

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
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.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$2,778,004	\$3,357,508	\$579,504	21%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$11,996,552	\$13,116,037	\$1,119,485	9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$633,588	\$798,482	\$164,894	26%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,166,694	\$1,258,523	(\$908,171)	-42%
7	Inventories of Supplies	\$1,190,125	\$1,175,255	(\$14,870)	-1%
8	Prepaid Expenses	\$1,175,688	\$671,383	(\$504,305)	-43%
9	Other Current Assets	\$4,330,978	\$3,626,731	(\$704,247)	-16%
	<b>Total Current Assets</b>	<b>\$24,271,629</b>	<b>\$24,003,919</b>	<b>(\$267,710)</b>	<b>-1%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$518,845	\$1,752,149	\$1,233,304	238%
2	Board Designated for Capital Acquisition	\$1,717,049	\$0	(\$1,717,049)	-100%
3	Funds Held in Escrow	\$0	\$1,674,179	\$1,674,179	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$2,749,514	\$2,749,514	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$2,235,894</b>	<b>\$6,175,842</b>	<b>\$3,939,948</b>	<b>176%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,174,512	\$322,070	(\$2,852,442)	-90%
7	Other Noncurrent Assets	\$3,320,012	\$2,297,615	(\$1,022,397)	-31%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$89,891,637	\$94,462,346	\$4,570,709	5%
2	Less: Accumulated Depreciation	\$52,772,521	\$57,981,855	\$5,209,334	10%
	<b>Property, Plant and Equipment, Net</b>	<b>\$37,119,116</b>	<b>\$36,480,491</b>	<b>(\$638,625)</b>	<b>-2%</b>
3	Construction in Progress	\$0	\$428,448	\$428,448	0%
	<b>Total Net Fixed Assets</b>	<b>\$37,119,116</b>	<b>\$36,908,939</b>	<b>(\$210,177)</b>	<b>-1%</b>
	<b>Total Assets</b>	<b>\$70,121,163</b>	<b>\$69,708,385</b>	<b>(\$412,778)</b>	<b>-1%</b>

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LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$3,283,294	\$3,370,047	\$86,753	3%
2	Salaries, Wages and Payroll Taxes	\$1,074,903	\$1,276,413	\$201,510	19%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$309,541	\$325,901	\$16,360	5%
6	Current Portion of Notes Payable	\$464,111	\$530,010	\$65,899	14%
7	Other Current Liabilities	\$4,308,911	\$3,625,641	(\$683,270)	-16%
	<b>Total Current Liabilities</b>	<b>\$9,440,760</b>	<b>\$9,128,012</b>	<b>(\$312,748)</b>	<b>-3%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$20,021,887	\$19,698,257	(\$323,630)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$20,021,887</b>	<b>\$19,698,257</b>	<b>(\$323,630)</b>	<b>-2%</b>
3	Accrued Pension Liability	\$24,984,787	\$57,389,912	\$32,405,125	130%
4	Other Long Term Liabilities	\$2,401,742	\$3,663,526	\$1,261,784	53%
	<b>Total Long Term Liabilities</b>	<b>\$47,408,416</b>	<b>\$80,751,695</b>	<b>\$33,343,279</b>	<b>70%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$10,143,299	(\$25,502,905)	(\$35,646,204)	-351%
2	Temporarily Restricted Net Assets	\$1,866,961	\$2,104,204	\$237,243	13%
3	Permanently Restricted Net Assets	\$1,261,727	\$3,227,379	\$1,965,652	156%
	<b>Total Net Assets</b>	<b>\$13,271,987</b>	<b>(\$20,171,322)</b>	<b>(\$33,443,309)</b>	<b>-252%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$70,121,163</b>	<b>\$69,708,385</b>	<b>(\$412,778)</b>	<b>-1%</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008 ACTUAL</b>	<b>FY 2009 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$193,794,864	\$190,183,873	(\$3,610,991)	-2%
2	Less: Allowances	\$110,124,702	\$104,418,812	(\$5,705,890)	-5%
3	Less: Charity Care	\$2,658,651	\$2,159,913	(\$498,738)	-19%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$81,011,511</b>	<b>\$83,605,148</b>	<b>\$2,593,637</b>	<b>3%</b>
5	Other Operating Revenue	\$4,257,607	\$2,401,877	(\$1,855,730)	-44%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$85,269,118</b>	<b>\$86,007,025</b>	<b>\$737,907</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$36,808,260	\$37,098,685	\$290,425	1%
2	Fringe Benefits	\$12,641,493	\$12,646,534	\$5,041	0%
3	Physicians Fees	\$1,049,121	\$910,707	(\$138,414)	-13%
4	Supplies and Drugs	\$8,319,961	\$9,286,201	\$966,240	12%
5	Depreciation and Amortization	\$4,033,781	\$4,418,804	\$385,023	10%
6	Bad Debts	\$4,723,613	\$4,595,065	(\$128,548)	-3%
7	Interest	\$1,218,189	\$1,483,430	\$265,241	22%
8	Malpractice	\$986,674	\$980,763	(\$5,911)	-1%
9	Other Operating Expenses	\$13,706,042	\$13,980,968	\$274,926	2%
	<b>Total Operating Expenses</b>	<b>\$83,487,134</b>	<b>\$85,401,157</b>	<b>\$1,914,023</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$1,781,984</b>	<b>\$605,868</b>	<b>(\$1,176,116)</b>	<b>-66%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$170,517	\$152,507	(\$18,010)	-11%
2	Gifts, Contributions and Donations	\$248,855	\$205,897	(\$42,958)	-17%
3	Other Non-Operating Gains/(Losses)	(\$108,905)	(\$2,151,268)	(\$2,042,363)	1875%
	<b>Total Non-Operating Revenue</b>	<b>\$310,467</b>	<b>(\$1,792,864)</b>	<b>(\$2,103,331)</b>	<b>-677%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$2,092,451</b>	<b>(\$1,186,996)</b>	<b>(\$3,279,447)</b>	<b>-157%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$1,992	\$1,992	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$1,992</b>	<b>\$1,992</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$2,092,451</b>	<b>(\$1,185,004)</b>	<b>(\$3,277,455)</b>	<b>-157%</b>
	Principal Payments	\$0	\$1,681,042	\$1,681,042	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$40,431,249	\$38,791,771	(\$1,639,478)	-4%
2	MEDICARE MANAGED CARE	\$2,371,723	\$2,867,764	\$496,041	21%
3	MEDICAID	\$5,319,420	\$5,369,993	\$50,573	1%
4	MEDICAID MANAGED CARE	\$3,732,083	\$3,427,253	(\$304,830)	-8%
5	CHAMPUS/TRICARE	\$145,351	\$176,391	\$31,040	21%
6	COMMERCIAL INSURANCE	\$17,148,828	\$17,563,881	\$415,053	2%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$173,506	\$322,444	\$148,938	86%
9	SELF- PAY/UNINSURED	\$1,705,284	\$921,311	(\$783,973)	-46%
10	SAGA	\$2,831,247	\$2,722,254	(\$108,993)	-4%
11	OTHER	\$646,684	\$283,149	(\$363,535)	-56%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$74,505,375</b>	<b>\$72,446,211</b>	<b>(\$2,059,164)</b>	<b>-3%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$31,402,637	\$30,441,041	(\$961,596)	-3%
2	MEDICARE MANAGED CARE	\$2,481,077	\$3,879,268	\$1,398,191	56%
3	MEDICAID	\$5,977,430	\$5,626,178	(\$351,252)	-6%
4	MEDICAID MANAGED CARE	\$10,952,125	\$11,612,879	\$660,754	6%
5	CHAMPUS/TRICARE	\$401,747	\$412,560	\$10,813	3%
6	COMMERCIAL INSURANCE	\$56,353,637	\$53,425,394	(\$2,928,243)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,276,592	\$2,236,807	(\$39,785)	-2%
9	SELF- PAY/UNINSURED	\$3,802,879	\$3,276,135	(\$526,744)	-14%
10	SAGA	\$5,406,772	\$6,749,180	\$1,342,408	25%
11	OTHER	\$234,593	\$78,219	(\$156,374)	-67%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$119,289,489</b>	<b>\$117,737,661</b>	<b>(\$1,551,828)</b>	<b>-1%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$71,833,886	\$69,232,812	(\$2,601,074)	-4%
2	MEDICARE MANAGED CARE	\$4,852,800	\$6,747,032	\$1,894,232	39%
3	MEDICAID	\$11,296,850	\$10,996,171	(\$300,679)	-3%
4	MEDICAID MANAGED CARE	\$14,684,208	\$15,040,132	\$355,924	2%
5	CHAMPUS/TRICARE	\$547,098	\$588,951	\$41,853	8%
6	COMMERCIAL INSURANCE	\$73,502,465	\$70,989,275	(\$2,513,190)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,450,098	\$2,559,251	\$109,153	4%
9	SELF- PAY/UNINSURED	\$5,508,163	\$4,197,446	(\$1,310,717)	-24%
10	SAGA	\$8,238,019	\$9,471,434	\$1,233,415	15%
11	OTHER	\$881,277	\$361,368	(\$519,909)	-59%
	<b>TOTAL GROSS REVENUE</b>	<b>\$193,794,864</b>	<b>\$190,183,872</b>	<b>(\$3,610,992)</b>	<b>-2%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$23,995,727	\$23,264,310	(\$731,417)	-3%
2	MEDICARE MANAGED CARE	\$1,052,089	\$1,433,336	\$381,247	36%
3	MEDICAID	\$2,200,838	\$2,741,277	\$540,439	25%
4	MEDICAID MANAGED CARE	\$1,880,997	\$1,783,647	(\$97,350)	-5%
5	CHAMPUS/TRICARE	\$60,824	\$62,014	\$1,190	2%
6	COMMERCIAL INSURANCE	\$8,743,675	\$9,808,537	\$1,064,862	12%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$62,776	\$189,440	\$126,664	202%
9	SELF- PAY/UNINSURED	\$218,457	\$74,458	(\$143,999)	-66%
10	SAGA	\$522,411	\$571,030	\$48,619	9%
11	OTHER	\$167,281	\$118,212	(\$49,069)	-29%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$38,905,075</b>	<b>\$40,046,261</b>	<b>\$1,141,186</b>	<b>3%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$7,595,484	\$7,866,579	\$271,095	4%
2	MEDICARE MANAGED CARE	\$567,128	\$1,017,325	\$450,197	79%
3	MEDICAID	\$1,365,009	\$1,454,493	\$89,484	7%
4	MEDICAID MANAGED CARE	\$3,146,916	\$3,570,678	\$423,762	13%
5	CHAMPUS/TRICARE	\$158,727	\$167,114	\$8,387	5%
6	COMMERCIAL INSURANCE	\$22,084,009	\$22,354,842	\$270,833	1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,409,222	\$1,369,506	(\$39,716)	-3%
9	SELF- PAY/UNINSURED	\$212,773	\$176,601	(\$36,172)	-17%
10	SAGA	\$768,786	\$929,303	\$160,517	21%
11	OTHER	\$26,295	\$16,035	(\$10,260)	-39%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$37,334,349</b>	<b>\$38,922,476</b>	<b>\$1,588,127</b>	<b>4%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$31,591,211	\$31,130,889	(\$460,322)	-1%
2	MEDICARE MANAGED CARE	\$1,619,217	\$2,450,661	\$831,444	51%
3	MEDICAID	\$3,565,847	\$4,195,770	\$629,923	18%
4	MEDICAID MANAGED CARE	\$5,027,913	\$5,354,325	\$326,412	6%
5	CHAMPUS/TRICARE	\$219,551	\$229,128	\$9,577	4%
6	COMMERCIAL INSURANCE	\$30,827,684	\$32,163,379	\$1,335,695	4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,471,998	\$1,558,946	\$86,948	6%
9	SELF- PAY/UNINSURED	\$431,230	\$251,059	(\$180,171)	-42%
10	SAGA	\$1,291,197	\$1,500,333	\$209,136	16%
11	OTHER	\$193,576	\$134,247	(\$59,329)	-31%
	<b>TOTAL NET REVENUE</b>	<b>\$76,239,424</b>	<b>\$78,968,737</b>	<b>\$2,729,313</b>	<b>4%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	2,481	2,345	(136)	-5%
2	MEDICARE MANAGED CARE	147	189	42	29%
3	MEDICAID	508	420	(88)	-17%
4	MEDICAID MANAGED CARE	636	541	(95)	-15%
5	CHAMPUS/TRICARE	12	13	1	8%
6	COMMERCIAL INSURANCE	1,550	1,497	(53)	-3%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	14	17	3	21%
9	SELF- PAY/UNINSURED	143	87	(56)	-39%
10	SAGA	215	202	(13)	-6%
11	OTHER	38	32	(6)	-16%
	<b>TOTAL DISCHARGES</b>	<b>5,744</b>	<b>5,343</b>	<b>(401)</b>	<b>-7%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	11,456	11,210	(246)	-2%
2	MEDICARE MANAGED CARE	642	783	141	22%
3	MEDICAID	1,729	1,772	43	2%
4	MEDICAID MANAGED CARE	1,520	1,282	(238)	-16%
5	CHAMPUS/TRICARE	35	28	(7)	-20%
6	COMMERCIAL INSURANCE	4,311	4,545	234	5%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	36	57	21	58%
9	SELF- PAY/UNINSURED	433	242	(191)	-44%
10	SAGA	749	704	(45)	-6%
11	OTHER	139	73	(66)	-47%
	<b>TOTAL PATIENT DAYS</b>	<b>21,050</b>	<b>20,696</b>	<b>(354)</b>	<b>-2%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	42,516	42,896	380	1%
2	MEDICARE MANAGED CARE	3,534	5,167	1,633	46%
3	MEDICAID	6,584	6,720	136	2%
4	MEDICAID MANAGED CARE	14,079	15,088	1,009	7%
5	CHAMPUS/TRICARE	396	450	54	14%
6	COMMERCIAL INSURANCE	75,097	74,757	(340)	0%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	1,965	2,037	72	4%
9	SELF- PAY/UNINSURED	4,706	4,847	141	3%
10	SAGA	5,143	6,777	1,634	32%
11	OTHER	148	102	(46)	-31%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>154,168</b>	<b>158,841</b>	<b>4,673</b>	<b>3%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$4,822,015	\$4,487,155	(\$334,860)	-7%
2	MEDICARE MANAGED CARE	\$350,400	\$496,648	\$146,248	42%
3	MEDICAID	\$3,005,807	\$2,686,678	(\$319,129)	-11%
4	MEDICAID MANAGED CARE	\$6,083,674	\$6,520,795	\$437,121	7%
5	CHAMPUS/TRICARE	\$213,093	\$218,499	\$5,406	3%
6	COMMERCIAL INSURANCE	\$12,330,601	\$10,283,821	(\$2,046,780)	-17%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$690,855	\$485,797	(\$205,058)	-30%
9	SELF- PAY/UNINSURED	\$2,606,359	\$2,166,838	(\$439,521)	-17%
10	SAGA	\$2,884,177	\$3,598,286	\$714,109	25%
11	OTHER	\$205,305	\$287,107	\$81,802	40%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$33,192,286</b>	<b>\$31,231,624</b>	<b>(\$1,960,662)</b>	<b>-6%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$1,333,332	\$1,286,713	(\$46,619)	-3%
2	MEDICARE MANAGED CARE	\$92,747	\$145,098	\$52,351	56%
3	MEDICAID	\$669,050	\$729,990	\$60,940	9%
4	MEDICAID MANAGED CARE	\$1,779,812	\$2,013,165	\$233,353	13%
5	CHAMPUS/TRICARE	\$107,867	\$107,984	\$117	0%
6	COMMERCIAL INSURANCE	\$5,020,565	\$4,511,234	(\$509,331)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$464,395	\$322,561	(\$141,834)	-31%
9	SELF- PAY/UNINSURED	\$102,392	\$69,764	(\$32,628)	-32%
10	SAGA	\$389,086	\$492,111	\$103,025	26%
11	OTHER	\$18,983	\$59,389	\$40,406	213%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$9,978,229</b>	<b>\$9,738,009</b>	<b>(\$240,220)</b>	<b>-2%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	3,088	3,190	102	3%
2	MEDICARE MANAGED CARE	184	359	175	95%
3	MEDICAID	2,051	1,979	(72)	-4%
4	MEDICAID MANAGED CARE	5,257	5,811	554	11%
5	CHAMPUS/TRICARE	177	212	35	20%
6	COMMERCIAL INSURANCE	8,629	8,757	128	1%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	793	717	(76)	-10%
9	SELF- PAY/UNINSURED	2,226	2,304	78	4%
10	SAGA	2,260	2,679	419	19%
11	OTHER	113	285	172	152%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>24,778</b>	<b>26,293</b>	<b>1,515</b>	<b>6%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$12,315,908	\$15,137,005	\$2,821,097	23%
2	Physician Salaries	\$2,978,184	\$127,711	(\$2,850,473)	-96%
3	Non-Nursing, Non-Physician Salaries	\$21,514,168	\$21,833,969	\$319,801	1%
	<b>Total Salaries &amp; Wages</b>	<b>\$36,808,260</b>	<b>\$37,098,685</b>	<b>\$290,425</b>	<b>1%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$4,171,693	\$5,158,691	\$986,998	24%
2	Physician Fringe Benefits	\$1,137,734	\$43,524	(\$1,094,210)	-96%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,332,066	\$7,444,319	\$112,253	2%
	<b>Total Fringe Benefits</b>	<b>\$12,641,493</b>	<b>\$12,646,534</b>	<b>\$5,041</b>	<b>0%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$979,101	\$663,417	(\$315,684)	-32%
2	Physician Fees	\$1,049,121	\$910,707	(\$138,414)	-13%
3	Non-Nursing, Non-Physician Fees	\$4,245,161	\$5,514,297	\$1,269,136	30%
	<b>Total Contractual Labor Fees</b>	<b>\$6,273,383</b>	<b>\$7,088,421</b>	<b>\$815,038</b>	<b>13%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$6,211,373	\$7,012,568	\$801,195	13%
2	Pharmaceutical Costs	\$2,108,588	\$2,273,633	\$165,045	8%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$8,319,961</b>	<b>\$9,286,201</b>	<b>\$966,240</b>	<b>12%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$1,452,223	\$1,556,957	\$104,734	7%
2	Depreciation-Equipment	\$2,581,558	\$2,861,847	\$280,289	11%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$4,033,781</b>	<b>\$4,418,804</b>	<b>\$385,023</b>	<b>10%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$4,723,613	\$4,595,065	(\$128,548)	-3%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$1,218,189	\$1,483,430	\$265,241	22%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$986,674	\$980,763	(\$5,911)	-1%
<b>I. Utilities:</b>					
1	Water	\$89,840	\$97,451	\$7,611	8%
2	Natural Gas	\$478,193	\$706,731	\$228,538	48%
3	Oil	\$3,081	\$18,761	\$15,680	509%
4	Electricity	\$909,254	\$780,780	(\$128,474)	-14%
5	Telephone	\$95,911	\$125,087	\$29,176	30%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$1,576,279</b>	<b>\$1,728,810</b>	<b>\$152,531</b>	<b>10%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$91,412	\$150,392	\$58,980	65%
2	Legal Fees	\$234,892	\$365,969	\$131,077	56%
3	Consulting Fees	\$123,839	\$248,583	\$124,744	101%
4	Dues and Membership	\$430,875	\$419,385	(\$11,490)	-3%
5	Equipment Leases	\$628,351	\$602,604	(\$25,747)	-4%
6	Building Leases	\$137,451	\$119,718	(\$17,733)	-13%
7	Repairs and Maintenance	\$2,245,610	\$2,385,947	\$140,337	6%
8	Insurance	\$238,365	\$220,231	(\$18,134)	-8%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$78,102	\$67,447	(\$10,655)	-14%
10	Conferences	\$180,458	\$164,847	(\$15,611)	-9%
11	Property Tax	\$106,154	\$77,698	(\$28,456)	-27%
12	General Supplies	\$229,391	\$209,391	(\$20,000)	-9%
13	Licenses and Subscriptions	\$71,813	\$73,436	\$1,623	2%
14	Postage and Shipping	\$131,922	\$129,497	(\$2,425)	-2%
15	Advertising	\$345,506	\$180,847	(\$164,659)	-48%
16	Other Business Expenses	\$658,854	\$574,630	(\$84,224)	-13%
	<b>Total Business Expenses</b>	<b>\$5,932,995</b>	<b>\$5,990,622</b>	<b>\$57,627</b>	<b>1%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$972,506	\$83,822	(\$888,684)	-91%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$83,487,134</b>	<b>\$85,401,157</b>	<b>\$1,914,023</b>	<b>2%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				
<b>II.</b>	<b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>				
<b>A.</b>	<b><u>General Services:</u></b>				
1	General Administration	\$1,187,953	\$1,580,099	\$392,146	33%
2	General Accounting	\$641,172	\$739,808	\$98,636	15%
3	Patient Billing & Collection	\$1,232,184	\$589,955	(\$642,229)	-52%
4	Admitting / Registration Office	\$1,170,791	\$1,833,396	\$662,605	57%
5	Data Processing	\$1,174,069	\$1,999,012	\$824,943	70%
6	Communications	\$141,988	\$151,269	\$9,281	7%
7	Personnel	\$568,996	\$742,139	\$173,143	30%
8	Public Relations	\$215,243	\$398,768	\$183,525	85%
9	Purchasing	\$362,509	\$162,822	(\$199,687)	-55%
10	Dietary and Cafeteria	\$1,902,656	\$1,977,147	\$74,491	4%
11	Housekeeping	\$1,105,834	\$1,180,973	\$75,139	7%
12	Laundry & Linen	\$421,344	\$461,189	\$39,845	9%
13	Operation of Plant	\$1,272,265	\$1,334,725	\$62,460	5%
14	Security	\$453,114	\$462,262	\$9,148	2%
15	Repairs and Maintenance	\$1,583,404	\$1,844,471	\$261,067	16%
16	Central Sterile Supply	\$458,869	\$384,688	(\$74,181)	-16%
17	Pharmacy Department	\$3,195,767	\$3,355,073	\$159,306	5%
18	Other General Services	\$415,436	\$472,523	\$57,087	14%
	<b>Total General Services</b>	<b>\$17,503,594</b>	<b>\$19,670,319</b>	<b>\$2,166,725</b>	<b>12%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$97,671	\$119,603	\$21,932	22%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$2,601,767	\$2,438,186	(\$163,581)	-6%
4	Medical Records	\$1,100,493	\$951,548	(\$148,945)	-14%
5	Social Service	\$108	\$372	\$264	244%
6	Other Professional Services	\$2,031,681	\$0	(\$2,031,681)	-100%
	<b>Total Professional Services</b>	<b>\$5,831,720</b>	<b>\$3,509,709</b>	<b>(\$2,322,011)</b>	<b>-40%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$4,563,741	\$4,672,343	\$108,602	2%
2	Recovery Room	\$194,094	\$253,547	\$59,453	31%
3	Anesthesiology	\$0	\$0	\$0	0%
4	Delivery Room	\$873,047	\$878,596	\$5,549	1%
5	Diagnostic Radiology	\$2,225,194	\$2,226,186	\$992	0%
6	Diagnostic Ultrasound	\$423,197	\$460,333	\$37,136	9%
7	Radiation Therapy	\$0	\$0	\$0	0%

