

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
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>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$2,513,911	\$6,859,877	\$4,345,966	173%
2	Short Term Investments	\$195,420	\$198,805	\$3,385	2%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,792,628	\$10,247,728	(\$544,900)	-5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,095,852	\$922,589	(\$173,263)	-16%
5	Due From Affiliates	\$46,292	\$43,668	(\$2,624)	-6%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,035,077	\$2,043,790	\$8,713	0%
8	Prepaid Expenses	\$2,935,422	\$1,486,255	(\$1,449,167)	-49%
9	Other Current Assets	\$515,117	\$1,074,544	\$559,427	109%
	Total Current Assets	\$20,129,719	\$22,877,256	\$2,747,537	14%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$0	\$0	\$0	0%
5	Interest in Net Assets of Foundation	\$14,189,069	\$9,274,171	(\$4,914,898)	-35%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$3,686,428	\$4,015,159	\$328,731	9%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$91,528,719	\$96,644,931	\$5,116,212	6%
2	Less: Accumulated Depreciation	\$60,489,384	\$65,927,031	\$5,437,647	9%
	Property, Plant and Equipment, Net	\$31,039,335	\$30,717,900	(\$321,435)	-1%
3	Construction in Progress	\$668,678	\$2,034,805	\$1,366,127	204%
	Total Net Fixed Assets	\$31,708,013	\$32,752,705	\$1,044,692	3%
	Total Assets	\$69,713,229	\$68,919,291	(\$793,938)	-1%

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		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$7,756,646	\$4,628,308	(\$3,128,338)	-40%
2	Salaries, Wages and Payroll Taxes	\$2,869,848	\$1,230,303	(\$1,639,545)	-57%
3	Due To Third Party Payers	\$2,305,128	\$3,618,869	\$1,313,741	57%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,662,730	\$2,256,042	\$593,312	36%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,095,852	\$1,922,589	\$826,737	75%
	Total Current Liabilities	\$15,690,204	\$13,656,111	(\$2,034,093)	-13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$7,543,997	\$6,944,190	(\$599,807)	-8%
	Total Long Term Debt	\$7,543,997	\$6,944,190	(\$599,807)	-8%
3	Accrued Pension Liability	\$20,426,162	\$10,939,644	(\$9,486,518)	-46%
4	Other Long Term Liabilities	\$2,284,464	\$2,674,742	\$390,278	17%
	Total Long Term Liabilities	\$30,254,623	\$20,558,576	(\$9,696,047)	-32%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$13,080,008	\$28,931,108	\$15,851,100	121%
2	Temporarily Restricted Net Assets	\$7,033,945	\$1,822,932	(\$5,211,013)	-74%
3	Permanently Restricted Net Assets	\$3,654,449	\$3,950,564	\$296,115	8%
	Total Net Assets	\$23,768,402	\$34,704,604	\$10,936,202	46%
	Total Liabilities and Net Assets	\$69,713,229	\$68,919,291	(\$793,938)	-1%

NEW MILFORD 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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$230,831,708	\$240,127,700	\$9,295,992	4%
2	Less: Allowances	\$138,119,123	\$149,487,761	\$11,368,638	8%
3	Less: Charity Care	\$3,386,223	\$2,594,793	(\$791,430)	-23%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$89,326,362	\$88,045,146	(\$1,281,216)	-1%
5	Other Operating Revenue	\$3,899,680	\$3,875,185	(\$24,495)	-1%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$93,226,042	\$91,920,331	(\$1,305,711)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$39,922,131	\$37,652,884	(\$2,269,247)	-6%
