

GREENWICH 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
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$32,032,000	\$32,013,000	(\$19,000)	0%
2	Short Term Investments	\$28,273,000	\$23,470,000	(\$4,803,000)	-17%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$32,088,000	\$32,518,000	\$430,000	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$995,000	\$1,275,000	\$280,000	28%
8	Prepaid Expenses	\$2,260,000	\$2,189,000	(\$71,000)	-3%
9	Other Current Assets	\$7,680,000	\$9,158,000	\$1,478,000	19%
	<b>Total Current Assets</b>	<b>\$103,328,000</b>	<b>\$100,623,000</b>	<b>(\$2,705,000)</b>	<b>-3%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$802,000	\$800,000	(\$2,000)	0%
2	Board Designated for Capital Acquisition	\$20,735,000	\$17,579,000	(\$3,156,000)	-15%
3	Funds Held in Escrow	\$10,000	\$9,000	(\$1,000)	-10%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$21,547,000</b>	<b>\$18,388,000</b>	<b>(\$3,159,000)</b>	<b>-15%</b>
5	Interest in Net Assets of Foundation	\$47,113,000	\$49,641,000	\$2,528,000	5%
6	Long Term Investments	\$31,567,000	\$36,595,000	\$5,028,000	16%
7	Other Noncurrent Assets	\$23,801,000	\$23,237,000	(\$564,000)	-2%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$397,461,000	\$416,831,000	\$19,370,000	5%
2	Less: Accumulated Depreciation	\$153,823,000	\$173,524,000	\$19,701,000	13%
	<b>Property, Plant and Equipment, Net</b>	<b>\$243,638,000</b>	<b>\$243,307,000</b>	<b>(\$331,000)</b>	<b>0%</b>
3	Construction in Progress	\$1,331,000	\$1,000	(\$1,330,000)	-100%
	<b>Total Net Fixed Assets</b>	<b>\$244,969,000</b>	<b>\$243,308,000</b>	<b>(\$1,661,000)</b>	<b>-1%</b>
	<b>Total Assets</b>	<b>\$472,325,000</b>	<b>\$471,792,000</b>	<b>(\$533,000)</b>	<b>0%</b>

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REPORT 100 - 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	\$18,508,436	\$15,528,145	(\$2,980,291)	-16%
2	Salaries, Wages and Payroll Taxes	\$17,583,564	\$10,892,855	(\$6,690,709)	-38%
3	Due To Third Party Payers	\$192,000	\$264,000	\$72,000	38%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,190,000	\$2,260,000	\$70,000	3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,239,000	\$8,469,000	\$2,230,000	36%
	<b>Total Current Liabilities</b>	<b>\$44,713,000</b>	<b>\$37,414,000</b>	<b>(\$7,299,000)</b>	<b>-16%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$47,265,000	\$45,005,000	(\$2,260,000)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$47,265,000</b>	<b>\$45,005,000</b>	<b>(\$2,260,000)</b>	<b>-5%</b>
3	Accrued Pension Liability	\$27,902,000	\$29,899,000	\$1,997,000	7%
4	Other Long Term Liabilities	\$24,345,000	\$27,956,000	\$3,611,000	15%
	<b>Total Long Term Liabilities</b>	<b>\$99,512,000</b>	<b>\$102,860,000</b>	<b>\$3,348,000</b>	<b>3%</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	\$280,445,000	\$282,678,000	\$2,233,000	1%
2	Temporarily Restricted Net Assets	\$25,902,000	\$27,295,000	\$1,393,000	5%
3	Permanently Restricted Net Assets	\$21,753,000	\$21,545,000	(\$208,000)	-1%
	<b>Total Net Assets</b>	<b>\$328,100,000</b>	<b>\$331,518,000</b>	<b>\$3,418,000</b>	<b>1%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$472,325,000</b>	<b>\$471,792,000</b>	<b>(\$533,000)</b>	<b>0%</b>

GREENWICH 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	\$829,881,000	\$900,733,000	\$70,852,000	9%
2	Less: Allowances	\$518,529,544	\$581,544,906	\$63,015,362	12%
3	Less: Charity Care	\$25,185,225	\$22,988,513	(\$2,196,712)	-9%
4	Less: Other Deductions	\$17,008,000	\$17,113,581	\$105,581	1%
	<b>Total Net Patient Revenue</b>	<b>\$269,158,231</b>	<b>\$279,086,000</b>	<b>\$9,927,769</b>	<b>4%</b>
5	Other Operating Revenue	\$18,508,769	\$16,362,383	(\$2,146,386)	-12%
6	Net Assets Released from Restrictions	\$6,439,000	\$5,444,814	(\$994,186)	-15%
	<b>Total Operating Revenue</b>	<b>\$294,106,000</b>	<b>\$300,893,197</b>	<b>\$6,787,197</b>	<b>2%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$122,497,246	\$118,340,680	(\$4,156,566)	-3%
2	Fringe Benefits	\$34,145,324	\$33,384,400	(\$760,924)	-2%
3	Physicians Fees	\$3,751,612	\$3,944,170	\$192,558	5%
4	Supplies and Drugs	\$32,944,899	\$38,270,558	\$5,325,659	16%
5	Depreciation and Amortization	\$19,015,000	\$20,275,407	\$1,260,407	7%
6	Bad Debts	\$7,851,000	\$10,503,632	\$2,652,632	34%
7	Interest	\$669,000	\$448,812	(\$220,188)	-33%
8	Malpractice	\$2,858,541	\$2,913,343	\$54,802	2%
9	Other Operating Expenses	\$59,799,378	\$59,449,755	(\$349,623)	-1%
	<b>Total Operating Expenses</b>	<b>\$283,532,000</b>	<b>\$287,530,757</b>	<b>\$3,998,757</b>	<b>1%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$10,574,000</b>	<b>\$13,362,440</b>	<b>\$2,788,440</b>	<b>26%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$1,478,000	\$1,051,000	(\$427,000)	-29%
2	Gifts, Contributions and Donations	\$2,571,000	\$1,605,000	(\$966,000)	-38%
3	Other Non-Operating Gains/(Losses)	(\$7,268,000)	(\$4,251,000)	\$3,017,000	-42%
	<b>Total Non-Operating Revenue</b>	<b>(\$3,219,000)</b>	<b>(\$1,595,000)</b>	<b>\$1,624,000</b>	<b>-50%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$7,355,000</b>	<b>\$11,767,440</b>	<b>\$4,412,440</b>	<b>60%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$6,098,000	\$4,661,000	(\$1,437,000)	-24%
	All Other Adjustments	(\$3,971,000)	(\$3,435,000)	\$536,000	-13%
	<b>Total Other Adjustments</b>	<b>\$2,127,000</b>	<b>\$1,226,000</b>	<b>(\$901,000)</b>	<b>-42%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$9,482,000</b>	<b>\$12,993,440</b>	<b>\$3,511,440</b>	<b>37%</b>
	Principal Payments	\$2,115,000	\$2,190,000	\$75,000	4%

**GREENWICH 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	\$175,236,378	\$190,151,680	\$14,915,302	9%
2	MEDICARE MANAGED CARE	\$16,239,151	\$20,344,124	\$4,104,973	25%
3	MEDICAID	\$4,009,405	\$5,499,028	\$1,489,623	37%
4	MEDICAID MANAGED CARE	\$1,964,948	\$3,607,426	\$1,642,478	84%
5	CHAMPUS/TRICARE	\$266,274	\$137,517	(\$128,757)	-48%
6	COMMERCIAL INSURANCE	\$52,930,954	\$62,253,807	\$9,322,853	18%
7	NON-GOVERNMENT MANAGED CARE	\$94,351,059	\$103,780,722	\$9,429,663	10%
8	WORKER'S COMPENSATION	\$2,167,936	\$3,573,124	\$1,405,188	65%
9	SELF- PAY/UNINSURED	\$8,103,855	\$8,419,911	\$316,056	4%
10	SAGA	\$1,153,931	\$417,994	(\$735,937)	-64%
11	OTHER	\$6,110,599	\$10,546,075	\$4,435,476	73%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$362,534,490</b>	<b>\$408,731,408</b>	<b>\$46,196,918</b>	<b>13%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$116,185,492	\$120,314,106	\$4,128,614	4%
2	MEDICARE MANAGED CARE	\$8,501,590	\$9,928,828	\$1,427,238	17%
3	MEDICAID	\$3,706,262	\$5,061,974	\$1,355,712	37%
4	MEDICAID MANAGED CARE	\$7,316,967	\$9,784,274	\$2,467,307	34%
5	CHAMPUS/TRICARE	\$377,926	\$394,295	\$16,369	4%
6	COMMERCIAL INSURANCE	\$103,853,032	\$112,913,269	\$9,060,237	9%
7	NON-GOVERNMENT MANAGED CARE	\$189,416,667	\$194,193,965	\$4,777,298	3%
8	WORKER'S COMPENSATION	\$5,673,371	\$5,875,372	\$202,001	4%
9	SELF- PAY/UNINSURED	\$25,299,716	\$25,712,243	\$412,527	2%
10	SAGA	\$1,345,923	\$1,095,227	(\$250,696)	-19%
11	OTHER	\$5,670,006	\$6,728,003	\$1,057,997	19%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$467,346,952</b>	<b>\$492,001,556</b>	<b>\$24,654,604</b>	<b>5%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$291,421,870	\$310,465,786	\$19,043,916	7%
2	MEDICARE MANAGED CARE	\$24,740,741	\$30,272,952	\$5,532,211	22%
3	MEDICAID	\$7,715,667	\$10,561,002	\$2,845,335	37%
4	MEDICAID MANAGED CARE	\$9,281,915	\$13,391,700	\$4,109,785	44%
5	CHAMPUS/TRICARE	\$644,200	\$531,812	(\$112,388)	-17%
6	COMMERCIAL INSURANCE	\$156,783,986	\$175,167,076	\$18,383,090	12%
7	NON-GOVERNMENT MANAGED CARE	\$283,767,726	\$297,974,687	\$14,206,961	5%
8	WORKER'S COMPENSATION	\$7,841,307	\$9,448,496	\$1,607,189	20%
9	SELF- PAY/UNINSURED	\$33,403,571	\$34,132,154	\$728,583	2%
10	SAGA	\$2,499,854	\$1,513,221	(\$986,633)	-39%
11	OTHER	\$11,780,605	\$17,274,078	\$5,493,473	47%
	<b>TOTAL GROSS REVENUE</b>	<b>\$829,881,442</b>	<b>\$900,732,964</b>	<b>\$70,851,522</b>	<b>9%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$47,761,207	\$48,266,096	\$504,889	1%
2	MEDICARE MANAGED CARE	\$3,402,467	\$3,902,480	\$500,013	15%
3	MEDICAID	\$1,655,383	\$1,161,159	(\$494,224)	-30%
4	MEDICAID MANAGED CARE	\$421,070	\$915,850	\$494,780	118%
5	CHAMPUS/TRICARE	\$63,719	\$10,408	(\$53,311)	-84%
6	COMMERCIAL INSURANCE	\$20,065,798	\$20,887,019	\$821,221	4%
7	NON-GOVERNMENT MANAGED CARE	\$38,979,700	\$45,536,625	\$6,556,925	17%
8	WORKER'S COMPENSATION	\$1,430,011	\$2,644,852	\$1,214,841	85%
9	SELF- PAY/UNINSURED	\$1,073,055	\$885,530	(\$187,525)	-17%
10	SAGA	\$126,591	\$71,799	(\$54,792)	-43%
11	OTHER	\$1,528,013	\$3,320,128	\$1,792,115	117%

