

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$24,658,830	\$22,241,282	(\$2,417,548)	-10%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$35,762,801	\$36,493,910	\$731,109	2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$105,761	\$69,761	(\$36,000)	-34%
5	Due From Affiliates	\$47,085	\$103,936	\$56,851	121%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,275,340	\$4,999,628	(\$275,712)	-5%
8	Prepaid Expenses	\$2,106,212	\$2,143,994	\$37,782	2%
9	Other Current Assets	\$2,731,769	\$1,819,459	(\$912,310)	-33%
	Total Current Assets	\$70,687,798	\$67,871,970	(\$2,815,828)	-4%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$24,389,017	\$13,240,758	(\$11,148,259)	-46%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$3,077	\$0	(\$3,077)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$24,392,094	\$13,240,758	(\$11,151,336)	-46%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$90,248,027	\$102,243,230	\$11,995,203	13%
7	Other Noncurrent Assets	\$20,088,236	\$13,404,680	(\$6,683,556)	-33%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$338,916,203	\$349,738,416	\$10,822,213	3%
2	Less: Accumulated Depreciation	\$211,827,177	\$229,023,210	\$17,196,033	8%
	Property, Plant and Equipment, Net	\$127,089,026	\$120,715,206	(\$6,373,820)	-5%
3	Construction in Progress	\$3,329,274	\$3,463,048	\$133,774	4%
	Total Net Fixed Assets	\$130,418,300	\$124,178,254	(\$6,240,046)	-5%
	Total Assets	\$335,834,455	\$320,938,892	(\$14,895,563)	-4%

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<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	\$26,962,340	\$21,371,282	(\$5,591,058)	-21%
2	Salaries, Wages and Payroll Taxes	\$12,171,585	\$13,045,926	\$874,341	7%
3	Due To Third Party Payers	\$13,083,032	\$14,739,235	\$1,656,203	13%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,818,623	\$3,514,668	(\$303,955)	-8%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$3,669,560	\$19,310,583	\$15,641,023	426%
	Total Current Liabilities	\$59,705,140	\$71,981,694	\$12,276,554	21%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$32,115,000	\$30,545,000	(\$1,570,000)	-5%
2	Notes Payable (Net of Current Portion)	\$8,418,043	\$6,266,837	(\$2,151,206)	-26%
	Total Long Term Debt	\$40,533,043	\$36,811,837	(\$3,721,206)	-9%
3	Accrued Pension Liability	\$33,880,983	\$79,467,252	\$45,586,269	135%
4	Other Long Term Liabilities	\$6,710,350	\$10,192,757	\$3,482,407	52%
	Total Long Term Liabilities	\$81,124,376	\$126,471,846	\$45,347,470	56%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$159,990,495	\$87,443,879	(\$72,546,616)	-45%
2	Temporarily Restricted Net Assets	\$14,732,969	\$15,200,271	\$467,302	3%
3	Permanently Restricted Net Assets	\$20,281,475	\$19,841,202	(\$440,273)	-2%
	Total Net Assets	\$195,004,939	\$122,485,352	(\$72,519,587)	-37%
	Total Liabilities and Net Assets	\$335,834,455	\$320,938,892	(\$14,895,563)	-4%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$837,093,313	\$834,657,877	(\$2,435,436)	0%
2	Less: Allowances	\$482,939,776	\$459,849,366	(\$23,090,410)	-5%
3	Less: Charity Care	\$9,096,958	\$7,075,484	(\$2,021,474)	-22%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$345,056,579	\$367,733,027	\$22,676,448	7%
5	Other Operating Revenue	\$13,003,715	\$14,803,908	\$1,800,193	14%
6	Net Assets Released from Restrictions	\$625,150	\$777,708	\$152,558	24%
	Total Operating Revenue	\$358,685,444	\$383,314,643	\$24,629,199	7%
B. Operating Expenses:					
1	Salaries and Wages	\$143,073,429	\$144,516,450	\$1,443,021	1%
2	Fringe Benefits	\$43,314,574	\$43,099,335	(\$215,239)	0%
3	Physicians Fees	\$8,809,457	\$8,591,910	(\$217,547)	-2%
4	Supplies and Drugs	\$50,189,681	\$53,692,145	\$3,502,464	7%
5	Depreciation and Amortization	\$17,074,201	\$17,530,247	\$456,046	3%
6	Bad Debts	\$15,880,024	\$17,638,340	\$1,758,316	11%
7	Interest	\$970,722	\$1,892,811	\$922,089	95%
8	Malpractice	\$6,980,899	\$7,328,946	\$348,047	5%
9	Other Operating Expenses	\$67,507,200	\$77,617,929	\$10,110,729	15%
	Total Operating Expenses	\$353,800,187	\$371,908,113	\$18,107,926	5%
	Income/(Loss) From Operations	\$4,885,257	\$11,406,530	\$6,521,273	133%
C. Non-Operating Revenue:					
1	Income from Investments	\$4,385,734	\$4,243,618	(\$142,116)	-3%
2	Gifts, Contributions and Donations	\$1,732,372	\$1,054,227	(\$678,145)	-39%
3	Other Non-Operating Gains/(Losses)	(\$2,067,847)	(\$1,971,035)	\$96,812	-5%
	Total Non-Operating Revenue	\$4,050,259	\$3,326,810	(\$723,449)	-18%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$8,935,516	\$14,733,340	\$5,797,824	65%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$8,935,516	\$14,733,340	\$5,797,824	65%
	Principal Payments	\$0	\$3,572,676	\$3,572,676	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$230,282,830	\$201,862,921	(\$28,419,909)	-12%
2	MEDICARE MANAGED CARE	\$30,820,120	\$39,782,421	\$8,962,301	29%
3	MEDICAID	\$33,646,493	\$32,620,274	(\$1,026,219)	-3%
4	MEDICAID MANAGED CARE	\$23,271,840	\$22,939,250	(\$332,590)	-1%
5	CHAMPUS/TRICARE	\$481,747	\$517,947	\$36,200	8%
6	COMMERCIAL INSURANCE	\$1,897,437	\$1,831,619	(\$65,818)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$108,589,084	\$111,695,470	\$3,106,386	3%
8	WORKER'S COMPENSATION	\$2,986,217	\$2,144,186	(\$842,031)	-28%
9	SELF- PAY/UNINSURED	\$5,513,928	\$4,796,385	(\$717,543)	-13%
10	SAGA	\$12,105,615	\$12,609,294	\$503,679	4%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$449,595,311	\$430,799,767	(\$18,795,544)	-4%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$102,669,970	\$103,515,710	\$845,740	1%
2	MEDICARE MANAGED CARE	\$17,161,754	\$23,758,626	\$6,596,872	38%
3	MEDICAID	\$20,242,308	\$21,922,404	\$1,680,096	8%
4	MEDICAID MANAGED CARE	\$38,733,575	\$41,780,362	\$3,046,787	8%
5	CHAMPUS/TRICARE	\$480,376	\$661,469	\$181,093	38%
6	COMMERCIAL INSURANCE	\$2,386,176	\$2,991,509	\$605,333	25%
7	NON-GOVERNMENT MANAGED CARE	\$165,654,178	\$167,517,698	\$1,863,520	1%
8	WORKER'S COMPENSATION	\$4,653,832	\$4,924,460	\$270,628	6%
9	SELF- PAY/UNINSURED	\$16,520,161	\$15,715,137	(\$805,024)	-5%
10	SAGA	\$11,177,593	\$13,304,483	\$2,126,890	19%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$379,679,923	\$396,091,858	\$16,411,935	4%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$332,952,800	\$305,378,631	(\$27,574,169)	-8%
2	MEDICARE MANAGED CARE	\$47,981,874	\$63,541,047	\$15,559,173	32%
3	MEDICAID	\$53,888,801	\$54,542,678	\$653,877	1%
4	MEDICAID MANAGED CARE	\$62,005,415	\$64,719,612	\$2,714,197	4%
5	CHAMPUS/TRICARE	\$962,123	\$1,179,416	\$217,293	23%
6	COMMERCIAL INSURANCE	\$4,283,613	\$4,823,128	\$539,515	13%
7	NON-GOVERNMENT MANAGED CARE	\$274,243,262	\$279,213,168	\$4,969,906	2%
8	WORKER'S COMPENSATION	\$7,640,049	\$7,068,646	(\$571,403)	-7%
9	SELF- PAY/UNINSURED	\$22,034,089	\$20,511,522	(\$1,522,567)	-7%
10	SAGA	\$23,283,208	\$25,913,777	\$2,630,569	11%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$829,275,234	\$826,891,625	(\$2,383,609)	0%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$84,330,411	\$81,164,673	(\$3,165,738)	-4%
2	MEDICARE MANAGED CARE	\$11,170,153	\$15,069,682	\$3,899,529	35%
3	MEDICAID	\$8,209,075	\$9,214,544	\$1,005,469	12%
4	MEDICAID MANAGED CARE	\$8,346,592	\$7,613,551	(\$733,041)	-9%
5	CHAMPUS/TRICARE	\$122,774	\$108,143	(\$14,631)	-12%
6	COMMERCIAL INSURANCE	\$382,008	\$224,014	(\$157,994)	-41%
7	NON-GOVERNMENT MANAGED CARE	\$50,170,707	\$59,434,702	\$9,263,995	18%
8	WORKER'S COMPENSATION	\$2,986,216	\$2,144,186	(\$842,030)	-28%
9	SELF- PAY/UNINSURED	\$500,829	\$45,806	(\$455,023)	-91%
10	SAGA	\$2,292,056	\$2,331,833	\$39,777	2%
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 INPATIENT NET REVENUE	\$168,510,821	\$177,351,134	\$8,840,313	5%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$28,938,548	\$28,653,146	(\$285,402)	-1%
2	MEDICARE MANAGED CARE	\$4,195,814	\$6,899,505	\$2,703,691	64%
3	MEDICAID	\$5,214,479	\$6,760,798	\$1,546,319	30%
4	MEDICAID MANAGED CARE	\$13,790,725	\$15,646,550	\$1,855,825	13%
5	CHAMPUS/TRICARE	\$153,317	\$250,766	\$97,449	64%
6	COMMERCIAL INSURANCE	\$671,987	\$1,102,465	\$430,478	64%
7	NON-GOVERNMENT MANAGED CARE	\$90,882,491	\$98,077,308	\$7,194,817	8%
8	WORKER'S COMPENSATION	\$4,653,832	\$4,924,460	\$270,628	6%
9	SELF- PAY/UNINSURED	\$4,224,831	\$2,421,250	(\$1,803,581)	-43%
10	SAGA	\$1,867,943	\$2,164,640	\$296,697	16%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$154,593,967	\$166,900,888	\$12,306,921	8%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$113,268,959	\$109,817,819	(\$3,451,140)	-3%
2	MEDICARE MANAGED CARE	\$15,365,967	\$21,969,187	\$6,603,220	43%
3	MEDICAID	\$13,423,554	\$15,975,342	\$2,551,788	19%
4	MEDICAID MANAGED CARE	\$22,137,317	\$23,260,101	\$1,122,784	5%
5	CHAMPUS/TRICARE	\$276,091	\$358,909	\$82,818	30%
6	COMMERCIAL INSURANCE	\$1,053,995	\$1,326,479	\$272,484	26%
7	NON-GOVERNMENT MANAGED CARE	\$141,053,198	\$157,512,010	\$16,458,812	12%
8	WORKER'S COMPENSATION	\$7,640,048	\$7,068,646	(\$571,402)	-7%
9	SELF- PAY/UNINSURED	\$4,725,660	\$2,467,056	(\$2,258,604)	-48%
10	SAGA	\$4,159,999	\$4,496,473	\$336,474	8%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$323,104,788	\$344,252,022	\$21,147,234	7%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	8,366	7,713	(653)	-8%
2	MEDICARE MANAGED CARE	1,304	1,508	204	16%
3	MEDICAID	1,176	1,348	172	15%
4	MEDICAID MANAGED CARE	2,290	1,935	(355)	-16%
5	CHAMPUS/TRICARE	44	33	(11)	-25%
6	COMMERCIAL INSURANCE	115	115	0	0%
7	NON-GOVERNMENT MANAGED CARE	6,492	6,313	(179)	-3%
8	WORKER'S COMPENSATION	88	75	(13)	-15%
9	SELF- PAY/UNINSURED	498	460	(38)	-8%
10	SAGA	608	567	(41)	-7%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	20,981	20,067	(914)	-4%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	43,723	39,338	(4,385)	-10%
2	MEDICARE MANAGED CARE	5,217	7,435	2,218	43%
3	MEDICAID	5,889	6,691	802	14%
4	MEDICAID MANAGED CARE	6,599	5,915	(684)	-10%
5	CHAMPUS/TRICARE	109	130	21	19%
6	COMMERCIAL INSURANCE	406	351	(55)	-14%
7	NON-GOVERNMENT MANAGED CARE	21,395	22,195	800	4%
8	WORKER'S COMPENSATION	261	197	(64)	-25%
9	SELF- PAY/UNINSURED	2,358	1,698	(660)	-28%
10	SAGA	2,842	2,548	(294)	-10%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	88,799	86,498	(2,301)	-3%
C.	OUTPATIENT VISITS				

