

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(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>
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$8,080,207	\$10,660,990	\$2,580,783	32%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$25,254,121	\$24,557,822	(\$696,299)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,664,970	\$794,015	(\$870,955)	-52%
5	Due From Affiliates	\$17,493,383	\$6,841,862	(\$10,651,521)	-61%
6	Due From Third Party Payers	\$879,184	\$514,722	(\$364,462)	-41%
7	Inventories of Supplies	\$1,989,456	\$2,215,756	\$226,300	11%
8	Prepaid Expenses	\$309,622	\$486,845	\$177,223	57%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$55,670,943</b>	<b>\$46,072,012</b>	<b>(\$9,598,931)</b>	<b>-17%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$3,347,229	\$3,263,355	(\$83,874)	-3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$13,767,768	\$15,244,628	\$1,476,860	11%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$17,114,997</b>	<b>\$18,507,983</b>	<b>\$1,392,986</b>	<b>8%</b>
5	Interest in Net Assets of Foundation	\$4,505,972	\$3,828,998	(\$676,974)	-15%
6	Long Term Investments	\$9,904,833	\$9,432,687	(\$472,146)	-5%
7	Other Noncurrent Assets	\$3,431,925	\$18,193,532	\$14,761,607	430%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$177,615,287	\$178,340,623	\$725,336	0%
2	Less: Accumulated Depreciation	\$128,969,362	\$123,886,476	(\$5,082,886)	-4%
	<b>Property, Plant and Equipment, Net</b>	<b>\$48,645,925</b>	<b>\$54,454,147</b>	<b>\$5,808,222</b>	<b>12%</b>
3	Construction in Progress	\$3,673,111	\$119,015	(\$3,554,096)	-97%
	<b>Total Net Fixed Assets</b>	<b>\$52,319,036</b>	<b>\$54,573,162</b>	<b>\$2,254,126</b>	<b>4%</b>
	<b>Total Assets</b>	<b>\$142,947,706</b>	<b>\$150,608,374</b>	<b>\$7,660,668</b>	<b>5%</b>

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(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>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$19,721,539	\$14,869,497	(\$4,852,042)	-25%
2	Salaries, Wages and Payroll Taxes	\$2,452,218	\$2,565,701	\$113,483	5%
3	Due To Third Party Payers	\$1,618,701	\$251,398	(\$1,367,303)	-84%
4	Due To Affiliates	\$12,491,221	\$11,579,429	(\$911,792)	-7%
5	Current Portion of Long Term Debt	\$2,535,279	\$6,675,366	\$4,140,087	163%
6	Current Portion of Notes Payable	\$916,100	\$1,141,407	\$225,307	25%
7	Other Current Liabilities	\$1,038,999	\$2,456,430	\$1,417,431	136%
	<b>Total Current Liabilities</b>	<b>\$40,774,057</b>	<b>\$39,539,228</b>	<b>(\$1,234,829)</b>	<b>-3%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$35,975,948	\$45,344,796	\$9,368,848	26%
2	Notes Payable (Net of Current Portion)	\$5,486,489	\$3,885,906	(\$1,600,583)	-29%
	<b>Total Long Term Debt</b>	<b>\$41,462,437</b>	<b>\$49,230,702</b>	<b>\$7,768,265</b>	<b>19%</b>
3	Accrued Pension Liability	\$19,477,017	\$37,414,390	\$17,937,373	92%
4	Other Long Term Liabilities	\$2,594,299	\$2,496,187	(\$98,112)	-4%
	<b>Total Long Term Liabilities</b>	<b>\$63,533,753</b>	<b>\$89,141,279</b>	<b>\$25,607,526</b>	<b>40%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$28,644,838	\$12,898,050	(\$15,746,788)	-55%
2	Temporarily Restricted Net Assets	\$2,106,034	\$1,262,823	(\$843,211)	-40%
3	Permanently Restricted Net Assets	\$7,889,024	\$7,766,994	(\$122,030)	-2%
	<b>Total Net Assets</b>	<b>\$38,639,896</b>	<b>\$21,927,867</b>	<b>(\$16,712,029)</b>	<b>-43%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$142,947,706</b>	<b>\$150,608,374</b>	<b>\$7,660,668</b>	<b>5%</b>

MANCHESTER MEMORIAL 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
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$390,427,454	\$410,211,495	\$19,784,041	5%
2	Less: Allowances	\$229,754,179	\$241,527,903	\$11,773,724	5%
3	Less: Charity Care	\$1,886,079	\$1,418,730	(\$467,349)	-25%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$158,787,196</b>	<b>\$167,264,862</b>	<b>\$8,477,666</b>	<b>5%</b>
5	Other Operating Revenue	\$12,710,881	\$10,065,754	(\$2,645,127)	-21%
6	Net Assets Released from Restrictions	\$37,394	\$99,591	\$62,197	166%
	<b>Total Operating Revenue</b>	<b>\$171,535,471</b>	<b>\$177,430,207</b>	<b>\$5,894,736</b>	<b>3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$71,396,575	\$75,094,805	\$3,698,230	5%
2	Fringe Benefits	\$18,095,360	\$20,465,024	\$2,369,664	13%
3	Physicians Fees	\$4,754,993	\$5,270,206	\$515,213	11%
4	Supplies and Drugs	\$27,030,487	\$23,226,356	(\$3,804,131)	-14%
5	Depreciation and Amortization	\$8,658,482	\$8,204,355	(\$454,127)	-5%
6	Bad Debts	\$6,287,004	\$7,895,004	\$1,608,000	26%
7	Interest	\$2,075,799	\$2,265,597	\$189,798	9%
8	Malpractice	\$1,782,559	\$2,844,702	\$1,062,143	60%
9	Other Operating Expenses	\$21,844,234	\$24,751,135	\$2,906,901	13%
	<b>Total Operating Expenses</b>	<b>\$161,925,493</b>	<b>\$170,017,184</b>	<b>\$8,091,691</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$9,609,978</b>	<b>\$7,413,023</b>	<b>(\$2,196,955)</b>	<b>-23%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$87,293	(\$244,171)	(\$331,464)	-380%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$773,934)	(\$1,223,282)	(\$449,348)	58%
	<b>Total Non-Operating Revenue</b>	<b>(\$686,641)</b>	<b>(\$1,467,453)</b>	<b>(\$780,812)</b>	<b>114%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$8,923,337</b>	<b>\$5,945,570</b>	<b>(\$2,977,767)</b>	<b>-33%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$8,923,337</b>	<b>\$5,945,570</b>	<b>(\$2,977,767)</b>	<b>-33%</b>
	Principal Payments	\$0	\$3,489,341	\$3,489,341	0%

**MANCHESTER MEMORIAL 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
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$72,251,902	\$80,191,429	\$7,939,527	11%
2	MEDICARE MANAGED CARE	\$9,810,952	\$13,068,480	\$3,257,528	33%
3	MEDICAID	\$8,028,490	\$8,101,959	\$73,469	1%
4	MEDICAID MANAGED CARE	\$6,051,659	\$6,258,282	\$206,623	3%
5	CHAMPUS/TRICARE	\$168,236	\$324,656	\$156,420	93%
6	COMMERCIAL INSURANCE	\$2,781,561	\$2,846,300	\$64,739	2%
7	NON-GOVERNMENT MANAGED CARE	\$42,517,031	\$40,121,907	(\$2,395,124)	-6%
8	WORKER'S COMPENSATION	\$418,638	\$482,184	\$63,546	15%
9	SELF- PAY/UNINSURED	\$2,087,042	\$3,370,281	\$1,283,239	61%
10	SAGA	\$5,115,833	\$4,671,749	(\$444,084)	-9%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$149,231,344</b>	<b>\$159,437,227</b>	<b>\$10,205,883</b>	<b>7%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$71,843,703	\$72,154,378	\$310,675	0%
2	MEDICARE MANAGED CARE	\$10,457,408	\$14,147,086	\$3,689,678	35%
3	MEDICAID	\$7,455,611	\$7,738,318	\$282,707	4%
4	MEDICAID MANAGED CARE	\$13,176,943	\$17,349,117	\$4,172,174	32%
5	CHAMPUS/TRICARE	\$540,733	\$708,701	\$167,968	31%
6	COMMERCIAL INSURANCE	\$6,235,028	\$5,935,347	(\$299,681)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$115,689,719	\$113,060,107	(\$2,629,612)	-2%
8	WORKER'S COMPENSATION	\$3,834,351	\$3,929,495	\$95,144	2%
9	SELF- PAY/UNINSURED	\$6,233,836	\$9,119,384	\$2,885,548	46%
10	SAGA	\$5,728,779	\$6,632,336	\$903,557	16%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$241,196,111</b>	<b>\$250,774,269</b>	<b>\$9,578,158</b>	<b>4%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$144,095,605	\$152,345,807	\$8,250,202	6%
2	MEDICARE MANAGED CARE	\$20,268,360	\$27,215,566	\$6,947,206	34%
3	MEDICAID	\$15,484,101	\$15,840,277	\$356,176	2%
4	MEDICAID MANAGED CARE	\$19,228,602	\$23,607,399	\$4,378,797	23%
5	CHAMPUS/TRICARE	\$708,969	\$1,033,357	\$324,388	46%
6	COMMERCIAL INSURANCE	\$9,016,589	\$8,781,647	(\$234,942)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$158,206,750	\$153,182,014	(\$5,024,736)	-3%
8	WORKER'S COMPENSATION	\$4,252,989	\$4,411,679	\$158,690	4%
9	SELF- PAY/UNINSURED	\$8,320,878	\$12,489,665	\$4,168,787	50%
10	SAGA	\$10,844,612	\$11,304,085	\$459,473	4%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$390,427,455</b>	<b>\$410,211,496</b>	<b>\$19,784,041</b>	<b>5%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$27,769,704	\$30,629,118	\$2,859,414	10%
2	MEDICARE MANAGED CARE	\$3,725,298	\$5,191,461	\$1,466,163	39%
3	MEDICAID	\$2,548,294	\$2,693,714	\$145,420	6%
4	MEDICAID MANAGED CARE	\$1,909,561	\$2,502,733	\$593,172	31%
5	CHAMPUS/TRICARE	\$59,406	\$241,067	\$181,661	306%
6	COMMERCIAL INSURANCE	\$1,808,988	\$2,455,760	\$646,772	36%
7	NON-GOVERNMENT MANAGED CARE	\$20,469,937	\$20,551,409	\$81,472	0%
8	WORKER'S COMPENSATION	\$327,819	\$402,183	\$74,364	23%
9	SELF- PAY/UNINSURED	\$644,269	\$954,118	\$309,849	48%
10	SAGA	\$1,048,266	\$1,864,596	\$816,330	78%
11	OTHER	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL  
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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
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$60,311,542</b>	<b>\$67,486,159</b>	<b>\$7,174,617</b>	<b>12%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$19,654,146	\$20,795,825	\$1,141,679	6%
2	MEDICARE MANAGED CARE	\$2,951,872	\$4,009,742	\$1,057,870	36%
3	MEDICAID	\$1,884,714	\$1,781,681	(\$103,033)	-5%
4	MEDICAID MANAGED CARE	\$3,892,403	\$4,973,325	\$1,080,922	28%
5	CHAMPUS/TRICARE	\$385,922	\$502,174	\$116,252	30%
6	COMMERCIAL INSURANCE	\$5,378,962	\$5,000,804	(\$378,158)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$52,714,680	\$48,912,931	(\$3,801,749)	-7%
8	WORKER'S COMPENSATION	\$1,382,595	\$1,228,672	(\$153,923)	-11%
9	SELF- PAY/UNINSURED	\$1,759,465	\$2,501,320	\$741,855	42%
10	SAGA	\$1,357,452	\$1,490,369	\$132,917	10%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$91,362,211</b>	<b>\$91,196,843</b>	<b>(\$165,368)</b>	<b>0%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$47,423,850	\$51,424,943	\$4,001,093	8%
2	MEDICARE MANAGED CARE	\$6,677,170	\$9,201,203	\$2,524,033	38%
3	MEDICAID	\$4,433,008	\$4,475,395	\$42,387	1%
4	MEDICAID MANAGED CARE	\$5,801,964	\$7,476,058	\$1,674,094	29%
5	CHAMPUS/TRICARE	\$445,328	\$743,241	\$297,913	67%
6	COMMERCIAL INSURANCE	\$7,187,950	\$7,456,564	\$268,614	4%
7	NON-GOVERNMENT MANAGED CARE	\$73,184,617	\$69,464,340	(\$3,720,277)	-5%
8	WORKER'S COMPENSATION	\$1,710,414	\$1,630,855	(\$79,559)	-5%
9	SELF- PAY/UNINSURED	\$2,403,734	\$3,455,438	\$1,051,704	44%
10	SAGA	\$2,405,718	\$3,354,965	\$949,247	39%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$151,673,753</b>	<b>\$158,683,002</b>	<b>\$7,009,249</b>	<b>5%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	3,158	3,255	97	3%
2	MEDICARE MANAGED CARE	497	515	18	4%
3	MEDICAID	422	432	10	2%
4	MEDICAID MANAGED CARE	723	734	11	2%
5	CHAMPUS/TRICARE	14	19	5	36%
6	COMMERCIAL INSURANCE	203	267	64	32%
7	NON-GOVERNMENT MANAGED CARE	3,431	3,235	(196)	-6%
8	WORKER'S COMPENSATION	27	28	1	4%
9	SELF- PAY/UNINSURED	176	182	6	3%
10	SAGA	321	322	1	0%
11	OTHER	93	0	(93)	-100%
	<b>TOTAL DISCHARGES</b>	<b>9,065</b>	<b>8,989</b>	<b>(76)</b>	<b>-1%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	18,697	20,388	1,691	9%
2	MEDICARE MANAGED CARE	2,711	3,041	330	12%
3	MEDICAID	2,690	2,863	173	6%
4	MEDICAID MANAGED CARE	2,497	2,675	178	7%
5	CHAMPUS/TRICARE	46	91	45	98%
6	COMMERCIAL INSURANCE	1,264	1,315	51	4%
7	NON-GOVERNMENT MANAGED CARE	13,094	11,365	(1,729)	-13%
8	WORKER'S COMPENSATION	78	69	(9)	-12%
9	SELF- PAY/UNINSURED	900	839	(61)	-7%
10	SAGA	1,836	1,985	149	8%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>43,813</b>	<b>44,631</b>	<b>818</b>	<b>2%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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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
1	MEDICARE TRADITIONAL	90,527	83,907	(6,620)	-7%
2	MEDICARE MANAGED CARE	12,664	15,615	2,951	23%
3	MEDICAID	6,208	5,895	(313)	-5%
4	MEDICAID MANAGED CARE	14,826	15,852	1,026	7%
5	CHAMPUS/TRICARE	581	704	123	21%
6	COMMERCIAL INSURANCE	6,242	5,478	(764)	-12%
7	NON-GOVERNMENT MANAGED CARE	117,905	107,079	(10,826)	-9%
8	WORKER'S COMPENSATION	2,122	1,682	(440)	-21%
9	SELF- PAY/UNINSURED	7,032	6,129	(903)	-13%
10	SAGA	4,473	4,736	263	6%
11	OTHER	86	0	(86)	-100%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>262,666</b>	<b>247,077</b>	<b>(15,589)</b>	<b>-6%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$12,185,370	\$15,001,151	\$2,815,781	23%
2	MEDICARE MANAGED CARE	\$1,571,212	\$2,197,336	\$626,124	40%
3	MEDICAID	\$3,125,736	\$3,786,604	\$660,868	21%
4	MEDICAID MANAGED CARE	\$6,600,901	\$9,113,301	\$2,512,400	38%
5	CHAMPUS/TRICARE	\$204,311	\$273,841	\$69,530	34%
6	COMMERCIAL INSURANCE	\$2,072,695	\$2,168,394	\$95,699	5%
7	NON-GOVERNMENT MANAGED CARE	\$20,729,451	\$22,239,181	\$1,509,730	7%
8	WORKER'S COMPENSATION	\$1,344,048	\$1,197,952	(\$146,096)	-11%
9	SELF- PAY/UNINSURED	\$4,525,243	\$5,059,982	\$534,739	12%
10	SAGA	\$3,048,345	\$4,086,709	\$1,038,364	34%
11	OTHER	\$87,165	\$0	(\$87,165)	-100%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$55,494,477</b>	<b>\$65,124,451</b>	<b>\$9,629,974</b>	<b>17%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$3,365,258	\$3,852,532	\$487,274	14%
2	MEDICARE MANAGED CARE	\$452,748	\$631,113	\$178,365	39%
3	MEDICAID	\$701,512	\$766,899	\$65,387	9%
4	MEDICAID MANAGED CARE	\$1,762,347	\$2,325,751	\$563,404	32%
5	CHAMPUS/TRICARE	\$111,381	\$128,402	\$17,021	15%
6	COMMERCIAL INSURANCE	\$1,534,930	\$1,627,050	\$92,120	6%
7	NON-GOVERNMENT MANAGED CARE	\$12,540,708	\$13,521,205	\$980,497	8%
8	WORKER'S COMPENSATION	\$997,022	\$870,817	(\$126,205)	-13%
9	SELF- PAY/UNINSURED	\$2,938,833	\$2,887,586	(\$51,247)	-2%
10	SAGA	\$441,211	\$428,580	(\$12,631)	-3%
11	OTHER	\$24,090	\$0	(\$24,090)	-100%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$24,870,040</b>	<b>\$27,039,935</b>	<b>\$2,169,895</b>	<b>9%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	6,591	6,950	359	5%
2	MEDICARE MANAGED CARE	828	1,061	233	28%
3	MEDICAID	2,313	2,530	217	9%
4	MEDICAID MANAGED CARE	6,136	7,359	1,223	20%
5	CHAMPUS/TRICARE	167	205	38	23%
6	COMMERCIAL INSURANCE	1,228	1,240	12	1%
7	NON-GOVERNMENT MANAGED CARE	14,314	13,633	(681)	-5%
8	WORKER'S COMPENSATION	1,346	1,109	(237)	-18%
9	SELF- PAY/UNINSURED	3,673	3,702	29	1%
10	SAGA	2,369	2,724	355	15%
11	OTHER	31	0	(31)	-100%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>38,996</b>	<b>40,513</b>	<b>1,517</b>	<b>4%</b>