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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
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$116,507,014</b>	<b>\$127,601,946</b>	<b>\$11,094,932</b>	<b>10%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$22,187,653	\$20,741,720	(\$1,445,933)	-7%
2	MEDICARE MANAGED CARE	\$1,738,427	\$1,995,223	\$256,796	15%
3	MEDICAID	\$783,162	\$104,449	(\$678,713)	-87%
4	MEDICAID MANAGED CARE	\$1,636,231	\$2,158,858	\$522,627	32%
5	CHAMPUS/TRICARE	\$162,577	\$27,059	(\$135,518)	-83%
6	COMMERCIAL INSURANCE	\$37,402,462	\$38,209,354	\$806,892	2%
7	NON-GOVERNMENT MANAGED CARE	\$77,885,448	\$72,160,796	(\$5,724,652)	-7%
8	WORKER'S COMPENSATION	\$3,603,094	\$3,898,777	\$295,683	8%
9	SELF- PAY/UNINSURED	\$3,350,009	\$2,704,180	(\$645,829)	-19%
10	SAGA	\$168,155	\$144,267	(\$23,888)	-14%
11	OTHER	\$502,384	\$654,893	\$152,509	30%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$149,419,602</b>	<b>\$142,799,576</b>	<b>(\$6,620,026)</b>	<b>-4%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$69,948,860	\$69,007,816	(\$941,044)	-1%
2	MEDICARE MANAGED CARE	\$5,140,894	\$5,897,703	\$756,809	15%
3	MEDICAID	\$2,438,545	\$1,265,608	(\$1,172,937)	-48%
4	MEDICAID MANAGED CARE	\$2,057,301	\$3,074,708	\$1,017,407	49%
5	CHAMPUS/TRICARE	\$226,296	\$37,467	(\$188,829)	-83%
6	COMMERCIAL INSURANCE	\$57,468,260	\$59,096,373	\$1,628,113	3%
7	NON-GOVERNMENT MANAGED CARE	\$116,865,148	\$117,697,421	\$832,273	1%
8	WORKER'S COMPENSATION	\$5,033,105	\$6,543,629	\$1,510,524	30%
9	SELF- PAY/UNINSURED	\$4,423,064	\$3,589,710	(\$833,354)	-19%
10	SAGA	\$294,746	\$216,066	(\$78,680)	-27%
11	OTHER	\$2,030,397	\$3,975,021	\$1,944,624	96%
	<b>TOTAL NET REVENUE</b>	<b>\$265,926,616</b>	<b>\$270,401,522</b>	<b>\$4,474,906</b>	<b>2%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	4,624	4,718	94	2%
2	MEDICARE MANAGED CARE	430	551	121	28%
3	MEDICAID	212	341	129	61%
4	MEDICAID MANAGED CARE	115	176	61	53%
5	CHAMPUS/TRICARE	6	6	0	0%
6	COMMERCIAL INSURANCE	2,313	2,441	128	6%
7	NON-GOVERNMENT MANAGED CARE	4,645	4,757	112	2%
8	WORKER'S COMPENSATION	44	51	7	16%
9	SELF- PAY/UNINSURED	296	333	37	13%
10	SAGA	27	15	(12)	-44%
11	OTHER	219	238	19	9%
	<b>TOTAL DISCHARGES</b>	<b>12,931</b>	<b>13,627</b>	<b>696</b>	<b>5%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	21,906	22,558	652	3%
2	MEDICARE MANAGED CARE	2,283	2,664	381	17%
3	MEDICAID	761	1,163	402	53%
4	MEDICAID MANAGED CARE	338	646	308	91%
5	CHAMPUS/TRICARE	27	19	(8)	-30%
6	COMMERCIAL INSURANCE	7,836	8,219	383	5%
7	NON-GOVERNMENT MANAGED CARE	14,870	15,203	333	2%
8	WORKER'S COMPENSATION	141	193	52	37%
9	SELF- PAY/UNINSURED	1,000	1,005	5	1%
10	SAGA	184	53	(131)	-71%
11	OTHER	803	1,336	533	66%
	<b>TOTAL PATIENT DAYS</b>	<b>50,149</b>	<b>53,059</b>	<b>2,910</b>	<b>6%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	106,924	104,149	(2,775)	-3%
2	MEDICARE MANAGED CARE	6,721	7,130	409	6%
3	MEDICAID	5,314	4,780	(534)	-10%
4	MEDICAID MANAGED CARE	10,878	14,441	3,563	33%
5	CHAMPUS/TRICARE	159	256	97	61%
6	COMMERCIAL INSURANCE	89,616	65,860	(23,756)	-27%
7	NON-GOVERNMENT MANAGED CARE	160,833	167,237	6,404	4%
8	WORKER'S COMPENSATION	4,903	4,964	61	1%
9	SELF- PAY/UNINSURED	43,832	42,715	(1,117)	-3%
10	SAGA	602	1,610	1,008	167%
11	OTHER	345	310	(35)	-10%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>430,127</b>	<b>413,452</b>	<b>(16,675)</b>	<b>-4%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$14,284,511	\$14,495,623	\$211,112	1%
2	MEDICARE MANAGED CARE	\$1,352,008	\$1,509,843	\$157,835	12%
3	MEDICAID	\$1,260,734	\$1,312,662	\$51,928	4%
4	MEDICAID MANAGED CARE	\$4,466,762	\$5,261,917	\$795,155	18%
5	CHAMPUS/TRICARE	\$131,208	\$135,210	\$4,002	3%
6	COMMERCIAL INSURANCE	\$21,828,947	\$15,320,966	(\$6,507,981)	-30%
7	NON-GOVERNMENT MANAGED CARE	\$36,595,503	\$38,605,229	\$2,009,726	5%
8	WORKER'S COMPENSATION	\$2,729,688	\$2,566,170	(\$163,518)	-6%
9	SELF- PAY/UNINSURED	\$12,749,953	\$12,002,690	(\$747,263)	-6%
10	SAGA	\$767,279	\$861,963	\$94,684	12%
11	OTHER	\$6,848,465	\$7,261,896	\$413,431	6%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$103,015,058</b>	<b>\$99,334,169</b>	<b>(\$3,680,889)</b>	<b>-4%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$4,839,433	\$4,997,655	\$158,222	3%
2	MEDICARE MANAGED CARE	\$458,045	\$520,549	\$62,504	14%
3	MEDICAID	\$427,122	\$452,566	\$25,444	6%
4	MEDICAID MANAGED CARE	\$1,513,289	\$1,814,151	\$300,862	20%
5	CHAMPUS/TRICARE	\$44,452	\$46,616	\$2,164	5%
6	COMMERCIAL INSURANCE	\$7,395,403	\$5,282,208	(\$2,113,195)	-29%
7	NON-GOVERNMENT MANAGED CARE	\$12,398,147	\$13,309,921	\$911,774	7%
8	WORKER'S COMPENSATION	\$924,788	\$884,738	(\$40,050)	-4%
9	SELF- PAY/UNINSURED	\$4,319,542	\$4,138,167	(\$181,375)	-4%
10	SAGA	\$259,946	\$297,179	\$37,233	14%
11	OTHER	\$2,320,183	\$2,503,683	\$183,500	8%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$34,900,350</b>	<b>\$34,247,433</b>	<b>(\$652,917)</b>	<b>-2%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	4,917	5,091	174	4%
2	MEDICARE MANAGED CARE	465	530	65	14%
3	MEDICAID	434	461	27	6%
4	MEDICAID MANAGED CARE	1,538	1,848	310	20%
5	CHAMPUS/TRICARE	45	47	2	4%
6	COMMERCIAL INSURANCE	7,514	5,382	(2,132)	-28%
7	NON-GOVERNMENT MANAGED CARE	12,598	13,559	961	8%
8	WORKER'S COMPENSATION	940	901	(39)	-4%
9	SELF- PAY/UNINSURED	4,389	4,215	(174)	-4%
10	SAGA	264	303	39	15%
11	OTHER	2,357	2,550	193	8%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>35,461</b>	<b>34,887</b>	<b>(574)</b>	<b>-2%</b>

**GREENWICH 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.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$34,682,247	\$32,654,133	(\$2,028,114)	-6%
2	Physician Salaries	\$16,001,525	\$16,407,798	\$406,273	3%
3	Non-Nursing, Non-Physician Salaries	\$71,813,474	\$69,278,749	(\$2,534,725)	-4%
	<b>Total Salaries &amp; Wages</b>	<b>\$122,497,246</b>	<b>\$118,340,680</b>	<b>(\$4,156,566)</b>	<b>-3%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$9,364,207	\$9,208,466	(\$155,741)	-2%
2	Physician Fringe Benefits	\$4,320,412	\$4,626,999	\$306,587	7%
3	Non-Nursing, Non-Physician Fringe Benefits	\$20,460,705	\$19,548,935	(\$911,770)	-4%
	<b>Total Fringe Benefits</b>	<b>\$34,145,324</b>	<b>\$33,384,400</b>	<b>(\$760,924)</b>	<b>-2%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$1,485,355	\$1,902,661	\$417,306	28%
2	Physician Fees	\$3,751,612	\$3,944,170	\$192,558	5%
3	Non-Nursing, Non-Physician Fees	\$585,407	\$73,866	(\$511,541)	-87%
	<b>Total Contractual Labor Fees</b>	<b>\$5,822,374</b>	<b>\$5,920,697</b>	<b>\$98,323</b>	<b>2%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$25,437,800	\$30,298,702	\$4,860,902	19%
2	Pharmaceutical Costs	\$7,507,099	\$7,971,856	\$464,757	6%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$32,944,899</b>	<b>\$38,270,558</b>	<b>\$5,325,659</b>	<b>16%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$5,241,000	\$6,928,177	\$1,687,177	32%
2	Depreciation-Equipment	\$13,774,000	\$13,347,230	(\$426,770)	-3%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$19,015,000</b>	<b>\$20,275,407</b>	<b>\$1,260,407</b>	<b>7%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$7,851,000	\$10,503,632	\$2,652,632	34%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$669,000	\$448,812	(\$220,188)	-33%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$2,858,541	\$2,913,343	\$54,802	2%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$75,508	\$78,705	\$3,197	4%
2	Natural Gas	\$853,130	\$961,423	\$108,293	13%
3	Oil	\$40,906	\$53,649	\$12,743	31%
4	Electricity	\$1,585,379	\$1,799,570	\$214,191	14%
5	Telephone	\$908,700	\$842,068	(\$66,632)	-7%
6	Other Utilities	\$22,713	\$30,053	\$7,340	32%
	<b>Total Utilities</b>	<b>\$3,486,336</b>	<b>\$3,765,468</b>	<b>\$279,132</b>	<b>8%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$254,004	\$248,000	(\$6,004)	-2%
2	Legal Fees	\$672,440	\$682,303	\$9,863	1%
3	Consulting Fees	\$3,769,768	\$1,678,120	(\$2,091,648)	-55%
4	Dues and Membership	\$392,697	\$429,654	\$36,957	9%
5	Equipment Leases	\$896,963	\$951,909	\$54,946	6%
6	Building Leases	\$4,965,037	\$4,992,797	\$27,760	1%
7	Repairs and Maintenance	\$1,223,574	\$925,517	(\$298,057)	-24%
8	Insurance	\$454,182	\$422,590	(\$31,592)	-7%

**GREENWICH 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	\$98,478	\$64,416	(\$34,062)	-35%
10	Conferences	\$332,733	\$318,185	(\$14,548)	-4%
11	Property Tax	\$18,674	\$98,302	\$79,628	426%
12	General Supplies	\$5,380,379	\$5,853,924	\$473,545	9%
13	Licenses and Subscriptions	\$339,134	\$362,321	\$23,187	7%
14	Postage and Shipping	\$613,060	\$623,032	\$9,972	2%
15	Advertising	\$1,233,756	\$1,417,454	\$183,698	15%
16	Other Business Expenses	\$33,212,693	\$34,231,321	\$1,018,628	3%
	<b>Total Business Expenses</b>	<b>\$53,857,572</b>	<b>\$53,299,845</b>	<b>(\$557,727)</b>	<b>-1%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$384,708	\$407,915	\$23,207	6%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$283,532,000</b>	<b>\$287,530,757</b>	<b>\$3,998,757</b>	<b>1%</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	\$64,416,677	\$61,800,916	(\$2,615,761)	-4%
2	General Accounting	\$5,298,276	\$5,545,226	\$246,950	5%
3	Patient Billing & Collection	\$4,434,606	\$4,578,028	\$143,422	3%
4	Admitting / Registration Office	\$2,728,628	\$2,104,352	(\$624,276)	-23%
5	Data Processing	\$7,356,946	\$7,292,069	(\$64,877)	-1%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$2,030,393	\$1,971,888	(\$58,505)	-3%
8	Public Relations	\$3,197,788	\$3,450,703	\$252,915	8%
9	Purchasing	\$617,550	\$774,258	\$156,708	25%
10	Dietary and Cafeteria	\$5,139,712	\$4,803,647	(\$336,065)	-7%
11	Housekeeping	\$2,639,745	\$2,429,728	(\$210,017)	-8%
12	Laundry & Linen	\$987,019	\$1,135,728	\$148,709	15%
13	Operation of Plant	\$4,315,538	\$4,027,415	(\$288,123)	-7%
14	Security	\$1,656,834	\$1,619,763	(\$37,071)	-2%
15	Repairs and Maintenance	\$3,452,120	\$3,353,032	(\$99,088)	-3%
16	Central Sterile Supply	\$2,384,851	\$1,353,247	(\$1,031,604)	-43%
17	Pharmacy Department	\$9,904,872	\$9,983,865	\$78,993	1%
18	Other General Services	\$1,928,065	\$1,543,525	(\$384,540)	-20%
	<b>Total General Services</b>	<b>\$122,489,620</b>	<b>\$117,767,390</b>	<b>(\$4,722,230)</b>	<b>-4%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$810,232	\$807,571	(\$2,661)	0%
2	Residency Program	\$2,329,975	\$2,239,846	(\$90,129)	-4%
3	Nursing Services Administration	\$1,148,464	\$1,005,422	(\$143,042)	-12%
4	Medical Records	\$2,561,492	\$2,559,884	(\$1,608)	0%
5	Social Service	\$1,922,093	\$1,984,260	\$62,167	3%
6	Other Professional Services	\$1,973,972	\$1,964,850	(\$9,122)	0%
	<b>Total Professional Services</b>	<b>\$10,746,228</b>	<b>\$10,561,833</b>	<b>(\$184,395)</b>	<b>-2%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$19,958,970	\$23,103,408	\$3,144,438	16%
2	Recovery Room	\$1,183,345	\$1,191,739	\$8,394	1%
3	Anesthesiology	\$728,872	\$1,169,645	\$440,773	60%
4	Delivery Room	\$5,278,005	\$5,270,821	(\$7,184)	0%
5	Diagnostic Radiology	\$5,684,493	\$5,120,654	(\$563,839)	-10%
6	Diagnostic Ultrasound	\$2,088,717	\$1,966,544	(\$122,173)	-6%
7	Radiation Therapy	\$3,455,737	\$3,874,456	\$418,719	12%

