

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$788,428	\$15,790,395	\$15,001,967	1903%
2	Short Term Investments	\$29,387	\$8,601,698	\$8,572,311	29170%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$43,332,119	\$42,345,864	(\$986,255)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$388,756	\$333,297	(\$55,459)	-14%
5	Due From Affiliates	\$6,502,853	\$7,647,590	\$1,144,737	18%
6	Due From Third Party Payers	\$6,164,849	\$1,696,670	(\$4,468,179)	-72%
7	Inventories of Supplies	\$2,522,708	\$2,323,933	(\$198,775)	-8%
8	Prepaid Expenses	\$3,688,828	\$2,379,157	(\$1,309,671)	-36%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$63,417,928	\$81,118,604	\$17,700,676	28%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$1,165,253	\$2,063,900	\$898,647	77%
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	\$9,658,433	\$5,983,665	(\$3,674,768)	-38%
	Total Noncurrent Assets Whose Use is Limited:	\$10,823,686	\$8,047,565	(\$2,776,121)	-26%
5	Interest in Net Assets of Foundation	\$29,843,056	\$28,565,355	(\$1,277,701)	-4%
6	Long Term Investments	\$25,425,544	\$20,099,143	(\$5,326,401)	-21%
7	Other Noncurrent Assets	\$13,299,214	\$12,864,266	(\$434,948)	-3%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$345,193,230	\$360,832,913	\$15,639,683	5%
2	Less: Accumulated Depreciation	\$230,250,260	\$247,990,711	\$17,740,451	8%
	Property, Plant and Equipment, Net	\$114,942,970	\$112,842,202	(\$2,100,768)	-2%
3	Construction in Progress	\$4,736,890	\$3,130,487	(\$1,606,403)	-34%
	Total Net Fixed Assets	\$119,679,860	\$115,972,689	(\$3,707,171)	-3%
	Total Assets	\$262,489,288	\$266,667,622	\$4,178,334	2%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$15,624,781	\$17,732,018	\$2,107,237	13%
2	Salaries, Wages and Payroll Taxes	\$14,486,083	\$13,905,178	(\$580,905)	-4%
3	Due To Third Party Payers	\$8,007,220	\$1,670,554	(\$6,336,666)	-79%
4	Due To Affiliates	\$0	\$39,553	\$39,553	0%
5	Current Portion of Long Term Debt	\$580,000	\$595,000	\$15,000	3%
6	Current Portion of Notes Payable	\$1,052,786	\$1,087,783	\$34,997	3%
7	Other Current Liabilities	\$162,687	\$165,788	\$3,101	2%
	Total Current Liabilities	\$39,913,557	\$35,195,874	(\$4,717,683)	-12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$10,440,000	\$9,845,000	(\$595,000)	-6%
2	Notes Payable (Net of Current Portion)	\$8,771,020	\$7,683,237	(\$1,087,783)	-12%
	Total Long Term Debt	\$19,211,020	\$17,528,237	(\$1,682,783)	-9%
3	Accrued Pension Liability	\$8,472,231	\$31,230,209	\$22,757,978	269%
4	Other Long Term Liabilities	\$30,621,327	\$33,793,380	\$3,172,053	10%
	Total Long Term Liabilities	\$58,304,578	\$82,551,826	\$24,247,248	42%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$139,898,660	\$125,849,836	(\$14,048,824)	-10%
2	Temporarily Restricted Net Assets	\$15,034,020	\$13,726,443	(\$1,307,577)	-9%
3	Permanently Restricted Net Assets	\$9,338,473	\$9,343,643	\$5,170	0%
	Total Net Assets	\$164,271,153	\$148,919,922	(\$15,351,231)	-9%
	Total Liabilities and Net Assets	\$262,489,288	\$266,667,622	\$4,178,334	2%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$593,088,128	\$662,081,365	\$68,993,237	12%
2	Less: Allowances	\$277,457,498	\$321,778,203	\$44,320,705	16%
3	Less: Charity Care	\$17,183,886	\$17,554,000	\$370,114	2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$298,446,744	\$322,749,162	\$24,302,418	8%
5	Other Operating Revenue	\$14,526,110	\$12,251,535	(\$2,274,575)	-16%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$312,972,854	\$335,000,697	\$22,027,843	7%
B. Operating Expenses:					
1	Salaries and Wages	\$126,037,239	\$128,489,179	\$2,451,940	2%
2	Fringe Benefits	\$40,226,616	\$40,775,966	\$549,350	1%
3	Physicians Fees	\$4,037,362	\$4,646,362	\$609,000	15%
4	Supplies and Drugs	\$27,481,165	\$30,192,082	\$2,710,917	10%
5	Depreciation and Amortization	\$16,600,540	\$18,595,949	\$1,995,409	12%
6	Bad Debts	\$16,389,312	\$21,000,769	\$4,611,457	28%
7	Interest	\$554,956	\$651,938	\$96,982	17%
8	Malpractice	\$6,356,439	\$7,691,168	\$1,334,729	21%
9	Other Operating Expenses	\$68,416,330	\$69,034,481	\$618,151	1%
	Total Operating Expenses	\$306,099,959	\$321,077,894	\$14,977,935	5%
	Income/(Loss) From Operations	\$6,872,895	\$13,922,803	\$7,049,908	103%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,163,022	\$879,780	(\$2,283,242)	-72%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,771,650)	(\$164,299)	\$1,607,351	-91%
	Total Non-Operating Revenue	\$1,391,372	\$715,481	(\$675,891)	-49%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$8,264,267	\$14,638,284	\$6,374,017	77%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$365,198	\$365,198	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$365,198	\$365,198	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$8,264,267	\$15,003,482	\$6,739,215	82%
	Principal Payments	\$0	\$1,632,786	\$1,632,786	0%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$173,773,678	\$175,143,642	\$1,369,964	1%
2	MEDICARE MANAGED CARE	\$12,252,581	\$14,948,306	\$2,695,725	22%
3	MEDICAID	\$20,400,308	\$21,299,427	\$899,119	4%
4	MEDICAID MANAGED CARE	\$10,807,876	\$15,008,041	\$4,200,165	39%
5	CHAMPUS/TRICARE	\$135,076	\$151,186	\$16,110	12%
6	COMMERCIAL INSURANCE	\$10,370,477	\$13,043,894	\$2,673,417	26%
7	NON-GOVERNMENT MANAGED CARE	\$98,903,770	\$106,860,954	\$7,957,184	8%
8	WORKER'S COMPENSATION	\$2,475,328	\$2,960,821	\$485,493	20%
9	SELF- PAY/UNINSURED	\$14,112,496	\$11,981,423	(\$2,131,073)	-15%
10	SAGA	\$7,104,552	\$11,545,194	\$4,440,642	63%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$350,336,142	\$372,942,888	\$22,606,746	6%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$67,515,625	\$79,936,806	\$12,421,181	18%
2	MEDICARE MANAGED CARE	\$4,330,008	\$6,273,338	\$1,943,330	45%
3	MEDICAID	\$8,109,408	\$8,783,248	\$673,840	8%
4	MEDICAID MANAGED CARE	\$10,705,613	\$15,660,652	\$4,955,039	46%
5	CHAMPUS/TRICARE	\$161,711	\$338,598	\$176,887	109%
6	COMMERCIAL INSURANCE	\$12,547,589	\$13,333,759	\$786,170	6%
7	NON-GOVERNMENT MANAGED CARE	\$112,536,106	\$132,793,459	\$20,257,353	18%
8	WORKER'S COMPENSATION	\$4,350,700	\$5,127,602	\$776,902	18%
9	SELF- PAY/UNINSURED	\$18,825,904	\$21,280,485	\$2,454,581	13%
10	SAGA	\$3,669,322	\$5,610,530	\$1,941,208	53%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$242,751,986	\$289,138,477	\$46,386,491	19%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$241,289,303	\$255,080,448	\$13,791,145	6%
2	MEDICARE MANAGED CARE	\$16,582,589	\$21,221,644	\$4,639,055	28%
3	MEDICAID	\$28,509,716	\$30,082,675	\$1,572,959	6%
4	MEDICAID MANAGED CARE	\$21,513,489	\$30,668,693	\$9,155,204	43%
5	CHAMPUS/TRICARE	\$296,787	\$489,784	\$192,997	65%
6	COMMERCIAL INSURANCE	\$22,918,066	\$26,377,653	\$3,459,587	15%
7	NON-GOVERNMENT MANAGED CARE	\$211,439,876	\$239,654,413	\$28,214,537	13%
8	WORKER'S COMPENSATION	\$6,826,028	\$8,088,423	\$1,262,395	18%
9	SELF- PAY/UNINSURED	\$32,938,400	\$33,261,908	\$323,508	1%
10	SAGA	\$10,773,874	\$17,155,724	\$6,381,850	59%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$593,088,128	\$662,081,365	\$68,993,237	12%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$67,584,870	\$67,645,279	\$60,409	0%
2	MEDICARE MANAGED CARE	\$4,467,135	\$5,647,637	\$1,180,502	26%
3	MEDICAID	\$6,203,410	\$7,265,004	\$1,061,594	17%
4	MEDICAID MANAGED CARE	\$3,211,506	\$3,840,337	\$628,831	20%
5	CHAMPUS/TRICARE	\$51,123	\$54,125	\$3,002	6%
6	COMMERCIAL INSURANCE	\$6,837,387	\$8,641,115	\$1,803,728	26%
7	NON-GOVERNMENT MANAGED CARE	\$60,630,563	\$61,446,354	\$815,791	1%
8	WORKER'S COMPENSATION	\$2,271,490	\$2,510,172	\$238,682	11%
9	SELF- PAY/UNINSURED	\$1,017,538	\$944,700	(\$72,838)	-7%
10	SAGA	\$1,693,046	\$1,947,817	\$254,771	15%

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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
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$153,968,068	\$159,942,540	\$5,974,472	4%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$20,570,423	\$22,862,206	\$2,291,783	11%
2	MEDICARE MANAGED CARE	\$1,411,115	\$1,768,008	\$356,893	25%
3	MEDICAID	\$2,553,992	\$1,876,301	(\$677,691)	-27%
4	MEDICAID MANAGED CARE	\$3,269,603	\$4,285,125	\$1,015,522	31%
5	CHAMPUS/TRICARE	\$56,005	\$180,183	\$124,178	222%
6	COMMERCIAL INSURANCE	\$9,020,588	\$9,063,574	\$42,986	0%
7	NON-GOVERNMENT MANAGED CARE	\$77,376,616	\$86,357,610	\$8,980,994	12%
8	WORKER'S COMPENSATION	\$3,409,831	\$3,611,968	\$202,137	6%
9	SELF- PAY/UNINSURED	\$1,997,757	\$2,169,940	\$172,183	9%
10	SAGA	\$759,846	\$834,071	\$74,225	10%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$120,425,776	\$133,008,986	\$12,583,210	10%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$88,155,293	\$90,507,485	\$2,352,192	3%
2	MEDICARE MANAGED CARE	\$5,878,250	\$7,415,645	\$1,537,395	26%
3	MEDICAID	\$8,757,402	\$9,141,305	\$383,903	4%
4	MEDICAID MANAGED CARE	\$6,481,109	\$8,125,462	\$1,644,353	25%
5	CHAMPUS/TRICARE	\$107,128	\$234,308	\$127,180	119%
6	COMMERCIAL INSURANCE	\$15,857,975	\$17,704,689	\$1,846,714	12%
7	NON-GOVERNMENT MANAGED CARE	\$138,007,179	\$147,803,964	\$9,796,785	7%
8	WORKER'S COMPENSATION	\$5,681,321	\$6,122,140	\$440,819	8%
9	SELF- PAY/UNINSURED	\$3,015,295	\$3,114,640	\$99,345	3%
10	SAGA	\$2,452,892	\$2,781,888	\$328,996	13%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$274,393,844	\$292,951,526	\$18,557,682	7%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	5,438	5,083	(355)	-7%
2	MEDICARE MANAGED CARE	383	456	73	19%
3	MEDICAID	1,087	1,083	(4)	0%
4	MEDICAID MANAGED CARE	905	1,171	266	29%
5	CHAMPUS/TRICARE	8	11	3	38%
6	COMMERCIAL INSURANCE	621	608	(13)	-2%
7	NON-GOVERNMENT MANAGED CARE	5,779	5,854	75	1%
8	WORKER'S COMPENSATION	76	63	(13)	-17%
9	SELF- PAY/UNINSURED	661	527	(134)	-20%
10	SAGA	343	476	133	39%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	15,301	15,332	31	0%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	38,913	33,756	(5,157)	-13%
2	MEDICARE MANAGED CARE	2,665	2,783	118	4%
3	MEDICAID	5,290	4,780	(510)	-10%
4	MEDICAID MANAGED CARE	2,600	3,406	806	31%
5	CHAMPUS/TRICARE	20	22	2	10%
6	COMMERCIAL INSURANCE	2,699	2,663	(36)	-1%
7	NON-GOVERNMENT MANAGED CARE	20,717	19,291	(1,426)	-7%
8	WORKER'S COMPENSATION	123	216	93	76%
9	SELF- PAY/UNINSURED	2,890	2,115	(775)	-27%
10	SAGA	1,755	2,331	576	33%
11	OTHER	0	0	0	0%