**MANCHESTER MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
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**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008 ACTUAL</b>	<b>FY 2009 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$23,070,252	\$25,078,004	\$2,007,752	9%
2	Physician Salaries	\$4,942,107	\$5,313,901	\$371,794	8%
3	Non-Nursing, Non-Physician Salaries	\$43,384,216	\$44,702,900	\$1,318,684	3%
	<b>Total Salaries &amp; Wages</b>	<b>\$71,396,575</b>	<b>\$75,094,805</b>	<b>\$3,698,230</b>	<b>5%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$5,847,122	\$6,834,320	\$987,198	17%
2	Physician Fringe Benefits	\$1,252,570	\$1,448,158	\$195,588	16%
3	Non-Nursing, Non-Physician Fringe Benefits	\$10,995,668	\$12,182,546	\$1,186,878	11%
	<b>Total Fringe Benefits</b>	<b>\$18,095,360</b>	<b>\$20,465,024</b>	<b>\$2,369,664</b>	<b>13%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$92,921	\$68,150	(\$24,771)	-27%
2	Physician Fees	\$4,754,993	\$5,270,206	\$515,213	11%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$4,847,914</b>	<b>\$5,338,356</b>	<b>\$490,442</b>	<b>10%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$21,284,692	\$18,564,450	(\$2,720,242)	-13%
2	Pharmaceutical Costs	\$5,745,795	\$4,661,906	(\$1,083,889)	-19%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$27,030,487</b>	<b>\$23,226,356</b>	<b>(\$3,804,131)</b>	<b>-14%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$4,562,166	\$4,137,965	(\$424,201)	-9%
2	Depreciation-Equipment	\$4,096,316	\$4,066,390	(\$29,926)	-1%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$8,658,482</b>	<b>\$8,204,355</b>	<b>(\$454,127)</b>	<b>-5%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$6,287,004	\$7,895,004	\$1,608,000	26%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$2,075,799	\$2,265,597	\$189,798	9%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$1,782,559	\$2,844,702	\$1,062,143	60%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$141,436	\$137,315	(\$4,121)	-3%
2	Natural Gas	\$347,375	\$881,652	\$534,277	154%
3	Oil	\$541,472	\$153,859	(\$387,613)	-72%
4	Electricity	\$1,390,209	\$1,494,390	\$104,181	7%
5	Telephone	\$500,244	\$460,844	(\$39,400)	-8%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$2,920,736</b>	<b>\$3,128,060</b>	<b>\$207,324</b>	<b>7%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$158,454	\$167,828	\$9,374	6%
2	Legal Fees	\$766,637	\$761,224	(\$5,413)	-1%
3	Consulting Fees	\$182,867	\$454,021	\$271,154	148%
4	Dues and Membership	\$305,492	\$289,015	(\$16,477)	-5%
5	Equipment Leases	\$349,789	\$374,821	\$25,032	7%
6	Building Leases	\$832,774	\$907,342	\$74,568	9%

**MANCHESTER MEMORIAL HOSPITAL  
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**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008 ACTUAL</b>	<b>FY 2009 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
7	Repairs and Maintenance	\$1,724,953	\$1,962,231	\$237,278	14%
8	Insurance	\$809,883	\$692,181	(\$117,702)	-15%
9	Travel	\$65,106	\$59,371	(\$5,735)	-9%
10	Conferences	\$11,355	\$3,750	(\$7,605)	-67%
11	Property Tax	\$55,403	\$20,128	(\$35,275)	-64%
12	General Supplies	\$395,958	\$379,521	(\$16,437)	-4%
13	Licenses and Subscriptions	\$304,513	\$291,200	(\$13,313)	-4%
14	Postage and Shipping	\$169,613	\$190,547	\$20,934	12%
15	Advertising	\$441,473	\$327,813	(\$113,660)	-26%
16	Other Business Expenses	\$12,256,307	\$14,673,932	\$2,417,625	20%
	<b>Total Business Expenses</b>	<b>\$18,830,577</b>	<b>\$21,554,925</b>	<b>\$2,724,348</b>	<b>14%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$161,925,493</b>	<b>\$170,017,184</b>	<b>\$8,091,691</b>	<b>5%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$4,273,303	\$4,390,397	\$117,094	3%
2	General Accounting	\$1,749,415	\$1,755,652	\$6,237	0%
3	Patient Billing & Collection	\$1,635,587	\$1,582,834	(\$52,753)	-3%
4	Admitting / Registration Office	\$1,380,017	\$1,574,292	\$194,275	14%
5	Data Processing	\$3,892,000	\$4,115,305	\$223,305	6%
6	Communications	\$1,031,506	\$1,840,261	\$808,755	78%
7	Personnel	\$13,610,111	\$15,167,415	\$1,557,304	11%
8	Public Relations	\$130,717	\$133,306	\$2,589	2%
9	Purchasing	\$1,542,264	\$1,492,924	(\$49,340)	-3%
10	Dietary and Cafeteria	\$3,372,715	\$3,300,303	(\$72,412)	-2%
11	Housekeeping	\$1,798,672	\$1,857,530	\$58,858	3%
12	Laundry & Linen	\$667,836	\$816,794	\$148,958	22%
13	Operation of Plant	\$2,439,121	\$2,701,969	\$262,848	11%
14	Security	\$891,543	\$807,962	(\$83,581)	-9%
15	Repairs and Maintenance	\$1,075,862	\$1,092,862	\$17,000	2%
16	Central Sterile Supply	\$913,602	\$936,102	\$22,500	2%
17	Pharmacy Department	\$7,259,646	\$7,058,063	(\$201,583)	-3%
18	Other General Services	\$31,509,175	\$34,223,659	\$2,714,484	9%
	<b>Total General Services</b>	<b>\$79,173,092</b>	<b>\$84,847,630</b>	<b>\$5,674,538</b>	<b>7%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$760,530	\$829,776	\$69,246	9%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,834,510	\$1,838,072	\$3,562	0%
4	Medical Records	\$1,720,060	\$1,775,338	\$55,278	3%
5	Social Service	\$407,571	\$372,657	(\$34,914)	-9%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$4,722,671</b>	<b>\$4,815,843</b>	<b>\$93,172</b>	<b>2%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$12,316,051	\$12,359,237	\$43,186	0%
2	Recovery Room	\$1,037,039	\$1,154,841	\$117,802	11%
3	Anesthesiology	\$832,685	\$720,211	(\$112,474)	-14%

**MANCHESTER MEMORIAL HOSPITAL  
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**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	Delivery Room	\$1,967,727	\$2,949,018	\$981,291	50%
5	Diagnostic Radiology	\$2,765,006	\$2,823,486	\$58,480	2%
6	Diagnostic Ultrasound	\$527,156	\$458,115	(\$69,041)	-13%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$766,759	\$695,830	(\$70,929)	-9%
9	CT Scan	\$893,784	\$898,048	\$4,264	0%
10	Laboratory	\$11,295,824	\$12,027,896	\$732,072	6%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,437,798	\$1,526,725	\$88,927	6%
13	Electrocardiology	\$259,654	\$252,466	(\$7,188)	-3%
14	Electroencephalography	\$50,289	\$53,066	\$2,777	6%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$48,641	\$49,168	\$527	1%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,967,717	\$4,140,756	\$173,039	4%
23	Renal Dialysis	\$146,261	\$202,035	\$55,774	38%
24	Emergency Room	\$8,328,859	\$8,702,117	\$373,258	4%
25	MRI	\$1,169,325	\$341,240	(\$828,085)	-71%
26	PET Scan	\$382,126	\$419,400	\$37,274	10%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$3,095,136	\$2,712,705	(\$382,431)	-12%
29	Sleep Center	\$1,153,411	\$1,086,901	(\$66,510)	-6%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,586,714	\$1,635,318	\$48,604	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$4,491,991	\$4,886,146	\$394,155	9%
	<b>Total Special Services</b>	<b>\$58,519,953</b>	<b>\$60,094,725</b>	<b>\$1,574,772</b>	<b>3%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$6,326,271	\$6,823,226	\$496,955	8%
2	Intensive Care Unit	\$5,149,204	\$5,949,785	\$800,581	16%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$3,572,306	\$3,760,980	\$188,674	5%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,967,726	\$1,266,868	(\$700,858)	-36%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,391,485	\$1,472,610	\$81,125	6%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,102,785	\$985,517	(\$117,268)	-11%
	<b>Total Routine Services</b>	<b>\$19,509,777</b>	<b>\$20,258,986</b>	<b>\$749,209</b>	<b>4%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$161,925,493</b>	<b>\$170,017,184</b>	<b>\$8,091,691</b>	<b>5%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
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<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$149,979,081	\$ 158,787,196	\$167,264,862
2	Other Operating Revenue	12,504,852	12,748,275	10,165,345
3	Total Operating Revenue	\$162,483,933	\$171,535,471	\$177,430,207
4	Total Operating Expenses	159,620,350	161,925,493	170,017,184
5	Income/(Loss) From Operations	\$2,863,583	\$9,609,978	\$7,413,023
6	Total Non-Operating Revenue	266,916	(686,641)	(1,467,453)
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,130,499	\$8,923,337	\$5,945,570
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	1.76%	5.62%	4.21%
2	Hospital Non Operating Margin	0.16%	-0.40%	-0.83%
3	Hospital Total Margin	1.92%	5.22%	3.38%
4	Income/(Loss) From Operations	\$2,863,583	\$9,609,978	\$7,413,023
5	Total Operating Revenue	\$162,483,933	\$171,535,471	\$177,430,207
6	Total Non-Operating Revenue	\$266,916	(\$686,641)	(\$1,467,453)
7	Total Revenue	\$162,750,849	\$170,848,830	\$175,962,754
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,130,499	\$8,923,337	\$5,945,570
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$25,263,048	\$28,644,838	\$12,898,050
2	Hospital Total Net Assets	\$35,762,930	\$38,639,896	\$21,927,867
3	Hospital Change in Total Net Assets	\$35,762,930	\$2,876,966	(\$16,712,029)
4	Hospital Change in Total Net Assets %	0.0%	8.0%	-43.3%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.43</b>	<b>0.39</b>	<b>0.40</b>
2	Total Operating Expenses	\$153,544,374	\$155,638,490	\$170,017,184
3	Total Gross Revenue	\$342,217,300	\$390,427,455	\$410,211,496
4	Total Other Operating Revenue	\$12,466,393	\$12,710,881	\$10,065,754
5	<b>Private Payment to Cost Ratio</b>	<b>1.19</b>	<b>1.24</b>	<b>1.17</b>
6	Total Non-Government Payments	\$80,656,170	\$84,486,715	\$82,007,197

