

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$38,643,022	\$26,334,940	(\$12,308,082)	-32%
2	Short Term Investments	\$144,958,291	\$173,186,305	\$28,228,014	19%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$41,637,724	\$51,429,630	\$9,791,906	24%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,756,854	\$1,679,707	(\$77,147)	-4%
5	Due From Affiliates	\$3,777,584	\$4,041,813	\$264,229	7%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$7,249,038	\$7,538,558	\$289,520	4%
8	Prepaid Expenses	\$3,805,773	\$5,454,623	\$1,648,850	43%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$241,828,286</b>	<b>\$269,665,576</b>	<b>\$27,837,290</b>	<b>12%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$146,734,669	\$150,579,966	\$3,845,297	3%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$410,335,554	\$438,070,317	\$27,734,763	7%
2	Less: Accumulated Depreciation	\$251,993,763	\$274,705,979	\$22,712,216	9%
	<b>Property, Plant and Equipment, Net</b>	<b>\$158,341,791</b>	<b>\$163,364,338</b>	<b>\$5,022,547</b>	<b>3%</b>
3	Construction in Progress	\$12,550,101	\$19,811,944	\$7,261,843	58%
	<b>Total Net Fixed Assets</b>	<b>\$170,891,892</b>	<b>\$183,176,282</b>	<b>\$12,284,390</b>	<b>7%</b>
	<b>Total Assets</b>	<b>\$559,454,847</b>	<b>\$603,421,824</b>	<b>\$43,966,977</b>	<b>8%</b>

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$19,951,815	\$20,675,079	\$723,264	4%
2	Salaries, Wages and Payroll Taxes	\$14,142,886	\$14,821,485	\$678,599	5%
3	Due To Third Party Payers	\$8,646,835	\$11,079,973	\$2,433,138	28%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,460,000	\$2,545,000	\$85,000	3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$4,422,852	\$34,856,735	\$30,433,883	688%
	<b>Total Current Liabilities</b>	<b>\$49,624,388</b>	<b>\$83,978,272</b>	<b>\$34,353,884</b>	<b>69%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$114,675,000	\$81,260,000	(\$33,415,000)	-29%
	<b>Total Long Term Debt</b>	<b>\$114,675,000</b>	<b>\$81,260,000</b>	<b>(\$33,415,000)</b>	<b>-29%</b>
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$14,488,471	\$14,178,425	(\$310,046)	-2%
	<b>Total Long Term Liabilities</b>	<b>\$129,163,471</b>	<b>\$95,438,425</b>	<b>(\$33,725,046)</b>	<b>-26%</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	\$325,008,268	\$368,034,236	\$43,025,968	13%
2	Temporarily Restricted Net Assets	\$28,552,625	\$28,224,280	(\$328,345)	-1%
3	Permanently Restricted Net Assets	\$27,106,095	\$27,746,611	\$640,516	2%
	<b>Total Net Assets</b>	<b>\$380,666,988</b>	<b>\$424,005,127</b>	<b>\$43,338,139</b>	<b>11%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$559,454,847</b>	<b>\$603,421,824</b>	<b>\$43,966,977</b>	<b>8%</b>

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,002,343,396	\$1,042,814,916	\$40,471,520	4%
2	Less: Allowances	\$532,363,949	\$559,026,360	\$26,662,411	5%
3	Less: Charity Care	\$12,266,705	\$12,767,832	\$501,127	4%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$457,712,742</b>	<b>\$471,020,724</b>	<b>\$13,307,982</b>	<b>3%</b>
5	Other Operating Revenue	\$9,727,398	\$10,083,592	\$356,194	4%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$467,440,140</b>	<b>\$481,104,316</b>	<b>\$13,664,176</b>	<b>3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$181,966,926	\$186,173,288	\$4,206,362	2%
2	Fringe Benefits	\$52,044,322	\$63,690,324	\$11,646,002	22%
3	Physicians Fees	\$38,638,408	\$41,098,443	\$2,460,035	6%
4	Supplies and Drugs	\$62,523,555	\$66,235,697	\$3,712,142	6%
5	Depreciation and Amortization	\$23,125,624	\$25,703,935	\$2,578,311	11%
6	Bad Debts	\$16,695,481	\$10,687,109	(\$6,008,372)	-36%
7	Interest	\$4,667,920	\$4,557,278	(\$110,642)	-2%
8	Malpractice	\$5,917,298	\$6,692,376	\$775,078	13%
9	Other Operating Expenses	\$57,009,210	\$55,476,252	(\$1,532,958)	-3%
	<b>Total Operating Expenses</b>	<b>\$442,588,744</b>	<b>\$460,314,702</b>	<b>\$17,725,958</b>	<b>4%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$24,851,396</b>	<b>\$20,789,614</b>	<b>(\$4,061,782)</b>	<b>-16%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$13,449,795	\$20,550,654	\$7,100,859	53%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$213,448	\$3,239,430	\$3,025,982	1418%
	<b>Total Non-Operating Revenue</b>	<b>\$13,663,243</b>	<b>\$23,790,084</b>	<b>\$10,126,841</b>	<b>74%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$38,514,639</b>	<b>\$44,579,698</b>	<b>\$6,065,059</b>	<b>16%</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>\$38,514,639</b>	<b>\$44,579,698</b>	<b>\$6,065,059</b>	<b>16%</b>
	Principal Payments	\$2,425,000	\$2,460,000	\$35,000	1%

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$235,751,310	\$244,317,017	\$8,565,707	4%
2	MEDICARE MANAGED CARE	\$13,851,610	\$18,140,524	\$4,288,914	31%
3	MEDICAID	\$29,093,781	\$29,728,277	\$634,496	2%
4	MEDICAID MANAGED CARE	\$12,785,459	\$16,597,039	\$3,811,580	30%
5	CHAMPUS/TRICARE	\$392,783	\$1,250,805	\$858,022	218%
6	COMMERCIAL INSURANCE	\$106,864,426	\$98,382,451	(\$8,481,975)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$80,006,057	\$88,090,728	\$8,084,671	10%
8	WORKER'S COMPENSATION	\$3,203,393	\$4,031,338	\$827,945	26%
9	SELF- PAY/UNINSURED	\$6,683,450	\$6,593,905	(\$89,545)	-1%
10	SAGA	\$10,110,940	\$4,769,955	(\$5,340,985)	-53%
11	OTHER	\$0	\$1,022,065	\$1,022,065	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$498,743,209</b>	<b>\$512,924,104</b>	<b>\$14,180,895</b>	<b>3%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$168,732,326	\$177,258,760	\$8,526,434	5%
2	MEDICARE MANAGED CARE	\$9,238,802	\$11,869,966	\$2,631,164	28%
3	MEDICAID	\$15,484,988	\$20,275,277	\$4,790,289	31%
4	MEDICAID MANAGED CARE	\$24,134,850	\$31,924,463	\$7,789,613	32%
5	CHAMPUS/TRICARE	\$617,917	\$805,622	\$187,705	30%
6	COMMERCIAL INSURANCE	\$143,184,851	\$142,345,734	(\$839,117)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$107,016,662	\$113,193,542	\$6,176,880	6%
8	WORKER'S COMPENSATION	\$4,010,454	\$3,717,284	(\$293,170)	-7%
9	SELF- PAY/UNINSURED	\$20,881,628	\$20,616,388	(\$265,240)	-1%
10	SAGA	\$10,297,709	\$6,133,181	(\$4,164,528)	-40%
11	OTHER	\$0	\$1,750,595	\$1,750,595	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$503,600,187</b>	<b>\$529,890,812</b>	<b>\$26,290,625</b>	<b>5%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$404,483,636	\$421,575,777	\$17,092,141	4%
2	MEDICARE MANAGED CARE	\$23,090,412	\$30,010,490	\$6,920,078	30%
3	MEDICAID	\$44,578,769	\$50,003,554	\$5,424,785	12%
4	MEDICAID MANAGED CARE	\$36,920,309	\$48,521,502	\$11,601,193	31%
5	CHAMPUS/TRICARE	\$1,010,700	\$2,056,427	\$1,045,727	103%
6	COMMERCIAL INSURANCE	\$250,049,277	\$240,728,185	(\$9,321,092)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$187,022,719	\$201,284,270	\$14,261,551	8%
8	WORKER'S COMPENSATION	\$7,213,847	\$7,748,622	\$534,775	7%
9	SELF- PAY/UNINSURED	\$27,565,078	\$27,210,293	(\$354,785)	-1%
10	SAGA	\$20,408,649	\$10,903,136	(\$9,505,513)	-47%
11	OTHER	\$0	\$2,772,660	\$2,772,660	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$1,002,343,396</b>	<b>\$1,042,814,916</b>	<b>\$40,471,520</b>	<b>4%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$81,519,835	\$84,336,220	\$2,816,385	3%
2	MEDICARE MANAGED CARE	\$4,899,403	\$6,377,528	\$1,478,125	30%
3	MEDICAID	\$9,863,299	\$9,729,167	(\$134,132)	-1%
4	MEDICAID MANAGED CARE	\$3,367,724	\$4,450,305	\$1,082,581	32%
5	CHAMPUS/TRICARE	\$152,328	\$436,158	\$283,830	186%

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
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**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
6	COMMERCIAL INSURANCE	\$70,320,610	\$63,657,349	(\$6,663,261)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$41,363,560	\$48,524,276	\$7,160,716	17%
8	WORKER'S COMPENSATION	\$2,204,255	\$2,773,962	\$569,707	26%
9	SELF- PAY/UNINSURED	\$677,729	\$1,946,025	\$1,268,296	187%
10	SAGA	\$1,058,628	\$379,899	(\$678,729)	-64%
11	OTHER	\$0	\$155,806	\$155,806	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$215,427,371</b>	<b>\$222,766,695</b>	<b>\$7,339,324</b>	<b>3%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$58,345,514	\$61,188,262	\$2,842,748	5%
2	MEDICARE MANAGED CARE	\$3,267,824	\$4,173,035	\$905,211	28%
3	MEDICAID	\$3,363,838	\$4,847,819	\$1,483,981	44%
4	MEDICAID MANAGED CARE	\$6,357,184	\$8,560,178	\$2,202,994	35%
5	CHAMPUS/TRICARE	\$141,290	\$170,926	\$29,636	21%
6	COMMERCIAL INSURANCE	\$87,182,001	\$87,635,692	\$453,691	1%
7	NON-GOVERNMENT MANAGED CARE	\$62,018,020	\$65,263,273	\$3,245,253	5%
8	WORKER'S COMPENSATION	\$2,734,484	\$2,541,352	(\$193,132)	-7%
9	SELF- PAY/UNINSURED	\$2,117,482	\$6,084,409	\$3,966,927	187%
10	SAGA	\$2,585,492	\$840,246	(\$1,745,246)	-68%
11	OTHER	\$0	\$155,118	\$155,118	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$228,113,129</b>	<b>\$241,460,310</b>	<b>\$13,347,181</b>	<b>6%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$139,865,349	\$145,524,482	\$5,659,133	4%
2	MEDICARE MANAGED CARE	\$8,167,227	\$10,550,563	\$2,383,336	29%
3	MEDICAID	\$13,227,137	\$14,576,986	\$1,349,849	10%
4	MEDICAID MANAGED CARE	\$9,724,908	\$13,010,483	\$3,285,575	34%
5	CHAMPUS/TRICARE	\$293,618	\$607,084	\$313,466	107%
6	COMMERCIAL INSURANCE	\$157,502,611	\$151,293,041	(\$6,209,570)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$103,381,580	\$113,787,549	\$10,405,969	10%
8	WORKER'S COMPENSATION	\$4,938,739	\$5,315,314	\$376,575	8%
9	SELF- PAY/UNINSURED	\$2,795,211	\$8,030,434	\$5,235,223	187%
10	SAGA	\$3,644,120	\$1,220,145	(\$2,423,975)	-67%
11	OTHER	\$0	\$310,924	\$310,924	0%
	<b>TOTAL NET REVENUE</b>	<b>\$443,540,500</b>	<b>\$464,227,005</b>	<b>\$20,686,505</b>	<b>5%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	8,118	8,302	184	2%
2	MEDICARE MANAGED CARE	448	615	167	37%
3	MEDICAID	1,386	1,606	220	16%
4	MEDICAID MANAGED CARE	926	1,121	195	21%
5	CHAMPUS/TRICARE	25	29	4	16%
6	COMMERCIAL INSURANCE	4,702	4,036	(666)	-14%
7	NON-GOVERNMENT MANAGED CARE	3,920	4,306	386	10%
8	WORKER'S COMPENSATION	105	112	7	7%
9	SELF- PAY/UNINSURED	322	298	(24)	-7%
10	SAGA	545	234	(311)	-57%
11	OTHER	0	56	56	0%
	<b>TOTAL DISCHARGES</b>	<b>20,497</b>	<b>20,715</b>	<b>218</b>	<b>1%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	44,115	46,500	2,385	5%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	2,296	3,496	1,200	52%
3	MEDICAID	6,734	7,550	816	12%
4	MEDICAID MANAGED CARE	2,921	3,890	969	33%
5	CHAMPUS/TRICARE	102	226	124	122%
6	COMMERCIAL INSURANCE	17,793	16,197	(1,596)	-9%
7	NON-GOVERNMENT MANAGED CARE	13,913	15,205	1,292	9%
8	WORKER'S COMPENSATION	279	443	164	59%
9	SELF- PAY/UNINSURED	1,041	1,120	79	8%
10	SAGA	2,600	1,008	(1,592)	-61%
11	OTHER	0	249	249	0%
	<b>TOTAL PATIENT DAYS</b>	<b>91,794</b>	<b>95,884</b>	<b>4,090</b>	<b>4%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	51,777	51,174	(603)	-1%
2	MEDICARE MANAGED CARE	3,125	3,850	725	23%
3	MEDICAID	6,326	8,764	2,438	39%
4	MEDICAID MANAGED CARE	19,664	22,569	2,905	15%
5	CHAMPUS/TRICARE	242	269	27	11%
6	COMMERCIAL INSURANCE	48,838	45,070	(3,768)	-8%
7	NON-GOVERNMENT MANAGED CARE	37,649	36,790	(859)	-2%
8	WORKER'S COMPENSATION	1,542	1,492	(50)	-3%
9	SELF- PAY/UNINSURED	13,183	12,793	(390)	-3%
10	SAGA	5,892	2,212	(3,680)	-62%
11	OTHER	0	841	841	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>188,238</b>	<b>185,824</b>	<b>(2,414)</b>	<b>-1%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$17,170,608	\$17,856,523	\$685,915	4%
2	MEDICARE MANAGED CARE	\$1,215,866	\$1,399,220	\$183,354	15%
3	MEDICAID	\$5,045,658	\$7,056,421	\$2,010,763	40%
4	MEDICAID MANAGED CARE	\$11,723,566	\$14,969,456	\$3,245,890	28%
5	CHAMPUS/TRICARE	\$252,365	\$286,709	\$34,344	14%
6	COMMERCIAL INSURANCE	\$28,938,269	\$28,420,434	(\$517,835)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$20,916,565	\$21,042,863	\$126,298	1%
8	WORKER'S COMPENSATION	\$1,906,124	\$1,906,619	\$495	0%
9	SELF- PAY/UNINSURED	\$10,844,087	\$10,409,786	(\$434,301)	-4%
10	SAGA	\$4,235,982	\$2,647,084	(\$1,588,898)	-38%
11	OTHER	\$0	\$400,248	\$400,248	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$102,249,090</b>	<b>\$106,395,363</b>	<b>\$4,146,273</b>	<b>4%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$3,598,350	\$3,433,316	(\$165,034)	-5%
2	MEDICARE MANAGED CARE	\$292,886	\$367,320	\$74,434	25%
3	MEDICAID	\$1,301,767	\$1,135,002	(\$166,765)	-13%
4	MEDICAID MANAGED CARE	\$2,870,842	\$3,194,679	\$323,837	11%
5	CHAMPUS/TRICARE	\$37,265	\$61,582	\$24,317	65%
6	COMMERCIAL INSURANCE	\$19,150,902	\$17,940,367	(\$1,210,535)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$12,719,217	\$13,409,703	\$690,486	5%
8	WORKER'S COMPENSATION	\$1,306,954	\$1,303,410	(\$3,544)	0%
9	SELF- PAY/UNINSURED	\$2,392,099	\$1,587,314	(\$804,785)	-34%
10	SAGA	\$57,913	\$222,678	\$164,765	285%