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**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	\$793,084	\$810,989	\$17,905	2%
9	CT Scan	\$1,354,689	\$1,607,133	\$252,444	19%
10	Laboratory	\$13,942,337	\$17,596,197	\$3,653,860	26%
11	Blood Storing/Processing	\$1,474,996	\$1,657,247	\$182,251	12%
12	Cardiology	\$1,175,623	\$2,545,146	\$1,369,523	116%
13	Electrocardiology	\$366,732	\$199,153	(\$167,579)	-46%
14	Electroencephalography	\$1,159,252	\$1,125,610	(\$33,642)	-3%
15	Occupational Therapy	\$1,714,799	\$1,543,233	(\$171,566)	-10%
16	Speech Pathology	\$402,670	\$433,796	\$31,126	8%
17	Audiology	\$100,676	\$112,782	\$12,106	12%
18	Respiratory Therapy	\$2,316,978	\$2,304,304	(\$12,674)	-1%
19	Pulmonary Function	\$395,779	\$416,432	\$20,653	5%
20	Intravenous Therapy	\$936,743	\$1,385,777	\$449,034	48%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$311,378	\$305,549	(\$5,829)	-2%
24	Emergency Room	\$10,167,945	\$10,387,832	\$219,887	2%
25	MRI	\$1,216,755	\$1,141,895	(\$74,860)	-6%
26	PET Scan	\$485,855	\$484,487	(\$1,368)	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,980,130	\$2,017,280	\$37,150	2%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$75,323	\$55,467	(\$19,856)	-26%
31	Cardiac Catheterization/Rehabilitation	\$1,140,254	\$1,095,966	(\$44,288)	-4%
32	Occupational Therapy / Physical Therapy	\$2,002,899	\$3,010,087	\$1,007,188	50%
33	Dental Clinic	\$302,250	\$322,872	\$20,622	7%
34	Other Special Services	\$2,199,683	\$2,355,885	\$156,202	7%
	<b>Total Special Services</b>	<b>\$84,394,969</b>	<b>\$94,612,386</b>	<b>\$10,217,417</b>	<b>12%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$15,624,499	\$16,314,597	\$690,098	4%
2	Intensive Care Unit	\$2,550,541	\$2,582,318	\$31,777	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,128,820	\$1,123,684	(\$5,136)	0%
5	Pediatric Unit	\$1,685,947	\$1,282,167	(\$403,780)	-24%
6	Maternity Unit	\$3,245,931	\$3,197,090	(\$48,841)	-2%
7	Newborn Nursery Unit	\$1,284,985	\$1,226,010	(\$58,975)	-5%
8	Neonatal ICU	\$2,432,864	\$2,411,353	(\$21,511)	-1%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$4,247,245	\$4,800,199	\$552,954	13%
11	Home Care	\$745,777	\$794,355	\$48,578	7%
12	Outpatient Clinics	\$4,333,409	\$4,108,242	(\$225,167)	-5%
13	Other Routine Services	\$2,235,189	\$1,741,236	(\$493,953)	-22%
	<b>Total Routine Services</b>	<b>\$39,515,207</b>	<b>\$39,581,251</b>	<b>\$66,044</b>	<b>0%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$26,385,976	\$25,007,897	(\$1,378,079)	-5%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$283,532,000</b>	<b>\$287,530,757</b>	<b>\$3,998,757</b>	<b>1%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>GREENWICH 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	\$263,093,000	\$ 269,158,231	\$279,086,000
2	Other Operating Revenue	21,552,000	24,947,769	21,807,197
3	Total Operating Revenue	\$284,645,000	\$294,106,000	\$300,893,197
4	Total Operating Expenses	278,268,000	283,532,000	287,530,757
5	Income/(Loss) From Operations	\$6,377,000	\$10,574,000	\$13,362,440
6	Total Non-Operating Revenue	(15,899,000)	(1,092,000)	(369,000)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$9,522,000)	\$9,482,000	\$12,993,440
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	2.37%	3.61%	4.45%
2	Hospital Non Operating Margin	-5.92%	-0.37%	-0.12%
3	Hospital Total Margin	-3.54%	3.24%	4.32%
4	Income/(Loss) From Operations	\$6,377,000	\$10,574,000	\$13,362,440
5	Total Operating Revenue	\$284,645,000	\$294,106,000	\$300,893,197
6	Total Non-Operating Revenue	(\$15,899,000)	(\$1,092,000)	(\$369,000)
7	Total Revenue	\$268,746,000	\$293,014,000	\$300,524,197
8	Excess/(Deficiency) of Revenue Over Expenses	(\$9,522,000)	\$9,482,000	\$12,993,440
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$304,976,000	\$280,445,000	\$282,678,000
2	Hospital Total Net Assets	\$352,160,000	\$328,100,000	\$331,518,000
3	Hospital Change in Total Net Assets	(\$24,326,000)	(\$24,060,000)	\$3,418,000
4	Hospital Change in Total Net Assets %	93.5%	-6.8%	1.0%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.34</b>	<b>0.33</b>	<b>0.31</b>
2	Total Operating Expenses	\$268,866,398	\$283,532,000	\$287,530,757
3	Total Gross Revenue	\$773,049,769	\$829,881,442	\$900,732,964
4	Total Other Operating Revenue	\$22,699,355	\$24,947,559	\$22,912,084
5	<b>Private Payment to Cost Ratio</b>	<b>1.22</b>	<b>1.21</b>	<b>1.22</b>
6	Total Non-Government Payments	\$176,569,569	\$183,789,577	\$186,927,133

<b>GREENWICH HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
7	Total Uninsured Payments	\$4,605,949	\$4,423,064	\$3,589,710
8	Total Non-Government Charges	\$449,380,334	\$481,796,590	\$516,722,413
9	Total Uninsured Charges	\$32,981,996	\$33,403,571	\$34,132,154
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.74</b>	<b>0.72</b>	<b>0.71</b>
11	Total Medicare Payments	\$74,117,766	\$75,089,754	\$74,905,519
12	Total Medicare Charges	\$298,081,200	\$316,162,611	\$340,738,738
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.79</b>	<b>0.80</b>	<b>0.58</b>
14	Total Medicaid Payments	\$3,112,292	\$4,495,846	\$4,340,316
15	Total Medicaid Charges	\$11,616,842	\$16,997,582	\$23,952,702
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$9,588,769</b>	<b>\$9,612,333</b>	<b>\$9,507,865</b>
17	Charity Care	\$18,262,127	\$21,129,180	\$20,038,812
18	Bad Debts	\$10,117,227	\$7,851,327	\$10,503,632
19	Total Uncompensated Care	\$28,379,354	\$28,980,507	\$30,542,444
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.6%</b>	<b>3.4%</b>	<b>3.3%</b>
21	Total Operating Expenses	\$268,866,398	\$283,532,000	\$287,530,757
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2.38</b>	<b>2.31</b>	<b>2.69</b>
2	Total Current Assets	\$97,487,000	\$103,328,000	\$100,623,000
3	Total Current Liabilities	\$40,899,000	\$44,713,000	\$37,414,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>78</b>	<b>83</b>	<b>76</b>
5	Cash and Cash Equivalents	\$29,053,000	\$32,032,000	\$32,013,000
6	Short Term Investments	26,526,000	28,273,000	23,470,000
7	Total Cash and Short Term Investments	\$55,579,000	\$60,305,000	\$55,483,000
8	Total Operating Expenses	\$278,268,000	\$283,532,000	\$287,530,757
9	Depreciation Expense	\$16,861,000	\$19,015,000	\$20,275,407
10	Operating Expenses less Depreciation Expense	\$261,407,000	\$264,517,000	\$267,255,350
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>46.39</b>	<b>43.25</b>	<b>42.18</b>

<b>GREENWICH 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	\$ 33,602,000	\$ 32,088,000	\$ 32,518,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$164,000	\$192,000	\$264,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 33,438,000	\$ 31,896,000	\$ 32,254,000
16	Total Net Patient Revenue	\$263,093,000	\$ 269,158,231	\$ 279,086,000
17	<b><u>Average Payment Period</u></b>	<b>57.11</b>	<b>61.70</b>	<b>51.10</b>
18	Total Current Liabilities	\$40,899,000	\$44,713,000	\$37,414,000
19	Total Operating Expenses	\$278,268,000	\$283,532,000	\$287,530,757
20	Depreciation Expense	\$16,861,000	\$19,015,000	\$20,275,407
21	Total Operating Expenses less Depreciation Expense	\$261,407,000	\$264,517,000	\$267,255,350
<b>F. <u>Solvency Measures Summary</u></b>				
1	<b><u>Equity Financing Ratio</u></b>	<b>76.0</b>	<b>69.5</b>	<b>70.3</b>
2	Total Net Assets	\$352,160,000	\$328,100,000	\$331,518,000
3	Total Assets	\$463,673,000	\$472,325,000	\$471,792,000
4	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>8.1</b>	<b>31.0</b>	<b>40.4</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$9,522,000)	\$9,482,000	\$12,993,440
6	Depreciation Expense	\$16,861,000	\$19,015,000	\$20,275,407
7	Excess of Revenues Over Expenses and Depreciation Expense	\$7,339,000	\$28,497,000	\$33,268,847
8	Total Current Liabilities	\$40,899,000	\$44,713,000	\$37,414,000
9	Total Long Term Debt	\$49,455,000	\$47,265,000	\$45,005,000
10	Total Current Liabilities and Total Long Term Debt	\$90,354,000	\$91,978,000	\$82,419,000
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>12.3</b>	<b>12.6</b>	<b>12.0</b>
12	Total Long Term Debt	\$49,455,000	\$47,265,000	\$45,005,000
13	Total Net Assets	\$352,160,000	\$328,100,000	\$331,518,000
14	Total Long Term Debt and Total Net Assets	\$401,615,000	\$375,365,000	\$376,523,000
15	<b><u>Debt Service Coverage Ratio</u></b>	<b>4.3</b>	<b>10.5</b>	<b>12.8</b>
16	Excess Revenues over Expenses	(\$9,522,000)	\$9,482,000	\$12,993,440
17	Interest Expense	\$2,205,000	\$669,000	\$448,812
18	Depreciation and Amortization Expense	\$16,861,000	\$19,015,000	\$20,275,407

<b>GREENWICH HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
19	Principal Payments	\$0	\$2,115,000	\$2,190,000
<b>G. <u>Other Financial Ratios</u></b>				
20	<b>Average Age of Plant</b>	<b>8.1</b>	<b>8.1</b>	<b>8.6</b>
21	Accumulated Depreciation	\$135,755,000	\$153,823,000	\$173,524,000
22	Depreciation and Amortization Expense	\$16,861,000	\$19,015,000	\$20,275,407
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	51,700	50,149	53,059
2	Discharges	12,731	12,931	13,627
3	ALOS	4.1	3.9	3.9
4	Staffed Beds	206	206	206
5	Available Beds	-	206	206
6	Licensed Beds	206	206	206
6	Occupancy of Staffed Beds	68.8%	66.7%	70.6%
7	Occupancy of Available Beds	68.8%	66.7%	70.6%
8	Full Time Equivalent Employees	1,595.9	1,440.1	1,461.7
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	53.9%	54.0%	53.6%
2	Medicare Gross Revenue Payer Mix Percentage	38.6%	38.1%	37.8%
3	Medicaid Gross Revenue Payer Mix Percentage	1.5%	2.0%	2.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.8%	1.7%	2.1%
5	Uninsured Gross Revenue Payer Mix Percentage	4.3%	4.0%	3.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.0%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$416,398,338	\$448,393,019	\$482,590,259
9	Medicare Gross Revenue (Charges)	\$298,081,200	\$316,162,611	\$340,738,738
10	Medicaid Gross Revenue (Charges)	\$11,616,842	\$16,997,582	\$23,952,702
11	Other Medical Assistance Gross Revenue (Charges)	\$13,692,556	\$14,280,459	\$18,787,299
12	Uninsured Gross Revenue (Charges)	\$32,981,996	\$33,403,571	\$34,132,154
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$278,837	\$644,200	\$531,812
14	Total Gross Revenue (Charges)	\$773,049,769	\$829,881,442	\$900,732,964
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	67.0%	67.4%	67.8%

<b>GREENWICH HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
		<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
2	Medicare Net Revenue Payer Mix Percentage	28.9%	28.2%	27.7%
3	Medicaid Net Revenue Payer Mix Percentage	1.2%	1.7%	1.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.9%	1.5%
5	Uninsured Net Revenue Payer Mix Percentage	1.8%	1.7%	1.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.1%	0.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$171,963,620	\$179,366,513	\$183,337,423
9	Medicare Net Revenue (Payments)	\$74,117,766	\$75,089,754	\$74,905,519
10	Medicaid Net Revenue (Payments)	\$3,112,292	\$4,495,846	\$4,340,316
11	Other Medical Assistance Net Revenue (Payments)	\$2,646,305	\$2,325,143	\$4,191,087
12	Uninsured Net Revenue (Payments)	\$4,605,949	\$4,423,064	\$3,589,710
13	CHAMPUS / TRICARE Net Revenue Payments)	\$118,046	\$226,296	\$37,467
14	Total Net Revenue (Payments)	\$256,563,978	\$265,926,616	\$270,401,522
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	7,567	7,298	7,582
2	Medicare	4,740	5,054	5,269
3	Medical Assistance	422	573	770
4	Medicaid	161	327	517
5	Other Medical Assistance	261	246	253
6	CHAMPUS / TRICARE	2	6	6
7	Uninsured (Included In Non-Government)	448	296	333
8	Total	12,731	12,931	13,627
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	0.856600	0.845500	0.871500
2	Medicare	1.457000	1.406500	1.420500
3	Medical Assistance	1.153674	1.057653	0.923621
4	Medicaid	1.161900	1.125400	0.879100
5	Other Medical Assistance	1.148600	0.967600	1.014600
6	CHAMPUS / TRICARE	0.688600	1.467300	0.990200
7	Uninsured (Included In Non-Government)	0.911000	0.917800	0.993600
8	Total Case Mix Index	1.089961	1.074452	1.086773
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	7,569	7,824	7,764
2	Emergency Room - Treated and Discharged	33,101	35,461	34,887
3	Total Emergency Room Visits	40,670	43,285	42,651