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
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<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
7	Total Uninsured Payments	\$4,497,229	\$2,403,734	\$3,455,438
8	Total Non-Government Charges	\$159,786,021	\$179,797,206	\$178,865,005
9	Total Uninsured Charges	\$12,169,786	\$8,320,878	\$12,489,665
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.83</b>	<b>0.85</b>	<b>0.83</b>
11	Total Medicare Payments	\$52,703,688	\$54,101,020	\$60,626,146
12	Total Medicare Charges	\$147,407,577	\$164,363,965	\$179,561,373
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.67</b>	<b>0.76</b>	<b>0.75</b>
14	Total Medicaid Payments	\$8,048,059	\$10,234,972	\$11,951,453
15	Total Medicaid Charges	\$27,658,278	\$34,712,703	\$39,447,676
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$3,303,619</b>	<b>\$3,153,040</b>	<b>\$3,767,739</b>
17	Charity Care	\$1,555,301	\$1,880,071	\$1,418,730
18	Bad Debts	\$6,075,976	\$6,287,004	\$7,895,004
19	Total Uncompensated Care	\$7,631,277	\$8,167,075	\$9,313,734
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.2%</b>	<b>2.0%</b>	<b>2.2%</b>
21	Total Operating Expenses	\$153,544,374	\$155,638,490	\$170,017,184
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>0.85</b>	<b>1.37</b>	<b>1.17</b>
2	Total Current Assets	\$27,476,299	\$55,670,943	\$46,072,012
3	Total Current Liabilities	\$32,298,272	\$40,774,057	\$39,539,228
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>2</b>	<b>19</b>	<b>24</b>
5	Cash and Cash Equivalents	\$713,179	\$8,080,207	\$10,660,990
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$713,179	\$8,080,207	\$10,660,990
8	Total Operating Expenses	\$159,620,350	\$161,925,493	\$170,017,184
9	Depreciation Expense	\$7,628,791	\$8,658,482	\$8,204,355
10	Operating Expenses less Depreciation Expense	\$151,991,559	\$153,267,011	\$161,812,829
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>56.14</b>	<b>56.35</b>	<b>54.16</b>

MANCHESTER MEMORIAL 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	\$ 23,067,383	\$ 25,254,121	\$ 24,557,822
13	Due From Third Party Payers	\$0	\$879,184	\$514,722
14	Due To Third Party Payers	\$0	\$1,618,701	\$251,398
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 23,067,383	\$ 24,514,604	\$ 24,821,146
16	Total Net Patient Revenue	\$149,979,081	\$ 158,787,196	\$ 167,264,862
17	<b>Average Payment Period</b>	<b>77.56</b>	<b>97.10</b>	<b>89.19</b>
18	Total Current Liabilities	\$32,298,272	\$40,774,057	\$39,539,228
19	Total Operating Expenses	\$159,620,350	\$161,925,493	\$170,017,184
20	Depreciation Expense	\$7,628,791	\$8,658,482	\$8,204,355
21	Total Operating Expenses less Depreciation Expense	\$151,991,559	\$153,267,011	\$161,812,829
<b>F. Solvency Measures Summary</b>				
1	<b>Equity Financing Ratio</b>	<b>27.0</b>	<b>27.0</b>	<b>14.6</b>
2	Total Net Assets	\$35,762,930	\$38,639,896	\$21,927,867
3	Total Assets	\$132,409,977	\$142,947,706	\$150,608,374
4	<b>Cash Flow to Total Debt Ratio</b>	<b>14.7</b>	<b>21.4</b>	<b>15.9</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,130,499	\$8,923,337	\$5,945,570
6	Depreciation Expense	\$7,628,791	\$8,658,482	\$8,204,355
7	Excess of Revenues Over Expenses and Depreciation Expense	\$10,759,290	\$17,581,819	\$14,149,925
8	Total Current Liabilities	\$32,298,272	\$40,774,057	\$39,539,228
9	Total Long Term Debt	\$40,682,766	\$41,462,437	\$49,230,702
10	Total Current Liabilities and Total Long Term Debt	\$72,981,038	\$82,236,494	\$88,769,930
11	<b>Long Term Debt to Capitalization Ratio</b>	<b>53.2</b>	<b>51.8</b>	<b>69.2</b>
12	Total Long Term Debt	\$40,682,766	\$41,462,437	\$49,230,702
13	Total Net Assets	\$35,762,930	\$38,639,896	\$21,927,867
14	Total Long Term Debt and Total Net Assets	\$76,445,696	\$80,102,333	\$71,158,569
15	<b>Debt Service Coverage Ratio</b>	<b>5.9</b>	<b>9.5</b>	<b>2.9</b>
16	Excess Revenues over Expenses	\$3,130,499	\$8,923,337	\$5,945,570
17	Interest Expense	\$2,175,129	\$2,075,799	\$2,265,597
18	Depreciation and Amortization Expense	\$7,628,791	\$8,658,482	\$8,204,355

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
19	Principal Payments	\$0	\$0	\$3,489,341
<b>G. <u>Other Financial Ratios</u></b>				
20	<b><u>Average Age of Plant</u></b>	<b>16.0</b>	<b>14.9</b>	<b>15.1</b>
21	Accumulated Depreciation	\$122,012,902	\$128,969,362	\$123,886,476
22	Depreciation and Amortization Expense	\$7,628,791	\$8,658,482	\$8,204,355
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	44,817	43,813	44,631
2	Discharges	9,085	8,972	8,989
3	ALOS	4.9	4.9	5.0
4	Staffed Beds	140	140	140
5	Available Beds	-	-	283
6	Licensed Beds	283	283	283
6	Occupancy of Staffed Beds	87.7%	85.7%	87.3%
7	Occupancy of Available Beds	43.4%	42.4%	43.2%
8	Full Time Equivalent Employees	1,173.6	1,151.3	1,155.3
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	43.1%	43.9%	40.6%
2	Medicare Gross Revenue Payer Mix Percentage	43.1%	42.1%	43.8%
3	Medicaid Gross Revenue Payer Mix Percentage	8.1%	8.9%	9.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.0%	2.8%	2.8%
5	Uninsured Gross Revenue Payer Mix Percentage	3.6%	2.1%	3.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$147,616,235	\$171,476,328	\$166,375,340
9	Medicare Gross Revenue (Charges)	\$147,407,577	\$164,363,965	\$179,561,373
10	Medicaid Gross Revenue (Charges)	\$27,658,278	\$34,712,703	\$39,447,676
11	Other Medical Assistance Gross Revenue (Charges)	\$6,930,243	\$10,844,612	\$11,304,085
12	Uninsured Gross Revenue (Charges)	\$12,169,786	\$8,320,878	\$12,489,665
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$435,181	\$708,969	\$1,033,357
14	Total Gross Revenue (Charges)	\$342,217,300	\$390,427,455	\$410,211,496
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	53.1%	54.1%	49.5%

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
2	Medicare Net Revenue Payer Mix Percentage	36.8%	35.7%	38.2%
3	Medicaid Net Revenue Payer Mix Percentage	5.6%	6.7%	7.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.2%	1.6%	2.1%
5	Uninsured Net Revenue Payer Mix Percentage	3.1%	1.6%	2.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.3%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$76,158,941	\$82,082,981	\$78,551,759
9	Medicare Net Revenue (Payments)	\$52,703,688	\$54,101,020	\$60,626,146
10	Medicaid Net Revenue (Payments)	\$8,048,059	\$10,234,972	\$11,951,453
11	Other Medical Assistance Net Revenue (Payments)	\$1,668,177	\$2,405,718	\$3,354,965
12	Uninsured Net Revenue (Payments)	\$4,497,229	\$2,403,734	\$3,455,438
13	CHAMPUS / TRICARE Net Revenue Payments)	\$219,539	\$445,328	\$743,241
14	Total Net Revenue (Payments)	\$143,295,633	\$151,673,753	\$158,683,002
<b>K.</b>	<b><u>Discharges</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	3,962	3,837	3,712
2	Medicare	3,763	3,655	3,770
3	Medical Assistance	1,348	1,466	1,488
4	Medicaid	1,081	1,145	1,166
5	Other Medical Assistance	267	321	322
6	CHAMPUS / TRICARE	12	14	19
7	Uninsured (Included In Non-Government)	165	176	182
8	Total	9,085	8,972	8,989
<b>L.</b>	<b><u>Case Mix Index</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	0.953800	1.031920	1.032650
2	Medicare	1.380370	1.448360	1.530690
3	Medical Assistance	0.903062	0.968726	0.970106
4	Medicaid	0.892820	0.948840	0.943130
5	Other Medical Assistance	0.944530	1.039660	1.067790
6	CHAMPUS / TRICARE	0.998890	1.012990	1.313690
7	Uninsured (Included In Non-Government)	0.970810	0.930400	0.986630
8	Total Case Mix Index	1.123016	1.191213	1.231769
<b>M.</b>	<b><u>Emergency Department Visits</u></b>			
1	Emergency Room - Treated and Admitted	5,234	5,138	5,142
2	Emergency Room - Treated and Discharged	39,598	38,996	40,513
3	Total Emergency Room Visits	44,832	44,134	45,655

**MANCHESTER MEMORIAL 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
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$65,063	\$168,747	\$103,684	159%
2	Inpatient Payments	\$23,543	\$55,967	\$32,424	138%
3	Outpatient Charges	\$186,038	\$257,427	\$71,389	38%
4	Outpatient Payments	\$63,999	\$91,726	\$27,727	43%
5	Discharges	5	9	4	80%
6	Patient Days	12	35	23	192%
7	Outpatient Visits (Excludes ED Visits)	232	258	26	11%
8	Emergency Department Outpatient Visits	7	20	13	186%
9	Emergency Department Inpatient Admissions	3	7	4	133%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$251,101</b>	<b>\$426,174</b>	<b>\$175,073</b>	<b>70%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$87,542</b>	<b>\$147,693</b>	<b>\$60,151</b>	<b>69%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$86,158	\$86,158	0%
2	Inpatient Payments	\$0	\$54,304	\$54,304	0%
3	Outpatient Charges	\$0	\$59,799	\$59,799	0%
4	Outpatient Payments	\$0	\$14,347	\$14,347	0%
5	Discharges	0	3	3	0%
6	Patient Days	0	19	19	0%
7	Outpatient Visits (Excludes ED Visits)	0	116	116	0%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$145,957</b>	<b>\$145,957</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$68,651</b>	<b>\$68,651</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$345,772	\$1,843,242	\$1,497,470	433%
2	Inpatient Payments	\$154,849	\$720,298	\$565,449	365%
3	Outpatient Charges	\$460,526	\$2,967,345	\$2,506,819	544%
4	Outpatient Payments	\$122,676	\$810,406	\$687,730	561%
5	Discharges	9	82	73	811%
6	Patient Days	85	426	341	401%
7	Outpatient Visits (Excludes ED Visits)	416	3,099	2,683	645%
8	Emergency Department Outpatient Visits	27	130	103	381%
9	Emergency Department Inpatient Admissions	5	56	51	1020%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$806,298</b>	<b>\$4,810,587</b>	<b>\$4,004,289</b>	<b>497%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$277,525</b>	<b>\$1,530,704</b>	<b>\$1,253,179</b>	<b>452%</b>