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	66,762	64,314	(2,448)	-4%
2	MEDICARE MANAGED CARE	11,710	15,326	3,616	31%
3	MEDICAID	12,251	14,363	2,112	17%
4	MEDICAID MANAGED CARE	30,222	33,137	2,915	10%
5	CHAMPUS/TRICARE	377	480	103	27%
6	COMMERCIAL INSURANCE	2,385	3,268	883	37%
7	NON-GOVERNMENT MANAGED CARE	109,650	113,104	3,454	3%
8	WORKER'S COMPENSATION	2,017	1,818	(199)	-10%
9	SELF- PAY/UNINSURED	9,453	9,414	(39)	0%
10	SAGA	6,370	7,945	1,575	25%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	251,197	263,169	11,972	5%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$18,876,588	\$19,218,419	\$341,831	2%
2	MEDICARE MANAGED CARE	\$3,083,643	\$4,033,750	\$950,107	31%
3	MEDICAID	\$8,432,496	\$10,011,673	\$1,579,177	19%
4	MEDICAID MANAGED CARE	\$22,091,689	\$24,747,653	\$2,655,964	12%
5	CHAMPUS/TRICARE	\$227,695	\$289,074	\$61,379	27%
6	COMMERCIAL INSURANCE	\$1,229,106	\$1,594,911	\$365,805	30%
7	NON-GOVERNMENT MANAGED CARE	\$36,922,296	\$36,837,688	(\$84,608)	0%
8	WORKER'S COMPENSATION	\$1,976,380	\$1,613,728	(\$362,652)	-18%
9	SELF- PAY/UNINSURED	\$10,863,455	\$9,946,006	(\$917,449)	-8%
10	SAGA	\$8,194,463	\$9,422,805	\$1,228,342	15%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$111,897,811	\$117,715,707	\$5,817,896	5%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,679,341	\$5,006,460	\$327,119	7%
2	MEDICARE MANAGED CARE	\$857,647	\$1,041,474	\$183,827	21%
3	MEDICAID	\$1,790,757	\$2,275,812	\$485,055	27%
4	MEDICAID MANAGED CARE	\$6,761,079	\$8,732,943	\$1,971,864	29%
5	CHAMPUS/TRICARE	\$86,194	\$88,889	\$2,695	3%
6	COMMERCIAL INSURANCE	\$692,080	\$701,677	\$9,597	1%
7	NON-GOVERNMENT MANAGED CARE	\$26,487,657	\$27,444,049	\$956,392	4%
8	WORKER'S COMPENSATION	\$1,201,631	\$1,046,812	(\$154,819)	-13%
9	SELF- PAY/UNINSURED	\$438,604	\$304,327	(\$134,277)	-31%
10	SAGA	\$1,101,520	\$1,021,866	(\$79,654)	-7%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$44,096,510	\$47,664,309	\$3,567,799	8%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	9,978	10,431	453	5%
2	MEDICARE MANAGED CARE	1,568	2,077	509	32%
3	MEDICAID	5,805	7,621	1,816	31%
4	MEDICAID MANAGED CARE	20,989	24,051	3,062	15%
5	CHAMPUS/TRICARE	186	236	50	27%
6	COMMERCIAL INSURANCE	729	1,130	401	55%
7	NON-GOVERNMENT MANAGED CARE	23,588	24,394	806	3%
8	WORKER'S COMPENSATION	1,839	1,543	(296)	-16%
9	SELF- PAY/UNINSURED	8,402	8,505	103	1%
10	SAGA	6,399	7,931	1,532	24%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	79,483	87,919	8,436	11%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$50,065,672	\$50,992,421	\$926,749	2%
2	Physician Salaries	\$20,999,434	\$21,902,358	\$902,924	4%
3	Non-Nursing, Non-Physician Salaries	\$72,008,323	\$71,621,671	(\$386,652)	-1%
	Total Salaries & Wages	\$143,073,429	\$144,516,450	\$1,443,021	1%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$15,157,065	\$15,207,538	\$50,473	0%
2	Physician Fringe Benefits	\$6,357,446	\$6,531,970	\$174,524	3%
3	Non-Nursing, Non-Physician Fringe Benefits	\$21,800,063	\$21,359,827	(\$440,236)	-2%
	Total Fringe Benefits	\$43,314,574	\$43,099,335	(\$215,239)	0%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$392,168	\$80,757	(\$311,411)	-79%
2	Physician Fees	\$8,809,457	\$8,591,910	(\$217,547)	-2%
3	Non-Nursing, Non-Physician Fees	\$8,919,140	\$9,873,238	\$954,098	11%
	Total Contractual Labor Fees	\$18,120,765	\$18,545,905	\$425,140	2%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$39,360,307	\$42,521,824	\$3,161,517	8%
2	Pharmaceutical Costs	\$10,829,374	\$11,170,321	\$340,947	3%
	Total Medical Supplies and Pharmaceutical Cost	\$50,189,681	\$53,692,145	\$3,502,464	7%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$6,380,962	\$6,886,681	\$505,719	8%
2	Depreciation-Equipment	\$9,039,740	\$10,593,029	\$1,553,289	17%
3	Amortization	\$1,653,499	\$50,537	(\$1,602,962)	-97%
	Total Depreciation and Amortization	\$17,074,201	\$17,530,247	\$456,046	3%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$15,880,024	\$17,638,340	\$1,758,316	11%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$970,722	\$1,892,811	\$922,089	95%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$6,980,899	\$7,328,946	\$348,047	5%
I.	<u>Utilities:</u>				
1	Water	\$159,786	\$187,474	\$27,688	17%
2	Natural Gas	\$1,583,473	\$1,569,885	(\$13,588)	-1%
3	Oil	\$624,804	\$598,540	(\$26,264)	-4%
4	Electricity	\$3,734,926	\$3,450,859	(\$284,067)	-8%
5	Telephone	\$570,188	\$641,940	\$71,752	13%
6	Other Utilities	\$266,625	\$102,052	(\$164,573)	-62%
	Total Utilities	\$6,939,802	\$6,550,750	(\$389,052)	-6%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$23,367	\$196,845	\$173,478	742%
2	Legal Fees	\$448,672	\$1,488,737	\$1,040,065	232%
3	Consulting Fees	\$2,345,277	\$2,074,104	(\$271,173)	-12%
4	Dues and Membership	\$933,924	\$975,553	\$41,629	4%
5	Equipment Leases	\$2,060,319	\$2,018,351	(\$41,968)	-2%
6	Building Leases	\$1,593,538	\$1,728,264	\$134,726	8%
7	Repairs and Maintenance	\$4,206,502	\$4,857,226	\$650,724	15%
8	Insurance	\$414,318	\$461,729	\$47,411	11%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$607,234	\$604,251	(\$2,983)	0%
10	Conferences	\$136,548	\$368,034	\$231,486	170%
11	Property Tax	\$287,542	\$276,352	(\$11,190)	-4%
12	General Supplies	\$1,321,625	\$1,262,764	(\$58,861)	-4%
13	Licenses and Subscriptions	\$263,539	\$350,663	\$87,124	33%
14	Postage and Shipping	\$373,485	\$305,459	(\$68,026)	-18%
15	Advertising	\$1,382,534	\$643,742	(\$738,792)	-53%
16	Other Business Expenses	\$34,668,029	\$43,305,647	\$8,637,618	25%
	Total Business Expenses	\$51,066,453	\$60,917,721	\$9,851,268	19%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$189,637	\$195,463	\$5,826	3%
	Total Operating Expenses - All Expense Categories*	\$353,800,187	\$371,908,113	\$18,107,926	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	\$16,059,650	\$18,132,674	\$2,073,024	13%
2	General Accounting	\$1,252,887	\$1,678,042	\$425,155	34%
3	Patient Billing & Collection	\$4,490,048	\$4,864,413	\$374,365	8%
4	Admitting / Registration Office	\$1,817,859	\$1,836,276	\$18,417	1%
5	Data Processing	\$15,236,942	\$20,163,192	\$4,926,250	32%
6	Communications	\$1,339,121	\$1,393,707	\$54,586	4%
7	Personnel	\$37,763,830	\$37,240,864	(\$522,966)	-1%
8	Public Relations	\$2,497,736	\$2,311,524	(\$186,212)	-7%
9	Purchasing	\$2,406,431	\$2,632,514	\$226,083	9%
10	Dietary and Cafeteria	\$5,459,106	\$5,255,652	(\$203,454)	-4%
11	Housekeeping	\$5,718,552	\$5,718,602	\$50	0%
12	Laundry & Linen	\$2,165,681	\$1,845,189	(\$320,492)	-15%
13	Operation of Plant	\$12,923,360	\$12,947,378	\$24,018	0%
14	Security	\$1,654,177	\$1,617,268	(\$36,909)	-2%
15	Repairs and Maintenance	\$842,235	\$1,358,354	\$516,119	61%
16	Central Sterile Supply	\$2,187,288	\$2,163,486	(\$23,802)	-1%
17	Pharmacy Department	\$15,944,706	\$17,107,033	\$1,162,327	7%
18	Other General Services	\$4,462,686	\$4,546,256	\$83,570	2%
	Total General Services	\$134,222,295	\$142,812,424	\$8,590,129	6%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$12,774,063	\$13,233,512	\$459,449	4%
2	Residency Program	\$4,620,491	\$4,233,533	(\$386,958)	-8%
3	Nursing Services Administration	\$3,113,163	\$3,742,811	\$629,648	20%
4	Medical Records	\$3,516,694	\$3,833,668	\$316,974	9%
5	Social Service	\$2,328,973	\$3,321,591	\$992,618	43%
6	Other Professional Services	\$7,298,774	\$8,519,691	\$1,220,917	17%
	Total Professional Services	\$33,652,158	\$36,884,806	\$3,232,648	10%
C.	<u>Special Services:</u>				
1	Operating Room	\$20,732,305	\$22,722,749	\$1,990,444	10%
2	Recovery Room	\$2,133,236	\$2,183,691	\$50,455	2%
3	Anesthesiology	\$1,526,446	\$1,673,684	\$147,238	10%
4	Delivery Room	\$3,830,509	\$3,787,473	(\$43,036)	-1%
5	Diagnostic Radiology	\$10,202,208	\$10,968,590	\$766,382	8%
6	Diagnostic Ultrasound	\$1,445,031	\$1,494,519	\$49,488	3%
7	Radiation Therapy	\$2,829,050	\$3,364,825	\$535,775	19%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$2,020,874	\$1,524,643	(\$496,231)	-25%
9	CT Scan	\$2,833,735	\$3,195,303	\$361,568	13%
10	Laboratory	\$14,481,672	\$14,961,178	\$479,506	3%
11	Blood Storing/Processing	\$2,403,727	\$2,722,691	\$318,964	13%
12	Cardiology	\$1,896,578	\$1,990,403	\$93,825	5%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$2,945,885	\$2,873,327	(\$72,558)	-2%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,619,099	\$2,716,546	\$97,447	4%
19	Pulmonary Function	\$342,104	\$324,357	(\$17,747)	-5%
20	Intravenous Therapy	\$610,366	\$615,849	\$5,483	1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,744,583	\$3,580,746	(\$163,837)	-4%
23	Renal Dialysis	\$2,826,819	\$2,989,544	\$162,725	6%
24	Emergency Room	\$18,035,960	\$19,618,771	\$1,582,811	9%
25	MRI	\$1,337,712	\$1,307,350	(\$30,362)	-2%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,795,071	\$2,704,423	(\$90,648)	-3%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$4,452,244	\$4,935,216	\$482,972	11%
32	Occupational Therapy / Physical Therapy	\$1,906,909	\$1,922,500	\$15,591	1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,364,783	\$1,465,619	\$100,836	7%
	Total Special Services	\$109,316,906	\$115,643,997	\$6,327,091	6%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$23,287,046	\$21,640,675	(\$1,646,371)	-7%
2	Intensive Care Unit	\$7,903,257	\$7,554,114	(\$349,143)	-4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,298,434	\$2,295,904	(\$2,530)	0%
5	Pediatric Unit	\$1,296,220	\$1,403,298	\$107,078	8%
6	Maternity Unit	\$2,060,741	\$2,178,215	\$117,474	6%
7	Newborn Nursery Unit	\$1,565,229	\$849,038	(\$716,191)	-46%
8	Neonatal ICU	\$732,144	\$1,459,032	\$726,888	99%
9	Rehabilitation Unit	\$3,196,979	\$3,361,973	\$164,994	5%
10	Ambulatory Surgery	\$5,805,605	\$6,130,966	\$325,361	6%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$4,291,461	\$4,001,365	(\$290,096)	-7%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$52,437,116	\$50,874,580	(\$1,562,536)	-3%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$24,171,712	\$25,692,306	\$1,520,594	6%
	Total Operating Expenses - All Departments*	\$353,800,187	\$371,908,113	\$18,107,926	5%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$329,476,747	\$ 345,056,579	\$367,733,027
2	Other Operating Revenue	21,257,410	13,628,865	15,581,616
3	Total Operating Revenue	\$350,734,157	\$358,685,444	\$383,314,643
4	Total Operating Expenses	342,618,682	353,800,187	371,908,113
5	Income/(Loss) From Operations	\$8,115,475	\$4,885,257	\$11,406,530
6	Total Non-Operating Revenue	5,175,703	4,050,259	3,326,810
7	Excess/(Deficiency) of Revenue Over Expenses	\$13,291,178	\$8,935,516	\$14,733,340
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	2.28%	1.35%	2.95%
2	Hospital Non Operating Margin	1.45%	1.12%	0.86%
3	Hospital Total Margin	3.73%	2.46%	3.81%
4	Income/(Loss) From Operations	\$8,115,475	\$4,885,257	\$11,406,530
5	Total Operating Revenue	\$350,734,157	\$358,685,444	\$383,314,643
6	Total Non-Operating Revenue	\$5,175,703	\$4,050,259	\$3,326,810
7	Total Revenue	\$355,909,860	\$362,735,703	\$386,641,453
8	Excess/(Deficiency) of Revenue Over Expenses	\$13,291,178	\$8,935,516	\$14,733,340
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$167,045,319	\$159,990,495	\$87,443,879
2	Hospital Total Net Assets	\$207,155,208	\$195,004,939	\$122,485,352
3	Hospital Change in Total Net Assets	\$207,155,208	(\$12,150,269)	(\$72,519,587)
4	Hospital Change in Total Net Assets %	0.0%	-5.9%	-37.2%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.39	0.39	0.44
2	Total Operating Expenses	\$307,205,750	\$322,396,761	\$371,908,113
3	Total Gross Revenue	\$784,487,494	\$829,275,234	\$826,891,625
4	Total Other Operating Revenue	\$11,061,035	\$5,923,543	\$23,347,865
5	Private Payment to Cost Ratio	1.36	1.36	1.30
6	Total Non-Government Payments	\$148,916,853	\$154,472,901	\$168,374,191