**GREENWICH 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	\$379,330	\$300,901	(\$78,429)	-21%
2	Inpatient Payments	\$141,784	\$42,474	(\$99,310)	-70%
3	Outpatient Charges	\$228,983	\$383,944	\$154,961	68%
4	Outpatient Payments	\$71,105	\$45,304	(\$25,801)	-36%
5	Discharges	9	11	2	22%
6	Patient Days	48	57	9	19%
7	Outpatient Visits (Excludes ED Visits)	224	233	9	4%
8	Emergency Department Outpatient Visits	12	8	(4)	-33%
9	Emergency Department Inpatient Admissions	9	16	7	78%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$608,313</b>	<b>\$684,845</b>	<b>\$76,532</b>	<b>13%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$212,889</b>	<b>\$87,778</b>	<b>(\$125,111)</b>	<b>-59%</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	\$0	\$211,022	\$211,022	0%
2	Inpatient Payments	\$0	\$73,422	\$73,422	0%
3	Outpatient Charges	\$0	\$125,245	\$125,245	0%
4	Outpatient Payments	\$0	\$38,502	\$38,502	0%
5	Discharges	0	4	4	0%
6	Patient Days	0	32	32	0%
7	Outpatient Visits (Excludes ED Visits)	0	132	132	0%
8	Emergency Department Outpatient Visits	0	5	5	0%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$336,267</b>	<b>\$336,267</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$111,924</b>	<b>\$111,924</b>	<b>0%</b>

**GREENWICH 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	\$3,189,399	\$3,694,474	\$505,075	16%
2	Inpatient Payments	\$645,593	\$961,277	\$315,684	49%
3	Outpatient Charges	\$3,686,736	\$3,659,986	(\$26,750)	-1%
4	Outpatient Payments	\$585,793	\$579,465	(\$6,328)	-1%
5	Discharges	76	92	16	21%
6	Patient Days	453	471	18	4%
7	Outpatient Visits (Excludes ED Visits)	3,992	3,941	(51)	-1%
8	Emergency Department Outpatient Visits	121	121	0	0%
9	Emergency Department Inpatient Admissions	77	92	15	19%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,876,135</b>	<b>\$7,354,460</b>	<b>\$478,325</b>	<b>7%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,231,386</b>	<b>\$1,540,742</b>	<b>\$309,356</b>	<b>25%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$9,089,710	\$11,658,656	\$2,568,946	28%
2	Inpatient Payments	\$1,873,962	\$2,108,133	\$234,171	12%
3	Outpatient Charges	\$2,949,016	\$3,993,341	\$1,044,325	35%
4	Outpatient Payments	\$655,672	\$818,875	\$163,203	25%
5	Discharges	246	314	68	28%
6	Patient Days	1,266	1,526	260	21%
7	Outpatient Visits (Excludes ED Visits)	1,236	1,447	211	17%
8	Emergency Department Outpatient Visits	237	263	26	11%
9	Emergency Department Inpatient Admissions	254	313	59	23%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$12,038,726</b>	<b>\$15,651,997</b>	<b>\$3,613,271</b>	<b>30%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,529,634</b>	<b>\$2,927,008</b>	<b>\$397,374</b>	<b>16%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$739,026	\$1,376,067	\$637,041	86%
2	Inpatient Payments	\$164,228	\$0	(\$164,228)	-100%
3	Outpatient Charges	\$185,056	\$543,738	\$358,682	194%
4	Outpatient Payments	\$98,123	\$259,122	\$160,999	164%
5	Discharges	20	32	12	60%
6	Patient Days	106	160	54	51%
7	Outpatient Visits (Excludes ED Visits)	96	193	97	101%
8	Emergency Department Outpatient Visits	20	39	19	95%
9	Emergency Department Inpatient Admissions	22	28	6	27%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$924,082</b>	<b>\$1,919,805</b>	<b>\$995,723</b>	<b>108%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$262,351</b>	<b>\$259,122</b>	<b>(\$3,229)</b>	<b>-1%</b>

**GREENWICH 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	\$2,841,686	\$3,103,004	\$261,318	9%
2	Inpatient Payments	\$576,900	\$717,174	\$140,274	24%
3	Outpatient Charges	\$1,451,799	\$1,222,574	(\$229,225)	-16%
4	Outpatient Payments	\$327,734	\$253,955	(\$73,779)	-23%
5	Discharges	79	98	19	24%
6	Patient Days	410	418	8	2%
7	Outpatient Visits (Excludes ED Visits)	708	654	(54)	-8%
8	Emergency Department Outpatient Visits	75	94	19	25%
9	Emergency Department Inpatient Admissions	83	102	19	23%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,293,485</b>	<b>\$4,325,578</b>	<b>\$32,093</b>	<b>1%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$904,634</b>	<b>\$971,129</b>	<b>\$66,495</b>	<b>7%</b>

**GREENWICH 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	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**GREENWICH 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	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$16,239,151</b>	<b>\$20,344,124</b>	<b>\$4,104,973</b>	<b>25%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$3,402,467</b>	<b>\$3,902,480</b>	<b>\$500,013</b>	<b>15%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$8,501,590</b>	<b>\$9,928,828</b>	<b>\$1,427,238</b>	<b>17%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,738,427</b>	<b>\$1,995,223</b>	<b>\$256,796</b>	<b>15%</b>
	<b>TOTAL DISCHARGES</b>	<b>430</b>	<b>551</b>	<b>121</b>	<b>28%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,283</b>	<b>2,664</b>	<b>381</b>	<b>17%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>6,256</b>	<b>6,600</b>	<b>344</b>	<b>5%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>465</b>	<b>530</b>	<b>65</b>	<b>14%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>445</b>	<b>554</b>	<b>109</b>	<b>24%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$24,740,741</b>	<b>\$30,272,952</b>	<b>\$5,532,211</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,140,894</b>	<b>\$5,897,703</b>	<b>\$756,809</b>	<b>15%</b>

**GREENWICH 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	\$15,015	\$0	(\$15,015)	-100%
2	Inpatient Payments	\$13,824	\$0	(\$13,824)	-100%
3	Outpatient Charges	\$74,814	\$0	(\$74,814)	-100%
4	Outpatient Payments	\$14,123	\$0	(\$14,123)	-100%
5	Discharges	1	0	(1)	-100%
6	Patient Days	2	0	(2)	-100%
7	Outpatient Visits (Excludes ED Visits)	26	0	(26)	-100%
8	Emergency Department Outpatient Visits	26	0	(26)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$89,829</b>	<b>\$0</b>	<b>(\$89,829)</b>	<b>-100%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$27,947</b>	<b>\$0</b>	<b>(\$27,947)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$1,341,496	\$2,018,743	\$677,247	50%
2	Inpatient Payments	\$316,928	\$509,525	\$192,597	61%
3	Outpatient Charges	\$5,697,915	\$6,304,986	\$607,071	11%
4	Outpatient Payments	\$1,320,139	\$1,376,626	\$56,487	4%
5	Discharges	83	92	9	11%
6	Patient Days	228	331	103	45%
7	Outpatient Visits (Excludes ED Visits)	7,259	8,432	1,173	16%
8	Emergency Department Outpatient Visits	1,342	1,284	(58)	-4%
9	Emergency Department Inpatient Admissions	51	34	(17)	-33%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$7,039,411</b>	<b>\$8,323,729</b>	<b>\$1,284,318</b>	<b>18%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$1,637,067</b>	<b>\$1,886,151</b>	<b>\$249,084</b>	<b>15%</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>

**GREENWICH 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	\$83,621	\$164,740	\$81,119	97%
2	Inpatient Payments	\$2,793	\$47,520	\$44,727	1601%
3	Outpatient Charges	\$325,616	\$417,894	\$92,278	28%
4	Outpatient Payments	\$23,548	\$38,548	\$15,000	64%
5	Discharges	13	22	9	69%
6	Patient Days	45	75	30	67%
7	Outpatient Visits (Excludes ED Visits)	1,125	1,577	452	40%
8	Emergency Department Outpatient Visits	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	2	4	2	100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$409,237</b>	<b>\$582,634</b>	<b>\$173,397</b>	<b>42%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$26,341</b>	<b>\$86,068</b>	<b>\$59,727</b>	<b>227%</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%

**GREENWICH 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	\$116,609	\$677,612	\$561,003	481%
2	Inpatient Payments	\$29,786	\$188,683	\$158,897	533%
3	Outpatient Charges	\$430,904	\$1,256,307	\$825,403	192%
4	Outpatient Payments	\$87,291	\$323,061	\$235,770	270%
5	Discharges	7	33	26	371%
6	Patient Days	26	133	107	412%
7	Outpatient Visits (Excludes ED Visits)	422	1,243	821	195%
8	Emergency Department Outpatient Visits	84	210	126	150%
9	Emergency Department Inpatient Admissions	2	13	11	550%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$547,513</b>	<b>\$1,933,919</b>	<b>\$1,386,406</b>	<b>253%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$117,077</b>	<b>\$511,744</b>	<b>\$394,667</b>	<b>337%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$408,207	\$746,331	\$338,124	83%
2	Inpatient Payments	\$57,739	\$170,122	\$112,383	195%
3	Outpatient Charges	\$787,718	\$1,805,087	\$1,017,369	129%
4	Outpatient Payments	\$191,130	\$420,623	\$229,493	120%
5	Discharges	11	29	18	164%
6	Patient Days	37	107	70	189%
7	Outpatient Visits (Excludes ED Visits)	508	1,341	833	164%
8	Emergency Department Outpatient Visits	85	354	269	316%
9	Emergency Department Inpatient Admissions	7	17	10	143%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,195,925</b>	<b>\$2,551,418</b>	<b>\$1,355,493</b>	<b>113%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$248,869</b>	<b>\$590,745</b>	<b>\$341,876</b>	<b>137%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$1,964,948</b>	<b>\$3,607,426</b>	<b>\$1,642,478</b>	<b>84%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$421,070</b>	<b>\$915,850</b>	<b>\$494,780</b>	<b>118%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$7,316,967</b>	<b>\$9,784,274</b>	<b>\$2,467,307</b>	<b>34%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,636,231</b>	<b>\$2,158,858</b>	<b>\$522,627</b>	<b>32%</b>
	<b>TOTAL DISCHARGES</b>	<b>115</b>	<b>176</b>	<b>61</b>	<b>53%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>338</b>	<b>646</b>	<b>308</b>	<b>91%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>9,340</b>	<b>12,593</b>	<b>3,253</b>	<b>35%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,538</b>	<b>1,848</b>	<b>310</b>	<b>20%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>63</b>	<b>68</b>	<b>5</b>	<b>8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,281,915</b>	<b>\$13,391,700</b>	<b>\$4,109,785</b>	<b>44%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,057,301</b>	<b>\$3,074,708</b>	<b>\$1,017,407</b>	<b>49%</b>

**GREENWICH 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

GREENWICH HEALTH CARE SERVICES, 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	\$34,142,000	\$34,318,000	\$176,000	1%
2	Short Term Investments	\$28,273,000	\$23,470,000	(\$4,803,000)	-17%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$33,583,000	\$33,404,000	(\$179,000)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$995,000	\$1,275,000	\$280,000	28%
8	Prepaid Expenses	\$2,345,000	\$2,349,000	\$4,000	0%
9	Other Current Assets	\$1,520,000	\$635,000	(\$885,000)	-58%
	<b>Total Current Assets</b>	<b>\$100,858,000</b>	<b>\$95,451,000</b>	<b>(\$5,407,000)</b>	<b>-5%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$802,000	\$800,000	(\$2,000)	0%
2	Board Designated for Capital Acquisition	\$58,700,000	\$60,606,000	\$1,906,000	3%
3	Funds Held in Escrow	\$10,000	\$9,000	(\$1,000)	-10%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$59,512,000</b>	<b>\$61,415,000</b>	<b>\$1,903,000</b>	<b>3%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$44,655,000	\$49,683,000	\$5,028,000	11%
7	Other Noncurrent Assets	\$15,900,000	\$16,936,000	\$1,036,000	7%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$448,224,000	\$467,487,000	\$19,263,000	4%
2	Less: Accumulated Depreciation	\$167,165,000	\$188,154,000	\$20,989,000	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$281,059,000</b>	<b>\$279,333,000</b>	<b>(\$1,726,000)</b>	<b>-1%</b>
3	Construction in Progress	\$1,331,000	\$524,000	(\$807,000)	-61%
	<b>Total Net Fixed Assets</b>	<b>\$282,390,000</b>	<b>\$279,857,000</b>	<b>(\$2,533,000)</b>	<b>-1%</b>
	<b>Total Assets</b>	<b>\$503,315,000</b>	<b>\$503,342,000</b>	<b>\$27,000</b>	<b>0%</b>

GREENWICH HEALTH CARE SERVICES, 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	\$19,161,436	\$15,911,145	(\$3,250,291)	-17%
2	Salaries, Wages and Payroll Taxes	\$17,583,564	\$10,892,855	(\$6,690,709)	-38%
3	Due To Third Party Payers	\$192,000	\$264,000	\$72,000	38%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,190,000	\$2,260,000	\$70,000	3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,050,000	\$11,413,000	\$3,363,000	42%
	<b>Total Current Liabilities</b>	<b>\$47,177,000</b>	<b>\$40,741,000</b>	<b>(\$6,436,000)</b>	<b>-14%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$47,265,000	\$45,005,000	(\$2,260,000)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$47,265,000</b>	<b>\$45,005,000</b>	<b>(\$2,260,000)</b>	<b>-5%</b>
3	Accrued Pension Liability	\$27,902,000	\$29,899,000	\$1,997,000	7%
4	Other Long Term Liabilities	\$24,345,000	\$27,956,000	\$3,611,000	15%
	<b>Total Long Term Liabilities</b>	<b>\$99,512,000</b>	<b>\$102,860,000</b>	<b>\$3,348,000</b>	<b>3%</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	\$308,971,000	\$310,901,000	\$1,930,000	1%
2	Temporarily Restricted Net Assets	\$25,902,000	\$27,295,000	\$1,393,000	5%
3	Permanently Restricted Net Assets	\$21,753,000	\$21,545,000	(\$208,000)	-1%
	<b>Total Net Assets</b>	<b>\$356,626,000</b>	<b>\$359,741,000</b>	<b>\$3,115,000</b>	<b>1%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$503,315,000</b>	<b>\$503,342,000</b>	<b>\$27,000</b>	<b>0%</b>