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	\$0	\$84,086	\$84,086	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$43,728,195</b>	<b>\$42,739,457</b>	<b>(\$988,738)</b>	<b>-2%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	7,762	7,754	(8)	0%
2	MEDICARE MANAGED CARE	548	605	57	10%
3	MEDICAID	2,340	3,770	1,430	61%
4	MEDICAID MANAGED CARE	9,421	11,386	1,965	21%
5	CHAMPUS/TRICARE	149	156	7	5%
6	COMMERCIAL INSURANCE	14,600	13,461	(1,139)	-8%
7	NON-GOVERNMENT MANAGED CARE	10,668	10,231	(437)	-4%
8	WORKER'S COMPENSATION	1,260	1,256	(4)	0%
9	SELF- PAY/UNINSURED	6,064	5,785	(279)	-5%
10	SAGA	2,885	1,449	(1,436)	-50%
11	OTHER	0	283	283	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>55,697</b>	<b>56,136</b>	<b>439</b>	<b>1%</b>

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 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	\$52,331,167	\$54,797,841	\$2,466,674	5%
2	Physician Salaries	\$5,994,805	\$6,365,059	\$370,254	6%
3	Non-Nursing, Non-Physician Salaries	\$123,640,954	\$125,010,388	\$1,369,434	1%
	<b>Total Salaries &amp; Wages</b>	<b>\$181,966,926</b>	<b>\$186,173,288</b>	<b>\$4,206,362</b>	<b>2%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$14,967,226	\$18,746,472	\$3,779,246	25%
2	Physician Fringe Benefits	\$1,714,573	\$2,177,502	\$462,929	27%
3	Non-Nursing, Non-Physician Fringe Benefits	\$35,362,523	\$42,766,350	\$7,403,827	21%
	<b>Total Fringe Benefits</b>	<b>\$52,044,322</b>	<b>\$63,690,324</b>	<b>\$11,646,002</b>	<b>22%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$277,783	\$149,029	(\$128,754)	-46%
2	Physician Fees	\$38,638,408	\$41,098,443	\$2,460,035	6%
3	Non-Nursing, Non-Physician Fees	\$418,269	\$329,219	(\$89,050)	-21%
	<b>Total Contractual Labor Fees</b>	<b>\$39,334,460</b>	<b>\$41,576,691</b>	<b>\$2,242,231</b>	<b>6%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$45,038,934	\$47,533,352	\$2,494,418	6%
2	Pharmaceutical Costs	\$17,484,621	\$18,702,345	\$1,217,724	7%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$62,523,555</b>	<b>\$66,235,697</b>	<b>\$3,712,142</b>	<b>6%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$8,341,864	\$8,578,495	\$236,631	3%
2	Depreciation-Equipment	\$14,691,042	\$17,038,115	\$2,347,073	16%
3	Amortization	\$92,718	\$87,325	(\$5,393)	-6%
	<b>Total Depreciation and Amortization</b>	<b>\$23,125,624</b>	<b>\$25,703,935</b>	<b>\$2,578,311</b>	<b>11%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$16,695,481	\$10,687,109	(\$6,008,372)	-36%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$4,667,920	\$4,557,278	(\$110,642)	-2%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$5,917,298	\$6,692,376	\$775,078	13%
<b>I. Utilities:</b>					
1	Water	\$436,066	\$422,892	(\$13,174)	-3%
2	Natural Gas	\$93,955	\$122,387	\$28,432	30%
3	Oil	\$1,627,169	\$1,258,752	(\$368,417)	-23%
4	Electricity	\$3,910,615	\$4,091,028	\$180,413	5%
5	Telephone	\$829,381	\$612,790	(\$216,591)	-26%
6	Other Utilities	\$17,561	\$19,059	\$1,498	9%
	<b>Total Utilities</b>	<b>\$6,914,747</b>	<b>\$6,526,908</b>	<b>(\$387,839)</b>	<b>-6%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$472,468	\$347,637	(\$124,831)	-26%
2	Legal Fees	\$889,278	\$1,054,189	\$164,911	19%
3	Consulting Fees	\$3,125,847	\$2,511,112	(\$614,735)	-20%
4	Dues and Membership	\$1,056,563	\$1,084,399	\$27,836	3%
5	Equipment Leases	\$3,960,777	\$4,935,335	\$974,558	25%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$7,208,401	\$7,535,591	\$327,190	5%
8	Insurance	\$667,920	\$654,918	(\$13,002)	-2%

**DANBURY HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$421,397	\$436,180	\$14,783	4%
10	Conferences	\$328,109	\$350,159	\$22,050	7%
11	Property Tax	\$78,688	\$95,656	\$16,968	22%
12	General Supplies	\$9,045,513	\$9,219,790	\$174,277	2%
13	Licenses and Subscriptions	\$324,412	\$308,751	(\$15,661)	-5%
14	Postage and Shipping	\$903,136	\$664,390	(\$238,746)	-26%
15	Advertising	\$833,286	\$2,055,845	\$1,222,559	147%
16	Other Business Expenses	\$20,082,616	\$17,217,144	(\$2,865,472)	-14%
	<b>Total Business Expenses</b>	<b>\$49,398,411</b>	<b>\$48,471,096</b>	<b>(\$927,315)</b>	<b>-2%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$442,588,744</b>	<b>\$460,314,702</b>	<b>\$17,725,958</b>	<b>4%</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	\$40,033,821	\$40,304,335	\$270,514	1%
2	General Accounting	\$1,092,875	\$1,135,450	\$42,575	4%
3	Patient Billing & Collection	\$5,738,570	\$5,543,039	(\$195,531)	-3%
4	Admitting / Registration Office	\$3,193,211	\$2,620,891	(\$572,320)	-18%
5	Data Processing	\$19,523,561	\$20,482,758	\$959,197	5%
6	Communications	\$1,670,305	\$1,896,629	\$226,324	14%
7	Personnel	\$6,067,997	\$4,753,357	(\$1,314,640)	-22%
8	Public Relations	\$386,757	\$210,132	(\$176,625)	-46%
9	Purchasing	\$1,299,825	\$1,334,268	\$34,443	3%
10	Dietary and Cafeteria	\$6,465,466	\$6,879,656	\$414,190	6%
11	Housekeeping	\$6,293,663	\$6,739,059	\$445,396	7%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$9,821,542	\$9,351,485	(\$470,057)	-5%
14	Security	\$4,662,004	\$5,632,010	\$970,006	21%
15	Repairs and Maintenance	\$1,901,427	\$2,148,942	\$247,515	13%
16	Central Sterile Supply	\$2,329,072	\$2,727,066	\$397,994	17%
17	Pharmacy Department	\$12,206,540	\$12,227,252	\$20,712	0%
18	Other General Services	\$227,529	\$140,721	(\$86,808)	-38%
	<b>Total General Services</b>	<b>\$122,914,165</b>	<b>\$124,127,050</b>	<b>\$1,212,885</b>	<b>1%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$7,821,644	\$11,328,813	\$3,507,169	45%
3	Nursing Services Administration	\$7,013,862	\$7,521,020	\$507,158	7%
4	Medical Records	\$3,897,308	\$3,762,369	(\$134,939)	-3%
5	Social Service	\$3,868,175	\$4,049,389	\$181,214	5%
6	Other Professional Services	\$526,209	\$354,105	(\$172,104)	-33%
	<b>Total Professional Services</b>	<b>\$23,127,198</b>	<b>\$27,015,696</b>	<b>\$3,888,498</b>	<b>17%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$38,213,169	\$40,450,846	\$2,237,677	6%
2	Recovery Room	\$3,624,615	\$3,914,324	\$289,709	8%
3	Anesthesiology	\$2,881,136	\$2,911,150	\$30,014	1%
4	Delivery Room	\$4,763,886	\$5,008,238	\$244,352	5%
5	Diagnostic Radiology	\$9,070,248	\$9,763,083	\$692,835	8%
6	Diagnostic Ultrasound	\$1,566,868	\$2,514,561	\$947,693	60%
7	Radiation Therapy	\$4,403,332	\$4,232,625	(\$170,707)	-4%