**MANCHESTER MEMORIAL 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
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$6,916,893	\$8,450,502	\$1,533,609	22%
2	Inpatient Payments	\$2,540,229	\$3,279,601	\$739,372	29%
3	Outpatient Charges	\$7,319,605	\$7,273,257	(\$46,348)	-1%
4	Outpatient Payments	\$1,972,361	\$1,963,117	(\$9,244)	0%
5	Discharges	353	293	(60)	-17%
6	Patient Days	1,850	1,859	9	0%
7	Outpatient Visits (Excludes ED Visits)	8,082	7,231	(851)	-11%
8	Emergency Department Outpatient Visits	515	497	(18)	-3%
9	Emergency Department Inpatient Admissions	236	214	(22)	-9%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,236,498</b>	<b>\$15,723,759</b>	<b>\$1,487,261</b>	<b>10%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,512,590</b>	<b>\$5,242,718</b>	<b>\$730,128</b>	<b>16%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$1,120,143	\$1,000,569	(\$119,574)	-11%
2	Inpatient Payments	\$436,520	\$401,389	(\$35,131)	-8%
3	Outpatient Charges	\$775,161	\$1,186,762	\$411,601	53%
4	Outpatient Payments	\$224,796	\$329,754	\$104,958	47%
5	Discharges	59	48	(11)	-19%
6	Patient Days	352	288	(64)	-18%
7	Outpatient Visits (Excludes ED Visits)	754	1,155	401	53%
8	Emergency Department Outpatient Visits	144	174	30	21%
9	Emergency Department Inpatient Admissions	44	37	(7)	-16%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,895,304</b>	<b>\$2,187,331</b>	<b>\$292,027</b>	<b>15%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$661,316</b>	<b>\$731,143</b>	<b>\$69,827</b>	<b>11%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**MANCHESTER MEMORIAL 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
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$312,963	\$200,517	(\$112,446)	-36%
2	Inpatient Payments	\$130,254	\$106,141	(\$24,113)	-19%
3	Outpatient Charges	\$265,402	\$527,741	\$262,339	99%
4	Outpatient Payments	\$74,093	\$148,029	\$73,936	100%
5	Discharges	14	14	0	0%
6	Patient Days	97	66	(31)	-32%
7	Outpatient Visits (Excludes ED Visits)	247	501	254	103%
8	Emergency Department Outpatient Visits	42	97	55	131%
9	Emergency Department Inpatient Admissions	10	12	2	20%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$578,365</b>	<b>\$728,258</b>	<b>\$149,893</b>	<b>26%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$204,347</b>	<b>\$254,170</b>	<b>\$49,823</b>	<b>24%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$1,022,898	\$1,235,977	\$213,079	21%
2	Inpatient Payments	\$427,176	\$515,417	\$88,241	21%
3	Outpatient Charges	\$1,394,664	\$1,813,290	\$418,626	30%
4	Outpatient Payments	\$476,617	\$635,594	\$158,977	33%
5	Discharges	55	64	9	16%
6	Patient Days	312	323	11	4%
7	Outpatient Visits (Excludes ED Visits)	2,041	2,111	70	3%
8	Emergency Department Outpatient Visits	89	133	44	49%
9	Emergency Department Inpatient Admissions	40	53	13	33%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,417,562</b>	<b>\$3,049,267</b>	<b>\$631,705</b>	<b>26%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$903,793</b>	<b>\$1,151,011</b>	<b>\$247,218</b>	<b>27%</b>

**MANCHESTER MEMORIAL 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
<b>J. HUMANA</b>					
1	Inpatient Charges	\$27,220	\$82,768	\$55,548	204%
2	Inpatient Payments	\$12,727	\$58,344	\$45,617	358%
3	Outpatient Charges	\$56,012	\$61,465	\$5,453	10%
4	Outpatient Payments	\$17,330	\$16,769	(\$561)	-3%
5	Discharges	2	2	0	0%
6	Patient Days	3	25	22	733%
7	Outpatient Visits (Excludes ED Visits)	64	83	19	30%
8	Emergency Department Outpatient Visits	4	9	5	125%
9	Emergency Department Inpatient Admissions	2	1	(1)	-50%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$83,232</b>	<b>\$144,233</b>	<b>\$61,001</b>	<b>73%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$30,057</b>	<b>\$75,113</b>	<b>\$45,056</b>	<b>150%</b>
<b>K. SECURE HORIZONS</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**MANCHESTER MEMORIAL 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
<b>M. UNIVERSAL AMERICAN</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$9,810,952</b>	<b>\$13,068,480</b>	<b>\$3,257,528</b>	<b>33%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$3,725,298</b>	<b>\$5,191,461</b>	<b>\$1,466,163</b>	<b>39%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$10,457,408</b>	<b>\$14,147,086</b>	<b>\$3,689,678</b>	<b>35%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$2,951,872</b>	<b>\$4,009,742</b>	<b>\$1,057,870</b>	<b>36%</b>
	<b>TOTAL DISCHARGES</b>	<b>497</b>	<b>515</b>	<b>18</b>	<b>4%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,711</b>	<b>3,041</b>	<b>330</b>	<b>12%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>11,836</b>	<b>14,554</b>	<b>2,718</b>	<b>23%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>828</b>	<b>1,061</b>	<b>233</b>	<b>28%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>340</b>	<b>381</b>	<b>41</b>	<b>12%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$20,268,360</b>	<b>\$27,215,566</b>	<b>\$6,947,206</b>	<b>34%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$6,677,170</b>	<b>\$9,201,203</b>	<b>\$2,524,033</b>	<b>38%</b>

**MANCHESTER MEMORIAL 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
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$4,543,150	\$1,502,619	(\$3,040,531)	-67%
2	Inpatient Payments	\$1,381,020	\$532,553	(\$848,467)	-61%
3	Outpatient Charges	\$10,000,119	\$3,369,292	(\$6,630,827)	-66%
4	Outpatient Payments	\$2,953,503	\$824,079	(\$2,129,424)	-72%
5	Discharges	551	168	(383)	-70%
6	Patient Days	1,909	594	(1,315)	-69%
7	Outpatient Visits (Excludes ED Visits)	6,624	1,673	(4,951)	-75%
8	Emergency Department Outpatient Visits	4,629	1,396	(3,233)	-70%
9	Emergency Department Inpatient Admissions	133	41	(92)	-69%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,543,269</b>	<b>\$4,871,911</b>	<b>(\$9,671,358)</b>	<b>-67%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,334,523</b>	<b>\$1,356,632</b>	<b>(\$2,977,891)</b>	<b>-69%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$515,557	\$2,552,506	\$2,036,949	395%
2	Inpatient Payments	\$165,342	\$1,159,687	\$994,345	601%
3	Outpatient Charges	\$1,374,136	\$7,676,007	\$6,301,871	459%
4	Outpatient Payments	\$429,927	\$2,399,146	\$1,969,219	458%
5	Discharges	68	309	241	354%
6	Patient Days	241	1,205	964	400%
7	Outpatient Visits (Excludes ED Visits)	841	3,888	3,047	362%
8	Emergency Department Outpatient Visits	771	3,079	2,308	299%
9	Emergency Department Inpatient Admissions	24	80	56	233%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,889,693</b>	<b>\$10,228,513</b>	<b>\$8,338,820</b>	<b>441%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$595,269</b>	<b>\$3,558,833</b>	<b>\$2,963,564</b>	<b>498%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$892,577	\$447,447	(\$445,130)	-50%
2	Inpatient Payments	\$332,064	\$160,609	(\$171,455)	-52%
3	Outpatient Charges	\$1,513,862	\$1,557,594	\$43,732	3%
4	Outpatient Payments	\$429,857	\$378,836	(\$51,021)	-12%
5	Discharges	91	64	(27)	-30%
6	Patient Days	305	188	(117)	-38%
7	Outpatient Visits (Excludes ED Visits)	1,107	965	(142)	-13%
8	Emergency Department Outpatient Visits	617	719	102	17%
9	Emergency Department Inpatient Admissions	26	19	(7)	-27%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,406,439</b>	<b>\$2,005,041</b>	<b>(\$401,398)</b>	<b>-17%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$761,921</b>	<b>\$539,445</b>	<b>(\$222,476)</b>	<b>-29%</b>

**MANCHESTER MEMORIAL 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
<b>D. OTHER MEDICAID MANAGED CARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$100,375	\$0	(\$100,375)	-100%
2	Inpatient Payments	\$31,135	\$0	(\$31,135)	-100%
3	Outpatient Charges	\$288,826	\$0	(\$288,826)	-100%
4	Outpatient Payments	\$79,116	\$0	(\$79,116)	-100%
5	Discharges	13	0	(13)	-100%
6	Patient Days	42	0	(42)	-100%
7	Outpatient Visits (Excludes ED Visits)	118	0	(118)	-100%
8	Emergency Department Outpatient Visits	119	0	(119)	-100%

**MANCHESTER MEMORIAL 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	11	0	(11)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$389,201</b>	<b>\$0</b>	<b>(\$389,201)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$110,251</b>	<b>\$0</b>	<b>(\$110,251)</b>	<b>-100%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$494,544	\$494,544	0%
2	Inpatient Payments	\$0	\$188,087	\$188,087	0%
3	Outpatient Charges	\$0	\$1,220,416	\$1,220,416	0%
4	Outpatient Payments	\$0	\$342,310	\$342,310	0%
5	Discharges	0	48	48	0%
6	Patient Days	0	197	197	0%
7	Outpatient Visits (Excludes ED Visits)	0	416	416	0%
8	Emergency Department Outpatient Visits	0	635	635	0%
9	Emergency Department Inpatient Admissions	0	15	15	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$1,714,960</b>	<b>\$1,714,960</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$530,397</b>	<b>\$530,397</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$1,261,166	\$1,261,166	0%
2	Inpatient Payments	\$0	\$461,797	\$461,797	0%
3	Outpatient Charges	\$0	\$3,525,808	\$3,525,808	0%
4	Outpatient Payments	\$0	\$1,028,954	\$1,028,954	0%
5	Discharges	0	145	145	0%
6	Patient Days	0	491	491	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,551	1,551	0%
8	Emergency Department Outpatient Visits	0	1,530	1,530	0%
9	Emergency Department Inpatient Admissions	0	35	35	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$4,786,974</b>	<b>\$4,786,974</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$1,490,751</b>	<b>\$1,490,751</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$6,051,659</b>	<b>\$6,258,282</b>	<b>\$206,623</b>	<b>3%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,909,561</b>	<b>\$2,502,733</b>	<b>\$593,172</b>	<b>31%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$13,176,943</b>	<b>\$17,349,117</b>	<b>\$4,172,174</b>	<b>32%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,892,403</b>	<b>\$4,973,325</b>	<b>\$1,080,922</b>	<b>28%</b>
	<b>TOTAL DISCHARGES</b>	<b>723</b>	<b>734</b>	<b>11</b>	<b>2%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,497</b>	<b>2,675</b>	<b>178</b>	<b>7%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>8,690</b>	<b>8,493</b>	<b>(197)</b>	<b>-2%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>6,136</b>	<b>7,359</b>	<b>1,223</b>	<b>20%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>194</b>	<b>190</b>	<b>(4)</b>	<b>-2%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$19,228,602</b>	<b>\$23,607,399</b>	<b>\$4,378,797</b>	<b>23%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,801,964</b>	<b>\$7,476,058</b>	<b>\$1,674,094</b>	<b>29%</b>

**MANCHESTER MEMORIAL 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

EASTERN CONNECTICUT HEALTH NETWORK, 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.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$19,069,672	\$28,001,547	\$8,931,875	47%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,388,331	\$38,270,688	(\$1,117,643)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$2,856,556	\$1,277,330	(\$1,579,226)	-55%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,439,694	\$1,491,255	(\$948,439)	-39%
7	Inventories of Supplies	\$3,127,974	\$3,421,510	\$293,536	9%
8	Prepaid Expenses	\$551,522	\$1,138,714	\$587,192	106%
9	Other Current Assets	\$3,173,332	\$4,663,853	\$1,490,521	47%
	<b>Total Current Assets</b>	<b>\$70,607,081</b>	<b>\$78,264,897</b>	<b>\$7,657,816</b>	<b>11%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$6,957,588	\$6,793,869	(\$163,719)	-2%
2	Board Designated for Capital Acquisition	\$5,061,160	\$4,947,207	(\$113,953)	-2%
3	Funds Held in Escrow	\$8,174,965	\$8,243,340	\$68,375	1%
4	Other Noncurrent Assets Whose Use is Limited	\$29,312,758	\$29,370,191	\$57,433	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$49,506,471</b>	<b>\$49,354,607</b>	<b>(\$151,864)</b>	<b>0%</b>
5	Interest in Net Assets of Foundation	\$10,850,323	\$9,872,146	(\$978,177)	-9%
6	Long Term Investments	\$13,074,537	\$14,014,738	\$940,201	7%
7	Other Noncurrent Assets	\$8,995,618	\$8,819,270	(\$176,348)	-2%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$278,207,525	\$282,927,246	\$4,719,721	2%
2	Less: Accumulated Depreciation	\$185,468,884	\$182,579,690	(\$2,889,194)	(\$0)
	<b>Property, Plant and Equipment, Net</b>	<b>\$92,738,641</b>	<b>\$100,347,556</b>	<b>\$7,608,915</b>	<b>8%</b>
3	Construction in Progress	\$6,062,959	\$959,544	(\$5,103,415)	-84%
	<b>Total Net Fixed Assets</b>	<b>\$98,801,600</b>	<b>\$101,307,100</b>	<b>\$2,505,500</b>	<b>3%</b>
	<b>Total Assets</b>	<b>\$251,835,630</b>	<b>\$261,632,758</b>	<b>\$9,797,128</b>	<b>4%</b>