GREENWICH HEALTH CARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - 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	\$854,689,000	\$922,624,000	\$67,935,000	8%
2	Less: Allowances	\$531,351,544	\$593,002,019	\$61,650,475	12%
3	Less: Charity Care	\$25,185,225	\$22,988,513	(\$2,196,712)	-9%
4	Less: Other Deductions	\$17,008,000	\$18,217,468	\$1,209,468	7%
	<b>Total Net Patient Revenue</b>	<b>\$281,144,231</b>	<b>\$288,416,000</b>	<b>\$7,271,769</b>	<b>3%</b>
5	Other Operating Revenue	\$11,164,769	\$9,324,000	(\$1,840,769)	-16%
6	Net Assets Released from Restrictions	\$6,439,000	\$5,445,000	(\$994,000)	-15%
	<b>Total Operating Revenue</b>	<b>\$298,748,000</b>	<b>\$303,185,000</b>	<b>\$4,437,000</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$123,539,676	\$118,341,342	(\$5,198,334)	-4%
2	Fringe Benefits	\$34,145,324	\$33,384,400	(\$760,924)	-2%
3	Physicians Fees	\$3,751,612	\$3,944,170	\$192,558	5%
4	Supplies and Drugs	\$32,944,899	\$38,270,558	\$5,325,659	16%
5	Depreciation and Amortization	\$20,411,000	\$21,723,000	\$1,312,000	6%
6	Bad Debts	\$8,087,000	\$10,787,000	\$2,700,000	33%
7	Interest	\$669,000	\$449,000	(\$220,000)	-33%
8	Malpractice	\$2,858,541	\$2,913,343	\$54,802	2%
9	Other Operating Expenses	\$64,424,948	\$64,888,187	\$463,239	1%
	<b>Total Operating Expenses</b>	<b>\$290,832,000</b>	<b>\$294,701,000</b>	<b>\$3,869,000</b>	<b>1%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$7,916,000</b>	<b>\$8,484,000</b>	<b>\$568,000</b>	<b>7%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$1,487,000	\$1,052,000	(\$435,000)	-29%
2	Gifts, Contributions and Donations	\$2,571,000	\$1,605,000	(\$966,000)	-38%
3	Other Non-Operating Gains/(Losses)	(\$7,274,000)	(\$4,261,000)	\$3,013,000	-41%
	<b>Total Non-Operating Revenue</b>	<b>(\$3,216,000)</b>	<b>(\$1,604,000)</b>	<b>\$1,612,000</b>	<b>-50%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$4,700,000</b>	<b>\$6,880,000</b>	<b>\$2,180,000</b>	<b>46%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$6,098,000	\$4,661,000	(\$1,437,000)	-24%
	All Other Adjustments	(\$3,971,000)	(\$3,435,000)	\$536,000	-13%
	<b>Total Other Adjustments</b>	<b>\$2,127,000</b>	<b>\$1,226,000</b>	<b>(\$901,000)</b>	<b>-42%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$6,827,000</b>	<b>\$8,106,000</b>	<b>\$1,279,000</b>	<b>19%</b>

## GREENWICH HEALTH CARE SERVICES, 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	\$271,418,000	\$281,144,231	\$288,416,000
2	Other Operating Revenue	16,818,000	17,603,769	14,769,000
3	Total Operating Revenue	\$288,236,000	\$298,748,000	\$303,185,000
4	Total Operating Expenses	284,499,000	290,832,000	294,701,000
5	Income/(Loss) From Operations	\$3,737,000	\$7,916,000	\$8,484,000
6	Total Non-Operating Revenue	(15,885,000)	(1,089,000)	(378,000)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$12,148,000)	\$6,827,000	\$8,106,000
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	1.37%	2.66%	2.80%
2	Parent Corporation Non-Operating Margin	-5.83%	-0.37%	-0.12%
3	Parent Corporation Total Margin	-4.46%	2.29%	2.68%
4	Income/(Loss) From Operations	\$3,737,000	\$7,916,000	\$8,484,000
5	Total Operating Revenue	\$288,236,000	\$298,748,000	\$303,185,000
6	Total Non-Operating Revenue	(\$15,885,000)	(\$1,089,000)	(\$378,000)
7	Total Revenue	\$272,351,000	\$297,659,000	\$302,807,000
8	Excess/(Deficiency) of Revenue Over Expenses	(\$12,148,000)	\$6,827,000	\$8,106,000
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$333,893,000	\$308,971,000	\$310,901,000
2	Parent Corporation Total Net Assets	\$381,077,000	\$356,626,000	\$359,741,000
3	Parent Corporation Change in Total Net Assets	(\$24,345,000)	(\$24,451,000)	\$3,115,000
4	Parent Corporation Change in Total Net Assets %	94.0%	-6.4%	0.9%

## GREENWICH HEALTH CARE SERVICES, 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>2.32</b>	<b>2.14</b>	<b>2.34</b>
2	Total Current Assets	\$98,320,000	\$100,858,000	\$95,451,000
3	Total Current Liabilities	\$42,308,000	\$47,177,000	\$40,741,000
<b>4</b>	<b>Days Cash on Hand</b>	<b>80</b>	<b>84</b>	<b>77</b>
5	Cash and Cash Equivalents	\$31,821,000	\$34,142,000	\$34,318,000
6	Short Term Investments	26,526,000	28,273,000	23,470,000
7	Total Cash and Short Term Investments	\$58,347,000	\$62,415,000	\$57,788,000
8	Total Operating Expenses	\$284,499,000	\$290,832,000	\$294,701,000
9	Depreciation Expense	\$18,253,000	\$20,411,000	\$21,723,000
10	Operating Expenses less Depreciation Expense	\$266,246,000	\$270,421,000	\$272,978,000
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>47</b>	<b>43</b>	<b>42</b>
12	Net Patient Accounts Receivable	\$ 35,108,000	\$ 33,583,000	\$ 33,404,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$164,000	\$192,000	\$264,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 34,944,000	\$ 33,391,000	\$ 33,140,000
16	Total Net Patient Revenue	\$271,418,000	\$281,144,231	\$288,416,000
<b>17</b>	<b>Average Payment Period</b>	<b>58</b>	<b>64</b>	<b>54</b>
18	Total Current Liabilities	\$42,308,000	\$47,177,000	\$40,741,000
19	Total Operating Expenses	\$284,499,000	\$290,832,000	\$294,701,000
20	Depreciation Expense	\$18,253,000	\$20,411,000	\$21,723,000
21	Total Operating Expenses less Depreciation Expense	\$266,246,000	\$270,421,000	\$272,978,000

<b>GREENWICH HEALTH CARE SERVICES, 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>77.1</b>	<b>70.9</b>	<b>71.5</b>
2	Total Net Assets	\$381,077,000	\$356,626,000	\$359,741,000
3	Total Assets	\$493,999,000	\$503,315,000	\$503,342,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>5.9</b>	<b>28.8</b>	<b>34.8</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$12,148,000)	\$6,827,000	\$8,106,000
6	Depreciation Expense	\$18,253,000	\$20,411,000	\$21,723,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,105,000	\$27,238,000	\$29,829,000
8	Total Current Liabilities	\$42,308,000	\$47,177,000	\$40,741,000
9	Total Long Term Debt	\$61,601,000	\$47,265,000	\$45,005,000
10	Total Current Liabilities and Total Long Term Debt	\$103,909,000	\$94,442,000	\$85,746,000
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>13.9</b>	<b>11.7</b>	<b>11.1</b>
12	Total Long Term Debt	\$61,601,000	\$47,265,000	\$45,005,000
13	Total Net Assets	\$381,077,000	\$356,626,000	\$359,741,000
14	Total Long Term Debt and Total Net Assets	\$442,678,000	\$403,891,000	\$404,746,000

GREENWICH 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	35,559	129	129	75.5%	75.5%
2	ICU/CCU (Excludes Neonatal ICU)	2,109	10	10	57.8%	57.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	7,186	25	25	78.8%	78.8%
7	Newborn	5,398	22	22	67.2%	67.2%
8	Neonatal ICU	1,980	10	10	54.2%	54.2%
9	Pediatric	827	10	10	22.7%	22.7%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>47,661</b>	<b>184</b>	<b>184</b>	<b>71.0%</b>	<b>71.0%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>53,059</b>	<b>206</b>	<b>206</b>	<b>70.6%</b>	<b>70.6%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>53,059</b>	<b>206</b>	<b>206</b>	<b>70.6%</b>	<b>70.6%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>50,149</b>	<b>206</b>	<b>206</b>	<b>66.7%</b>	<b>66.7%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>2,910</b>	<b>0</b>	<b>0</b>	<b>3.9%</b>	<b>3.9%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>6%</b>	<b>0%</b>	<b>0%</b>	<b>6%</b>	<b>6%</b>
	Total Licensed Beds and Bassinets	206				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

GREENWICH 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	6,755	7,108	353	5%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,907	6,477	-430	-6%
3	Emergency Department Scans	8,072	8,735	663	8%
4	Other Non-Hospital Providers' Scans (A)	1,332	885	-447	-34%
	<b>Total CT Scans</b>	<b>23,066</b>	<b>23,205</b>	<b>139</b>	<b>1%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	982	1,141	159	16%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,604	4,729	-875	-16%
3	Emergency Department Scans	128	112	-16	-13%
4	Other Non-Hospital Providers' Scans (A)	1,232	1,600	368	30%
	<b>Total MRI Scans</b>	<b>7,946</b>	<b>7,582</b>	<b>-364</b>	<b>-5%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	4	2	-2	-50%
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>4</b>	<b>2</b>	<b>-2</b>	<b>-50%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	48	23	-25	-52%
2	Outpatient Scans (Excluding Emergency Department Scans)	932	800	-132	-14%
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>980</b>	<b>823</b>	<b>-157</b>	<b>-16%</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	228	277	49	21%
2	Outpatient Procedures	6,290	5,195	-1,095	-17%
	<b>Total Linear Accelerator Procedures</b>	<b>6,518</b>	<b>5,472</b>	<b>-1,046</b>	<b>-16%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	180	162	-18	-10%
2	Outpatient Procedures	124	103	-21	-17%
	<b>Total Cardiac Catheterization Procedures</b>	<b>304</b>	<b>265</b>	<b>-39</b>	<b>-13%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	42	33	-9	-21%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>42</b>	<b>33</b>	<b>-9</b>	<b>-21%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	7	2	-5	-71%
2	Outpatient Studies	1	2	1	100%
	<b>Total Electrophysiology Studies</b>	<b>8</b>	<b>4</b>	<b>-4</b>	<b>-50%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,720	2,706	-14	-1%
2	Outpatient Surgical Procedures	7,250	7,219	-31	0%
	<b>Total Surgical Procedures</b>	<b>9,970</b>	<b>9,925</b>	<b>-45</b>	<b>0%</b>
<b>J. Endoscopy Procedures</b>					

GREENWICH 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)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	451	551	100	22%
2	Outpatient Endoscopy Procedures	3,164	3,086	-78	-2%
	<b>Total Endoscopy Procedures</b>	<b>3,615</b>	<b>3,637</b>	<b>22</b>	<b>1%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	7,824	7,764	-60	-1%
2	Emergency Room Visits: Treated and Discharged	35,461	34,887	-574	-2%
	<b>Total Emergency Room Visits</b>	<b>43,285</b>	<b>42,651</b>	<b>-634</b>	<b>-1%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	7,066	6,492	-574	-8%
2	Dental Clinic Visits	2,420	2,598	178	7%
3	Psychiatric Clinic Visits	9,032	8,092	-940	-10%
4	Medical Clinic Visits	9,779	10,496	717	7%
5	Specialty Clinic Visits	4,025	4,290	265	7%
	<b>Total Hospital Clinic Visits</b>	<b>32,322</b>	<b>31,968</b>	<b>-354</b>	<b>-1%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	34,768	33,960	-808	-2%
2	Cardiology	2,825	2,687	-138	-5%
3	Chemotherapy	37,812	36,350	-1,462	-4%
4	Gastroenterology	1,064	1,589	525	49%
5	Other Outpatient Visits	311,220	236,633	-74,587	-24%
	<b>Total Other Hospital Outpatient Visits</b>	<b>387,689</b>	<b>311,219</b>	<b>-76,470</b>	<b>-20%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	338.2	351.9	13.7	4%
2	Total Physician FTEs	60.1	51.3	-8.8	-15%
3	Total Non-Nursing and Non-Physician FTEs	1,041.8	1,058.5	16.7	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,440.1</b>	<b>1,461.7</b>	<b>21.6</b>	<b>1%</b>

GREENWICH 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	Helmsley Surgical Center	876	1,364	488	56%
2	at Greenwich Hospital Campus	6,374	5,855	-519	-8%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>7,250</b>	<b>7,219</b>	<b>-31</b>	<b>0%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	at Greenwich Hospital Campus	232	336	104	45%
2	G Hosp @500 W Putnam St.	2,932	2,750	-182	-6%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>3,164</b>	<b>3,086</b>	<b>-78</b>	<b>-2%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	At Greenwich Hospital Campus	35,461	34,887	-574	-2%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>35,461</b>	<b>34,887</b>	<b>-574</b>	<b>-2%</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>					

GREENWICH 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	\$191,475,529	\$210,495,804	\$19,020,275	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,163,674	\$52,168,576	\$1,004,902	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.72%	24.78%	-1.94%	-7%
4	DISCHARGES	5,054	5,269	215	4%
5	CASE MIX INDEX (CMI)	1.40650	1.42050	0.01400	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,108.45100	7,484.61450	376.16350	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,197.58	\$6,970.11	(\$227.48)	-3%
8	PATIENT DAYS	24,189	25,222	1,033	4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,115.16	\$2,068.38	(\$46.79)	-2%
10	AVERAGE LENGTH OF STAY	4.8	4.8	0.0	0%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$124,687,082	\$130,242,934	\$5,555,852	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,926,080	\$22,736,943	(\$1,189,137)	-5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.19%	17.46%	-1.73%	-9%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	65.12%	61.87%	-3.24%	-5%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,291.11775	3,260.16009	(30.95766)	-1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,269.89	\$6,974.18	(\$295.71)	-4%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$316,162,611	\$340,738,738	\$24,576,127	8%
18	TOTAL ACCRUED PAYMENTS	\$75,089,754	\$74,905,519	(\$184,235)	0%
19	TOTAL ALLOWANCES	\$241,072,857	\$265,833,219	\$24,760,362	10%