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$2,365,112	\$2,457,569	\$92,457	4%
9	CT Scan	\$2,418,877	\$2,559,422	\$140,545	6%
10	Laboratory	\$27,301,671	\$28,136,424	\$834,753	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$17,977,359	\$18,328,634	\$351,275	2%
13	Electrocardiology	\$329,951	\$339,430	\$9,479	3%
14	Electroencephalography	\$130,369	\$167,777	\$37,408	29%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,978,274	\$3,078,243	\$99,969	3%
19	Pulmonary Function	\$653,727	\$982,122	\$328,395	50%
20	Intravenous Therapy	\$11,853,739	\$13,413,797	\$1,560,058	13%
21	Shock Therapy	\$74,512	\$73,516	(\$996)	-1%
22	Psychiatry / Psychology Services	\$3,764,297	\$3,637,663	(\$126,634)	-3%
23	Renal Dialysis	\$4,008,930	\$3,932,948	(\$75,982)	-2%
24	Emergency Room	\$23,022,731	\$25,809,465	\$2,786,734	12%
25	MRI	\$2,611,494	\$2,598,130	(\$13,364)	-1%
26	PET Scan	\$1,135,289	\$1,101,464	(\$33,825)	-3%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$4,785,724	\$4,996,998	\$211,274	4%
29	Sleep Center	\$1,343,938	\$1,475,315	\$131,377	10%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$751,948	\$666,281	(\$85,667)	-11%
32	Occupational Therapy / Physical Therapy	\$8,460,960	\$8,554,357	\$93,397	1%
33	Dental Clinic	\$1,718,946	\$1,798,239	\$79,293	5%
34	Other Special Services	\$11,155,428	\$10,962,829	(\$192,599)	-2%
	<b>Total Special Services</b>	<b>\$193,366,530</b>	<b>\$203,865,450</b>	<b>\$10,498,920</b>	<b>5%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$46,073,340	\$49,449,328	\$3,375,988	7%
2	Intensive Care Unit	\$6,765,306	\$6,595,514	(\$169,792)	-3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$4,920,582	\$5,000,173	\$79,591	2%
5	Pediatric Unit	\$2,704,021	\$3,013,534	\$309,513	11%
6	Maternity Unit	\$4,567,645	\$5,002,548	\$434,903	10%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$4,351,018	\$4,677,882	\$326,864	8%
9	Rehabilitation Unit	\$3,151,496	\$3,267,275	\$115,779	4%
10	Ambulatory Surgery	\$3,710,991	\$3,818,729	\$107,738	3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$6,675,615	\$6,292,893	(\$382,722)	-6%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$82,920,014</b>	<b>\$87,117,876</b>	<b>\$4,197,862</b>	<b>5%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$20,260,837	\$18,188,630	(\$2,072,207)	-10%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$442,588,744</b>	<b>\$460,314,702</b>	<b>\$17,725,958</b>	<b>4%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>DANBURY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$427,936,480	\$ 457,712,742	\$471,020,724
2	Other Operating Revenue	10,028,673	9,727,398	10,083,592
3	Total Operating Revenue	\$437,965,153	\$467,440,140	\$481,104,316
4	Total Operating Expenses	415,921,169	442,588,744	460,314,702
5	Income/(Loss) From Operations	\$22,043,984	\$24,851,396	\$20,789,614
6	Total Non-Operating Revenue	(29,322,315)	13,663,243	23,790,084
7	Excess/(Deficiency) of Revenue Over Expenses	(\$7,278,331)	\$38,514,639	\$44,579,698
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	5.39%	5.17%	4.12%
2	Hospital Non Operating Margin	-7.18%	2.84%	4.71%
3	Hospital Total Margin	-1.78%	8.01%	8.83%
4	Income/(Loss) From Operations	\$22,043,984	\$24,851,396	\$20,789,614
5	Total Operating Revenue	\$437,965,153	\$467,440,140	\$481,104,316
6	Total Non-Operating Revenue	(\$29,322,315)	\$13,663,243	\$23,790,084
7	Total Revenue	\$408,642,838	\$481,103,383	\$504,894,400
8	Excess/(Deficiency) of Revenue Over Expenses	(\$7,278,331)	\$38,514,639	\$44,579,698
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$348,481,186	\$325,008,268	\$368,034,236
2	Hospital Total Net Assets	\$376,402,186	\$380,666,988	\$424,005,127
3	Hospital Change in Total Net Assets	(\$5,702,833)	\$4,264,802	\$43,338,139
4	Hospital Change in Total Net Assets %	98.5%	1.1%	11.4%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.42</b>	<b>0.44</b>	<b>0.44</b>
2	Total Operating Expenses	\$381,506,727	\$442,588,744	\$460,314,702
3	Total Gross Revenue	\$895,354,473	\$1,002,343,396	\$1,042,814,916
4	Total Other Operating Revenue	\$7,209,183	\$7,344,217	\$7,515,933
5	<b>Private Payment to Cost Ratio</b>	<b>1.44</b>	<b>1.36</b>	<b>1.37</b>
6	Total Non-Government Payments	\$253,942,363	\$268,618,141	\$278,426,338

<b>DANBURY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
7	Total Uninsured Payments	\$4,646,462	\$2,795,211	\$8,030,434
8	Total Non-Government Charges	\$435,092,321	\$471,850,921	\$476,971,370
9	Total Uninsured Charges	\$25,962,335	\$27,565,078	\$27,210,293
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.86</b>	<b>0.79</b>	<b>0.79</b>
11	Total Medicare Payments	\$137,007,798	\$148,032,576	\$156,075,045
12	Total Medicare Charges	\$378,638,228	\$427,574,048	\$451,586,267
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.80</b>	<b>0.64</b>	<b>0.64</b>
14	Total Medicaid Payments	\$20,804,641	\$22,952,045	\$27,587,469
15	Total Medicaid Charges	\$61,864,849	\$81,499,078	\$98,525,056
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$10,675,330</b>	<b>\$12,695,350</b>	<b>\$10,279,289</b>
17	Charity Care	\$9,657,765	\$12,266,705	\$12,767,832
18	Bad Debts	\$15,597,793	\$16,695,481	\$10,687,109
19	Total Uncompensated Care	\$25,255,558	\$28,962,186	\$23,454,941
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.8%</b>	<b>2.9%</b>	<b>2.2%</b>
21	Total Operating Expenses	\$381,506,727	\$442,588,744	\$460,314,702
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>5.57</b>	<b>4.87</b>	<b>3.21</b>
2	Total Current Assets	\$221,005,672	\$241,828,286	\$269,665,576
3	Total Current Liabilities	\$39,702,687	\$49,624,388	\$83,978,272
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>132</b>	<b>160</b>	<b>168</b>
5	Cash and Cash Equivalents	\$29,827,344	\$38,643,022	\$26,334,940
6	Short Term Investments	113,069,804	144,958,291	173,186,305
7	Total Cash and Short Term Investments	\$142,897,148	\$183,601,313	\$199,521,245
8	Total Operating Expenses	\$415,921,169	\$442,588,744	\$460,314,702
9	Depreciation Expense	\$20,324,444	\$23,125,624	\$25,703,935
10	Operating Expenses less Depreciation Expense	\$395,596,725	\$419,463,120	\$434,610,767
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>37.65</b>	<b>26.31</b>	<b>31.27</b>

<b>DANBURY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
12	Net Patient Accounts Receivable	\$ 47,038,786	\$ 41,637,724	\$ 51,429,630
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,891,698	\$8,646,835	\$11,079,973
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 44,147,088	\$ 32,990,889	\$ 40,349,657
16	Total Net Patient Revenue	\$427,936,480	\$ 457,712,742	\$ 471,020,724
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>36.63</b>	<b>43.18</b>	<b>70.53</b>
18	Total Current Liabilities	\$39,702,687	\$49,624,388	\$83,978,272
19	Total Operating Expenses	\$415,921,169	\$442,588,744	\$460,314,702
20	Depreciation Expense	\$20,324,444	\$23,125,624	\$25,703,935
21	Total Operating Expenses less Depreciation Expense	\$395,596,725	\$419,463,120	\$434,610,767
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>68.5</b>	<b>68.0</b>	<b>70.3</b>
2	Total Net Assets	\$376,402,186	\$380,666,988	\$424,005,127
3	Total Assets	\$549,659,428	\$559,454,847	\$603,421,824
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>8.3</b>	<b>37.5</b>	<b>42.5</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$7,278,331)	\$38,514,639	\$44,579,698
6	Depreciation Expense	\$20,324,444	\$23,125,624	\$25,703,935
7	Excess of Revenues Over Expenses and Depreciation Expense	\$13,046,113	\$61,640,263	\$70,283,633
8	Total Current Liabilities	\$39,702,687	\$49,624,388	\$83,978,272
9	Total Long Term Debt	\$117,135,000	\$114,675,000	\$81,260,000
10	Total Current Liabilities and Total Long Term Debt	\$156,837,687	\$164,299,388	\$165,238,272
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>23.7</b>	<b>23.2</b>	<b>16.1</b>
12	Total Long Term Debt	\$117,135,000	\$114,675,000	\$81,260,000
13	Total Net Assets	\$376,402,186	\$380,666,988	\$424,005,127
14	Total Long Term Debt and Total Net Assets	\$493,537,186	\$495,341,988	\$505,265,127
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>3.3</b>	<b>9.3</b>	<b>10.7</b>
16	Excess Revenues over Expenses	(\$7,278,331)	\$38,514,639	\$44,579,698
17	Interest Expense	\$5,680,738	\$4,667,920	\$4,557,278
18	Depreciation and Amortization Expense	\$20,324,444	\$23,125,624	\$25,703,935

<b>DANBURY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
19	Principal Payments	\$0	\$2,425,000	\$2,460,000
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>11.3</b>	<b>10.9</b>	<b>10.7</b>
21	Accumulated Depreciation	\$229,167,870	\$251,993,763	\$274,705,979
22	Depreciation and Amortization Expense	\$20,324,444	\$23,125,624	\$25,703,935
<b>H. Utilization Measures Summary</b>				
1	Patient Days	87,644	91,794	95,884
2	Discharges	20,459	20,497	20,715
3	ALOS	4.3	4.5	4.6
4	Staffed Beds	248	271	278
5	Available Beds	-	351	365
6	Licensed Beds	371	371	371
6	Occupancy of Staffed Beds	96.8%	92.8%	94.5%
7	Occupancy of Available Beds	69.2%	71.6%	72.0%
8	Full Time Equivalent Employees	2,448.1	2,448.0	2,492.8
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	45.7%	44.3%	43.1%
2	Medicare Gross Revenue Payer Mix Percentage	42.3%	42.7%	43.3%
3	Medicaid Gross Revenue Payer Mix Percentage	6.9%	8.1%	9.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.1%	2.0%	1.3%
5	Uninsured Gross Revenue Payer Mix Percentage	2.9%	2.8%	2.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$409,129,986	\$444,285,843	\$449,761,077
9	Medicare Gross Revenue (Charges)	\$378,638,228	\$427,574,048	\$451,586,267
10	Medicaid Gross Revenue (Charges)	\$61,864,849	\$81,499,078	\$98,525,056
11	Other Medical Assistance Gross Revenue (Charges)	\$19,063,114	\$20,408,649	\$13,675,796
12	Uninsured Gross Revenue (Charges)	\$25,962,335	\$27,565,078	\$27,210,293
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$695,961	\$1,010,700	\$2,056,427
14	Total Gross Revenue (Charges)	\$895,354,473	\$1,002,343,396	\$1,042,814,916
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	60.0%	59.9%	58.2%

<b>DANBURY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
2	Medicare Net Revenue Payer Mix Percentage	33.0%	33.4%	33.6%
3	Medicaid Net Revenue Payer Mix Percentage	5.0%	5.2%	5.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.8%	0.8%	0.3%
5	Uninsured Net Revenue Payer Mix Percentage	1.1%	0.6%	1.7%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$249,295,901	\$265,822,930	\$270,395,904
9	Medicare Net Revenue (Payments)	\$137,007,798	\$148,032,576	\$156,075,045
10	Medicaid Net Revenue (Payments)	\$20,804,641	\$22,952,045	\$27,587,469
11	Other Medical Assistance Net Revenue (Payments)	\$3,371,242	\$3,644,120	\$1,531,069
12	Uninsured Net Revenue (Payments)	\$4,646,462	\$2,795,211	\$8,030,434
13	CHAMPUS / TRICARE Net Revenue Payments)	\$183,815	\$293,618	\$607,084
14	Total Net Revenue (Payments)	\$415,309,859	\$443,540,500	\$464,227,005
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	9,311	9,049	8,752
2	Medicare	8,382	8,566	8,917
3	Medical Assistance	2,752	2,857	3,017
4	Medicaid	2,270	2,312	2,727
5	Other Medical Assistance	482	545	290
6	CHAMPUS / TRICARE	14	25	29
7	Uninsured (Included In Non-Government)	345	322	298
8	Total	20,459	20,497	20,715
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.150200	1.122600	1.161400
2	Medicare	1.397000	1.371100	1.348500
3	Medical Assistance	0.853932	0.927379	0.883284
4	Medicaid	0.841900	0.941400	0.865800
5	Other Medical Assistance	0.910600	0.867900	1.047700
6	CHAMPUS / TRICARE	0.891200	0.813900	0.908600
7	Uninsured (Included In Non-Government)	1.208700	1.033200	1.241600
8	Total Case Mix Index	1.211284	1.198864	1.201079
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	13,088	13,885	14,124
2	Emergency Room - Treated and Discharged	54,465	55,697	56,136
3	Total Emergency Room Visits	67,553	69,582	70,260

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$56,088	\$0	(\$56,088)	-100%
2	Inpatient Payments	\$24,019	\$0	(\$24,019)	-100%
3	Outpatient Charges	\$23,911	\$117,071	\$93,160	390%
4	Outpatient Payments	\$17,118	\$94,009	\$76,891	449%
5	Discharges	2	0	(2)	-100%
6	Patient Days	9	0	(9)	-100%
7	Outpatient Visits (Excludes ED Visits)	7	32	25	357%
8	Emergency Department Outpatient Visits	1	8	7	700%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$79,999</b>	<b>\$117,071</b>	<b>\$37,072</b>	<b>46%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$41,137</b>	<b>\$94,009</b>	<b>\$52,872</b>	<b>129%</b>
<b>B. CIGNA HEALTHCARE</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>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$2,503,052	\$2,916,107	\$413,055	17%
2	Inpatient Payments	\$868,825	\$957,578	\$88,753	10%
3	Outpatient Charges	\$1,516,484	\$2,024,828	\$508,344	34%
4	Outpatient Payments	\$536,968	\$716,537	\$179,569	33%
5	Discharges	76	83	7	9%
6	Patient Days	392	555	163	42%
7	Outpatient Visits (Excludes ED Visits)	423	553	130	31%
8	Emergency Department Outpatient Visits	90	74	(16)	-18%
9	Emergency Department Inpatient Admissions	55	50	(5)	-9%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,019,536</b>	<b>\$4,940,935</b>	<b>\$921,399</b>	<b>23%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,405,793</b>	<b>\$1,674,115</b>	<b>\$268,322</b>	<b>19%</b>