**WINDHAM COMMUNITY MEMORIAL HOSPITAL  
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FISCAL YEAR 2009  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$674,156	\$700,776	\$26,620	4%
9	CT Scan	\$398,320	\$474,812	\$76,492	19%
10	Laboratory	\$4,479,031	\$4,403,555	(\$75,476)	-2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$478,363	\$494,736	\$16,373	3%
13	Electrocardiology	\$224,004	\$224,325	\$321	0%
14	Electroencephalography	\$134,960	\$99,003	(\$35,957)	-27%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$955,881	\$981,487	\$25,606	3%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$3,459,283	\$5,170,508	\$1,711,225	49%
25	MRI	\$476,046	\$538,321	\$62,275	13%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$564,416	\$583,509	\$19,093	3%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,639,009	\$1,701,527	\$62,518	4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,514,283	\$1,412,320	(\$101,963)	-7%
	<b>Total Special Services</b>	<b>\$23,277,025</b>	<b>\$25,275,884</b>	<b>\$1,998,859</b>	<b>9%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$6,681,065	\$6,520,881	(\$160,184)	-2%
2	Intensive Care Unit	\$2,085,604	\$2,224,780	\$139,176	7%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$873,047	\$516,821	(\$356,226)	-41%
7	Newborn Nursery Unit	\$302,209	\$327,320	\$25,111	8%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,111,864	\$1,118,723	\$6,859	1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$813,079	\$836,205	\$23,126	3%
13	Other Routine Services	\$478,630	\$571,413	\$92,783	19%
	<b>Total Routine Services</b>	<b>\$12,345,498</b>	<b>\$12,116,143</b>	<b>(\$229,355)</b>	<b>-2%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$24,529,297	\$24,829,102	\$299,805	1%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$83,487,134</b>	<b>\$85,401,157</b>	<b>\$1,914,023</b>	<b>2%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$76,196,541	\$ 81,011,511	\$83,605,148
2	Other Operating Revenue	5,646,903	4,257,607	2,401,877
3	Total Operating Revenue	\$81,843,444	\$85,269,118	\$86,007,025
4	Total Operating Expenses	81,098,944	83,487,134	85,401,157
5	Income/(Loss) From Operations	\$744,500	\$1,781,984	\$605,868
6	Total Non-Operating Revenue	1,627,039	310,467	(1,790,872)
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,371,539	\$2,092,451	(\$1,185,004)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	0.89%	2.08%	0.72%
2	Hospital Non Operating Margin	1.95%	0.36%	-2.13%
3	Hospital Total Margin	2.84%	2.45%	-1.41%
4	Income/(Loss) From Operations	\$744,500	\$1,781,984	\$605,868
5	Total Operating Revenue	\$81,843,444	\$85,269,118	\$86,007,025
6	Total Non-Operating Revenue	\$1,627,039	\$310,467	(\$1,790,872)
7	Total Revenue	\$83,470,483	\$85,579,585	\$84,216,153
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,371,539	\$2,092,451	(\$1,185,004)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$8,993,301	\$10,143,299	(\$25,502,905)
2	Hospital Total Net Assets	\$12,692,298	\$13,271,987	(\$20,171,322)
3	Hospital Change in Total Net Assets	\$12,692,298	\$579,689	(\$33,443,309)
4	Hospital Change in Total Net Assets %	0.0%	4.6%	-252.0%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.37</b>	<b>0.39</b>	<b>0.45</b>
2	Total Operating Expenses	\$70,604,614	\$74,979,824	\$85,401,157
3	Total Gross Revenue	\$190,998,341	\$193,794,864	\$190,183,873
4	Total Other Operating Revenue	\$0	\$0	\$0
5	<b>Private Payment to Cost Ratio</b>	<b>1.14</b>	<b>1.10</b>	<b>1.02</b>
6	Total Non-Government Payments	\$32,696,363	\$32,730,912	\$33,973,384