2	Fringe Benefits	\$13,279,342	\$11,693,174	(\$1,586,168)	-12%
3	Physicians Fees	\$1,429,887	\$1,312,983	(\$116,904)	-8%
4	Supplies and Drugs	\$14,176,511	\$14,059,181	(\$117,330)	-1%
5	Depreciation and Amortization	\$4,946,076	\$5,437,648	\$491,572	10%
6	Bad Debts	\$3,220,173	\$3,065,190	(\$154,983)	-5%
7	Interest	\$675,584	\$538,204	(\$137,380)	-20%
8	Malpractice	\$2,375,725	\$1,526,053	(\$849,672)	-36%
9	Other Operating Expenses	\$18,727,325	\$16,516,913	(\$2,210,412)	-12%
	Total Operating Expenses	\$98,752,754	\$91,802,230	(\$6,950,524)	-7%
	Income/(Loss) From Operations	(\$5,526,712)	\$118,101	\$5,644,813	-102%
C. Non-Operating Revenue:					
1	Income from Investments	\$81,496	\$35,184	(\$46,312)	-57%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$280,146	\$36,962	(\$243,184)	-87%
	Total Non-Operating Revenue	\$361,642	\$72,146	(\$289,496)	-80%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$5,165,070)	\$190,247	\$5,355,317	-104%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$5,165,070)	\$190,247	\$5,355,317	-104%
	Principal Payments	\$1,412,730	\$1,871,926	\$459,196	33%

**NEW MILFORD 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
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$38,677,463	\$36,103,221	(\$2,574,242)	-7%
2	MEDICARE MANAGED CARE	\$1,779,387	\$2,326,095	\$546,708	31%
3	MEDICAID	\$1,258,906	\$2,873,479	\$1,614,573	128%
4	MEDICAID MANAGED CARE	\$1,182,686	\$1,534,370	\$351,684	30%
5	CHAMPUS/TRICARE	\$65,802	\$103,220	\$37,418	57%
6	COMMERCIAL INSURANCE	\$1,802,193	\$2,419,019	\$616,826	34%
7	NON-GOVERNMENT MANAGED CARE	\$24,798,525	\$22,043,791	(\$2,754,734)	-11%
8	WORKER'S COMPENSATION	\$1,740,810	\$953,718	(\$787,092)	-45%
9	SELF- PAY/UNINSURED	\$1,206,064	\$947,053	(\$259,011)	-21%
10	SAGA	\$393,529	\$488,981	\$95,452	24%
11	OTHER	\$101,660	\$472,650	\$370,990	365%
	TOTAL INPATIENT GROSS REVENUE	\$73,007,025	\$70,265,597	(\$2,741,428)	-4%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$59,901,818	\$64,832,570	\$4,930,752	8%
2	MEDICARE MANAGED CARE	\$4,046,469	\$4,000,176	(\$46,293)	-1%
3	MEDICAID	\$3,822,182	\$4,455,068	\$632,886	17%
4	MEDICAID MANAGED CARE	\$3,167,435	\$6,014,985	\$2,847,550	90%
5	CHAMPUS/TRICARE	\$212,408	\$300,717	\$88,309	42%
6	COMMERCIAL INSURANCE	\$5,357,707	\$7,749,409	\$2,391,702	45%
7	NON-GOVERNMENT MANAGED CARE	\$75,387,106	\$76,178,979	\$791,873	1%
8	WORKER'S COMPENSATION	\$1,510,423	\$1,502,223	(\$8,200)	-1%
9	SELF- PAY/UNINSURED	\$3,396,201	\$4,062,137	\$665,936	20%
10	SAGA	\$837,929	\$494,608	(\$343,321)	-41%
11	OTHER	\$185,005	\$271,231	\$86,226	47%
	TOTAL OUTPATIENT GROSS REVENUE	\$157,824,683	\$169,862,103	\$12,037,420	8%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$98,579,281	\$100,935,791	\$2,356,510	2%
2	MEDICARE MANAGED CARE	\$5,825,856	\$6,326,271	\$500,415	9%
3	MEDICAID	\$5,081,088	\$7,328,547	\$2,247,459	44%
4	MEDICAID MANAGED CARE	\$4,350,121	\$7,549,355	\$3,199,234	74%
5	CHAMPUS/TRICARE	\$278,210	\$403,937	\$125,727	45%
6	COMMERCIAL INSURANCE	\$7,159,900	\$10,168,428	\$3,008,528	42%
7	NON-GOVERNMENT MANAGED CARE	\$100,185,631	\$98,222,770	(\$1,962,861)	-2%
8	WORKER'S COMPENSATION	\$3,251,233	\$2,455,941	(\$795,292)	-24%
9	SELF- PAY/UNINSURED	\$4,602,265	\$5,009,190	\$406,925	9%