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FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL PATIENT DAYS	77,672	71,363	(6,309)	-8%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	44,946	46,981	2,035	5%
2	MEDICARE MANAGED CARE	2,559	3,317	758	30%
3	MEDICAID	8,862	8,366	(496)	-6%
4	MEDICAID MANAGED CARE	11,643	16,462	4,819	41%
5	CHAMPUS/TRICARE	88	208	120	136%
6	COMMERCIAL INSURANCE	12,175	13,760	1,585	13%
7	NON-GOVERNMENT MANAGED CARE	75,144	81,529	6,385	8%
8	WORKER'S COMPENSATION	2,888	2,677	(211)	-7%
9	SELF- PAY/UNINSURED	17,524	18,669	1,145	7%
10	SAGA	3,267	3,911	644	20%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	179,096	195,880	16,784	9%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$16,369,564	\$21,710,273	\$5,340,709	33%
2	MEDICARE MANAGED CARE	\$871,857	\$1,398,789	\$526,932	60%
3	MEDICAID	\$3,487,194	\$3,996,936	\$509,742	15%
4	MEDICAID MANAGED CARE	\$6,221,787	\$8,032,866	\$1,811,079	29%
5	CHAMPUS/TRICARE	\$75,221	\$137,493	\$62,272	83%
6	COMMERCIAL INSURANCE	\$4,968,365	\$5,845,987	\$877,622	18%
7	NON-GOVERNMENT MANAGED CARE	\$31,288,855	\$35,253,322	\$3,964,467	13%
8	WORKER'S COMPENSATION	\$1,223,897	\$1,323,929	\$100,032	8%
9	SELF- PAY/UNINSURED	\$9,709,497	\$11,008,349	\$1,298,852	13%
10	SAGA	\$2,131,807	\$3,562,101	\$1,430,294	67%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$76,348,044	\$92,270,045	\$15,922,001	21%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,060,501	\$4,925,896	\$865,395	21%
2	MEDICARE MANAGED CARE	\$250,054	\$351,793	\$101,739	41%
3	MEDICAID	\$827,102	\$770,849	(\$56,253)	-7%
4	MEDICAID MANAGED CARE	\$1,660,984	\$1,749,315	\$88,331	5%
5	CHAMPUS/TRICARE	\$61,236	\$73,800	\$12,564	21%
6	COMMERCIAL INSURANCE	\$3,454,881	\$3,926,466	\$471,585	14%
7	NON-GOVERNMENT MANAGED CARE	\$22,105,100	\$23,667,185	\$1,562,085	7%
8	WORKER'S COMPENSATION	\$695,334	\$737,716	\$42,382	6%
9	SELF- PAY/UNINSURED	\$1,561,853	\$1,785,641	\$223,788	14%
10	SAGA	\$325,704	\$516,611	\$190,907	59%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$35,002,749	\$38,505,272	\$3,502,523	10%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,930	6,522	592	10%
2	MEDICARE MANAGED CARE	360	474	114	32%
3	MEDICAID	1,841	1,858	17	1%
4	MEDICAID MANAGED CARE	4,582	5,268	686	15%
5	CHAMPUS/TRICARE	51	78	27	53%
6	COMMERCIAL INSURANCE	2,454	2,427	(27)	-1%
7	NON-GOVERNMENT MANAGED CARE	17,320	16,387	(933)	-5%
8	WORKER'S COMPENSATION	854	792	(62)	-7%
9	SELF- PAY/UNINSURED	5,135	5,069	(66)	-1%
10	SAGA	1,105	1,616	511	46%
11	OTHER	0	0	0	0%

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 REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	39,632	40,491	859	2%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$44,952,612	\$45,263,053	\$310,441	1%
2	Physician Salaries	\$13,966,324	\$14,846,700	\$880,376	6%
3	Non-Nursing, Non-Physician Salaries	\$67,118,303	\$68,379,426	\$1,261,123	2%
	Total Salaries & Wages	\$126,037,239	\$128,489,179	\$2,451,940	2%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$11,421,427	\$11,773,329	\$351,902	3%
2	Physician Fringe Benefits	\$1,859,186	\$1,940,855	\$81,669	4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$26,946,003	\$27,061,782	\$115,779	0%
	Total Fringe Benefits	\$40,226,616	\$40,775,966	\$549,350	1%
C. Contractual Labor Fees:					
1	Nursing Fees	\$2,497,942	\$1,981,350	(\$516,592)	-21%
2	Physician Fees	\$4,037,362	\$4,646,362	\$609,000	15%
3	Non-Nursing, Non-Physician Fees	\$7,669,503	\$7,435,818	(\$233,685)	-3%
	Total Contractual Labor Fees	\$14,204,807	\$14,063,530	(\$141,277)	-1%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$20,644,479	\$23,207,532	\$2,563,053	12%
2	Pharmaceutical Costs	\$6,836,686	\$6,984,550	\$147,864	2%
	Total Medical Supplies and Pharmaceutical Cost	\$27,481,165	\$30,192,082	\$2,710,917	10%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$5,301,054	\$5,580,832	\$279,778	5%
2	Depreciation-Equipment	\$11,299,486	\$13,015,117	\$1,715,631	15%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$16,600,540	\$18,595,949	\$1,995,409	12%
F. Bad Debts:					
1	Bad Debts	\$16,389,312	\$21,000,769	\$4,611,457	28%
G. Interest Expense:					
1	Interest Expense	\$554,956	\$651,938	\$96,982	17%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$6,356,439	\$7,691,168	\$1,334,729	21%
I. Utilities:					
1	Water	\$125,108	\$134,170	\$9,062	7%
2	Natural Gas	\$3,750,878	\$4,562,492	\$811,614	22%
3	Oil	\$644,866	\$276,796	(\$368,070)	-57%
4	Electricity	\$1,501,898	\$1,104,169	(\$397,729)	-26%
5	Telephone	\$605,904	\$646,621	\$40,717	7%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$6,628,654	\$6,724,248	\$95,594	1%
J. Business Expenses:					
1	Accounting Fees	\$197,411	\$230,651	\$33,240	17%
2	Legal Fees	\$2,013,914	\$1,703,401	(\$310,513)	-15%
3	Consulting Fees	\$3,377,196	\$3,172,991	(\$204,205)	-6%
4	Dues and Membership	\$546,109	\$682,611	\$136,502	25%
5	Equipment Leases	\$614,801	\$568,391	(\$46,410)	-8%
6	Building Leases	\$2,147,009	\$2,545,113	\$398,104	19%
7	Repairs and Maintenance	\$3,584,496	\$4,267,981	\$683,485	19%
8	Insurance	\$441,884	\$437,447	(\$4,437)	-1%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$845,406	\$745,793	(\$99,613)	-12%
10	Conferences	\$55	\$4,106	\$4,051	7365%
11	Property Tax	\$489,268	\$551,982	\$62,714	13%
12	General Supplies	\$859,580	\$941,651	\$82,071	10%
13	Licenses and Subscriptions	\$229,562	\$244,360	\$14,798	6%
14	Postage and Shipping	\$210,829	\$201,740	(\$9,089)	-4%
15	Advertising	\$1,813,309	\$1,510,122	(\$303,187)	-17%
16	Other Business Expenses	\$34,249,402	\$35,084,725	\$835,323	2%
	Total Business Expenses	\$51,620,231	\$52,893,065	\$1,272,834	2%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$306,099,959	\$321,077,894	\$14,977,935	5%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$66,855,499	\$66,420,144	(\$435,355)	-1%
2	General Accounting	\$2,593,420	\$2,714,159	\$120,739	5%
3	Patient Billing & Collection	\$2,788,721	\$3,855,461	\$1,066,740	38%
4	Admitting / Registration Office	\$1,642,397	\$1,896,944	\$254,547	15%
5	Data Processing	\$6,155,949	\$7,060,335	\$904,386	15%
6	Communications	\$210,124	\$197,928	(\$12,196)	-6%
7	Personnel	\$4,120,980	\$3,067,328	(\$1,053,652)	-26%
8	Public Relations	\$2,808,468	\$3,340,226	\$531,758	19%
9	Purchasing	\$985,346	\$1,286,034	\$300,688	31%
10	Dietary and Cafeteria	\$4,455,694	\$4,659,824	\$204,130	5%
11	Housekeeping	\$3,928,378	\$4,015,993	\$87,615	2%
12	Laundry & Linen	\$1,410,839	\$1,384,638	(\$26,201)	-2%
13	Operation of Plant	\$6,096,196	\$6,471,959	\$375,763	6%
14	Security	\$1,625,985	\$1,670,025	\$44,040	3%
15	Repairs and Maintenance	\$5,199,416	\$4,966,921	(\$232,495)	-4%
16	Central Sterile Supply	\$1,394,572	\$1,577,901	\$183,329	13%
17	Pharmacy Department	\$10,330,673	\$10,624,546	\$293,873	3%
18	Other General Services	\$18,585,646	\$21,019,113	\$2,433,467	13%
	Total General Services	\$141,188,303	\$146,229,479	\$5,041,176	4%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$8,858,921	\$8,178,851	(\$680,070)	-8%
2	Residency Program	\$4,371,655	\$5,195,502	\$823,847	19%
3	Nursing Services Administration	\$3,571,667	\$3,257,966	(\$313,701)	-9%
4	Medical Records	\$2,675,528	\$2,723,642	\$48,114	2%
5	Social Service	\$1,801,519	\$1,899,954	\$98,435	5%
6	Other Professional Services	\$936,340	\$953,200	\$16,860	2%
	Total Professional Services	\$22,215,630	\$22,209,115	(\$6,515)	0%
C.	<u>Special Services:</u>				
1	Operating Room	\$10,141,283	\$10,049,884	(\$91,399)	-1%
2	Recovery Room	\$1,773,373	\$1,921,132	\$147,759	8%
3	Anesthesiology	\$981,286	\$924,294	(\$56,992)	-6%
4	Delivery Room	\$2,459,244	\$2,726,583	\$267,339	11%
5	Diagnostic Radiology	\$4,466,525	\$4,389,543	(\$76,982)	-2%
6	Diagnostic Ultrasound	\$264,077	\$631,721	\$367,644	139%
7	Radiation Therapy	\$939,766	\$1,047,241	\$107,475	11%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,034,334	\$1,004,316	(\$30,018)	-3%
9	CT Scan	\$1,265,284	\$1,397,002	\$131,718	10%
10	Laboratory	\$9,656,529	\$10,690,742	\$1,034,213	11%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,192,348	\$1,166,883	(\$25,465)	-2%
14	Electroencephalography	\$204,369	\$157,536	(\$46,833)	-23%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$217,907	\$207,865	(\$10,042)	-5%
18	Respiratory Therapy	\$1,994,954	\$2,043,909	\$48,955	2%
19	Pulmonary Function	\$533,382	\$732,700	\$199,318	37%
20	Intravenous Therapy	\$1,041,384	\$1,027,150	(\$14,234)	-1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,389,655	\$3,473,640	\$83,985	2%
23	Renal Dialysis	\$699,511	\$676,321	(\$23,190)	-3%
24	Emergency Room	\$10,717,902	\$11,290,959	\$573,057	5%
25	MRI	\$4,386,589	\$5,026,364	\$639,775	15%
26	PET Scan	\$511,850	\$675,775	\$163,925	32%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,830,402	\$3,343,425	\$513,023	18%
29	Sleep Center	\$1,990,645	\$1,633,649	(\$356,996)	-18%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$2,632,276	\$4,391,700	\$1,759,424	67%
32	Occupational Therapy / Physical Therapy	\$5,771,367	\$5,842,201	\$70,834	1%
33	Dental Clinic	\$275,908	\$338,653	\$62,745	23%
34	Other Special Services	\$13,119,011	\$13,223,785	\$104,774	1%
	Total Special Services	\$84,491,161	\$90,034,973	\$5,543,812	7%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$15,883,503	\$14,158,637	(\$1,724,866)	-11%
2	Intensive Care Unit	\$4,686,985	\$4,677,953	(\$9,032)	0%
3	Coronary Care Unit	\$5,177,134	\$5,511,147	\$334,013	6%
4	Psychiatric Unit	\$2,275,239	\$2,247,441	(\$27,798)	-1%
5	Pediatric Unit	\$1,710,649	\$1,689,604	(\$21,045)	-1%
6	Maternity Unit	\$4,066,040	\$4,747,489	\$681,449	17%
7	Newborn Nursery Unit	\$46,191	\$51,669	\$5,478	12%
8	Neonatal ICU	\$1,568,901	\$1,555,116	(\$13,785)	-1%
9	Rehabilitation Unit	\$2,388,482	\$2,520,130	\$131,648	6%
10	Ambulatory Surgery	\$3,830,675	\$3,688,608	(\$142,067)	-4%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$181,754	\$755,764	\$574,010	316%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$41,815,553	\$41,603,558	(\$211,995)	-1%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$16,389,312	\$21,000,769	\$4,611,457	28%
	Total Operating Expenses - All Departments*	\$306,099,959	\$321,077,894	\$14,977,935	5%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$277,467,379	\$ 298,446,744	\$322,749,162
2	Other Operating Revenue	13,639,563	14,526,110	12,251,535
3	Total Operating Revenue	\$291,106,942	\$312,972,854	\$335,000,697
4	Total Operating Expenses	288,812,209	306,099,959	321,077,894
5	Income/(Loss) From Operations	\$2,294,733	\$6,872,895	\$13,922,803
6	Total Non-Operating Revenue	3,152,725	1,391,372	1,080,679
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,447,458	\$8,264,267	\$15,003,482
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.78%	2.19%	4.14%
2	Hospital Non Operating Margin	1.07%	0.44%	0.32%
3	Hospital Total Margin	1.85%	2.63%	4.46%
4	Income/(Loss) From Operations	\$2,294,733	\$6,872,895	\$13,922,803
5	Total Operating Revenue	\$291,106,942	\$312,972,854	\$335,000,697
6	Total Non-Operating Revenue	\$3,152,725	\$1,391,372	\$1,080,679
7	Total Revenue	\$294,259,667	\$314,364,226	\$336,081,376
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,447,458	\$8,264,267	\$15,003,482
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$151,497,278	\$139,898,660	\$125,849,836
2	Hospital Total Net Assets	\$177,916,606	\$164,271,153	\$148,919,922
3	Hospital Change in Total Net Assets	\$177,916,606	(\$13,645,453)	(\$15,351,231)
4	Hospital Change in Total Net Assets %	0.0%	-7.7%	-9.3%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.50	0.47	0.48
2	Total Operating Expenses	\$265,407,994	\$284,280,175	\$321,077,894
3	Total Gross Revenue	\$514,062,394	\$593,088,128	\$662,081,365
4	Total Other Operating Revenue	\$13,639,563	\$13,274,376	\$12,251,535
5	<u>Private Payment to Cost Ratio</u>	1.36	1.41	1.31
6	Total Non-Government Payments	\$141,844,663	\$162,561,770	\$174,745,433