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
7	Total Uninsured Payments	\$423,035	\$431,230	\$251,059
8	Total Non-Government Charges	\$81,784,516	\$81,460,726	\$77,745,972
9	Total Uninsured Charges	\$5,485,642	\$5,508,163	\$4,197,446
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>1.01</b>	<b>1.12</b>	<b>0.98</b>
11	Total Medicare Payments	\$28,768,565	\$33,210,428	\$33,581,550
12	Total Medicare Charges	\$77,186,078	\$76,686,686	\$75,979,844
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.89</b>	<b>0.85</b>	<b>0.82</b>
14	Total Medicaid Payments	\$7,525,125	\$8,593,760	\$9,550,095
15	Total Medicaid Charges	\$22,969,869	\$25,981,058	\$26,036,303
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,568,964</b>	<b>\$2,644,909</b>	<b>\$2,800,025</b>
17	Charity Care	\$2,102,088	\$2,586,401	\$2,094,259
18	Bad Debts	\$4,847,427	\$4,249,703	\$4,141,249
19	Total Uncompensated Care	\$6,949,515	\$6,836,104	\$6,235,508
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.6%</b>	<b>3.5%</b>	<b>3.3%</b>
21	Total Operating Expenses	\$70,604,614	\$74,979,824	\$85,401,157
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2.28</b>	<b>2.57</b>	<b>2.63</b>
2	Total Current Assets	\$21,323,946	\$24,271,629	\$24,003,919
3	Total Current Liabilities	\$9,372,625	\$9,440,760	\$9,128,012
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>5</b>	<b>13</b>	<b>15</b>
5	Cash and Cash Equivalents	\$1,105,693	\$2,778,004	\$3,357,508
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$1,105,693	\$2,778,004	\$3,357,508
8	Total Operating Expenses	\$81,098,944	\$83,487,134	\$85,401,157
9	Depreciation Expense	\$3,806,881	\$4,033,781	\$4,418,804
10	Operating Expenses less Depreciation Expense	\$77,292,063	\$79,453,353	\$80,982,353
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>69.98</b>	<b>63.81</b>	<b>62.76</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2007</u>	<u>ACTUAL</u> <u>FY 2008</u>	<u>ACTUAL</u> <u>FY 2009</u>
12	Net Patient Accounts Receivable	\$ 13,196,621	\$ 11,996,552	\$ 13,116,037
13	Due From Third Party Payers	\$1,411,789	\$2,166,694	\$1,258,523
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,608,410	\$ 14,163,246	\$ 14,374,560
16	Total Net Patient Revenue	\$76,196,541	\$ 81,011,511	\$ 83,605,148
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>44.26</b>	<b>43.37</b>	<b>41.14</b>
18	Total Current Liabilities	\$9,372,625	\$9,440,760	\$9,128,012
19	Total Operating Expenses	\$81,098,944	\$83,487,134	\$85,401,157
20	Depreciation Expense	\$3,806,881	\$4,033,781	\$4,418,804
21	Total Operating Expenses less Depreciation Expense	\$77,292,063	\$79,453,353	\$80,982,353
<b>F. <u>Solvency Measures Summary</u></b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>18.6</b>	<b>18.9</b>	<b>(28.9)</b>
2	Total Net Assets	\$12,692,298	\$13,271,987	(\$20,171,322)
3	Total Assets	\$68,061,561	\$70,121,163	\$69,708,385
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>26.6</b>	<b>20.8</b>	<b>11.2</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,371,539	\$2,092,451	(\$1,185,004)
6	Depreciation Expense	\$3,806,881	\$4,033,781	\$4,418,804
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,178,420	\$6,126,232	\$3,233,800
8	Total Current Liabilities	\$9,372,625	\$9,440,760	\$9,128,012
9	Total Long Term Debt	\$13,888,832	\$20,021,887	\$19,698,257
10	Total Current Liabilities and Total Long Term Debt	\$23,261,457	\$29,462,647	\$28,826,269
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>52.3</b>	<b>60.1</b>	<b>(4,164.0)</b>
12	Total Long Term Debt	\$13,888,832	\$20,021,887	\$19,698,257
13	Total Net Assets	\$12,692,298	\$13,271,987	(\$20,171,322)
14	Total Long Term Debt and Total Net Assets	\$26,581,130	\$33,293,874	(\$473,065)
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>5.5</b>	<b>6.0</b>	<b>1.5</b>
16	Excess Revenues over Expenses	\$2,371,539	\$2,092,451	(\$1,185,004)
17	Interest Expense	\$1,363,835	\$1,218,189	\$1,483,430
18	Depreciation and Amortization Expense	\$3,806,881	\$4,033,781	\$4,418,804

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
19	Principal Payments	\$0	\$0	\$1,681,042
<b>G. <u>Other Financial Ratios</u></b>				
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>12.8</b>	<b>13.1</b>	<b>13.1</b>
21	Accumulated Depreciation	\$48,807,135	\$52,772,521	\$57,981,855
22	Depreciation and Amortization Expense	\$3,806,881	\$4,033,781	\$4,418,804
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	21,595	21,050	20,696
2	Discharges	5,713	5,744	5,343
3	ALOS	3.8	3.7	3.9
4	Staffed Beds	87	87	87
5	Available Beds	-	-	144
6	Licensed Beds	144	144	144
6	Occupancy of Staffed Beds	68.0%	66.3%	65.2%
7	Occupancy of Available Beds	41.1%	40.0%	39.4%
8	Full Time Equivalent Employees	584.0	594.8	608.0
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.9%	39.2%	38.7%
2	Medicare Gross Revenue Payer Mix Percentage	40.4%	39.6%	40.0%
3	Medicaid Gross Revenue Payer Mix Percentage	12.0%	13.4%	13.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.4%	4.7%	5.2%
5	Uninsured Gross Revenue Payer Mix Percentage	2.9%	2.8%	2.2%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$76,298,874	\$75,952,563	\$73,548,526
9	Medicare Gross Revenue (Charges)	\$77,186,078	\$76,686,686	\$75,979,844
10	Medicaid Gross Revenue (Charges)	\$22,969,869	\$25,981,058	\$26,036,303
11	Other Medical Assistance Gross Revenue (Charges)	\$8,476,327	\$9,119,296	\$9,832,803
12	Uninsured Gross Revenue (Charges)	\$5,485,642	\$5,508,163	\$4,197,446
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$581,551	\$547,098	\$588,951
14	Total Gross Revenue (Charges)	\$190,998,341	\$193,794,864	\$190,183,873
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	45.5%	42.4%	42.7%

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
2	Medicare Net Revenue Payer Mix Percentage	40.6%	43.6%	42.5%
3	Medicaid Net Revenue Payer Mix Percentage	10.6%	11.3%	12.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	2.4%	1.9%	2.1%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.6%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$32,273,328	\$32,299,682	\$33,722,325
9	Medicare Net Revenue (Payments)	\$28,768,565	\$33,210,428	\$33,581,550
10	Medicaid Net Revenue (Payments)	\$7,525,125	\$8,593,760	\$9,550,095
11	Other Medical Assistance Net Revenue (Payments)	\$1,728,079	\$1,484,773	\$1,634,585
12	Uninsured Net Revenue (Payments)	\$423,035	\$431,230	\$251,059
13	CHAMPUS / TRICARE Net Revenue Payments)	\$193,114	\$219,551	\$229,128
14	Total Net Revenue (Payments)	\$70,911,246	\$76,239,424	\$78,968,742
<b>K.</b>	<b><u>Discharges</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	1,750	1,707	1,601
2	Medicare	2,656	2,628	2,534
3	Medical Assistance	1,289	1,397	1,195
4	Medicaid	1,006	1,144	961
5	Other Medical Assistance	283	253	234
6	CHAMPUS / TRICARE	18	12	13
7	Uninsured (Included In Non-Government)	124	143	87
8	Total	5,713	5,744	5,343
<b>L.</b>	<b><u>Case Mix Index</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	0.896900	0.944900	0.942000
2	Medicare	1.180800	1.169000	1.183200
3	Medical Assistance	0.809854	0.800269	0.779513
4	Medicaid	0.731100	0.756300	0.748900
5	Other Medical Assistance	1.089810	0.999090	0.905240
6	CHAMPUS / TRICARE	0.863500	1.047300	0.955000
7	Uninsured (Included In Non-Government)	0.834100	1.051000	0.836000
8	Total Case Mix Index	1.009141	1.012468	1.020083
<b>M.</b>	<b><u>Emergency Department Visits</u></b>			
1	Emergency Room - Treated and Admitted	3,987	3,890	3,721
2	Emergency Room - Treated and Discharged	22,515	24,778	26,293
3	Total Emergency Room Visits	26,502	28,668	30,014