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
7	Total Uninsured Payments	\$2,517,005	\$4,725,660	\$2,467,056
8	Total Non-Government Charges	\$300,056,676	\$308,201,013	\$311,616,464
9	Total Uninsured Charges	\$20,998,918	\$22,034,089	\$20,511,522
10	<u>Medicare Payment to Cost Ratio</u>	0.88	0.87	0.82
11	Total Medicare Payments	\$121,151,712	\$128,634,926	\$131,787,006
12	Total Medicare Charges	\$357,304,291	\$380,934,674	\$368,919,678
13	<u>Medicaid Payment to Cost Ratio</u>	0.80	0.79	0.75
14	Total Medicaid Payments	\$31,567,315	\$35,560,871	\$39,235,443
15	Total Medicaid Charges	\$102,390,739	\$115,894,216	\$119,262,290
16	<u>Uncompensated Care Cost</u>	\$9,438,991	\$9,641,415	\$10,844,597
17	Charity Care	\$7,084,626	\$7,362,350	\$5,631,704
18	Bad Debts	\$17,358,846	\$17,614,632	\$19,160,722
19	Total Uncompensated Care	\$24,443,472	\$24,976,982	\$24,792,426
20	<u>Uncompensated Care % of Total Expenses</u>	3.1%	3.0%	2.9%
21	Total Operating Expenses	\$307,205,750	\$322,396,761	\$371,908,113
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.40	1.18	0.94
2	Total Current Assets	\$80,370,051	\$70,687,798	\$67,871,970
3	Total Current Liabilities	\$57,456,280	\$59,705,140	\$71,981,694
4	<u>Days Cash on Hand</u>	37	27	23
5	Cash and Cash Equivalents	\$33,075,030	\$24,658,830	\$22,241,282
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$33,075,030	\$24,658,830	\$22,241,282
8	Total Operating Expenses	\$342,618,682	\$353,800,187	\$371,908,113
9	Depreciation Expense	\$15,419,134	\$17,074,201	\$17,530,247
10	Operating Expenses less Depreciation Expense	\$327,199,548	\$336,725,986	\$354,377,866
11	<u>Days Revenue in Patient Accounts Receivable</u>	27.24	23.99	21.59

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
12	Net Patient Accounts Receivable	\$ 36,582,892	\$ 35,762,801	\$ 36,493,910
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$11,996,151	\$13,083,032	\$14,739,235
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 24,586,741	\$ 22,679,769	\$ 21,754,675
16	Total Net Patient Revenue	\$329,476,747	\$ 345,056,579	\$ 367,733,027
17	Average Payment Period	64.09	64.72	74.14
18	Total Current Liabilities	\$57,456,280	\$59,705,140	\$71,981,694
19	Total Operating Expenses	\$342,618,682	\$353,800,187	\$371,908,113
20	Depreciation Expense	\$15,419,134	\$17,074,201	\$17,530,247
21	Total Operating Expenses less Depreciation Expense	\$327,199,548	\$336,725,986	\$354,377,866
F. Solvency Measures Summary				
1	Equity Financing Ratio	60.4	58.1	38.2
2	Total Net Assets	\$207,155,208	\$195,004,939	\$122,485,352
3	Total Assets	\$343,132,835	\$335,834,455	\$320,938,892
4	Cash Flow to Total Debt Ratio	29.4	25.9	29.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$13,291,178	\$8,935,516	\$14,733,340
6	Depreciation Expense	\$15,419,134	\$17,074,201	\$17,530,247
7	Excess of Revenues Over Expenses and Depreciation Expense	\$28,710,312	\$26,009,717	\$32,263,587
8	Total Current Liabilities	\$57,456,280	\$59,705,140	\$71,981,694
9	Total Long Term Debt	\$40,315,762	\$40,533,043	\$36,811,837
10	Total Current Liabilities and Total Long Term Debt	\$97,772,042	\$100,238,183	\$108,793,531
11	Long Term Debt to Capitalization Ratio	16.3	17.2	23.1
12	Total Long Term Debt	\$40,315,762	\$40,533,043	\$36,811,837
13	Total Net Assets	\$207,155,208	\$195,004,939	\$122,485,352
14	Total Long Term Debt and Total Net Assets	\$247,470,970	\$235,537,982	\$159,297,189
15	Debt Service Coverage Ratio	11.9	27.8	6.2
16	Excess Revenues over Expenses	\$13,291,178	\$8,935,516	\$14,733,340
17	Interest Expense	\$2,635,545	\$970,722	\$1,892,811
18	Depreciation and Amortization Expense	\$15,419,134	\$17,074,201	\$17,530,247

THE HOSPITAL OF CENTRAL CONNECTICUT				
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
19	Principal Payments	\$0	\$0	\$3,572,676
G. Other Financial Ratios				
20	Average Age of Plant	12.8	12.4	13.1
21	Accumulated Depreciation	\$196,743,653	\$211,827,177	\$229,023,210
22	Depreciation and Amortization Expense	\$15,419,134	\$17,074,201	\$17,530,247
H. Utilization Measures Summary				
1	Patient Days	90,978	88,799	86,498
2	Discharges	22,782	20,981	20,067
3	ALOS	4.0	4.2	4.3
4	Staffed Beds	331	310	349
5	Available Beds	-	-	370
6	Licensed Beds	446	344	446
6	Occupancy of Staffed Beds	75.3%	78.5%	67.9%
7	Occupancy of Available Beds	55.9%	70.7%	64.0%
8	Full Time Equivalent Employees	2,213.6	2,256.7	2,224.2
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	35.6%	34.5%	35.2%
2	Medicare Gross Revenue Payer Mix Percentage	45.5%	45.9%	44.6%
3	Medicaid Gross Revenue Payer Mix Percentage	13.1%	14.0%	14.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.0%	2.8%	3.1%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.7%	2.5%
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)	\$279,057,758	\$286,166,924	\$291,104,942
9	Medicare Gross Revenue (Charges)	\$357,304,291	\$380,934,674	\$368,919,678
10	Medicaid Gross Revenue (Charges)	\$102,390,739	\$115,894,216	\$119,262,290
11	Other Medical Assistance Gross Revenue (Charges)	\$23,618,321	\$23,283,208	\$25,913,777
12	Uninsured Gross Revenue (Charges)	\$20,998,918	\$22,034,089	\$20,511,522
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,117,467	\$962,123	\$1,179,416
14	Total Gross Revenue (Charges)	\$784,487,494	\$829,275,234	\$826,891,625
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	47.8%	46.3%	48.2%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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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	39.5%	39.8%	38.3%
3	Medicaid Net Revenue Payer Mix Percentage	10.3%	11.0%	11.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.5%	1.3%	1.3%
5	Uninsured Net Revenue Payer Mix Percentage	0.8%	1.5%	0.7%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$146,399,848	\$149,747,241	\$165,907,135
9	Medicare Net Revenue (Payments)	\$121,151,712	\$128,634,926	\$131,787,006
10	Medicaid Net Revenue (Payments)	\$31,567,315	\$35,560,871	\$39,235,443
11	Other Medical Assistance Net Revenue (Payments)	\$4,482,456	\$4,159,999	\$4,496,473
12	Uninsured Net Revenue (Payments)	\$2,517,005	\$4,725,660	\$2,467,056
13	CHAMPUS / TRICARE Net Revenue Payments)	\$314,043	\$276,091	\$358,909
14	Total Net Revenue (Payments)	\$306,432,379	\$323,104,788	\$344,252,022
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	8,254	7,193	6,963
2	Medicare	9,982	9,670	9,221
3	Medical Assistance	4,502	4,074	3,850
4	Medicaid	3,842	3,466	3,283
5	Other Medical Assistance	660	608	567
6	CHAMPUS / TRICARE	44	44	33
7	Uninsured (Included In Non-Government)	546	498	460
8	Total	22,782	20,981	20,067
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	1.007000	1.046600	1.071900
2	Medicare	1.236700	1.303600	1.356000
3	Medical Assistance	0.846651	0.897100	0.919177
4	Medicaid	0.815000	0.872700	0.890400
5	Other Medical Assistance	1.030900	1.036200	1.085800
6	CHAMPUS / TRICARE	0.894400	0.753700	0.796200
7	Uninsured (Included In Non-Government)	0.919200	0.948700	1.039500
8	Total Case Mix Index	1.075739	1.135406	1.172692
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	15,442	15,253	15,137
2	Emergency Room - Treated and Discharged	74,916	79,483	87,919
3	Total Emergency Room Visits	90,358	94,736	103,056