GREENWICH 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>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$157,553,804	\$178,027,564	\$20,473,760	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$61,548,564	\$69,954,026	\$8,405,462	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.07%	39.29%	0.23%	1%
4	DISCHARGES	7,298	7,582	284	4%
5	CASE MIX INDEX (CMI)	0.84550	0.87150	0.02600	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,170.45900	6,607.71300	437.25400	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,974.71	\$10,586.72	\$612.01	6%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,777.13)	(\$3,616.61)	(\$839.48)	30%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$17,136,166)	(\$23,897,549)	(\$6,761,382)	39%
10	PATIENT DAYS	23,847	24,620	773	3%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,580.98	\$2,841.35	\$260.37	10%
12	AVERAGE LENGTH OF STAY	3.3	3.2	(0.0)	-1%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$324,242,786	\$338,694,849	\$14,452,063	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$122,241,013	\$116,973,107	(\$5,267,906)	-4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.70%	34.54%	-3.16%	-8%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	205.80%	190.25%	-15.55%	-8%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	15,019.14770	14,424.64463	(594.50306)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,139.01	\$8,109.25	(\$29.76)	0%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$869.12)	(\$1,135.07)	(\$265.96)	31%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,053,388)	(\$16,373,040)	(\$3,319,652)	25%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$481,796,590	\$516,722,413	\$34,925,823	7%
22	TOTAL ACCRUED PAYMENTS	\$183,789,577	\$186,927,133	\$3,137,556	2%
23	TOTAL ALLOWANCES	\$298,007,013	\$329,795,280	\$31,788,267	11%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$30,189,555)	(\$40,270,589)	(\$10,081,034)	33%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$430,930,871	\$464,749,003	\$33,818,132	8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$175,546,118	\$180,919,545	\$5,373,427	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$255,384,753	\$283,829,458	\$28,444,705	11%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.26%	61.07%	1.81%	

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		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	\$8,103,855	\$8,419,911	\$316,056	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,073,055	\$885,530	(\$187,525)	-17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	13.24%	10.52%	-2.72%	-21%
4	DISCHARGES	296	333	37	13%
5	CASE MIX INDEX (CMI)	0.91780	0.99360	0.07580	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	271.66880	330.86880	59.20000	22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,949.86	\$2,676.38	(\$1,273.49)	-32%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,024.85	\$7,910.34	\$1,885.50	31%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$3,247.72	\$4,293.73	\$1,046.01	32%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$882,304	\$1,420,661	\$538,357	61%
11	PATIENT DAYS	1,000	1,005	5	1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,073.06	\$881.12	(\$191.93)	-18%
13	AVERAGE LENGTH OF STAY	3.4	3.0	(0.4)	-11%
	<b><u>UNINSURED OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$25,299,716	\$25,712,243	\$412,527	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,350,009	\$2,704,180	(\$645,829)	-19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.24%	10.52%	-2.72%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	312.19%	305.37%	-6.82%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	924.09303	1,016.89637	92.80334	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,625.19	\$2,659.25	(\$965.94)	-27%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,513.83	\$5,450.01	\$936.18	21%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,644.71	\$4,314.93	\$670.22	18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,368,050	\$4,387,838	\$1,019,788	30%
	<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$33,403,571	\$34,132,154	\$728,583	2%
24	TOTAL ACCRUED PAYMENTS	\$4,423,064	\$3,589,710	(\$833,354)	-19%
25	TOTAL ALLOWANCES	\$28,980,507	\$30,542,444	\$1,561,937	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,250,354	\$5,808,500	\$1,558,145	37%

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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	\$5,974,353	\$9,106,454	\$3,132,101	52%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,076,453	\$2,077,009	\$556	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.76%	22.81%	-11.95%	-34%
4	DISCHARGES	327	517	190	58%
5	CASE MIX INDEX (CMI)	1.12540	0.87910	(0.24630)	-22%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	368.00580	454.49470	86.48890	24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,642.45	\$4,569.93	(\$1,072.52)	-19%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,332.27	\$6,016.79	\$1,684.53	39%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,555.14	\$2,400.18	\$845.04	54%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$572,300	\$1,090,868	\$518,569	91%
11	PATIENT DAYS	1,099	1,809	710	65%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,889.40	\$1,148.15	(\$741.25)	-39%
13	AVERAGE LENGTH OF STAY	3.4	3.5	0.1	4%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$11,023,229	\$14,846,248	\$3,823,019	35%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,419,393	\$2,263,307	(\$156,086)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.95%	15.24%	-6.70%	-31%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	184.51%	163.03%	-21.48%	-12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	603.34498	842.86488	239.51990	40%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,009.97	\$2,685.25	(\$1,324.71)	-33%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,129.05	\$5,424.00	\$1,294.95	31%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,259.93	\$4,288.93	\$1,029.00	32%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,966,862	\$3,614,984	\$1,648,123	84%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$16,997,582	\$23,952,702	\$6,955,120	41%
24	TOTAL ACCRUED PAYMENTS	\$4,495,846	\$4,340,316	(\$155,530)	-3%
25	TOTAL ALLOWANCES	\$12,501,736	\$19,612,386	\$7,110,650	57%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,539,161	\$4,705,853	\$2,166,691	85%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$7,264,530	\$10,964,069	\$3,699,539	51%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,654,604	\$3,391,927	\$1,737,323	105%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.78%	30.94%	8.16%	36%
4	DISCHARGES	246	253	7	3%
5	CASE MIX INDEX (CMI)	0.96760	1.01460	0.04700	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	238.02960	256.69380	18.66420	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,951.25	\$13,213.90	\$6,262.65	90%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$3,023.46	(\$2,627.18)	(\$5,650.64)	-187%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$246.33	(\$6,243.79)	(\$6,490.13)	-2635%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$58,634	(\$1,602,743)	(\$1,661,377)	-2833%
11	PATIENT DAYS	987	1,389	402	41%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,676.40	\$2,441.99	\$765.59	46%
13	AVERAGE LENGTH OF STAY	4.0	5.5	1.5	37%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,015,929	\$7,823,230	\$807,301	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$670,539	\$799,160	\$128,621	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	9.56%	10.22%	0.66%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	96.58%	71.35%	-25.22%	-26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	237.58158	180.52396	(57.05762)	-24%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,822.35	\$4,426.89	\$1,604.54	57%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,316.66	\$3,682.36	(\$1,634.30)	-31%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,447.54	\$2,547.29	(\$1,900.25)	-43%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,056,654	\$459,847	(\$596,808)	-56%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$14,280,459	\$18,787,299	\$4,506,840	32%
24	TOTAL ACCRUED PAYMENTS	\$2,325,143	\$4,191,087	\$1,865,944	80%
25	TOTAL ALLOWANCES	\$11,955,316	\$14,596,212	\$2,640,896	22%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,115,288	(\$1,142,897)	(\$2,258,185)	-202%

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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	\$13,238,883	\$20,070,523	\$6,831,640	52%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,731,057	\$5,468,936	\$1,737,879	47%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.18%	27.25%	-0.93%	-3%
4	DISCHARGES	573	770	197	34%
5	CASE MIX INDEX (CMI)	1.05765	0.92362	(0.13403)	-13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	606.03540	711.18850	105.15310	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,156.50	\$7,689.85	\$1,533.35	25%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,818.21	\$2,896.87	(\$921.35)	-24%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,041.08	(\$719.75)	(\$1,760.83)	-169%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$630,934	(\$511,875)	(\$1,142,809)	-181%
11	PATIENT DAYS	2,086	3,198	1,112	53%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,788.62	\$1,710.11	(\$78.51)	-4%
13	AVERAGE LENGTH OF STAY	3.6	4.2	0.5	14%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,039,158	\$22,669,478	\$4,630,320	26%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,089,932	\$3,062,467	(\$27,465)	-1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.13%	13.51%	-3.62%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	136.26%	112.95%	-23.31%	-17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	840.92656	1,023.38884	182.46228	22%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,674.44	\$2,992.48	(\$681.96)	-19%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,464.57	\$5,116.78	\$652.20	15%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,595.46	\$3,981.70	\$386.25	11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,023,516	\$4,074,831	\$1,051,315	35%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$31,278,041	\$42,740,001	\$11,461,960	37%
24	TOTAL ACCRUED PAYMENTS	\$6,820,989	\$8,531,403	\$1,710,414	25%
25	TOTAL ALLOWANCES	\$24,457,052	\$34,208,598	\$9,751,546	40%

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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	\$266,274	\$137,517	(\$128,757)	-48%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$63,719	\$10,408	(\$53,311)	-84%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.93%	7.57%	-16.36%	-68%
4	DISCHARGES	6	6	0	0%
5	CASE MIX INDEX (CMI)	1.46730	0.99020	(0.47710)	-33%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8.80380	5.94120	(2.86260)	-33%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,237.67	\$1,751.83	(\$5,485.84)	-76%
8	PATIENT DAYS	27	19	(8)	-30%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,359.96	\$547.79	(\$1,812.17)	-77%
10	AVERAGE LENGTH OF STAY	4.5	3.2	(1.3)	-30%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$377,926	\$394,295	\$16,369	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$162,577	\$27,059	(\$135,518)	-83%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$644,200	\$531,812	(\$112,388)	-17%
14	TOTAL ACCRUED PAYMENTS	\$226,296	\$37,467	(\$188,829)	-83%
15	TOTAL ALLOWANCES	\$417,904	\$494,345	\$76,441	18%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$24,947,559	\$22,912,084	(\$2,035,475)	-8%
2	TOTAL OPERATING EXPENSES	\$283,532,000	\$287,530,757	\$3,998,757	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,086,769	\$1,104,887	\$18,118	2%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$21,129,180	\$20,038,812	(\$1,090,368)	-5%
5	BAD DEBTS (CHARGES)	\$7,851,327	\$10,503,632	\$2,652,305	34%
6	UNCOMPENSATED CARE (CHARGES)	\$28,980,507	\$30,542,444	\$1,561,937	5%
7	COST OF UNCOMPENSATED CARE	\$9,380,575	\$9,299,083	(\$81,492)	-1%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$31,278,041	\$42,740,001	\$11,461,960	37%
9	TOTAL ACCRUED PAYMENTS	\$6,820,989	\$8,531,403	\$1,710,414	25%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$10,124,253	\$13,012,803	\$2,888,550	29%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,303,264	\$4,481,400	\$1,178,136	36%

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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	\$362,534,490	\$408,731,408	\$46,196,918	13%
2	TOTAL INPATIENT PAYMENTS	\$116,507,014	\$127,601,946	\$11,094,932	10%
3	TOTAL INPATIENT PAYMENTS / CHARGES	32.14%	31.22%	-0.92%	-3%
4	TOTAL DISCHARGES	12,931	13,627	696	5%
5	TOTAL CASE MIX INDEX	1.07445	1.08677	0.01232	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	13,893,74920	14,809,45720	915,70800	7%
7	TOTAL OUTPATIENT CHARGES	\$467,346,952	\$492,001,556	\$24,654,604	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	128.91%	120.37%	-8.54%	-7%
9	TOTAL OUTPATIENT PAYMENTS	\$149,419,602	\$142,799,576	(\$6,620,026)	-4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.97%	29.02%	-2.95%	-9%
11	TOTAL CHARGES	\$829,881,442	\$900,732,964	\$70,851,522	9%
12	TOTAL PAYMENTS	\$265,926,616	\$270,401,522	\$4,474,906	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.04%	30.02%	-2.02%	-6%
14	PATIENT DAYS	50,149	53,059	2,910	6%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$204,980,686	\$230,703,844	\$25,723,158	13%
2	INPATIENT PAYMENTS	\$54,958,450	\$57,647,920	\$2,689,470	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	26.81%	24.99%	-1.82%	-7%
4	DISCHARGES	5,633	6,045	412	7%
5	CASE MIX INDEX	1.37108	1.35678	(0.01430)	-1%
6	CASE MIX ADJUSTED DISCHARGES	7,723.29020	8,201.74420	478.45400	6%
7	OUTPATIENT CHARGES	\$143,104,166	\$153,306,707	\$10,202,541	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	69.81%	66.45%	-3.36%	-5%
9	OUTPATIENT PAYMENTS	\$27,178,589	\$25,826,469	(\$1,352,120)	-5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.99%	16.85%	-2.15%	-11%
11	TOTAL CHARGES	\$348,084,852	\$384,010,551	\$35,925,699	10%
12	TOTAL PAYMENTS	\$82,137,039	\$83,474,389	\$1,337,350	2%
13	TOTAL PAYMENTS / CHARGES	23.60%	21.74%	-1.86%	-8%
14	PATIENT DAYS	26,302	28,439	2,137	8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$265,947,813	\$300,536,162	\$34,588,349	13%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	4.8	4.8	0.0	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.2	(0.0)	-1%
3	UNINSURED	3.4	3.0	(0.4)	-11%
4	MEDICAID	3.4	3.5	0.1	4%
5	OTHER MEDICAL ASSISTANCE	4.0	5.5	1.5	37%
6	CHAMPUS / TRICARE	4.5	3.2	(1.3)	-30%
7	TOTAL AVERAGE LENGTH OF STAY	3.9	3.9	0.0	0%