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$6,335	\$77,922	\$71,587	1130%
2	Inpatient Payments	\$6,143	\$56,022	\$49,879	812%
3	Outpatient Charges	\$11,451	\$53,246	\$41,795	365%
4	Outpatient Payments	\$1,814	\$13,032	\$11,218	618%
5	Discharges	1	7	6	600%
6	Patient Days	2	25	23	1150%
7	Outpatient Visits (Excludes ED Visits)	35	56	21	60%
8	Emergency Department Outpatient Visits	0	10	10	0%
9	Emergency Department Inpatient Admissions	1	4	3	300%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$17,786</b>	<b>\$131,168</b>	<b>\$113,382</b>	<b>637%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,957</b>	<b>\$69,054</b>	<b>\$61,097</b>	<b>768%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$666	\$666	0%
4	Outpatient Payments	\$0	\$252	\$252	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	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$666</b>	<b>\$666</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$252</b>	<b>\$252</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$232,209	\$524,897	\$292,688	126%
2	Inpatient Payments	\$83,930	\$212,880	\$128,950	154%
3	Outpatient Charges	\$171,175	\$1,122,069	\$950,894	556%
4	Outpatient Payments	\$40,645	\$299,950	\$259,305	638%
5	Discharges	11	33	22	200%
6	Patient Days	31	126	95	306%
7	Outpatient Visits (Excludes ED Visits)	219	1,391	1,172	535%
8	Emergency Department Outpatient Visits	4	70	66	1650%
9	Emergency Department Inpatient Admissions	6	23	17	283%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$403,384</b>	<b>\$1,646,966</b>	<b>\$1,243,582</b>	<b>308%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$124,575</b>	<b>\$512,830</b>	<b>\$388,255</b>	<b>312%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$1,629,089	\$1,332,767	(\$296,322)	-18%
2	Inpatient Payments	\$762,861	\$743,143	(\$19,718)	-3%
3	Outpatient Charges	\$1,701,465	\$1,515,059	(\$186,406)	-11%
4	Outpatient Payments	\$397,037	\$403,639	\$6,602	2%
5	Discharges	100	94	(6)	-6%
6	Patient Days	467	384	(83)	-18%
7	Outpatient Visits (Excludes ED Visits)	2,049	1,786	(263)	-13%
8	Emergency Department Outpatient Visits	120	103	(17)	-14%
9	Emergency Department Inpatient Admissions	82	63	(19)	-23%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,330,554</b>	<b>\$2,847,826</b>	<b>(\$482,728)</b>	<b>-14%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,159,898</b>	<b>\$1,146,782</b>	<b>(\$13,116)</b>	<b>-1%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$451,787	\$106,305	(\$345,482)	-76%
2	Inpatient Payments	\$177,295	\$43,536	(\$133,759)	-75%
3	Outpatient Charges	\$79,209	\$99,732	\$20,523	26%
4	Outpatient Payments	\$14,179	\$25,387	\$11,208	79%
5	Discharges	31	5	(26)	-84%
6	Patient Days	132	18	(114)	-86%
7	Outpatient Visits (Excludes ED Visits)	75	94	19	25%
8	Emergency Department Outpatient Visits	16	27	11	69%
9	Emergency Department Inpatient Admissions	22	3	(19)	-86%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$530,996</b>	<b>\$206,037</b>	<b>(\$324,959)</b>	<b>-61%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$191,474</b>	<b>\$68,923</b>	<b>(\$122,551)</b>	<b>-64%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$52,303	\$22,195	(\$30,108)	-58%
2	Inpatient Payments	\$21,860	\$18,146	(\$3,714)	-17%
3	Outpatient Charges	\$162,957	\$44,371	(\$118,586)	-73%
4	Outpatient Payments	\$32,212	\$7,447	(\$24,765)	-77%
5	Discharges	4	3	(1)	-25%
6	Patient Days	10	6	(4)	-40%
7	Outpatient Visits (Excludes ED Visits)	366	164	(202)	-55%
8	Emergency Department Outpatient Visits	24	3	(21)	-88%
9	Emergency Department Inpatient Admissions	3	2	(1)	-33%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$215,260</b>	<b>\$66,566</b>	<b>(\$148,694)</b>	<b>-69%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$54,072</b>	<b>\$25,593</b>	<b>(\$28,479)</b>	<b>-53%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$3,706	\$688	(\$3,018)	-81%
4	Outpatient Payments	\$357	\$199	(\$158)	-44%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	6	1	(5)	-83%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,706</b>	<b>\$688</b>	<b>(\$3,018)</b>	<b>-81%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$357</b>	<b>\$199</b>	<b>(\$158)</b>	<b>-44%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$0	\$94,717	\$94,717	0%
2	Inpatient Payments	\$0	\$46,677	\$46,677	0%
3	Outpatient Charges	\$99,902	\$99,676	(\$226)	0%
4	Outpatient Payments	\$21,470	\$27,011	\$5,541	26%
5	Discharges	0	6	6	0%
6	Patient Days	0	21	21	0%
7	Outpatient Visits (Excludes ED Visits)	164	164	0	0%
8	Emergency Department Outpatient Visits	2	8	6	300%
9	Emergency Department Inpatient Admissions	3	5	2	67%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$99,902</b>	<b>\$194,393</b>	<b>\$94,491</b>	<b>95%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$21,470</b>	<b>\$73,688</b>	<b>\$52,218</b>	<b>243%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$5,273	\$18,467	\$13,194	250%
4	Outpatient Payments	\$1,264	\$5,233	\$3,969	314%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	5	13	8	160%
8	Emergency Department Outpatient Visits	1	3	2	200%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$5,273</b>	<b>\$18,467</b>	<b>\$13,194</b>	<b>250%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,264</b>	<b>\$5,233</b>	<b>\$3,969</b>	<b>314%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$1,987	\$1,987	0%
4	Outpatient Payments	\$0	\$378	\$378	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	8	8	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$1,987</b>	<b>\$1,987</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$378</b>	<b>\$378</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$708,961	\$708,961	0%
2	Inpatient Payments	\$0	\$312,932	\$312,932	0%
3	Outpatient Charges	\$245,939	\$923,307	\$677,368	275%
4	Outpatient Payments	\$58,150	\$234,797	\$176,647	304%
5	Discharges	0	41	41	0%
6	Patient Days	0	203	203	0%
7	Outpatient Visits (Excludes ED Visits)	431	1,131	700	162%
8	Emergency Department Outpatient Visits	17	133	116	682%
9	Emergency Department Inpatient Admissions	0	30	30	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$245,939</b>	<b>\$1,632,268</b>	<b>\$1,386,329</b>	<b>564%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$58,150</b>	<b>\$547,729</b>	<b>\$489,579</b>	<b>842%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$2,371,723</b>	<b>\$2,867,764</b>	<b>\$496,041</b>	<b>21%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,052,089</b>	<b>\$1,433,336</b>	<b>\$381,247</b>	<b>36%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$2,481,077</b>	<b>\$3,879,268</b>	<b>\$1,398,191</b>	<b>56%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$567,128</b>	<b>\$1,017,325</b>	<b>\$450,197</b>	<b>79%</b>
	<b>TOTAL DISCHARGES</b>	<b>147</b>	<b>189</b>	<b>42</b>	<b>29%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>642</b>	<b>783</b>	<b>141</b>	<b>22%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>3,350</b>	<b>4,808</b>	<b>1,458</b>	<b>44%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>184</b>	<b>359</b>	<b>175</b>	<b>95%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>117</b>	<b>130</b>	<b>13</b>	<b>11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,852,800</b>	<b>\$6,747,032</b>	<b>\$1,894,232</b>	<b>39%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,619,217</b>	<b>\$2,450,661</b>	<b>\$831,444</b>	<b>51%</b>

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$1,776,160	\$640,297	(\$1,135,863)	-64%
2	Inpatient Payments	\$824,026	\$336,188	(\$487,838)	-59%
3	Outpatient Charges	\$6,058,571	\$1,802,280	(\$4,256,291)	-70%
4	Outpatient Payments	\$1,777,419	\$543,897	(\$1,233,522)	-69%
5	Discharges	292	98	(194)	-66%
6	Patient Days	677	249	(428)	-63%
7	Outpatient Visits (Excludes ED Visits)	4,637	1,380	(3,257)	-70%
8	Emergency Department Outpatient Visits	2,945	856	(2,089)	-71%
9	Emergency Department Inpatient Admissions	98	56	(42)	-43%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,834,731</b>	<b>\$2,442,577</b>	<b>(\$5,392,154)</b>	<b>-69%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,601,445</b>	<b>\$880,085</b>	<b>(\$1,721,360)</b>	<b>-66%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$1,135,896	\$1,894,746	\$758,850	67%
2	Inpatient Payments	\$593,359	\$961,674	\$368,315	62%
3	Outpatient Charges	\$2,796,967	\$7,286,923	\$4,489,956	161%
4	Outpatient Payments	\$777,399	\$2,212,226	\$1,434,827	185%
5	Discharges	183	302	119	65%
6	Patient Days	468	669	201	43%
7	Outpatient Visits (Excludes ED Visits)	2,467	6,069	3,602	146%
8	Emergency Department Outpatient Visits	1,347	3,588	2,241	166%
9	Emergency Department Inpatient Admissions	49	220	171	349%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,932,863</b>	<b>\$9,181,669</b>	<b>\$5,248,806</b>	<b>133%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,370,758</b>	<b>\$3,173,900</b>	<b>\$1,803,142</b>	<b>132%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$693,569	\$0	(\$693,569)	-100%
2	Inpatient Payments	\$413,235	\$0	(\$413,235)	-100%
3	Outpatient Charges	\$1,827,926	\$0	(\$1,827,926)	-100%
4	Outpatient Payments	\$520,366	\$0	(\$520,366)	-100%
5	Discharges	138	0	(138)	-100%
6	Patient Days	323	0	(323)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,524	0	(1,524)	-100%
8	Emergency Department Outpatient Visits	806	0	(806)	-100%
9	Emergency Department Inpatient Admissions	26	0	(26)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,521,495</b>	<b>\$0</b>	<b>(\$2,521,495)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$933,601</b>	<b>\$0</b>	<b>(\$933,601)</b>	<b>-100%</b>

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$126,458	\$0	(\$126,458)	-100%
2	Inpatient Payments	\$50,377	\$0	(\$50,377)	-100%
3	Outpatient Charges	\$268,661	\$0	(\$268,661)	-100%
4	Outpatient Payments	\$71,732	\$0	(\$71,732)	-100%
5	Discharges	23	0	(23)	-100%
6	Patient Days	52	0	(52)	-100%
7	Outpatient Visits (Excludes ED Visits)	194	0	(194)	-100%
8	Emergency Department Outpatient Visits	159	0	(159)	-100%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$395,119</b>	<b>\$0</b>	<b>(\$395,119)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$122,109</b>	<b>\$0</b>	<b>(\$122,109)</b>	<b>-100%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$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%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$314,972	\$314,972	0%
2	Inpatient Payments	\$0	\$177,416	\$177,416	0%
3	Outpatient Charges	\$0	\$942,995	\$942,995	0%
4	Outpatient Payments	\$0	\$276,409	\$276,409	0%
5	Discharges	0	51	51	0%
6	Patient Days	0	136	136	0%
7	Outpatient Visits (Excludes ED Visits)	0	769	769	0%
8	Emergency Department Outpatient Visits	0	552	552	0%
9	Emergency Department Inpatient Admissions	0	30	30	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$1,257,967</b>	<b>\$1,257,967</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$453,825</b>	<b>\$453,825</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$577,238	\$577,238	0%
2	Inpatient Payments	\$0	\$308,369	\$308,369	0%
3	Outpatient Charges	\$0	\$1,580,681	\$1,580,681	0%
4	Outpatient Payments	\$0	\$538,146	\$538,146	0%
5	Discharges	0	90	90	0%
6	Patient Days	0	228	228	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,059	1,059	0%
8	Emergency Department Outpatient Visits	0	815	815	0%
9	Emergency Department Inpatient Admissions	0	57	57	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$2,157,919</b>	<b>\$2,157,919</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$846,515</b>	<b>\$846,515</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$3,732,083</b>	<b>\$3,427,253</b>	<b>(\$304,830)</b>	<b>-8%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,880,997</b>	<b>\$1,783,647</b>	<b>(\$97,350)</b>	<b>-5%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$10,952,125</b>	<b>\$11,612,879</b>	<b>\$660,754</b>	<b>6%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,146,916</b>	<b>\$3,570,678</b>	<b>\$423,762</b>	<b>13%</b>
	<b>TOTAL DISCHARGES</b>	<b>636</b>	<b>541</b>	<b>(95)</b>	<b>-15%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,520</b>	<b>1,282</b>	<b>(238)</b>	<b>-16%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>8,822</b>	<b>9,277</b>	<b>455</b>	<b>5%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>5,257</b>	<b>5,811</b>	<b>554</b>	<b>11%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>176</b>	<b>363</b>	<b>187</b>	<b>106%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,684,208</b>	<b>\$15,040,132</b>	<b>\$355,924</b>	<b>2%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,027,913</b>	<b>\$5,354,325</b>	<b>\$326,412</b>	<b>6%</b>

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

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

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$2,778,004	\$3,357,508	\$579,504	21%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$11,996,552	\$13,116,037	\$1,119,485	9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$633,588	\$798,482	\$164,894	26%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,166,694	\$1,258,523	(\$908,171)	-42%
7	Inventories of Supplies	\$1,190,125	\$1,175,255	(\$14,870)	-1%
8	Prepaid Expenses	\$1,175,688	\$671,383	(\$504,305)	-43%
9	Other Current Assets	\$4,330,978	\$3,626,731	(\$704,247)	-16%
	<b>Total Current Assets</b>	<b>\$24,271,629</b>	<b>\$24,003,919</b>	<b>(\$267,710)</b>	<b>-1%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$518,845	\$1,752,149	\$1,233,304	238%
2	Board Designated for Capital Acquisition	\$1,717,049	\$0	(\$1,717,049)	-100%
3	Funds Held in Escrow	\$0	\$1,674,179	\$1,674,179	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$2,749,514	\$2,749,514	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$2,235,894</b>	<b>\$6,175,842</b>	<b>\$3,939,948</b>	<b>176%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$3,174,512	\$1,268,569	(\$1,905,943)	-60%
7	Other Noncurrent Assets	\$3,320,012	\$1,351,116	(\$1,968,896)	-59%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$89,891,637	\$94,462,346	\$4,570,709	5%
2	Less: Accumulated Depreciation	\$52,772,521	\$57,981,855	\$5,209,334	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$37,119,116</b>	<b>\$36,480,491</b>	<b>(\$638,625)</b>	<b>-2%</b>
3	Construction in Progress	\$0	\$428,448	\$428,448	0%
	<b>Total Net Fixed Assets</b>	<b>\$37,119,116</b>	<b>\$36,908,939</b>	<b>(\$210,177)</b>	<b>-1%</b>
	<b>Total Assets</b>	<b>\$70,121,163</b>	<b>\$69,708,385</b>	<b>(\$412,778)</b>	<b>-1%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$3,283,294	\$3,370,047	\$86,753	3%
2	Salaries, Wages and Payroll Taxes	\$1,074,903	\$1,276,413	\$201,510	19%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$309,541	\$325,901	\$16,360	5%
6	Current Portion of Notes Payable	\$464,111	\$530,009	\$65,898	14%
7	Other Current Liabilities	\$4,308,911	\$3,625,642	(\$683,269)	-16%
	<b>Total Current Liabilities</b>	<b>\$9,440,760</b>	<b>\$9,128,012</b>	<b>(\$312,748)</b>	<b>-3%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$20,021,887	\$19,698,257	(\$323,630)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$20,021,887</b>	<b>\$19,698,257</b>	<b>(\$323,630)</b>	<b>-2%</b>
3	Accrued Pension Liability	\$24,984,787	\$57,389,912	\$32,405,125	130%
4	Other Long Term Liabilities	\$2,401,742	\$3,663,526	\$1,261,784	53%
	<b>Total Long Term Liabilities</b>	<b>\$47,408,416</b>	<b>\$80,751,695</b>	<b>\$33,343,279</b>	<b>70%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$10,143,299	(\$25,502,905)	(\$35,646,204)	-351%
2	Temporarily Restricted Net Assets	\$1,866,961	\$2,104,204	\$237,243	13%
3	Permanently Restricted Net Assets	\$1,261,727	\$3,227,379	\$1,965,652	156%
	<b>Total Net Assets</b>	<b>\$13,271,987</b>	<b>(\$20,171,322)</b>	<b>(\$33,443,309)</b>	<b>-252%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$70,121,163</b>	<b>\$69,708,385</b>	<b>(\$412,778)</b>	<b>-1%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$193,794,864	\$190,183,873	(\$3,610,991)	-2%
2	Less: Allowances	\$110,124,702	\$104,418,812	(\$5,705,890)	-5%
3	Less: Charity Care	\$2,658,651	\$2,159,913	(\$498,738)	-19%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$81,011,511</b>	<b>\$83,605,148</b>	<b>\$2,593,637</b>	<b>3%</b>
5	Other Operating Revenue	\$4,257,607	\$2,401,877	(\$1,855,730)	-44%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$85,269,118</b>	<b>\$86,007,025</b>	<b>\$737,907</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$36,808,260	\$37,098,685	\$290,425	1%
2	Fringe Benefits	\$12,641,493	\$12,646,534	\$5,041	0%
3	Physicians Fees	\$1,049,122	\$910,707	(\$138,415)	-13%
4	Supplies and Drugs	\$9,334,239	\$9,495,592	\$161,353	2%
5	Depreciation and Amortization	\$4,033,780	\$4,418,804	\$385,024	10%
6	Bad Debts	\$4,723,613	\$4,595,065	(\$128,548)	-3%
7	Interest	\$1,218,189	\$1,483,430	\$265,241	22%
8	Malpractice	\$1,225,040	\$980,763	(\$244,277)	-20%
9	Other Operating Expenses	\$12,453,398	\$13,771,577	\$1,318,179	11%
	<b>Total Operating Expenses</b>	<b>\$83,487,134</b>	<b>\$85,401,157</b>	<b>\$1,914,023</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$1,781,984</b>	<b>\$605,868</b>	<b>(\$1,176,116)</b>	<b>-66%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$170,517	\$152,507	(\$18,010)	-11%
2	Gifts, Contributions and Donations	\$248,855	\$205,897	(\$42,958)	-17%
3	Other Non-Operating Gains/(Losses)	(\$108,905)	(\$2,149,276)	(\$2,040,371)	1874%
	<b>Total Non-Operating Revenue</b>	<b>\$310,467</b>	<b>(\$1,790,872)</b>	<b>(\$2,101,339)</b>	<b>-677%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$2,092,451</b>	<b>(\$1,185,004)</b>	<b>(\$3,277,455)</b>	<b>-157%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$2,092,451</b>	<b>(\$1,185,004)</b>	<b>(\$3,277,455)</b>	<b>-157%</b>