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$643,805	\$1,301,300	\$657,495	102%
2	Inpatient Payments	\$317,519	\$429,224	\$111,705	35%
3	Outpatient Charges	\$723,558	\$528,574	(\$194,984)	-27%
4	Outpatient Payments	\$333,921	\$295,758	(\$38,163)	-11%
5	Discharges	34	40	6	18%
6	Patient Days	109	276	167	153%
7	Outpatient Visits (Excludes ED Visits)	345	358	13	4%
8	Emergency Department Outpatient Visits	53	56	3	6%
9	Emergency Department Inpatient Admissions	24	24	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,367,363	\$1,829,874	\$462,511	34%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$651,440	\$724,982	\$73,542	11%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$11,868	\$11,868	0%
2	Inpatient Payments	\$0	\$6,345	\$6,345	0%
3	Outpatient Charges	\$0	\$13,724	\$13,724	0%
4	Outpatient Payments	\$0	\$3,987	\$3,987	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	1	1	0%
7	Outpatient Visits (Excludes ED Visits)	0	10	10	0%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$25,592	\$25,592	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$10,332	\$10,332	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,039,993	\$6,043,710	\$5,003,717	481%
2	Inpatient Payments	\$396,937	\$2,469,976	\$2,073,039	522%
3	Outpatient Charges	\$558,157	\$4,931,015	\$4,372,858	783%
4	Outpatient Payments	\$117,881	\$1,351,169	\$1,233,288	1046%
5	Discharges	40	214	174	435%
6	Patient Days	176	1,056	880	500%
7	Outpatient Visits (Excludes ED Visits)	376	2,822	2,446	651%
8	Emergency Department Outpatient Visits	58	442	384	662%
9	Emergency Department Inpatient Admissions	26	188	162	623%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,598,150	\$10,974,725	\$9,376,575	587%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$514,818	\$3,821,145	\$3,306,327	642%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$20,337,649	\$20,700,985	\$363,336	2%
2	Inpatient Payments	\$7,643,919	\$7,950,052	\$306,133	4%
3	Outpatient Charges	\$11,445,923	\$12,044,226	\$598,303	5%
4	Outpatient Payments	\$2,658,477	\$3,559,979	\$901,502	34%
5	Discharges	880	783	(97)	-11%
6	Patient Days	3,443	3,868	425	12%
7	Outpatient Visits (Excludes ED Visits)	6,945	6,622	(323)	-5%
8	Emergency Department Outpatient Visits	1,075	1,038	(37)	-3%
9	Emergency Department Inpatient Admissions	487	441	(46)	-9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,783,572	\$32,745,211	\$961,639	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,302,396	\$11,510,031	\$1,207,635	12%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$5,205,469	\$7,921,711	\$2,716,242	52%
2	Inpatient Payments	\$1,767,777	\$2,944,388	\$1,176,611	67%
3	Outpatient Charges	\$2,099,857	\$3,603,783	\$1,503,926	72%
4	Outpatient Payments	\$526,605	\$793,534	\$266,929	51%
5	Discharges	201	320	119	59%
6	Patient Days	881	1,432	551	63%
7	Outpatient Visits (Excludes ED Visits)	1,347	2,014	667	50%
8	Emergency Department Outpatient Visits	208	316	108	52%
9	Emergency Department Inpatient Admissions	94	134	40	43%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,305,326	\$11,525,494	\$4,220,168	58%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,294,382	\$3,737,922	\$1,443,540	63%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$1,887,395	\$2,215,255	\$327,860	17%
2	Inpatient Payments	\$463,607	\$572,078	\$108,471	23%
3	Outpatient Charges	\$1,171,117	\$1,363,241	\$192,124	16%
4	Outpatient Payments	\$285,915	\$446,177	\$160,262	56%
5	Discharges	81	89	8	10%
6	Patient Days	319	508	189	59%
7	Outpatient Visits (Excludes ED Visits)	579	736	157	27%
8	Emergency Department Outpatient Visits	89	115	26	29%
9	Emergency Department Inpatient Admissions	41	49	8	20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,058,512	\$3,578,496	\$519,984	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$749,522	\$1,018,255	\$268,733	36%
I. AETNA					
1	Inpatient Charges	\$1,705,809	\$1,587,592	(\$118,217)	-7%
2	Inpatient Payments	\$580,394	\$697,619	\$117,225	20%
3	Outpatient Charges	\$1,163,142	\$1,264,025	\$100,883	9%
4	Outpatient Payments	\$273,015	\$448,072	\$175,057	64%
5	Discharges	68	61	(7)	-10%
6	Patient Days	289	294	5	2%
7	Outpatient Visits (Excludes ED Visits)	550	676	126	23%
8	Emergency Department Outpatient Visits	85	106	21	25%
9	Emergency Department Inpatient Admissions	39	45	6	15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,868,951	\$2,851,617	(\$17,334)	-1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$853,409	\$1,145,691	\$292,282	34%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$10,038	\$10,038	0%
4	Outpatient Payments	\$0	\$829	\$829	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	11	11	0%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$10,038	\$10,038	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$829	\$829	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%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$30,820,120	\$39,782,421	\$8,962,301	29%
	TOTAL INPATIENT PAYMENTS	\$11,170,153	\$15,069,682	\$3,899,529	35%
	TOTAL OUTPATIENT CHARGES	\$17,161,754	\$23,758,626	\$6,596,872	38%
	TOTAL OUTPATIENT PAYMENTS	\$4,195,814	\$6,899,505	\$2,703,691	64%
	TOTAL DISCHARGES	1,304	1,508	204	16%
	TOTAL PATIENT DAYS	5,217	7,435	2,218	43%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	10,142	13,249	3,107	31%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,568	2,077	509	32%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	711	883	172	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$47,981,874	\$63,541,047	\$15,559,173	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,365,967	\$21,969,187	\$6,603,220	43%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$14,825,139	\$4,365,099	(\$10,460,040)	-71%
2	Inpatient Payments	\$5,360,071	\$1,364,074	(\$3,995,997)	-75%
3	Outpatient Charges	\$24,688,731	\$6,903,273	(\$17,785,458)	-72%
4	Outpatient Payments	\$7,632,917	\$1,922,504	(\$5,710,413)	-75%
5	Discharges	1,426	335	(1,091)	-77%
6	Patient Days	4,085	1,043	(3,042)	-74%
7	Outpatient Visits (Excludes ED Visits)	5,656	1,386	(4,270)	-75%
8	Emergency Department Outpatient Visits	12,854	3,668	(9,186)	-71%
9	Emergency Department Inpatient Admissions	1,124	291	(833)	-74%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$39,513,870	\$11,268,372	(\$28,245,498)	-71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$12,992,988	\$3,286,578	(\$9,706,410)	-75%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$6,133,602	\$16,230,763	\$10,097,161	165%
2	Inpatient Payments	\$2,191,731	\$5,501,091	\$3,309,360	151%
3	Outpatient Charges	\$10,724,069	\$30,351,634	\$19,627,565	183%
4	Outpatient Payments	\$4,883,725	\$12,493,243	\$7,609,518	156%
5	Discharges	662	1,421	759	115%
6	Patient Days	1,894	4,299	2,405	127%
7	Outpatient Visits (Excludes ED Visits)	2,802	6,884	4,082	146%
8	Emergency Department Outpatient Visits	6,371	18,224	11,853	186%
9	Emergency Department Inpatient Admissions	557	1,444	887	159%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,857,671	\$46,582,397	\$29,724,726	176%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,075,456	\$17,994,334	\$10,918,878	154%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$279,182	\$0	(\$279,182)	-100%
2	Inpatient Payments	\$154,708	\$0	(\$154,708)	-100%
3	Outpatient Charges	\$696,522	\$0	(\$696,522)	-100%
4	Outpatient Payments	\$298,244	\$0	(\$298,244)	-100%
5	Discharges	24	0	(24)	-100%
6	Patient Days	51	0	(51)	-100%
7	Outpatient Visits (Excludes ED Visits)	129	0	(129)	-100%
8	Emergency Department Outpatient Visits	294	0	(294)	-100%
9	Emergency Department Inpatient Admissions	26	0	(26)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$975,704	\$0	(\$975,704)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$452,952	\$0	(\$452,952)	-100%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$903,245	\$1,037,332	\$134,087	15%
2	Inpatient Payments	\$308,924	\$369,581	\$60,657	20%
3	Outpatient Charges	\$1,201,127	\$1,905,328	\$704,201	59%
4	Outpatient Payments	\$321,558	\$516,539	\$194,981	61%
5	Discharges	94	79	(15)	-16%
6	Patient Days	262	263	1	0%
7	Outpatient Visits (Excludes ED Visits)	253	379	126	50%
8	Emergency Department Outpatient Visits	576	1,002	426	74%
9	Emergency Department Inpatient Admissions	50	79	29	58%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,104,372	\$2,942,660	\$838,288	40%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$630,482	\$886,120	\$255,638	41%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$1,130,672	\$0	(\$1,130,672)	-100%
2	Inpatient Payments	\$331,158	\$0	(\$331,158)	-100%
3	Outpatient Charges	\$1,423,126	\$0	(\$1,423,126)	-100%
4	Outpatient Payments	\$654,281	\$0	(\$654,281)	-100%
5	Discharges	84	0	(84)	-100%
6	Patient Days	307	0	(307)	-100%
7	Outpatient Visits (Excludes ED Visits)	393	0	(393)	-100%
8	Emergency Department Outpatient Visits	894	0	(894)	-100%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	78	0	(78)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,553,798	\$0	(\$2,553,798)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$985,439	\$0	(\$985,439)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$1,306,056	\$1,306,056	0%
2	Inpatient Payments	\$0	\$378,805	\$378,805	0%
3	Outpatient Charges	\$0	\$2,620,127	\$2,620,127	0%
4	Outpatient Payments	\$0	\$714,264	\$714,264	0%
5	Discharges	0	100	100	0%
6	Patient Days	0	310	310	0%
7	Outpatient Visits (Excludes ED Visits)	0	437	437	0%
8	Emergency Department Outpatient Visits	0	1,157	1,157	0%
9	Emergency Department Inpatient Admissions	0	92	92	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$3,926,183	\$3,926,183	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,093,069	\$1,093,069	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$23,271,840	\$22,939,250	(\$332,590)	-1%
	TOTAL INPATIENT PAYMENTS	\$8,346,592	\$7,613,551	(\$733,041)	-9%
	TOTAL OUTPATIENT CHARGES	\$38,733,575	\$41,780,362	\$3,046,787	8%
	TOTAL OUTPATIENT PAYMENTS	\$13,790,725	\$15,646,550	\$1,855,825	13%
	TOTAL DISCHARGES	2,290	1,935	(355)	-16%
	TOTAL PATIENT DAYS	6,599	5,915	(684)	-10%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	9,233	9,086	(147)	-2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	20,989	24,051	3,062	15%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,835	1,906	71	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$62,005,415	\$64,719,612	\$2,714,197	4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$22,137,317	\$23,260,101	\$1,122,784	5%

**THE HOSPITAL OF CENTRAL CONNECTICUT
 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

CENTRAL CT HEALTH ALLIANCE					
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	\$38,406,737	\$36,164,805	(\$2,241,932)	-6%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,953,225	\$40,346,696	\$393,471	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$285,252	\$244,058	(\$41,194)	-14%
5	Due From Affiliates	\$379,796	\$159,847	(\$219,949)	-58%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,318,945	\$5,041,656	(\$277,289)	-5%
8	Prepaid Expenses	\$3,017,832	\$2,755,118	(\$262,714)	-9%
9	Other Current Assets	\$2,911,429	\$11,333,438	\$8,422,009	289%
	Total Current Assets	\$90,273,216	\$96,045,618	\$5,772,402	6%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$28,416,527	\$13,240,758	(\$15,175,769)	-53%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,473,185	\$1,403,892	(\$69,293)	-5%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$22,000,012	\$22,000,012	0%
	Total Noncurrent Assets Whose Use is Limited:	\$29,889,712	\$36,644,662	\$6,754,950	23%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$99,104,506	\$110,200,835	\$11,096,329	11%
7	Other Noncurrent Assets	\$12,956,558	\$7,005,103	(\$5,951,455)	-46%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$387,188,042	\$399,858,057	\$12,670,015	3%
2	Less: Accumulated Depreciation	\$237,732,589	\$253,861,457	\$16,128,868	\$0
	Property, Plant and Equipment, Net	\$149,455,453	\$145,996,600	(\$3,458,853)	-2%
3	Construction in Progress	\$3,461,208	\$4,225,780	\$764,572	22%
	Total Net Fixed Assets	\$152,916,661	\$150,222,380	(\$2,694,281)	-2%
	Total Assets	\$385,140,653	\$400,118,598	\$14,977,945	4%

CENTRAL CT HEALTH ALLIANCE					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$30,022,719	\$24,304,738	(\$5,717,981)	-19%
2	Salaries, Wages and Payroll Taxes	\$15,293,551	\$16,475,784	\$1,182,233	8%
3	Due To Third Party Payers	\$13,377,219	\$15,301,884	\$1,924,665	14%
4	Due To Affiliates	\$57,907	\$0	(\$57,907)	-100%
5	Current Portion of Long Term Debt	\$4,892,634	\$4,383,372	(\$509,262)	-10%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,712,904	\$26,993,910	\$20,281,006	302%
	Total Current Liabilities	\$70,356,934	\$87,459,688	\$17,102,754	24%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$52,118,701	\$50,018,698	(\$2,100,003)	-4%
2	Notes Payable (Net of Current Portion)	\$9,206,976	\$6,939,905	(\$2,267,071)	-25%
	Total Long Term Debt	\$61,325,677	\$56,958,603	(\$4,367,074)	-7%
3	Accrued Pension Liability	\$37,756,346	\$98,090,362	\$60,334,016	160%
4	Other Long Term Liabilities	\$8,064,500	\$17,555,846	\$9,491,346	118%
	Total Long Term Liabilities	\$107,146,523	\$172,604,811	\$65,458,288	61%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$172,468,493	\$104,848,599	(\$67,619,894)	-39%
2	Temporarily Restricted Net Assets	\$14,801,015	\$15,281,161	\$480,146	3%
3	Permanently Restricted Net Assets	\$20,367,688	\$19,924,339	(\$443,349)	-2%
	Total Net Assets	\$207,637,196	\$140,054,099	(\$67,583,097)	-33%
	Total Liabilities and Net Assets	\$385,140,653	\$400,118,598	\$14,977,945	4%