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
7	Total Uninsured Payments	\$2,626,513	\$3,015,295	\$3,114,640
8	Total Non-Government Charges	\$233,019,945	\$274,122,370	\$307,382,397
9	Total Uninsured Charges	\$29,605,192	\$32,938,400	\$33,261,908
10	<u>Medicare Payment to Cost Ratio</u>	0.80	0.78	0.74
11	Total Medicare Payments	\$92,732,272	\$94,033,543	\$97,923,130
12	Total Medicare Charges	\$229,973,782	\$257,871,892	\$276,302,092
13	<u>Medicaid Payment to Cost Ratio</u>	0.68	0.65	0.60
14	Total Medicaid Payments	\$13,734,147	\$15,238,511	\$17,266,767
15	Total Medicaid Charges	\$40,023,976	\$50,023,205	\$60,751,368
16	<u>Uncompensated Care Cost</u>	\$14,365,864	\$15,740,080	\$18,357,526
17	Charity Care	\$9,336,375	\$17,183,886	\$17,554,000
18	Bad Debts	\$19,226,799	\$16,389,312	\$21,000,769
19	Total Uncompensated Care	\$28,563,174	\$33,573,198	\$38,554,769
20	<u>Uncompensated Care % of Total Expenses</u>	5.4%	5.5%	5.7%
21	Total Operating Expenses	\$265,407,994	\$284,280,175	\$321,077,894
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.65	1.59	2.30
2	Total Current Assets	\$63,395,491	\$63,417,928	\$81,118,604
3	Total Current Liabilities	\$38,386,011	\$39,913,557	\$35,195,874
4	<u>Days Cash on Hand</u>	15	1	29
5	Cash and Cash Equivalents	\$11,004,613	\$788,428	\$15,790,395
6	Short Term Investments	29,226	29,387	8,601,698
7	Total Cash and Short Term Investments	\$11,033,839	\$817,815	\$24,392,093
8	Total Operating Expenses	\$288,812,209	\$306,099,959	\$321,077,894
9	Depreciation Expense	\$15,474,966	\$16,600,540	\$18,595,949
10	Operating Expenses less Depreciation Expense	\$273,337,243	\$289,499,419	\$302,481,945
11	<u>Days Revenue in Patient Accounts Receivable</u>	47.26	50.74	47.92

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
12	Net Patient Accounts Receivable	\$ 36,588,586	\$ 43,332,119	\$ 42,345,864
13	Due From Third Party Payers	\$7,389,523	\$6,164,849	\$1,696,670
14	Due To Third Party Payers	\$8,052,101	\$8,007,220	\$1,670,554
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 35,926,008	\$ 41,489,748	\$ 42,371,980
16	Total Net Patient Revenue	\$277,467,379	\$ 298,446,744	\$ 322,749,162
17	<u>Average Payment Period</u>	51.26	50.32	42.47
18	Total Current Liabilities	\$38,386,011	\$39,913,557	\$35,195,874
19	Total Operating Expenses	\$288,812,209	\$306,099,959	\$321,077,894
20	Depreciation Expense	\$15,474,966	\$16,600,540	\$18,595,949
21	Total Operating Expenses less Depreciation Expense	\$273,337,243	\$289,499,419	\$302,481,945
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	67.9	62.6	55.8
2	Total Net Assets	\$177,916,606	\$164,271,153	\$148,919,922
3	Total Assets	\$261,991,460	\$262,489,288	\$266,667,622
4	<u>Cash Flow to Total Debt Ratio</u>	35.7	42.1	63.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,447,458	\$8,264,267	\$15,003,482
6	Depreciation Expense	\$15,474,966	\$16,600,540	\$18,595,949
7	Excess of Revenues Over Expenses and Depreciation Expense	\$20,922,424	\$24,864,807	\$33,599,431
8	Total Current Liabilities	\$38,386,011	\$39,913,557	\$35,195,874
9	Total Long Term Debt	\$20,239,969	\$19,211,020	\$17,528,237
10	Total Current Liabilities and Total Long Term Debt	\$58,625,980	\$59,124,577	\$52,724,111
11	<u>Long Term Debt to Capitalization Ratio</u>	10.2	10.5	10.5
12	Total Long Term Debt	\$20,239,969	\$19,211,020	\$17,528,237
13	Total Net Assets	\$177,916,606	\$164,271,153	\$148,919,922
14	Total Long Term Debt and Total Net Assets	\$198,156,575	\$183,482,173	\$166,448,159
15	<u>Debt Service Coverage Ratio</u>	29.4	45.8	15.0
16	Excess Revenues over Expenses	\$5,447,458	\$8,264,267	\$15,003,482
17	Interest Expense	\$736,562	\$554,956	\$651,938
18	Depreciation and Amortization Expense	\$15,474,966	\$16,600,540	\$18,595,949

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
19	Principal Payments	\$0	\$0	\$1,632,786
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	13.8	13.9	13.3
21	Accumulated Depreciation	\$212,904,752	\$230,250,260	\$247,990,711
22	Depreciation and Amortization Expense	\$15,474,966	\$16,600,540	\$18,595,949
H. <u>Utilization Measures Summary</u>				
1	Patient Days	79,445	77,672	71,363
2	Discharges	15,146	15,301	15,332
3	ALOS	5.2	5.1	4.7
4	Staffed Beds	221	217	200
5	Available Beds	-	-	322
6	Licensed Beds	366	330	366
6	Occupancy of Staffed Beds	98.5%	98.1%	97.8%
7	Occupancy of Available Beds	59.5%	64.5%	60.7%
8	Full Time Equivalent Employees	1,730.0	1,721.4	1,695.3
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.6%	40.7%	41.4%
2	Medicare Gross Revenue Payer Mix Percentage	44.7%	43.5%	41.7%
3	Medicaid Gross Revenue Payer Mix Percentage	7.8%	8.4%	9.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.1%	1.8%	2.6%
5	Uninsured Gross Revenue Payer Mix Percentage	5.8%	5.6%	5.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$203,414,753	\$241,183,970	\$274,120,489
9	Medicare Gross Revenue (Charges)	\$229,973,782	\$257,871,892	\$276,302,092
10	Medicaid Gross Revenue (Charges)	\$40,023,976	\$50,023,205	\$60,751,368
11	Other Medical Assistance Gross Revenue (Charges)	\$10,776,285	\$10,773,874	\$17,155,724
12	Uninsured Gross Revenue (Charges)	\$29,605,192	\$32,938,400	\$33,261,908
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$268,406	\$296,787	\$489,784
14	Total Gross Revenue (Charges)	\$514,062,394	\$593,088,128	\$662,081,365
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	55.3%	58.1%	58.6%

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
2	Medicare Net Revenue Payer Mix Percentage	36.8%	34.3%	33.4%
3	Medicaid Net Revenue Payer Mix Percentage	5.5%	5.6%	5.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.4%	0.9%	0.9%
5	Uninsured Net Revenue Payer Mix Percentage	1.0%	1.1%	1.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.0%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$139,218,150	\$159,546,475	\$171,630,793
9	Medicare Net Revenue (Payments)	\$92,732,272	\$94,033,543	\$97,923,130
10	Medicaid Net Revenue (Payments)	\$13,734,147	\$15,238,511	\$17,266,767
11	Other Medical Assistance Net Revenue (Payments)	\$3,432,107	\$2,452,892	\$2,781,889
12	Uninsured Net Revenue (Payments)	\$2,626,513	\$3,015,295	\$3,114,640
13	CHAMPUS / TRICARE Net Revenue Payments)	\$176,066	\$107,128	\$234,308
14	Total Net Revenue (Payments)	\$251,919,255	\$274,393,844	\$292,951,527
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	6,962	7,137	7,052
2	Medicare	5,907	5,821	5,539
3	Medical Assistance	2,269	2,335	2,730
4	Medicaid	1,867	1,992	2,254
5	Other Medical Assistance	402	343	476
6	CHAMPUS / TRICARE	8	8	11
7	Uninsured (Included In Non-Government)	586	661	527
8	Total	15,146	15,301	15,332
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	0.917500	0.972800	0.971800
2	Medicare	1.381360	1.418800	1.478800
3	Medical Assistance	0.818885	0.819598	0.839332
4	Medicaid	0.785400	0.786400	0.795900
5	Other Medical Assistance	0.974400	1.012400	1.045000
6	CHAMPUS / TRICARE	0.562400	1.132000	0.891300
7	Uninsured (Included In Non-Government)	0.968800	1.026900	1.049000
8	Total Case Mix Index	1.083446	1.119176	1.131319
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	8,864	9,181	9,239
2	Emergency Room - Treated and Discharged	38,859	39,632	40,491
3	Total Emergency Room Visits	47,723	48,813	49,730