EASTERN CONNECTICUT HEALTH NETWORK, 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>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$28,686,257	\$24,041,903	(\$4,644,354)	-16%
2	Salaries, Wages and Payroll Taxes	\$4,076,943	\$3,564,050	(\$512,893)	-13%
3	Due To Third Party Payers	\$2,464,561	\$885,738	(\$1,578,823)	-64%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$7,396,824	\$7,569,914	\$173,090	2%
6	Current Portion of Notes Payable	\$1,745,000	\$2,159,000	\$414,000	24%
7	Other Current Liabilities	\$3,481,863	\$5,325,724	\$1,843,861	53%
	<b>Total Current Liabilities</b>	<b>\$47,851,448</b>	<b>\$43,546,329</b>	<b>(\$4,305,119)</b>	<b>-9%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$66,501,560	\$79,850,623	\$13,349,063	20%
2	Notes Payable (Net of Current Portion)	\$8,302,614	\$5,449,948	(\$2,852,666)	-34%
	<b>Total Long Term Debt</b>	<b>\$74,804,174</b>	<b>\$85,300,571</b>	<b>\$10,496,397</b>	<b>14%</b>
3	Accrued Pension Liability	\$26,559,471	\$49,853,992	\$23,294,521	88%
4	Other Long Term Liabilities	\$7,121,955	\$7,498,190	\$376,235	5%
	<b>Total Long Term Liabilities</b>	<b>\$108,485,600</b>	<b>\$142,652,753</b>	<b>\$34,167,153</b>	<b>31%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$77,487,476	\$59,586,141	(\$17,901,335)	-23%
2	Temporarily Restricted Net Assets	\$6,655,414	\$4,654,617	(\$2,000,797)	-30%
3	Permanently Restricted Net Assets	\$11,355,692	\$11,192,918	(\$162,774)	-1%
	<b>Total Net Assets</b>	<b>\$95,498,582</b>	<b>\$75,433,676</b>	<b>(\$20,064,906)</b>	<b>-21%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$251,835,630</b>	<b>\$261,632,758</b>	<b>\$9,797,128</b>	<b>4%</b>

EASTERN CONNECTICUT HEALTH NETWORK, 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
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$578,228,100	\$609,586,123	\$31,358,023	5%
2	Less: Allowances	\$328,109,638	\$346,213,373	\$18,103,735	6%
3	Less: Charity Care	\$2,848,553	\$1,969,726	(\$878,827)	-31%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$247,269,909</b>	<b>\$261,403,024</b>	<b>\$14,133,115</b>	<b>6%</b>
5	Other Operating Revenue	\$19,672,145	\$16,628,943	(\$3,043,202)	-15%
6	Net Assets Released from Restrictions	\$152,165	\$283,705	\$131,540	86%
	<b>Total Operating Revenue</b>	<b>\$267,094,219</b>	<b>\$278,315,672</b>	<b>\$11,221,453</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$122,401,216	\$129,751,717	\$7,350,501	6%
2	Fringe Benefits	\$29,880,729	\$32,090,035	\$2,209,306	7%
3	Physicians Fees	\$7,898,219	\$8,097,250	\$199,031	3%
4	Supplies and Drugs	\$72,765,995	\$72,387,201	(\$378,794)	-1%
5	Depreciation and Amortization	\$11,906,435	\$12,231,958	\$325,523	3%
6	Bad Debts	\$9,783,192	\$12,652,590	\$2,869,398	29%
7	Interest	\$4,024,321	\$3,985,420	(\$38,901)	-1%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses</b>	<b>\$258,660,107</b>	<b>\$271,196,171</b>	<b>\$12,536,064</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$8,434,112</b>	<b>\$7,119,501</b>	<b>(\$1,314,611)</b>	<b>-16%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$91,630	(\$1,799,355)	(\$1,890,985)	-2064%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$3,550,919)	(\$2,104,093)	\$1,446,826	-41%
	<b>Total Non-Operating Revenue</b>	<b>(\$3,459,289)</b>	<b>(\$3,903,448)</b>	<b>(\$444,159)</b>	<b>13%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$4,974,823</b>	<b>\$3,216,053</b>	<b>(\$1,758,770)</b>	<b>-35%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$4,974,823</b>	<b>\$3,216,053</b>	<b>(\$1,758,770)</b>	<b>-35%</b>

<b>EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$231,789,348	\$247,269,909	\$261,403,024
2	Other Operating Revenue	18,358,969	19,824,310	16,912,648
3	Total Operating Revenue	\$250,148,317	\$267,094,219	\$278,315,672
4	Total Operating Expenses	250,711,344	258,660,107	271,196,171
5	Income/(Loss) From Operations	(\$563,027)	\$8,434,112	\$7,119,501
6	Total Non-Operating Revenue	251,470	(3,459,289)	(3,903,448)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$311,557)	\$4,974,823	\$3,216,053
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-0.22%	3.20%	2.59%
2	Parent Corporation Non-Operating Margin	0.10%	-1.31%	-1.42%
3	Parent Corporation Total Margin	-0.12%	1.89%	1.17%
4	Income/(Loss) From Operations	(\$563,027)	\$8,434,112	\$7,119,501
5	Total Operating Revenue	\$250,148,317	\$267,094,219	\$278,315,672
6	Total Non-Operating Revenue	\$251,470	(\$3,459,289)	(\$3,903,448)
7	Total Revenue	\$250,399,787	\$263,634,930	\$274,412,224
8	Excess/(Deficiency) of Revenue Over Expenses	(\$311,557)	\$4,974,823	\$3,216,053
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$81,442,382	\$77,487,476	\$59,586,141
2	Parent Corporation Total Net Assets	\$100,092,554	\$95,498,582	\$75,433,676
3	Parent Corporation Change in Total Net Assets	\$100,092,554	(\$4,593,972)	(\$20,064,906)
4	Parent Corporation Change in Total Net Assets %	0.0%	-4.6%	-21.0%

<b>EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>D. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.20</b>	<b>1.48</b>	<b>1.80</b>
2	Total Current Assets	\$46,399,323	\$70,607,081	\$78,264,897
3	Total Current Liabilities	\$38,763,802	\$47,851,448	\$43,546,329
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>7</b>	<b>28</b>	<b>39</b>
5	Cash and Cash Equivalents	\$4,267,583	\$19,069,672	\$28,001,547
6	Short Term Investments	1,780	0	0
7	Total Cash and Short Term Investments	\$4,269,363	\$19,069,672	\$28,001,547
8	Total Operating Expenses	\$250,711,344	\$258,660,107	\$271,196,171
9	Depreciation Expense	\$11,734,998	\$11,906,435	\$12,231,958
10	Operating Expenses less Depreciation Expense	\$238,976,346	\$246,753,672	\$258,964,213
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>57</b>	<b>58</b>	<b>54</b>
12	Net Patient Accounts Receivable	\$ 36,552,254	\$ 39,388,331	\$ 38,270,688
13	Due From Third Party Payers	\$0	\$2,439,694	\$1,491,255
14	Due To Third Party Payers	\$280,615	\$2,464,561	\$885,738
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 36,271,639	\$ 39,363,464	\$ 38,876,205
16	Total Net Patient Revenue	\$231,789,348	\$247,269,909	\$261,403,024
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>59</b>	<b>71</b>	<b>61</b>
18	Total Current Liabilities	\$38,763,802	\$47,851,448	\$43,546,329
19	Total Operating Expenses	\$250,711,344	\$258,660,107	\$271,196,171
20	Depreciation Expense	\$11,734,998	\$11,906,435	\$12,231,958
21	Total Operating Expenses less Depreciation Expense	\$238,976,346	\$246,753,672	\$258,964,213

<b>EASTERN CONNECTICUT HEALTH NETWORK, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>40.6</b>	<b>37.9</b>	<b>28.8</b>
2	Total Net Assets	\$100,092,554	\$95,498,582	\$75,433,676
3	Total Assets	\$246,311,959	\$251,835,630	\$261,632,758
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>10.2</b>	<b>13.8</b>	<b>12.0</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$311,557)	\$4,974,823	\$3,216,053
6	Depreciation Expense	\$11,734,998	\$11,906,435	\$12,231,958
7	Excess of Revenues Over Expenses and Depreciation Expense	\$11,423,441	\$16,881,258	\$15,448,011
8	Total Current Liabilities	\$38,763,802	\$47,851,448	\$43,546,329
9	Total Long Term Debt	\$73,610,299	\$74,804,174	\$85,300,571
10	Total Current Liabilities and Total Long Term Debt	\$112,374,101	\$122,655,622	\$128,846,900
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>42.4</b>	<b>43.9</b>	<b>53.1</b>
12	Total Long Term Debt	\$73,610,299	\$74,804,174	\$85,300,571
13	Total Net Assets	\$100,092,554	\$95,498,582	\$75,433,676
14	Total Long Term Debt and Total Net Assets	\$173,702,853	\$170,302,756	\$160,734,247

MANCHESTER MEMORIAL 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	25,739	72	166	97.9%	42.5%
2	ICU/CCU (Excludes Neonatal ICU)	3,685	18	27	56.1%	37.4%
3	Psychiatric: Ages 0 to 17	1,288	5	10	70.6%	35.3%
4	Psychiatric: Ages 18+	7,560	25	26	82.8%	79.7%
	<b>TOTAL PSYCHIATRIC</b>	<b>8,848</b>	<b>30</b>	<b>36</b>	<b>80.8%</b>	<b>67.3%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	2,981	10	20	81.7%	40.8%
7	Newborn	3,378	10	34	92.5%	27.2%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>41,253</b>	<b>130</b>	<b>249</b>	<b>86.9%</b>	<b>45.4%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>44,631</b>	<b>140</b>	<b>283</b>	<b>87.3%</b>	<b>43.2%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>44,631</b>	<b>140</b>	<b>283</b>	<b>87.3%</b>	<b>43.2%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>43,813</b>	<b>140</b>	<b>283</b>	<b>85.7%</b>	<b>42.4%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>818</b>	<b>0</b>	<b>0</b>	<b>1.6%</b>	<b>0.8%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>2%</b>
	Total Licensed Beds and Bassinets	283				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

MANCHESTER MEMORIAL 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
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	5,199	5,744	545	10%
2	Outpatient Scans (Excluding Emergency Department Scans)	11,389	11,316	-73	-1%
3	Emergency Department Scans	4,124	4,097	-27	-1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>20,712</b>	<b>21,157</b>	<b>445</b>	<b>2%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	650	593	-57	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,673	3,178	-495	-13%
3	Emergency Department Scans	75	65	-10	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>4,398</b>	<b>3,836</b>	<b>-562</b>	<b>-13%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	440	472	32	7%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>440</b>	<b>472</b>	<b>32</b>	<b>7%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(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.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	1,945	1,969	24	1%
2	Outpatient Surgical Procedures	5,384	5,376	-8	0%
	<b>Total Surgical Procedures</b>	<b>7,329</b>	<b>7,345</b>	<b>16</b>	<b>0%</b>

MANCHESTER MEMORIAL 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
<b>J.</b>	<b><u>Endoscopy Procedures</u></b>				
1	Inpatient Endoscopy Procedures	721	623	-98	-14%
2	Outpatient Endoscopy Procedures	13,256	9,762	-3,494	-26%
	<b>Total Endoscopy Procedures</b>	<b>13,977</b>	<b>10,385</b>	<b>-3,592</b>	<b>-26%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	5,138	5,142	4	0%
2	Emergency Room Visits: Treated and Discharged	38,996	40,513	1,517	4%
	<b>Total Emergency Room Visits</b>	<b>44,134</b>	<b>45,655</b>	<b>1,521</b>	<b>3%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	63,199	65,012	1,813	3%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>63,199</b>	<b>65,012</b>	<b>1,813</b>	<b>3%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	77,759	69,063	-8,696	-11%
2	Cardiology	8,136	9,005	869	11%
3	Chemotherapy	780	471	-309	-40%
4	Gastroenterology	13,256	9,762	-3,494	-26%
5	Other Outpatient Visits	55,402	48,109	-7,293	-13%
	<b>Total Other Hospital Outpatient Visits</b>	<b>155,333</b>	<b>136,410</b>	<b>-18,923</b>	<b>-12%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	281.1	330.1	49.0	17%
2	Total Physician FTEs	16.9	14.4	-2.5	-15%
3	Total Non-Nursing and Non-Physician FTEs	853.3	810.8	-42.5	-5%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,151.3</b>	<b>1,155.3</b>	<b>4.0</b>	<b>0%</b>

MANCHESTER MEMORIAL 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
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital Operating Room	5,384	5,376	-8	0%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>5,384</b>	<b>5,376</b>	<b>-8</b>	<b>0%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital Operating Room	13,256	9,762	-3,494	-26%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>13,256</b>	<b>9,762</b>	<b>-3,494</b>	<b>-26%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital Emergency Room	38,996	40,513	1,517	4%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>38,996</b>	<b>40,513</b>	<b>1,517</b>	<b>4%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

MANCHESTER MEMORIAL 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
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$82,062,854	\$93,259,909	\$11,197,055	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$31,495,002	\$35,820,579	\$4,325,577	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.38%	38.41%	0.03%	0%
4	DISCHARGES	3,655	3,770	115	3%
5	CASE MIX INDEX (CMI)	1.44836	1.53069	0.08233	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,293.75580	5,770.70130	476.94550	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,949.46	\$6,207.32	\$257.86	4%
8	PATIENT DAYS	21,408	23,429	2,021	9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,471.18	\$1,528.90	\$57.72	4%
10	AVERAGE LENGTH OF STAY	5.9	6.2	0.4	6%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$82,301,111	\$86,301,464	\$4,000,353	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,606,018	\$24,805,567	\$2,199,549	10%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.47%	28.74%	1.28%	5%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	100.29%	92.54%	-7.75%	-8%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,665.61174	3,488.70724	(176.90450)	-5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,167.05	\$7,110.25	\$943.19	15%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$164,363,965	\$179,561,373	\$15,197,408	9%
18	TOTAL ACCRUED PAYMENTS	\$54,101,020	\$60,626,146	\$6,525,126	12%
19	TOTAL ALLOWANCES	\$110,262,945	\$118,935,227	\$8,672,282	8%