CENTRAL CT HEALTH ALLIANCE					
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	\$876,040,034	\$872,997,957	(\$3,042,077)	0%
2	Less: Allowances	\$486,901,580	\$464,208,015	(\$22,693,565)	-5%
3	Less: Charity Care	\$9,096,958	\$7,075,484	(\$2,021,474)	-22%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$380,041,496	\$401,714,458	\$21,672,962	6%
5	Other Operating Revenue	\$41,983,229	\$61,829,100	\$19,845,871	47%
6	Net Assets Released from Restrictions	\$637,504	\$808,135	\$170,631	27%
	Total Operating Revenue	\$422,662,229	\$464,351,693	\$41,689,464	10%
B. Operating Expenses:					
1	Salaries and Wages	\$181,098,217	\$182,546,637	\$1,448,420	1%
2	Fringe Benefits	\$53,252,491	\$52,211,393	(\$1,041,098)	-2%
3	Physicians Fees	\$8,809,457	\$8,591,910	(\$217,547)	-2%
4	Supplies and Drugs	\$53,131,999	\$56,574,526	\$3,442,527	6%
5	Depreciation and Amortization	\$19,551,481	\$20,163,043	\$611,562	3%
6	Bad Debts	\$16,256,866	\$17,994,214	\$1,737,348	11%
7	Interest	\$1,928,459	\$2,819,751	\$891,292	46%
8	Malpractice	\$7,613,017	\$7,902,927	\$289,910	4%
9	Other Operating Expenses	\$77,527,622	\$103,346,287	\$25,818,665	33%
	Total Operating Expenses	\$419,169,609	\$452,150,688	\$32,981,079	8%
	Income/(Loss) From Operations	\$3,492,620	\$12,201,005	\$8,708,385	249%
C. Non-Operating Revenue:					
1	Income from Investments	\$4,675,527	\$3,918,825	(\$756,702)	-16%
2	Gifts, Contributions and Donations	\$1,862,557	\$1,177,281	(\$685,276)	-37%
3	Other Non-Operating Gains/(Losses)	(\$2,335,379)	(\$3,083,551)	(\$748,172)	32%
	Total Non-Operating Revenue	\$4,202,705	\$2,012,555	(\$2,190,150)	-52%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$7,695,325	\$14,213,560	\$6,518,235	85%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$7,695,325	\$14,213,560	\$6,518,235	85%

CENTRAL CT HEALTH ALLIANCE				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$365,120,123	\$380,041,496	\$401,714,458
2	Other Operating Revenue	44,773,143	42,620,733	62,637,235
3	Total Operating Revenue	\$409,893,266	\$422,662,229	\$464,351,693
4	Total Operating Expenses	402,363,126	419,169,609	452,150,688
5	Income/(Loss) From Operations	\$7,530,140	\$3,492,620	\$12,201,005
6	Total Non-Operating Revenue	5,550,250	4,202,705	2,012,555
7	Excess/(Deficiency) of Revenue Over Expenses	\$13,080,390	\$7,695,325	\$14,213,560
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	1.81%	0.82%	2.62%
2	Parent Corporation Non-Operating Margin	1.34%	0.98%	0.43%
3	Parent Corporation Total Margin	3.15%	1.80%	3.05%
4	Income/(Loss) From Operations	\$7,530,140	\$3,492,620	\$12,201,005
5	Total Operating Revenue	\$409,893,266	\$422,662,229	\$464,351,693
6	Total Non-Operating Revenue	\$5,550,250	\$4,202,705	\$2,012,555
7	Total Revenue	\$415,443,516	\$426,864,934	\$466,364,248
8	Excess/(Deficiency) of Revenue Over Expenses	\$13,080,390	\$7,695,325	\$14,213,560
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$180,099,527	\$172,468,493	\$104,848,599
2	Parent Corporation Total Net Assets	\$220,266,990	\$207,637,196	\$140,054,099
3	Parent Corporation Change in Total Net Assets	\$220,266,990	(\$12,629,794)	(\$67,583,097)
4	Parent Corporation Change in Total Net Assets %	0.0%	-5.7%	-32.5%

CENTRAL CT HEALTH ALLIANCE				
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>	1.49	1.28	1.10
2	Total Current Assets	\$98,438,787	\$90,273,216	\$96,045,618
3	Total Current Liabilities	\$66,243,600	\$70,356,934	\$87,459,688
4	<u>Days Cash on Hand</u>	43	35	31
5	Cash and Cash Equivalents	\$45,518,472	\$38,406,737	\$36,164,805
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$45,518,472	\$38,406,737	\$36,164,805
8	Total Operating Expenses	\$402,363,126	\$419,169,609	\$452,150,688
9	Depreciation Expense	\$17,975,874	\$19,551,481	\$20,163,043
10	Operating Expenses less Depreciation Expense	\$384,387,252	\$399,618,128	\$431,987,645
11	<u>Days Revenue in Patient Accounts Receivable</u>	28	26	23
12	Net Patient Accounts Receivable	\$ 40,608,729	\$ 39,953,225	\$ 40,346,696
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$12,369,917	\$13,377,219	\$15,301,884
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 28,238,812	\$ 26,576,006	\$ 25,044,812
16	Total Net Patient Revenue	\$365,120,123	\$380,041,496	\$401,714,458
17	<u>Average Payment Period</u>	63	64	74
18	Total Current Liabilities	\$66,243,600	\$70,356,934	\$87,459,688
19	Total Operating Expenses	\$402,363,126	\$419,169,609	\$452,150,688
20	Depreciation Expense	\$17,975,874	\$19,551,481	\$20,163,043
21	Total Operating Expenses less Depreciation Expense	\$384,387,252	\$399,618,128	\$431,987,645

CENTRAL CT HEALTH ALLIANCE				
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	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
E. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	55.8	53.9	35.0
2	Total Net Assets	\$220,266,990	\$207,637,196	\$140,054,099
3	Total Assets	\$394,432,354	\$385,140,653	\$400,118,598
4	<u>Cash Flow to Total Debt Ratio</u>	24.2	20.7	23.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$13,080,390	\$7,695,325	\$14,213,560
6	Depreciation Expense	\$17,975,874	\$19,551,481	\$20,163,043
7	Excess of Revenues Over Expenses and Depreciation Expense	\$31,056,264	\$27,246,806	\$34,376,603
8	Total Current Liabilities	\$66,243,600	\$70,356,934	\$87,459,688
9	Total Long Term Debt	\$62,075,409	\$61,325,677	\$56,958,603
10	Total Current Liabilities and Total Long Term Debt	\$128,319,009	\$131,682,611	\$144,418,291
11	<u>Long Term Debt to Capitalization Ratio</u>	22.0	22.8	28.9
12	Total Long Term Debt	\$62,075,409	\$61,325,677	\$56,958,603
13	Total Net Assets	\$220,266,990	\$207,637,196	\$140,054,099
14	Total Long Term Debt and Total Net Assets	\$282,342,399	\$268,962,873	\$197,012,702

THE HOSPITAL OF CENTRAL CONNECTICUT						
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	59,809	222	241	73.8%	68.0%
2	ICU/CCU (Excludes Neonatal ICU)	6,801	32	32	58.2%	58.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	7,078	24	24	80.8%	80.8%
	TOTAL PSYCHIATRIC	7,078	24	24	80.8%	80.8%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	5,685	25	27	62.3%	57.7%
7	Newborn	4,248	20	20	58.2%	58.2%
8	Neonatal ICU	2,079	12	12	47.5%	47.5%
9	Pediatric	798	14	14	15.6%	15.6%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	82,250	329	350	68.5%	64.4%
	TOTAL INPATIENT BED UTILIZATION	86,498	349	370	67.9%	64.0%
	TOTAL INPATIENT REPORTED YEAR	86,498	349	370	67.9%	64.0%
	TOTAL INPATIENT PRIOR YEAR	88,799	310	344	78.5%	70.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,301	39	26	-10.6%	-6.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-3%	13%	8%	-13%	-9%
	Total Licensed Beds and Bassinets	446				
(A) This number may not exceed the number of available beds for each department or in total.						

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	12,160	12,093	-67	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,989	9,470	-519	-5%
3	Emergency Department Scans	15,884	16,232	348	2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	38,033	37,795	-238	-1%
B. MRI Scans (A)					
1	Inpatient Scans	360	343	-17	-5%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,780	3,736	-44	-1%
3	Emergency Department Scans	34	24	-10	-29%
4	Other Non-Hospital Providers' Scans (A)	3,983	3,780	-203	-5%
	Total MRI Scans	8,157	7,883	-274	-3%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	352	89	-263	-75%
	Total PET Scans	352	89	-263	-75%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	25	25	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	317	317	0%
3	Emergency Department Scans	0	1	1	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	343	343	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	338	256	-82	-24%
2	Outpatient Procedures	6,583	7,759	1,176	18%
	Total Linear Accelerator Procedures	6,921	8,015	1,094	16%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	328	343	15	5%
2	Outpatient Procedures	367	332	-35	-10%
	Total Cardiac Catheterization Procedures	695	675	-20	-3%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	49	76	27	55%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	49	76	27	55%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	4,340	4,288	-52	-1%
2	Outpatient Surgical Procedures	7,164	6,990	-174	-2%
	Total Surgical Procedures	11,504	11,278	-226	-2%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	1,323	1,366	43	3%
2	Outpatient Endoscopy Procedures	6,398	6,251	-147	-2%
	Total Endoscopy Procedures	7,721	7,617	-104	-1%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	15,253	15,137	-116	-1%
2	Emergency Room Visits: Treated and Discharged	79,483	87,919	8,436	11%
	Total Emergency Room Visits	94,736	103,056	8,320	9%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	17,906	21,304	3,398	19%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	57,786	58,469	683	1%
4	Medical Clinic Visits	4,700	4,221	-479	-10%
5	Specialty Clinic Visits	16,054	14,268	-1,786	-11%
	Total Hospital Clinic Visits	96,446	98,262	1,816	2%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	31,722	33,560	1,838	6%
2	Cardiology	6,622	5,878	-744	-11%
3	Chemotherapy	4,095	3,976	-119	-3%
4	Gastroenterology	344	398	54	16%
5	Other Outpatient Visits	32,485	33,177	692	2%
	Total Other Hospital Outpatient Visits	75,268	76,989	1,721	2%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	647.3	647.5	0.2	0%
2	Total Physician FTEs	109.1	111.9	2.8	3%
3	Total Non-Nursing and Non-Physician FTEs	1,500.3	1,464.8	-35.5	-2%
	Total Hospital Full Time Equivalent Employees	2,256.7	2,224.2	-32.5	-1%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	The Hospital of Central Connecticut	7,164	6,990	-174	-2%
	Total Outpatient Surgical Procedures(A)	7,164	6,990	-174	-2%
B. Outpatient Endoscopy Procedures					
1	The Hospital of Central Connecticut	6,398	6,251	-147	-2%
	Total Outpatient Endoscopy Procedures(B)	6,398	6,251	-147	-2%
C. Outpatient Hospital Emergency Room Visits					
1	The Hospital of Central Connecticut	79,483	87,919	8,436	11%
	Total Outpatient Hospital Emergency Room Visits(C)	79,483	87,919	8,436	11%
(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.					

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$261,102,950	\$241,645,342	(\$19,457,608)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$95,500,564	\$96,234,355	\$733,791	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.58%	39.82%	3.25%	9%
4	DISCHARGES	9,670	9,221	(449)	-5%
5	CASE MIX INDEX (CMI)	1.30360	1.35600	0.05240	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12,605.81200	12,503.67600	(102.13600)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,575.92	\$7,696.49	\$120.57	2%
8	PATIENT DAYS	48,940	46,773	(2,167)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,951.38	\$2,057.48	\$106.10	5%
10	AVERAGE LENGTH OF STAY	5.1	5.1	0.0	0%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$119,831,724	\$127,274,336	\$7,442,612	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$33,134,362	\$35,552,651	\$2,418,289	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.65%	27.93%	0.28%	1%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	45.89%	52.67%	6.78%	15%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,437.99188	4,856.69056	418.69869	9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,466.07	\$7,320.35	(\$145.73)	-2%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$380,934,674	\$368,919,678	(\$12,014,996)	-3%
18	TOTAL ACCRUED PAYMENTS	\$128,634,926	\$131,787,006	\$3,152,080	2%
19	TOTAL ALLOWANCES	\$252,299,748	\$237,132,672	(\$15,167,076)	-6%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$118,986,666	\$120,467,660	\$1,480,994	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$54,039,760	\$61,848,708	\$7,808,948	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.42%	51.34%	5.92%	13%
4	DISCHARGES	7,193	6,963	(230)	-3%
5	CASE MIX INDEX (CMI)	1.04660	1.07190	0.02530	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,528.19380	7,463.63970	(64.55410)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,178.32	\$8,286.67	\$1,108.35	15%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$397.60	(\$590.18)	(\$987.78)	-248%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,993,199	(\$4,404,917)	(\$7,398,115)	-247%
10	PATIENT DAYS	24,420	24,441	21	0%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,212.93	\$2,530.53	\$317.60	14%
12	AVERAGE LENGTH OF STAY	3.4	3.5	0.1	3%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$189,214,347	\$191,148,804	\$1,934,457	1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$100,433,141	\$106,525,483	\$6,092,342	6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	53.08%	55.73%	2.65%	5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	159.02%	158.67%	-0.35%	0%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	11,438.41444	11,048.35208	(390.06235)	-3%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,780.34	\$9,641.75	\$861.42	10%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,314.27)	(\$2,321.41)	(\$1,007.14)	77%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$15,033,128)	(\$25,647,733)	(\$10,614,605)	71%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$308,201,013	\$311,616,464	\$3,415,451	1%
22	TOTAL ACCRUED PAYMENTS	\$154,472,901	\$168,374,191	\$13,901,290	9%
23	TOTAL ALLOWANCES	\$153,728,112	\$143,242,273	(\$10,485,839)	-7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,039,929)	(\$30,052,650)	(\$18,012,721)	150%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$300,560,964	\$304,547,819	\$3,986,855	1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$146,832,852	\$161,305,546	\$14,472,694	10%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$153,728,112	\$143,242,273	(\$10,485,839)	-7%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.15%	47.03%	-4.11%	