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$99,472	\$147,862	\$48,390	49%
2	Inpatient Payments	\$31,098	\$44,764	\$13,666	44%
3	Outpatient Charges	\$14,429	\$47,511	\$33,082	229%
4	Outpatient Payments	\$7,054	\$11,722	\$4,668	66%
5	Discharges	4	6	2	50%
6	Patient Days	19	27	8	42%
7	Outpatient Visits (Excludes ED Visits)	11	17	6	55%
8	Emergency Department Outpatient Visits	3	7	4	133%
9	Emergency Department Inpatient Admissions	4	4	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$113,901	\$195,373	\$81,472	72%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$38,152	\$56,486	\$18,334	48%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$126,276	\$126,276	0%
2	Inpatient Payments	\$0	\$55,266	\$55,266	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	6	6	0%
6	Patient Days	0	23	23	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$126,276	\$126,276	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$55,266	\$55,266	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$95,652	\$95,652	0%
4	Outpatient Payments	\$0	\$22,735	\$22,735	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	60	60	0%
8	Emergency Department Outpatient Visits	0	20	20	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$95,652	\$95,652	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$22,735	\$22,735	0%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$8,357,138	\$9,787,541	\$1,430,403	17%
2	Inpatient Payments	\$3,114,760	\$3,787,524	\$672,764	22%
3	Outpatient Charges	\$3,612,755	\$4,759,754	\$1,146,999	32%
4	Outpatient Payments	\$1,076,966	\$1,324,414	\$247,448	23%
5	Discharges	269	292	23	9%
6	Patient Days	1,680	1,842	162	10%
7	Outpatient Visits (Excludes ED Visits)	1,680	2,014	334	20%
8	Emergency Department Outpatient Visits	256	275	19	7%
9	Emergency Department Inpatient Admissions	204	212	8	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,969,893	\$14,547,295	\$2,577,402	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,191,726	\$5,111,938	\$920,212	22%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$2,439,439	\$3,043,264	\$603,825	25%
2	Inpatient Payments	\$797,548	\$1,127,083	\$329,535	41%
3	Outpatient Charges	\$533,041	\$783,060	\$250,019	47%
4	Outpatient Payments	\$257,332	\$241,930	(\$15,402)	-6%
5	Discharges	80	93	13	16%
6	Patient Days	638	538	(100)	-16%
7	Outpatient Visits (Excludes ED Visits)	393	518	125	32%
8	Emergency Department Outpatient Visits	82	123	41	50%
9	Emergency Department Inpatient Admissions	80	82	2	3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,972,480	\$3,826,324	\$853,844	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,054,880	\$1,369,013	\$314,133	30%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$18,070	\$75,154	\$57,084	316%
2	Inpatient Payments	\$15,225	\$17,809	\$2,584	17%
3	Outpatient Charges	\$1,567	\$15,980	\$14,413	920%
4	Outpatient Payments	\$711	\$3,690	\$2,979	419%
5	Discharges	2	2	0	0%
6	Patient Days	3	15	12	400%
7	Outpatient Visits (Excludes ED Visits)	2	5	3	150%
8	Emergency Department Outpatient Visits	1	5	4	400%
9	Emergency Department Inpatient Admissions	2	2	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,637	\$91,134	\$71,497	364%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,936	\$21,499	\$5,563	35%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$47,243	\$108,507	\$61,264	130%
2	Inpatient Payments	\$9,169	\$23,041	\$13,872	151%
3	Outpatient Charges	\$10,788	\$3,727	(\$7,061)	-65%
4	Outpatient Payments	\$5,650	\$1,310	(\$4,340)	-77%
5	Discharges	1	4	3	300%
6	Patient Days	9	19	10	111%
7	Outpatient Visits (Excludes ED Visits)	4	6	2	50%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	1	4	3	300%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$58,031	\$112,234	\$54,203	93%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,819	\$24,351	\$9,532	64%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$8,399	\$8,399	0%
4	Outpatient Payments	\$0	\$7,564	\$7,564	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	6	6	0%
8	Emergency Department Outpatient Visits	0	3	3	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$8,399	\$8,399	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$7,564	\$7,564	0%
I. AETNA					
1	Inpatient Charges	\$895,160	\$594,985	(\$300,175)	-34%
2	Inpatient Payments	\$398,248	\$257,972	(\$140,276)	-35%
3	Outpatient Charges	\$91,914	\$138,099	\$46,185	50%
4	Outpatient Payments	\$35,121	\$38,479	\$3,358	10%
5	Discharges	15	17	2	13%
6	Patient Days	241	121	(120)	-50%
7	Outpatient Visits (Excludes ED Visits)	77	95	18	23%
8	Emergency Department Outpatient Visits	8	12	4	50%
9	Emergency Department Inpatient Admissions	7	8	1	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$987,074	\$733,084	(\$253,990)	-26%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$433,369	\$296,451	(\$136,918)	-32%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$177,728	\$175,892	(\$1,836)	-1%
2	Inpatient Payments	\$35,943	\$60,139	\$24,196	67%
3	Outpatient Charges	\$10,011	\$134,624	\$124,613	1245%
4	Outpatient Payments	\$3,417	\$39,509	\$36,092	1056%
5	Discharges	4	6	2	50%
6	Patient Days	25	37	12	48%
7	Outpatient Visits (Excludes ED Visits)	2	24	22	1100%
8	Emergency Department Outpatient Visits	4	7	3	75%
9	Emergency Department Inpatient Admissions	4	5	1	25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$187,739	\$310,516	\$122,777	65%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$39,360	\$99,648	\$60,288	153%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$218,331	\$888,825	\$670,494	307%
2	Inpatient Payments	\$65,144	\$274,039	\$208,895	321%
3	Outpatient Charges	\$55,503	\$286,532	\$231,029	416%
4	Outpatient Payments	\$24,864	\$76,655	\$51,791	208%
5	Discharges	8	30	22	275%
6	Patient Days	50	161	111	222%
7	Outpatient Visits (Excludes ED Visits)	30	98	68	227%
8	Emergency Department Outpatient Visits	6	21	15	250%
9	Emergency Department Inpatient Admissions	8	31	23	288%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$273,834	\$1,175,357	\$901,523	329%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$90,008	\$350,694	\$260,686	290%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$12,252,581	\$14,948,306	\$2,695,725	22%
	TOTAL INPATIENT PAYMENTS	\$4,467,135	\$5,647,637	\$1,180,502	26%
	TOTAL OUTPATIENT CHARGES	\$4,330,008	\$6,273,338	\$1,943,330	45%
	TOTAL OUTPATIENT PAYMENTS	\$1,411,115	\$1,768,008	\$356,893	25%
	TOTAL DISCHARGES	383	456	73	19%
	TOTAL PATIENT DAYS	2,665	2,783	118	4%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,199	2,843	644	29%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	360	474	114	32%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	310	348	38	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,582,589	\$21,221,644	\$4,639,055	28%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,878,250	\$7,415,645	\$1,537,395	26%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$5,013,910	\$2,051,816	(\$2,962,094)	-59%
2	Inpatient Payments	\$1,579,795	\$521,393	(\$1,058,402)	-67%
3	Outpatient Charges	\$4,787,057	\$1,857,430	(\$2,929,627)	-61%
4	Outpatient Payments	\$1,459,931	\$572,071	(\$887,860)	-61%
5	Discharges	397	131	(266)	-67%
6	Patient Days	1,187	452	(735)	-62%
7	Outpatient Visits (Excludes ED Visits)	3,094	905	(2,189)	-71%
8	Emergency Department Outpatient Visits	2,059	662	(1,397)	-68%
9	Emergency Department Inpatient Admissions	130	35	(95)	-73%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,800,967	\$3,909,246	(\$5,891,721)	-60%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,039,726	\$1,093,464	(\$1,946,262)	-64%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$2,414,454	\$7,301,991	\$4,887,537	202%
2	Inpatient Payments	\$754,720	\$1,758,613	\$1,003,893	133%
3	Outpatient Charges	\$2,892,598	\$8,746,320	\$5,853,722	202%
4	Outpatient Payments	\$867,204	\$2,420,421	\$1,553,217	179%
5	Discharges	226	632	406	180%
6	Patient Days	615	1,696	1,081	176%
7	Outpatient Visits (Excludes ED Visits)	2,204	6,464	4,260	193%
8	Emergency Department Outpatient Visits	1,229	3,016	1,787	145%
9	Emergency Department Inpatient Admissions	81	204	123	152%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,307,052	\$16,048,311	\$10,741,259	202%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,621,924	\$4,179,034	\$2,557,110	158%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$2,266,923	\$0	(\$2,266,923)	-100%
2	Inpatient Payments	\$544,967	\$0	(\$544,967)	-100%
3	Outpatient Charges	\$1,884,928	\$0	(\$1,884,928)	-100%
4	Outpatient Payments	\$576,450	\$0	(\$576,450)	-100%
5	Discharges	189	0	(189)	-100%
6	Patient Days	530	0	(530)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,124	0	(1,124)	-100%
8	Emergency Department Outpatient Visits	814	0	(814)	-100%
9	Emergency Department Inpatient Admissions	66	0	(66)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,151,851	\$0	(\$4,151,851)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,121,417	\$0	(\$1,121,417)	-100%

**NORWALK HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$327,831	\$294,223	(\$33,608)	-10%
2	Inpatient Payments	\$80,330	\$86,558	\$6,228	8%
3	Outpatient Charges	\$371,578	\$551,461	\$179,883	48%
4	Outpatient Payments	\$116,949	\$57,867	(\$59,082)	-51%
5	Discharges	24	20	(4)	-17%
6	Patient Days	70	70	0	0%
7	Outpatient Visits (Excludes ED Visits)	208	1,092	884	425%
8	Emergency Department Outpatient Visits	128	62	(66)	-52%
9	Emergency Department Inpatient Admissions	14	13	(1)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$699,409	\$845,684	\$146,275	21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$197,279	\$144,425	(\$52,854)	-27%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$784,758	\$0	(\$784,758)	-100%
2	Inpatient Payments	\$251,694	\$0	(\$251,694)	-100%
3	Outpatient Charges	\$769,452	\$0	(\$769,452)	-100%
4	Outpatient Payments	\$249,069	\$0	(\$249,069)	-100%
5	Discharges	69	0	(69)	-100%
6	Patient Days	198	0	(198)	-100%
7	Outpatient Visits (Excludes ED Visits)	431	0	(431)	-100%
8	Emergency Department Outpatient Visits	352	0	(352)	-100%
9	Emergency Department Inpatient Admissions	37	0	(37)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,554,210	\$0	(\$1,554,210)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$500,763	\$0	(\$500,763)	-100%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**NORWALK 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	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$2,569,168	\$2,569,168	0%
2	Inpatient Payments	\$0	\$690,407	\$690,407	0%
3	Outpatient Charges	\$0	\$2,077,192	\$2,077,192	0%
4	Outpatient Payments	\$0	\$570,962	\$570,962	0%
5	Discharges	0	159	159	0%
6	Patient Days	0	540	540	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,316	1,316	0%
8	Emergency Department Outpatient Visits	0	649	649	0%
9	Emergency Department Inpatient Admissions	0	60	60	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$4,646,360	\$4,646,360	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,261,369	\$1,261,369	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$2,790,843	\$2,790,843	0%
2	Inpatient Payments	\$0	\$783,366	\$783,366	0%
3	Outpatient Charges	\$0	\$2,428,249	\$2,428,249	0%
4	Outpatient Payments	\$0	\$663,804	\$663,804	0%
5	Discharges	0	229	229	0%
6	Patient Days	0	648	648	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,417	1,417	0%
8	Emergency Department Outpatient Visits	0	879	879	0%
9	Emergency Department Inpatient Admissions	0	55	55	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$5,219,092	\$5,219,092	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,447,170	\$1,447,170	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$10,807,876	\$15,008,041	\$4,200,165	39%
	TOTAL INPATIENT PAYMENTS	\$3,211,506	\$3,840,337	\$628,831	20%
	TOTAL OUTPATIENT CHARGES	\$10,705,613	\$15,660,652	\$4,955,039	46%
	TOTAL OUTPATIENT PAYMENTS	\$3,269,603	\$4,285,125	\$1,015,522	31%
	TOTAL DISCHARGES	905	1,171	266	29%
	TOTAL PATIENT DAYS	2,600	3,406	806	31%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	7,061	11,194	4,133	59%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	4,582	5,268	686	15%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	328	367	39	12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$21,513,489	\$30,668,693	\$9,155,204	43%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,481,109	\$8,125,462	\$1,644,353	25%

**NORWALK 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

NORWALK HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$3,354,998	\$17,551,919	\$14,196,921	423%
2	Short Term Investments	\$29,387	\$16,173,831	\$16,144,444	54937%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$46,205,777	\$45,676,015	(\$529,762)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$707,218	\$570,997	(\$136,221)	-19%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$313,892	\$313,892	0%
7	Inventories of Supplies	\$3,076,188	\$2,793,225	(\$282,963)	-9%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$11,519,654	\$5,951,888	(\$5,567,766)	-48%
	Total Current Assets	\$64,893,222	\$89,031,767	\$24,138,545	37%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$2,732,104	\$3,650,949	\$918,845	34%
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	\$16,077,484	\$12,329,432	(\$3,748,052)	-23%
	Total Noncurrent Assets Whose Use is Limited:	\$18,809,588	\$15,980,381	(\$2,829,207)	-15%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$90,134,731	\$86,977,157	(\$3,157,574)	-4%
7	Other Noncurrent Assets	\$13,994,520	\$13,215,691	(\$778,829)	-6%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$359,819,613	\$375,427,563	\$15,607,950	4%
2	Less: Accumulated Depreciation	\$236,779,550	\$254,935,027	\$18,155,477	\$0
	Property, Plant and Equipment, Net	\$123,040,063	\$120,492,536	(\$2,547,527)	-2%
3	Construction in Progress	\$4,767,298	\$3,130,487	(\$1,636,811)	-34%
	Total Net Fixed Assets	\$127,807,361	\$123,623,023	(\$4,184,338)	-3%
	Total Assets	\$315,639,422	\$328,828,019	\$13,188,597	4%

NORWALK HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$16,610,756	\$19,012,621	\$2,401,865	14%
2	Salaries, Wages and Payroll Taxes	\$16,573,385	\$16,799,188	\$225,803	1%
3	Due To Third Party Payers	\$8,122,238	\$1,785,662	(\$6,336,576)	-78%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,122,786	\$2,192,783	\$69,997	3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,066,799	\$1,040,126	(\$26,673)	-3%
	Total Current Liabilities	\$44,495,964	\$40,830,380	(\$3,665,584)	-8%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$28,056,020	\$25,863,237	(\$2,192,783)	-8%
	Total Long Term Debt	\$28,056,020	\$25,863,237	(\$2,192,783)	-8%
3	Accrued Pension Liability	\$8,472,231	\$31,230,209	\$22,757,978	269%
4	Other Long Term Liabilities	\$43,733,200	\$50,761,459	\$7,028,259	16%
	Total Long Term Liabilities	\$80,261,451	\$107,854,905	\$27,593,454	34%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$154,157,848	\$145,071,590	(\$9,086,258)	-6%
2	Temporarily Restricted Net Assets	\$27,385,687	\$25,727,502	(\$1,658,185)	-6%
3	Permanently Restricted Net Assets	\$9,338,472	\$9,343,642	\$5,170	0%
	Total Net Assets	\$190,882,007	\$180,142,734	(\$10,739,273)	-6%
	Total Liabilities and Net Assets	\$315,639,422	\$328,828,019	\$13,188,597	4%