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$6,959,635	\$7,609,148	\$649,513	9%
2	Inpatient Payments	\$2,432,635	\$2,636,320	\$203,685	8%
3	Outpatient Charges	\$3,935,789	\$4,609,775	\$673,986	17%
4	Outpatient Payments	\$1,122,043	\$1,424,520	\$302,477	27%
5	Discharges	213	256	43	20%
6	Patient Days	1,140	1,364	224	20%
7	Outpatient Visits (Excludes ED Visits)	1,098	1,262	164	15%
8	Emergency Department Outpatient Visits	234	214	(20)	-9%
9	Emergency Department Inpatient Admissions	145	174	29	20%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$10,895,424</b>	<b>\$12,218,923</b>	<b>\$1,323,499</b>	<b>12%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,554,678</b>	<b>\$4,060,840</b>	<b>\$506,162</b>	<b>14%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$2,620,755	\$2,851,662	\$230,907	9%
2	Inpatient Payments	\$970,133	\$932,143	(\$37,990)	-4%
3	Outpatient Charges	\$1,723,085	\$1,465,204	(\$257,881)	-15%
4	Outpatient Payments	\$591,695	\$505,335	(\$86,360)	-15%
5	Discharges	94	91	(3)	-3%
6	Patient Days	455	597	142	31%
7	Outpatient Visits (Excludes ED Visits)	481	400	(81)	-17%
8	Emergency Department Outpatient Visits	102	112	10	10%
9	Emergency Department Inpatient Admissions	82	77	(5)	-6%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,343,840</b>	<b>\$4,316,866</b>	<b>(\$26,974)</b>	<b>-1%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,561,828</b>	<b>\$1,437,478</b>	<b>(\$124,350)</b>	<b>-8%</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>

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$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>I. AETNA</b>					
1	Inpatient Charges	\$1,034,999	\$2,177,543	\$1,142,544	110%
2	Inpatient Payments	\$384,459	\$821,518	\$437,059	114%
3	Outpatient Charges	\$1,176,172	\$1,558,489	\$382,317	33%
4	Outpatient Payments	\$676,208	\$799,970	\$123,762	18%
5	Discharges	38	89	51	134%
6	Patient Days	177	468	291	164%
7	Outpatient Visits (Excludes ED Visits)	328	426	98	30%
8	Emergency Department Outpatient Visits	70	65	(5)	-7%
9	Emergency Department Inpatient Admissions	29	71	42	145%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,211,171</b>	<b>\$3,736,032</b>	<b>\$1,524,861</b>	<b>69%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,060,667</b>	<b>\$1,621,488</b>	<b>\$560,821</b>	<b>53%</b>

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 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	\$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>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$55,128	\$1,903,804	\$1,848,676	3353%
2	Inpatient Payments	\$23,601	\$750,797	\$727,196	3081%
3	Outpatient Charges	\$73,015	\$1,421,286	\$1,348,271	1847%
4	Outpatient Payments	\$21,568	\$374,867	\$353,299	1638%
5	Discharges	3	64	61	2033%
6	Patient Days	11	361	350	3182%
7	Outpatient Visits (Excludes ED Visits)	20	388	368	1840%
8	Emergency Department Outpatient Visits	4	83	79	1975%
9	Emergency Department Inpatient Admissions	3	48	45	1500%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$128,143</b>	<b>\$3,325,090</b>	<b>\$3,196,947</b>	<b>2495%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$45,169</b>	<b>\$1,125,664</b>	<b>\$1,080,495</b>	<b>2392%</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>

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 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	\$621,953	\$682,260	\$60,307	10%
2	Inpatient Payments	\$195,731	\$279,172	\$83,441	43%
3	Outpatient Charges	\$790,346	\$673,313	(\$117,033)	-15%
4	Outpatient Payments	\$302,224	\$257,797	(\$44,427)	-15%
5	Discharges	22	32	10	45%
6	Patient Days	112	151	39	35%
7	Outpatient Visits (Excludes ED Visits)	220	184	(36)	-16%
8	Emergency Department Outpatient Visits	47	49	2	4%
9	Emergency Department Inpatient Admissions	15	24	9	60%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,412,299</b>	<b>\$1,355,573</b>	<b>(\$56,726)</b>	<b>-4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$497,955</b>	<b>\$536,969</b>	<b>\$39,014</b>	<b>8%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$13,851,610</b>	<b>\$18,140,524</b>	<b>\$4,288,914</b>	<b>31%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$4,899,403</b>	<b>\$6,377,528</b>	<b>\$1,478,125</b>	<b>30%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$9,238,802</b>	<b>\$11,869,966</b>	<b>\$2,631,164</b>	<b>28%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,267,824</b>	<b>\$4,173,035</b>	<b>\$905,211</b>	<b>28%</b>
	<b>TOTAL DISCHARGES</b>	<b>448</b>	<b>615</b>	<b>167</b>	<b>37%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,296</b>	<b>3,496</b>	<b>1,200</b>	<b>52%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>2,577</b>	<b>3,245</b>	<b>668</b>	<b>26%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>548</b>	<b>605</b>	<b>57</b>	<b>10%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>331</b>	<b>444</b>	<b>113</b>	<b>34%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$23,090,412</b>	<b>\$30,010,490</b>	<b>\$6,920,078</b>	<b>30%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$8,167,227</b>	<b>\$10,550,563</b>	<b>\$2,383,336</b>	<b>29%</b>

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 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	\$1,939,426	\$0	(\$1,939,426)	-100%
2	Inpatient Payments	\$490,986	\$0	(\$490,986)	-100%
3	Outpatient Charges	\$3,775,471	\$0	(\$3,775,471)	-100%
4	Outpatient Payments	\$1,012,314	\$0	(\$1,012,314)	-100%
5	Discharges	150	0	(150)	-100%
6	Patient Days	415	0	(415)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,602	0	(1,602)	-100%
8	Emergency Department Outpatient Visits	1,474	0	(1,474)	-100%
9	Emergency Department Inpatient Admissions	39	0	(39)	-100%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$5,714,897</b>	<b>\$0</b>	<b>(\$5,714,897)</b>	<b>-100%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$1,503,300</b>	<b>\$0</b>	<b>(\$1,503,300)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$5,421,018	\$6,776,055	\$1,355,037	25%
2	Inpatient Payments	\$1,502,416	\$1,783,294	\$280,878	19%
3	Outpatient Charges	\$10,403,657	\$14,571,290	\$4,167,633	40%
4	Outpatient Payments	\$2,774,930	\$3,934,120	\$1,159,190	42%
5	Discharges	391	442	51	13%
6	Patient Days	1,275	1,528	253	20%
7	Outpatient Visits (Excludes ED Visits)	4,415	5,106	691	16%
8	Emergency Department Outpatient Visits	4,061	5,191	1,130	28%
9	Emergency Department Inpatient Admissions	77	117	40	52%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$15,824,675</b>	<b>\$21,347,345</b>	<b>\$5,522,670</b>	<b>35%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$4,277,346</b>	<b>\$5,717,414</b>	<b>\$1,440,068</b>	<b>34%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</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>

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$491,958	\$261,642	(\$230,316)	-47%
2	Inpatient Payments	\$131,694	\$77,803	(\$53,891)	-41%
3	Outpatient Charges	\$118,274	\$169,592	\$51,318	43%
4	Outpatient Payments	\$27,489	\$35,619	\$8,130	30%
5	Discharges	22	15	(7)	-32%
6	Patient Days	118	68	(50)	-42%
7	Outpatient Visits (Excludes ED Visits)	50	65	15	30%
8	Emergency Department Outpatient Visits	46	66	20	43%
9	Emergency Department Inpatient Admissions	15	14	(1)	-7%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$610,232</b>	<b>\$431,234</b>	<b>(\$178,998)</b>	<b>-29%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$159,183</b>	<b>\$113,422</b>	<b>(\$45,761)</b>	<b>-29%</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%

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 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. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$1,446,945	\$2,831,502	\$1,384,557	96%
2	Inpatient Payments	\$353,494	\$731,337	\$377,843	107%
3	Outpatient Charges	\$2,300,020	\$4,309,934	\$2,009,914	87%
4	Outpatient Payments	\$594,679	\$887,999	\$293,320	49%
5	Discharges	75	172	97	129%
6	Patient Days	316	627	311	98%
7	Outpatient Visits (Excludes ED Visits)	976	1,508	532	55%
8	Emergency Department Outpatient Visits	898	1,662	764	85%
9	Emergency Department Inpatient Admissions	24	51	27	113%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,746,965</b>	<b>\$7,141,436</b>	<b>\$3,394,471</b>	<b>91%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$948,173</b>	<b>\$1,619,336</b>	<b>\$671,163</b>	<b>71%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$3,486,112	\$6,727,840	\$3,241,728	93%
2	Inpatient Payments	\$889,134	\$1,857,871	\$968,737	109%
3	Outpatient Charges	\$7,537,428	\$12,873,647	\$5,336,219	71%
4	Outpatient Payments	\$1,947,772	\$3,702,440	\$1,754,668	90%
5	Discharges	288	492	204	71%
6	Patient Days	797	1,667	870	109%
7	Outpatient Visits (Excludes ED Visits)	3,200	4,504	1,304	41%
8	Emergency Department Outpatient Visits	2,942	4,467	1,525	52%
9	Emergency Department Inpatient Admissions	66	117	51	77%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$11,023,540</b>	<b>\$19,601,487</b>	<b>\$8,577,947</b>	<b>78%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,836,906</b>	<b>\$5,560,311</b>	<b>\$2,723,405</b>	<b>96%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$12,785,459</b>	<b>\$16,597,039</b>	<b>\$3,811,580</b>	<b>30%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$3,367,724</b>	<b>\$4,450,305</b>	<b>\$1,082,581</b>	<b>32%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$24,134,850</b>	<b>\$31,924,463</b>	<b>\$7,789,613</b>	<b>32%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$6,357,184</b>	<b>\$8,560,178</b>	<b>\$2,202,994</b>	<b>35%</b>
	<b>TOTAL DISCHARGES</b>	<b>926</b>	<b>1,121</b>	<b>195</b>	<b>21%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,921</b>	<b>3,890</b>	<b>969</b>	<b>33%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>10,243</b>	<b>11,183</b>	<b>940</b>	<b>9%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>9,421</b>	<b>11,386</b>	<b>1,965</b>	<b>21%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>221</b>	<b>299</b>	<b>78</b>	<b>35%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$36,920,309</b>	<b>\$48,521,502</b>	<b>\$11,601,193</b>	<b>31%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,724,908</b>	<b>\$13,010,483</b>	<b>\$3,285,575</b>	<b>34%</b>

**DANBURY HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

WESTERN CONNECTICUT HEALTHCARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	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	\$0	\$41,061,454	\$41,061,454	0%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$0	\$66,087,968	\$66,087,968	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$3,802,296	\$3,802,296	0%
5	Due From Affiliates	\$0	\$15,058,487	\$15,058,487	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$0	\$10,647,373	\$10,647,373	0%
8	Prepaid Expenses	\$0	\$11,701,548	\$11,701,548	0%
9	Other Current Assets	\$0	\$1,143,377	\$1,143,377	0%
	<b>Total Current Assets</b>	<b>\$0</b>	<b>\$149,502,503</b>	<b>\$149,502,503</b>	<b>0%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$0	\$6,901,020	\$6,901,020	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$68,042,366	\$68,042,366	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$0</b>	<b>\$74,943,386</b>	<b>\$74,943,386</b>	<b>0%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$234,672,059	\$234,672,059	0%
7	Other Noncurrent Assets	\$0	\$15,258,295	\$15,258,295	0%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$0	\$555,435,509	\$555,435,509	0%
2	Less: Accumulated Depreciation	\$0	\$352,143,546	\$352,143,546	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$0</b>	<b>\$203,291,963</b>	<b>\$203,291,963</b>	<b>0%</b>
3	Construction in Progress	\$0	\$21,879,446	\$21,879,446	0%
	<b>Total Net Fixed Assets</b>	<b>\$0</b>	<b>\$225,171,409</b>	<b>\$225,171,409</b>	<b>0%</b>
	<b>Total Assets</b>	<b>\$0</b>	<b>\$699,547,652</b>	<b>\$699,547,652</b>	<b>0%</b>

WESTERN CONNECTICUT HEALTHCARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	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	\$0	\$37,457,932	\$37,457,932	0%
2	Salaries, Wages and Payroll Taxes	\$0	\$16,877,046	\$16,877,046	0%
3	Due To Third Party Payers	\$0	\$14,882,325	\$14,882,325	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$6,455,637	\$6,455,637	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$31,870,000	\$31,870,000	0%
	<b>Total Current Liabilities</b>	<b>\$0</b>	<b>\$107,542,940</b>	<b>\$107,542,940</b>	<b>0%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$92,471,763	\$92,471,763	0%
	<b>Total Long Term Debt</b>	<b>\$0</b>	<b>\$92,471,763</b>	<b>\$92,471,763</b>	<b>0%</b>
3	Accrued Pension Liability	\$0	\$0	\$0	0%
4	Other Long Term Liabilities	\$0	\$187,819,681	\$187,819,681	0%
	<b>Total Long Term Liabilities</b>	<b>\$0</b>	<b>\$280,291,444</b>	<b>\$280,291,444</b>	<b>0%</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	\$0	\$246,220,345	\$246,220,345	0%
2	Temporarily Restricted Net Assets	\$0	\$33,595,748	\$33,595,748	0%
3	Permanently Restricted Net Assets	\$0	\$31,897,175	\$31,897,175	0%
	<b>Total Net Assets</b>	<b>\$0</b>	<b>\$311,713,268</b>	<b>\$311,713,268</b>	<b>0%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$0</b>	<b>\$699,547,652</b>	<b>\$699,547,652</b>	<b>0%</b>