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$5,513,928	\$4,796,385	(\$717,543)	-13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$500,829	\$45,806	(\$455,023)	-91%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	9.08%	0.96%	-8.13%	-89%
4	DISCHARGES	498	460	(38)	-8%
5	CASE MIX INDEX (CMI)	0.94870	1.03950	0.09080	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	472.45260	478.17000	5.71740	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,060.06	\$95.79	(\$964.27)	-91%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,118.25	\$8,190.87	\$2,072.62	34%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,515.85	\$7,600.69	\$1,084.84	17%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,078,432	\$3,634,422	\$555,990	18%
11	PATIENT DAYS	2,358	1,698	(660)	-28%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$212.40	\$26.98	(\$185.42)	-87%
13	AVERAGE LENGTH OF STAY	4.7	3.7	(1.0)	-22%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$16,520,161	\$15,715,137	(\$805,024)	-5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,224,831	\$2,421,250	(\$1,803,581)	-43%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.57%	15.41%	-10.17%	-40%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	299.61%	327.65%	28.04%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,492.04708	1,507.16905	15.12197	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,831.57	\$1,606.49	(\$1,225.08)	-43%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,948.77	\$8,035.26	\$2,086.49	35%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,634.50	\$5,713.86	\$1,079.35	23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,914,898	\$8,611,748	\$1,696,849	25%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$22,034,089	\$20,511,522	(\$1,522,567)	-7%
24	TOTAL ACCRUED PAYMENTS	\$4,725,660	\$2,467,056	(\$2,258,604)	-48%
25	TOTAL ALLOWANCES	\$17,308,429	\$18,044,466	\$736,037	4%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,993,330	\$12,246,170	\$2,252,840	23%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$56,918,333	\$55,559,524	(\$1,358,809)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,555,667	\$16,828,095	\$272,428	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.09%	30.29%	1.20%	4%
4	DISCHARGES	3,466	3,283	(183)	-5%
5	CASE MIX INDEX (CMI)	0.87270	0.89040	0.01770	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,024.77820	2,923.18320	(101.59500)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,473.35	\$5,756.77	\$283.42	5%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,704.97	\$2,529.90	\$824.93	48%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,102.57	\$1,939.71	(\$162.85)	-8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,359,796	\$5,670,141	(\$689,656)	-11%
11	PATIENT DAYS	12,488	12,606	118	1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,325.73	\$1,334.93	\$9.20	1%
13	AVERAGE LENGTH OF STAY	3.6	3.8	0.2	7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$58,975,883	\$63,702,766	\$4,726,883	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,005,204	\$22,407,348	\$3,402,144	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.23%	35.17%	2.95%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	103.61%	114.66%	11.04%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,591.29299	3,764.18237	172.88938	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,292.02	\$5,952.78	\$660.76	12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,488.31	\$3,688.97	\$200.66	6%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,174.05	\$1,367.57	(\$806.48)	-37%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,807,644	\$5,147,766	(\$2,659,878)	-34%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$115,894,216	\$119,262,290	\$3,368,074	3%
24	TOTAL ACCRUED PAYMENTS	\$35,560,871	\$39,235,443	\$3,674,572	10%
25	TOTAL ALLOWANCES	\$80,333,345	\$80,026,847	(\$306,498)	0%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$14,167,441	\$10,817,907	(\$3,349,534)	-24%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$12,105,615	\$12,609,294	\$503,679	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,292,056	\$2,331,833	\$39,777	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.93%	18.49%	-0.44%	-2%
4	DISCHARGES	608	567	(41)	-7%
5	CASE MIX INDEX (CMI)	1.03620	1.08580	0.04960	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	630.00960	615.64860	(14.36100)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,638.13	\$3,787.60	\$149.48	4%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$3,540.19	\$4,499.06	\$958.88	27%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,937.79	\$3,908.88	(\$28.91)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,480,843	\$2,406,497	(\$74,346)	-3%
11	PATIENT DAYS	2,842	2,548	(294)	-10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$806.49	\$915.16	\$108.67	13%
13	AVERAGE LENGTH OF STAY	4.7	4.5	(0.2)	-4%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$11,177,593	\$13,304,483	\$2,126,890	19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,867,943	\$2,164,640	\$296,697	16%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.71%	16.27%	-0.44%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	92.33%	105.51%	13.18%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	561.39044	598.26045	36.87001	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,327.35	\$3,618.22	\$290.87	9%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,452.99	\$6,023.53	\$570.54	10%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,138.72	\$3,702.12	(\$436.60)	-11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,323,438	\$2,214,833	(\$108,605)	-5%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$23,283,208	\$25,913,777	\$2,630,569	11%
24	TOTAL ACCRUED PAYMENTS	\$4,159,999	\$4,496,473	\$336,474	8%
25	TOTAL ALLOWANCES	\$19,123,209	\$21,417,304	\$2,294,095	12%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$4,804,281	\$4,621,330	(\$182,951)	-4%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$69,023,948	\$68,168,818	(\$855,130)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,847,723	\$19,159,928	\$312,205	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.31%	28.11%	0.80%	3%
4	DISCHARGES	4,074	3,850	(224)	-5%
5	CASE MIX INDEX (CMI)	0.89710	0.91918	0.02208	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,654.78780	3,538.83180	(115.95600)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,157.00	\$5,414.20	\$257.20	5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,021.32	\$2,872.47	\$851.15	42%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,418.92	\$2,282.29	(\$136.63)	-6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,840,640	\$8,076,638	(\$764,002)	-9%
11	PATIENT DAYS	15,330	15,154	(176)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,229.47	\$1,264.35	\$34.88	3%
13	AVERAGE LENGTH OF STAY	3.8	3.9	0.2	5%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$70,153,476	\$77,007,249	\$6,853,773	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$20,873,147	\$24,571,988	\$3,698,841	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.75%	31.91%	2.16%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	101.64%	112.97%	11.33%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,152.68343	4,362.44282	209.75938	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,026.42	\$5,632.62	\$606.20	12%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,753.91	\$4,009.13	\$255.22	7%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,439.65	\$1,687.72	(\$751.92)	-31%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,131,082	\$7,362,599	(\$2,768,483)	-27%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$139,177,424	\$145,176,067	\$5,998,643	4%
24	TOTAL ACCRUED PAYMENTS	\$39,720,870	\$43,731,916	\$4,011,046	10%
25	TOTAL ALLOWANCES	\$99,456,554	\$101,444,151	\$1,987,597	2%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$481,747	\$517,947	\$36,200	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$122,774	\$108,143	(\$14,631)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.49%	20.88%	-4.61%	-18%
4	DISCHARGES	44	33	(11)	-25%
5	CASE MIX INDEX (CMI)	0.75370	0.79620	0.04250	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	33.16280	26.27460	(6.88820)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,702.16	\$4,115.88	\$413.72	11%
8	PATIENT DAYS	109	130	21	19%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,126.37	\$831.87	(\$294.50)	-26%
10	AVERAGE LENGTH OF STAY	2.5	3.9	1.5	59%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$480,376	\$661,469	\$181,093	38%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$153,317	\$250,766	\$97,449	64%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$962,123	\$1,179,416	\$217,293	23%
14	TOTAL ACCRUED PAYMENTS	\$276,091	\$358,909	\$82,818	30%
15	TOTAL ALLOWANCES	\$686,032	\$820,507	\$134,475	20%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$5,923,543	\$23,347,865	\$17,424,322	294%
2	TOTAL OPERATING EXPENSES	\$322,396,761	\$371,908,113	\$49,511,352	15%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,603,371	\$2,227,302	\$623,931	39%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$7,362,350	\$5,631,704	(\$1,730,646)	-24%
5	BAD DEBTS (CHARGES)	\$17,614,632	\$19,160,722	\$1,546,090	9%
6	UNCOMPENSATED CARE (CHARGES)	\$24,976,982	\$24,792,426	(\$184,556)	-1%
7	COST OF UNCOMPENSATED CARE	\$9,027,618	\$9,645,035	\$617,417	7%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$139,177,424	\$145,176,067	\$5,998,643	4%
9	TOTAL ACCRUED PAYMENTS	\$39,720,870	\$43,731,916	\$4,011,046	10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$50,303,942	\$56,478,065	\$6,174,123	12%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$10,583,072	\$12,746,149	\$2,163,077	20%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$449,595,311	\$430,799,767	(\$18,795,544)	-4%
2	TOTAL INPATIENT PAYMENTS	\$168,510,821	\$177,351,134	\$8,840,313	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	37.48%	41.17%	3.69%	10%
4	TOTAL DISCHARGES	20,981	20,067	(914)	-4%
5	TOTAL CASE MIX INDEX	1.13541	1.17269	0.03729	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	23,821,95640	23,532,42210	(289,53430)	-1%
7	TOTAL OUTPATIENT CHARGES	\$379,679,923	\$396,091,858	\$16,411,935	4%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	84.45%	91.94%	7.49%	9%
9	TOTAL OUTPATIENT PAYMENTS	\$154,593,967	\$166,900,888	\$12,306,921	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.72%	42.14%	1.42%	3%
11	TOTAL CHARGES	\$829,275,234	\$826,891,625	(\$2,383,609)	0%
12	TOTAL PAYMENTS	\$323,104,788	\$344,252,022	\$21,147,234	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	38.96%	41.63%	2.67%	7%
14	PATIENT DAYS	88,799	86,498	(2,301)	-3%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$330,608,645	\$310,332,107	(\$20,276,538)	-6%
2	INPATIENT PAYMENTS	\$114,471,061	\$115,502,426	\$1,031,365	1%
3	GOVT. INPATIENT PAYMENTS / CHARGES	34.62%	37.22%	2.59%	7%
4	DISCHARGES	13,788	13,104	(684)	-5%
5	CASE MIX INDEX	1.18174	1.22625	0.04452	4%
6	CASE MIX ADJUSTED DISCHARGES	16,293,76260	16,068,78240	(224,98020)	-1%
7	OUTPATIENT CHARGES	\$190,465,576	\$204,943,054	\$14,477,478	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	57.61%	66.04%	8.43%	15%
9	OUTPATIENT PAYMENTS	\$54,160,826	\$60,375,405	\$6,214,579	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.44%	29.46%	1.02%	4%
11	TOTAL CHARGES	\$521,074,221	\$515,275,161	(\$5,799,060)	-1%
12	TOTAL PAYMENTS	\$168,631,887	\$175,877,831	\$7,245,944	4%
13	TOTAL PAYMENTS / CHARGES	32.36%	34.13%	1.77%	5%
14	PATIENT DAYS	64,379	62,057	(2,322)	-4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$352,442,334	\$339,397,330	(\$13,045,004)	-4%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	5.1	0.0	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.5	0.1	3%
3	UNINSURED	4.7	3.7	(1.0)	-22%
4	MEDICAID	3.6	3.8	0.2	7%
5	OTHER MEDICAL ASSISTANCE	4.7	4.5	(0.2)	-4%
6	CHAMPUS / TRICARE	2.5	3.9	1.5	59%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.1	2%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$829,275,234	\$826,891,625	(\$2,383,609)	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$352,442,334	\$339,397,330	(\$13,045,004)	-4%
3	UNCOMPENSATED CARE	\$24,976,982	\$24,792,426	(\$184,556)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$153,728,112	\$143,242,273	(\$10,485,839)	-7%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$531,147,428	\$507,432,029	(\$23,715,399)	-4%
7	TOTAL ACCRUED PAYMENTS	\$298,127,806	\$319,459,596	\$21,331,790	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$1,603,371	\$2,227,302	\$623,931	39%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$299,731,177	\$321,686,898	\$21,955,721	7%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3614375116	0.3890315106	0.0275939990	8%
11	COST OF UNCOMPENSATED CARE	\$9,027,618	\$9,645,035	\$617,417	7%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$10,583,072	\$12,746,149	\$2,163,077	20%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$19,610,690	\$22,391,184	\$2,780,494	14%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$7,807,644	\$5,147,766	(\$2,659,878)	-34%
2	OTHER MEDICAL ASSISTANCE	\$4,804,281	\$4,621,330	(\$182,951)	-4%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,993,330	\$12,246,170	\$2,252,840	23%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$22,605,255	\$22,015,266	(\$589,990)	-3%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$24,260,842	\$25,829,053	\$1,568,211	6.46%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$348,969,000	\$372,308,376	\$23,339,376	6.69%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$7,818,080	\$7,766,252	(\$51,828)	-0.66%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$837,093,313	\$834,657,876	(\$2,435,437)	-0.29%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,054,886	\$1,186,001	\$131,115	12.43%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$26,031,868	\$25,978,427	(\$53,441)	-0.21%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	\$118,986,666	\$120,467,660	\$1,480,994
2	MEDICARE	\$261,102,950	241,645,342	(\$19,457,608)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$69,023,948	68,168,818	(\$855,130)
4	MEDICAID	\$56,918,333	55,559,524	(\$1,358,809)
5	OTHER MEDICAL ASSISTANCE	\$12,105,615	12,609,294	\$503,679
6	CHAMPUS / TRICARE	\$481,747	517,947	\$36,200
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,513,928	4,796,385	(\$717,543)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$330,608,645	\$310,332,107	(\$20,276,538)
	TOTAL INPATIENT CHARGES	\$449,595,311	\$430,799,767	(\$18,795,544)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$189,214,347	\$191,148,804	\$1,934,457
2	MEDICARE	\$119,831,724	127,274,336	\$7,442,612
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$70,153,476	77,007,249	\$6,853,773
4	MEDICAID	\$58,975,883	63,702,766	\$4,726,883
5	OTHER MEDICAL ASSISTANCE	\$11,177,593	13,304,483	\$2,126,890
6	CHAMPUS / TRICARE	\$480,376	661,469	\$181,093
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,520,161	15,715,137	(\$805,024)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$190,465,576	\$204,943,054	\$14,477,478
	TOTAL OUTPATIENT CHARGES	\$379,679,923	\$396,091,858	\$16,411,935
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$308,201,013	\$311,616,464	\$3,415,451
2	TOTAL MEDICARE	\$380,934,674	\$368,919,678	(\$12,014,996)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$139,177,424	\$145,176,067	\$5,998,643
4	TOTAL MEDICAID	\$115,894,216	\$119,262,290	\$3,368,074
5	TOTAL OTHER MEDICAL ASSISTANCE	\$23,283,208	\$25,913,777	\$2,630,569
6	TOTAL CHAMPUS / TRICARE	\$962,123	\$1,179,416	\$217,293
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,034,089	\$20,511,522	(\$1,522,567)
	TOTAL GOVERNMENT CHARGES	\$521,074,221	\$515,275,161	(\$5,799,060)
	TOTAL CHARGES	\$829,275,234	\$826,891,625	(\$2,383,609)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,039,760	\$61,848,708	\$7,808,948
2	MEDICARE	\$95,500,564	96,234,355	\$733,791
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,847,723	19,159,928	\$312,205
4	MEDICAID	\$16,555,667	16,828,095	\$272,428
5	OTHER MEDICAL ASSISTANCE	\$2,292,056	2,331,833	\$39,777
6	CHAMPUS / TRICARE	\$122,774	108,143	(\$14,631)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$500,829	45,806	(\$455,023)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$114,471,061	\$115,502,426	\$1,031,365
	TOTAL INPATIENT PAYMENTS	\$168,510,821	\$177,351,134	\$8,840,313
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$100,433,141	\$106,525,483	\$6,092,342
2	MEDICARE	\$33,134,362	35,552,651	\$2,418,289
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,873,147	24,571,988	\$3,698,841
4	MEDICAID	\$19,005,204	22,407,348	\$3,402,144
5	OTHER MEDICAL ASSISTANCE	\$1,867,943	2,164,640	\$296,697
6	CHAMPUS / TRICARE	\$153,317	250,766	\$97,449
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,224,831	2,421,250	(\$1,803,581)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$54,160,826	\$60,375,405	\$6,214,579
	TOTAL OUTPATIENT PAYMENTS	\$154,593,967	\$166,900,888	\$12,306,921
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$154,472,901	\$168,374,191	\$13,901,290
2	TOTAL MEDICARE	\$128,634,926	\$131,787,006	\$3,152,080
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$39,720,870	\$43,731,916	\$4,011,046
4	TOTAL MEDICAID	\$35,560,871	\$39,235,443	\$3,674,572
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,159,999	\$4,496,473	\$336,474
6	TOTAL CHAMPUS / TRICARE	\$276,091	\$358,909	\$82,818
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,725,660	\$2,467,056	(\$2,258,604)
	TOTAL GOVERNMENT PAYMENTS	\$168,631,887	\$175,877,831	\$7,245,944
	TOTAL PAYMENTS	\$323,104,788	\$344,252,022	\$21,147,234