## WINDHAM COMMUNITY MEMORIAL HOSPITAL

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2009

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$76,196,541	\$81,011,511	\$83,605,148
2	Other Operating Revenue	5,646,903	4,257,607	2,401,877
3	Total Operating Revenue	\$81,843,444	\$85,269,118	\$86,007,025
4	Total Operating Expenses	81,098,944	83,487,134	85,401,157
5	Income/(Loss) From Operations	\$744,500	\$1,781,984	\$605,868
6	Total Non-Operating Revenue	1,627,039	310,467	(1,790,872)
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,371,539	\$2,092,451	(\$1,185,004)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	0.89%	2.08%	0.72%
2	Parent Corporation Non-Operating Margin	1.95%	0.36%	-2.13%
3	Parent Corporation Total Margin	2.84%	2.45%	-1.41%
4	Income/(Loss) From Operations	\$744,500	\$1,781,984	\$605,868
5	Total Operating Revenue	\$81,843,444	\$85,269,118	\$86,007,025
6	Total Non-Operating Revenue	\$1,627,039	\$310,467	(\$1,790,872)
7	Total Revenue	\$83,470,483	\$85,579,585	\$84,216,153
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,371,539	\$2,092,451	(\$1,185,004)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$8,993,301	\$10,143,299	-\$25,502,905
2	Parent Corporation Total Net Assets	\$12,692,298	\$13,271,987	(\$20,171,322)
3	Parent Corporation Change in Total Net Assets	\$12,692,298	\$579,689	(\$33,443,309)
4	Parent Corporation Change in Total Net Assets %	0.0%	4.6%	-252.0%

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>D. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2.28</b>	<b>2.57</b>	<b>2.63</b>
2	Total Current Assets	\$21,323,946	\$24,271,629	\$24,003,919
3	Total Current Liabilities	\$9,372,625	\$9,440,760	\$9,128,012
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>5</b>	<b>13</b>	<b>15</b>
5	Cash and Cash Equivalents	\$1,105,693	\$2,778,004	\$3,357,508
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$1,105,693	\$2,778,004	\$3,357,508
8	Total Operating Expenses	\$81,098,944	\$83,487,134	\$85,401,157
9	Depreciation Expense	\$3,806,881	\$4,033,780	\$4,418,804
10	Operating Expenses less Depreciation Expense	\$77,292,063	\$79,453,354	\$80,982,353
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>70</b>	<b>64</b>	<b>63</b>
12	Net Patient Accounts Receivable	\$ 13,196,621	\$ 11,996,552	\$ 13,116,037
13	Due From Third Party Payers	\$1,411,789	\$2,166,694	\$1,258,523
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,608,410	\$ 14,163,246	\$ 14,374,560
16	Total Net Patient Revenue	\$76,196,541	\$81,011,511	\$83,605,148
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>44</b>	<b>43</b>	<b>41</b>
18	Total Current Liabilities	\$9,372,625	\$9,440,760	\$9,128,012
19	Total Operating Expenses	\$81,098,944	\$83,487,134	\$85,401,157
20	Depreciation Expense	\$3,806,881	\$4,033,780	\$4,418,804
21	Total Operating Expenses less Depreciation Expense	\$77,292,063	\$79,453,354	\$80,982,353

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>E. <u>Solvency Measures Summary</u></b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>18.6</b>	<b>18.9</b>	<b>(28.9)</b>
2	Total Net Assets	\$12,692,298	\$13,271,987	(\$20,171,322)
3	Total Assets	\$68,061,561	\$70,121,163	\$69,708,385
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>26.6</b>	<b>20.8</b>	<b>11.2</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,371,539	\$2,092,451	(\$1,185,004)
6	Depreciation Expense	\$3,806,881	\$4,033,780	\$4,418,804
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,178,420	\$6,126,231	\$3,233,800
8	Total Current Liabilities	\$9,372,625	\$9,440,760	\$9,128,012
9	Total Long Term Debt	\$13,888,832	\$20,021,887	\$19,698,257
10	Total Current Liabilities and Total Long Term Debt	\$23,261,457	\$29,462,647	\$28,826,269
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>52.3</b>	<b>60.1</b>	<b>(4,164.0)</b>
12	Total Long Term Debt	\$13,888,832	\$20,021,887	\$19,698,257
13	Total Net Assets	\$12,692,298	\$13,271,987	(\$20,171,322)
14	Total Long Term Debt and Total Net Assets	\$26,581,130	\$33,293,874	(\$473,065)

WINDHAM COMMUNITY MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	16,063	53	104	83.0%	42.3%
2	ICU/CCU (Excludes Neonatal ICU)	2,400	12	12	54.8%	54.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,236	14	14	24.2%	24.2%
7	Newborn	997	8	14	34.1%	19.5%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>19,699</b>	<b>79</b>	<b>130</b>	<b>68.3%</b>	<b>41.5%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>20,696</b>	<b>87</b>	<b>144</b>	<b>65.2%</b>	<b>39.4%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>20,696</b>	<b>87</b>	<b>144</b>	<b>65.2%</b>	<b>39.4%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>21,050</b>	<b>87</b>	<b>144</b>	<b>66.3%</b>	<b>40.0%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-354</b>	<b>0</b>	<b>0</b>	<b>-1.1%</b>	<b>-0.7%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-2%</b>	<b>0%</b>	<b>0%</b>	<b>-2%</b>	<b>-2%</b>
	Total Licensed Beds and Bassinets	144				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	3,647	3,816	169	5%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,876	4,457	-419	-9%
3	Emergency Department Scans	4,507	3,816	-691	-15%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>13,030</b>	<b>12,089</b>	<b>-941</b>	<b>-7%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	505	438	-67	-13%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,485	3,493	8	0%
3	Emergency Department Scans	90	82	-8	-9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>4,080</b>	<b>4,013</b>	<b>-67</b>	<b>-2%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	4	0	-4	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	83	0	-83	-100%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>87</b>	<b>0</b>	<b>-87</b>	<b>-100%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	5	5	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	101	101	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>106</b>	<b>106</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	1,339	1,356	17	1%
2	Outpatient Surgical Procedures	5,555	5,916	361	6%
	<b>Total Surgical Procedures</b>	<b>6,894</b>	<b>7,272</b>	<b>378</b>	<b>5%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b><u>Endoscopy Procedures</u></b>				
1	Inpatient Endoscopy Procedures	1,171	1,055	-116	-10%
2	Outpatient Endoscopy Procedures	4,025	4,608	583	14%
	<b>Total Endoscopy Procedures</b>	<b>5,196</b>	<b>5,663</b>	<b>467</b>	<b>9%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	3,890	3,721	-169	-4%
2	Emergency Room Visits: Treated and Discharged	24,778	26,293	1,515	6%
	<b>Total Emergency Room Visits</b>	<b>28,668</b>	<b>30,014</b>	<b>1,346</b>	<b>5%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	5,416	5,554	138	3%
	<b>Total Hospital Clinic Visits</b>	<b>5,416</b>	<b>5,554</b>	<b>138</b>	<b>3%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	11,283	11,960	677	6%
2	Cardiology	8,416	8,518	102	1%
3	Chemotherapy	1,326	1,355	29	2%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	4,828	5,143	315	7%
	<b>Total Other Hospital Outpatient Visits</b>	<b>25,853</b>	<b>26,976</b>	<b>1,123</b>	<b>4%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	180.8	219.0	38.2	21%
2	Total Physician FTEs	4.7	1.1	-3.6	-77%
3	Total Non-Nursing and Non-Physician FTEs	409.3	387.9	-21.4	-5%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>594.8</b>	<b>608.0</b>	<b>13.2</b>	<b>2%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Windham Hospital	5,555	5,916	361	6%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>5,555</b>	<b>5,916</b>	<b>361</b>	<b>6%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Windham Hospital	4,025	4,608	583	14%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>4,025</b>	<b>4,608</b>	<b>583</b>	<b>14%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Windham Hospital	24,778	26,293	1,515	6%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>24,778</b>	<b>26,293</b>	<b>1,515</b>	<b>6%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$42,802,972	\$41,659,535	(\$1,143,437)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,047,816	\$24,697,646	(\$350,170)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.52%	59.28%	0.77%	1%
4	DISCHARGES	2,628	2,534	(94)	-4%
5	CASE MIX INDEX (CMI)	1.16900	1.18320	0.01420	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,072.13200	2,998.22880	(73.90320)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,153.24	\$8,237.41	\$84.18	1%
8	PATIENT DAYS	12,098	11,993	(105)	-1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,070.41	\$2,059.34	(\$11.07)	-1%
10	AVERAGE LENGTH OF STAY	4.6	4.7	0.1	3%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$33,883,714	\$34,320,309	\$436,595	1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,162,612	\$8,883,904	\$721,292	9%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.09%	25.89%	1.80%	7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	79.16%	82.38%	3.22%	4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,080.37891	2,087.58122	7.20231	0%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,923.62	\$4,255.60	\$331.98	8%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$76,686,686	\$75,979,844	(\$706,842)	-1%
18	TOTAL ACCRUED PAYMENTS	\$33,210,428	\$33,581,550	\$371,122	1%
19	TOTAL ALLOWANCES	\$43,476,258	\$42,398,294	(\$1,077,964)	-2%