MANCHESTER MEMORIAL 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
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$47,804,272	\$46,820,672	(\$983,600)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$23,251,013	\$24,363,470	\$1,112,457	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	48.64%	52.04%	3.40%	7%
4	DISCHARGES	3,837	3,712	(125)	-3%
5	CASE MIX INDEX (CMI)	1.03192	1.03265	0.00073	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,959.47704	3,833.19680	(126.28024)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,872.24	\$6,355.91	\$483.67	8%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$77.22	(\$148.60)	(\$225.82)	-292%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$305,747	(\$569,598)	(\$875,345)	-286%
10	PATIENT DAYS	15,336	13,588	(1,748)	-11%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,516.11	\$1,793.01	\$276.91	18%
12	AVERAGE LENGTH OF STAY	4.0	3.7	(0.3)	-8%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$131,992,934	\$132,044,333	\$51,399	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$61,235,702	\$57,643,727	(\$3,591,975)	-6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	46.39%	43.65%	-2.74%	-6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	276.11%	282.02%	5.91%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,594.38553	10,468.63582	(125.74971)	-1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,780.01	\$5,506.33	(\$273.69)	-5%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$387.04	\$1,603.92	\$1,216.88	314%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,100,424	\$16,790,850	\$12,690,426	309%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$179,797,206	\$178,865,005	(\$932,201)	-1%
22	TOTAL ACCRUED PAYMENTS	\$84,486,715	\$82,007,197	(\$2,479,518)	-3%
23	TOTAL ALLOWANCES	\$95,310,491	\$96,857,808	\$1,547,317	2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,406,171	\$16,221,252	\$11,815,081	268%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$179,797,206	\$178,865,005	(\$932,201)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$84,486,715	\$82,007,198	(\$2,479,517)	-3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,310,491	\$96,857,807	\$1,547,316	2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	53.01%	54.15%	1.14%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$2,087,042	\$3,370,281	\$1,283,239	61%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$644,269	\$954,118	\$309,849	48%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.87%	28.31%	-2.56%	-8%
4	DISCHARGES	176	182	6	3%
5	CASE MIX INDEX (CMI)	0.93040	0.98663	0.05623	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	163.75040	179.56666	15.81626	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,934.46	\$5,313.45	\$1,378.99	35%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$1,937.79	\$1,042.47	(\$895.32)	-46%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$2,015.01	\$893.87	(\$1,121.13)	-56%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$329,958	\$160,509	(\$169,448)	-51%
11	PATIENT DAYS	900	839	(61)	-7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$715.85	\$1,137.21	\$421.35	59%
13	AVERAGE LENGTH OF STAY	5.1	4.6	(0.5)	-10%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,233,836	\$9,119,384	\$2,885,548	46%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,759,465	\$2,501,320	\$741,855	42%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.22%	27.43%	-0.80%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	298.69%	270.58%	-28.11%	-9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	525.69864	492.45979	(33.23884)	-6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,346.91	\$5,079.24	\$1,732.33	52%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$2,433.11	\$427.09	(\$2,006.02)	-82%
21	MEDICARE - UNINSURED OP PMT / OPED	\$2,820.14	\$2,031.01	(\$789.13)	-28%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,482,546	\$1,000,190	(\$482,355)	-33%
	<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$8,320,878	\$12,489,665	\$4,168,787	50%
24	TOTAL ACCRUED PAYMENTS	\$2,403,734	\$3,455,438	\$1,051,704	44%
25	TOTAL ALLOWANCES	\$5,917,144	\$9,034,227	\$3,117,083	53%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,812,504	\$1,160,700	(\$651,804)	-36%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$14,080,149	\$14,360,241	\$280,092	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,457,855	\$5,196,447	\$738,592	17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.66%	36.19%	4.53%	14%
4	DISCHARGES	1,145	1,166	21	2%
5	CASE MIX INDEX (CMI)	0.94884	0.94313	(0.00571)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,086.42180	1,099.68958	13.26778	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,103.25	\$4,725.38	\$622.13	15%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,769.00	\$1,630.54	(\$138.46)	-8%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,846.22	\$1,481.94	(\$364.28)	-20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,005,771	\$1,629,676	(\$376,095)	-19%
11	PATIENT DAYS	5,187	5,538	351	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$859.43	\$938.33	\$78.90	9%
13	AVERAGE LENGTH OF STAY	4.5	4.7	0.2	5%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$20,632,554	\$25,087,435	\$4,454,881	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,777,117	\$6,755,006	\$977,889	17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.00%	26.93%	-1.07%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	146.54%	174.70%	28.16%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,677.84264	2,037.00963	359.16699	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,443.18	\$3,316.14	(\$127.04)	-4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,336.83	\$2,190.19	(\$146.64)	-6%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,723.87	\$3,794.11	\$1,070.24	39%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,570,226	\$7,728,634	\$3,158,408	69%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$34,712,703	\$39,447,676	\$4,734,973	14%
24	TOTAL ACCRUED PAYMENTS	\$10,234,972	\$11,951,453	\$1,716,481	17%
25	TOTAL ALLOWANCES	\$24,477,731	\$27,496,223	\$3,018,492	12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,575,997	\$9,358,310	\$2,782,313	42%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b>OTHER MEDICAL ASSISTANCE (O.M.A.)</b>				
	<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$5,115,833	\$4,671,749	(\$444,084)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,048,266	\$1,864,596	\$816,330	78%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.49%	39.91%	19.42%	95%
4	DISCHARGES	321	322	1	0%
5	CASE MIX INDEX (CMI)	1.03966	1.06779	0.02813	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	333.73086	343.82838	10.09752	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,141.05	\$5,423.04	\$2,281.99	73%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,731.19	\$932.87	(\$1,798.32)	-66%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$2,808.41	\$784.28	(\$2,024.14)	-72%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$937,253	\$269,656	(\$667,597)	-71%
11	PATIENT DAYS	1,836	1,985	149	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$570.95	\$939.34	\$368.39	65%
13	AVERAGE LENGTH OF STAY	5.7	6.2	0.4	8%
	<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,728,779	\$6,632,336	\$903,557	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,357,452	\$1,490,369	\$132,917	10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.70%	22.47%	-1.22%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	111.98%	141.97%	29.99%	27%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	359.46014	457.13333	97.67319	27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,776.36	\$3,260.25	(\$516.11)	-14%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,003.65	\$2,246.08	\$242.42	12%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,390.69	\$3,850.00	\$1,459.31	61%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$859,357	\$1,759,961	\$900,604	105%
	<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$10,844,612	\$11,304,085	\$459,473	4%
24	TOTAL ACCRUED PAYMENTS	\$2,405,718	\$3,354,965	\$949,247	39%
25	TOTAL ALLOWANCES	\$8,438,894	\$7,949,120	(\$489,774)	-6%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,796,611	\$2,029,618	\$233,007	13%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$19,195,982	\$19,031,990	(\$163,992)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,506,121	\$7,061,043	\$1,554,922	28%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.68%	37.10%	8.42%	29%
4	DISCHARGES	1,466	1,488	22	2%
5	CASE MIX INDEX (CMI)	0.96873	0.97011	0.00138	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,420.15266	1,443.51796	23.36530	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,877.13	\$4,891.55	\$1,014.42	26%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,995.11	\$1,464.36	(\$530.75)	-27%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,072.33	\$1,315.77	(\$756.56)	-37%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,943,024	\$1,899,332	(\$1,043,692)	-35%
11	PATIENT DAYS	7,023	7,523	500	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$784.01	\$938.59	\$154.58	20%
13	AVERAGE LENGTH OF STAY	4.8	5.1	0.3	6%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$26,361,333	\$31,719,771	\$5,358,438	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,134,569	\$8,245,375	\$1,110,806	16%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.06%	25.99%	-1.07%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	137.33%	166.67%	29.34%	21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,037.30278	2,494.14296	456.84018	22%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,501.97	\$3,305.90	(\$196.07)	-6%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,278.05	\$2,200.43	(\$77.62)	-3%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,665.08	\$3,804.35	\$1,139.27	43%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,429,583	\$9,488,595	\$4,059,012	75%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$45,557,315	\$50,751,761	\$5,194,446	11%
24	TOTAL ACCRUED PAYMENTS	\$12,640,690	\$15,306,418	\$2,665,728	21%
25	TOTAL ALLOWANCES	\$32,916,625	\$35,445,343	\$2,528,718	8%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$168,236	\$324,656	\$156,420	93%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$59,406	\$241,067	\$181,661	306%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.31%	74.25%	38.94%	110%
4	DISCHARGES	14	19	5	36%
5	CASE MIX INDEX (CMI)	1.01299	1.31369	0.30070	30%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14.18186	24.96011	10.77825	76%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,188.87	\$9,658.09	\$5,469.22	131%
8	PATIENT DAYS	46	91	45	98%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,291.43	\$2,649.09	\$1,357.65	105%
10	AVERAGE LENGTH OF STAY	3.3	4.8	1.5	46%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$540,733	\$708,701	\$167,968	31%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$385,922	\$502,174	\$116,252	30%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$708,969	\$1,033,357	\$324,388	46%
14	TOTAL ACCRUED PAYMENTS	\$445,328	\$743,241	\$297,913	67%
15	TOTAL ALLOWANCES	\$263,641	\$290,116	\$26,475	10%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$12,710,881	\$10,065,754	(\$2,645,127)	-21%
2	TOTAL OPERATING EXPENSES	\$155,638,490	\$170,017,184	\$14,378,694	9%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$826,439	\$686,857	(\$139,582)	-17%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$1,880,071	\$1,418,730	(\$461,341)	-25%
5	BAD DEBTS (CHARGES)	\$6,287,004	\$7,895,004	\$1,608,000	26%
6	UNCOMPENSATED CARE (CHARGES)	\$8,167,075	\$9,313,734	\$1,146,659	14%
7	COST OF UNCOMPENSATED CARE	\$3,019,202	\$3,406,981	\$387,779	13%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$45,557,315	\$50,751,761	\$5,194,446	11%
9	TOTAL ACCRUED PAYMENTS	\$12,640,690	\$15,306,418	\$2,665,728	21%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$16,841,616	\$18,565,088	\$1,723,472	10%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,200,926	\$3,258,670	(\$942,256)	-22%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$149,231,344	\$159,437,227	\$10,205,883	7%
2	TOTAL INPATIENT PAYMENTS	\$60,311,542	\$67,486,159	\$7,174,617	12%
3	TOTAL INPATIENT PAYMENTS / CHARGES	40.41%	42.33%	1.91%	5%
4	TOTAL DISCHARGES	8,972	8,989	17	0%
5	TOTAL CASE MIX INDEX	1.19121	1.23177	0.04056	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,687,56736	11,072,37617	384,80881	4%
7	TOTAL OUTPATIENT CHARGES	\$241,196,111	\$250,774,269	\$9,578,158	4%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	161.63%	157.29%	-4.34%	-3%
9	TOTAL OUTPATIENT PAYMENTS	\$91,362,211	\$91,196,843	(\$165,368)	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.88%	36.37%	-1.51%	-4%
11	TOTAL CHARGES	\$390,427,455	\$410,211,496	\$19,784,041	5%
12	TOTAL PAYMENTS	\$151,673,753	\$158,683,002	\$7,009,249	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	38.85%	38.68%	-0.16%	0%
14	PATIENT DAYS	43,813	44,631	818	2%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$101,427,072	\$112,616,555	\$11,189,483	11%
2	INPATIENT PAYMENTS	\$37,060,529	\$43,122,689	\$6,062,160	16%
3	GOVT. INPATIENT PAYMENTS / CHARGES	36.54%	38.29%	1.75%	5%
4	DISCHARGES	5,135	5,277	142	3%
5	CASE MIX INDEX	1.31024	1.37184	0.06159	5%
6	CASE MIX ADJUSTED DISCHARGES	6,728.09032	7,239.17937	511.08905	8%
7	OUTPATIENT CHARGES	\$109,203,177	\$118,729,936	\$9,526,759	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	107.67%	105.43%	-2.24%	-2%
9	OUTPATIENT PAYMENTS	\$30,126,509	\$33,553,116	\$3,426,607	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.59%	28.26%	0.67%	2%
11	TOTAL CHARGES	\$210,630,249	\$231,346,491	\$20,716,242	10%
12	TOTAL PAYMENTS	\$67,187,038	\$76,675,805	\$9,488,767	14%
13	TOTAL PAYMENTS / CHARGES	31.90%	33.14%	1.25%	4%
14	PATIENT DAYS	28,477	31,043	2,566	9%
15	TOTAL GOVERNMENT DEDUCTIONS	\$143,443,211	\$154,670,686	\$11,227,475	8%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.9	6.2	0.4	6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.7	(0.3)	-8%
3	UNINSURED	5.1	4.6	(0.5)	-10%
4	MEDICAID	4.5	4.7	0.2	5%
5	OTHER MEDICAL ASSISTANCE	5.7	6.2	0.4	8%
6	CHAMPUS / TRICARE	3.3	4.8	1.5	46%
7	TOTAL AVERAGE LENGTH OF STAY	4.9	5.0	0.1	2%