10	SAGA	\$1,231,458	\$983,589	(\$247,869)	-20%
11	OTHER	\$286,665	\$743,881	\$457,216	159%
	TOTAL GROSS REVENUE	\$230,831,708	\$240,127,700	\$9,295,992	4%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$12,709,505	\$11,851,190	(\$858,315)	-7%
2	MEDICARE MANAGED CARE	\$647,213	\$716,987	\$69,774	11%
3	MEDICAID	\$366,933	\$586,539	\$219,606	60%
4	MEDICAID MANAGED CARE	\$443,232	\$631,163	\$187,931	42%
5	CHAMPUS/TRICARE	\$15,679	\$23,033	\$7,354	47%
6	COMMERCIAL INSURANCE	\$724,301	\$951,353	\$227,052	31%
7	NON-GOVERNMENT MANAGED CARE	\$10,099,075	\$8,937,596	(\$1,161,479)	-12%
8	WORKER'S COMPENSATION	\$1,080,426	\$635,779	(\$444,647)	-41%
9	SELF- PAY/UNINSURED	\$65,680	\$51,906	(\$13,774)	-21%
10	SAGA	\$114,702	\$99,812	(\$14,890)	-13%
11	OTHER	\$29,631	\$96,478	\$66,847	226%

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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
	TOTAL INPATIENT NET REVENUE	\$26,296,377	\$24,581,836	(\$1,714,541)	-7%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$12,469,898	\$12,195,254	(\$274,644)	-2%
2	MEDICARE MANAGED CARE	\$1,203,789	\$1,076,821	(\$126,968)	-11%
3	MEDICAID	\$922,256	\$1,083,315	\$161,059	17%
4	MEDICAID MANAGED CARE	\$1,012,218	\$1,733,605	\$721,387	71%
5	CHAMPUS/TRICARE	\$62,550	\$74,027	\$11,477	18%
6	COMMERCIAL INSURANCE	\$2,661,747	\$3,599,304	\$937,557	35%
7	NON-GOVERNMENT MANAGED CARE	\$40,015,675	\$39,237,528	(\$778,147)	-2%
8	WORKER'S COMPENSATION	\$1,029,903	\$989,399	(\$40,504)	-4%
9	SELF- PAY/UNINSURED	\$184,951	\$222,636	\$37,685	20%
10	SAGA	\$202,184	\$120,271	(\$81,913)	-41%
11	OTHER	\$44,640	\$65,954	\$21,314	48%
	TOTAL OUTPATIENT NET REVENUE	\$59,809,811	\$60,398,114	\$588,303	1%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$25,179,403	\$24,046,444	(\$1,132,959)	-4%
2	MEDICARE MANAGED CARE	\$1,851,002	\$1,793,808	(\$57,194)	-3%
3	MEDICAID	\$1,289,189	\$1,669,854	\$380,665	30%
4	MEDICAID MANAGED CARE	\$1,455,450	\$2,364,768	\$909,318	62%
5	CHAMPUS/TRICARE	\$78,229	\$97,060	\$18,831	24%
6	COMMERCIAL INSURANCE	\$3,386,048	\$4,550,657	\$1,164,609	34%
7	NON-GOVERNMENT MANAGED CARE	\$50,114,750	\$48,175,124	(\$1,939,626)	-4%
8	WORKER'S COMPENSATION	\$2,110,329	\$1,625,178	(\$485,151)	-23%
9	SELF- PAY/UNINSURED	\$250,631	\$274,542	\$23,911	10%
10	SAGA	\$316,886	\$220,083	(\$96,803)	-31%
11	OTHER	\$74,271	\$162,432	\$88,161	119%
	TOTAL NET REVENUE	\$86,106,188	\$84,979,950	(\$1,126,238)	-1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,184	1,098	(86)	-7%
2	MEDICARE MANAGED CARE	64	69	5	8%
3	MEDICAID	72	101	29	40%
4	MEDICAID MANAGED CARE	136	151	15	11%
5	CHAMPUS/TRICARE	6	5	(1)	-17%
6	COMMERCIAL INSURANCE	82	96	14	17%
7	NON-GOVERNMENT MANAGED CARE	1,113	894	(219)	-20%
8	WORKER'S COMPENSATION	30	16	(14)	-47%
9	SELF- PAY/UNINSURED	60	51	(9)	-15%
10	SAGA	22	11	(11)	-50%
11	OTHER	5	20	15	300%
	TOTAL DISCHARGES	2,774	2,512	(262)	-9%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	5,137	4,756	(381)	-7%
2	MEDICARE MANAGED CARE	233	295	62	27%
3	MEDICAID	234	527	293	125%
4	MEDICAID MANAGED CARE	320	422	102	32%
5	CHAMPUS/TRICARE	17	15	(2)	-12%
6	COMMERCIAL INSURANCE	248	294	46	19%
7	NON-GOVERNMENT MANAGED CARE	3,353	2,767	(586)	-17%
8	WORKER'S COMPENSATION	68	33	(35)	-51%
9	SELF- PAY/UNINSURED	189	144	(45)	-24%
10	SAGA	56	59	3	5%
11	OTHER	19	70	51	268%
	TOTAL PATIENT DAYS	9,874	9,382	(492)	-5%
