-GOVERNMENT MANAGED CARE	187,498	160,833	(26,665)	-14%
8	WORKER'S COMPENSATION	6,467	4,903	(1,564)	-24%
9	SELF- PAY/UNINSURED	29,297	43,832	14,535	50%
10	SAGA	1,255	602	(653)	-52%
11	OTHER	2,193	345	(1,848)	-84%
	TOTAL OUTPATIENT VISITS	431,986	430,127	(1,859)	0%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$15,250,096	\$14,284,511	(\$965,585)	-6%
2	MEDICARE MANAGED CARE	\$1,430,192	\$1,352,008	(\$78,184)	-5%
3	MEDICAID	\$787,330	\$1,260,734	\$473,404	60%
4	MEDICAID MANAGED CARE	\$2,084,166	\$4,466,762	\$2,382,596	114%
5	CHAMPUS/TRICARE	\$98,208	\$131,208	\$33,000	34%
6	COMMERCIAL INSURANCE	\$20,950,764	\$21,828,947	\$878,183	4%
7	NON-GOVERNMENT MANAGED CARE	\$32,215,464	\$36,595,503	\$4,380,039	14%
8	WORKER'S COMPENSATION	\$2,452,290	\$2,729,688	\$277,398	11%
9	SELF- PAY/UNINSURED	\$7,456,698	\$12,749,953	\$5,293,255	71%
10	SAGA	\$370,162	\$767,279	\$397,117	107%
11	OTHER	\$3,661,148	\$6,848,465	\$3,187,317	87%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$86,756,518	\$103,015,058	\$16,258,540	19%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,773,398	\$4,839,433	\$66,035	1%
2	MEDICARE MANAGED CARE	\$447,661	\$458,045	\$10,384	2%
3	MEDICAID	\$246,440	\$427,122	\$180,682	73%
4	MEDICAID MANAGED CARE	\$652,360	\$1,513,289	\$860,929	132%
5	CHAMPUS/TRICARE	\$30,740	\$44,452	\$13,712	45%
6	COMMERCIAL INSURANCE	\$6,557,751	\$7,395,403	\$837,652	13%
7	NON-GOVERNMENT MANAGED CARE	\$10,083,689	\$12,398,147	\$2,314,458	23%
8	WORKER'S COMPENSATION	\$767,586	\$924,788	\$157,202	20%
9	SELF- PAY/UNINSURED	\$2,334,004	\$4,319,542	\$1,985,538	85%
10	SAGA	\$115,864	\$259,946	\$144,082	124%
11	OTHER	\$1,145,968	\$2,320,183	\$1,174,215	102%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$27,155,461	\$34,900,350	\$7,744,889	29%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	4,679	4,917	238	5%
2	MEDICARE MANAGED CARE	442	465	23	5%
3	MEDICAID	463	434	(29)	-6%
4	MEDICAID MANAGED CARE	1,133	1,538	405	36%
5	CHAMPUS/TRICARE	11	45	34	309%
6	COMMERCIAL INSURANCE	8,072	7,514	(558)	-7%
7	NON-GOVERNMENT MANAGED CARE	12,604	12,598	(6)	0%
8	WORKER'S COMPENSATION	1,184	940	(244)	-21%
9	SELF- PAY/UNINSURED	2,768	4,389	1,621	59%
10	SAGA	194	264	70	36%
11	OTHER	1,551	2,357	806	52%

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 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	33,101	35,461	2,360	7%

GREENWICH HOSPITAL
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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. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$34,451,485	\$34,682,247	\$230,762	1%
2	Physician Salaries	\$14,575,885	\$16,001,525	\$1,425,640	10%
3	Non-Nursing, Non-Physician Salaries	\$74,323,630	\$71,813,474	(\$2,510,156)	-3%
	Total Salaries & Wages	\$123,351,000	\$122,497,246	(\$853,754)	-1%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$8,613,360	\$9,364,207	\$750,847	9%
2	Physician Fringe Benefits	\$3,691,440	\$4,320,412	\$628,972	17%
3	Non-Nursing, Non-Physician Fringe Benefits	\$18,457,200	\$20,460,705	\$2,003,505	11%
	Total Fringe Benefits	\$30,762,000	\$34,145,324	\$3,383,324	11%
C. Contractual Labor Fees:					
1	Nursing Fees	\$2,443,144	\$1,485,355	(\$957,789)	-39%
2	Physician Fees	\$1,002,694	\$3,751,612	\$2,748,918	274%
3	Non-Nursing, Non-Physician Fees	\$380,146	\$585,407	\$205,261	54%
	Total Contractual Labor Fees	\$3,825,984	\$5,822,374	\$1,996,390	52%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$24,160,141	\$25,437,800	\$1,277,659	5%
2	Pharmaceutical Costs	\$7,620,494	\$7,507,099	(\$113,395)	-1%
	Total Medical Supplies and Pharmaceutical Cost	\$31,780,635	\$32,944,899	\$1,164,264	4%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$5,559,000	\$5,241,000	(\$318,000)	-6%
2	Depreciation-Equipment	\$11,302,000	\$13,774,000	\$2,472,000	22%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$16,861,000	\$19,015,000	\$2,154,000	13%
F. Bad Debts:					
1	Bad Debts	\$10,117,000	\$7,851,000	(\$2,266,000)	-22%
G. Interest Expense:					
1	Interest Expense	\$2,205,000	\$669,000	(\$1,536,000)	-70%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,865,478	\$2,858,541	(\$1,006,937)	-26%
I. Utilities:					
1	Water	\$83,890	\$75,508	(\$8,382)	-10%
2	Natural Gas	\$771,850	\$853,130	\$81,280	11%
3	Oil	\$34,191	\$40,906	\$6,715	20%
4	Electricity	\$1,717,164	\$1,585,379	(\$131,785)	-8%
5	Telephone	\$904,678	\$908,700	\$4,022	0%
6	Other Utilities	\$36,796	\$22,713	(\$14,083)	-38%
	Total Utilities	\$3,548,569	\$3,486,336	(\$62,233)	-2%
J. Business Expenses:					
1	Accounting Fees	\$250,000	\$254,004	\$4,004	2%
2	Legal Fees	\$950,626	\$672,440	(\$278,186)	-29%
3	Consulting Fees	\$1,438,830	\$3,769,768	\$2,330,938	162%
4	Dues and Membership	\$456,669	\$392,697	(\$63,972)	-14%
5	Equipment Leases	\$919,920	\$896,963	(\$22,957)	-2%
6	Building Leases	\$4,032,439	\$4,965,037	\$932,598	23%
7	Repairs and Maintenance	\$1,176,593	\$1,223,574	\$46,981	4%
8	Insurance	\$480,021	\$454,182	(\$25,839)	-5%

**GREENWICH HOSPITAL
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	\$105,697	\$98,478	(\$7,219)	-7%
10	Conferences	\$467,105	\$332,733	(\$134,372)	-29%
11	Property Tax	\$41,590	\$18,674	(\$22,916)	-55%
12	General Supplies	\$6,238,174	\$5,380,379	(\$857,795)	-14%
13	Licenses and Subscriptions	\$343,117	\$339,134	(\$3,983)	-1%
14	Postage and Shipping	\$650,541	\$613,060	(\$37,481)	-6%
15	Advertising	\$981,258	\$1,233,756	\$252,498	26%
16	Other Business Expenses	\$32,935,386	\$33,212,693	\$277,307	1%
	Total Business Expenses	\$51,467,966	\$53,857,572	\$2,389,606	5%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$483,368	\$384,708	(\$98,660)	-20%
	Total Operating Expenses - All Expense Categories*	\$278,268,000	\$283,532,000	\$5,264,000	2%
	*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	\$60,335,594	\$64,416,677	\$4,081,083	7%
2	General Accounting	\$4,144,715	\$5,298,276	\$1,153,561	28%
3	Patient Billing & Collection	\$4,036,315	\$4,434,606	\$398,291	10%
4	Admitting / Registration Office	\$2,772,141	\$2,728,628	(\$43,513)	-2%
5	Data Processing	\$7,411,212	\$7,356,946	(\$54,266)	-1%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$3,038,505	\$2,030,393	(\$1,008,112)	-33%
8	Public Relations	\$3,201,345	\$3,197,788	(\$3,557)	0%
9	Purchasing	\$638,008	\$617,550	(\$20,458)	-3%
10	Dietary and Cafeteria	\$5,923,894	\$5,139,712	(\$784,182)	-13%
11	Housekeeping	\$2,653,809	\$2,639,745	(\$14,064)	-1%
12	Laundry & Linen	\$1,265,335	\$987,019	(\$278,316)	-22%
13	Operation of Plant	\$4,446,492	\$4,315,538	(\$130,954)	-3%
14	Security	\$1,679,169	\$1,656,834	(\$22,335)	-1%
15	Repairs and Maintenance	\$3,655,881	\$3,452,120	(\$203,761)	-6%
16	Central Sterile Supply	\$2,013,826	\$2,384,851	\$371,025	18%
17	Pharmacy Department	\$9,412,716	\$9,904,872	\$492,156	5%
18	Other General Services	\$4,041,309	\$1,928,065	(\$2,113,244)	-52%
	Total General Services	\$120,670,266	\$122,489,620	\$1,819,354	2%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$1,017,682	\$810,232	(\$207,450)	-20%
2	Residency Program	\$2,362,124	\$2,329,975	(\$32,149)	-1%
3	Nursing Services Administration	\$1,222,877	\$1,148,464	(\$74,413)	-6%
4	Medical Records	\$2,430,914	\$2,561,492	\$130,578	5%
5	Social Service	\$1,740,566	\$1,922,093	\$181,527	10%
6	Other Professional Services	\$1,716,467	\$1,973,972	\$257,505	15%
	Total Professional Services	\$10,490,630	\$10,746,228	\$255,598	2%
C.	<u>Special Services:</u>				
1	Operating Room	\$20,302,240	\$19,958,970	(\$343,270)	-2%
2	Recovery Room	\$1,408,994	\$1,183,345	(\$225,649)	-16%
3	Anesthesiology	\$636,179	\$728,872	\$92,693	15%
4	Delivery Room	\$4,799,465	\$5,278,005	\$478,540	10%
5	Diagnostic Radiology	\$5,889,394	\$5,684,493	(\$204,901)	-3%
6	Diagnostic Ultrasound	\$1,834,466	\$2,088,717	\$254,251	14%
7	Radiation Therapy	\$3,356,547	\$3,455,737	\$99,190	3%