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$19,027,618	\$18,807,636	(\$219,982)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,024,908	\$10,072,435	\$1,047,527	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.43%	53.56%	6.12%	13%
4	DISCHARGES	1,707	1,601	(106)	-6%
5	CASE MIX INDEX (CMI)	0.94490	0.94200	(0.00290)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,612.94430	1,508.14200	(104.80230)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,595.30	\$6,678.70	\$1,083.40	19%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$2,557.94	\$1,558.71	(\$999.23)	-39%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,125,807	\$2,350,752	(\$1,775,055)	-43%
10	PATIENT DAYS	4,780	4,844	64	1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,888.06	\$2,079.36	\$191.31	10%
12	AVERAGE LENGTH OF STAY	2.8	3.0	0.2	8%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$62,433,108	\$58,938,336	(\$3,494,772)	-6%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,706,004	\$23,900,949	\$194,945	1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.97%	40.55%	2.58%	7%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	328.12%	313.37%	-14.74%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,600,98039	5,017,12581	(583,85459)	-10%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,232.47	\$4,763.87	\$531.40	13%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$308.86)	(\$508.28)	(\$199.42)	65%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,729,897)	(\$2,550,084)	(\$820,187)	47%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$81,460,726	\$77,745,972	(\$3,714,754)	-5%
22	TOTAL ACCRUED PAYMENTS	\$32,730,912	\$33,973,384	\$1,242,472	4%
23	TOTAL ALLOWANCES	\$48,729,814	\$43,772,588	(\$4,957,226)	-10%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,395,910	(\$199,332)	(\$2,595,242)	-108%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$72,150,715	\$68,498,602	(\$3,652,113)	-5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,299,682	\$32,953,588	\$653,906	2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,851,033	\$35,545,014	(\$4,306,019)	-11%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.23%	51.89%	-3.34%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$1,705,284	\$921,311	(\$783,973)	-46%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$218,457	\$74,458	(\$143,999)	-66%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.81%	8.08%	-4.73%	-37%
4	DISCHARGES	143	87	(56)	-39%
5	CASE MIX INDEX (CMI)	1.05100	0.83600	(0.21500)	-20%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	150.29300	72.73200	(77.56100)	-52%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,453.54	\$1,023.73	(\$429.81)	-30%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,141.76	\$5,654.97	\$1,513.21	37%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,699.69	\$7,213.68	\$513.99	8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,006,917	\$524,665	(\$482,252)	-48%
11	PATIENT DAYS	433	242	(191)	-44%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$504.52	\$307.68	(\$196.84)	-39%
13	AVERAGE LENGTH OF STAY	3.0	2.8	(0.2)	-8%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,802,879	\$3,276,135	(\$526,744)	-14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$212,773	\$176,601	(\$36,172)	-17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.60%	5.39%	-0.20%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	223.01%	355.59%	132.59%	59%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	318.89802	309.36757	(9.53045)	-3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$667.21	\$570.85	(\$96.37)	-14%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$3,565.26	\$4,193.03	\$627.77	18%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,256.40	\$3,684.75	\$428.35	13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,038,461	\$1,139,943	\$101,482	10%
	<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$5,508,163	\$4,197,446	(\$1,310,717)	-24%
24	TOTAL ACCRUED PAYMENTS	\$431,230	\$251,059	(\$180,171)	-42%
25	TOTAL ALLOWANCES	\$5,076,933	\$3,946,387	(\$1,130,546)	-22%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,045,378	\$1,664,608	(\$380,770)	-19%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$9,051,503	\$8,797,246	(\$254,257)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,081,835	\$4,524,924	\$443,089	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.10%	51.44%	6.34%	14%
4	DISCHARGES	1,144	961	(183)	-16%
5	CASE MIX INDEX (CMI)	0.75630	0.74890	(0.00740)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	865.20720	719.69290	(145.51430)	-17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,717.75	\$6,287.30	\$1,569.54	33%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$877.55	\$391.41	(\$486.14)	-55%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,435.48	\$1,950.11	(\$1,485.37)	-43%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,972,403	\$1,403,483	(\$1,568,920)	-53%
11	PATIENT DAYS	3,249	3,054	(195)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,256.34	\$1,481.64	\$225.30	18%
13	AVERAGE LENGTH OF STAY	2.8	3.2	0.3	12%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$16,929,555	\$17,239,057	\$309,502	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,511,925	\$5,025,171	\$513,246	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.65%	29.15%	2.50%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	187.04%	195.96%	8.92%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,139.69005	1,883.17273	(256.51732)	-12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,108.68	\$2,668.46	\$559.78	27%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,123.79	\$2,095.41	(\$28.38)	-1%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,814.94	\$1,587.14	(\$227.80)	-13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,883,401	\$2,988,853	(\$894,548)	-23%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$25,981,058	\$26,036,303	\$55,245	0%
24	TOTAL ACCRUED PAYMENTS	\$8,593,760	\$9,550,095	\$956,335	11%
25	TOTAL ALLOWANCES	\$17,387,298	\$16,486,208	(\$901,090)	-5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,855,804	\$4,392,336	(\$2,463,469)	-36%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b>OTHER MEDICAL ASSISTANCE (O.M.A.)</b>				
	<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$3,477,931	\$3,005,404	(\$472,527)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$689,692	\$689,247	(\$445)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.83%	22.93%	3.10%	16%
4	DISCHARGES	253	234	(19)	-8%
5	CASE MIX INDEX (CMI)	0.99909	0.90524	(0.09385)	-9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	252.76977	211.82616	(40.94361)	-16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,728.54	\$3,253.83	\$525.29	19%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,866.76	\$3,424.87	\$558.11	19%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,424.70	\$4,983.58	(\$441.12)	-8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,371,199	\$1,055,652	(\$315,547)	-23%
11	PATIENT DAYS	888	777	(111)	-13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$776.68	\$887.06	\$110.38	14%
13	AVERAGE LENGTH OF STAY	3.5	3.3	(0.2)	-5%
	<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,641,365	\$6,827,399	\$1,186,034	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$795,081	\$945,338	\$150,257	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.09%	13.85%	-0.25%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	162.20%	227.17%	64.97%	40%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	410.37771	531.57957	121.20186	30%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,937.44	\$1,778.36	(\$159.08)	-8%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,295.04	\$2,985.52	\$690.48	30%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$1,986.18	\$2,477.24	\$491.06	25%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$815,084	\$1,316,850	\$501,766	62%
	<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$9,119,296	\$9,832,803	\$713,507	8%
24	TOTAL ACCRUED PAYMENTS	\$1,484,773	\$1,634,585	\$149,812	10%
25	TOTAL ALLOWANCES	\$7,634,523	\$8,198,218	\$563,695	7%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,186,284	\$2,372,503	\$186,219	9%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>F.</b>	<b>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>				
	<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$12,529,434	\$11,802,650	(\$726,784)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,771,527	\$5,214,171	\$442,644	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.08%	44.18%	6.10%	16%
4	DISCHARGES	1,397	1,195	(202)	-14%
5	CASE MIX INDEX (CMI)	0.80027	0.77951	(0.02076)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,117.97697	931.51906	(186.45791)	-17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,268.00	\$5,597.49	\$1,329.49	31%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,327.30	\$1,081.21	(\$246.09)	-19%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,885.23	\$2,639.92	(\$1,245.31)	-32%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,343,603	\$2,459,135	(\$1,884,467)	-43%
11	PATIENT DAYS	4,137	3,831	(306)	-7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,153.38	\$1,361.05	\$207.67	18%
13	AVERAGE LENGTH OF STAY	3.0	3.2	0.2	8%
	<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,570,920	\$24,066,456	\$1,495,536	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,307,006	\$5,970,509	\$663,503	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.51%	24.81%	1.30%	6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	180.14%	203.91%	23.76%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,550.06776	2,414.75230	(135.31546)	-5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,081.12	\$2,472.51	\$391.39	19%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,151.35	\$2,291.36	\$140.01	7%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,842.49	\$1,783.08	(\$59.41)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,698,486	\$4,305,703	(\$392,782)	-8%
	<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$35,100,354	\$35,869,106	\$768,752	2%
24	TOTAL ACCRUED PAYMENTS	\$10,078,533	\$11,184,680	\$1,106,147	11%
25	TOTAL ALLOWANCES	\$25,021,821	\$24,684,426	(\$337,395)	-1%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$145,351	\$176,391	\$31,040	21%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$60,824	\$62,014	\$1,190	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.85%	35.16%	-6.69%	-16%
4	DISCHARGES	12	13	1	8%
5	CASE MIX INDEX (CMI)	1.04730	0.95500	(0.09230)	-9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12.56760	12.41500	(0.15260)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,839.75	\$4,995.09	\$155.34	3%
8	PATIENT DAYS	35	28	(7)	-20%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,737.83	\$2,214.79	\$476.96	27%
10	AVERAGE LENGTH OF STAY	2.9	2.2	(0.8)	-26%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$401,747	\$412,560	\$10,813	3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$158,727	\$167,114	\$8,387	5%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$547,098	\$588,951	\$41,853	8%
14	TOTAL ACCRUED PAYMENTS	\$219,551	\$229,128	\$9,577	4%
15	TOTAL ALLOWANCES	\$327,547	\$359,823	\$32,276	10%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$0	\$0	\$0	0%
2	TOTAL OPERATING EXPENSES	\$74,979,824	\$85,401,157	\$10,421,333	14%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$522,386	\$494,828	(\$27,558)	-5%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$2,586,401	\$2,094,259	(\$492,142)	-19%
5	BAD DEBTS (CHARGES)	\$4,249,703	\$4,141,249	(\$108,454)	-3%
6	UNCOMPENSATED CARE (CHARGES)	\$6,836,104	\$6,235,508	(\$600,596)	-9%
7	COST OF UNCOMPENSATED CARE	\$2,707,769	\$2,607,503	(\$100,265)	-4%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$35,100,354	\$35,869,106	\$768,752	2%
9	TOTAL ACCRUED PAYMENTS	\$10,078,533	\$11,184,680	\$1,106,147	11%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$13,903,189	\$14,999,390	\$1,096,201	8%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,824,656	\$3,814,710	(\$9,946)	0%

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LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$74,505,375	\$72,446,212	(\$2,059,163)	-3%
2	TOTAL INPATIENT PAYMENTS	\$38,905,075	\$40,046,266	\$1,141,191	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	52.22%	55.28%	3.06%	6%
4	TOTAL DISCHARGES	5,744	5,343	(401)	-7%
5	TOTAL CASE MIX INDEX	1.01247	1.02008	0.00761	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	5,815.62087	5,450.30486	(365.31601)	-6%
7	TOTAL OUTPATIENT CHARGES	\$119,289,489	\$117,737,661	(\$1,551,828)	-1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	160.11%	162.52%	2.41%	2%
9	TOTAL OUTPATIENT PAYMENTS	\$37,334,349	\$38,922,476	\$1,588,127	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.30%	33.06%	1.76%	6%
11	TOTAL CHARGES	\$193,794,864	\$190,183,873	(\$3,610,991)	-2%
12	TOTAL PAYMENTS	\$76,239,424	\$78,968,742	\$2,729,318	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	39.34%	41.52%	2.18%	6%
14	PATIENT DAYS	21,050	20,696	(354)	-2%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$55,477,757	\$53,638,576	(\$1,839,181)	-3%
2	INPATIENT PAYMENTS	\$29,880,167	\$29,973,831	\$93,664	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	53.86%	55.88%	2.02%	4%
4	DISCHARGES	4,037	3,742	(295)	-7%
5	CASE MIX INDEX	1.04104	1.05349	0.01245	1%
6	CASE MIX ADJUSTED DISCHARGES	4,202.67657	3,942.16286	(260.51371)	-6%
7	OUTPATIENT CHARGES	\$56,856,381	\$58,799,325	\$1,942,944	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	102.49%	109.62%	7.14%	7%
9	OUTPATIENT PAYMENTS	\$13,628,345	\$15,021,527	\$1,393,182	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.97%	25.55%	1.58%	7%
11	TOTAL CHARGES	\$112,334,138	\$112,437,901	\$103,763	0%
12	TOTAL PAYMENTS	\$43,508,512	\$44,995,358	\$1,486,846	3%
13	TOTAL PAYMENTS / CHARGES	38.73%	40.02%	1.29%	3%
14	PATIENT DAYS	16,270	15,852	(418)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$68,825,626	\$67,442,543	(\$1,383,083)	-2%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	4.6	4.7	0.1	3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.8	3.0	0.2	8%
3	UNINSURED	3.0	2.8	(0.2)	-8%
4	MEDICAID	2.8	3.2	0.3	12%
5	OTHER MEDICAL ASSISTANCE	3.5	3.3	(0.2)	-5%
6	CHAMPUS / TRICARE	2.9	2.2	(0.8)	-26%
7	TOTAL AVERAGE LENGTH OF STAY	3.7	3.9	0.2	6%

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<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$193,794,864	\$190,183,873	(\$3,610,991)	-2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$68,825,626	\$67,442,543	(\$1,383,083)	-2%
3	UNCOMPENSATED CARE	\$6,836,104	\$6,235,508	(\$600,596)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,851,033	\$35,545,014	(\$4,306,019)	-11%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,042,677	\$1,926,412	(\$116,265)	-6%
6	TOTAL ADJUSTMENTS	\$117,555,440	\$111,149,477	(\$6,405,963)	-5%
7	TOTAL ACCRUED PAYMENTS	\$76,239,424	\$79,034,396	\$2,794,972	4%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$522,386	\$494,828	(\$27,558)	-5%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$76,761,810	\$79,529,224	\$2,767,414	4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3960982681	0.4181701779	0.0220719098	6%
11	COST OF UNCOMPENSATED CARE	\$2,707,769	\$2,607,503	(\$100,265)	-4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,824,656	\$3,814,710	(\$9,946)	0%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,532,425	\$6,422,214	(\$110,211)	-2%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$3,883,401	\$2,988,853	(\$894,548)	-23%
2	OTHER MEDICAL ASSISTANCE	\$2,186,284	\$2,372,503	\$186,219	9%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,045,378	\$1,664,608	(\$380,770)	-19%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,115,063	\$7,025,964	(\$1,089,100)	-13%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,588,691	\$3,496,497	(\$92,194)	-2.57%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$4,249,703	\$4,141,249	(\$108,454)	-2.55%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$81,011,511	\$83,605,148	\$2,593,637	3.20%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$193,794,864	\$190,183,873	(\$3,610,991)	-1.86%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$546,160	\$519,470	(\$26,690)	-4.89%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$7,382,264	\$6,754,978	(\$627,286)	-8.50%