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	14.35%	14.57%	0.22%
2	MEDICARE	31.49%	29.22%	-2.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.32%	8.24%	-0.08%
4	MEDICAID	6.86%	6.72%	-0.14%
5	OTHER MEDICAL ASSISTANCE	1.46%	1.52%	0.07%
6	CHAMPUS / TRICARE	0.06%	0.06%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.66%	0.58%	-0.08%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	39.87%	37.53%	-2.34%
	TOTAL INPATIENT PAYER MIX	54.22%	52.10%	-2.12%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.82%	23.12%	0.30%
2	MEDICARE	14.45%	15.39%	0.94%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.46%	9.31%	0.85%
4	MEDICAID	7.11%	7.70%	0.59%
5	OTHER MEDICAL ASSISTANCE	1.35%	1.61%	0.26%
6	CHAMPUS / TRICARE	0.06%	0.08%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.99%	1.90%	-0.09%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.97%	24.78%	1.82%
	TOTAL OUTPATIENT PAYER MIX	45.78%	47.90%	2.12%
	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)	16.73%	17.97%	1.24%
2	MEDICARE	29.56%	27.95%	-1.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.83%	5.57%	-0.27%
4	MEDICAID	5.12%	4.89%	-0.24%
5	OTHER MEDICAL ASSISTANCE	0.71%	0.68%	-0.03%
6	CHAMPUS / TRICARE	0.04%	0.03%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.16%	0.01%	-0.14%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	35.43%	33.55%	-1.88%
	TOTAL INPATIENT PAYER MIX	52.15%	51.52%	-0.64%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.08%	30.94%	-0.14%
2	MEDICARE	10.25%	10.33%	0.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.46%	7.14%	0.68%
4	MEDICAID	5.88%	6.51%	0.63%
5	OTHER MEDICAL ASSISTANCE	0.58%	0.63%	0.05%
6	CHAMPUS / TRICARE	0.05%	0.07%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.31%	0.70%	-0.60%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.76%	17.54%	0.78%
	TOTAL OUTPATIENT PAYER MIX	47.85%	48.48%	0.64%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	7,193	6,963	(230)
2	MEDICARE	9,670	9,221	(449)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,074	3,850	(224)
4	MEDICAID	3,466	3,283	(183)
5	OTHER MEDICAL ASSISTANCE	608	567	(41)
6	CHAMPUS / TRICARE	44	33	(11)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	498	460	(38)
	TOTAL GOVERNMENT DISCHARGES	13,788	13,104	(684)
	TOTAL DISCHARGES	20,981	20,067	(914)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24,420	24,441	21
2	MEDICARE	48,940	46,773	(2,167)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,330	15,154	(176)
4	MEDICAID	12,488	12,606	118
5	OTHER MEDICAL ASSISTANCE	2,842	2,548	(294)
6	CHAMPUS / TRICARE	109	130	21
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,358	1,698	(660)
	TOTAL GOVERNMENT PATIENT DAYS	64,379	62,057	(2,322)
	TOTAL PATIENT DAYS	88,799	86,498	(2,301)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.5	0.1
2	MEDICARE	5.1	5.1	0.0
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.8	3.9	0.2
4	MEDICAID	3.6	3.8	0.2
5	OTHER MEDICAL ASSISTANCE	4.7	4.5	(0.2)
6	CHAMPUS / TRICARE	2.5	3.9	1.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.7	3.7	(1.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.7	0.1
	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.04660	1.07190	0.02530
2	MEDICARE	1.30360	1.35600	0.05240
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.89710	0.91918	0.02208
4	MEDICAID	0.87270	0.89040	0.01770
5	OTHER MEDICAL ASSISTANCE	1.03620	1.08580	0.04960
6	CHAMPUS / TRICARE	0.75370	0.79620	0.04250
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.94870	1.03950	0.09080
	TOTAL GOVERNMENT CASE MIX INDEX	1.18174	1.22625	0.04452
	TOTAL CASE MIX INDEX	1.13541	1.17269	0.03729
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$300,560,964	\$304,547,819	\$3,986,855
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$146,832,852	\$161,305,546	\$14,472,694
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$153,728,112	\$143,242,273	(\$10,485,839)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.15%	47.03%	-4.11%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$1,603,371	\$2,227,302	\$623,931
8	CHARITY CARE	\$7,362,350	\$5,631,704	(\$1,730,646)
9	BAD DEBTS	\$17,614,632	\$19,160,722	\$1,546,090
10	TOTAL UNCOMPENSATED CARE	\$24,976,982	\$24,792,426	(\$184,556)
11	TOTAL OTHER OPERATING REVENUE	\$300,560,964	\$304,547,819	\$3,986,855
12	TOTAL OPERATING EXPENSES	\$322,396,761	\$371,908,113	\$49,511,352

THE HOSPITAL OF CENTRAL CONNECTICUT 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>

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	7,528.19380	7,463.63970	(64.55410)
2	MEDICARE	12,605.81200	12,503.67600	(102.13600)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,654.78780	3,538.83180	(115.95600)
4	MEDICAID	3,024.77820	2,923.18320	(101.59500)
5	OTHER MEDICAL ASSISTANCE	630.00960	615.64860	(14.36100)
6	CHAMPUS / TRICARE	33.16280	26.27460	(6.88820)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	472.45260	478.17000	5.71740
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	16,293.76260	16,068.78240	(224.98020)
	TOTAL CASE MIX ADJUSTED DISCHARGES	23,821.95640	23,532.42210	(289.53430)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,438.41444	11,048.35208	-390.06235
2	MEDICARE	4,437.99188	4,856.69056	418.69869
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,152.68343	4,362.44282	209.75938
4	MEDICAID	3,591.29299	3,764.18237	172.88938
5	OTHER MEDICAL ASSISTANCE	561.39044	598.26045	36.87001
6	CHAMPUS / TRICARE	43.87478	42.14423	-1.73055
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,492.04708	1,507.16905	15.12197
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,634.55009	9,261.27761	626.72752
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,072.96453	20,309.62969	236.66517
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,178.32	\$8,286.67	\$1,108.35
2	MEDICARE	\$7,575.92	\$7,696.49	\$120.57
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,157.00	\$5,414.20	\$257.20
4	MEDICAID	\$5,473.35	\$5,756.77	\$283.42
5	OTHER MEDICAL ASSISTANCE	\$3,638.13	\$3,787.60	\$149.48
6	CHAMPUS / TRICARE	\$3,702.16	\$4,115.88	\$413.72
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,060.06	\$95.79	(\$964.27)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,025.45	\$7,188.00	\$162.55
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,073.76	\$7,536.46	\$462.70
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,780.34	\$9,641.75	\$861.42
2	MEDICARE	\$7,466.07	\$7,320.35	(\$145.73)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,026.42	\$5,632.62	\$606.20
4	MEDICAID	\$5,292.02	\$5,952.78	\$660.76
5	OTHER MEDICAL ASSISTANCE	\$3,327.35	\$3,618.22	\$290.87
6	CHAMPUS / TRICARE	\$3,494.42	\$5,950.19	\$2,455.76
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,831.57	\$1,606.49	(\$1,225.08)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,272.57	\$6,519.12	\$246.55
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,701.60	\$8,217.82	\$516.22