NORWALK HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$622,176,450	\$690,583,729	\$68,407,279	11%
2	Less: Allowances	\$283,462,162	\$327,515,091	\$44,052,929	16%
3	Less: Charity Care	\$17,183,886	\$17,554,000	\$370,114	2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$321,530,402	\$345,514,638	\$23,984,236	7%
5	Other Operating Revenue	\$22,613,179	\$19,852,793	(\$2,760,386)	-12%
6	Net Assets Released from Restrictions	\$428,497	\$3,689,378	\$3,260,881	761%
	Total Operating Revenue	\$344,572,078	\$369,056,809	\$24,484,731	7%
B. Operating Expenses:					
1	Salaries and Wages	\$144,326,934	\$149,272,654	\$4,945,720	3%
2	Fringe Benefits	\$44,711,544	\$45,831,688	\$1,120,144	3%
3	Physicians Fees	\$4,240,463	\$4,762,491	\$522,028	12%
4	Supplies and Drugs	\$34,728,192	\$37,052,777	\$2,324,585	7%
5	Depreciation and Amortization	\$17,181,739	\$19,204,640	\$2,022,901	12%
6	Bad Debts	\$16,533,485	\$22,354,212	\$5,820,727	35%
7	Interest	\$1,023,145	\$1,092,603	\$69,458	7%
8	Malpractice	\$9,383,968	\$8,832,025	(\$551,943)	-6%
9	Other Operating Expenses	\$67,660,538	\$68,820,078	\$1,159,540	2%
	Total Operating Expenses	\$339,790,008	\$357,223,168	\$17,433,160	5%
	Income/(Loss) From Operations	\$4,782,070	\$11,833,641	\$7,051,571	147%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,175,577	\$905,595	(\$2,269,982)	-71%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$713,465)	(\$1,317,039)	(\$603,574)	85%
	Total Non-Operating Revenue	\$2,462,112	(\$411,444)	(\$2,873,556)	-117%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$7,244,182	\$11,422,197	\$4,178,015	58%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$1,220,852	\$1,220,852	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$1,220,852	\$1,220,852	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$7,244,182	\$12,643,049	\$5,398,867	75%

NORWALK HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$299,731,717	\$321,530,402	\$345,514,638
2	Other Operating Revenue	29,445,867	23,041,676	23,542,171
3	Total Operating Revenue	\$329,177,584	\$344,572,078	\$369,056,809
4	Total Operating Expenses	322,890,297	339,790,008	357,223,168
5	Income/(Loss) From Operations	\$6,287,287	\$4,782,070	\$11,833,641
6	Total Non-Operating Revenue	0	2,462,112	809,408
7	Excess/(Deficiency) of Revenue Over Expenses	\$6,287,287	\$7,244,182	\$12,643,049
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	1.91%	1.38%	3.20%
2	Parent Corporation Non-Operating Margin	0.00%	0.71%	0.22%
3	Parent Corporation Total Margin	1.91%	2.09%	3.42%
4	Income/(Loss) From Operations	\$6,287,287	\$4,782,070	\$11,833,641
5	Total Operating Revenue	\$329,177,584	\$344,572,078	\$369,056,809
6	Total Non-Operating Revenue	\$0	\$2,462,112	\$809,408
7	Total Revenue	\$329,177,584	\$347,034,190	\$369,866,217
8	Excess/(Deficiency) of Revenue Over Expenses	\$6,287,287	\$7,244,182	\$12,643,049
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$177,707,501	\$154,157,848	\$145,071,590
2	Parent Corporation Total Net Assets	\$212,414,335	\$190,882,007	\$180,142,734
3	Parent Corporation Change in Total Net Assets	\$212,414,335	(\$21,532,328)	(\$10,739,273)
4	Parent Corporation Change in Total Net Assets %	0.0%	-10.1%	-5.6%

NORWALK HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.52	1.46	2.18
2	Total Current Assets	\$64,049,441	\$64,893,222	\$89,031,767
3	Total Current Liabilities	\$42,262,475	\$44,495,964	\$40,830,380
4	<u>Days Cash on Hand</u>	17	4	36
5	Cash and Cash Equivalents	\$14,371,817	\$3,354,998	\$17,551,919
6	Short Term Investments	29,226	29,387	16,173,831
7	Total Cash and Short Term Investments	\$14,401,043	\$3,384,385	\$33,725,750
8	Total Operating Expenses	\$322,890,297	\$339,790,008	\$357,223,168
9	Depreciation Expense	\$16,015,257	\$17,181,739	\$19,204,640
10	Operating Expenses less Depreciation Expense	\$306,875,040	\$322,608,269	\$338,018,528
11	<u>Days Revenue in Patient Accounts Receivable</u>	36	43	47
12	Net Patient Accounts Receivable	\$ 38,050,161	\$ 46,205,777	\$ 45,676,015
13	Due From Third Party Payers	\$0	\$0	\$313,892
14	Due To Third Party Payers	\$8,167,209	\$8,122,238	\$1,785,662
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 29,882,952	\$ 38,083,539	\$ 44,204,245
16	Total Net Patient Revenue	\$299,731,717	\$321,530,402	\$345,514,638
17	<u>Average Payment Period</u>	50	50	44
18	Total Current Liabilities	\$42,262,475	\$44,495,964	\$40,830,380
19	Total Operating Expenses	\$322,890,297	\$339,790,008	\$357,223,168
20	Depreciation Expense	\$16,015,257	\$17,181,739	\$19,204,640
21	Total Operating Expenses less Depreciation Expense	\$306,875,040	\$322,608,269	\$338,018,528

NORWALK HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	66.9	60.5	54.8
2	Total Net Assets	\$212,414,335	\$190,882,007	\$180,142,734
3	Total Assets	\$317,507,169	\$315,639,422	\$328,828,019
4	<u>Cash Flow to Total Debt Ratio</u>	31.0	33.7	47.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$6,287,287	\$7,244,182	\$12,643,049
6	Depreciation Expense	\$16,015,257	\$17,181,739	\$19,204,640
7	Excess of Revenues Over Expenses and Depreciation Expense	\$22,302,544	\$24,425,921	\$31,847,689
8	Total Current Liabilities	\$42,262,475	\$44,495,964	\$40,830,380
9	Total Long Term Debt	\$29,574,969	\$28,056,020	\$25,863,237
10	Total Current Liabilities and Total Long Term Debt	\$71,837,444	\$72,551,984	\$66,693,617
11	<u>Long Term Debt to Capitalization Ratio</u>	12.2	12.8	12.6
12	Total Long Term Debt	\$29,574,969	\$28,056,020	\$25,863,237
13	Total Net Assets	\$212,414,335	\$190,882,007	\$180,142,734
14	Total Long Term Debt and Total Net Assets	\$241,989,304	\$218,938,027	\$206,005,971

NORWALK HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	33,564	92	136	100.0%	67.6%
2	ICU/CCU (Excludes Neonatal ICU)	13,862	38	52	99.9%	73.0%
3	Psychiatric: Ages 0 to 17	6	1	1	1.6%	1.6%
4	Psychiatric: Ages 18+	3,892	11	25	96.9%	42.7%
	TOTAL PSYCHIATRIC	3,898	12	26	89.0%	41.1%
5	Rehabilitation	7,513	21	25	98.0%	82.3%
6	Maternity	5,340	15	28	97.5%	52.3%
7	Newborn	4,090	12	20	93.4%	56.0%
8	Neonatal ICU	1,617	5	18	88.6%	24.6%
9	Pediatric	1,479	5	17	81.0%	23.8%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	67,273	188	302	98.0%	61.0%
	TOTAL INPATIENT BED UTILIZATION	71,363	200	322	97.8%	60.7%
	TOTAL INPATIENT REPORTED YEAR	71,363	200	322	97.8%	60.7%
	TOTAL INPATIENT PRIOR YEAR	77,672	217	330	98.1%	64.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-6,309	-17	-8	-0.3%	-3.8%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-8%	-8%	-2%	0%	-6%
	Total Licensed Beds and Bassinets	366				
(A) This number may not exceed the number of available beds for each department or in total.						

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	10,055	11,680	1,625	16%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,854	4,459	605	16%
3	Emergency Department Scans	10,112	12,204	2,092	21%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	24,021	28,343	4,322	18%
B. MRI Scans (A)					
1	Inpatient Scans	1,423	1,172	-251	-18%
2	Outpatient Scans (Excluding Emergency Department Scans)	11,402	12,134	732	6%
3	Emergency Department Scans	56	79	23	41%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	12,881	13,385	504	4%
C. PET Scans (A)					
1	Inpatient Scans	21	21	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	455	573	118	26%
3	Emergency Department Scans	0	1	1	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	476	595	119	25%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	331	302	-29	-9%
2	Outpatient Procedures	7,699	8,136	437	6%
	Total Linear Accelerator Procedures	8,030	8,438	408	5%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	76	104	28	37%
2	Outpatient Procedures	61	51	-10	-16%
	Total Cardiac Catheterization Procedures	137	155	18	13%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	14	14	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	14	14	0%
H. Electrophysiology Studies					
1	Inpatient Studies	121	127	6	5%
2	Outpatient Studies	152	170	18	12%
	Total Electrophysiology Studies	273	297	24	9%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	3,871	3,912	41	1%
2	Outpatient Surgical Procedures	10,356	9,697	-659	-6%
	Total Surgical Procedures	14,227	13,609	-618	-4%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	685	752	67	10%
2	Outpatient Endoscopy Procedures	8,398	8,920	522	6%
	Total Endoscopy Procedures	9,083	9,672	589	6%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	9,181	9,239	58	1%
2	Emergency Room Visits: Treated and Discharged	39,632	40,491	859	2%
	Total Emergency Room Visits	48,813	49,730	917	2%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	1,661	1,738	77	5%
3	Psychiatric Clinic Visits	10,295	10,253	-42	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	8,739	9,199	460	5%
	Total Hospital Clinic Visits	20,695	21,190	495	2%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	7,605	7,805	200	3%
2	Cardiology	903	769	-134	-15%
3	Chemotherapy	206	261	55	27%
4	Gastroenterology	8,834	8,416	-418	-5%
5	Other Outpatient Visits	101,221	116,948	15,727	16%
	Total Other Hospital Outpatient Visits	118,769	134,199	15,430	13%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	480.3	481.2	0.9	0%
2	Total Physician FTEs	98.4	96.3	-2.1	-2%
3	Total Non-Nursing and Non-Physician FTEs	1,142.7	1,117.8	-24.9	-2%
	Total Hospital Full Time Equivalent Employees	1,721.4	1,695.3	-26.1	-2%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Norwalk Hospital	7,938	7,827	-111	-1%
2	40 Cross Street	2,418	1,870	-548	-23%
	Total Outpatient Surgical Procedures(A)	10,356	9,697	-659	-6%
B. Outpatient Endoscopy Procedures					
1	Norwalk Hospital	8,398	8,920	522	6%
	Total Outpatient Endoscopy Procedures(B)	8,398	8,920	522	6%
C. Outpatient Hospital Emergency Room Visits					
1	Norwalk Hospital	39,632	40,491	859	2%
	Total Outpatient Hospital Emergency Room Visits(C)	39,632	40,491	859	2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

NORWALK HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$186,026,259	\$190,091,948	\$4,065,689	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$72,052,005	\$73,292,916	\$1,240,911	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.73%	38.56%	-0.18%	0%
4	DISCHARGES	5,821	5,539	(282)	-5%
5	CASE MIX INDEX (CMI)	1.41880	1.47880	0.06000	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,258.83480	8,191.07320	(67.76160)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,724.23	\$8,947.90	\$223.67	3%
8	PATIENT DAYS	41,578	36,539	(5,039)	-12%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,732.94	\$2,005.88	\$272.95	16%
10	AVERAGE LENGTH OF STAY	7.1	6.6	(0.5)	-8%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$71,845,633	\$86,210,144	\$14,364,511	20%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,981,538	\$24,630,214	\$2,648,676	12%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.60%	28.57%	-2.03%	-7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	38.62%	45.35%	6.73%	17%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,248.14191	2,512.03690	263.89499	12%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,777.65	\$9,804.88	\$27.23	0%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$257,871,892	\$276,302,092	\$18,430,200	7%
18	TOTAL ACCRUED PAYMENTS	\$94,033,543	\$97,923,130	\$3,889,587	4%
19	TOTAL ALLOWANCES	\$163,838,349	\$178,378,962	\$14,540,613	9%