WESTERN CONNECTICUT HEALTHCARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$0	\$1,350,505,746	\$1,350,505,746	0%
2	Less: Allowances	\$0	\$728,277,143	\$728,277,143	0%
3	Less: Charity Care	\$0	\$15,362,625	\$15,362,625	0%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$0</b>	<b>\$606,865,978</b>	<b>\$606,865,978</b>	<b>0%</b>
5	Other Operating Revenue	\$0	\$15,295,373	\$15,295,373	0%
6	Net Assets Released from Restrictions	\$0	\$2,790,050	\$2,790,050	0%
	<b>Total Operating Revenue</b>	<b>\$0</b>	<b>\$624,951,401</b>	<b>\$624,951,401</b>	<b>0%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$0	\$361,252,292	\$361,252,292	0%
2	Fringe Benefits	\$0	\$0	\$0	0%
3	Physicians Fees	\$0	\$0	\$0	0%
4	Supplies and Drugs	\$0	\$0	\$0	0%
5	Depreciation and Amortization	\$0	\$33,299,043	\$33,299,043	0%
6	Bad Debts	\$0	\$14,229,424	\$14,229,424	0%
7	Interest	\$0	\$5,539,104	\$5,539,104	0%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$0	\$188,884,825	\$188,884,825	0%
	<b>Total Operating Expenses</b>	<b>\$0</b>	<b>\$603,204,688</b>	<b>\$603,204,688</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$0</b>	<b>\$21,746,713</b>	<b>\$21,746,713</b>	<b>0%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$7,688,148	\$7,688,148	0%
2	Gifts, Contributions and Donations	\$0	\$3,404,377	\$3,404,377	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$10,722,195	\$10,722,195	0%
	<b>Total Non-Operating Revenue</b>	<b>\$0</b>	<b>\$21,814,720</b>	<b>\$21,814,720</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$0</b>	<b>\$43,561,433</b>	<b>\$43,561,433</b>	<b>0%</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>\$0</b>	<b>\$43,561,433</b>	<b>\$43,561,433</b>	<b>0%</b>

## WESTERN CONNECTICUT HEALTHCARE, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$0	\$0	\$606,865,978
2	Other Operating Revenue	0	0	18,085,423
3	Total Operating Revenue	\$0	\$0	\$624,951,401
4	Total Operating Expenses	0	0	603,204,688
5	Income/(Loss) From Operations	\$0	\$0	\$21,746,713
6	Total Non-Operating Revenue	0	0	21,814,720
7	Excess/(Deficiency) of Revenue Over Expenses	\$0	\$0	\$43,561,433
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	0.00%	0.00%	3.36%
2	Parent Corporation Non-Operating Margin	0.00%	0.00%	3.37%
3	Parent Corporation Total Margin	0.00%	0.00%	6.74%
4	Income/(Loss) From Operations	\$0	\$0	\$21,746,713
5	Total Operating Revenue	\$0	\$0	\$624,951,401
6	Total Non-Operating Revenue	\$0	\$0	\$21,814,720
7	Total Revenue	\$0	\$0	\$646,766,121
8	Excess/(Deficiency) of Revenue Over Expenses	\$0	\$0	\$43,561,433
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$0	\$0	\$246,220,345
2	Parent Corporation Total Net Assets	\$0	\$0	\$311,713,268
3	Parent Corporation Change in Total Net Assets	\$0	\$0	\$311,713,268
4	Parent Corporation Change in Total Net Assets %	0.0%	0.0%	0.0%

## WESTERN CONNECTICUT HEALTHCARE, INC.

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
	<b>D. Liquidity Measures Summary</b>			
<b>1</b>	<b>Current Ratio</b>	-	-	<b>1.39</b>
2	Total Current Assets	\$0	\$0	\$149,502,503
3	Total Current Liabilities	\$0	\$0	\$107,542,940
<b>4</b>	<b>Days Cash on Hand</b>	<b>0</b>	<b>0</b>	<b>26</b>
5	Cash and Cash Equivalents	\$0	\$0	\$41,061,454
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$41,061,454
8	Total Operating Expenses	\$0	\$0	\$603,204,688
9	Depreciation Expense	\$0	\$0	\$33,299,043
10	Operating Expenses less Depreciation Expense	\$0	\$0	\$569,905,645
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>0</b>	<b>0</b>	<b>31</b>
12	Net Patient Accounts Receivable	\$ -	\$ -	\$ 66,087,968
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$14,882,325
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ -	\$ -	\$ 51,205,643
16	Total Net Patient Revenue	\$0	\$0	\$606,865,978
<b>17</b>	<b>Average Payment Period</b>	<b>0</b>	<b>0</b>	<b>69</b>
18	Total Current Liabilities	\$0	\$0	\$107,542,940
19	Total Operating Expenses	\$0	\$0	\$603,204,688
20	Depreciation Expense	\$0	\$0	\$33,299,043
21	Total Operating Expenses less Depreciation Expense	\$0	\$0	\$569,905,645

<b>WESTERN CONNECTICUT HEALTHCARE, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</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 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	-	-	<b>44.6</b>
2	Total Net Assets	\$0	\$0	\$311,713,268
3	Total Assets	\$0	\$0	\$699,547,652
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	-	-	<b>38.4</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$0	\$0	\$43,561,433
6	Depreciation Expense	\$0	\$0	\$33,299,043
7	Excess of Revenues Over Expenses and Depreciation Expense	\$0	\$0	\$76,860,476
8	Total Current Liabilities	\$0	\$0	\$107,542,940
9	Total Long Term Debt	\$0	\$0	\$92,471,763
10	Total Current Liabilities and Total Long Term Debt	\$0	\$0	\$200,014,703
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	-	-	<b>22.9</b>
12	Total Long Term Debt	\$0	\$0	\$92,471,763
13	Total Net Assets	\$0	\$0	\$311,713,268
14	Total Long Term Debt and Total Net Assets	\$0	\$0	\$404,185,031

DANBURY HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
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	61,079	177	215	94.5%	77.8%
2	ICU/CCU (Excludes Neonatal ICU)	3,741	11	20	93.2%	51.2%
3	Psychiatric: Ages 0 to 17	110	1	1	30.1%	30.1%
4	Psychiatric: Ages 18+	6,942	20	22	95.1%	86.5%
	<b>TOTAL PSYCHIATRIC</b>	<b>7,052</b>	<b>21</b>	<b>23</b>	<b>92.0%</b>	<b>84.0%</b>
5	Rehabilitation	4,416	13	14	93.1%	86.4%
6	Maternity	6,763	19	34	97.5%	54.5%
7	Newborn	4,922	14	26	96.3%	51.9%
8	Neonatal ICU	4,119	12	15	94.0%	75.2%
9	Pediatric	3,792	11	18	94.4%	57.7%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>90,962</b>	<b>264</b>	<b>339</b>	<b>94.4%</b>	<b>73.5%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>95,884</b>	<b>278</b>	<b>365</b>	<b>94.5%</b>	<b>72.0%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>95,884</b>	<b>278</b>	<b>365</b>	<b>94.5%</b>	<b>72.0%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>91,794</b>	<b>271</b>	<b>351</b>	<b>92.8%</b>	<b>71.6%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>4,090</b>	<b>7</b>	<b>14</b>	<b>1.7%</b>	<b>0.3%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>4%</b>	<b>3%</b>	<b>4%</b>	<b>2%</b>	<b>0%</b>
	Total Licensed Beds and Bassinets	371				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	13,046	11,998	-1,048	-8%
2	Outpatient Scans (Excluding Emergency Department Scans)	15,358	13,625	-1,733	-11%
3	Emergency Department Scans	10,842	11,040	198	2%
4	Other Non-Hospital Providers' Scans (A)	8,277	8,814	537	6%
	<b>Total CT Scans</b>	<b>47,523</b>	<b>45,477</b>	<b>-2,046</b>	<b>-4%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,428	1,413	-15	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,073	6,897	-176	-2%
3	Emergency Department Scans	131	163	32	24%
4	Other Non-Hospital Providers' Scans (A)	6,170	6,554	384	6%
	<b>Total MRI Scans</b>	<b>14,802</b>	<b>15,027</b>	<b>225</b>	<b>2%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	100	167	67	67%
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>100</b>	<b>167</b>	<b>67</b>	<b>67%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	3	7	4	133%
2	Outpatient Scans (Excluding Emergency Department Scans)	747	567	-180	-24%
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>750</b>	<b>574</b>	<b>-176</b>	<b>-23%</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	432	479	47	11%
2	Outpatient Procedures	11,932	10,168	-1,764	-15%
	<b>Total Linear Accelerator Procedures</b>	<b>12,364</b>	<b>10,647</b>	<b>-1,717</b>	<b>-14%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	612	871	259	42%
2	Outpatient Procedures	688	800	112	16%
	<b>Total Cardiac Catheterization Procedures</b>	<b>1,300</b>	<b>1,671</b>	<b>371</b>	<b>29%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	83	100	17	20%
2	Elective Procedures	368	305	-63	-17%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>451</b>	<b>405</b>	<b>-46</b>	<b>-10%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	12	19	7	58%
2	Outpatient Studies	53	100	47	89%
	<b>Total Electrophysiology Studies</b>	<b>65</b>	<b>119</b>	<b>54</b>	<b>83%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	4,892	4,625	-267	-5%
2	Outpatient Surgical Procedures	7,902	7,615	-287	-4%
	<b>Total Surgical Procedures</b>	<b>12,794</b>	<b>12,240</b>	<b>-554</b>	<b>-4%</b>
<b>J. Endoscopy Procedures</b>					

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	946	834	-112	-12%
2	Outpatient Endoscopy Procedures	10,084	9,891	-193	-2%
	<b>Total Endoscopy Procedures</b>	<b>11,030</b>	<b>10,725</b>	<b>-305</b>	<b>-3%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	13,885	14,124	239	2%
2	Emergency Room Visits: Treated and Discharged	55,697	56,136	439	1%
	<b>Total Emergency Room Visits</b>	<b>69,582</b>	<b>70,260</b>	<b>678</b>	<b>1%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	12,686	12,450	-236	-2%
3	Psychiatric Clinic Visits	22,772	21,803	-969	-4%
4	Medical Clinic Visits	43,139	39,551	-3,588	-8%
5	Specialty Clinic Visits	3,052	3,067	15	0%
	<b>Total Hospital Clinic Visits</b>	<b>81,649</b>	<b>76,871</b>	<b>-4,778</b>	<b>-6%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	42,532	41,425	-1,107	-3%
2	Cardiology	5,557	6,715	1,158	21%
3	Chemotherapy	2,803	2,931	128	5%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	0	0	0	0%
	<b>Total Other Hospital Outpatient Visits</b>	<b>50,892</b>	<b>51,071</b>	<b>179</b>	<b>0%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	551.4	564.3	12.9	2%
2	Total Physician FTEs	79.6	87.4	7.8	10%
3	Total Non-Nursing and Non-Physician FTEs	1,817.0	1,841.1	24.1	1%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>2,448.0</b>	<b>2,492.8</b>	<b>44.8</b>	<b>2%</b>

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital	7,902	7,615	-287	-4%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>7,902</b>	<b>7,615</b>	<b>-287</b>	<b>-4%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital	10,084	9,891	-193	-2%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>10,084</b>	<b>9,891</b>	<b>-193</b>	<b>-2%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital	55,697	56,136	439	1%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>55,697</b>	<b>56,136</b>	<b>439</b>	<b>1%</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>					

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$249,602,920	\$262,457,541	\$12,854,621	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$86,419,238	\$90,713,748	\$4,294,510	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.62%	34.56%	-0.06%	0%
4	DISCHARGES	8,566	8,917	351	4%
5	CASE MIX INDEX (CMI)	1.37110	1.34850	(0.02260)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11,744,84260	12,024,57450	279,73190	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,358.06	\$7,544.03	\$185.97	3%
8	PATIENT DAYS	46,411	49,996	3,585	8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,862.04	\$1,814.42	(\$47.62)	-3%
10	AVERAGE LENGTH OF STAY	5.4	5.6	0.2	3%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$177,971,128	\$189,128,726	\$11,157,598	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$61,613,338	\$65,361,297	\$3,747,959	6%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.62%	34.56%	-0.06%	0%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	71.30%	72.06%	0.76%	1%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,107.70372	6,425.65210	317.94838	5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,087.81	\$10,171.93	\$84.12	1%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$427,574,048	\$451,586,267	\$24,012,219	6%
18	TOTAL ACCRUED PAYMENTS	\$148,032,576	\$156,075,045	\$8,042,469	5%
19	TOTAL ALLOWANCES	\$279,541,472	\$295,511,222	\$15,969,750	6%