**GREENWICH HOSPITAL
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	\$993,155	\$793,084	(\$200,071)	-20%
9	CT Scan	\$1,425,589	\$1,354,689	(\$70,900)	-5%
10	Laboratory	\$13,389,989	\$13,942,337	\$552,348	4%
11	Blood Storing/Processing	\$1,273,620	\$1,474,996	\$201,376	16%
12	Cardiology	\$1,069,478	\$1,175,623	\$106,145	10%
13	Electrocardiology	\$365,114	\$366,732	\$1,618	0%
14	Electroencephalography	\$1,165,274	\$1,159,252	(\$6,022)	-1%
15	Occupational Therapy	\$1,766,684	\$1,714,799	(\$51,885)	-3%
16	Speech Pathology	\$417,160	\$402,670	(\$14,490)	-3%
17	Audiology	\$116,050	\$100,676	(\$15,374)	-13%
18	Respiratory Therapy	\$2,413,879	\$2,316,978	(\$96,901)	-4%
19	Pulmonary Function	\$411,584	\$395,779	(\$15,805)	-4%
20	Intravenous Therapy	\$1,039,112	\$936,743	(\$102,369)	-10%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$264,794	\$311,378	\$46,584	18%
24	Emergency Room	\$10,060,361	\$10,167,945	\$107,584	1%
25	MRI	\$1,464,402	\$1,216,755	(\$247,647)	-17%
26	PET Scan	\$476,490	\$485,855	\$9,365	2%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,768,928	\$1,980,130	(\$788,798)	-28%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$135,255	\$75,323	(\$59,932)	-44%
31	Cardiac Catheterization/Rehabilitation	\$1,155,571	\$1,140,254	(\$15,317)	-1%
32	Occupational Therapy / Physical Therapy	\$2,325,465	\$2,002,899	(\$322,566)	-14%
33	Dental Clinic	\$285,288	\$302,250	\$16,962	6%
34	Other Special Services	\$3,412,113	\$2,199,683	(\$1,212,430)	-36%
	Total Special Services	\$86,422,640	\$84,394,969	(\$2,027,671)	-2%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$17,071,472	\$15,624,499	(\$1,446,973)	-8%
2	Intensive Care Unit	\$2,964,117	\$2,550,541	(\$413,576)	-14%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,124,110	\$1,128,820	\$4,710	0%
5	Pediatric Unit	\$1,787,728	\$1,685,947	(\$101,781)	-6%
6	Maternity Unit	\$3,667,552	\$3,245,931	(\$421,621)	-11%
7	Newborn Nursery Unit	\$1,324,075	\$1,284,985	(\$39,090)	-3%
8	Neonatal ICU	\$2,566,457	\$2,432,864	(\$133,593)	-5%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,900,184	\$4,247,245	\$2,347,061	124%
11	Home Care	\$724,515	\$745,777	\$21,262	3%
12	Outpatient Clinics	\$4,256,660	\$4,333,409	\$76,749	2%
13	Other Routine Services	\$2,217,361	\$2,235,189	\$17,828	1%
	Total Routine Services	\$39,604,231	\$39,515,207	(\$89,024)	0%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$21,080,233	\$26,385,976	\$5,305,743	25%
	Total Operating Expenses - All Departments*	\$278,268,000	\$283,532,000	\$5,264,000	2%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2007	FY 2008	FY 2009
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$241,849,000	\$ 263,093,000	\$269,158,231
2	Other Operating Revenue	13,929,000	21,552,000	24,947,769
3	Total Operating Revenue	\$255,778,000	\$284,645,000	\$294,106,000
4	Total Operating Expenses	248,255,000	278,268,000	283,532,000
5	Income/(Loss) From Operations	\$7,523,000	\$6,377,000	\$10,574,000
6	Total Non-Operating Revenue	6,980,000	(15,899,000)	(1,092,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$14,503,000	(\$9,522,000)	\$9,482,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	2.86%	2.37%	3.61%
2	Hospital Non Operating Margin	2.66%	-5.92%	-0.37%
3	Hospital Total Margin	5.52%	-3.54%	3.24%
4	Income/(Loss) From Operations	\$7,523,000	\$6,377,000	\$10,574,000
5	Total Operating Revenue	\$255,778,000	\$284,645,000	\$294,106,000
6	Total Non-Operating Revenue	\$6,980,000	(\$15,899,000)	(\$1,092,000)
7	Total Revenue	\$262,758,000	\$268,746,000	\$293,014,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$14,503,000	(\$9,522,000)	\$9,482,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$320,933,000	\$304,976,000	\$280,445,000
2	Hospital Total Net Assets	\$376,486,000	\$352,160,000	\$328,100,000
3	Hospital Change in Total Net Assets	\$376,486,000	(\$24,326,000)	(\$24,060,000)
4	Hospital Change in Total Net Assets %	0.0%	-6.5%	-6.8%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.37	0.34	0.33
2	Total Operating Expenses	\$240,267,136	\$268,866,398	\$283,532,000
3	Total Gross Revenue	\$640,911,472	\$773,049,769	\$829,881,442
4	Total Other Operating Revenue	\$14,995,998	\$22,699,355	\$24,947,559
5	<u>Private Payment to Cost Ratio</u>	1.21	1.22	1.21
6	Total Non-Government Payments	\$160,023,904	\$176,569,569	\$183,789,577

GREENWICH HOSPITAL				
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
7	Total Uninsured Payments	\$4,125,075	\$4,605,949	\$4,423,064
8	Total Non-Government Charges	\$378,164,578	\$449,380,334	\$481,796,590
9	Total Uninsured Charges	\$27,089,374	\$32,981,996	\$33,403,571
10	<u>Medicare Payment to Cost Ratio</u>	0.79	0.74	0.72
11	Total Medicare Payments	\$69,991,177	\$74,117,766	\$75,089,754
12	Total Medicare Charges	\$243,234,154	\$298,081,200	\$316,162,611
13	<u>Medicaid Payment to Cost Ratio</u>	0.88	0.79	0.80
14	Total Medicaid Payments	\$3,927,440	\$3,112,292	\$4,495,846
15	Total Medicaid Charges	\$12,206,448	\$11,616,842	\$16,997,582
16	<u>Uncompensated Care Cost</u>	\$8,412,549	\$9,588,769	\$9,612,333
17	Charity Care	\$14,259,114	\$18,262,127	\$21,129,180
18	Bad Debts	\$8,706,380	\$10,117,227	\$7,851,327
19	Total Uncompensated Care	\$22,965,494	\$28,379,354	\$28,980,507
20	<u>Uncompensated Care % of Total Expenses</u>	3.5%	3.6%	3.4%
21	Total Operating Expenses	\$240,267,136	\$268,866,398	\$283,532,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.55	2.38	2.31
2	Total Current Assets	\$95,290,000	\$97,487,000	\$103,328,000
3	Total Current Liabilities	\$37,387,000	\$40,899,000	\$44,713,000
4	<u>Days Cash on Hand</u>	86	78	83
5	Cash and Cash Equivalents	\$22,076,000	\$29,053,000	\$32,032,000
6	Short Term Investments	33,026,000	26,526,000	28,273,000
7	Total Cash and Short Term Investments	\$55,102,000	\$55,579,000	\$60,305,000
8	Total Operating Expenses	\$248,255,000	\$278,268,000	\$283,532,000
9	Depreciation Expense	\$15,342,000	\$16,861,000	\$19,015,000
10	Operating Expenses less Depreciation Expense	\$232,913,000	\$261,407,000	\$264,517,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	47.16	46.39	43.25

GREENWICH HOSPITAL				
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	\$ 32,662,000	\$ 33,602,000	\$ 32,088,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,416,000	\$164,000	\$192,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 31,246,000	\$ 33,438,000	\$ 31,896,000
16	Total Net Patient Revenue	\$241,849,000	\$ 263,093,000	\$ 269,158,231
17	Average Payment Period	58.59	57.11	61.70
18	Total Current Liabilities	\$37,387,000	\$40,899,000	\$44,713,000
19	Total Operating Expenses	\$248,255,000	\$278,268,000	\$283,532,000
20	Depreciation Expense	\$15,342,000	\$16,861,000	\$19,015,000
21	Total Operating Expenses less Depreciation Expense	\$232,913,000	\$261,407,000	\$264,517,000
F. Solvency Measures Summary				
1	Equity Financing Ratio	77.5	76.0	69.5
2	Total Net Assets	\$376,486,000	\$352,160,000	\$328,100,000
3	Total Assets	\$485,784,000	\$463,673,000	\$472,325,000
4	Cash Flow to Total Debt Ratio	33.2	8.1	31.0
5	Excess/(Deficiency) of Revenues Over Expenses	\$14,503,000	(\$9,522,000)	\$9,482,000
6	Depreciation Expense	\$15,342,000	\$16,861,000	\$19,015,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$29,845,000	\$7,339,000	\$28,497,000
8	Total Current Liabilities	\$37,387,000	\$40,899,000	\$44,713,000
9	Total Long Term Debt	\$52,500,000	\$49,455,000	\$47,265,000
10	Total Current Liabilities and Total Long Term Debt	\$89,887,000	\$90,354,000	\$91,978,000
11	Long Term Debt to Capitalization Ratio	12.2	12.3	12.6
12	Total Long Term Debt	\$52,500,000	\$49,455,000	\$47,265,000
13	Total Net Assets	\$376,486,000	\$352,160,000	\$328,100,000
14	Total Long Term Debt and Total Net Assets	\$428,986,000	\$401,615,000	\$375,365,000
15	Debt Service Coverage Ratio	17.7	4.3	10.2
16	Excess Revenues over Expenses	\$14,503,000	(\$9,522,000)	\$9,482,000
17	Interest Expense	\$1,784,000	\$2,205,000	\$669,000
18	Depreciation and Amortization Expense	\$15,342,000	\$16,861,000	\$19,015,000

GREENWICH HOSPITAL				
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	\$2,190,000
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	7.8	8.1	8.1
21	Accumulated Depreciation	\$119,456,000	\$135,755,000	\$153,823,000
22	Depreciation and Amortization Expense	\$15,342,000	\$16,861,000	\$19,015,000
H. <u>Utilization Measures Summary</u>				
1	Patient Days	48,835	51,700	50,149
2	Discharges	12,779	12,731	12,931
3	ALOS	3.8	4.1	3.9
4	Staffed Beds	206	206	206
5	Available Beds	-	-	206
6	Licensed Beds	206	206	206
6	Occupancy of Staffed Beds	64.9%	68.8%	66.7%
7	Occupancy of Available Beds	64.9%	68.8%	66.7%
8	Full Time Equivalent Employees	1,563.3	1,595.9	1,440.1
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	54.8%	53.9%	54.0%
2	Medicare Gross Revenue Payer Mix Percentage	38.0%	38.6%	38.1%
3	Medicaid Gross Revenue Payer Mix Percentage	1.9%	1.5%	2.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.1%	1.8%	1.7%
5	Uninsured Gross Revenue Payer Mix Percentage	4.2%	4.3%	4.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$351,075,204	\$416,398,338	\$448,393,019
9	Medicare Gross Revenue (Charges)	\$243,234,154	\$298,081,200	\$316,162,611
10	Medicaid Gross Revenue (Charges)	\$12,206,448	\$11,616,842	\$16,997,582
11	Other Medical Assistance Gross Revenue (Charges)	\$7,082,398	\$13,692,556	\$14,280,459
12	Uninsured Gross Revenue (Charges)	\$27,089,374	\$32,981,996	\$33,403,571
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$223,894	\$278,837	\$644,200
14	Total Gross Revenue (Charges)	\$640,911,472	\$773,049,769	\$829,881,442
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	66.4%	67.0%	67.4%