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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>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$829,881,442	\$900,732,964	\$70,851,522	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$265,947,813	\$300,536,162	\$34,588,349	13%
3	UNCOMPENSATED CARE	\$28,980,507	\$30,542,444	\$1,561,937	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$255,384,753	\$283,829,458	\$28,444,705	11%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,034,412	\$12,688,779	\$654,367	5%
6	TOTAL ADJUSTMENTS	\$562,347,485	\$627,596,843	\$65,249,358	12%
7	TOTAL ACCRUED PAYMENTS	\$267,533,957	\$273,136,121	\$5,602,164	2%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,086,769	\$1,104,887	\$18,118	2%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$268,620,726	\$274,241,008	\$5,620,282	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3236856645	0.3044642741	(0.0192213904)	-6%
11	COST OF UNCOMPENSATED CARE	\$9,380,575	\$9,299,083	(\$81,492)	-1%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,303,264	\$4,481,400	\$1,178,136	36%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$12,683,839	\$13,780,483	\$1,096,644	9%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$1,966,862	\$3,614,984	\$1,648,123	84%
2	OTHER MEDICAL ASSISTANCE	\$1,115,288	(\$1,142,897)	(\$2,258,185)	-202%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,250,354	\$5,808,500	\$1,558,145	37%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,332,504	\$8,280,587	\$948,083	13%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,106,348	\$18,373,068	\$266,720	1.47%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,232,038	\$7,579,332	\$4,347,294	134.51%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$270,245,423	\$279,085,742	\$8,840,319	3.27%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$829,881,442	\$900,732,965	\$70,851,523	8.54%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$4,056,046	\$2,949,701	(\$1,106,345)	-27.28%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$33,036,553	\$33,492,146	\$455,593	1.38%

<b>GREENWICH 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)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$157,553,804	\$178,027,564	\$20,473,760
2	MEDICARE	\$191,475,529	210,495,804	\$19,020,275
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,238,883	20,070,523	\$6,831,640
4	MEDICAID	\$5,974,353	9,106,454	\$3,132,101
5	OTHER MEDICAL ASSISTANCE	\$7,264,530	10,964,069	\$3,699,539
6	CHAMPUS / TRICARE	\$266,274	137,517	(\$128,757)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,103,855	8,419,911	\$316,056
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$204,980,686</b>	<b>\$230,703,844</b>	<b>\$25,723,158</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$362,534,490</b>	<b>\$408,731,408</b>	<b>\$46,196,918</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$324,242,786	\$338,694,849	\$14,452,063
2	MEDICARE	\$124,687,082	130,242,934	\$5,555,852
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,039,158	22,669,478	\$4,630,320
4	MEDICAID	\$11,023,229	14,846,248	\$3,823,019
5	OTHER MEDICAL ASSISTANCE	\$7,015,929	7,823,230	\$807,301
6	CHAMPUS / TRICARE	\$377,926	394,295	\$16,369
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,299,716	25,712,243	\$412,527
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$143,104,166</b>	<b>\$153,306,707</b>	<b>\$10,202,541</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$467,346,952</b>	<b>\$492,001,556</b>	<b>\$24,654,604</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$481,796,590	\$516,722,413	\$34,925,823
2	TOTAL MEDICARE	\$316,162,611	\$340,738,738	\$24,576,127
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$31,278,041	\$42,740,001	\$11,461,960
4	TOTAL MEDICAID	\$16,997,582	\$23,952,702	\$6,955,120
5	TOTAL OTHER MEDICAL ASSISTANCE	\$14,280,459	\$18,787,299	\$4,506,840
6	TOTAL CHAMPUS / TRICARE	\$644,200	\$531,812	(\$112,388)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$33,403,571	\$34,132,154	\$728,583
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$348,084,852</b>	<b>\$384,010,551</b>	<b>\$35,925,699</b>
	<b>TOTAL CHARGES</b>	<b>\$829,881,442</b>	<b>\$900,732,964</b>	<b>\$70,851,522</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,548,564	\$69,954,026	\$8,405,462
2	MEDICARE	\$51,163,674	52,168,576	\$1,004,902
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,731,057	5,468,936	\$1,737,879
4	MEDICAID	\$2,076,453	2,077,009	\$556
5	OTHER MEDICAL ASSISTANCE	\$1,654,604	3,391,927	\$1,737,323
6	CHAMPUS / TRICARE	\$63,719	10,408	(\$53,311)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,073,055	885,530	(\$187,525)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$54,958,450</b>	<b>\$57,647,920</b>	<b>\$2,689,470</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$116,507,014</b>	<b>\$127,601,946</b>	<b>\$11,094,932</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$122,241,013	\$116,973,107	(\$5,267,906)
2	MEDICARE	\$23,926,080	22,736,943	(\$1,189,137)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,089,932	3,062,467	(\$27,465)
4	MEDICAID	\$2,419,393	2,263,307	(\$156,086)
5	OTHER MEDICAL ASSISTANCE	\$670,539	799,160	\$128,621
6	CHAMPUS / TRICARE	\$162,577	27,059	(\$135,518)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,350,009	2,704,180	(\$645,829)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$27,178,589</b>	<b>\$25,826,469</b>	<b>(\$1,352,120)</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$149,419,602</b>	<b>\$142,799,576</b>	<b>(\$6,620,026)</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,789,577	\$186,927,133	\$3,137,556
2	TOTAL MEDICARE	\$75,089,754	\$74,905,519	(\$184,235)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,820,989	\$8,531,403	\$1,710,414
4	TOTAL MEDICAID	\$4,495,846	\$4,340,316	(\$155,530)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,325,143	\$4,191,087	\$1,865,944
6	TOTAL CHAMPUS / TRICARE	\$226,296	\$37,467	(\$188,829)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,423,064	\$3,589,710	(\$833,354)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$82,137,039</b>	<b>\$83,474,389</b>	<b>\$1,337,350</b>
	<b>TOTAL PAYMENTS</b>	<b>\$265,926,616</b>	<b>\$270,401,522</b>	<b>\$4,474,906</b>

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
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>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.99%	19.76%	0.78%
2	MEDICARE	23.07%	23.37%	0.30%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.60%	2.23%	0.63%
4	MEDICAID	0.72%	1.01%	0.29%
5	OTHER MEDICAL ASSISTANCE	0.88%	1.22%	0.34%
6	CHAMPUS / TRICARE	0.03%	0.02%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98%	0.93%	-0.04%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>24.70%</b>	<b>25.61%</b>	<b>0.91%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>43.69%</b>	<b>45.38%</b>	<b>1.69%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.07%	37.60%	-1.47%
2	MEDICARE	15.02%	14.46%	-0.57%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.17%	2.52%	0.34%
4	MEDICAID	1.33%	1.65%	0.32%
5	OTHER MEDICAL ASSISTANCE	0.85%	0.87%	0.02%
6	CHAMPUS / TRICARE	0.05%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.05%	2.85%	-0.19%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>17.24%</b>	<b>17.02%</b>	<b>-0.22%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>56.31%</b>	<b>54.62%</b>	<b>-1.69%</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)	23.14%	25.87%	2.73%
2	MEDICARE	19.24%	19.29%	0.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.40%	2.02%	0.62%
4	MEDICAID	0.78%	0.77%	-0.01%
5	OTHER MEDICAL ASSISTANCE	0.62%	1.25%	0.63%
6	CHAMPUS / TRICARE	0.02%	0.00%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.40%	0.33%	-0.08%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>20.67%</b>	<b>21.32%</b>	<b>0.65%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>43.81%</b>	<b>47.19%</b>	<b>3.38%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.97%	43.26%	-2.71%
2	MEDICARE	9.00%	8.41%	-0.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.16%	1.13%	-0.03%
4	MEDICAID	0.91%	0.84%	-0.07%
5	OTHER MEDICAL ASSISTANCE	0.25%	0.30%	0.04%
6	CHAMPUS / TRICARE	0.06%	0.01%	-0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.26%	1.00%	-0.26%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>10.22%</b>	<b>9.55%</b>	<b>-0.67%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>56.19%</b>	<b>52.81%</b>	<b>-3.38%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

GREENWICH HOSPITAL				
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FISCAL YEAR 2010				
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>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,298	7,582	284
2	MEDICARE	5,054	5,269	215
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	573	770	197
4	MEDICAID	327	517	190
5	OTHER MEDICAL ASSISTANCE	246	253	7
6	CHAMPUS / TRICARE	6	6	-
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	296	333	37
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>5,633</b>	<b>6,045</b>	<b>412</b>
	<b>TOTAL DISCHARGES</b>	<b>12,931</b>	<b>13,627</b>	<b>696</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23,847	24,620	773
2	MEDICARE	24,189	25,222	1,033
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,086	3,198	1,112
4	MEDICAID	1,099	1,809	710
5	OTHER MEDICAL ASSISTANCE	987	1,389	402
6	CHAMPUS / TRICARE	27	19	(8)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,000	1,005	5
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>26,302</b>	<b>28,439</b>	<b>2,137</b>
	<b>TOTAL PATIENT DAYS</b>	<b>50,149</b>	<b>53,059</b>	<b>2,910</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.2	(0.0)
2	MEDICARE	4.8	4.8	0.0
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.6	4.2	0.5
4	MEDICAID	3.4	3.5	0.1
5	OTHER MEDICAL ASSISTANCE	4.0	5.5	1.5
6	CHAMPUS / TRICARE	4.5	3.2	(1.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.4	3.0	(0.4)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.7</b>	<b>4.7</b>	<b>0.0</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>3.9</b>	<b>3.9</b>	<b>0.0</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.84550	0.87150	0.02600
2	MEDICARE	1.40650	1.42050	0.01400
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05765	0.92362	(0.13403)
4	MEDICAID	1.12540	0.87910	(0.24630)
5	OTHER MEDICAL ASSISTANCE	0.96760	1.01460	0.04700
6	CHAMPUS / TRICARE	1.46730	0.99020	(0.47710)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.91780	0.99360	0.07580
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.37108</b>	<b>1.35678</b>	<b>(0.01430)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.07445</b>	<b>1.08677</b>	<b>0.01232</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$430,930,871	\$464,749,003	\$33,818,132
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,546,118	\$180,919,545	\$5,373,427
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$255,384,753	\$283,829,458	\$28,444,705
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.26%	61.07%	1.81%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,106,348	\$18,373,068	\$266,720
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,034,412	\$12,688,779	\$654,367
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,086,769	\$1,104,887	\$18,118
8	CHARITY CARE	\$21,129,180	\$20,038,812	(\$1,090,368)
9	BAD DEBTS	\$7,851,327	\$10,503,632	\$2,652,305
10	TOTAL UNCOMPENSATED CARE	\$28,980,507	\$30,542,444	\$1,561,937
11	TOTAL OTHER OPERATING REVENUE	\$430,930,871	\$464,749,003	\$33,818,132
12	TOTAL OPERATING EXPENSES	\$283,532,000	\$287,530,757	\$3,998,757

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
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>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,170.45900	6,607.71300	437.25400
2	MEDICARE	7,108.45100	7,484.61450	376.16350
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	606.03540	711.18850	105.15310
4	MEDICAID	368.00580	454.49470	86.48890
5	OTHER MEDICAL ASSISTANCE	238.02960	256.69380	18.66420
6	CHAMPUS / TRICARE	8.80380	5.94120	(2.86260)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	271.66880	330.86880	59.20000
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>7,723.29020</b>	<b>8,201.74420</b>	<b>478.45400</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>13,893.74920</b>	<b>14,809.45720</b>	<b>915.70800</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15,019.14770	14,424.64463	-594.50306
2	MEDICARE	3,291.11775	3,260.16009	-30.95766
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	840.92656	1,023.38884	182.46228
4	MEDICAID	603.34498	842.86488	239.51990
5	OTHER MEDICAL ASSISTANCE	237.58158	180.52396	-57.05762
6	CHAMPUS / TRICARE	8.51587	17.20347	8.68760
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	924.09303	1,016.89637	92.80334
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,140.56019</b>	<b>4,300.75240</b>	<b>160.19221</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>19,159.70788</b>	<b>18,725.39703</b>	<b>-434.31085</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,974.71	\$10,586.72	\$612.01
2	MEDICARE	\$7,197.58	\$6,970.11	(\$227.48)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,156.50	\$7,689.85	\$1,533.35
4	MEDICAID	\$5,642.45	\$4,569.93	(\$1,072.52)
5	OTHER MEDICAL ASSISTANCE	\$6,951.25	\$13,213.90	\$6,262.65
6	CHAMPUS / TRICARE	\$7,237.67	\$1,751.83	(\$5,485.84)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,949.86	\$2,676.38	(\$1,273.49)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,115.94</b>	<b>\$7,028.74</b>	<b>(\$87.20)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,385.57</b>	<b>\$8,616.25</b>	<b>\$230.68</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,139.01	\$8,109.25	(\$29.76)
2	MEDICARE	\$7,269.89	\$6,974.18	(\$295.71)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,674.44	\$2,992.48	(\$681.96)
4	MEDICAID	\$4,009.97	\$2,685.25	(\$1,324.71)
5	OTHER MEDICAL ASSISTANCE	\$2,822.35	\$4,426.89	\$1,604.54
6	CHAMPUS / TRICARE	\$19,091.05	\$1,572.88	(\$17,518.17)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,625.19	\$2,659.25	(\$965.94)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,563.99</b>	<b>\$6,005.10</b>	<b>(\$558.89)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,798.64</b>	<b>\$7,625.98</b>	<b>(\$172.65)</b>