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$7,807,644	\$5,147,766	(\$2,659,878)
2	OTHER MEDICAL ASSISTANCE	\$4,804,281	\$4,621,330	(\$182,951)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,993,330	\$12,246,170	\$2,252,840
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$22,605,255	\$22,015,266	(\$589,990)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$829,275,234	\$826,891,625	(\$2,383,609)
2	TOTAL GOVERNMENT DEDUCTIONS	\$352,442,334	\$339,397,330	(\$13,045,004)
3	UNCOMPENSATED CARE	\$24,976,982	\$24,792,426	(\$184,556)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$153,728,112	\$143,242,273	(\$10,485,839)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$531,147,428	\$507,432,029	(\$23,715,399)
7	TOTAL ACCRUED PAYMENTS	\$298,127,806	\$319,459,596	\$21,331,790
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,603,371	\$2,227,302	\$623,931
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$299,731,177	\$321,686,898	\$21,955,721
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3614375116	0.3890315106	0.0275939990
11	COST OF UNCOMPENSATED CARE	\$9,027,618	\$9,645,035	\$617,417
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$10,583,072	\$12,746,149	\$2,163,077
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$19,610,690	\$22,391,184	\$2,780,494
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.42%	51.34%	5.92%
2	MEDICARE	36.58%	39.82%	3.25%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.31%	28.11%	0.80%
4	MEDICAID	29.09%	30.29%	1.20%
5	OTHER MEDICAL ASSISTANCE	18.93%	18.49%	-0.44%
6	CHAMPUS / TRICARE	25.49%	20.88%	-4.61%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9.08%	0.96%	-8.13%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.62%	37.22%	2.59%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.48%	41.17%	3.69%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.08%	55.73%	2.65%
2	MEDICARE	27.65%	27.93%	0.28%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.75%	31.91%	2.16%
4	MEDICAID	32.23%	35.17%	2.95%
5	OTHER MEDICAL ASSISTANCE	16.71%	16.27%	-0.44%
6	CHAMPUS / TRICARE	31.92%	37.91%	5.99%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25.57%	15.41%	-10.17%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.44%	29.46%	1.02%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	40.72%	42.14%	1.42%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$323,104,788	\$344,252,022	\$21,147,234
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,603,371	\$2,227,302	\$623,931
	OHCA DEFINED NET REVENUE	\$324,708,159	\$346,479,324	\$21,771,165
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$24,260,842	\$25,829,053	\$1,568,211
4	CALCULATED NET REVENUE	\$366,583,633	\$372,308,377	\$5,724,744
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$348,969,000	\$372,308,376	\$23,339,376
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$17,614,633	\$1	(\$17,614,632)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$829,275,234	\$826,891,625	(\$2,383,609)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$7,818,080	\$7,766,252	(\$51,828)
	CALCULATED GROSS REVENUE	\$837,093,314	\$834,657,877	(\$2,435,437)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$837,093,313	\$834,657,876	(\$2,435,437)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$1	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,976,982	\$24,792,426	(\$184,556)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,054,886	\$1,186,001	\$131,115
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,031,868	\$25,978,427	(\$53,441)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$26,031,868	\$25,978,427	(\$53,441)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

**THE HOSPITAL OF CENTRAL CONNECTICUT
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>
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$120,467,660
2	MEDICARE	241,645,342
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	68,168,818
4	MEDICAID	55,559,524
5	OTHER MEDICAL ASSISTANCE	12,609,294
6	CHAMPUS / TRICARE	517,947
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,796,385
	TOTAL INPATIENT GOVERNMENT CHARGES	\$310,332,107
	TOTAL INPATIENT CHARGES	\$430,799,767
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$191,148,804
2	MEDICARE	127,274,336
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	77,007,249
4	MEDICAID	63,702,766
5	OTHER MEDICAL ASSISTANCE	13,304,483
6	CHAMPUS / TRICARE	661,469
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	15,715,137
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$204,943,054
	TOTAL OUTPATIENT CHARGES	\$396,091,858
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$311,616,464
2	TOTAL GOVERNMENT ACCRUED CHARGES	515,275,161
	TOTAL ACCRUED CHARGES	\$826,891,625
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,848,708
2	MEDICARE	96,234,355
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19,159,928
4	MEDICAID	16,828,095
5	OTHER MEDICAL ASSISTANCE	2,331,833
6	CHAMPUS / TRICARE	108,143
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	45,806
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$115,502,426
	TOTAL INPATIENT PAYMENTS	\$177,351,134
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$106,525,483
2	MEDICARE	35,552,651
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,571,988
4	MEDICAID	22,407,348
5	OTHER MEDICAL ASSISTANCE	2,164,640
6	CHAMPUS / TRICARE	250,766
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,421,250
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$60,375,405
	TOTAL OUTPATIENT PAYMENTS	\$166,900,888
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$168,374,191
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	175,877,831
	TOTAL ACCRUED PAYMENTS	\$344,252,022

THE HOSPITAL OF CENTRAL CONNECTICUT 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)	6,963
2	MEDICARE	9,221
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,850
4	MEDICAID	3,283
5	OTHER MEDICAL ASSISTANCE	567
6	CHAMPUS / TRICARE	33
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	460
	TOTAL GOVERNMENT DISCHARGES	13,104
	TOTAL DISCHARGES	20,067
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.07190
2	MEDICARE	1.35600
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.91918
4	MEDICAID	0.89040
5	OTHER MEDICAL ASSISTANCE	1.08580
6	CHAMPUS / TRICARE	0.79620
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03950
	TOTAL GOVERNMENT CASE MIX INDEX	1.22625
	TOTAL CASE MIX INDEX	1.17269
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$304,547,819
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$161,305,546
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$143,242,273
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.03%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,227,302
8	CHARITY CARE	\$5,631,704
9	BAD DEBTS	\$19,160,722
10	TOTAL UNCOMPENSATED CARE	\$24,792,426
11	TOTAL OTHER OPERATING REVENUE	\$23,347,865
12	TOTAL OPERATING EXPENSES	\$371,908,113

THE HOSPITAL OF CENTRAL CONNECTICUT 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	\$344,252,022
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,227,302
	OHCA DEFINED NET REVENUE	\$346,479,324
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$25,829,053
	CALCULATED NET REVENUE	\$372,308,377
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$372,308,376
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$826,891,625
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$7,766,252
	CALCULATED GROSS REVENUE	\$834,657,877
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$834,657,876
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,792,426
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,186,001
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$25,978,427
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$25,978,427
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

THE HOSPITAL OF CENTRAL CONNECTICUT 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	1,283	1,274	(9)	-1%
2	Number of Approved Applicants	495	370	(125)	-25%
3	Total Charges (A)	\$7,362,350	\$5,631,704	(\$1,730,646)	-24%
4	Average Charges	\$14,873	\$15,221	\$347	2%
5	Ratio of Cost to Charges (RCC)	0.386156	0.386012	(0.000144)	0%
6	Total Cost	\$2,843,016	\$2,173,905	(\$669,110)	-24%
7	Average Cost	\$5,743	\$5,875	\$132	2%
8	Charity Care - Inpatient Charges	\$4,113,462	\$3,083,264	(\$1,030,198)	-25%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,596,462	1,616,712	20,250	1%
10	Charity Care - Emergency Department Charges	1,652,426	931,728	(720,698)	-44%
11	Total Charges (A)	\$7,362,350	\$5,631,704	(\$1,730,646)	-24%
12	Charity Care - Number of Patient Days	5,782	5,193	(589)	-10%
13	Charity Care - Number of Discharges	1,081	1,014	(67)	-6%
14	Charity Care - Number of Outpatient ED Visits	2,466	1,697	(769)	-31%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3,820	3,743	(77)	-2%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$6,993,673	\$5,668,702	(\$1,324,971)	-19%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,527,688	3,284,104	756,416	30%
3	Bad Debts - Emergency Department	8,093,271	10,207,916	2,114,645	26%
4	Total Bad Debts (A)	\$17,614,632	\$19,160,722	\$1,546,090	9%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$7,362,350	\$5,631,704	(\$1,730,646)	-24%
2	Bad Debts (A)	17,614,632	19,160,722	1,546,090	9%
3	Total Uncompensated Care (A)	\$24,976,982	\$24,792,426	(\$184,556)	-1%
4	Uncompensated Care - Inpatient Services	\$11,107,135	\$8,751,966	(\$2,355,169)	-21%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,124,150	4,900,816	776,666	19%
6	Uncompensated Care - Emergency Department	9,745,697	11,139,644	1,393,947	14%
7	Total Uncompensated Care (A)	\$24,976,982	\$24,792,426	(\$184,556)	-1%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

THE HOSPITAL OF CENTRAL CONNECTICUT TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$300,560,964	\$304,547,819	\$3,986,855	1%
2	Total Contractual Allowances	\$153,728,112	\$143,242,273	(\$10,485,839)	-7%
	Total Accrued Payments (A)	\$146,832,852	\$161,305,546	\$14,472,694	10%
	Total Discount Percentage	51.15%	47.03%	-4.11%	-8%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$452,557,540	\$449,595,311	\$430,799,767
2	Outpatient Gross Revenue	\$331,929,954	\$379,679,923	\$396,091,858
3	Total Gross Patient Revenue	\$784,487,494	\$829,275,234	\$826,891,625
4	Net Patient Revenue	\$329,476,747	\$345,056,579	\$367,733,027
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$342,618,682	\$353,800,187	\$371,908,113
C. <u>Utilization Statistics</u>				
1	Patient Days	90,978	88,799	86,498
2	Discharges	22,782	20,981	20,067
3	Average Length of Stay	4.0	4.2	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	157,706	163,789	166,027
0	Equivalent (Adjusted) Discharges (ED)	39,492	38,699	38,517
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.07574	1.13541	1.17269
2	Case Mix Adjusted Patient Days (CMAPD)	97,869	100,823	101,436
3	Case Mix Adjusted Discharges (CMAD)	24,507	23,822	23,532
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	169,651	185,967	194,699
5	Case Mix Adjusted Equivalent Discharges (CMAED)	42,483	43,939	45,169
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,623	\$9,339	\$9,560
2	Total Gross Revenue per Discharge	\$34,435	\$39,525	\$41,207
3	Total Gross Revenue per EPD	\$4,974	\$5,063	\$4,980
4	Total Gross Revenue per ED	\$19,865	\$21,429	\$21,468
5	Total Gross Revenue per CMAEPD	\$4,624	\$4,459	\$4,247
6	Total Gross Revenue per CMAED	\$18,466	\$18,873	\$18,307
7	Inpatient Gross Revenue per EPD	\$2,870	\$2,745	\$2,595
8	Inpatient Gross Revenue per ED	\$11,460	\$11,618	\$11,185

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,621	\$3,886	\$4,251
2	Net Patient Revenue per Discharge	\$14,462	\$16,446	\$18,325
3	Net Patient Revenue per EPD	\$2,089	\$2,107	\$2,215
4	Net Patient Revenue per ED	\$8,343	\$8,916	\$9,547
5	Net Patient Revenue per CMAEPD	\$1,942	\$1,855	\$1,889
6	Net Patient Revenue per CMAED	\$7,756	\$7,853	\$8,141
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,766	\$3,984	\$4,300
2	Total Operating Expense per Discharge	\$15,039	\$16,863	\$18,533
3	Total Operating Expense per EPD	\$2,173	\$2,160	\$2,240
4	Total Operating Expense per ED	\$8,676	\$9,142	\$9,656
5	Total Operating Expense per CMAEPD	\$2,020	\$1,902	\$1,910
6	Total Operating Expense per CMAED	\$8,065	\$8,052	\$8,234
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$44,513,944	\$50,065,672	\$50,992,421
2	Nursing Fringe Benefits Expense	\$13,607,995	\$15,157,065	\$15,207,538
3	Total Nursing Salary and Fringe Benefits Expense	\$58,121,939	\$65,222,737	\$66,199,959
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$19,411,422	\$20,999,434	\$21,902,358
2	Physician Fringe Benefits Expense	\$5,934,108	\$6,357,446	\$6,531,970
3	Total Physician Salary and Fringe Benefits Expense	\$25,345,530	\$27,356,880	\$28,434,328
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$68,447,744	\$72,008,323	\$71,621,671
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$20,842,793	\$21,800,063	\$21,359,827
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$89,290,537	\$93,808,386	\$92,981,498
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$132,373,110	\$143,073,429	\$144,516,450
2	Total Fringe Benefits Expense	\$40,384,896	\$43,314,574	\$43,099,335
3	Total Salary and Fringe Benefits Expense	\$172,758,006	\$186,388,003	\$187,615,785

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(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	595.1	647.3	647.5
2	Total Physician FTEs	104.9	109.1	111.9
3	Total Non-Nursing, Non-Physician FTEs	1513.6	1500.3	1464.8
4	Total Full Time Equivalent Employees (FTEs)	2,213.6	2,256.7	2,224.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$74,801	\$77,345	\$78,753
2	Nursing Fringe Benefits Expense per FTE	\$22,867	\$23,416	\$23,487
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$97,668	\$100,761	\$102,239
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$185,047	\$192,479	\$195,732
2	Physician Fringe Benefits Expense per FTE	\$56,569	\$58,272	\$58,373
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$241,616	\$250,751	\$254,105
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$45,222	\$47,996	\$48,895
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,770	\$14,530	\$14,582
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$58,992	\$62,526	\$63,477
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$59,800	\$63,399	\$64,975
2	Total Fringe Benefits Expense per FTE	\$18,244	\$19,194	\$19,377
3	Total Salary and Fringe Benefits Expense per FTE	\$78,044	\$82,593	\$84,352
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,899	\$2,099	\$2,169
2	Total Salary and Fringe Benefits Expense per Discharge	\$7,583	\$8,884	\$9,349
3	Total Salary and Fringe Benefits Expense per EPD	\$1,095	\$1,138	\$1,130
4	Total Salary and Fringe Benefits Expense per ED	\$4,375	\$4,816	\$4,871
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,018	\$1,002	\$964
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,067	\$4,242	\$4,154