C.	OUTPATIENT VISITS				

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	34,475	35,277	802	2%
2	MEDICARE MANAGED CARE	2,563	2,849	286	11%
3	MEDICAID	3,641	2,472	(1,169)	-32%
4	MEDICAID MANAGED CARE	3,784	5,582	1,798	48%
5	CHAMPUS/TRICARE	259	248	(11)	-4%
6	COMMERCIAL INSURANCE	5,457	6,386	929	17%
7	NON-GOVERNMENT MANAGED CARE	51,409	48,031	(3,378)	-7%
8	WORKER'S COMPENSATION	855	713	(142)	-17%
9	SELF- PAY/UNINSURED	5,963	5,386	(577)	-10%
10	SAGA	1,212	986	(226)	-19%
11	OTHER	212	1,920	1,708	806%
	TOTAL OUTPATIENT VISITS	109,830	109,850	20	0%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$3,676,806	\$4,984,595	\$1,307,789	36%
2	MEDICARE MANAGED CARE	\$180,079	\$328,388	\$148,309	82%
3	MEDICAID	\$436,206	\$603,180	\$166,974	38%
4	MEDICAID MANAGED CARE	\$1,105,212	\$1,801,893	\$696,681	63%
5	CHAMPUS/TRICARE	\$31,608	\$75,985	\$44,377	140%
6	COMMERCIAL INSURANCE	\$1,092,159	\$1,242,823	\$150,664	14%
7	NON-GOVERNMENT MANAGED CARE	\$8,468,583	\$9,982,195	\$1,513,612	18%
8	WORKER'S COMPENSATION	\$405,907	\$477,768	\$71,861	18%
9	SELF- PAY/UNINSURED	\$1,262,006	\$1,673,133	\$411,127	33%
10	SAGA	\$390,794	\$443,886	\$53,092	14%
11	OTHER	\$99,541	\$199,903	\$100,362	101%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$17,148,901	\$21,813,749	\$4,664,848	27%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,106,231	\$1,280,058	\$173,827	16%
2	MEDICARE MANAGED CARE	\$61,805	\$100,401	\$38,596	62%
3	MEDICAID	\$131,212	\$169,433	\$38,221	29%
4	MEDICAID MANAGED CARE	\$447,347	\$632,346	\$184,999	41%
5	CHAMPUS/TRICARE	\$12,027	\$22,112	\$10,085	84%
6	COMMERCIAL INSURANCE	\$624,278	\$692,427	\$68,149	11%
7	NON-GOVERNMENT MANAGED CARE	\$4,577,332	\$5,018,851	\$441,519	10%
8	WORKER'S COMPENSATION	\$275,729	\$319,206	\$43,477	16%
9	SELF- PAY/UNINSURED	\$93,035	\$113,201	\$20,166	22%
10	SAGA	\$56,736	\$86,509	\$29,773	52%
11	OTHER	\$12,136	\$34,839	\$22,703	187%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$7,397,868	\$8,469,383	\$1,071,515	14%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	2,865	3,247	382	13%
2	MEDICARE MANAGED CARE	132	186	54	41%
3	MEDICAID	474	544	70	15%
4	MEDICAID MANAGED CARE	1,516	1,887	371	24%
5	CHAMPUS/TRICARE	49	59	10	20%
6	COMMERCIAL INSURANCE	1,016	902	(114)	-11%
7	NON-GOVERNMENT MANAGED CARE	8,546	7,636	(910)	-11%
8	WORKER'S COMPENSATION	527	470	(57)	-11%
9	SELF- PAY/UNINSURED	1,496	1,415	(81)	-5%
10	SAGA	439	434	(5)	-1%
11	OTHER	129	192	63	49%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	17,189	16,972	(217)	-1%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$13,297,685	\$12,548,614	(\$749,071)	-6%
2	Physician Salaries	\$5,922,680	\$5,959,747	\$37,067	1%
3	Non-Nursing, Non-Physician Salaries	\$20,701,766	\$19,144,523	(\$1,557,243)	-8%
	Total Salaries & Wages	\$39,922,131	\$37,652,884	(\$2,269,247)	-6%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$4,423,223	\$3,896,996	(\$526,227)	-12%
2	Physician Fringe Benefits	\$1,970,068	\$1,850,811	(\$119,257)	-6%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,886,051	\$5,945,367	(\$940,684)	-14%
	Total Fringe Benefits	\$13,279,342	\$11,693,174	(\$1,586,168)	-12%
C. Contractual Labor Fees:					
1	Nursing Fees	\$491,499	\$0	(\$491,499)	-100%
2	Physician Fees	\$1,429,887	\$1,312,983	(\$116,904)	-8%
3	Non-Nursing, Non-Physician Fees	\$5,226	\$44,732	\$39,506	756%