<b>GREENWICH 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)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$1,966,862	\$3,614,984	\$1,648,123
2	OTHER MEDICAL ASSISTANCE	\$1,115,288	(\$1,142,897)	(\$2,258,185)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,250,354	\$5,808,500	\$1,558,145
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$7,332,504</b>	<b>\$8,280,587</b>	<b>\$948,083</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$829,881,442	\$900,732,964	\$70,851,522
2	TOTAL GOVERNMENT DEDUCTIONS	\$265,947,813	\$300,536,162	\$34,588,349
3	UNCOMPENSATED CARE	\$28,980,507	\$30,542,444	\$1,561,937
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$255,384,753	\$283,829,458	\$28,444,705
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,034,412	\$12,688,779	\$654,367
6	TOTAL ADJUSTMENTS	\$562,347,485	\$627,596,843	\$65,249,358
7	TOTAL ACCRUED PAYMENTS	\$267,533,957	\$273,136,121	\$5,602,164
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,086,769	\$1,104,887	\$18,118
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$268,620,726	\$274,241,008	\$5,620,282
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3236856645	0.3044642741	(0.0192213904)
11	COST OF UNCOMPENSATED CARE	\$9,380,575	\$9,299,083	(\$81,492)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,303,264	\$4,481,400	\$1,178,136
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$12,683,839	\$13,780,483	\$1,096,644
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.07%	39.29%	0.23%
2	MEDICARE	26.72%	24.78%	-1.94%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.18%	27.25%	-0.93%
4	MEDICAID	34.76%	22.81%	-11.95%
5	OTHER MEDICAL ASSISTANCE	22.78%	30.94%	8.16%
6	CHAMPUS / TRICARE	23.93%	7.57%	-16.36%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13.24%	10.52%	-2.72%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>26.81%</b>	<b>24.99%</b>	<b>-1.82%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>32.14%</b>	<b>31.22%</b>	<b>-0.92%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.70%	34.54%	-3.16%
2	MEDICARE	19.19%	17.46%	-1.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.13%	13.51%	-3.62%
4	MEDICAID	21.95%	15.24%	-6.70%
5	OTHER MEDICAL ASSISTANCE	9.56%	10.22%	0.66%
6	CHAMPUS / TRICARE	43.02%	6.86%	-36.16%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13.24%	10.52%	-2.72%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>18.99%</b>	<b>16.85%</b>	<b>-2.15%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>31.97%</b>	<b>29.02%</b>	<b>-2.95%</b>

<b>GREENWICH 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)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<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	\$265,926,616	\$270,401,522	\$4,474,906
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,086,769	\$1,104,887	\$18,118
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$267,013,385</b>	<b>\$271,506,409</b>	<b>\$4,493,024</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,232,038	\$7,579,332	\$4,347,294
4	<b>CALCULATED NET REVENUE</b>	<b>\$270,245,423</b>	<b>\$279,085,741</b>	<b>\$8,840,318</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$270,245,423	\$279,085,742	\$8,840,319
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	\$829,881,442	\$900,732,964	\$70,851,522
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$829,881,442</b>	<b>\$900,732,964</b>	<b>\$70,851,522</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$829,881,442	\$900,732,965	\$70,851,523
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>(\$1)</b>	<b>(\$1)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,980,507	\$30,542,444	\$1,561,937
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$4,056,046	\$2,949,701	(\$1,106,345)
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$33,036,553</b>	<b>\$33,492,145</b>	<b>\$455,592</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$33,036,553	\$33,492,146	\$455,593
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>(\$1)</b>	<b>(\$1)</b>

GREENWICH 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>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$178,027,564
2	MEDICARE	210,495,804
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,070,523
4	MEDICAID	9,106,454
5	OTHER MEDICAL ASSISTANCE	10,964,069
6	CHAMPUS / TRICARE	137,517
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,419,911
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$230,703,844</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$408,731,408</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$338,694,849
2	MEDICARE	130,242,934
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,669,478
4	MEDICAID	14,846,248
5	OTHER MEDICAL ASSISTANCE	7,823,230
6	CHAMPUS / TRICARE	394,295
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25,712,243
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$153,306,707</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$492,001,556</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$516,722,413
2	TOTAL GOVERNMENT ACCRUED CHARGES	384,010,551
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$900,732,964</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,954,026
2	MEDICARE	52,168,576
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,468,936
4	MEDICAID	2,077,009
5	OTHER MEDICAL ASSISTANCE	3,391,927
6	CHAMPUS / TRICARE	10,408
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	885,530
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$57,647,920</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$127,601,946</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$116,973,107
2	MEDICARE	22,736,943
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,062,467
4	MEDICAID	2,263,307
5	OTHER MEDICAL ASSISTANCE	799,160
6	CHAMPUS / TRICARE	27,059
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,704,180
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$25,826,469</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$142,799,576</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$186,927,133
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	83,474,389
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$270,401,522</b>

GREENWICH 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)	7,582
2	MEDICARE	5,269
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	770
4	MEDICAID	517
5	OTHER MEDICAL ASSISTANCE	253
6	CHAMPUS / TRICARE	6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	333
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>6,045</b>
	<b>TOTAL DISCHARGES</b>	<b>13,627</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.87150
2	MEDICARE	1.42050
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92362
4	MEDICAID	0.87910
5	OTHER MEDICAL ASSISTANCE	1.01460
6	CHAMPUS / TRICARE	0.99020
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.99360
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.35678</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.08677</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$464,749,003
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$180,919,545
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$283,829,458
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.07%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,373,068
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,688,779
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,104,887
8	CHARITY CARE	\$20,038,812
9	BAD DEBTS	\$10,503,632
10	TOTAL UNCOMPENSATED CARE	\$30,542,444
11	TOTAL OTHER OPERATING REVENUE	\$22,912,084
12	TOTAL OPERATING EXPENSES	\$287,530,757

<b>GREENWICH 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	\$270,401,522
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,104,887
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$271,506,409</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$7,579,332
	<b>CALCULATED NET REVENUE</b>	<b>\$279,085,741</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$279,085,742
	<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	\$900,732,964
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$900,732,964</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$900,732,965
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$30,542,444
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,949,701
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$33,492,145</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$33,492,146
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>

GREENWICH 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	3,635	3,520	(115)	-3%
2	Number of Approved Applicants	3,414	3,454	40	1%
3	<b>Total Charges (A)</b>	\$21,129,180	\$20,038,812	(\$1,090,368)	-5%
4	<b>Average Charges</b>	<b>\$6,189</b>	<b>\$5,802</b>	<b>(\$387)</b>	<b>-6%</b>
5	Ratio of Cost to Charges (RCC)	0.337878	0.331683	(0.006195)	-2%
6	<b>Total Cost</b>	<b>\$7,139,085</b>	<b>\$6,646,533</b>	<b>(\$492,552)</b>	<b>-7%</b>
7	<b>Average Cost</b>	<b>\$2,091</b>	<b>\$1,924</b>	<b>(\$167)</b>	<b>-8%</b>
8	Charity Care - Inpatient Charges	\$6,441,909	\$4,809,315	(\$1,632,594)	-25%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	9,404,286	13,025,228	3,620,942	39%
10	Charity Care - Emergency Department Charges	5,282,985	2,204,269	(3,078,716)	-58%
11	<b>Total Charges (A)</b>	<b>\$21,129,180</b>	<b>\$20,038,812</b>	<b>(\$1,090,368)</b>	<b>-5%</b>
12	Charity Care - Number of Patient Days	3,040	1,788	(1,252)	-41%
13	Charity Care - Number of Discharges	557	564	7	1%
14	Charity Care - Number of Outpatient ED Visits	2,906	1,789	(1,117)	-38%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	14,928	13,405	(1,523)	-10%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$6,359,575	\$9,138,160	\$2,778,585	44%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	549,593	504,174	(45,419)	-8%
3	Bad Debts - Emergency Department	942,159	861,298	(80,861)	-9%
4	<b>Total Bad Debts (A)</b>	<b>\$7,851,327</b>	<b>\$10,503,632</b>	<b>\$2,652,305</b>	<b>34%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$21,129,180	\$20,038,812	(\$1,090,368)	-5%
2	Bad Debts (A)	7,851,327	10,503,632	2,652,305	34%
3	<b>Total Uncompensated Care (A)</b>	<b>\$28,980,507</b>	<b>\$30,542,444</b>	<b>\$1,561,937</b>	<b>5%</b>
4	Uncompensated Care - Inpatient Services	\$12,801,484	\$13,947,475	\$1,145,991	9%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	9,953,879	13,529,402	3,575,523	36%
6	Uncompensated Care - Emergency Department	6,225,144	3,065,567	(3,159,577)	-51%
7	<b>Total Uncompensated Care (A)</b>	<b>\$28,980,507</b>	<b>\$30,542,444</b>	<b>\$1,561,937</b>	<b>5%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

<b>GREENWICH HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, 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 NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$430,930,871	\$464,749,003	\$33,818,132	8%
2	Total Contractual Allowances	\$255,384,753	\$283,829,458	\$28,444,705	11%
	<b>Total Accrued Payments (A)</b>	<b>\$175,546,118</b>	<b>\$180,919,545</b>	<b>\$5,373,427</b>	<b>3%</b>
	<b>Total Discount Percentage</b>	<b>59.26%</b>	<b>61.07%</b>	<b>1.81%</b>	<b>3%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>GREENWICH HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 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	\$334,089,743	\$362,534,490	\$408,731,408
2	Outpatient Gross Revenue	\$438,960,026	\$467,346,952	\$492,001,556
3	Total Gross Patient Revenue	\$773,049,769	\$829,881,442	\$900,732,964
4	Net Patient Revenue	\$263,093,000	\$269,158,231	\$279,086,000
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$278,268,000	\$283,532,000	\$287,530,757
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	51,700	50,149	53,059
2	Discharges	12,731	12,931	13,627
3	Average Length of Stay	4.1	3.9	3.9
4	Equivalent (Adjusted) Patient Days (EPD)	119,629	114,797	116,928
0	Equivalent (Adjusted) Discharges (ED)	29,458	29,600	30,030
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.08996	1.07445	1.08677
2	Case Mix Adjusted Patient Days (CMAPD)	56,351	53,883	57,663
3	Case Mix Adjusted Discharges (CMAD)	13,876	13,894	14,809
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	130,391	123,344	127,074
5	Case Mix Adjusted Equivalent Discharges (CMAED)	32,108	31,804	32,636
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$14,953	\$16,548	\$16,976
2	Total Gross Revenue per Discharge	\$60,722	\$64,178	\$66,099
3	Total Gross Revenue per EPD	\$6,462	\$7,229	\$7,703
4	Total Gross Revenue per ED	\$26,242	\$28,036	\$29,994
5	Total Gross Revenue per CMAEPD	\$5,929	\$6,728	\$7,088
6	Total Gross Revenue per CMAED	\$24,076	\$26,093	\$27,599
7	Inpatient Gross Revenue per EPD	\$2,793	\$3,158	\$3,496
8	Inpatient Gross Revenue per ED	\$11,341	\$12,248	\$13,611

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<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	\$5,089	\$5,367	\$5,260
2	Net Patient Revenue per Discharge	\$20,666	\$20,815	\$20,480
3	Net Patient Revenue per EPD	\$2,199	\$2,345	\$2,387
4	Net Patient Revenue per ED	\$8,931	\$9,093	\$9,294
5	Net Patient Revenue per CMAEPD	\$2,018	\$2,182	\$2,196
6	Net Patient Revenue per CMAED	\$8,194	\$8,463	\$8,551
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$5,382	\$5,654	\$5,419
2	Total Operating Expense per Discharge	\$21,858	\$21,927	\$21,100
3	Total Operating Expense per EPD	\$2,326	\$2,470	\$2,459
4	Total Operating Expense per ED	\$9,446	\$9,579	\$9,575
5	Total Operating Expense per CMAEPD	\$2,134	\$2,299	\$2,263
6	Total Operating Expense per CMAED	\$8,667	\$8,915	\$8,810
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$34,451,485	\$34,682,247	\$32,654,133
2	Nursing Fringe Benefits Expense	\$8,613,360	\$9,364,207	\$9,208,466
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$43,064,845</b>	<b>\$44,046,454</b>	<b>\$41,862,599</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$14,575,885	\$16,001,525	\$16,407,798
2	Physician Fringe Benefits Expense	\$3,691,440	\$4,320,412	\$4,626,999
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$18,267,325</b>	<b>\$20,321,937</b>	<b>\$21,034,797</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$74,323,630	\$71,813,474	\$69,278,749
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$18,457,200	\$20,460,705	\$19,548,935
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$92,780,830</b>	<b>\$92,274,179</b>	<b>\$88,827,684</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$123,351,000	\$122,497,246	\$118,340,680
2	Total Fringe Benefits Expense	\$30,762,000	\$34,145,324	\$33,384,400
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$154,113,000</b>	<b>\$156,642,570</b>	<b>\$151,725,080</b>

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<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	418.5	338.2	351.9
2	Total Physician FTEs	65.4	60.1	51.3
3	Total Non-Nursing, Non-Physician FTEs	1112.0	1041.8	1058.5
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,595.9</b>	<b>1,440.1</b>	<b>1,461.7</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$82,321	\$102,550	\$92,794
2	Nursing Fringe Benefits Expense per FTE	\$20,582	\$27,688	\$26,168
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$102,903</b>	<b>\$130,238</b>	<b>\$118,962</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$222,873	\$266,248	\$319,840
2	Physician Fringe Benefits Expense per FTE	\$56,444	\$71,887	\$90,195
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$279,317</b>	<b>\$338,135</b>	<b>\$410,035</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$66,838	\$68,932	\$65,450
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,598	\$19,640	\$18,469
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$83,436</b>	<b>\$88,572</b>	<b>\$83,918</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$77,292	\$85,062	\$80,961
2	Total Fringe Benefits Expense per FTE	\$19,276	\$23,710	\$22,839
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$96,568</b>	<b>\$108,772</b>	<b>\$103,800</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,981	\$3,124	\$2,860
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,105	\$12,114	\$11,134
3	Total Salary and Fringe Benefits Expense per EPD	\$1,288	\$1,365	\$1,298
4	Total Salary and Fringe Benefits Expense per ED	\$5,232	\$5,292	\$5,052
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,182	\$1,270	\$1,194
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,800	\$4,925	\$4,649