<b>DANBURY HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$196,757,326	\$197,098,422	\$341,096	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$114,566,154	\$116,901,612	\$2,335,458	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.23%	59.31%	1.08%	2%
4	DISCHARGES	9,049	8,752	(297)	-3%
5	CASE MIX INDEX (CMI)	1.12260	1.16140	0.03880	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	10,158.40740	10,164.57280	6.16540	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,277.96	\$11,500.89	\$222.92	2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,919.91)	(\$3,956.86)	(\$36.95)	1%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$39,819,999)	(\$40,219,772)	(\$399,773)	1%
10	PATIENT DAYS	33,026	32,965	(61)	0%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,468.97	\$3,546.23	\$77.27	2%
12	AVERAGE LENGTH OF STAY	3.6	3.8	0.1	3%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$275,093,595	\$279,872,948	\$4,779,353	2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$154,051,987	\$161,524,726	\$7,472,739	5%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	56.00%	57.71%	1.71%	3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	139.81%	142.00%	2.18%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	12,651.73700	12,427.53755	(224.19945)	-2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,176.35	\$12,997.32	\$820.97	7%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$2,088.54)	(\$2,825.39)	(\$736.85)	35%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$26,423,702)	(\$35,112,658)	(\$8,688,955)	33%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$471,850,921	\$476,971,370	\$5,120,449	1%
22	TOTAL ACCRUED PAYMENTS	\$268,618,141	\$278,426,338	\$9,808,197	4%
23	TOTAL ALLOWANCES	\$203,232,780	\$198,545,032	(\$4,687,748)	-2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$66,243,701)	(\$75,332,430)	(\$9,088,728)	14%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$419,231,815	\$427,508,232	\$8,276,417	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$258,865,186	\$264,490,798	\$5,625,612	2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$160,366,629	\$163,017,434	\$2,650,805	2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.25%	38.13%	-0.12%	

DANBURY HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b><u>UNINSURED</u></b>				
	<b><u>UNINSURED INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$6,683,450	\$6,593,905	(\$89,545)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$677,729	\$1,946,025	\$1,268,296	187%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.14%	29.51%	19.37%	191%
4	DISCHARGES	322	298	(24)	-7%
5	CASE MIX INDEX (CMI)	1.03320	1.24160	0.20840	20%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	332.69040	369.99680	37.30640	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,037.12	\$5,259.57	\$3,222.46	158%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,240.85	\$6,241.32	(\$2,999.53)	-32%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,320.94	\$2,284.46	(\$3,036.48)	-57%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,770,226	\$845,242	(\$924,985)	-52%
11	PATIENT DAYS	1,041	1,120	79	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$651.04	\$1,737.52	\$1,086.49	167%
13	AVERAGE LENGTH OF STAY	3.2	3.8	0.5	16%
	<b><u>UNINSURED OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$20,881,628	\$20,616,388	(\$265,240)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,117,482	\$6,084,409	\$3,966,927	187%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.14%	29.51%	19.37%	191%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	312.44%	312.66%	0.22%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,006.04990	931.72159	(74.32832)	-7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,104.75	\$6,530.29	\$4,425.54	210%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$10,071.60	\$6,467.04	(\$3,604.57)	-36%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,983.06	\$3,641.65	(\$4,341.41)	-54%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,031,356	\$3,393,000	(\$4,638,356)	-58%
	<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$27,565,078	\$27,210,293	(\$354,785)	-1%
24	TOTAL ACCRUED PAYMENTS	\$2,795,211	\$8,030,434	\$5,235,223	187%
25	TOTAL ALLOWANCES	\$24,769,867	\$19,179,859	(\$5,590,008)	-23%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,801,582	\$4,238,242	(\$5,563,340)	-57%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$41,879,240	\$46,325,316	\$4,446,076	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,231,023	\$14,179,472	\$948,449	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.59%	30.61%	-0.98%	-3%
4	DISCHARGES	2,312	2,727	415	18%
5	CASE MIX INDEX (CMI)	0.94140	0.86580	(0.07560)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,176.51680	2,361.03660	184.51980	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,078.99	\$6,005.61	(\$73.38)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,198.97	\$5,495.27	\$296.30	6%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,279.07	\$1,538.42	\$259.35	20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,783,915	\$3,632,258	\$848,344	30%
11	PATIENT DAYS	9,655	11,440	1,785	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,370.38	\$1,239.46	(\$130.92)	-10%
13	AVERAGE LENGTH OF STAY	4.2	4.2	0.0	0%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$39,619,838	\$52,199,740	\$12,579,902	32%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,721,022	\$13,407,997	\$3,686,975	38%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.54%	25.69%	1.15%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	94.60%	112.68%	18.08%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,187.26666	3,072.80561	885.53895	40%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,444.37	\$4,363.44	(\$80.93)	-2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,731.98	\$8,633.89	\$901.90	12%
21	MEDICARE - MEDICAID OP PMT / OPED	\$5,643.44	\$5,808.49	\$165.06	3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,343,703	\$17,848,373	\$5,504,671	45%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$81,499,078	\$98,525,056	\$17,025,978	21%
24	TOTAL ACCRUED PAYMENTS	\$22,952,045	\$27,587,469	\$4,635,424	20%
25	TOTAL ALLOWANCES	\$58,547,033	\$70,937,587	\$12,390,554	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,127,617	\$21,480,632	\$6,353,014	42%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$10,110,940	\$5,792,020	(\$4,318,920)	-43%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,058,628	\$535,705	(\$522,923)	-49%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.47%	9.25%	-1.22%	-12%
4	DISCHARGES	545	290	(255)	-47%
5	CASE MIX INDEX (CMI)	0.86790	1.04770	0.17980	21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	473.00550	303.83300	(169.17250)	-36%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,238.09	\$1,763.16	(\$474.93)	-21%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$9,039.88	\$9,737.73	\$697.86	8%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,119.97	\$5,780.87	\$660.90	13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,421,774	\$1,756,420	(\$665,354)	-27%
11	PATIENT DAYS	2,600	1,257	(1,343)	-52%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$407.16	\$426.18	\$19.01	5%
13	AVERAGE LENGTH OF STAY	4.8	4.3	(0.4)	-9%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,297,709	\$7,883,776	(\$2,413,933)	-23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,585,492	\$995,364	(\$1,590,128)	-62%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.11%	12.63%	-12.48%	-50%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	101.85%	136.11%	34.27%	34%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	555.06722	394.73190	(160.33533)	-29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,657.98	\$2,521.62	(\$2,136.36)	-46%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,518.37	\$10,475.70	\$2,957.33	39%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,429.83	\$7,650.31	\$2,220.48	41%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,013,919	\$3,019,822	\$5,903	0%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$20,408,649	\$13,675,796	(\$6,732,853)	-33%
24	TOTAL ACCRUED PAYMENTS	\$3,644,120	\$1,531,069	(\$2,113,051)	-58%
25	TOTAL ALLOWANCES	\$16,764,529	\$12,144,727	(\$4,619,802)	-28%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$5,435,693	\$4,776,242	(\$659,451)	-12%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$51,990,180	\$52,117,336	\$127,156	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,289,651	\$14,715,177	\$425,526	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.49%	28.23%	0.75%	3%
4	DISCHARGES	2,857	3,017	160	6%
5	CASE MIX INDEX (CMI)	0.92738	0.88328	(0.04409)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,649.52230	2,664.86960	15.34730	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,393.29	\$5,521.91	\$128.62	2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,884.67	\$5,978.98	\$94.30	2%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,964.77	\$2,022.12	\$57.35	3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,205,689	\$5,388,679	\$182,990	4%
11	PATIENT DAYS	12,255	12,697	442	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,166.03	\$1,158.95	(\$7.08)	-1%
13	AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)	-2%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$49,917,547	\$60,083,516	\$10,165,969	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,306,514	\$14,403,361	\$2,096,847	17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.65%	23.97%	-0.68%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	96.01%	115.29%	19.27%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,742.33389	3,467.53751	725.20362	26%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,487.61	\$4,153.77	(\$333.83)	-7%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,688.74	\$8,843.55	\$1,154.81	15%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,600.20	\$6,018.16	\$417.96	7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,357,622	\$20,868,195	\$5,510,573	36%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$101,907,727	\$112,200,852	\$10,293,125	10%
24	TOTAL ACCRUED PAYMENTS	\$26,596,165	\$29,118,538	\$2,522,373	9%
25	TOTAL ALLOWANCES	\$75,311,562	\$83,082,314	\$7,770,752	10%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$392,783	\$1,250,805	\$858,022	218%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$152,328	\$436,158	\$283,830	186%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.78%	34.87%	-3.91%	-10%
4	DISCHARGES	25	29	4	16%
5	CASE MIX INDEX (CMI)	0.81390	0.90860	0.09470	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20.34750	26.34940	6.00190	29%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,486.33	\$16,552.86	\$9,066.54	121%
8	PATIENT DAYS	102	226	124	122%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,493.41	\$1,929.90	\$436.49	29%
10	AVERAGE LENGTH OF STAY	4.1	7.8	3.7	91%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$617,917	\$805,622	\$187,705	30%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$141,290	\$170,926	\$29,636	21%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,010,700	\$2,056,427	\$1,045,727	103%
14	TOTAL ACCRUED PAYMENTS	\$293,618	\$607,084	\$313,466	107%
15	TOTAL ALLOWANCES	\$717,082	\$1,449,343	\$732,261	102%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$7,344,217	\$7,515,933	\$171,716	2%
2	TOTAL OPERATING EXPENSES	\$442,588,744	\$460,314,702	\$17,725,958	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,383,181	\$2,277,658	(\$105,523)	-4%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$12,266,705	\$12,767,832	\$501,127	4%
5	BAD DEBTS (CHARGES)	\$16,695,481	\$10,687,109	(\$6,008,372)	-36%
6	UNCOMPENSATED CARE (CHARGES)	\$28,962,186	\$23,454,941	(\$5,507,245)	-19%
7	COST OF UNCOMPENSATED CARE	\$12,864,011	\$10,460,001	(\$2,404,010)	-19%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$101,907,727	\$112,200,852	\$10,293,125	10%
9	TOTAL ACCRUED PAYMENTS	\$26,596,165	\$29,118,538	\$2,522,373	9%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$45,263,921	\$50,037,262	\$4,773,341	11%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$18,667,756	\$20,918,724	\$2,250,968	12%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$498,743,209	\$512,924,104	\$14,180,895	3%
2	TOTAL INPATIENT PAYMENTS	\$215,427,371	\$222,766,695	\$7,339,324	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	43.19%	43.43%	0.24%	1%
4	TOTAL DISCHARGES	20,497	20,715	218	1%
5	TOTAL CASE MIX INDEX	1.19886	1.20108	0.00222	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	24,573,11980	24,880,36630	307,24650	1%
7	TOTAL OUTPATIENT CHARGES	\$503,600,187	\$529,890,812	\$26,290,625	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	100.97%	103.31%	2.33%	2%
9	TOTAL OUTPATIENT PAYMENTS	\$228,113,129	\$241,460,310	\$13,347,181	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.30%	45.57%	0.27%	1%
11	TOTAL CHARGES	\$1,002,343,396	\$1,042,814,916	\$40,471,520	4%
12	TOTAL PAYMENTS	\$443,540,500	\$464,227,005	\$20,686,505	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	44.25%	44.52%	0.27%	1%
14	PATIENT DAYS	91,794	95,884	4,090	4%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$301,985,883	\$315,825,682	\$13,839,799	5%
2	INPATIENT PAYMENTS	\$100,861,217	\$105,865,083	\$5,003,866	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	33.40%	33.52%	0.12%	0%
4	DISCHARGES	11,448	11,963	515	4%
5	CASE MIX INDEX	1.25915	1.23011	(0.02904)	-2%
6	CASE MIX ADJUSTED DISCHARGES	14,414.71240	14,715.79350	301.08110	2%
7	OUTPATIENT CHARGES	\$228,506,592	\$250,017,864	\$21,511,272	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	75.67%	79.16%	3.50%	5%
9	OUTPATIENT PAYMENTS	\$74,061,142	\$79,935,584	\$5,874,442	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.41%	31.97%	-0.44%	-1%
11	TOTAL CHARGES	\$530,492,475	\$565,843,546	\$35,351,071	7%
12	TOTAL PAYMENTS	\$174,922,359	\$185,800,667	\$10,878,308	6%
13	TOTAL PAYMENTS / CHARGES	32.97%	32.84%	-0.14%	0%
14	PATIENT DAYS	58,768	62,919	4,151	7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$355,570,116	\$380,042,879	\$24,472,763	7%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.4	5.6	0.2	3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.8	0.1	3%
3	UNINSURED	3.2	3.8	0.5	16%
4	MEDICAID	4.2	4.2	0.0	0%
5	OTHER MEDICAL ASSISTANCE	4.8	4.3	(0.4)	-9%
6	CHAMPUS / TRICARE	4.1	7.8	3.7	91%
7	TOTAL AVERAGE LENGTH OF STAY	4.5	4.6	0.2	3%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$1,002,343,396	\$1,042,814,916	\$40,471,520	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$355,570,116	\$380,042,879	\$24,472,763	7%
3	UNCOMPENSATED CARE	\$28,962,186	\$23,454,941	(\$5,507,245)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$160,366,629	\$163,017,434	\$2,650,805	2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,621,048	\$13,522,001	(\$1,099,047)	-8%
6	TOTAL ADJUSTMENTS	\$559,519,979	\$580,037,255	\$20,517,276	4%
7	TOTAL ACCRUED PAYMENTS	\$442,823,417	\$462,777,661	\$19,954,244	5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,383,181	\$2,277,658	(\$105,523)	-4%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$445,206,598	\$465,055,319	\$19,848,721	4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4441657418	0.4459615142	0.0017957725	0%
11	COST OF UNCOMPENSATED CARE	\$12,864,011	\$10,460,001	(\$2,404,010)	-19%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$18,667,756	\$20,918,724	\$2,250,968	12%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$31,531,767	\$31,378,725	(\$153,042)	0%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$12,343,703	\$17,848,373	\$5,504,671	45%
2	OTHER MEDICAL ASSISTANCE	\$5,435,693	\$4,776,242	(\$659,451)	-12%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,801,582	\$4,238,242	(\$5,563,340)	-57%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$27,580,978	\$26,862,857	(\$718,121)	-3%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,103,550	\$23,462,733	(\$1,640,817)	-6.54%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$14,172,242	\$6,793,719	(\$7,378,523)	-52.06%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$460,095,923	\$473,298,383	\$13,202,460	2.87%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,002,343,396	\$1,042,814,916	\$40,471,520	4.04%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$28,962,186	\$23,454,941	(\$5,507,245)	-19.02%