MANCHESTER MEMORIAL 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
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$390,427,455	\$410,211,496	\$19,784,041	5%
2	TOTAL GOVERNMENT DEDUCTIONS	\$143,443,211	\$154,670,686	\$11,227,475	8%
3	UNCOMPENSATED CARE	\$8,167,075	\$9,313,734	\$1,146,659	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,310,491	\$96,857,807	\$1,547,316	2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$246,920,777	\$260,842,227	\$13,921,450	6%
7	TOTAL ACCRUED PAYMENTS	\$143,506,678	\$149,369,269	\$5,862,591	4%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$826,439	\$686,857	(\$139,582)	-17%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$144,333,117	\$150,056,126	\$5,723,009	4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3696797322	0.3658018546	(0.0038778776)	-1%
11	COST OF UNCOMPENSATED CARE	\$3,019,202	\$3,406,981	\$387,779	13%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,200,926	\$3,258,670	(\$942,256)	-22%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$7,220,128	\$6,665,651	(\$554,477)	-8%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$4,570,226	\$7,728,634	\$3,158,408	69%
2	OTHER MEDICAL ASSISTANCE	\$1,796,611	\$2,029,618	\$233,007	13%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,812,504	\$1,160,700	(\$651,804)	-36%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,179,340	\$10,918,951	\$2,739,611	33%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6,287,004	\$7,895,004	\$1,608,000	25.58%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$158,787,196	\$167,264,862	\$8,477,666	5.34%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$390,427,454	\$410,211,495	\$19,784,041	5.07%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$8,167,075	\$9,313,734	\$1,146,659	14.04%

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$47,804,272	\$46,820,672	(\$983,600)
2	MEDICARE	\$82,062,854	93,259,909	\$11,197,055
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,195,982	19,031,990	(\$163,992)
4	MEDICAID	\$14,080,149	14,360,241	\$280,092
5	OTHER MEDICAL ASSISTANCE	\$5,115,833	4,671,749	(\$444,084)
6	CHAMPUS / TRICARE	\$168,236	324,656	\$156,420
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,087,042	3,370,281	\$1,283,239
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$101,427,072</b>	<b>\$112,616,555</b>	<b>\$11,189,483</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$149,231,344</b>	<b>\$159,437,227</b>	<b>\$10,205,883</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$131,992,934	\$132,044,333	\$51,399
2	MEDICARE	\$82,301,111	86,301,464	\$4,000,353
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,361,333	31,719,771	\$5,358,438
4	MEDICAID	\$20,632,554	25,087,435	\$4,454,881
5	OTHER MEDICAL ASSISTANCE	\$5,728,779	6,632,336	\$903,557
6	CHAMPUS / TRICARE	\$540,733	708,701	\$167,968
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,233,836	9,119,384	\$2,885,548
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$109,203,177</b>	<b>\$118,729,936</b>	<b>\$9,526,759</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$241,196,111</b>	<b>\$250,774,269</b>	<b>\$9,578,158</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$179,797,206	\$178,865,005	(\$932,201)
2	TOTAL MEDICARE	\$164,363,965	\$179,561,373	\$15,197,408
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$45,557,315	\$50,751,761	\$5,194,446
4	TOTAL MEDICAID	\$34,712,703	\$39,447,676	\$4,734,973
5	TOTAL OTHER MEDICAL ASSISTANCE	\$10,844,612	\$11,304,085	\$459,473
6	TOTAL CHAMPUS / TRICARE	\$708,969	\$1,033,357	\$324,388
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,320,878	\$12,489,665	\$4,168,787
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$210,630,249</b>	<b>\$231,346,491</b>	<b>\$20,716,242</b>
	<b>TOTAL CHARGES</b>	<b>\$390,427,455</b>	<b>\$410,211,496</b>	<b>\$19,784,041</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,251,013	\$24,363,470	\$1,112,457
2	MEDICARE	\$31,495,002	35,820,579	\$4,325,577
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,506,121	7,061,043	\$1,554,922
4	MEDICAID	\$4,457,855	5,196,447	\$738,592
5	OTHER MEDICAL ASSISTANCE	\$1,048,266	1,864,596	\$816,330
6	CHAMPUS / TRICARE	\$59,406	241,067	\$181,661
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$644,269	954,118	\$309,849
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$37,060,529</b>	<b>\$43,122,689</b>	<b>\$6,062,160</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$60,311,542</b>	<b>\$67,486,159</b>	<b>\$7,174,617</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,235,702	\$57,643,727	(\$3,591,975)
2	MEDICARE	\$22,606,018	24,805,567	\$2,199,549
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,134,569	8,245,375	\$1,110,806
4	MEDICAID	\$5,777,117	6,755,006	\$977,889
5	OTHER MEDICAL ASSISTANCE	\$1,357,452	1,490,369	\$132,917
6	CHAMPUS / TRICARE	\$385,922	502,174	\$116,252
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,759,465	2,501,320	\$741,855
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$30,126,509</b>	<b>\$33,553,116</b>	<b>\$3,426,607</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$91,362,211</b>	<b>\$91,196,843</b>	<b>(\$165,368)</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$84,486,715	\$82,007,197	(\$2,479,518)
2	TOTAL MEDICARE	\$54,101,020	\$60,626,146	\$6,525,126
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,640,690	\$15,306,418	\$2,665,728
4	TOTAL MEDICAID	\$10,234,972	\$11,951,453	\$1,716,481
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,405,718	\$3,354,965	\$949,247
6	TOTAL CHAMPUS / TRICARE	\$445,328	\$743,241	\$297,913
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,403,734	\$3,455,438	\$1,051,704
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$67,187,038</b>	<b>\$76,675,805</b>	<b>\$9,488,767</b>
	<b>TOTAL PAYMENTS</b>	<b>\$151,673,753</b>	<b>\$158,683,002</b>	<b>\$7,009,249</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.24%	11.41%	-0.83%
2	MEDICARE	21.02%	22.73%	1.72%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.92%	4.64%	-0.28%
4	MEDICAID	3.61%	3.50%	-0.11%
5	OTHER MEDICAL ASSISTANCE	1.31%	1.14%	-0.17%
6	CHAMPUS / TRICARE	0.04%	0.08%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.53%	0.82%	0.29%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>25.98%</b>	<b>27.45%</b>	<b>1.47%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>38.22%</b>	<b>38.87%</b>	<b>0.64%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.81%	32.19%	-1.62%
2	MEDICARE	21.08%	21.04%	-0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.75%	7.73%	0.98%
4	MEDICAID	5.28%	6.12%	0.83%
5	OTHER MEDICAL ASSISTANCE	1.47%	1.62%	0.15%
6	CHAMPUS / TRICARE	0.14%	0.17%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.60%	2.22%	0.63%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>27.97%</b>	<b>28.94%</b>	<b>0.97%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>61.78%</b>	<b>61.13%</b>	<b>-0.64%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.33%	15.35%	0.02%
2	MEDICARE	20.76%	22.57%	1.81%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.63%	4.45%	0.82%
4	MEDICAID	2.94%	3.27%	0.34%
5	OTHER MEDICAL ASSISTANCE	0.69%	1.18%	0.48%
6	CHAMPUS / TRICARE	0.04%	0.15%	0.11%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.42%	0.60%	0.18%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>24.43%</b>	<b>27.18%</b>	<b>2.74%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>39.76%</b>	<b>42.53%</b>	<b>2.76%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.37%	36.33%	-4.05%
2	MEDICARE	14.90%	15.63%	0.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.70%	5.20%	0.49%
4	MEDICAID	3.81%	4.26%	0.45%
5	OTHER MEDICAL ASSISTANCE	0.89%	0.94%	0.04%
6	CHAMPUS / TRICARE	0.25%	0.32%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.16%	1.58%	0.42%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>19.86%</b>	<b>21.14%</b>	<b>1.28%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>60.24%</b>	<b>57.47%</b>	<b>-2.76%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

MANCHESTER MEMORIAL HOSPITAL				
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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
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,837	3,712	(125)
2	MEDICARE	3,655	3,770	115
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,466	1,488	22
4	MEDICAID	1,145	1,166	21
5	OTHER MEDICAL ASSISTANCE	321	322	1
6	CHAMPUS / TRICARE	14	19	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	176	182	6
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,135</b>	<b>5,277</b>	<b>142</b>
	<b>TOTAL DISCHARGES</b>	<b>8,972</b>	<b>8,989</b>	<b>17</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15,336	13,588	(1,748)
2	MEDICARE	21,408	23,429	2,021
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,023	7,523	500
4	MEDICAID	5,187	5,538	351
5	OTHER MEDICAL ASSISTANCE	1,836	1,985	149
6	CHAMPUS / TRICARE	46	91	45
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	900	839	(61)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>28,477</b>	<b>31,043</b>	<b>2,566</b>
	<b>TOTAL PATIENT DAYS</b>	<b>43,813</b>	<b>44,631</b>	<b>818</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.7	(0.3)
2	MEDICARE	5.9	6.2	0.4
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.8	5.1	0.3
4	MEDICAID	4.5	4.7	0.2
5	OTHER MEDICAL ASSISTANCE	5.7	6.2	0.4
6	CHAMPUS / TRICARE	3.3	4.8	1.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.1	4.6	(0.5)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.5</b>	<b>5.9</b>	<b>0.3</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.9</b>	<b>5.0</b>	<b>0.1</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03192	1.03265	0.00073
2	MEDICARE	1.44836	1.53069	0.08233
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96873	0.97011	0.00138
4	MEDICAID	0.94884	0.94313	(0.00571)
5	OTHER MEDICAL ASSISTANCE	1.03966	1.06779	0.02813
6	CHAMPUS / TRICARE	1.01299	1.31369	0.30070
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.93040	0.98663	0.05623
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.31024</b>	<b>1.37184</b>	<b>0.06159</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.19121</b>	<b>1.23177</b>	<b>0.04056</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$179,797,206	\$178,865,005	(\$932,201)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$84,486,715	\$82,007,198	(\$2,479,517)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,310,491	\$96,857,807	\$1,547,316
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	53.01%	54.15%	1.14%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$826,439	\$686,857	(\$139,582)
8	CHARITY CARE	\$1,880,071	\$1,418,730	(\$461,341)
9	BAD DEBTS	\$6,287,004	\$7,895,004	\$1,608,000
10	TOTAL UNCOMPENSATED CARE	\$8,167,075	\$9,313,734	\$1,146,659
11	TOTAL OTHER OPERATING REVENUE	\$179,797,206	\$178,865,005	(\$932,201)
12	TOTAL OPERATING EXPENSES	\$155,638,490	\$170,017,184	\$14,378,694

<b>MANCHESTER MEMORIAL HOSPITAL                      TWELVE MONTHS ACTUAL FILING                      FISCAL YEAR 2009                      REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND                      BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>	<u>AMOUNT DIFFERENCE</u>

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,959.47704	3,833.19680	(126.28024)
2	MEDICARE	5,293.75580	5,770.70130	476.94550
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,420.15266	1,443.51796	23.36530
4	MEDICAID	1,086.42180	1,099.68958	13.26778
5	OTHER MEDICAL ASSISTANCE	333.73086	343.82838	10.09752
6	CHAMPUS / TRICARE	14.18186	24.96011	10.77825
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	163.75040	179.56666	15.81626
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>6,728.09032</b>	<b>7,239.17937</b>	<b>511.08905</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>10,687.56736</b>	<b>11,072.37617</b>	<b>384.80881</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,594.38553	10,468.63582	-125.74971
2	MEDICARE	3,665.61174	3,488.70724	-176.90450
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,037.30278	2,494.14296	456.84018
4	MEDICAID	1,677.84264	2,037.00963	359.16699
5	OTHER MEDICAL ASSISTANCE	359.46014	457.13333	97.67319
6	CHAMPUS / TRICARE	44.99787	41.47565	-3.52222
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	525.69864	492.45979	-33.23884
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>5,747.91239</b>	<b>6,024.32585</b>	<b>276.41346</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>16,342.29792</b>	<b>16,492.96167</b>	<b>150.66375</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,872.24	\$6,355.91	\$483.67
2	MEDICARE	\$5,949.46	\$6,207.32	\$257.86
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,877.13	\$4,891.55	\$1,014.42
4	MEDICAID	\$4,103.25	\$4,725.38	\$622.13
5	OTHER MEDICAL ASSISTANCE	\$3,141.05	\$5,423.04	\$2,281.99
6	CHAMPUS / TRICARE	\$4,188.87	\$9,658.09	\$5,469.22
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,934.46	\$5,313.45	\$1,378.99
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$5,508.33</b>	<b>\$5,956.85</b>	<b>\$448.52</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$5,643.15</b>	<b>\$6,095.00</b>	<b>\$451.85</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,780.01	\$5,506.33	(\$273.69)
2	MEDICARE	\$6,167.05	\$7,110.25	\$943.19
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,501.97	\$3,305.90	(\$196.07)
4	MEDICAID	\$3,443.18	\$3,316.14	(\$127.04)
5	OTHER MEDICAL ASSISTANCE	\$3,776.36	\$3,260.25	(\$516.11)
6	CHAMPUS / TRICARE	\$8,576.45	\$12,107.68	\$3,531.23
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,346.91	\$5,079.24	\$1,732.33
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,241.30</b>	<b>\$5,569.61</b>	<b>\$328.31</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,590.54</b>	<b>\$5,529.44</b>	<b>(\$61.10)</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$4,570,226	\$7,728,634	\$3,158,408
2	OTHER MEDICAL ASSISTANCE	\$1,796,611	\$2,029,618	\$233,007
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,812,504	\$1,160,700	(\$651,804)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$8,179,340</b>	<b>\$10,918,951</b>	<b>\$2,739,611</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$390,427,455	\$410,211,496	\$19,784,041
2	TOTAL GOVERNMENT DEDUCTIONS	\$143,443,211	\$154,670,686	\$11,227,475
3	UNCOMPENSATED CARE	\$8,167,075	\$9,313,734	\$1,146,659
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$95,310,491	\$96,857,807	\$1,547,316
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$246,920,777	\$260,842,227	\$13,921,450
7	TOTAL ACCRUED PAYMENTS	\$143,506,678	\$149,369,269	\$5,862,591
8	UCP DSH PAYMENTS (OHCA INPUT)	\$826,439	\$686,857	(\$139,582)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$144,333,117	\$150,056,126	\$5,723,009
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3696797322	0.3658018546	(0.0038778776)
11	COST OF UNCOMPENSATED CARE	\$3,019,202	\$3,406,981	\$387,779
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,200,926	\$3,258,670	(\$942,256)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$7,220,128	\$6,665,651	(\$554,477)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	48.64%	52.04%	3.40%
2	MEDICARE	38.38%	38.41%	0.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.68%	37.10%	8.42%
4	MEDICAID	31.66%	36.19%	4.53%
5	OTHER MEDICAL ASSISTANCE	20.49%	39.91%	19.42%
6	CHAMPUS / TRICARE	35.31%	74.25%	38.94%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	30.87%	28.31%	-2.56%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>36.54%</b>	<b>38.29%</b>	<b>1.75%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>40.41%</b>	<b>42.33%</b>	<b>1.91%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.39%	43.65%	-2.74%
2	MEDICARE	27.47%	28.74%	1.28%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.06%	25.99%	-1.07%
4	MEDICAID	28.00%	26.93%	-1.07%
5	OTHER MEDICAL ASSISTANCE	23.70%	22.47%	-1.22%
6	CHAMPUS / TRICARE	71.37%	70.86%	-0.51%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	28.22%	27.43%	-0.80%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>27.59%</b>	<b>28.26%</b>	<b>0.67%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>37.88%</b>	<b>36.37%</b>	<b>-1.51%</b>