GREENWICH HOSPITAL				
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
2	Medicare Net Revenue Payer Mix Percentage	29.8%	28.9%	28.2%
3	Medicaid Net Revenue Payer Mix Percentage	1.7%	1.2%	1.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.3%	1.0%	0.9%
5	Uninsured Net Revenue Payer Mix Percentage	1.8%	1.8%	1.7%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.0%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$155,898,829	\$171,963,620	\$179,366,513
9	Medicare Net Revenue (Payments)	\$69,991,177	\$74,117,766	\$75,089,754
10	Medicaid Net Revenue (Payments)	\$3,927,440	\$3,112,292	\$4,495,846
11	Other Medical Assistance Net Revenue (Payments)	\$744,171	\$2,646,305	\$2,325,143
12	Uninsured Net Revenue (Payments)	\$4,125,075	\$4,605,949	\$4,423,064
13	CHAMPUS / TRICARE Net Revenue Payments)	\$118,971	\$118,046	\$226,296
14	Total Net Revenue (Payments)	\$234,805,663	\$256,563,978	\$265,926,616
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	7,655	7,567	7,298
2	Medicare	4,677	4,740	5,054
3	Medical Assistance	443	422	573
4	Medicaid	242	161	327
5	Other Medical Assistance	201	261	246
6	CHAMPUS / TRICARE	4	2	6
7	Uninsured (Included In Non-Government)	478	448	296
8	Total	12,779	12,731	12,931
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.810200	0.856600	0.845500
2	Medicare	1.382100	1.457000	1.406500
3	Medical Assistance	0.972287	1.153674	1.057653
4	Medicaid	0.930000	1.161900	1.125400
5	Other Medical Assistance	1.023200	1.148600	0.967600
6	CHAMPUS / TRICARE	0.667000	0.688600	1.467300
7	Uninsured (Included In Non-Government)	0.929600	0.911000	0.917800
8	Total Case Mix Index	1.025084	1.089961	1.074452
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	6,956	7,569	7,824
2	Emergency Room - Treated and Discharged	32,906	33,101	35,461
3	Total Emergency Room Visits	39,862	40,670	43,285

**GREENWICH HOSPITAL
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	\$396,680	\$379,330	(\$17,350)	-4%
2	Inpatient Payments	\$45,984	\$141,784	\$95,800	208%
3	Outpatient Charges	\$211,743	\$228,983	\$17,240	8%
4	Outpatient Payments	\$57,349	\$71,105	\$13,756	24%
5	Discharges	10	9	(1)	-10%
6	Patient Days	49	48	(1)	-2%
7	Outpatient Visits (Excludes ED Visits)	159	224	65	41%
8	Emergency Department Outpatient Visits	14	12	(2)	-14%
9	Emergency Department Inpatient Admissions	3	9	6	200%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$608,423	\$608,313	(\$110)	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$103,333	\$212,889	\$109,556	106%
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%

**GREENWICH HOSPITAL
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	\$2,719,834	\$3,189,399	\$469,565	17%
2	Inpatient Payments	\$752,254	\$645,593	(\$106,661)	-14%
3	Outpatient Charges	\$3,189,586	\$3,686,736	\$497,150	16%
4	Outpatient Payments	\$612,828	\$585,793	(\$27,035)	-4%
5	Discharges	79	76	(3)	-4%
6	Patient Days	363	453	90	25%
7	Outpatient Visits (Excludes ED Visits)	3,387	3,992	605	18%
8	Emergency Department Outpatient Visits	296	121	(175)	-59%
9	Emergency Department Inpatient Admissions	64	77	13	20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,909,420	\$6,876,135	\$966,715	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,365,082	\$1,231,386	(\$133,696)	-10%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$7,693,208	\$9,089,710	\$1,396,502	18%
2	Inpatient Payments	\$1,923,329	\$1,873,962	(\$49,367)	-3%
3	Outpatient Charges	\$2,606,268	\$2,949,016	\$342,748	13%
4	Outpatient Payments	\$741,320	\$655,672	(\$85,648)	-12%
5	Discharges	230	246	16	7%
6	Patient Days	1,220	1,266	46	4%
7	Outpatient Visits (Excludes ED Visits)	968	1,236	268	28%
8	Emergency Department Outpatient Visits	84	237	153	182%
9	Emergency Department Inpatient Admissions	19	254	235	1237%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,299,476	\$12,038,726	\$1,739,250	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,664,649	\$2,529,634	(\$135,015)	-5%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$504,399	\$739,026	\$234,627	47%
2	Inpatient Payments	\$154,184	\$164,228	\$10,044	7%
3	Outpatient Charges	\$43,776	\$185,056	\$141,280	323%
4	Outpatient Payments	\$14,499	\$98,123	\$83,624	577%
5	Discharges	7	20	13	186%
6	Patient Days	62	106	44	71%
7	Outpatient Visits (Excludes ED Visits)	25	96	71	284%
8	Emergency Department Outpatient Visits	2	20	18	900%
9	Emergency Department Inpatient Admissions	0	22	22	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$548,175	\$924,082	\$375,907	69%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$168,683	\$262,351	\$93,668	56%

**GREENWICH HOSPITAL
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	\$2,386,283	\$2,841,686	\$455,403	19%
2	Inpatient Payments	\$595,412	\$576,900	(\$18,512)	-3%
3	Outpatient Charges	\$988,637	\$1,451,799	\$463,162	47%
4	Outpatient Payments	\$296,863	\$327,734	\$30,871	10%
5	Discharges	75	79	4	5%
6	Patient Days	383	410	27	7%
7	Outpatient Visits (Excludes ED Visits)	523	708	185	35%
8	Emergency Department Outpatient Visits	46	75	29	63%
9	Emergency Department Inpatient Admissions	10	83	73	730%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,374,920	\$4,293,485	\$918,565	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$892,275	\$904,634	\$12,359	1%

**GREENWICH HOSPITAL
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%

**GREENWICH HOSPITAL
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	\$13,700,404	\$16,239,151	\$2,538,747	19%
	TOTAL INPATIENT PAYMENTS	\$3,471,163	\$3,402,467	(\$68,696)	-2%
	TOTAL OUTPATIENT CHARGES	\$7,040,010	\$8,501,590	\$1,461,580	21%
	TOTAL OUTPATIENT PAYMENTS	\$1,722,859	\$1,738,427	\$15,568	1%
	TOTAL DISCHARGES	401	430	29	7%
	TOTAL PATIENT DAYS	2,077	2,283	206	10%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	5,062	6,256	1,194	24%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	442	465	23	5%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	96	445	349	364%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$20,740,414	\$24,740,741	\$4,000,327	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,194,022	\$5,140,894	(\$53,128)	-1%

**GREENWICH HOSPITAL
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	\$172,699	\$15,015	(\$157,684)	-91%
2	Inpatient Payments	\$55,977	\$13,824	(\$42,153)	-75%
3	Outpatient Charges	\$312,693	\$74,814	(\$237,879)	-76%
4	Outpatient Payments	\$41,666	\$14,123	(\$27,543)	-66%
5	Discharges	10	1	(9)	-90%
6	Patient Days	25	2	(23)	-92%
7	Outpatient Visits (Excludes ED Visits)	209	26	(183)	-88%
8	Emergency Department Outpatient Visits	107	26	(81)	-76%
9	Emergency Department Inpatient Admissions	9	1	(8)	-89%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$485,392	\$89,829	(\$395,563)	-81%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$97,643	\$27,947	(\$69,696)	-71%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$531,134	\$1,341,496	\$810,362	153%
2	Inpatient Payments	\$102,424	\$316,928	\$214,504	209%
3	Outpatient Charges	\$3,035,236	\$5,697,915	\$2,662,679	88%
4	Outpatient Payments	\$812,803	\$1,320,139	\$507,336	62%
5	Discharges	33	83	50	152%
6	Patient Days	75	228	153	204%
7	Outpatient Visits (Excludes ED Visits)	4,321	7,259	2,938	68%
8	Emergency Department Outpatient Visits	744	1,342	598	80%
9	Emergency Department Inpatient Admissions	55	51	(4)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,566,370	\$7,039,411	\$3,473,041	97%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$915,227	\$1,637,067	\$721,840	79%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$159,514	\$0	(\$159,514)	-100%
2	Inpatient Payments	\$37,938	\$0	(\$37,938)	-100%
3	Outpatient Charges	\$1,521,834	\$0	(\$1,521,834)	-100%
4	Outpatient Payments	\$313,287	\$0	(\$313,287)	-100%
5	Discharges	12	0	(12)	-100%
6	Patient Days	22	0	(22)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,812	0	(1,812)	-100%
8	Emergency Department Outpatient Visits	270	0	(270)	-100%
9	Emergency Department Inpatient Admissions	20	0	(20)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,681,348	\$0	(\$1,681,348)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$351,225	\$0	(\$351,225)	-100%

**GREENWICH HOSPITAL
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	\$40,592	\$83,621	\$43,029	106%
2	Inpatient Payments	\$1,900	\$2,793	\$893	47%
3	Outpatient Charges	\$256,462	\$325,616	\$69,154	27%
4	Outpatient Payments	\$35,680	\$23,548	(\$12,132)	-34%
5	Discharges	8	13	5	63%
6	Patient Days	25	45	20	80%
7	Outpatient Visits (Excludes ED Visits)	614	1,125	511	83%
8	Emergency Department Outpatient Visits	1	1	0	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$297,054	\$409,237	\$112,183	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$37,580	\$26,341	(\$11,239)	-30%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$23,523	\$0	(\$23,523)	-100%
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)	13	0	(13)	-100%
8	Emergency Department Outpatient Visits	11	0	(11)	-100%

**GREENWICH HOSPITAL
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	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,523	\$0	(\$23,523)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$116,609	\$116,609	0%
2	Inpatient Payments	\$0	\$29,786	\$29,786	0%
3	Outpatient Charges	\$0	\$430,904	\$430,904	0%
4	Outpatient Payments	\$0	\$87,291	\$87,291	0%
5	Discharges	0	7	7	0%
6	Patient Days	0	26	26	0%
7	Outpatient Visits (Excludes ED Visits)	0	422	422	0%
8	Emergency Department Outpatient Visits	0	84	84	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$547,513	\$547,513	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$117,077	\$117,077	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$408,207	\$408,207	0%
2	Inpatient Payments	\$0	\$57,739	\$57,739	0%
3	Outpatient Charges	\$0	\$787,718	\$787,718	0%
4	Outpatient Payments	\$0	\$191,130	\$191,130	0%
5	Discharges	0	11	11	0%
6	Patient Days	0	37	37	0%
7	Outpatient Visits (Excludes ED Visits)	0	508	508	0%
8	Emergency Department Outpatient Visits	0	85	85	0%
9	Emergency Department Inpatient Admissions	0	7	7	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$1,195,925	\$1,195,925	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$248,869	\$248,869	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$903,939	\$1,964,948	\$1,061,009	117%
	TOTAL INPATIENT PAYMENTS	\$198,239	\$421,070	\$222,831	112%
	TOTAL OUTPATIENT CHARGES	\$5,149,748	\$7,316,967	\$2,167,219	42%
	TOTAL OUTPATIENT PAYMENTS	\$1,203,436	\$1,636,231	\$432,795	36%
	TOTAL DISCHARGES	63	115	52	83%
	TOTAL PATIENT DAYS	147	338	191	130%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	6,969	9,340	2,371	34%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,133	1,538	405	36%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	85	63	(22)	-26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,053,687	\$9,281,915	\$3,228,228	53%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,401,675	\$2,057,301	\$655,626	47%