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$196,757,326	\$197,098,422	\$341,096
2	MEDICARE	\$249,602,920	262,457,541	\$12,854,621
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$51,990,180	52,117,336	\$127,156
4	MEDICAID	\$41,879,240	46,325,316	\$4,446,076
5	OTHER MEDICAL ASSISTANCE	\$10,110,940	5,792,020	(\$4,318,920)
6	CHAMPUS / TRICARE	\$392,783	1,250,805	\$858,022
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,683,450	6,593,905	(\$89,545)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$301,985,883</b>	<b>\$315,825,682</b>	<b>\$13,839,799</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$498,743,209</b>	<b>\$512,924,104</b>	<b>\$14,180,895</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$275,093,595	\$279,872,948	\$4,779,353
2	MEDICARE	\$177,971,128	189,128,726	\$11,157,598
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$49,917,547	60,083,516	\$10,165,969
4	MEDICAID	\$39,619,838	52,199,740	\$12,579,902
5	OTHER MEDICAL ASSISTANCE	\$10,297,709	7,883,776	(\$2,413,933)
6	CHAMPUS / TRICARE	\$617,917	805,622	\$187,705
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,881,628	20,616,388	(\$265,240)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$228,506,592</b>	<b>\$250,017,864</b>	<b>\$21,511,272</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$503,600,187</b>	<b>\$529,890,812</b>	<b>\$26,290,625</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$471,850,921	\$476,971,370	\$5,120,449
2	TOTAL MEDICARE	\$427,574,048	\$451,586,267	\$24,012,219
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$101,907,727	\$112,200,852	\$10,293,125
4	TOTAL MEDICAID	\$81,499,078	\$98,525,056	\$17,025,978
5	TOTAL OTHER MEDICAL ASSISTANCE	\$20,408,649	\$13,675,796	(\$6,732,853)
6	TOTAL CHAMPUS / TRICARE	\$1,010,700	\$2,056,427	\$1,045,727
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,565,078	\$27,210,293	(\$354,785)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$530,492,475</b>	<b>\$565,843,546</b>	<b>\$35,351,071</b>
	<b>TOTAL CHARGES</b>	<b>\$1,002,343,396</b>	<b>\$1,042,814,916</b>	<b>\$40,471,520</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$114,566,154	\$116,901,612	\$2,335,458
2	MEDICARE	\$86,419,238	90,713,748	\$4,294,510
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,289,651	14,715,177	\$425,526
4	MEDICAID	\$13,231,023	14,179,472	\$948,449
5	OTHER MEDICAL ASSISTANCE	\$1,058,628	535,705	(\$522,923)
6	CHAMPUS / TRICARE	\$152,328	436,158	\$283,830
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$677,729	1,946,025	\$1,268,296
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$100,861,217</b>	<b>\$105,865,083</b>	<b>\$5,003,866</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$215,427,371</b>	<b>\$222,766,695</b>	<b>\$7,339,324</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$154,051,987	\$161,524,726	\$7,472,739
2	MEDICARE	\$61,613,338	65,361,297	\$3,747,959
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,306,514	14,403,361	\$2,096,847
4	MEDICAID	\$9,721,022	13,407,997	\$3,686,975
5	OTHER MEDICAL ASSISTANCE	\$2,585,492	995,364	(\$1,590,128)
6	CHAMPUS / TRICARE	\$141,290	170,926	\$29,636
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,117,482	6,084,409	\$3,966,927
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$74,061,142</b>	<b>\$79,935,584</b>	<b>\$5,874,442</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$228,113,129</b>	<b>\$241,460,310</b>	<b>\$13,347,181</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$268,618,141	\$278,426,338	\$9,808,197
2	TOTAL MEDICARE	\$148,032,576	\$156,075,045	\$8,042,469
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,596,165	\$29,118,538	\$2,522,373
4	TOTAL MEDICAID	\$22,952,045	\$27,587,469	\$4,635,424
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,644,120	\$1,531,069	(\$2,113,051)
6	TOTAL CHAMPUS / TRICARE	\$293,618	\$607,084	\$313,466
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,795,211	\$8,030,434	\$5,235,223
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$174,922,359</b>	<b>\$185,800,667</b>	<b>\$10,878,308</b>
	<b>TOTAL PAYMENTS</b>	<b>\$443,540,500</b>	<b>\$464,227,005</b>	<b>\$20,686,505</b>

DANBURY HOSPITAL				
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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>AMOUNT DIFFERENCE</u>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.63%	18.90%	-0.73%
2	MEDICARE	24.90%	25.17%	0.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.19%	5.00%	-0.19%
4	MEDICAID	4.18%	4.44%	0.26%
5	OTHER MEDICAL ASSISTANCE	1.01%	0.56%	-0.45%
6	CHAMPUS / TRICARE	0.04%	0.12%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.67%	0.63%	-0.03%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>30.13%</b>	<b>30.29%</b>	<b>0.16%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>49.76%</b>	<b>49.19%</b>	<b>-0.57%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.45%	26.84%	-0.61%
2	MEDICARE	17.76%	18.14%	0.38%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.98%	5.76%	0.78%
4	MEDICAID	3.95%	5.01%	1.05%
5	OTHER MEDICAL ASSISTANCE	1.03%	0.76%	-0.27%
6	CHAMPUS / TRICARE	0.06%	0.08%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.08%	1.98%	-0.11%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>22.80%</b>	<b>23.98%</b>	<b>1.18%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>50.24%</b>	<b>50.81%</b>	<b>0.57%</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)	25.83%	25.18%	-0.65%
2	MEDICARE	19.48%	19.54%	0.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.22%	3.17%	-0.05%
4	MEDICAID	2.98%	3.05%	0.07%
5	OTHER MEDICAL ASSISTANCE	0.24%	0.12%	-0.12%
6	CHAMPUS / TRICARE	0.03%	0.09%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.15%	0.42%	0.27%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>22.74%</b>	<b>22.80%</b>	<b>0.06%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>48.57%</b>	<b>47.99%</b>	<b>-0.58%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.73%	34.79%	0.06%
2	MEDICARE	13.89%	14.08%	0.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.77%	3.10%	0.33%
4	MEDICAID	2.19%	2.89%	0.70%
5	OTHER MEDICAL ASSISTANCE	0.58%	0.21%	-0.37%
6	CHAMPUS / TRICARE	0.03%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.48%	1.31%	0.83%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>16.70%</b>	<b>17.22%</b>	<b>0.52%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>51.43%</b>	<b>52.01%</b>	<b>0.58%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	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)	9,049	8,752	(297)
2	MEDICARE	8,566	8,917	351
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,857	3,017	160
4	MEDICAID	2,312	2,727	415
5	OTHER MEDICAL ASSISTANCE	545	290	(255)
6	CHAMPUS / TRICARE	25	29	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	322	298	(24)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>11,448</b>	<b>11,963</b>	<b>515</b>
	<b>TOTAL DISCHARGES</b>	<b>20,497</b>	<b>20,715</b>	<b>218</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33,026	32,965	(61)
2	MEDICARE	46,411	49,996	3,585
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,255	12,697	442
4	MEDICAID	9,655	11,440	1,785
5	OTHER MEDICAL ASSISTANCE	2,600	1,257	(1,343)
6	CHAMPUS / TRICARE	102	226	124
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,041	1,120	79
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>58,768</b>	<b>62,919</b>	<b>4,151</b>
	<b>TOTAL PATIENT DAYS</b>	<b>91,794</b>	<b>95,884</b>	<b>4,090</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.8	0.1
2	MEDICARE	5.4	5.6	0.2
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.3	4.2	(0.1)
4	MEDICAID	4.2	4.2	0.0
5	OTHER MEDICAL ASSISTANCE	4.8	4.3	(0.4)
6	CHAMPUS / TRICARE	4.1	7.8	3.7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.2	3.8	0.5
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.1</b>	<b>5.3</b>	<b>0.1</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.5</b>	<b>4.6</b>	<b>0.2</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.12260	1.16140	0.03880
2	MEDICARE	1.37110	1.34850	(0.02260)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92738	0.88328	(0.04409)
4	MEDICAID	0.94140	0.86580	(0.07560)
5	OTHER MEDICAL ASSISTANCE	0.86790	1.04770	0.17980
6	CHAMPUS / TRICARE	0.81390	0.90860	0.09470
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03320	1.24160	0.20840
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.25915</b>	<b>1.23011</b>	<b>(0.02904)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.19886</b>	<b>1.20108</b>	<b>0.00222</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$419,231,815	\$427,508,232	\$8,276,417
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$258,865,186	\$264,490,798	\$5,625,612
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$160,366,629	\$163,017,434	\$2,650,805
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.25%	38.13%	-0.12%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,103,550	\$23,462,733	(\$1,640,817)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,621,048	\$13,522,001	(\$1,099,047)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,383,181	\$2,277,658	(\$105,523)
8	CHARITY CARE	\$12,266,705	\$12,767,832	\$501,127
9	BAD DEBTS	\$16,695,481	\$10,687,109	(\$6,008,372)
10	TOTAL UNCOMPENSATED CARE	\$28,962,186	\$23,454,941	(\$5,507,245)
11	TOTAL OTHER OPERATING REVENUE	\$419,231,815	\$427,508,232	\$8,276,417
12	TOTAL OPERATING EXPENSES	\$442,588,744	\$460,314,702	\$17,725,958

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,158.40740	10,164.57280	6.16540
2	MEDICARE	11,744.84260	12,024.57450	279.73190
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,649.52230	2,664.86960	15.34730
4	MEDICAID	2,176.51680	2,361.03660	184.51980
5	OTHER MEDICAL ASSISTANCE	473.00550	303.83300	(169.17250)
6	CHAMPUS / TRICARE	20.34750	26.34940	6.00190
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	332.69040	369.99680	37.30640
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>14,414.71240</b>	<b>14,715.79350</b>	<b>301.08110</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>24,573.11980</b>	<b>24,880.36630</b>	<b>307.24650</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,651.73700	12,427.53755	-224.19945
2	MEDICARE	6,107.70372	6,425.65210	317.94838
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,742.33389	3,467.53751	725.20362
4	MEDICAID	2,187.26666	3,072.80561	885.53895
5	OTHER MEDICAL ASSISTANCE	555.06722	394.73190	-160.33533
6	CHAMPUS / TRICARE	39.32941	18.67840	-20.65101
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,006.04990	931.72159	-74.32832
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>8,889.36702</b>	<b>9,911.86801</b>	<b>1,022.50099</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>21,541.10402</b>	<b>22,339.40556</b>	<b>798.30155</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,277.96	\$11,500.89	\$222.92
2	MEDICARE	\$7,358.06	\$7,544.03	\$185.97
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,393.29	\$5,521.91	\$128.62
4	MEDICAID	\$6,078.99	\$6,005.61	(\$73.38)
5	OTHER MEDICAL ASSISTANCE	\$2,238.09	\$1,763.16	(\$474.93)
6	CHAMPUS / TRICARE	\$7,486.33	\$16,552.86	\$9,066.54
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,037.12	\$5,259.57	\$3,222.46
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,997.10</b>	<b>\$7,193.98</b>	<b>\$196.87</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,766.79</b>	<b>\$8,953.51</b>	<b>\$186.72</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,176.35	\$12,997.32	\$820.97
2	MEDICARE	\$10,087.81	\$10,171.93	\$84.12
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,487.61	\$4,153.77	(\$333.83)
4	MEDICAID	\$4,444.37	\$4,363.44	(\$80.93)
5	OTHER MEDICAL ASSISTANCE	\$4,657.98	\$2,521.62	(\$2,136.36)
6	CHAMPUS / TRICARE	\$3,592.48	\$9,151.00	\$5,558.52
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,104.75	\$6,530.29	\$4,425.54
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$8,331.43</b>	<b>\$8,064.63</b>	<b>(\$266.80)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$10,589.67</b>	<b>\$10,808.72</b>	<b>\$219.05</b>