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,027,618	\$18,807,636	(\$219,982)
2	MEDICARE	\$42,802,972	41,659,535	(\$1,143,437)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,529,434	11,802,650	(\$726,784)
4	MEDICAID	\$9,051,503	8,797,246	(\$254,257)
5	OTHER MEDICAL ASSISTANCE	\$3,477,931	3,005,404	(\$472,527)
6	CHAMPUS / TRICARE	\$145,351	176,391	\$31,040
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,705,284	921,311	(\$783,973)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$55,477,757</b>	<b>\$53,638,576</b>	<b>(\$1,839,181)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$74,505,375</b>	<b>\$72,446,212</b>	<b>(\$2,059,163)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$62,433,108	\$58,938,336	(\$3,494,772)
2	MEDICARE	\$33,883,714	34,320,309	\$436,595
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,570,920	24,066,456	\$1,495,536
4	MEDICAID	\$16,929,555	17,239,057	\$309,502
5	OTHER MEDICAL ASSISTANCE	\$5,641,365	6,827,399	\$1,186,034
6	CHAMPUS / TRICARE	\$401,747	412,560	\$10,813
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,802,879	3,276,135	(\$526,744)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$56,856,381</b>	<b>\$58,799,325</b>	<b>\$1,942,944</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$119,289,489</b>	<b>\$117,737,661</b>	<b>(\$1,551,828)</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,460,726	\$77,745,972	(\$3,714,754)
2	TOTAL MEDICARE	\$76,686,686	\$75,979,844	(\$706,842)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,100,354	\$35,869,106	\$768,752
4	TOTAL MEDICAID	\$25,981,058	\$26,036,303	\$55,245
5	TOTAL OTHER MEDICAL ASSISTANCE	\$9,119,296	\$9,832,803	\$713,507
6	TOTAL CHAMPUS / TRICARE	\$547,098	\$588,951	\$41,853
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,508,163	\$4,197,446	(\$1,310,717)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$112,334,138</b>	<b>\$112,437,901</b>	<b>\$103,763</b>
	<b>TOTAL CHARGES</b>	<b>\$193,794,864</b>	<b>\$190,183,873</b>	<b>(\$3,610,991)</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,024,908	\$10,072,435	\$1,047,527
2	MEDICARE	\$25,047,816	24,697,646	(\$350,170)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,771,527	5,214,171	\$442,644
4	MEDICAID	\$4,081,835	4,524,924	\$443,089
5	OTHER MEDICAL ASSISTANCE	\$689,692	689,247	(\$445)
6	CHAMPUS / TRICARE	\$60,824	62,014	\$1,190
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$218,457	74,458	(\$143,999)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$29,880,167</b>	<b>\$29,973,831</b>	<b>\$93,664</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$38,905,075</b>	<b>\$40,046,266</b>	<b>\$1,141,191</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,706,004	\$23,900,949	\$194,945
2	MEDICARE	\$8,162,612	8,883,904	\$721,292
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,307,006	5,970,509	\$663,503
4	MEDICAID	\$4,511,925	5,025,171	\$513,246
5	OTHER MEDICAL ASSISTANCE	\$795,081	945,338	\$150,257
6	CHAMPUS / TRICARE	\$158,727	167,114	\$8,387
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$212,773	176,601	(\$36,172)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$13,628,345</b>	<b>\$15,021,527</b>	<b>\$1,393,182</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$37,334,349</b>	<b>\$38,922,476</b>	<b>\$1,588,127</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$32,730,912	\$33,973,384	\$1,242,472
2	TOTAL MEDICARE	\$33,210,428	\$33,581,550	\$371,122
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,078,533	\$11,184,680	\$1,106,147
4	TOTAL MEDICAID	\$8,593,760	\$9,550,095	\$956,335
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,484,773	\$1,634,585	\$149,812
6	TOTAL CHAMPUS / TRICARE	\$219,551	\$229,128	\$9,577
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$431,230	\$251,059	(\$180,171)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$43,508,512</b>	<b>\$44,995,358</b>	<b>\$1,486,846</b>
	<b>TOTAL PAYMENTS</b>	<b>\$76,239,424</b>	<b>\$78,968,742</b>	<b>\$2,729,318</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.82%	9.89%	0.07%
2	MEDICARE	22.09%	21.90%	-0.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.47%	6.21%	-0.26%
4	MEDICAID	4.67%	4.63%	-0.05%
5	OTHER MEDICAL ASSISTANCE	1.79%	1.58%	-0.21%
6	CHAMPUS / TRICARE	0.08%	0.09%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.88%	0.48%	-0.40%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>28.63%</b>	<b>28.20%</b>	<b>-0.42%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>38.45%</b>	<b>38.09%</b>	<b>-0.35%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.22%	30.99%	-1.23%
2	MEDICARE	17.48%	18.05%	0.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.65%	12.65%	1.01%
4	MEDICAID	8.74%	9.06%	0.33%
5	OTHER MEDICAL ASSISTANCE	2.91%	3.59%	0.68%
6	CHAMPUS / TRICARE	0.21%	0.22%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.96%	1.72%	-0.24%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>29.34%</b>	<b>30.92%</b>	<b>1.58%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>61.55%</b>	<b>61.91%</b>	<b>0.35%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.84%	12.75%	0.92%
2	MEDICARE	32.85%	31.28%	-1.58%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.26%	6.60%	0.34%
4	MEDICAID	5.35%	5.73%	0.38%
5	OTHER MEDICAL ASSISTANCE	0.90%	0.87%	-0.03%
6	CHAMPUS / TRICARE	0.08%	0.08%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.29%	0.09%	-0.19%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>39.19%</b>	<b>37.96%</b>	<b>-1.24%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>51.03%</b>	<b>50.71%</b>	<b>-0.32%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.09%	30.27%	-0.83%
2	MEDICARE	10.71%	11.25%	0.54%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.96%	7.56%	0.60%
4	MEDICAID	5.92%	6.36%	0.45%
5	OTHER MEDICAL ASSISTANCE	1.04%	1.20%	0.15%
6	CHAMPUS / TRICARE	0.21%	0.21%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.28%	0.22%	-0.06%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>17.88%</b>	<b>19.02%</b>	<b>1.15%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>48.97%</b>	<b>49.29%</b>	<b>0.32%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,707	1,601	(106)
2	MEDICARE	2,628	2,534	(94)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,397	1,195	(202)
4	MEDICAID	1,144	961	(183)
5	OTHER MEDICAL ASSISTANCE	253	234	(19)
6	CHAMPUS / TRICARE	12	13	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	143	87	(56)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>4,037</b>	<b>3,742</b>	<b>(295)</b>
	<b>TOTAL DISCHARGES</b>	<b>5,744</b>	<b>5,343</b>	<b>(401)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,780	4,844	64
2	MEDICARE	12,098	11,993	(105)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,137	3,831	(306)
4	MEDICAID	3,249	3,054	(195)
5	OTHER MEDICAL ASSISTANCE	888	777	(111)
6	CHAMPUS / TRICARE	35	28	(7)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	433	242	(191)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>16,270</b>	<b>15,852</b>	<b>(418)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>21,050</b>	<b>20,696</b>	<b>(354)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2.8	3.0	0.2
2	MEDICARE	4.6	4.7	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.0	3.2	0.2
4	MEDICAID	2.8	3.2	0.3
5	OTHER MEDICAL ASSISTANCE	3.5	3.3	(0.2)
6	CHAMPUS / TRICARE	2.9	2.2	(0.8)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.0	2.8	(0.2)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.0</b>	<b>4.2</b>	<b>0.2</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>3.7</b>	<b>3.9</b>	<b>0.2</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.94490	0.94200	(0.00290)
2	MEDICARE	1.16900	1.18320	0.01420
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.80027	0.77951	(0.02076)
4	MEDICAID	0.75630	0.74890	(0.00740)
5	OTHER MEDICAL ASSISTANCE	0.99909	0.90524	(0.09385)
6	CHAMPUS / TRICARE	1.04730	0.95500	(0.09230)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05100	0.83600	(0.21500)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.04104</b>	<b>1.05349</b>	<b>0.01245</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.01247</b>	<b>1.02008</b>	<b>0.00761</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$72,150,715	\$68,498,602	(\$3,652,113)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,299,682	\$32,953,588	\$653,906
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,851,033	\$35,545,014	(\$4,306,019)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	55.23%	51.89%	-3.34%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,588,691	\$3,496,497	(\$92,194)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,042,677	\$1,926,412	(\$116,265)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$522,386	\$494,828	(\$27,558)
8	CHARITY CARE	\$2,586,401	\$2,094,259	(\$492,142)
9	BAD DEBTS	\$4,249,703	\$4,141,249	(\$108,454)
10	TOTAL UNCOMPENSATED CARE	\$6,836,104	\$6,235,508	(\$600,596)
11	TOTAL OTHER OPERATING REVENUE	\$72,150,715	\$68,498,602	(\$3,652,113)
12	TOTAL OPERATING EXPENSES	\$74,979,824	\$85,401,157	\$10,421,333