<b>MANCHESTER MEMORIAL HOSPITAL                      TWELVE MONTHS ACTUAL FILING                      FISCAL YEAR 2009                      REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND                      BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$151,673,753	\$158,683,002	\$7,009,249
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$826,439	\$686,857	(\$139,582)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$152,500,192</b>	<b>\$159,369,859</b>	<b>\$6,869,667</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,287,004	\$7,895,004	\$1,608,000
4	<b>CALCULATED NET REVENUE</b>	<b>\$165,074,200</b>	<b>\$167,264,863</b>	<b>\$2,190,663</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$158,787,196	\$167,264,862	\$8,477,666
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$6,287,004</b>	<b>\$1</b>	<b>(\$6,287,003)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$390,427,455	\$410,211,496	\$19,784,041
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$390,427,455</b>	<b>\$410,211,496</b>	<b>\$19,784,041</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$390,427,454	\$410,211,495	\$19,784,041
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$1</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,167,075	\$9,313,734	\$1,146,659
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$8,167,075</b>	<b>\$9,313,734</b>	<b>\$1,146,659</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,167,075	\$9,313,734	\$1,146,659
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,820,672
2	MEDICARE	93,259,909
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19,031,990
4	MEDICAID	14,360,241
5	OTHER MEDICAL ASSISTANCE	4,671,749
6	CHAMPUS / TRICARE	324,656
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,370,281
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$112,616,555</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$159,437,227</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,044,333
2	MEDICARE	86,301,464
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31,719,771
4	MEDICAID	25,087,435
5	OTHER MEDICAL ASSISTANCE	6,632,336
6	CHAMPUS / TRICARE	708,701
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,119,384
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$118,729,936</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$250,774,269</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$178,865,005
2	TOTAL GOVERNMENT ACCRUED CHARGES	231,346,491
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$410,211,496</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,363,470
2	MEDICARE	35,820,579
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,061,043
4	MEDICAID	5,196,447
5	OTHER MEDICAL ASSISTANCE	1,864,596
6	CHAMPUS / TRICARE	241,067
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	954,118
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$43,122,689</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$67,486,159</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,643,727
2	MEDICARE	24,805,567
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,245,375
4	MEDICAID	6,755,006
5	OTHER MEDICAL ASSISTANCE	1,490,369
6	CHAMPUS / TRICARE	502,174
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,501,320
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$33,553,116</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$91,196,843</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$82,007,197
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	76,675,805
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$158,683,002</b>

<b>MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,712
2	MEDICARE	3,770
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,488
4	MEDICAID	1,166
5	OTHER MEDICAL ASSISTANCE	322
6	CHAMPUS / TRICARE	19
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	182
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,277</b>
	<b>TOTAL DISCHARGES</b>	<b>8,989</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03265
2	MEDICARE	1.53069
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97011
4	MEDICAID	0.94313
5	OTHER MEDICAL ASSISTANCE	1.06779
6	CHAMPUS / TRICARE	1.31369
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98663
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.37184</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.23177</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,865,005
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$82,007,198
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,857,807
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.15%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$686,857
8	CHARITY CARE	\$1,418,730
9	BAD DEBTS	\$7,895,004
10	TOTAL UNCOMPENSATED CARE	\$9,313,734
11	TOTAL OTHER OPERATING REVENUE	\$10,065,754
12	TOTAL OPERATING EXPENSES	\$170,017,184

<b>MANCHESTER MEMORIAL HOSPITAL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 2009            REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND            BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$158,683,002
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$686,857
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$159,369,859</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$7,895,004
	<b>CALCULATED NET REVENUE</b>	<b>\$167,264,863</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$167,264,862
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$410,211,496
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$410,211,496</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$410,211,495
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,313,734
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$9,313,734</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$9,313,734
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	667	731	64	10%
2	Number of Approved Applicants	615	686	71	12%
3	<b>Total Charges (A)</b>	<b>\$1,880,071</b>	<b>\$1,418,730</b>	<b>(\$461,341)</b>	<b>-25%</b>
4	<b>Average Charges</b>	<b>\$3,057</b>	<b>\$2,068</b>	<b>(\$989)</b>	<b>-32%</b>
5	Ratio of Cost to Charges (RCC)	0.432905	0.386067	(0.046838)	-11%
6	<b>Total Cost</b>	<b>\$813,892</b>	<b>\$547,725</b>	<b>(\$266,167)</b>	<b>-33%</b>
7	<b>Average Cost</b>	<b>\$1,323</b>	<b>\$798</b>	<b>(\$525)</b>	<b>-40%</b>
8	Charity Care - Inpatient Charges	\$802,877	\$639,114	(\$163,763)	-20%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	829,352	577,155	(252,197)	-30%
10	Charity Care - Emergency Department Charges	247,842	202,461	(45,381)	-18%
11	<b>Total Charges (A)</b>	<b>\$1,880,071</b>	<b>\$1,418,730</b>	<b>(\$461,341)</b>	<b>-25%</b>
12	Charity Care - Number of Patient Days	511	490	(21)	-4%
13	Charity Care - Number of Discharges	96	135	39	41%
14	Charity Care - Number of Outpatient ED Visits	382	515	133	35%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	880	965	85	10%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$1,639,896	\$2,066,626	\$426,730	26%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,577,895	4,314,788	736,893	21%
3	Bad Debts - Emergency Department	1,069,213	1,513,590	444,377	42%
4	<b>Total Bad Debts (A)</b>	<b>\$6,287,004</b>	<b>\$7,895,004</b>	<b>\$1,608,000</b>	<b>26%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$1,880,071	\$1,418,730	(\$461,341)	-25%
2	Bad Debts (A)	6,287,004	7,895,004	1,608,000	26%
3	<b>Total Uncompensated Care (A)</b>	<b>\$8,167,075</b>	<b>\$9,313,734</b>	<b>\$1,146,659</b>	<b>14%</b>
4	Uncompensated Care - Inpatient Services	\$2,442,773	\$2,705,740	\$262,967	11%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,407,247	4,891,943	484,696	11%
6	Uncompensated Care - Emergency Department	1,317,055	1,716,051	398,996	30%
7	<b>Total Uncompensated Care (A)</b>	<b>\$8,167,075</b>	<b>\$9,313,734</b>	<b>\$1,146,659</b>	<b>14%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					



MANCHESTER MEMORIAL 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
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$141,978,889	\$149,231,344	\$159,437,227
2	Outpatient Gross Revenue	\$200,238,411	\$241,196,111	\$250,774,269
3	Total Gross Patient Revenue	\$342,217,300	\$390,427,455	\$410,211,496
4	Net Patient Revenue	\$149,979,081	\$158,787,196	\$167,264,862
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$159,620,350	\$161,925,493	\$170,017,184
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	44,817	43,813	44,631
2	Discharges	9,085	8,972	8,989
3	Average Length of Stay	4.9	4.9	5.0
4	Equivalent (Adjusted) Patient Days (EPD)	108,024	114,626	114,830
0	Equivalent (Adjusted) Discharges (ED)	21,898	23,473	23,128
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.12302	1.19121	1.23177
2	Case Mix Adjusted Patient Days (CMAPD)	50,330	52,191	54,975
3	Case Mix Adjusted Discharges (CMAD)	10,203	10,688	11,072
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	121,313	136,544	141,444
5	Case Mix Adjusted Equivalent Discharges (CMAED)	24,592	27,961	28,488
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$7,636	\$8,911	\$9,191
2	Total Gross Revenue per Discharge	\$37,668	\$43,516	\$45,635
3	Total Gross Revenue per EPD	\$3,168	\$3,406	\$3,572
4	Total Gross Revenue per ED	\$15,628	\$16,633	\$17,737
5	Total Gross Revenue per CMAEPD	\$2,821	\$2,859	\$2,900
6	Total Gross Revenue per CMAED	\$13,916	\$13,963	\$14,400
7	Inpatient Gross Revenue per EPD	\$1,314	\$1,302	\$1,388
8	Inpatient Gross Revenue per ED	\$6,484	\$6,358	\$6,894

MANCHESTER MEMORIAL 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
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,346	\$3,624	\$3,748
2	Net Patient Revenue per Discharge	\$16,508	\$17,698	\$18,608
3	Net Patient Revenue per EPD	\$1,388	\$1,385	\$1,457
4	Net Patient Revenue per ED	\$6,849	\$6,765	\$7,232
5	Net Patient Revenue per CMAEPD	\$1,236	\$1,163	\$1,183
6	Net Patient Revenue per CMAED	\$6,099	\$5,679	\$5,871
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,562	\$3,696	\$3,809
2	Total Operating Expense per Discharge	\$17,570	\$18,048	\$18,914
3	Total Operating Expense per EPD	\$1,478	\$1,413	\$1,481
4	Total Operating Expense per ED	\$7,289	\$6,898	\$7,351
5	Total Operating Expense per CMAEPD	\$1,316	\$1,186	\$1,202
6	Total Operating Expense per CMAED	\$6,491	\$5,791	\$5,968
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$21,979,164	\$23,070,252	\$25,078,004
2	Nursing Fringe Benefits Expense	\$5,946,878	\$5,847,122	\$6,834,320
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$27,926,042</b>	<b>\$28,917,374</b>	<b>\$31,912,324</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$3,835,710	\$4,942,107	\$5,313,901
2	Physician Fringe Benefits Expense	\$1,037,824	\$1,252,570	\$1,448,158
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$4,873,534</b>	<b>\$6,194,677</b>	<b>\$6,762,059</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$45,964,306	\$43,384,216	\$44,702,900
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$12,436,510	\$10,995,668	\$12,182,546
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$58,400,816</b>	<b>\$54,379,884</b>	<b>\$56,885,446</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$71,779,180	\$71,396,575	\$75,094,805
2	Total Fringe Benefits Expense	\$19,421,212	\$18,095,360	\$20,465,024
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$91,200,392</b>	<b>\$89,491,935</b>	<b>\$95,559,829</b>

<b>MANCHESTER MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	280.6	281.1	330.1
2	Total Physician FTEs	10.0	16.9	14.4
3	Total Non-Nursing, Non-Physician FTEs	883.0	853.3	810.8
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,173.6</b>	<b>1,151.3</b>	<b>1,155.3</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$78,329	\$82,071	\$75,971
2	Nursing Fringe Benefits Expense per FTE	\$21,193	\$20,801	\$20,704
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$99,523</b>	<b>\$102,872</b>	<b>\$96,675</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$383,571	\$292,432	\$369,021
2	Physician Fringe Benefits Expense per FTE	\$103,782	\$74,117	\$100,567
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$487,353</b>	<b>\$366,549</b>	<b>\$469,587</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$52,055	\$50,843	\$55,134
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,084	\$12,886	\$15,025
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$66,139</b>	<b>\$63,729</b>	<b>\$70,160</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$61,162	\$62,014	\$65,000
2	Total Fringe Benefits Expense per FTE	\$16,548	\$15,717	\$17,714
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$77,710</b>	<b>\$77,731</b>	<b>\$82,714</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,035	\$2,043	\$2,141
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,039	\$9,975	\$10,631
3	Total Salary and Fringe Benefits Expense per EPD	\$844	\$781	\$832
4	Total Salary and Fringe Benefits Expense per ED	\$4,165	\$3,813	\$4,132
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$752	\$655	\$676
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,709	\$3,201	\$3,354