**GREENWICH HOSPITAL
 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

GREENWICH HEALTH CARE SERVICES, INC.					
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	\$31,821,000	\$34,142,000	\$2,321,000	7%
2	Short Term Investments	\$26,526,000	\$28,273,000	\$1,747,000	7%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$35,108,000	\$33,583,000	(\$1,525,000)	-4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$789,000	\$995,000	\$206,000	26%
8	Prepaid Expenses	\$2,081,000	\$2,345,000	\$264,000	13%
9	Other Current Assets	\$1,995,000	\$1,520,000	(\$475,000)	-24%
	Total Current Assets	\$98,320,000	\$100,858,000	\$2,538,000	3%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$802,000	\$802,000	\$0	0%
2	Board Designated for Capital Acquisition	\$51,827,000	\$58,700,000	\$6,873,000	13%
3	Funds Held in Escrow	\$169,000	\$10,000	(\$159,000)	-94%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$52,798,000	\$59,512,000	\$6,714,000	13%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$36,270,000	\$44,655,000	\$8,385,000	23%
7	Other Noncurrent Assets	\$30,642,000	\$15,900,000	(\$14,742,000)	-48%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$422,690,000	\$448,224,000	\$25,534,000	6%
2	Less: Accumulated Depreciation	\$147,925,000	\$167,165,000	\$19,240,000	\$0
	Property, Plant and Equipment, Net	\$274,765,000	\$281,059,000	\$6,294,000	2%
3	Construction in Progress	\$1,204,000	\$1,331,000	\$127,000	11%
	Total Net Fixed Assets	\$275,969,000	\$282,390,000	\$6,421,000	2%
	Total Assets	\$493,999,000	\$503,315,000	\$9,316,000	2%

GREENWICH HEALTH CARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$16,152,000	\$19,161,436	\$3,009,436	19%
2	Salaries, Wages and Payroll Taxes	\$17,237,000	\$17,583,564	\$346,564	2%
3	Due To Third Party Payers	\$164,000	\$192,000	\$28,000	17%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,115,000	\$2,190,000	\$75,000	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,640,000	\$8,050,000	\$1,410,000	21%
	Total Current Liabilities	\$42,308,000	\$47,177,000	\$4,869,000	12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$49,455,000	\$47,265,000	(\$2,190,000)	-4%
2	Notes Payable (Net of Current Portion)	\$12,146,000	\$0	(\$12,146,000)	-100%
	Total Long Term Debt	\$61,601,000	\$47,265,000	(\$14,336,000)	-23%
3	Accrued Pension Liability	\$0	\$27,902,000	\$27,902,000	0%
4	Other Long Term Liabilities	\$9,013,000	\$24,345,000	\$15,332,000	170%
	Total Long Term Liabilities	\$70,614,000	\$99,512,000	\$28,898,000	41%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$333,893,000	\$308,971,000	(\$24,922,000)	-7%
2	Temporarily Restricted Net Assets	\$26,410,000	\$25,902,000	(\$508,000)	-2%
3	Permanently Restricted Net Assets	\$20,774,000	\$21,753,000	\$979,000	5%
	Total Net Assets	\$381,077,000	\$356,626,000	(\$24,451,000)	-6%
	Total Liabilities and Net Assets	\$493,999,000	\$503,315,000	\$9,316,000	2%

GREENWICH HEALTH CARE SERVICES, INC.					
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	\$791,446,000	\$854,689,000	\$63,243,000	8%
2	Less: Allowances	\$482,905,000	\$531,351,544	\$48,446,544	10%
3	Less: Charity Care	\$22,244,000	\$25,185,225	\$2,941,225	13%
4	Less: Other Deductions	\$14,879,000	\$17,008,000	\$2,129,000	14%
	Total Net Patient Revenue	\$271,418,000	\$281,144,231	\$9,726,231	4%
5	Other Operating Revenue	\$9,612,000	\$11,164,769	\$1,552,769	16%
6	Net Assets Released from Restrictions	\$7,206,000	\$6,439,000	(\$767,000)	-11%
	Total Operating Revenue	\$288,236,000	\$298,748,000	\$10,512,000	4%
B. Operating Expenses:					
1	Salaries and Wages	\$124,292,000	\$123,539,676	(\$752,324)	-1%
2	Fringe Benefits	\$30,762,000	\$34,145,324	\$3,383,324	11%
3	Physicians Fees	\$1,002,694	\$3,751,612	\$2,748,918	274%
4	Supplies and Drugs	\$31,780,635	\$32,944,899	\$1,164,264	4%
5	Depreciation and Amortization	\$18,253,000	\$20,411,000	\$2,158,000	12%
6	Bad Debts	\$10,128,000	\$8,087,000	(\$2,041,000)	-20%
7	Interest	\$2,205,000	\$669,000	(\$1,536,000)	-70%
8	Malpractice	\$3,865,478	\$2,858,541	(\$1,006,937)	-26%
9	Other Operating Expenses	\$62,210,193	\$64,424,948	\$2,214,755	4%
	Total Operating Expenses	\$284,499,000	\$290,832,000	\$6,333,000	2%
	Income/(Loss) From Operations	\$3,737,000	\$7,916,000	\$4,179,000	112%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$1,487,000	\$1,487,000	0%
2	Gifts, Contributions and Donations	\$0	\$2,571,000	\$2,571,000	0%
3	Other Non-Operating Gains/(Losses)	(\$15,885,000)	(\$7,274,000)	\$8,611,000	-54%
	Total Non-Operating Revenue	(\$15,885,000)	(\$3,216,000)	\$12,669,000	-80%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$12,148,000)	\$4,700,000	\$16,848,000	-139%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$6,098,000	\$6,098,000	0%
	All Other Adjustments	\$0	(\$3,971,000)	(\$3,971,000)	0%
	Total Other Adjustments	\$0	\$2,127,000	\$2,127,000	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$12,148,000)	\$6,827,000	\$18,975,000	-156%

GREENWICH HEALTH CARE SERVICES, INC.				
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. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$246,845,000	\$271,418,000	\$281,144,231
2	Other Operating Revenue	12,555,000	16,818,000	17,603,769
3	Total Operating Revenue	\$259,400,000	\$288,236,000	\$298,748,000
4	Total Operating Expenses	255,080,000	284,499,000	290,832,000
5	Income/(Loss) From Operations	\$4,320,000	\$3,737,000	\$7,916,000
6	Total Non-Operating Revenue	6,988,000	(15,885,000)	(1,089,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$11,308,000	(\$12,148,000)	\$6,827,000
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	1.62%	1.37%	2.66%
2	Parent Corporation Non-Operating Margin	2.62%	-5.83%	-0.37%
3	Parent Corporation Total Margin	4.24%	-4.46%	2.29%
4	Income/(Loss) From Operations	\$4,320,000	\$3,737,000	\$7,916,000
5	Total Operating Revenue	\$259,400,000	\$288,236,000	\$298,748,000
6	Total Non-Operating Revenue	\$6,988,000	(\$15,885,000)	(\$1,089,000)
7	Total Revenue	\$266,388,000	\$272,351,000	\$297,659,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$11,308,000	(\$12,148,000)	\$6,827,000
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$349,869,000	\$333,893,000	\$308,971,000
2	Parent Corporation Total Net Assets	\$405,422,000	\$381,077,000	\$356,626,000
3	Parent Corporation Change in Total Net Assets	\$405,422,000	(\$24,345,000)	(\$24,451,000)
4	Parent Corporation Change in Total Net Assets %	0.0%	-6.0%	-6.4%

GREENWICH HEALTH CARE SERVICES, INC.				
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>	2.52	2.32	2.14
2	Total Current Assets	\$97,022,000	\$98,320,000	\$100,858,000
3	Total Current Liabilities	\$38,468,000	\$42,308,000	\$47,177,000
4	<u>Days Cash on Hand</u>	88	80	84
5	Cash and Cash Equivalents	\$24,569,000	\$31,821,000	\$34,142,000
6	Short Term Investments	33,026,000	26,526,000	28,273,000
7	Total Cash and Short Term Investments	\$57,595,000	\$58,347,000	\$62,415,000
8	Total Operating Expenses	\$255,080,000	\$284,499,000	\$290,832,000
9	Depreciation Expense	\$16,694,000	\$18,253,000	\$20,411,000
10	Operating Expenses less Depreciation Expense	\$238,386,000	\$266,246,000	\$270,421,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	48	47	43
12	Net Patient Accounts Receivable	\$ 33,730,000	\$ 35,108,000	\$ 33,583,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,416,000	\$164,000	\$192,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 32,314,000	\$ 34,944,000	\$ 33,391,000
16	Total Net Patient Revenue	\$246,845,000	\$271,418,000	\$281,144,231
17	<u>Average Payment Period</u>	59	58	64
18	Total Current Liabilities	\$38,468,000	\$42,308,000	\$47,177,000
19	Total Operating Expenses	\$255,080,000	\$284,499,000	\$290,832,000
20	Depreciation Expense	\$16,694,000	\$18,253,000	\$20,411,000
21	Total Operating Expenses less Depreciation Expense	\$238,386,000	\$266,246,000	\$270,421,000

GREENWICH HEALTH CARE SERVICES, INC.				
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>	78.6	77.1	70.9
2	Total Net Assets	\$405,422,000	\$381,077,000	\$356,626,000
3	Total Assets	\$515,801,000	\$493,999,000	\$503,315,000
4	<u>Cash Flow to Total Debt Ratio</u>	27.6	5.9	28.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$11,308,000	(\$12,148,000)	\$6,827,000
6	Depreciation Expense	\$16,694,000	\$18,253,000	\$20,411,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$28,002,000	\$6,105,000	\$27,238,000
8	Total Current Liabilities	\$38,468,000	\$42,308,000	\$47,177,000
9	Total Long Term Debt	\$62,824,000	\$61,601,000	\$47,265,000
10	Total Current Liabilities and Total Long Term Debt	\$101,292,000	\$103,909,000	\$94,442,000
11	<u>Long Term Debt to Capitalization Ratio</u>	13.4	13.9	11.7
12	Total Long Term Debt	\$62,824,000	\$61,601,000	\$47,265,000
13	Total Net Assets	\$405,422,000	\$381,077,000	\$356,626,000
14	Total Long Term Debt and Total Net Assets	\$468,246,000	\$442,678,000	\$403,891,000

GREENWICH HOSPITAL						
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	33,347	129	129	70.8%	70.8%
2	ICU/CCU (Excludes Neonatal ICU)	1,975	10	10	54.1%	54.1%
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	6,766	25	25	74.1%	74.1%
7	Newborn	5,014	22	22	62.4%	62.4%
8	Neonatal ICU	2,174	10	10	59.6%	59.6%
9	Pediatric	873	10	10	23.9%	23.9%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	45,135	184	184	67.2%	67.2%
	TOTAL INPATIENT BED UTILIZATION	50,149	206	206	66.7%	66.7%
	TOTAL INPATIENT REPORTED YEAR	50,149	206	206	66.7%	66.7%
	TOTAL INPATIENT PRIOR YEAR	51,700	206	206	68.8%	68.8%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,551	0	0	-2.1%	-2.1%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-3%	0%	0%	-3%	-3%
	Total Licensed Beds and Bassinets	206				
(A) This number may not exceed the number of available beds for each department or in total.						