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

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
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FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,612.94430	1,508.14200	(104.80230)
2	MEDICARE	3,072.13200	2,998.22880	(73.90320)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,117.97697	931.51906	(186.45791)
4	MEDICAID	865.20720	719.69290	(145.51430)
5	OTHER MEDICAL ASSISTANCE	252.76977	211.82616	(40.94361)
6	CHAMPUS / TRICARE	12.56760	12.41500	(0.15260)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	150.29300	72.73200	(77.56100)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>4,202.67657</b>	<b>3,942.16286</b>	<b>(260.51371)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>5,815.62087</b>	<b>5,450.30486</b>	<b>(365.31601)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,600.98039	5,017.12581	-583.85459
2	MEDICARE	2,080.37891	2,087.58122	7.20231
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,550.06776	2,414.75230	-135.31546
4	MEDICAID	2,139.69005	1,883.17273	-256.51732
5	OTHER MEDICAL ASSISTANCE	410.37771	531.57957	121.20186
6	CHAMPUS / TRICARE	33.16774	30.40563	-2.76211
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	318.89802	309.36757	-9.53045
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,663.61441</b>	<b>4,532.73916</b>	<b>-130.87525</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>10,264.59480</b>	<b>9,549.86496</b>	<b>-714.72984</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,595.30	\$6,678.70	\$1,083.40
2	MEDICARE	\$8,153.24	\$8,237.41	\$84.18
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,268.00	\$5,597.49	\$1,329.49
4	MEDICAID	\$4,717.75	\$6,287.30	\$1,569.54
5	OTHER MEDICAL ASSISTANCE	\$2,728.54	\$3,253.83	\$525.29
6	CHAMPUS / TRICARE	\$4,839.75	\$4,995.09	\$155.34
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,453.54	\$1,023.73	(\$429.81)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,109.79</b>	<b>\$7,603.40</b>	<b>\$493.60</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,689.75</b>	<b>\$7,347.53</b>	<b>\$657.77</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$4,232.47	\$4,763.87	\$531.40
2	MEDICARE	\$3,923.62	\$4,255.60	\$331.98
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,081.12	\$2,472.51	\$391.39
4	MEDICAID	\$2,108.68	\$2,668.46	\$559.78
5	OTHER MEDICAL ASSISTANCE	\$1,937.44	\$1,778.36	(\$159.08)
6	CHAMPUS / TRICARE	\$4,785.58	\$5,496.15	\$710.57
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$667.21	\$570.85	(\$96.37)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$2,922.27</b>	<b>\$3,314.01</b>	<b>\$391.74</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$3,637.20</b>	<b>\$4,075.71</b>	<b>\$438.51</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$3,883,401	\$2,988,853	(\$894,548)
2	OTHER MEDICAL ASSISTANCE	\$2,186,284	\$2,372,503	\$186,219
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,045,378	\$1,664,608	(\$380,770)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$8,115,063</b>	<b>\$7,025,964</b>	<b>(\$1,089,100)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$193,794,864	\$190,183,873	(\$3,610,991)
2	TOTAL GOVERNMENT DEDUCTIONS	\$68,825,626	\$67,442,543	(\$1,383,083)
3	UNCOMPENSATED CARE	\$6,836,104	\$6,235,508	(\$600,596)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$39,851,033	\$35,545,014	(\$4,306,019)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,042,677	\$1,926,412	(\$116,265)
6	TOTAL ADJUSTMENTS	\$117,555,440	\$111,149,477	(\$6,405,963)
7	TOTAL ACCRUED PAYMENTS	\$76,239,424	\$79,034,396	\$2,794,972
8	UCP DSH PAYMENTS (OHCA INPUT)	\$522,386	\$494,828	(\$27,558)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$76,761,810	\$79,529,224	\$2,767,414
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3960982681	0.4181701779	0.0220719098
11	COST OF UNCOMPENSATED CARE	\$2,707,769	\$2,607,503	(\$100,265)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,824,656	\$3,814,710	(\$9,946)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,532,425	\$6,422,214	(\$110,211)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.43%	53.56%	6.12%
2	MEDICARE	58.52%	59.28%	0.77%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38.08%	44.18%	6.10%
4	MEDICAID	45.10%	51.44%	6.34%
5	OTHER MEDICAL ASSISTANCE	19.83%	22.93%	3.10%
6	CHAMPUS / TRICARE	41.85%	35.16%	-6.69%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12.81%	8.08%	-4.73%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>53.86%</b>	<b>55.88%</b>	<b>2.02%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>52.22%</b>	<b>55.28%</b>	<b>3.06%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.97%	40.55%	2.58%
2	MEDICARE	24.09%	25.89%	1.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.51%	24.81%	1.30%
4	MEDICAID	26.65%	29.15%	2.50%
5	OTHER MEDICAL ASSISTANCE	14.09%	13.85%	-0.25%
6	CHAMPUS / TRICARE	39.51%	40.51%	1.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.60%	5.39%	-0.20%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>23.97%</b>	<b>25.55%</b>	<b>1.58%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>31.30%</b>	<b>33.06%</b>	<b>1.76%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$76,239,424	\$78,968,742	\$2,729,318
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$522,386	\$494,828	(\$27,558)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$76,761,810</b>	<b>\$79,463,570</b>	<b>\$2,701,760</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,249,703	\$4,141,249	(\$108,454)
4	<b>CALCULATED NET REVENUE</b>	<b>\$86,807,230</b>	<b>\$83,604,819</b>	<b>(\$3,202,411)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$81,011,511	\$83,605,148	\$2,593,637
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$5,795,719</b>	<b>(\$329)</b>	<b>(\$5,796,048)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$193,794,864	\$190,183,873	(\$3,610,991)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$193,794,864</b>	<b>\$190,183,873</b>	<b>(\$3,610,991)</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$193,794,864	\$190,183,873	(\$3,610,991)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,836,104	\$6,235,508	(\$600,596)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$546,160	\$519,470	(\$26,690)
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$7,382,264</b>	<b>\$6,754,978</b>	<b>(\$627,286)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$7,382,264	\$6,754,978	(\$627,286)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,807,636
2	MEDICARE	41,659,535
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,802,650
4	MEDICAID	8,797,246
5	OTHER MEDICAL ASSISTANCE	3,005,404
6	CHAMPUS / TRICARE	176,391
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	921,311
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$53,638,576</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$72,446,212</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$58,938,336
2	MEDICARE	34,320,309
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,066,456
4	MEDICAID	17,239,057
5	OTHER MEDICAL ASSISTANCE	6,827,399
6	CHAMPUS / TRICARE	412,560
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,276,135
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$58,799,325</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$117,737,661</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$77,745,972
2	TOTAL GOVERNMENT ACCRUED CHARGES	112,437,901
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$190,183,873</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,072,435
2	MEDICARE	24,697,646
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,214,171
4	MEDICAID	4,524,924
5	OTHER MEDICAL ASSISTANCE	689,247
6	CHAMPUS / TRICARE	62,014
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	74,458
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$29,973,831</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$40,046,266</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,900,949
2	MEDICARE	8,883,904
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,970,509
4	MEDICAID	5,025,171
5	OTHER MEDICAL ASSISTANCE	945,338
6	CHAMPUS / TRICARE	167,114
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	176,601
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$15,021,527</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$38,922,476</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$33,973,384
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	44,995,358
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$78,968,742</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2009</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,601
2	MEDICARE	2,534
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,195
4	MEDICAID	961
5	OTHER MEDICAL ASSISTANCE	234
6	CHAMPUS / TRICARE	13
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	87
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,742</b>
	<b>TOTAL DISCHARGES</b>	<b>5,343</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.94200
2	MEDICARE	1.18320
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.77951
4	MEDICAID	0.74890
5	OTHER MEDICAL ASSISTANCE	0.90524
6	CHAMPUS / TRICARE	0.95500
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.83600
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.05349</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.02008</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,498,602
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,953,588
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,545,014
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.89%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,496,497
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,926,412
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$494,828
8	CHARITY CARE	\$2,094,259
9	BAD DEBTS	\$4,141,249
10	TOTAL UNCOMPENSATED CARE	\$6,235,508
11	TOTAL OTHER OPERATING REVENUE	\$0
12	TOTAL OPERATING EXPENSES	\$85,401,157

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$78,968,742
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$494,828
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$79,463,570</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,141,249
	<b>CALCULATED NET REVENUE</b>	<b>\$83,604,819</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$83,605,148
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$329)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$190,183,873
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$190,183,873</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$190,183,873
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,235,508
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$519,470
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$6,754,978</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,754,978
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	3,852	4,608	756	20%
2	Number of Approved Applicants	3,770	4,593	823	22%
3	<b>Total Charges (A)</b>	<b>\$2,586,401</b>	<b>\$2,094,259</b>	<b>(\$492,142)</b>	<b>-19%</b>
4	<b>Average Charges</b>	<b>\$686</b>	<b>\$456</b>	<b>(\$230)</b>	<b>-34%</b>
5	Ratio of Cost to Charges (RCC)	0.369661	0.386903	0.017242	5%
6	<b>Total Cost</b>	<b>\$956,092</b>	<b>\$810,275</b>	<b>(\$145,816)</b>	<b>-15%</b>
7	<b>Average Cost</b>	<b>\$254</b>	<b>\$176</b>	<b>(\$77)</b>	<b>-30%</b>
8	Charity Care - Inpatient Charges	\$880,651	\$524,418	(\$356,233)	-40%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	860,536	815,395	(45,141)	-5%
10	Charity Care - Emergency Department Charges	845,214	754,446	(90,768)	-11%
11	<b>Total Charges (A)</b>	<b>\$2,586,401</b>	<b>\$2,094,259</b>	<b>(\$492,142)</b>	<b>-19%</b>
12	Charity Care - Number of Patient Days	224	149	(75)	-33%
13	Charity Care - Number of Discharges	73	56	(17)	-23%
14	Charity Care - Number of Outpatient ED Visits	554	670	116	21%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,427	1,625	198	14%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$904,241	\$844,999	(\$59,242)	-7%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,031,327	1,106,556	75,229	7%
3	Bad Debts - Emergency Department	2,314,135	2,189,694	(124,441)	-5%
4	<b>Total Bad Debts (A)</b>	<b>\$4,249,703</b>	<b>\$4,141,249</b>	<b>(\$108,454)</b>	<b>-3%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$2,586,401	\$2,094,259	(\$492,142)	-19%
2	Bad Debts (A)	4,249,703	4,141,249	(108,454)	-3%
3	<b>Total Uncompensated Care (A)</b>	<b>\$6,836,104</b>	<b>\$6,235,508</b>	<b>(\$600,596)</b>	<b>-9%</b>
4	Uncompensated Care - Inpatient Services	\$1,784,892	\$1,369,417	(\$415,475)	-23%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,891,863	1,921,951	30,088	2%
6	Uncompensated Care - Emergency Department	3,159,349	2,944,140	(215,209)	-7%
7	<b>Total Uncompensated Care (A)</b>	<b>\$6,836,104</b>	<b>\$6,235,508</b>	<b>(\$600,596)</b>	<b>-9%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					



WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$74,870,676	\$74,505,375	\$72,446,212
2	Outpatient Gross Revenue	\$116,127,665	\$119,289,489	\$117,737,661
3	Total Gross Patient Revenue	\$190,998,341	\$193,794,864	\$190,183,873
4	Net Patient Revenue	\$76,196,541	\$81,011,511	\$83,605,148
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$81,098,944	\$83,487,134	\$85,401,157
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	21,595	21,050	20,696
2	Discharges	5,713	5,744	5,343
3	Average Length of Stay	3.8	3.7	3.9
4	Equivalent (Adjusted) Patient Days (EPD)	55,090	54,753	54,331
0	Equivalent (Adjusted) Discharges (ED)	14,574	14,941	14,026
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.00914	1.01247	1.02008
2	Case Mix Adjusted Patient Days (CMAPD)	21,792	21,312	21,112
3	Case Mix Adjusted Discharges (CMAD)	5,765	5,816	5,450
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	55,593	55,436	55,422
5	Case Mix Adjusted Equivalent Discharges (CMAED)	14,707	15,127	14,308
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$8,845	\$9,206	\$9,189
2	Total Gross Revenue per Discharge	\$33,432	\$33,739	\$35,595
3	Total Gross Revenue per EPD	\$3,467	\$3,539	\$3,500
4	Total Gross Revenue per ED	\$13,105	\$12,971	\$13,559
5	Total Gross Revenue per CMAEPD	\$3,436	\$3,496	\$3,432
6	Total Gross Revenue per CMAED	\$12,987	\$12,811	\$13,292
7	Inpatient Gross Revenue per EPD	\$1,359	\$1,361	\$1,333
8	Inpatient Gross Revenue per ED	\$5,137	\$4,987	\$5,165

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>F.</b>	<b><u>Net Revenue Per Statistic</u></b>			
1	Net Patient Revenue per Patient Day	\$3,528	\$3,849	\$4,040
2	Net Patient Revenue per Discharge	\$13,337	\$14,104	\$15,648
3	Net Patient Revenue per EPD	\$1,383	\$1,480	\$1,539
4	Net Patient Revenue per ED	\$5,228	\$5,422	\$5,961
5	Net Patient Revenue per CMAEPD	\$1,371	\$1,461	\$1,509
6	Net Patient Revenue per CMAED	\$5,181	\$5,355	\$5,843
<b>G.</b>	<b><u>Operating Expense Per Statistic</u></b>			
1	Total Operating Expense per Patient Day	\$3,755	\$3,966	\$4,126
2	Total Operating Expense per Discharge	\$14,196	\$14,535	\$15,984
3	Total Operating Expense per EPD	\$1,472	\$1,525	\$1,572
4	Total Operating Expense per ED	\$5,565	\$5,588	\$6,089
5	Total Operating Expense per CMAEPD	\$1,459	\$1,506	\$1,541
6	Total Operating Expense per CMAED	\$5,514	\$5,519	\$5,969
<b>H.</b>	<b><u>Nursing Salary and Fringe Benefits Expense</u></b>			
1	Nursing Salary Expense	\$11,240,060	\$12,315,908	\$15,137,005
2	Nursing Fringe Benefits Expense	\$3,905,584	\$4,171,693	\$5,158,691
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$15,145,644</b>	<b>\$16,487,601</b>	<b>\$20,295,696</b>
<b>I.</b>	<b><u>Physician Salary and Fringe Expense</u></b>			
1	Physician Salary Expense	\$4,978,608	\$2,978,184	\$127,711
2	Physician Fringe Benefits Expense	\$838,140	\$1,137,734	\$43,524
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$5,816,748</b>	<b>\$4,115,918</b>	<b>\$171,235</b>
<b>J.</b>	<b><u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>			
1	Non-Nursing, Non-Physician Salary Expense	\$19,828,401	\$21,514,168	\$21,833,969
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$8,142,198	\$7,332,066	\$7,444,319
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$27,970,599</b>	<b>\$28,846,234</b>	<b>\$29,278,288</b>
<b>K.</b>	<b><u>Total Salary and Fringe Benefits Expense</u></b>			
1	Total Salary Expense	\$36,047,069	\$36,808,260	\$37,098,685
2	Total Fringe Benefits Expense	\$12,885,922	\$12,641,493	\$12,646,534
<b>3</b>	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$48,932,991</b>	<b>\$49,449,753</b>	<b>\$49,745,219</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
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<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	173.8	180.8	219.0
2	Total Physician FTEs	9.3	4.7	1.1
3	Total Non-Nursing, Non-Physician FTEs	400.9	409.3	387.9
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>584.0</b>	<b>594.8</b>	<b>608.0</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$64,672	\$68,119	\$69,119
2	Nursing Fringe Benefits Expense per FTE	\$22,472	\$23,074	\$23,556
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$87,144</b>	<b>\$91,192</b>	<b>\$92,674</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$535,334	\$633,656	\$116,101
2	Physician Fringe Benefits Expense per FTE	\$90,123	\$242,071	\$39,567
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$625,457</b>	<b>\$875,727</b>	<b>\$155,668</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$49,460	\$52,563	\$56,288
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,310	\$17,914	\$19,191
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$69,770</b>	<b>\$70,477</b>	<b>\$75,479</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$61,724	\$61,883	\$61,018
2	Total Fringe Benefits Expense per FTE	\$22,065	\$21,253	\$20,800
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$83,789</b>	<b>\$83,137</b>	<b>\$81,818</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,266	\$2,349	\$2,404
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,565	\$8,609	\$9,310
3	Total Salary and Fringe Benefits Expense per EPD	\$888	\$903	\$916
4	Total Salary and Fringe Benefits Expense per ED	\$3,358	\$3,310	\$3,547
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$880	\$892	\$898
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,327	\$3,269	\$3,477