NORWALK HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$125,862,071	\$134,847,092	\$8,985,021	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$70,756,978	\$73,542,341	\$2,785,363	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.22%	54.54%	-1.68%	-3%
4	DISCHARGES	7,137	7,052	(85)	-1%
5	CASE MIX INDEX (CMI)	0.97280	0.97180	(0.00100)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,942.87360	6,853.13360	(89.74000)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,191.31	\$10,731.20	\$539.89	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,467.08)	(\$1,783.30)	(\$316.22)	22%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$10,185,726)	(\$12,221,177)	(\$2,035,451)	20%
10	PATIENT DAYS	26,429	24,285	(2,144)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,677.25	\$3,028.30	\$351.06	13%
12	AVERAGE LENGTH OF STAY	3.7	3.4	(0.3)	-7%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$148,260,299	\$172,535,305	\$24,275,006	16%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$91,804,792	\$101,203,092	\$9,398,300	10%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	61.92%	58.66%	-3.26%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	117.80%	127.95%	10.15%	9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8,407.08996	9,022.95298	615.86302	7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,919.93	\$11,216.18	\$296.26	3%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,142.28)	(\$1,411.31)	(\$269.03)	24%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,603,234)	(\$12,734,144)	(\$3,130,909)	33%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$274,122,370	\$307,382,397	\$33,260,027	12%
22	TOTAL ACCRUED PAYMENTS	\$162,561,770	\$174,745,433	\$12,183,663	7%
23	TOTAL ALLOWANCES	\$111,560,600	\$132,636,964	\$21,076,364	19%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$19,788,960)	(\$24,955,320)	(\$5,166,360)	26%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$231,754,365	\$263,283,167	\$31,528,802	14%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$162,440,134	\$179,097,364	\$16,657,230	10%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$69,314,231	\$84,185,803	\$14,871,572	21%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.91%	31.98%	2.07%	

NORWALK HOSPITAL					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$14,112,496	\$11,981,423	(\$2,131,073)	-15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,017,538	\$944,700	(\$72,838)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	7.21%	7.88%	0.67%	9%
4	DISCHARGES	661	527	(134)	-20%
5	CASE MIX INDEX (CMI)	1.02690	1.04900	0.02210	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	678.78090	552.82300	(125.95790)	-19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,499.07	\$1,708.87	\$209.80	14%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,692.24	\$9,022.33	\$330.09	4%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,225.17	\$7,239.04	\$13.87	0%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,904,305	\$4,001,906	(\$902,399)	-18%
11	PATIENT DAYS	2,890	2,115	(775)	-27%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$352.09	\$446.67	\$94.58	27%
13	AVERAGE LENGTH OF STAY	4.4	4.0	(0.4)	-8%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,825,904	\$21,280,485	\$2,454,581	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,997,757	\$2,169,940	\$172,183	9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.61%	10.20%	-0.41%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	133.40%	177.61%	44.21%	33%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	881.76624	936.01700	54.25076	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,265.63	\$2,318.27	\$52.64	2%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,654.29	\$8,897.91	\$243.62	3%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,512.02	\$7,486.61	(\$25.41)	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,623,842	\$7,007,592	\$383,750	6%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$32,938,400	\$33,261,908	\$323,508	1%
24	TOTAL ACCRUED PAYMENTS	\$3,015,295	\$3,114,640	\$99,345	3%
25	TOTAL ALLOWANCES	\$29,923,105	\$30,147,268	\$224,163	1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,528,147	\$11,009,498	(\$518,650)	-4%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$31,208,184	\$36,307,468	\$5,099,284	16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,414,916	\$11,105,341	\$1,690,425	18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.17%	30.59%	0.42%	1%
4	DISCHARGES	1,992	2,254	262	13%
5	CASE MIX INDEX (CMI)	0.78640	0.79590	0.00950	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,566.50880	1,793.95860	227.44980	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,010.13	\$6,190.41	\$180.28	3%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,181.18	\$4,540.79	\$359.60	9%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,714.11	\$2,757.49	\$43.38	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,251,673	\$4,946,824	\$695,151	16%
11	PATIENT DAYS	7,890	8,186	296	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,193.27	\$1,356.63	\$163.35	14%
13	AVERAGE LENGTH OF STAY	4.0	3.6	(0.3)	-8%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,815,021	\$24,443,900	\$5,628,879	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,823,595	\$6,161,426	\$337,831	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.95%	25.21%	-5.75%	-19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	60.29%	67.32%	7.04%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,200.95171	1,517.49912	316.54741	26%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,849.15	\$4,060.25	(\$788.90)	-16%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,070.77	\$7,155.93	\$1,085.16	18%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,928.50	\$5,744.63	\$816.13	17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,918,887	\$8,717,467	\$2,798,580	47%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$50,023,205	\$60,751,368	\$10,728,163	21%
24	TOTAL ACCRUED PAYMENTS	\$15,238,511	\$17,266,767	\$2,028,256	13%
25	TOTAL ALLOWANCES	\$34,784,694	\$43,484,601	\$8,699,907	25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,170,560	\$13,664,291	\$3,493,731	34%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$7,104,552	\$11,545,194	\$4,440,642	63%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,693,046	\$1,947,817	\$254,771	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.83%	16.87%	-6.96%	-29%
4	DISCHARGES	343	476	133	39%
5	CASE MIX INDEX (CMI)	1.01240	1.04500	0.03260	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	347.25320	497.42000	150.16680	43%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,875.54	\$3,915.84	(\$959.70)	-20%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,315.77	\$6,815.36	\$1,499.59	28%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,848.70	\$5,032.06	\$1,183.37	31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,336,472	\$2,503,048	\$1,166,576	87%
11	PATIENT DAYS	1,755	2,331	576	33%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$964.70	\$835.61	(\$129.08)	-13%
13	AVERAGE LENGTH OF STAY	5.1	4.9	(0.2)	-4%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,669,322	\$5,610,530	\$1,941,208	53%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$759,846	\$834,072	\$74,226	10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.71%	14.87%	-5.84%	-28%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	51.65%	48.60%	-3.05%	-6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	177.15085	231.31809	54.16724	31%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,289.26	\$3,605.74	(\$683.52)	-16%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,630.67	\$7,610.45	\$979.78	15%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,488.39	\$6,199.14	\$710.75	13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$972,273	\$1,433,974	\$461,701	47%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$10,773,874	\$17,155,724	\$6,381,850	59%
24	TOTAL ACCRUED PAYMENTS	\$2,452,892	\$2,781,889	\$328,997	13%
25	TOTAL ALLOWANCES	\$8,320,982	\$14,373,835	\$6,052,853	73%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,308,745	\$3,937,022	\$1,628,277	71%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$38,312,736	\$47,852,662	\$9,539,926	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,107,962	\$13,053,158	\$1,945,196	18%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.99%	27.28%	-1.72%	-6%
4	DISCHARGES	2,335	2,730	395	17%
5	CASE MIX INDEX (CMI)	0.81960	0.83933	0.01973	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,913.76200	2,291.37860	377.61660	20%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,804.25	\$5,696.64	(\$107.62)	-2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,387.06	\$5,034.56	\$647.50	15%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,919.98	\$3,251.26	\$331.28	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,588,145	\$7,449,872	\$1,861,727	33%
11	PATIENT DAYS	9,645	10,517	872	9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,151.68	\$1,241.15	\$89.47	8%
13	AVERAGE LENGTH OF STAY	4.1	3.9	(0.3)	-7%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,484,343	\$30,054,430	\$7,570,087	34%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,583,441	\$6,995,498	\$412,057	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.28%	23.28%	-6.00%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	58.69%	62.81%	4.12%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,378.10256	1,748.81721	370.71465	27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,777.18	\$4,000.13	(\$777.05)	-16%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,142.75	\$7,216.05	\$1,073.30	17%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,000.47	\$5,804.75	\$804.28	16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,891,159	\$10,151,440	\$3,260,281	47%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$60,797,079	\$77,907,092	\$17,110,013	28%
24	TOTAL ACCRUED PAYMENTS	\$17,691,403	\$20,048,656	\$2,357,253	13%
25	TOTAL ALLOWANCES	\$43,105,676	\$57,858,436	\$14,752,760	34%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$135,076	\$151,186	\$16,110	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,123	\$54,125	\$3,002	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.85%	35.80%	-2.05%	-5%
4	DISCHARGES	8	11	3	38%
5	CASE MIX INDEX (CMI)	1.13200	0.89130	(0.24070)	-21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9.05600	9.80430	0.74830	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,645.21	\$5,520.54	(\$124.67)	-2%
8	PATIENT DAYS	20	22	2	10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,556.15	\$2,460.23	(\$95.92)	-4%
10	AVERAGE LENGTH OF STAY	2.5	2.0	(0.5)	-20%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$161,711	\$338,598	\$176,887	109%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$56,005	\$180,183	\$124,178	222%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$296,787	\$489,784	\$192,997	65%
14	TOTAL ACCRUED PAYMENTS	\$107,128	\$234,308	\$127,180	119%
15	TOTAL ALLOWANCES	\$189,659	\$255,476	\$65,817	35%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$13,274,376	\$12,251,535	(\$1,022,841)	-8%
2	TOTAL OPERATING EXPENSES	\$284,280,175	\$321,077,894	\$36,797,719	13%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,233,116	\$2,174,504	(\$58,612)	-3%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$17,183,886	\$17,554,000	\$370,114	2%
5	BAD DEBTS (CHARGES)	\$16,389,312	\$21,000,769	\$4,611,457	28%
6	UNCOMPENSATED CARE (CHARGES)	\$33,573,198	\$38,554,769	\$4,981,571	15%
7	COST OF UNCOMPENSATED CARE	\$15,842,704	\$17,376,610	\$1,533,906	10%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$60,797,079	\$77,907,092	\$17,110,013	28%
9	TOTAL ACCRUED PAYMENTS	\$17,691,403	\$20,048,656	\$2,357,253	13%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$28,689,257	\$35,112,677	\$6,423,420	22%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$10,997,854	\$15,064,021	\$4,066,167	37%

NORWALK HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$350,336,142	\$372,942,888	\$22,606,746	6%
2	TOTAL INPATIENT PAYMENTS	\$153,968,068	\$159,942,540	\$5,974,472	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	43.95%	42.89%	-1.06%	-2%
4	TOTAL DISCHARGES	15,301	15,332	31	0%
5	TOTAL CASE MIX INDEX	1.11918	1.13132	0.01214	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	17,124,52640	17,345,38970	220,86330	1%
7	TOTAL OUTPATIENT CHARGES	\$242,751,986	\$289,138,477	\$46,386,491	19%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	69.29%	77.53%	8.24%	12%
9	TOTAL OUTPATIENT PAYMENTS	\$120,425,776	\$133,008,987	\$12,583,211	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	49.61%	46.00%	-3.61%	-7%
11	TOTAL CHARGES	\$593,088,128	\$662,081,365	\$68,993,237	12%
12	TOTAL PAYMENTS	\$274,393,844	\$292,951,527	\$18,557,683	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	46.27%	44.25%	-2.02%	-4%
14	PATIENT DAYS	77,672	71,363	(6,309)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$224,474,071	\$238,095,796	\$13,621,725	6%
2	INPATIENT PAYMENTS	\$83,211,090	\$86,400,199	\$3,189,109	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	37.07%	36.29%	-0.78%	-2%
4	DISCHARGES	8,164	8,280	116	1%
5	CASE MIX INDEX	1,24714	1,26718	0,02004	2%
6	CASE MIX ADJUSTED DISCHARGES	10,181,65280	10,492,25610	310,60330	3%
7	OUTPATIENT CHARGES	\$94,491,687	\$116,603,172	\$22,111,485	23%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	42.09%	48.97%	6.88%	16%
9	OUTPATIENT PAYMENTS	\$28,620,984	\$31,805,895	\$3,184,911	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.29%	27.28%	-3.01%	-10%
11	TOTAL CHARGES	\$318,965,758	\$354,698,968	\$35,733,210	11%
12	TOTAL PAYMENTS	\$111,832,074	\$118,206,094	\$6,374,020	6%
13	TOTAL PAYMENTS / CHARGES	35.06%	33.33%	-1.74%	-5%
14	PATIENT DAYS	51,243	47,078	(4,165)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$207,133,684	\$236,492,874	\$29,359,190	14%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	7.1	6.6	(0.5)	-8%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.4	(0.3)	-7%
3	UNINSURED	4.4	4.0	(0.4)	-8%
4	MEDICAID	4.0	3.6	(0.3)	-8%
5	OTHER MEDICAL ASSISTANCE	5.1	4.9	(0.2)	-4%
6	CHAMPUS / TRICARE	2.5	2.0	(0.5)	-20%
7	TOTAL AVERAGE LENGTH OF STAY	5.1	4.7	(0.4)	-8%