GREENWICH HOSPITAL					
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	7,189	6,755	-434	-6%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,005	6,907	-98	-1%
3	Emergency Department Scans	8,729	8,072	-657	-8%
4	Other Non-Hospital Providers' Scans (A)	1,411	1,332	-79	-6%
	Total CT Scans	24,334	23,066	-1,268	-5%
B. MRI Scans (A)					
1	Inpatient Scans	1,222	982	-240	-20%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,819	5,604	-215	-4%
3	Emergency Department Scans	132	128	-4	-3%
4	Other Non-Hospital Providers' Scans (A)	1,505	1,232	-273	-18%
	Total MRI Scans	8,678	7,946	-732	-8%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	4	4	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	4	4	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	56	48	-8	-14%
2	Outpatient Scans (Excluding Emergency Department Scans)	930	932	2	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	986	980	-6	-1%
(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	166	228	62	37%
2	Outpatient Procedures	6,790	6,290	-500	-7%
	Total Linear Accelerator Procedures	6,956	6,518	-438	-6%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	161	180	19	12%
2	Outpatient Procedures	130	124	-6	-5%
	Total Cardiac Catheterization Procedures	291	304	13	4%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	41	42	1	2%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	41	42	1	2%
H. Electrophysiology Studies					
1	Inpatient Studies	0	7	7	0%
2	Outpatient Studies	1	1	0	0%
	Total Electrophysiology Studies	1	8	7	700%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,628	2,720	92	4%
2	Outpatient Surgical Procedures	6,903	7,250	347	5%
	Total Surgical Procedures	9,531	9,970	439	5%

GREENWICH HOSPITAL					
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	446	451	5	1%
2	Outpatient Endoscopy Procedures	7,172	3,164	-4,008	-56%
	Total Endoscopy Procedures	7,618	3,615	-4,003	-53%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	7,569	7,824	255	3%
2	Emergency Room Visits: Treated and Discharged	33,101	35,461	2,360	7%
	Total Emergency Room Visits	40,670	43,285	2,615	6%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	6,389	7,066	677	11%
2	Dental Clinic Visits	2,348	2,420	72	3%
3	Psychiatric Clinic Visits	9,291	9,032	-259	-3%
4	Medical Clinic Visits	8,926	9,779	853	10%
5	Specialty Clinic Visits	3,600	4,025	425	12%
	Total Hospital Clinic Visits	30,554	32,322	1,768	6%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	33,504	34,768	1,264	4%
2	Cardiology	2,833	2,825	-8	0%
3	Chemotherapy	39,445	37,812	-1,633	-4%
4	Gastroenterology	1,175	1,064	-111	-9%
5	Other Outpatient Visits	302,310	311,220	8,910	3%
	Total Other Hospital Outpatient Visits	379,267	387,689	8,422	2%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	418.5	338.2	-80.3	-19%
2	Total Physician FTEs	65.4	60.1	-5.3	-8%
3	Total Non-Nursing and Non-Physician FTEs	1,112.0	1,041.8	-70.2	-6%
	Total Hospital Full Time Equivalent Employees	1,595.9	1,440.1	-155.8	-10%

GREENWICH HOSPITAL					
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	Helmsley Surgical Center	6,903	876	-6,027	-87%
2	at Greenwich Hospital Campus	0	6,374	6,374	0%
	Total Outpatient Surgical Procedures(A)	6,903	7,250	347	5%
B. Outpatient Endoscopy Procedures					
1	at Greenwich Hospital Campus	226	232	6	3%
2	G Hosp @500 W Putnam St.	6,946	2,932	-4,014	-58%
	Total Outpatient Endoscopy Procedures(B)	7,172	3,164	-4,008	-56%
C. Outpatient Hospital Emergency Room Visits					
1	At Greenwich Hospital Campus	33,101	35,461	2,360	7%
	Total Outpatient Hospital Emergency Room Visits(C)	33,101	35,461	2,360	7%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$174,529,086	\$191,475,529	\$16,946,443	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$48,854,525	\$51,163,674	\$2,309,149	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.99%	26.72%	-1.27%	-5%
4	DISCHARGES	4,740	5,054	314	7%
5	CASE MIX INDEX (CMI)	1.45700	1.40650	(0.05050)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,906.18000	7,108.45100	202.27100	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,074.03	\$7,197.58	\$123.55	2%
8	PATIENT DAYS	24,431	24,189	(242)	-1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,999.69	\$2,115.16	\$115.47	6%
10	AVERAGE LENGTH OF STAY	5.2	4.8	(0.4)	-7%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$123,552,114	\$124,687,082	\$1,134,968	1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,263,241	\$23,926,080	(\$1,337,161)	-5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.45%	19.19%	-1.26%	-6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	70.79%	65.12%	-5.67%	-8%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,355.52677	3,291.11775	(64.40902)	-2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,528.85	\$7,269.89	(\$258.95)	-3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$298,081,200	\$316,162,611	\$18,081,411	6%
18	TOTAL ACCRUED PAYMENTS	\$74,117,766	\$75,089,754	\$971,988	1%
19	TOTAL ALLOWANCES	\$223,963,434	\$241,072,857	\$17,109,423	8%

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		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	\$146,958,068	\$157,553,804	\$10,595,736	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$58,072,974	\$61,548,564	\$3,475,590	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.52%	39.07%	-0.45%	-1%
4	DISCHARGES	7,567	7,298	(269)	-4%
5	CASE MIX INDEX (CMI)	0.85660	0.84550	(0.01110)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,481.89220	6,170.45900	(311.43320)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,959.26	\$9,974.71	\$1,015.45	11%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,885.23)	(\$2,777.13)	(\$891.90)	47%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,219,874)	(\$17,136,166)	(\$4,916,293)	40%
10	PATIENT DAYS	24,927	23,847	(1,080)	-4%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,329.72	\$2,580.98	\$251.26	11%
12	AVERAGE LENGTH OF STAY	3.3	3.3	(0.0)	-1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$302,422,266	\$324,242,786	\$21,820,520	7%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$118,496,595	\$122,241,013	\$3,744,418	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.18%	37.70%	-1.48%	-4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	205.79%	205.80%	0.01%	0%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	15,571.98810	15,019.14770	(552.84041)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,609.60	\$8,139.01	\$529.41	7%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$80.75)	(\$869.12)	(\$788.36)	976%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,257,510)	(\$13,053,388)	(\$11,795,878)	938%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$449,380,334	\$481,796,590	\$32,416,256	7%
22	TOTAL ACCRUED PAYMENTS	\$176,569,569	\$183,789,577	\$7,220,008	4%
23	TOTAL ALLOWANCES	\$272,810,765	\$298,007,013	\$25,196,248	9%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,477,384)	(\$30,189,555)	(\$16,712,171)	124%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$402,395,862	\$430,930,871	\$28,535,009	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$169,413,219	\$175,546,118	\$6,132,899	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$232,982,643	\$255,384,753	\$22,402,110	10%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.90%	59.26%	1.36%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$9,747,769	\$8,103,855	(\$1,643,914)	-17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,360,302	\$1,073,055	(\$287,247)	-21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	13.96%	13.24%	-0.71%	-5%
4	DISCHARGES	448	296	(152)	-34%
5	CASE MIX INDEX (CMI)	0.91100	0.91780	0.00680	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	408.12800	271.66880	(136.45920)	-33%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,333.03	\$3,949.86	\$616.84	19%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,626.23	\$6,024.85	\$398.61	7%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$3,741.00	\$3,247.72	(\$493.28)	-13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,526,808	\$882,304	(\$644,504)	-42%
11	PATIENT DAYS	1,495	1,000	(495)	-33%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$909.90	\$1,073.06	\$163.15	18%
13	AVERAGE LENGTH OF STAY	3.3	3.4	0.0	1%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$23,234,227	\$25,299,716	\$2,065,489	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,245,647	\$3,350,009	\$104,362	3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.97%	13.24%	-0.73%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	238.35%	312.19%	73.84%	31%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,067.82728	924.09303	(143.73425)	-13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,039.49	\$3,625.19	\$585.70	19%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,570.11	\$4,513.83	(\$56.29)	-1%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,489.36	\$3,644.71	(\$844.65)	-19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,793,859	\$3,368,050	(\$1,425,809)	-30%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$32,981,996	\$33,403,571	\$421,575	1%
24	TOTAL ACCRUED PAYMENTS	\$4,605,949	\$4,423,064	(\$182,885)	-4%
25	TOTAL ALLOWANCES	\$28,376,047	\$28,980,507	\$604,460	2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,320,667	\$4,250,354	(\$2,070,313)	-33%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$3,611,108	\$5,974,353	\$2,363,245	65%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,493,693	\$2,076,453	\$582,760	39%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.36%	34.76%	-6.61%	-16%
4	DISCHARGES	161	327	166	103%
5	CASE MIX INDEX (CMI)	1.16190	1.12540	(0.03650)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	187.06590	368.00580	180.93990	97%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,984.85	\$5,642.45	(\$2,342.40)	-29%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$974.41	\$4,332.27	\$3,357.85	345%
9	MEDICARE - MEDICAID IP PMT / CMAD	(\$910.82)	\$1,555.14	\$2,465.96	-271%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$170,383)	\$572,300	\$742,683	-436%
11	PATIENT DAYS	808	1,099	291	36%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,848.63	\$1,889.40	\$40.77	2%
13	AVERAGE LENGTH OF STAY	5.0	3.4	(1.7)	-33%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,005,734	\$11,023,229	\$3,017,495	38%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,618,599	\$2,419,393	\$800,794	49%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.22%	21.95%	1.73%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	221.70%	184.51%	-37.19%	-17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	356.93288	603.34498	246.41210	69%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,534.74	\$4,009.97	(\$524.78)	-12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,074.86	\$4,129.05	\$1,054.19	34%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,994.10	\$3,259.93	\$265.83	9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,068,693	\$1,966,862	\$898,168	84%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$11,616,842	\$16,997,582	\$5,380,740	46%
24	TOTAL ACCRUED PAYMENTS	\$3,112,292	\$4,495,846	\$1,383,554	44%
25	TOTAL ALLOWANCES	\$8,504,550	\$12,501,736	\$3,997,186	47%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$898,310	\$2,539,161	\$1,640,851	183%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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		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	\$8,877,292	\$7,264,530	(\$1,612,762)	-18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,597,241	\$1,654,604	(\$942,637)	-36%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.26%	22.78%	-6.48%	-22%
4	DISCHARGES	261	246	(15)	-6%
5	CASE MIX INDEX (CMI)	1.14860	0.96760	(0.18100)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	299.78460	238.02960	(61.75500)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,663.69	\$6,951.25	(\$1,712.44)	-20%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$295.57	\$3,023.46	\$2,727.89	923%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$1,589.66)	\$246.33	\$1,835.99	-115%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$476,556)	\$58,634	\$535,190	-112%
11	PATIENT DAYS	1,529	987	(542)	-35%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,698.65	\$1,676.40	(\$22.26)	-1%
13	AVERAGE LENGTH OF STAY	5.9	4.0	(1.8)	-32%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,815,264	\$7,015,929	\$2,200,665	46%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$49,064	\$670,539	\$621,475	1267%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	1.02%	9.56%	8.54%	838%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	54.24%	96.58%	42.34%	78%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	141.57289	237.58158	96.00869	68%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$346.56	\$2,822.35	\$2,475.79	714%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,263.04	\$5,316.66	(\$1,946.38)	-27%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$7,182.28	\$4,447.54	(\$2,734.74)	-38%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,016,816	\$1,056,654	\$39,838	4%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$13,692,556	\$14,280,459	\$587,903	4%
24	TOTAL ACCRUED PAYMENTS	\$2,646,305	\$2,325,143	(\$321,162)	-12%
25	TOTAL ALLOWANCES	\$11,046,251	\$11,955,316	\$909,065	8%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$540,261	\$1,115,288	\$575,028	106%