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$12,343,703	\$17,848,373	\$5,504,671
2	OTHER MEDICAL ASSISTANCE	\$5,435,693	\$4,776,242	(\$659,451)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,801,582	\$4,238,242	(\$5,563,340)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$27,580,978</b>	<b>\$26,862,857</b>	<b>(\$718,121)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$1,002,343,396	\$1,042,814,916	\$40,471,520
2	TOTAL GOVERNMENT DEDUCTIONS	\$355,570,116	\$380,042,879	\$24,472,763
3	UNCOMPENSATED CARE	\$28,962,186	\$23,454,941	(\$5,507,245)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$160,366,629	\$163,017,434	\$2,650,805
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,621,048	\$13,522,001	(\$1,099,047)
6	TOTAL ADJUSTMENTS	\$559,519,979	\$580,037,255	\$20,517,276
7	TOTAL ACCRUED PAYMENTS	\$442,823,417	\$462,777,661	\$19,954,244
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,383,181	\$2,277,658	(\$105,523)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$445,206,598	\$465,055,319	\$19,848,721
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4441657418	0.4459615142	0.0017957725
11	COST OF UNCOMPENSATED CARE	\$12,864,011	\$10,460,001	(\$2,404,010)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$18,667,756	\$20,918,724	\$2,250,968
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$31,531,767	\$31,378,725	(\$153,042)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	58.23%	59.31%	1.08%
2	MEDICARE	34.62%	34.56%	-0.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.49%	28.23%	0.75%
4	MEDICAID	31.59%	30.61%	-0.98%
5	OTHER MEDICAL ASSISTANCE	10.47%	9.25%	-1.22%
6	CHAMPUS / TRICARE	38.78%	34.87%	-3.91%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.14%	29.51%	19.37%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>33.40%</b>	<b>33.52%</b>	<b>0.12%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>43.19%</b>	<b>43.43%</b>	<b>0.24%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	56.00%	57.71%	1.71%
2	MEDICARE	34.62%	34.56%	-0.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.65%	23.97%	-0.68%
4	MEDICAID	24.54%	25.69%	1.15%
5	OTHER MEDICAL ASSISTANCE	25.11%	12.63%	-12.48%
6	CHAMPUS / TRICARE	22.87%	21.22%	-1.65%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.14%	29.51%	19.37%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>32.41%</b>	<b>31.97%</b>	<b>-0.44%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>45.30%</b>	<b>45.57%</b>	<b>0.27%</b>

<b>DANBURY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</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 FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>AMOUNT DIFFERENCE</u>
<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	\$443,540,500	\$464,227,005	\$20,686,505
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,383,181	\$2,277,658	(\$105,523)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$445,923,681</b>	<b>\$466,504,663</b>	<b>\$20,580,982</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$14,172,242	\$6,793,719	(\$7,378,523)
4	<b>CALCULATED NET REVENUE</b>	<b>\$460,095,923</b>	<b>\$473,298,382</b>	<b>\$13,202,459</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$460,095,923	\$473,298,383	\$13,202,460
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>(\$1)</b>	<b>(\$1)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$1,002,343,396	\$1,042,814,916	\$40,471,520
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,002,343,396</b>	<b>\$1,042,814,916</b>	<b>\$40,471,520</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,002,343,396	\$1,042,814,916	\$40,471,520
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)	\$28,962,186	\$23,454,941	(\$5,507,245)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$28,962,186</b>	<b>\$23,454,941</b>	<b>(\$5,507,245)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,962,186	\$23,454,941	(\$5,507,245)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$197,098,422
2	MEDICARE	262,457,541
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	52,117,336
4	MEDICAID	46,325,316
5	OTHER MEDICAL ASSISTANCE	5,792,020
6	CHAMPUS / TRICARE	1,250,805
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,593,905
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$315,825,682</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$512,924,104</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$279,872,948
2	MEDICARE	189,128,726
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	60,083,516
4	MEDICAID	52,199,740
5	OTHER MEDICAL ASSISTANCE	7,883,776
6	CHAMPUS / TRICARE	805,622
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20,616,388
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$250,017,864</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$529,890,812</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$476,971,370
2	TOTAL GOVERNMENT ACCRUED CHARGES	565,843,546
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$1,042,814,916</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$116,901,612
2	MEDICARE	90,713,748
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,715,177
4	MEDICAID	14,179,472
5	OTHER MEDICAL ASSISTANCE	535,705
6	CHAMPUS / TRICARE	436,158
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,946,025
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$105,865,083</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$222,766,695</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$161,524,726
2	MEDICARE	65,361,297
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,403,361
4	MEDICAID	13,407,997
5	OTHER MEDICAL ASSISTANCE	995,364
6	CHAMPUS / TRICARE	170,926
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,084,409
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$79,935,584</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$241,460,310</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$278,426,338
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	185,800,667
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$464,227,005</b>

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,752
2	MEDICARE	8,917
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,017
4	MEDICAID	2,727
5	OTHER MEDICAL ASSISTANCE	290
6	CHAMPUS / TRICARE	29
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	298
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>11,963</b>
	<b>TOTAL DISCHARGES</b>	<b>20,715</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.16140
2	MEDICARE	1.34850
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.88328
4	MEDICAID	0.86580
5	OTHER MEDICAL ASSISTANCE	1.04770
6	CHAMPUS / TRICARE	0.90860
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24160
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.23011</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.20108</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$427,508,232
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$264,490,798
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$163,017,434
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.13%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$23,462,733
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,522,001
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,277,658
8	CHARITY CARE	\$12,767,832
9	BAD DEBTS	\$10,687,109
10	TOTAL UNCOMPENSATED CARE	\$23,454,941
11	TOTAL OTHER OPERATING REVENUE	\$7,515,933
12	TOTAL OPERATING EXPENSES	\$460,314,702

<b>DANBURY HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<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	\$464,227,005
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,277,658
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$466,504,663</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,793,719
	<b>CALCULATED NET REVENUE</b>	<b>\$473,298,382</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$473,298,383
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$1,042,814,916
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,042,814,916</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,042,814,916
	<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)	\$23,454,941
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$23,454,941</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$23,454,941
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

DANBURY HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	2,630	2,794	164	6%
2	Number of Approved Applicants	2,555	2,692	137	5%
3	<b>Total Charges (A)</b>	\$12,266,705	\$12,767,832	\$501,127	4%
4	<b>Average Charges</b>	<b>\$4,801</b>	<b>\$4,743</b>	<b>(\$58)</b>	<b>-1%</b>
5	Ratio of Cost to Charges (RCC)	0.422692	0.438342	0.015650	4%
6	<b>Total Cost</b>	<b>\$5,185,038</b>	<b>\$5,596,677</b>	<b>\$411,639</b>	<b>8%</b>
7	<b>Average Cost</b>	<b>\$2,029</b>	<b>\$2,079</b>	<b>\$50</b>	<b>2%</b>
8	Charity Care - Inpatient Charges	\$4,283,588	\$4,155,473	(\$128,115)	-3%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,940,289	2,431,257	490,968	25%
10	Charity Care - Emergency Department Charges	6,042,828	6,181,102	138,274	2%
11	<b>Total Charges (A)</b>	<b>\$12,266,705</b>	<b>\$12,767,832</b>	<b>\$501,127</b>	<b>4%</b>
12	Charity Care - Number of Patient Days	1,257	1,215	(42)	-3%
13	Charity Care - Number of Discharges	281	244	(37)	-13%
14	Charity Care - Number of Outpatient ED Visits	1,374	1,597	223	16%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,933	9,250	1,317	17%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$4,834,323	\$3,390,996	(\$1,443,327)	-30%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	9,732,723	6,108,716	(3,624,007)	-37%
3	Bad Debts - Emergency Department	2,128,435	1,187,397	(941,038)	-44%
4	<b>Total Bad Debts (A)</b>	<b>\$16,695,481</b>	<b>\$10,687,109</b>	<b>(\$6,008,372)</b>	<b>-36%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$12,266,705	\$12,767,832	\$501,127	4%
2	Bad Debts (A)	16,695,481	10,687,109	(6,008,372)	-36%
3	<b>Total Uncompensated Care (A)</b>	<b>\$28,962,186</b>	<b>\$23,454,941</b>	<b>(\$5,507,245)</b>	<b>-19%</b>
4	Uncompensated Care - Inpatient Services	\$9,117,911	\$7,546,469	(\$1,571,442)	-17%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	11,673,012	8,539,973	(3,133,039)	-27%
6	Uncompensated Care - Emergency Department	8,171,263	7,368,499	(802,764)	-10%
7	<b>Total Uncompensated Care (A)</b>	<b>\$28,962,186</b>	<b>\$23,454,941</b>	<b>(\$5,507,245)</b>	<b>-19%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

<b>DANBURY HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,</b>					
<b>ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$419,231,815	\$427,508,232	\$8,276,417	2%
2	Total Contractual Allowances	\$160,366,629	\$163,017,434	\$2,650,805	2%
	<b>Total Accrued Payments (A)</b>	<b>\$258,865,186</b>	<b>\$264,490,798</b>	<b>\$5,625,612</b>	<b>2%</b>
	<b>Total Discount Percentage</b>	<b>38.25%</b>	<b>38.13%</b>	<b>-0.12%</b>	<b>0%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>DANBURY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$454,308,285	\$498,743,209	\$512,924,104
2	Outpatient Gross Revenue	\$441,046,188	\$503,600,187	\$529,890,812
3	Total Gross Patient Revenue	\$895,354,473	\$1,002,343,396	\$1,042,814,916
4	Net Patient Revenue	\$427,936,480	\$457,712,742	\$471,020,724
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$415,921,169	\$442,588,744	\$460,314,702
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	87,644	91,794	95,884
2	Discharges	20,459	20,497	20,715
3	Average Length of Stay	4.3	4.5	4.6
4	Equivalent (Adjusted) Patient Days (EPD)	172,730	184,482	194,940
0	Equivalent (Adjusted) Discharges (ED)	40,321	41,194	42,115
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.21128	1.19886	1.20108
2	Case Mix Adjusted Patient Days (CMAPD)	106,162	110,049	115,164
3	Case Mix Adjusted Discharges (CMAD)	24,782	24,573	24,880
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	209,225	221,169	234,138
5	Case Mix Adjusted Equivalent Discharges (CMAED)	48,840	49,386	50,584
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$10,216	\$10,919	\$10,876
2	Total Gross Revenue per Discharge	\$43,763	\$48,902	\$50,341
3	Total Gross Revenue per EPD	\$5,184	\$5,433	\$5,349
4	Total Gross Revenue per ED	\$22,206	\$24,332	\$24,761
5	Total Gross Revenue per CMAEPD	\$4,279	\$4,532	\$4,454
6	Total Gross Revenue per CMAED	\$18,332	\$20,296	\$20,616
7	Inpatient Gross Revenue per EPD	\$2,630	\$2,703	\$2,631
8	Inpatient Gross Revenue per ED	\$11,267	\$12,107	\$12,179

<b>DANBURY HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,883	\$4,986	\$4,912
2	Net Patient Revenue per Discharge	\$20,917	\$22,331	\$22,738
3	Net Patient Revenue per EPD	\$2,477	\$2,481	\$2,416
4	Net Patient Revenue per ED	\$10,613	\$11,111	\$11,184
5	Net Patient Revenue per CMAEPD	\$2,045	\$2,070	\$2,012
6	Net Patient Revenue per CMAED	\$8,762	\$9,268	\$9,312
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$4,746	\$4,822	\$4,801
2	Total Operating Expense per Discharge	\$20,329	\$21,593	\$22,221
3	Total Operating Expense per EPD	\$2,408	\$2,399	\$2,361
4	Total Operating Expense per ED	\$10,315	\$10,744	\$10,930
5	Total Operating Expense per CMAEPD	\$1,988	\$2,001	\$1,966
6	Total Operating Expense per CMAED	\$8,516	\$8,962	\$9,100
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$47,873,276	\$52,331,167	\$54,797,841
2	Nursing Fringe Benefits Expense	\$12,534,452	\$14,967,226	\$18,746,472
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$60,407,728</b>	<b>\$67,298,393</b>	<b>\$73,544,313</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$5,838,996	\$5,994,805	\$6,365,059
2	Physician Fringe Benefits Expense	\$1,528,799	\$1,714,573	\$2,177,502
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$7,367,795</b>	<b>\$7,709,378</b>	<b>\$8,542,561</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$117,695,891	\$123,640,954	\$125,010,388
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$30,815,804	\$35,362,523	\$42,766,350
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$148,511,695</b>	<b>\$159,003,477</b>	<b>\$167,776,738</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$171,408,163	\$181,966,926	\$186,173,288
2	Total Fringe Benefits Expense	\$44,879,055	\$52,044,322	\$63,690,324
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$216,287,218</b>	<b>\$234,011,248</b>	<b>\$249,863,612</b>