NORWALK 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	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$593,088,128	\$662,081,365	\$68,993,237	12%
2	TOTAL GOVERNMENT DEDUCTIONS	\$207,133,684	\$236,492,874	\$29,359,190	14%
3	UNCOMPENSATED CARE	\$33,573,198	\$38,554,769	\$4,981,571	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$69,314,231	\$84,185,803	\$14,871,572	21%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,430,472	\$6,622,771	\$1,192,299	22%
6	TOTAL ADJUSTMENTS	\$315,451,585	\$365,856,217	\$50,404,632	16%
7	TOTAL ACCRUED PAYMENTS	\$277,636,543	\$296,225,148	\$18,588,605	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$2,233,116	\$2,174,504	(\$58,612)	-3%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$279,869,659	\$298,399,652	\$18,529,993	7%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4718854514	0.4506993668	(0.0211860846)	-4%
11	COST OF UNCOMPENSATED CARE	\$15,842,704	\$17,376,610	\$1,533,906	10%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$10,997,854	\$15,064,021	\$4,066,167	37%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,840,558	\$32,440,631	\$5,600,073	21%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$5,918,887	\$8,717,467	\$2,798,580	47%
2	OTHER MEDICAL ASSISTANCE	\$2,308,745	\$3,937,022	\$1,628,277	71%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,528,147	\$11,009,498	(\$518,650)	-4%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$19,755,779	\$23,663,986	\$3,908,208	20%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$10,997,311	\$11,893,862	\$896,551	8.15%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$21,819,784	\$27,623,541	\$5,803,757	26.60%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$298,446,744	\$322,749,572	\$24,302,828	8.14%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$593,088,128	\$662,081,365	\$68,993,237	11.63%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$33,573,198	\$38,554,769	\$4,981,571	14.84%

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$125,862,071	\$134,847,092	\$8,985,021
2	MEDICARE	\$186,026,259	190,091,948	\$4,065,689
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$38,312,736	47,852,662	\$9,539,926
4	MEDICAID	\$31,208,184	36,307,468	\$5,099,284
5	OTHER MEDICAL ASSISTANCE	\$7,104,552	11,545,194	\$4,440,642
6	CHAMPUS / TRICARE	\$135,076	151,186	\$16,110
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$14,112,496	11,981,423	(\$2,131,073)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$224,474,071	\$238,095,796	\$13,621,725
	TOTAL INPATIENT CHARGES	\$350,336,142	\$372,942,888	\$22,606,746
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,260,299	\$172,535,305	\$24,275,006
2	MEDICARE	\$71,845,633	86,210,144	\$14,364,511
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,484,343	30,054,430	\$7,570,087
4	MEDICAID	\$18,815,021	24,443,900	\$5,628,879
5	OTHER MEDICAL ASSISTANCE	\$3,669,322	5,610,530	\$1,941,208
6	CHAMPUS / TRICARE	\$161,711	338,598	\$176,887
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18,825,904	21,280,485	\$2,454,581
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$94,491,687	\$116,603,172	\$22,111,485
	TOTAL OUTPATIENT CHARGES	\$242,751,986	\$289,138,477	\$46,386,491
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$274,122,370	\$307,382,397	\$33,260,027
2	TOTAL MEDICARE	\$257,871,892	\$276,302,092	\$18,430,200
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$60,797,079	\$77,907,092	\$17,110,013
4	TOTAL MEDICAID	\$50,023,205	\$60,751,368	\$10,728,163
5	TOTAL OTHER MEDICAL ASSISTANCE	\$10,773,874	\$17,155,724	\$6,381,850
6	TOTAL CHAMPUS / TRICARE	\$296,787	\$489,784	\$192,997
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$32,938,400	\$33,261,908	\$323,508
	TOTAL GOVERNMENT CHARGES	\$318,965,758	\$354,698,968	\$35,733,210
	TOTAL CHARGES	\$593,088,128	\$662,081,365	\$68,993,237
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,756,978	\$73,542,341	\$2,785,363
2	MEDICARE	\$72,052,005	73,292,916	\$1,240,911
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,107,962	13,053,158	\$1,945,196
4	MEDICAID	\$9,414,916	11,105,341	\$1,690,425
5	OTHER MEDICAL ASSISTANCE	\$1,693,046	1,947,817	\$254,771
6	CHAMPUS / TRICARE	\$51,123	54,125	\$3,002
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,017,538	944,700	(\$72,838)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$83,211,090	\$86,400,199	\$3,189,109
	TOTAL INPATIENT PAYMENTS	\$153,968,068	\$159,942,540	\$5,974,472
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,804,792	\$101,203,092	\$9,398,300
2	MEDICARE	\$21,981,538	24,630,214	\$2,648,676
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,583,441	6,995,498	\$412,057
4	MEDICAID	\$5,823,595	6,161,426	\$337,831
5	OTHER MEDICAL ASSISTANCE	\$759,846	834,072	\$74,226
6	CHAMPUS / TRICARE	\$56,005	180,183	\$124,178
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,997,757	2,169,940	\$172,183
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$28,620,984	\$31,805,895	\$3,184,911
	TOTAL OUTPATIENT PAYMENTS	\$120,425,776	\$133,008,987	\$12,583,211
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$162,561,770	\$174,745,433	\$12,183,663
2	TOTAL MEDICARE	\$94,033,543	\$97,923,130	\$3,889,587
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,691,403	\$20,048,656	\$2,357,253
4	TOTAL MEDICAID	\$15,238,511	\$17,266,767	\$2,028,256
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,452,892	\$2,781,889	\$328,997
6	TOTAL CHAMPUS / TRICARE	\$107,128	\$234,308	\$127,180
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,015,295	\$3,114,640	\$99,345
	TOTAL GOVERNMENT PAYMENTS	\$111,832,074	\$118,206,094	\$6,374,020
	TOTAL PAYMENTS	\$274,393,844	\$292,951,527	\$18,557,683

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.22%	20.37%	-0.85%
2	MEDICARE	31.37%	28.71%	-2.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.46%	7.23%	0.77%
4	MEDICAID	5.26%	5.48%	0.22%
5	OTHER MEDICAL ASSISTANCE	1.20%	1.74%	0.55%
6	CHAMPUS / TRICARE	0.02%	0.02%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.38%	1.81%	-0.57%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	37.85%	35.96%	-1.89%
	TOTAL INPATIENT PAYER MIX	59.07%	56.33%	-2.74%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.00%	26.06%	1.06%
2	MEDICARE	12.11%	13.02%	0.91%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.79%	4.54%	0.75%
4	MEDICAID	3.17%	3.69%	0.52%
5	OTHER MEDICAL ASSISTANCE	0.62%	0.85%	0.23%
6	CHAMPUS / TRICARE	0.03%	0.05%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.17%	3.21%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.93%	17.61%	1.68%
	TOTAL OUTPATIENT PAYER MIX	40.93%	43.67%	2.74%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.79%	25.10%	-0.68%
2	MEDICARE	26.26%	25.02%	-1.24%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.05%	4.46%	0.41%
4	MEDICAID	3.43%	3.79%	0.36%
5	OTHER MEDICAL ASSISTANCE	0.62%	0.66%	0.05%
6	CHAMPUS / TRICARE	0.02%	0.02%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.37%	0.32%	-0.05%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.33%	29.49%	-0.83%
	TOTAL INPATIENT PAYER MIX	56.11%	54.60%	-1.52%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.46%	34.55%	1.09%
2	MEDICARE	8.01%	8.41%	0.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.40%	2.39%	-0.01%
4	MEDICAID	2.12%	2.10%	-0.02%
5	OTHER MEDICAL ASSISTANCE	0.28%	0.28%	0.01%
6	CHAMPUS / TRICARE	0.02%	0.06%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.73%	0.74%	0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	10.43%	10.86%	0.43%
	TOTAL OUTPATIENT PAYER MIX	43.89%	45.40%	1.52%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,137	7,052	(85)
2	MEDICARE	5,821	5,539	(282)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,335	2,730	395
4	MEDICAID	1,992	2,254	262
5	OTHER MEDICAL ASSISTANCE	343	476	133
6	CHAMPUS / TRICARE	8	11	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	661	527	(134)
	TOTAL GOVERNMENT DISCHARGES	8,164	8,280	116
	TOTAL DISCHARGES	15,301	15,332	31
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26,429	24,285	(2,144)
2	MEDICARE	41,578	36,539	(5,039)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,645	10,517	872
4	MEDICAID	7,890	8,186	296
5	OTHER MEDICAL ASSISTANCE	1,755	2,331	576
6	CHAMPUS / TRICARE	20	22	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,890	2,115	(775)
	TOTAL GOVERNMENT PATIENT DAYS	51,243	47,078	(4,165)
	TOTAL PATIENT DAYS	77,672	71,363	(6,309)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.4	(0.3)
2	MEDICARE	7.1	6.6	(0.5)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.1	3.9	(0.3)
4	MEDICAID	4.0	3.6	(0.3)
5	OTHER MEDICAL ASSISTANCE	5.1	4.9	(0.2)
6	CHAMPUS / TRICARE	2.5	2.0	(0.5)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.4	4.0	(0.4)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.3	5.7	(0.6)
	TOTAL AVERAGE LENGTH OF STAY	5.1	4.7	(0.4)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.97280	0.97180	(0.00100)
2	MEDICARE	1.41880	1.47880	0.06000
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.81960	0.83933	0.01973
4	MEDICAID	0.78640	0.79590	0.00950
5	OTHER MEDICAL ASSISTANCE	1.01240	1.04500	0.03260
6	CHAMPUS / TRICARE	1.13200	0.89130	(0.24070)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02690	1.04900	0.02210
	TOTAL GOVERNMENT CASE MIX INDEX	1.24714	1.26718	0.02004
	TOTAL CASE MIX INDEX	1.11918	1.13132	0.01214
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$231,754,365	\$263,283,167	\$31,528,802
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$162,440,134	\$179,097,364	\$16,657,230
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$69,314,231	\$84,185,803	\$14,871,572
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	29.91%	31.98%	2.07%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$10,997,311	\$11,893,862	\$896,551
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,430,472	\$6,622,771	\$1,192,299
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$2,233,116	\$2,174,504	(\$58,612)
8	CHARITY CARE	\$17,183,886	\$17,554,000	\$370,114
9	BAD DEBTS	\$16,389,312	\$21,000,769	\$4,611,457
10	TOTAL UNCOMPENSATED CARE	\$33,573,198	\$38,554,769	\$4,981,571
11	TOTAL OTHER OPERATING REVENUE	\$231,754,365	\$263,283,167	\$31,528,802
12	TOTAL OPERATING EXPENSES	\$284,280,175	\$321,077,894	\$36,797,719

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

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,942.87360	6,853.13360	(89.74000)
2	MEDICARE	8,258.83480	8,191.07320	(67.76160)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,913.76200	2,291.37860	377.61660
4	MEDICAID	1,566.50880	1,793.95860	227.44980
5	OTHER MEDICAL ASSISTANCE	347.25320	497.42000	150.16680
6	CHAMPUS / TRICARE	9.05600	9.80430	0.74830
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	678.78090	552.82300	(125.95790)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	10,181.65280	10,492.25610	310.60330
	TOTAL CASE MIX ADJUSTED DISCHARGES	17,124.52640	17,345.38970	220.86330
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,407.08996	9,022.95298	615.86302
2	MEDICARE	2,248.14191	2,512.03690	263.89499
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,378.10256	1,748.81721	370.71465
4	MEDICAID	1,200.95171	1,517.49912	316.54741
5	OTHER MEDICAL ASSISTANCE	177.15085	231.31809	54.16724
6	CHAMPUS / TRICARE	9.57748	24.63573	15.05825
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	881.76624	936.01700	54.25076
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	3,635.82195	4,285.48984	649.66789
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	12,042.91192	13,308.44283	1,265.53091
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,191.31	\$10,731.20	\$539.89
2	MEDICARE	\$8,724.23	\$8,947.90	\$223.67
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,804.25	\$5,696.64	(\$107.62)
4	MEDICAID	\$6,010.13	\$6,190.41	\$180.28
5	OTHER MEDICAL ASSISTANCE	\$4,875.54	\$3,915.84	(\$959.70)
6	CHAMPUS / TRICARE	\$5,645.21	\$5,520.54	(\$124.67)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,499.07	\$1,708.87	\$209.80
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,172.65	\$8,234.66	\$62.01
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,991.08	\$9,221.04	\$229.96
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,919.93	\$11,216.18	\$296.26
2	MEDICARE	\$9,777.65	\$9,804.88	\$27.23
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,777.18	\$4,000.13	(\$777.05)
4	MEDICAID	\$4,849.15	\$4,060.25	(\$788.90)
5	OTHER MEDICAL ASSISTANCE	\$4,289.26	\$3,605.74	(\$683.52)
6	CHAMPUS / TRICARE	\$5,847.57	\$7,313.89	\$1,466.32
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,265.63	\$2,318.27	\$52.64
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,871.94	\$7,421.76	(\$450.18)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,999.72	\$9,994.33	(\$5.39)