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		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	\$12,488,400	\$13,238,883	\$750,483	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,090,934	\$3,731,057	(\$359,877)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.76%	28.18%	-4.58%	-14%
4	DISCHARGES	422	573	151	36%
5	CASE MIX INDEX (CMI)	1.15367	1.05765	(0.09602)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	486.85050	606.03540	119.18490	24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,402.85	\$6,156.50	(\$2,246.35)	-27%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$556.41	\$3,818.21	\$3,261.81	586%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$1,328.82)	\$1,041.08	\$2,369.91	-178%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$646,939)	\$630,934	\$1,277,873	-198%
11	PATIENT DAYS	2,337	2,086	(251)	-11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,750.51	\$1,788.62	\$38.11	2%
13	AVERAGE LENGTH OF STAY	5.5	3.6	(1.9)	-34%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,820,998	\$18,039,158	\$5,218,160	41%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,667,663	\$3,089,932	\$1,422,269	85%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.01%	17.13%	4.12%	32%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	102.66%	136.26%	33.60%	33%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	498.50577	840.92656	342.42079	69%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,345.32	\$3,674.44	\$329.11	10%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,264.28	\$4,464.57	\$200.30	5%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,183.52	\$3,595.46	(\$588.06)	-14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,085,510	\$3,023,516	\$938,006	45%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$25,309,398	\$31,278,041	\$5,968,643	24%
24	TOTAL ACCRUED PAYMENTS	\$5,758,597	\$6,820,989	\$1,062,392	18%
25	TOTAL ALLOWANCES	\$19,550,801	\$24,457,052	\$4,906,251	25%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$114,189	\$266,274	\$152,085	133%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$73,230	\$63,719	(\$9,511)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	64.13%	23.93%	-40.20%	-63%
4	DISCHARGES	2	6	4	200%
5	CASE MIX INDEX (CMI)	0.68860	1.46730	0.77870	113%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1.37720	8.80380	7.42660	539%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$53,173.10	\$7,237.67	(\$45,935.43)	-86%
8	PATIENT DAYS	5	27	22	440%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$14,646.00	\$2,359.96	(\$12,286.04)	-84%
10	AVERAGE LENGTH OF STAY	2.5	4.5	2.0	80%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$164,648	\$377,926	\$213,278	130%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$44,816	\$162,577	\$117,761	263%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$278,837	\$644,200	\$365,363	131%
14	TOTAL ACCRUED PAYMENTS	\$118,046	\$226,296	\$108,250	92%
15	TOTAL ALLOWANCES	\$160,791	\$417,904	\$257,113	160%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$22,699,355	\$24,947,559	\$2,248,204	10%
2	TOTAL OPERATING EXPENSES	\$268,866,398	\$283,532,000	\$14,665,602	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,146,921	\$1,086,769	(\$60,152)	-5%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$18,262,127	\$21,129,180	\$2,867,053	16%
5	BAD DEBTS (CHARGES)	\$10,117,227	\$7,851,327	(\$2,265,900)	-22%
6	UNCOMPENSATED CARE (CHARGES)	\$28,379,354	\$28,980,507	\$601,153	2%
7	COST OF UNCOMPENSATED CARE	\$9,536,774	\$9,380,575	(\$156,199)	-2%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$25,309,398	\$31,278,041	\$5,968,643	24%
9	TOTAL ACCRUED PAYMENTS	\$5,758,597	\$6,820,989	\$1,062,392	18%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$8,505,127	\$10,124,253	\$1,619,127	19%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,746,530	\$3,303,264	\$556,735	20%

GREENWICH HOSPITAL					
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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$334,089,743	\$362,534,490	\$28,444,747	9%
2	TOTAL INPATIENT PAYMENTS	\$111,091,663	\$116,507,014	\$5,415,351	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	33.25%	32.14%	-1.12%	-3%
4	TOTAL DISCHARGES	12,731	12,931	200	2%
5	TOTAL CASE MIX INDEX	1.08996	1.07445	(0.01551)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	13,876,29990	13,893,74920	17,44930	0%
7	TOTAL OUTPATIENT CHARGES	\$438,960,026	\$467,346,952	\$28,386,926	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	131.39%	128.91%	-2.48%	-2%
9	TOTAL OUTPATIENT PAYMENTS	\$145,472,315	\$149,419,602	\$3,947,287	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.14%	31.97%	-1.17%	-4%
11	TOTAL CHARGES	\$773,049,769	\$829,881,442	\$56,831,673	7%
12	TOTAL PAYMENTS	\$256,563,978	\$265,926,616	\$9,362,638	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	33.19%	32.04%	-1.14%	-3%
14	PATIENT DAYS	51,700	50,149	(1,551)	-3%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$187,131,675	\$204,980,686	\$17,849,011	10%
2	INPATIENT PAYMENTS	\$53,018,689	\$54,958,450	\$1,939,761	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	28.33%	26.81%	-1.52%	-5%
4	DISCHARGES	5,164	5,633	469	9%
5	CASE MIX INDEX	1.43191	1.37108	(0.06084)	-4%
6	CASE MIX ADJUSTED DISCHARGES	7,394,40770	7,723,29020	328,88250	4%
7	OUTPATIENT CHARGES	\$136,537,760	\$143,104,166	\$6,566,406	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	72.96%	69.81%	-3.15%	-4%
9	OUTPATIENT PAYMENTS	\$26,975,720	\$27,178,589	\$202,869	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.76%	18.99%	-0.76%	-4%
11	TOTAL CHARGES	\$323,669,435	\$348,084,852	\$24,415,417	8%
12	TOTAL PAYMENTS	\$79,994,409	\$82,137,039	\$2,142,630	3%
13	TOTAL PAYMENTS / CHARGES	24.71%	23.60%	-1.12%	-5%
14	PATIENT DAYS	26,773	26,302	(471)	-2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$243,675,026	\$265,947,813	\$22,272,787	9%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.2	4.8	(0.4)	-7%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.3	(0.0)	-1%
3	UNINSURED	3.3	3.4	0.0	1%
4	MEDICAID	5.0	3.4	(1.7)	-33%
5	OTHER MEDICAL ASSISTANCE	5.9	4.0	(1.8)	-32%
6	CHAMPUS / TRICARE	2.5	4.5	2.0	80%
7	TOTAL AVERAGE LENGTH OF STAY	4.1	3.9	(0.2)	-5%

GREENWICH HOSPITAL					
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	\$773,049,769	\$829,881,442	\$56,831,673	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$243,675,026	\$265,947,813	\$22,272,787	9%
3	UNCOMPENSATED CARE	\$28,379,354	\$28,980,507	\$601,153	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$232,982,643	\$255,384,753	\$22,402,110	10%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,379,232	\$12,034,412	\$2,655,180	28%
6	TOTAL ADJUSTMENTS	\$514,416,255	\$562,347,485	\$47,931,230	9%
7	TOTAL ACCRUED PAYMENTS	\$258,633,514	\$267,533,957	\$8,900,443	3%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$1,146,921	\$1,086,769	(\$60,152)	-5%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$259,780,435	\$268,620,726	\$8,840,291	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3360461970	0.3236856645	(0.0123605326)	-4%
11	COST OF UNCOMPENSATED CARE	\$9,536,774	\$9,380,575	(\$156,199)	-2%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,746,530	\$3,303,264	\$556,735	20%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$12,283,304	\$12,683,839	\$400,535	3%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$1,068,693	\$1,966,862	\$898,168	84%
2	OTHER MEDICAL ASSISTANCE	\$540,261	\$1,115,288	\$575,028	106%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,320,667	\$4,250,354	(\$2,070,313)	-33%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,929,621	\$7,332,504	(\$597,117)	-8%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,281,313	\$18,106,348	\$3,825,035	26.78%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$5,382,101	\$3,232,038	(\$2,150,063)	-39.95%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$263,093,000	\$270,245,423	\$7,152,423	2.72%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$773,049,769	\$829,881,442	\$56,831,673	7.35%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$3,982,302	\$4,056,046	\$73,744	1.85%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$32,361,656	\$33,036,553	\$674,897	2.09%

GREENWICH HOSPITAL				
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)	\$146,958,068	\$157,553,804	\$10,595,736
2	MEDICARE	\$174,529,086	191,475,529	\$16,946,443
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,488,400	13,238,883	\$750,483
4	MEDICAID	\$3,611,108	5,974,353	\$2,363,245
5	OTHER MEDICAL ASSISTANCE	\$8,877,292	7,264,530	(\$1,612,762)
6	CHAMPUS / TRICARE	\$114,189	266,274	\$152,085
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,747,769	8,103,855	(\$1,643,914)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$187,131,675	\$204,980,686	\$17,849,011
	TOTAL INPATIENT CHARGES	\$334,089,743	\$362,534,490	\$28,444,747
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$302,422,266	\$324,242,786	\$21,820,520
2	MEDICARE	\$123,552,114	124,687,082	\$1,134,968
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,820,998	18,039,158	\$5,218,160
4	MEDICAID	\$8,005,734	11,023,229	\$3,017,495
5	OTHER MEDICAL ASSISTANCE	\$4,815,264	7,015,929	\$2,200,665
6	CHAMPUS / TRICARE	\$164,648	377,926	\$213,278
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$23,234,227	25,299,716	\$2,065,489
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$136,537,760	\$143,104,166	\$6,566,406
	TOTAL OUTPATIENT CHARGES	\$438,960,026	\$467,346,952	\$28,386,926
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$449,380,334	\$481,796,590	\$32,416,256
2	TOTAL MEDICARE	\$298,081,200	\$316,162,611	\$18,081,411
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,309,398	\$31,278,041	\$5,968,643
4	TOTAL MEDICAID	\$11,616,842	\$16,997,582	\$5,380,740
5	TOTAL OTHER MEDICAL ASSISTANCE	\$13,692,556	\$14,280,459	\$587,903
6	TOTAL CHAMPUS / TRICARE	\$278,837	\$644,200	\$365,363
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$32,981,996	\$33,403,571	\$421,575
	TOTAL GOVERNMENT CHARGES	\$323,669,435	\$348,084,852	\$24,415,417
	TOTAL CHARGES	\$773,049,769	\$829,881,442	\$56,831,673
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$58,072,974	\$61,548,564	\$3,475,590
2	MEDICARE	\$48,854,525	51,163,674	\$2,309,149
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,090,934	3,731,057	(\$359,877)
4	MEDICAID	\$1,493,693	2,076,453	\$582,760
5	OTHER MEDICAL ASSISTANCE	\$2,597,241	1,654,604	(\$942,637)
6	CHAMPUS / TRICARE	\$73,230	63,719	(\$9,511)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,360,302	1,073,055	(\$287,247)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$53,018,689	\$54,958,450	\$1,939,761
	TOTAL INPATIENT PAYMENTS	\$111,091,663	\$116,507,014	\$5,415,351
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$118,496,595	\$122,241,013	\$3,744,418
2	MEDICARE	\$25,263,241	23,926,080	(\$1,337,161)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,667,663	3,089,932	\$1,422,269
4	MEDICAID	\$1,618,599	2,419,393	\$800,794
5	OTHER MEDICAL ASSISTANCE	\$49,064	670,539	\$621,475
6	CHAMPUS / TRICARE	\$44,816	162,577	\$117,761
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,245,647	3,350,009	\$104,362
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$26,975,720	\$27,178,589	\$202,869
	TOTAL OUTPATIENT PAYMENTS	\$145,472,315	\$149,419,602	\$3,947,287
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$176,569,569	\$183,789,577	\$7,220,008
2	TOTAL MEDICARE	\$74,117,766	\$75,089,754	\$971,988
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,758,597	\$6,820,989	\$1,062,392
4	TOTAL MEDICAID	\$3,112,292	\$4,495,846	\$1,383,554
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,646,305	\$2,325,143	(\$321,162)
6	TOTAL CHAMPUS / TRICARE	\$118,046	\$226,296	\$108,250
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,605,949	\$4,423,064	(\$182,885)
	TOTAL GOVERNMENT PAYMENTS	\$79,994,409	\$82,137,039	\$2,142,630
	TOTAL PAYMENTS	\$256,563,978	\$265,926,616	\$9,362,638

GREENWICH HOSPITAL				
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)	19.01%	18.99%	-0.03%
2	MEDICARE	22.58%	23.07%	0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.62%	1.60%	-0.02%
4	MEDICAID	0.47%	0.72%	0.25%
5	OTHER MEDICAL ASSISTANCE	1.15%	0.88%	-0.27%
6	CHAMPUS / TRICARE	0.01%	0.03%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.26%	0.98%	-0.28%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	24.21%	24.70%	0.49%
	TOTAL INPATIENT PAYER MIX	43.22%	43.69%	0.47%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.12%	39.07%	-0.05%
2	MEDICARE	15.98%	15.02%	-0.96%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.66%	2.17%	0.52%
4	MEDICAID	1.04%	1.33%	0.29%
5	OTHER MEDICAL ASSISTANCE	0.62%	0.85%	0.22%
6	CHAMPUS / TRICARE	0.02%	0.05%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.01%	3.05%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	17.66%	17.24%	-0.42%
	TOTAL OUTPATIENT PAYER MIX	56.78%	56.31%	-0.47%
	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)	22.63%	23.14%	0.51%
2	MEDICARE	19.04%	19.24%	0.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.59%	1.40%	-0.19%
4	MEDICAID	0.58%	0.78%	0.20%
5	OTHER MEDICAL ASSISTANCE	1.01%	0.62%	-0.39%
6	CHAMPUS / TRICARE	0.03%	0.02%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.53%	0.40%	-0.13%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	20.66%	20.67%	0.00%
	TOTAL INPATIENT PAYER MIX	43.30%	43.81%	0.51%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.19%	45.97%	-0.22%
2	MEDICARE	9.85%	9.00%	-0.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.65%	1.16%	0.51%
4	MEDICAID	0.63%	0.91%	0.28%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.25%	0.23%
6	CHAMPUS / TRICARE	0.02%	0.06%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.27%	1.26%	-0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	10.51%	10.22%	-0.29%
	TOTAL OUTPATIENT PAYER MIX	56.70%	56.19%	-0.51%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

GREENWICH HOSPITAL				
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)	7,567	7,298	(269)
2	MEDICARE	4,740	5,054	314
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	422	573	151
4	MEDICAID	161	327	166
5	OTHER MEDICAL ASSISTANCE	261	246	(15)
6	CHAMPUS / TRICARE	2	6	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	448	296	(152)
	TOTAL GOVERNMENT DISCHARGES	5,164	5,633	469
	TOTAL DISCHARGES	12,731	12,931	200
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24,927	23,847	(1,080)
2	MEDICARE	24,431	24,189	(242)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,337	2,086	(251)
4	MEDICAID	808	1,099	291
5	OTHER MEDICAL ASSISTANCE	1,529	987	(542)
6	CHAMPUS / TRICARE	5	27	22
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,495	1,000	(495)
	TOTAL GOVERNMENT PATIENT DAYS	26,773	26,302	(471)
	TOTAL PATIENT DAYS	51,700	50,149	(1,551)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.3	(0.0)
2	MEDICARE	5.2	4.8	(0.4)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.5	3.6	(1.9)
4	MEDICAID	5.0	3.4	(1.7)
5	OTHER MEDICAL ASSISTANCE	5.9	4.0	(1.8)
6	CHAMPUS / TRICARE	2.5	4.5	2.0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.3	3.4	0.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.2	4.7	(0.5)
	TOTAL AVERAGE LENGTH OF STAY	4.1	3.9	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.85660	0.84550	(0.01110)
2	MEDICARE	1.45700	1.40650	(0.05050)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.15367	1.05765	(0.09602)
4	MEDICAID	1.16190	1.12540	(0.03650)
5	OTHER MEDICAL ASSISTANCE	1.14860	0.96760	(0.18100)
6	CHAMPUS / TRICARE	0.68860	1.46730	0.77870
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.91100	0.91780	0.00680
	TOTAL GOVERNMENT CASE MIX INDEX	1.43191	1.37108	(0.06084)
	TOTAL CASE MIX INDEX	1.08996	1.07445	(0.01551)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$402,395,862	\$430,930,871	\$28,535,009
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$169,413,219	\$175,546,118	\$6,132,899
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$232,982,643	\$255,384,753	\$22,402,110
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.90%	59.26%	1.36%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,281,313	\$18,106,348	\$3,825,035
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,379,232	\$12,034,412	\$2,655,180
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$1,146,921	\$1,086,769	(\$60,152)
8	CHARITY CARE	\$18,262,127	\$21,129,180	\$2,867,053
9	BAD DEBTS	\$10,117,227	\$7,851,327	(\$2,265,900)
10	TOTAL UNCOMPENSATED CARE	\$28,379,354	\$28,980,507	\$601,153
11	TOTAL OTHER OPERATING REVENUE	\$402,395,862	\$430,930,871	\$28,535,009
12	TOTAL OPERATING EXPENSES	\$268,866,398	\$283,532,000	\$14,665,602

GREENWICH HOSPITAL				
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>

GREENWICH HOSPITAL				
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)	6,481.89220	6,170.45900	(311.43320)
2	MEDICARE	6,906.18000	7,108.45100	202.27100
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	486.85050	606.03540	119.18490
4	MEDICAID	187.06590	368.00580	180.93990
5	OTHER MEDICAL ASSISTANCE	299.78460	238.02960	(61.75500)
6	CHAMPUS / TRICARE	1.37720	8.80380	7.42660
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	408.12800	271.66880	(136.45920)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	7,394.40770	7,723.29020	328.88250
	TOTAL CASE MIX ADJUSTED DISCHARGES	13,876.29990	13,893.74920	17.44930
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15,571.98810	15,019.14770	-552.84041
2	MEDICARE	3,355.52677	3,291.11775	-64.40902
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	498.50577	840.92656	342.42079
4	MEDICAID	356.93288	603.34498	246.41210
5	OTHER MEDICAL ASSISTANCE	141.57289	237.58158	96.00869
6	CHAMPUS / TRICARE	2.88378	8.51587	5.63209
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,067.82728	924.09303	-143.73425
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	3,856.91632	4,140.56019	283.64386
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	19,428.90443	19,159.70788	-269.19654
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,959.26	\$9,974.71	\$1,015.45
2	MEDICARE	\$7,074.03	\$7,197.58	\$123.55
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,402.85	\$6,156.50	(\$2,246.35)
4	MEDICAID	\$7,984.85	\$5,642.45	(\$2,342.40)
5	OTHER MEDICAL ASSISTANCE	\$8,663.69	\$6,951.25	(\$1,712.44)
6	CHAMPUS / TRICARE	\$53,173.10	\$7,237.67	(\$45,935.43)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,333.03	\$3,949.86	\$616.84
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,170.11	\$7,115.94	(\$54.17)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,005.86	\$8,385.57	\$379.71
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,609.60	\$8,139.01	\$529.41
2	MEDICARE	\$7,528.85	\$7,269.89	(\$258.95)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,345.32	\$3,674.44	\$329.11
4	MEDICAID	\$4,534.74	\$4,009.97	(\$524.78)
5	OTHER MEDICAL ASSISTANCE	\$346.56	\$2,822.35	\$2,475.79
6	CHAMPUS / TRICARE	\$15,540.71	\$19,091.05	\$3,550.34
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,039.49	\$3,625.19	\$585.70
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,994.12	\$6,563.99	(\$430.13)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,487.42	\$7,798.64	\$311.22

GREENWICH HOSPITAL				
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	\$1,068,693	\$1,966,862	\$898,168
2	OTHER MEDICAL ASSISTANCE	\$540,261	\$1,115,288	\$575,028
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,320,667	\$4,250,354	(\$2,070,313)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,929,621	\$7,332,504	(\$597,117)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$773,049,769	\$829,881,442	\$56,831,673
2	TOTAL GOVERNMENT DEDUCTIONS	\$243,675,026	\$265,947,813	\$22,272,787
3	UNCOMPENSATED CARE	\$28,379,354	\$28,980,507	\$601,153
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$232,982,643	\$255,384,753	\$22,402,110
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,379,232	\$12,034,412	\$2,655,180
6	TOTAL ADJUSTMENTS	\$514,416,255	\$562,347,485	\$47,931,230
7	TOTAL ACCRUED PAYMENTS	\$258,633,514	\$267,533,957	\$8,900,443
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,146,921	\$1,086,769	(\$60,152)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$259,780,435	\$268,620,726	\$8,840,291
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3360461970	0.3236856645	(0.0123605326)
11	COST OF UNCOMPENSATED CARE	\$9,536,774	\$9,380,575	(\$156,199)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,746,530	\$3,303,264	\$556,735
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$12,283,304	\$12,683,839	\$400,535
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.52%	39.07%	-0.45%
2	MEDICARE	27.99%	26.72%	-1.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.76%	28.18%	-4.58%
4	MEDICAID	41.36%	34.76%	-6.61%
5	OTHER MEDICAL ASSISTANCE	29.26%	22.78%	-6.48%
6	CHAMPUS / TRICARE	64.13%	23.93%	-40.20%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13.96%	13.24%	-0.71%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	28.33%	26.81%	-1.52%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.25%	32.14%	-1.12%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.18%	37.70%	-1.48%
2	MEDICARE	20.45%	19.19%	-1.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.01%	17.13%	4.12%
4	MEDICAID	20.22%	21.95%	1.73%
5	OTHER MEDICAL ASSISTANCE	1.02%	9.56%	8.54%
6	CHAMPUS / TRICARE	27.22%	43.02%	15.80%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13.97%	13.24%	-0.73%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	19.76%	18.99%	-0.76%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	33.14%	31.97%	-1.17%