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$5,918,887	\$8,717,467	\$2,798,580
2	OTHER MEDICAL ASSISTANCE	\$2,308,745	\$3,937,022	\$1,628,277
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,528,147	\$11,009,498	(\$518,650)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$19,755,779	\$23,663,986	\$3,908,208
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$593,088,128	\$662,081,365	\$68,993,237
2	TOTAL GOVERNMENT DEDUCTIONS	\$207,133,684	\$236,492,874	\$29,359,190
3	UNCOMPENSATED CARE	\$33,573,198	\$38,554,769	\$4,981,571
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$69,314,231	\$84,185,803	\$14,871,572
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,430,472	\$6,622,771	\$1,192,299
6	TOTAL ADJUSTMENTS	\$315,451,585	\$365,856,217	\$50,404,632
7	TOTAL ACCRUED PAYMENTS	\$277,636,543	\$296,225,148	\$18,588,605
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,233,116	\$2,174,504	(\$58,612)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$279,869,659	\$298,399,652	\$18,529,993
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4718854514	0.4506993668	(0.0211860846)
11	COST OF UNCOMPENSATED CARE	\$15,842,704	\$17,376,610	\$1,533,906
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$10,997,854	\$15,064,021	\$4,066,167
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,840,558	\$32,440,631	\$5,600,073
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	56.22%	54.54%	-1.68%
2	MEDICARE	38.73%	38.56%	-0.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.99%	27.28%	-1.72%
4	MEDICAID	30.17%	30.59%	0.42%
5	OTHER MEDICAL ASSISTANCE	23.83%	16.87%	-6.96%
6	CHAMPUS / TRICARE	37.85%	35.80%	-2.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.21%	7.88%	0.67%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.07%	36.29%	-0.78%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	43.95%	42.89%	-1.06%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	61.92%	58.66%	-3.26%
2	MEDICARE	30.60%	28.57%	-2.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.28%	23.28%	-6.00%
4	MEDICAID	30.95%	25.21%	-5.75%
5	OTHER MEDICAL ASSISTANCE	20.71%	14.87%	-5.84%
6	CHAMPUS / TRICARE	34.63%	53.21%	18.58%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.61%	10.20%	-0.41%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	30.29%	27.28%	-3.01%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	49.61%	46.00%	-3.61%

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$274,393,844	\$292,951,527	\$18,557,683
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,233,116	\$2,174,504	(\$58,612)
	OHCA DEFINED NET REVENUE	\$276,626,960	\$295,126,031	\$18,499,071
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$21,819,784	\$27,623,541	\$5,803,757
4	CALCULATED NET REVENUE	\$320,402,895	\$322,749,572	\$2,346,677
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$298,446,744	\$322,749,572	\$24,302,828
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$21,956,151	\$0	(\$21,956,151)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$593,088,128	\$662,081,365	\$68,993,237
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$593,088,128	\$662,081,365	\$68,993,237
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$593,088,128	\$662,081,365	\$68,993,237
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$33,573,198	\$38,554,769	\$4,981,571
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$33,573,198	\$38,554,769	\$4,981,571
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$33,573,198	\$38,554,769	\$4,981,571
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

NORWALK HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$134,847,092
2	MEDICARE	190,091,948
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47,852,662
4	MEDICAID	36,307,468
5	OTHER MEDICAL ASSISTANCE	11,545,194
6	CHAMPUS / TRICARE	151,186
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11,981,423
	TOTAL INPATIENT GOVERNMENT CHARGES	\$238,095,796
	TOTAL INPATIENT CHARGES	\$372,942,888
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$172,535,305
2	MEDICARE	86,210,144
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,054,430
4	MEDICAID	24,443,900
5	OTHER MEDICAL ASSISTANCE	5,610,530
6	CHAMPUS / TRICARE	338,598
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21,280,485
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$116,603,172
	TOTAL OUTPATIENT CHARGES	\$289,138,477
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$307,382,397
2	TOTAL GOVERNMENT ACCRUED CHARGES	354,698,968
	TOTAL ACCRUED CHARGES	\$662,081,365
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$73,542,341
2	MEDICARE	73,292,916
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,053,158
4	MEDICAID	11,105,341
5	OTHER MEDICAL ASSISTANCE	1,947,817
6	CHAMPUS / TRICARE	54,125
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	944,700
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$86,400,199
	TOTAL INPATIENT PAYMENTS	\$159,942,540
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$101,203,092
2	MEDICARE	24,630,214
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,995,498
4	MEDICAID	6,161,426
5	OTHER MEDICAL ASSISTANCE	834,072
6	CHAMPUS / TRICARE	180,183
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,169,940
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$31,805,895
	TOTAL OUTPATIENT PAYMENTS	\$133,008,987
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$174,745,433
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	118,206,094
	TOTAL ACCRUED PAYMENTS	\$292,951,527

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,052
2	MEDICARE	5,539
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,730
4	MEDICAID	2,254
5	OTHER MEDICAL ASSISTANCE	476
6	CHAMPUS / TRICARE	11
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	527
	TOTAL GOVERNMENT DISCHARGES	8,280
	TOTAL DISCHARGES	15,332
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.97180
2	MEDICARE	1.47880
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.83933
4	MEDICAID	0.79590
5	OTHER MEDICAL ASSISTANCE	1.04500
6	CHAMPUS / TRICARE	0.89130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04900
	TOTAL GOVERNMENT CASE MIX INDEX	1.26718
	TOTAL CASE MIX INDEX	1.13132
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$263,283,167
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$179,097,364
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$84,185,803
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	31.98%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$11,893,862
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,622,771
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,174,504
8	CHARITY CARE	\$17,554,000
9	BAD DEBTS	\$21,000,769
10	TOTAL UNCOMPENSATED CARE	\$38,554,769
11	TOTAL OTHER OPERATING REVENUE	\$12,251,535
12	TOTAL OPERATING EXPENSES	\$321,077,894

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$292,951,527
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,174,504
	OHCA DEFINED NET REVENUE	\$295,126,031
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$27,623,541
	CALCULATED NET REVENUE	\$322,749,572
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$322,749,572
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$662,081,365
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$662,081,365
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$662,081,365
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$38,554,769
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$38,554,769
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$38,554,769
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

NORWALK HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	3,460	3,434	(26)	-1%
2	Number of Approved Applicants	2,794	2,758	(36)	-1%
3	Total Charges (A)	\$17,183,886	\$17,554,000	\$370,114	2%
4	Average Charges	\$6,150	\$6,365	\$214	3%
5	Ratio of Cost to Charges (RCC)	0.521820	0.468829	(0.052991)	-10%
6	Total Cost	\$8,966,895	\$8,229,824	(\$737,071)	-8%
7	Average Cost	\$3,209	\$2,984	(\$225)	-7%
8	Charity Care - Inpatient Charges	\$9,477,427	\$7,499,730	(\$1,977,697)	-21%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	5,062,087	6,518,417	1,456,330	29%
10	Charity Care - Emergency Department Charges	2,644,372	3,535,853	891,481	34%
11	Total Charges (A)	\$17,183,886	\$17,554,000	\$370,114	2%
12	Charity Care - Number of Patient Days	3,982	3,794	(188)	-5%
13	Charity Care - Number of Discharges	618	893	275	44%
14	Charity Care - Number of Outpatient ED Visits	1,615	1,974	359	22%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,848	8,927	1,079	14%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$7,300,546	\$9,346,879	\$2,046,333	28%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,003,124	3,891,900	888,776	30%
3	Bad Debts - Emergency Department	6,085,642	7,761,990	1,676,348	28%
4	Total Bad Debts (A)	\$16,389,312	\$21,000,769	\$4,611,457	28%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$17,183,886	\$17,554,000	\$370,114	2%
2	Bad Debts (A)	16,389,312	21,000,769	4,611,457	28%
3	Total Uncompensated Care (A)	\$33,573,198	\$38,554,769	\$4,981,571	15%
4	Uncompensated Care - Inpatient Services	\$16,777,973	\$16,846,609	\$68,636	0%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	8,065,211	10,410,317	2,345,106	29%
6	Uncompensated Care - Emergency Department	8,730,014	11,297,843	2,567,829	29%
7	Total Uncompensated Care (A)	\$33,573,198	\$38,554,769	\$4,981,571	15%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$313,898,591	\$350,336,142	\$372,942,888
2	Outpatient Gross Revenue	\$200,163,803	\$242,751,986	\$289,138,477
3	Total Gross Patient Revenue	\$514,062,394	\$593,088,128	\$662,081,365
4	Net Patient Revenue	\$277,467,379	\$298,446,744	\$322,749,162
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$288,812,209	\$306,099,959	\$321,077,894
C. <u>Utilization Statistics</u>				
1	Patient Days	79,445	77,672	71,363
2	Discharges	15,146	15,301	15,332
3	Average Length of Stay	5.2	5.1	4.7
4	Equivalent (Adjusted) Patient Days (EPD)	130,105	131,492	126,690
0	Equivalent (Adjusted) Discharges (ED)	24,804	25,903	27,219
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.08345	1.11918	1.13132
2	Case Mix Adjusted Patient Days (CMA PD)	86,074	86,929	80,734
3	Case Mix Adjusted Discharges (CMA D)	16,410	17,125	17,345
4	Case Mix Adjusted Equivalent Patient Days (CMA EPD)	140,961	147,163	143,327
5	Case Mix Adjusted Equivalent Discharges (CMA ED)	26,874	28,990	30,793
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$6,471	\$7,636	\$9,278
2	Total Gross Revenue per Discharge	\$33,940	\$38,761	\$43,183
3	Total Gross Revenue per EPD	\$3,951	\$4,510	\$5,226
4	Total Gross Revenue per ED	\$20,725	\$22,896	\$24,324
5	Total Gross Revenue per CMA EPD	\$3,647	\$4,030	\$4,619
6	Total Gross Revenue per CMA ED	\$19,129	\$20,458	\$21,501
7	Inpatient Gross Revenue per EPD	\$2,413	\$2,664	\$2,944
8	Inpatient Gross Revenue per ED	\$12,655	\$13,525	\$13,702

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. <u>Net Revenue Per Statistic</u>				
1	Net Patient Revenue per Patient Day	\$3,493	\$3,842	\$4,523
2	Net Patient Revenue per Discharge	\$18,320	\$19,505	\$21,051
3	Net Patient Revenue per EPD	\$2,133	\$2,270	\$2,548
4	Net Patient Revenue per ED	\$11,186	\$11,522	\$11,858
5	Net Patient Revenue per CMAEPD	\$1,968	\$2,028	\$2,252
6	Net Patient Revenue per CMAED	\$10,325	\$10,295	\$10,481
G. <u>Operating Expense Per Statistic</u>				
1	Total Operating Expense per Patient Day	\$3,635	\$3,941	\$4,499
2	Total Operating Expense per Discharge	\$19,069	\$20,005	\$20,942
3	Total Operating Expense per EPD	\$2,220	\$2,328	\$2,534
4	Total Operating Expense per ED	\$11,644	\$11,817	\$11,796
5	Total Operating Expense per CMAEPD	\$2,049	\$2,080	\$2,240
6	Total Operating Expense per CMAED	\$10,747	\$10,559	\$10,427
H. <u>Nursing Salary and Fringe Benefits Expense</u>				
1	Nursing Salary Expense	\$44,304,526	\$44,952,612	\$45,263,053
2	Nursing Fringe Benefits Expense	\$10,133,852	\$11,421,427	\$11,773,329
3	Total Nursing Salary and Fringe Benefits Expense	\$54,438,378	\$56,374,039	\$57,036,382
I. <u>Physician Salary and Fringe Expense</u>				
1	Physician Salary Expense	\$13,867,292	\$13,966,324	\$14,846,700
2	Physician Fringe Benefits Expense	\$2,628,436	\$1,859,186	\$1,940,855
3	Total Physician Salary and Fringe Benefits Expense	\$16,495,728	\$15,825,510	\$16,787,555
J. <u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>				
1	Non-Nursing, Non-Physician Salary Expense	\$63,894,601	\$67,118,303	\$68,379,426
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$23,166,541	\$26,946,003	\$27,061,782
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$87,061,142	\$94,064,306	\$95,441,208
K. <u>Total Salary and Fringe Benefits Expense</u>				
1	Total Salary Expense	\$122,066,419	\$126,037,239	\$128,489,179
2	Total Fringe Benefits Expense	\$35,928,829	\$40,226,616	\$40,775,966
3	Total Salary and Fringe Benefits Expense	\$157,995,248	\$166,263,855	\$169,265,145

NORWALK HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	486.8	480.3	481.2
2	Total Physician FTEs	126.3	98.4	96.3
3	Total Non-Nursing, Non-Physician FTEs	1116.9	1142.7	1117.8
4	Total Full Time Equivalent Employees (FTEs)	1,730.0	1,721.4	1,695.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$91,012	\$93,593	\$94,063
2	Nursing Fringe Benefits Expense per FTE	\$20,817	\$23,780	\$24,467
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$111,829	\$117,373	\$118,529
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$109,796	\$141,934	\$154,171
2	Physician Fringe Benefits Expense per FTE	\$20,811	\$18,894	\$20,154
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$130,608	\$160,828	\$174,326
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$57,207	\$58,737	\$61,173
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,742	\$23,581	\$24,210
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$77,949	\$82,318	\$85,383
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$70,559	\$73,218	\$75,791
2	Total Fringe Benefits Expense per FTE	\$20,768	\$23,369	\$24,052
3	Total Salary and Fringe Benefits Expense per FTE	\$91,327	\$96,586	\$99,844
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,989	\$2,141	\$2,372
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,431	\$10,866	\$11,040
3	Total Salary and Fringe Benefits Expense per EPD	\$1,214	\$1,264	\$1,336
4	Total Salary and Fringe Benefits Expense per ED	\$6,370	\$6,419	\$6,219
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,121	\$1,130	\$1,181
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,879	\$5,735	\$5,497