GREENWICH HOSPITAL				
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	\$256,563,978	\$265,926,616	\$9,362,638
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,146,921	\$1,086,769	(\$60,152)
	OHCA DEFINED NET REVENUE	\$257,710,899	\$267,013,385	\$9,302,486
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$5,382,101	\$3,232,038	(\$2,150,063)
4	CALCULATED NET REVENUE	\$278,112,308	\$270,245,423	(\$7,866,885)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$263,093,000	\$270,245,423	\$7,152,423
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$15,019,308	\$0	(\$15,019,308)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$773,049,769	\$829,881,442	\$56,831,673
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$773,049,769	\$829,881,442	\$56,831,673
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$773,049,769	\$829,881,442	\$56,831,673
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,379,354	\$28,980,507	\$601,153
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$3,982,302	\$4,056,046	\$73,744
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$32,361,656	\$33,036,553	\$674,897
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$32,361,656	\$33,036,553	\$674,897
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

GREENWICH HOSPITAL		
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)	\$157,553,804
2	MEDICARE	191,475,529
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,238,883
4	MEDICAID	5,974,353
5	OTHER MEDICAL ASSISTANCE	7,264,530
6	CHAMPUS / TRICARE	266,274
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,103,855
	TOTAL INPATIENT GOVERNMENT CHARGES	\$204,980,686
	TOTAL INPATIENT CHARGES	\$362,534,490
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$324,242,786
2	MEDICARE	124,687,082
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,039,158
4	MEDICAID	11,023,229
5	OTHER MEDICAL ASSISTANCE	7,015,929
6	CHAMPUS / TRICARE	377,926
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25,299,716
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$143,104,166
	TOTAL OUTPATIENT CHARGES	\$467,346,952
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$481,796,590
2	TOTAL GOVERNMENT ACCRUED CHARGES	348,084,852
	TOTAL ACCRUED CHARGES	\$829,881,442
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,548,564
2	MEDICARE	51,163,674
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,731,057
4	MEDICAID	2,076,453
5	OTHER MEDICAL ASSISTANCE	1,654,604
6	CHAMPUS / TRICARE	63,719
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,073,055
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$54,958,450
	TOTAL INPATIENT PAYMENTS	\$116,507,014
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$122,241,013
2	MEDICARE	23,926,080
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,089,932
4	MEDICAID	2,419,393
5	OTHER MEDICAL ASSISTANCE	670,539
6	CHAMPUS / TRICARE	162,577
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,350,009
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$27,178,589
	TOTAL OUTPATIENT PAYMENTS	\$149,419,602
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$183,789,577
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	82,137,039
	TOTAL ACCRUED PAYMENTS	\$265,926,616

GREENWICH HOSPITAL 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)	7,298
2	MEDICARE	5,054
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	573
4	MEDICAID	327
5	OTHER MEDICAL ASSISTANCE	246
6	CHAMPUS / TRICARE	6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	296
	TOTAL GOVERNMENT DISCHARGES	5,633
	TOTAL DISCHARGES	12,931
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.84550
2	MEDICARE	1.40650
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05765
4	MEDICAID	1.12540
5	OTHER MEDICAL ASSISTANCE	0.96760
6	CHAMPUS / TRICARE	1.46730
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.91780
	TOTAL GOVERNMENT CASE MIX INDEX	1.37108
	TOTAL CASE MIX INDEX	1.07445
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$430,930,871
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$175,546,118
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$255,384,753
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.26%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,106,348
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,034,412
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,086,769
8	CHARITY CARE	\$21,129,180
9	BAD DEBTS	\$7,851,327
10	TOTAL UNCOMPENSATED CARE	\$28,980,507
11	TOTAL OTHER OPERATING REVENUE	\$24,947,559
12	TOTAL OPERATING EXPENSES	\$283,532,000

GREENWICH HOSPITAL 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	\$265,926,616
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,086,769
	OHCA DEFINED NET REVENUE	\$267,013,385
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,232,038
	CALCULATED NET REVENUE	\$270,245,423
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$270,245,423
	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	\$829,881,442
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$829,881,442
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$829,881,442
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,980,507
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$4,056,046
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$33,036,553
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$33,036,553
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GREENWICH HOSPITAL					
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	3,026	3,635	609	20%
2	Number of Approved Applicants	2,542	3,414	872	34%
3	Total Charges (A)	\$18,262,127	\$21,129,180	\$2,867,053	16%
4	Average Charges	\$7,184	\$6,189	(\$995)	-14%
5	Ratio of Cost to Charges (RCC)	0.366313	0.337878	(0.028435)	-8%
6	Total Cost	\$6,689,655	\$7,139,085	\$449,431	7%
7	Average Cost	\$2,632	\$2,091	(\$541)	-21%
8	Charity Care - Inpatient Charges	\$5,856,627	\$6,441,909	\$585,282	10%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	7,158,100	9,404,286	2,246,186	31%
10	Charity Care - Emergency Department Charges	5,247,400	5,282,985	35,585	1%
11	Total Charges (A)	\$18,262,127	\$21,129,180	\$2,867,053	16%
12	Charity Care - Number of Patient Days	2,144	3,040	896	42%
13	Charity Care - Number of Discharges	574	557	(17)	-3%
14	Charity Care - Number of Outpatient ED Visits	2,486	2,906	420	17%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	13,112	14,928	1,816	14%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$8,188,972	\$6,359,575	(\$1,829,397)	-22%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	694,172	549,593	(144,579)	-21%
3	Bad Debts - Emergency Department	1,234,083	942,159	(291,924)	-24%
4	Total Bad Debts (A)	\$10,117,227	\$7,851,327	(\$2,265,900)	-22%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$18,262,127	\$21,129,180	\$2,867,053	16%
2	Bad Debts (A)	10,117,227	7,851,327	(2,265,900)	-22%
3	Total Uncompensated Care (A)	\$28,379,354	\$28,980,507	\$601,153	2%
4	Uncompensated Care - Inpatient Services	\$14,045,599	\$12,801,484	(\$1,244,115)	-9%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	7,852,272	9,953,879	2,101,607	27%
6	Uncompensated Care - Emergency Department	6,481,483	6,225,144	(256,339)	-4%
7	Total Uncompensated Care (A)	\$28,379,354	\$28,980,507	\$601,153	2%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

GREENWICH HOSPITAL				
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	\$279,991,862	\$334,089,743	\$362,534,490
2	Outpatient Gross Revenue	\$360,919,610	\$438,960,026	\$467,346,952
3	Total Gross Patient Revenue	\$640,911,472	\$773,049,769	\$829,881,442
4	Net Patient Revenue	\$241,849,000	\$263,093,000	\$269,158,231
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$248,255,000	\$278,268,000	\$283,532,000
C. <u>Utilization Statistics</u>				
1	Patient Days	48,835	51,700	50,149
2	Discharges	12,779	12,731	12,931
3	Average Length of Stay	3.8	4.1	3.9
4	Equivalent (Adjusted) Patient Days (EPD)	111,785	119,629	114,797
0	Equivalent (Adjusted) Discharges (ED)	29,252	29,458	29,600
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.02508	1.08996	1.07445
2	Case Mix Adjusted Patient Days (CMAPD)	50,060	56,351	53,883
3	Case Mix Adjusted Discharges (CMAD)	13,100	13,876	13,894
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	114,589	130,391	123,344
5	Case Mix Adjusted Equivalent Discharges (CMAED)	29,985	32,108	31,804
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$13,124	\$14,953	\$16,548
2	Total Gross Revenue per Discharge	\$50,153	\$60,722	\$64,178
3	Total Gross Revenue per EPD	\$5,733	\$6,462	\$7,229
4	Total Gross Revenue per ED	\$21,910	\$26,242	\$28,036
5	Total Gross Revenue per CMAEPD	\$5,593	\$5,929	\$6,728
6	Total Gross Revenue per CMAED	\$21,374	\$24,076	\$26,093
7	Inpatient Gross Revenue per EPD	\$2,505	\$2,793	\$3,158
8	Inpatient Gross Revenue per ED	\$9,572	\$11,341	\$12,248

GREENWICH HOSPITAL				
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.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$4,952	\$5,089	\$5,367
2	Net Patient Revenue per Discharge	\$18,926	\$20,666	\$20,815
3	Net Patient Revenue per EPD	\$2,164	\$2,199	\$2,345
4	Net Patient Revenue per ED	\$8,268	\$8,931	\$9,093
5	Net Patient Revenue per CMAEPD	\$2,111	\$2,018	\$2,182
6	Net Patient Revenue per CMAED	\$8,066	\$8,194	\$8,463
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$5,084	\$5,382	\$5,654
2	Total Operating Expense per Discharge	\$19,427	\$21,858	\$21,927
3	Total Operating Expense per EPD	\$2,221	\$2,326	\$2,470
4	Total Operating Expense per ED	\$8,487	\$9,446	\$9,579
5	Total Operating Expense per CMAEPD	\$2,166	\$2,134	\$2,299
6	Total Operating Expense per CMAED	\$8,279	\$8,667	\$8,915
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$33,828,948	\$34,451,485	\$34,682,247
2	Nursing Fringe Benefits Expense	\$7,287,900	\$8,613,360	\$9,364,207
3	Total Nursing Salary and Fringe Benefits Expense	\$41,116,848	\$43,064,845	\$44,046,454
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$12,900,395	\$14,575,885	\$16,001,525
2	Physician Fringe Benefits Expense	\$2,915,160	\$3,691,440	\$4,320,412
3	Total Physician Salary and Fringe Benefits Expense	\$15,815,555	\$18,267,325	\$20,321,937
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$65,041,657	\$74,323,630	\$71,813,474
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$14,089,940	\$18,457,200	\$20,460,705
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$79,131,597	\$92,780,830	\$92,274,179
K.	<u>Total Salary and Fringe Benefits Expense</u>			
1	Total Salary Expense	\$111,771,000	\$123,351,000	\$122,497,246
2	Total Fringe Benefits Expense	\$24,293,000	\$30,762,000	\$34,145,324
3	Total Salary and Fringe Benefits Expense	\$136,064,000	\$154,113,000	\$156,642,570

GREENWICH HOSPITAL				
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	383.4	418.5	338.2
2	Total Physician FTEs	70.2	65.4	60.1
3	Total Non-Nursing, Non-Physician FTEs	1109.7	1112.0	1041.8
4	Total Full Time Equivalent Employees (FTEs)	1,563.3	1,595.9	1,440.1
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$88,234	\$82,321	\$102,550
2	Nursing Fringe Benefits Expense per FTE	\$19,009	\$20,582	\$27,688
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$107,243	\$102,903	\$130,238
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$183,766	\$222,873	\$266,248
2	Physician Fringe Benefits Expense per FTE	\$41,526	\$56,444	\$71,887
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$225,293	\$279,317	\$338,135
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$58,612	\$66,838	\$68,932
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$12,697	\$16,598	\$19,640
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$71,309	\$83,436	\$88,572
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$71,497	\$77,292	\$85,062
2	Total Fringe Benefits Expense per FTE	\$15,540	\$19,276	\$23,710
3	Total Salary and Fringe Benefits Expense per FTE	\$87,036	\$96,568	\$108,772
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,786	\$2,981	\$3,124
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,647	\$12,105	\$12,114
3	Total Salary and Fringe Benefits Expense per EPD	\$1,217	\$1,288	\$1,365
4	Total Salary and Fringe Benefits Expense per ED	\$4,652	\$5,232	\$5,292
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,187	\$1,182	\$1,270
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,538	\$4,800	\$4,925