	Total Contractual Labor Fees	\$1,926,612	\$1,357,715	(\$568,897)	-30%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$8,262,242	\$7,841,984	(\$420,258)	-5%
2	Pharmaceutical Costs	\$5,914,269	\$6,217,197	\$302,928	5%
	Total Medical Supplies and Pharmaceutical Cost	\$14,176,511	\$14,059,181	(\$117,330)	-1%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,128,831	\$2,468,715	\$339,884	16%
2	Depreciation-Equipment	\$2,809,193	\$2,918,517	\$109,324	4%
3	Amortization	\$8,052	\$50,416	\$42,364	526%
	Total Depreciation and Amortization	\$4,946,076	\$5,437,648	\$491,572	10%
F. Bad Debts:					
1	Bad Debts	\$3,220,173	\$3,065,190	(\$154,983)	-5%
G. Interest Expense:					
1	Interest Expense	\$675,584	\$538,204	(\$137,380)	-20%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$2,375,725	\$1,526,053	(\$849,672)	-36%
I. Utilities:					
1	Water	\$136,861	\$135,849	(\$1,012)	-1%
2	Natural Gas	\$297,774	\$237,787	(\$59,987)	-20%
3	Oil	\$71,316	\$32,450	(\$38,866)	-54%
4	Electricity	\$1,004,729	\$897,909	(\$106,820)	-11%
5	Telephone	\$248,303	\$135,849	(\$112,454)	-45%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$1,758,983	\$1,439,844	(\$319,139)	-18%
J. Business Expenses:					
1	Accounting Fees	\$109,466	\$66,158	(\$43,308)	-40%
2	Legal Fees	\$216,756	\$513,313	\$296,557	137%
3	Consulting Fees	\$454,863	\$1,316,499	\$861,636	189%
4	Dues and Membership	\$382,280	\$261,895	(\$120,385)	-31%
5	Equipment Leases	\$611,301	\$385,223	(\$226,078)	-37%
6	Building Leases	\$639,252	\$379,009	(\$260,243)	-41%
7	Repairs and Maintenance	\$1,455,682	\$1,254,121	(\$201,561)	-14%
8	Insurance	\$192,977	\$185,224	(\$7,753)	-4%

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

(1) LINE	(2) DESCRIPTION	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Travel	\$109,392	\$129,310	\$19,918	18%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$45,500	\$56,253	\$10,753	24%
12	General Supplies	\$1,720,329	\$1,380,488	(\$339,841)	-20%
13	Licenses and Subscriptions	\$75,809	\$73,976	(\$1,833)	-2%
14	Postage and Shipping	\$116,489	\$112,137	(\$4,352)	-4%
15	Advertising	\$502,313	\$412,904	(\$89,409)	-18%
16	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$6,632,409	\$6,526,510	(\$105,899)	-2%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$9,839,208	\$8,505,827	(\$1,333,381)	-14%
	Total Operating Expenses - All Expense Categories*	\$98,752,754	\$91,802,230	(\$6,950,524)	-7%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$24,938,927	\$22,863,420	(\$2,075,507)	-8%
2	General Accounting	\$463,589	\$401,612	(\$61,977)	-13%
3	Patient Billing & Collection	\$1,392,752	\$1,466,880	\$74,128	5%
4	Admitting / Registration Office	\$748,688	\$619,827	(\$128,861)	-17%
5	Data Processing	\$1,673,188	\$1,713,045	\$39,857	2%
6	Communications	\$278,304	\$264,779	(\$13,525)	-5%
7	Personnel	\$576,795	\$497,573	(\$79,222)	-14%
8	Public Relations	\$1,513,889	\$1,339,446	(\$174,443)	-12%
9	Purchasing	\$5,833,752	\$5,180,993	(\$652,759)	-11%
10	Dietary and Cafeteria	\$1,172,653	\$1,314,147	\$141,494	12%
11	Housekeeping	\$1,043,759	\$944,086	(\$99,673)	-10%
12	Laundry & Linen	\$310,776	\$281,173	(\$29,603)	-10%
13	Operation of Plant	\$1,445,521	\$1,265,503	(\$180,018)	-12%
14	Security	\$474,991	\$442,588	(\$32,403)	-7%
15	Repairs and Maintenance	\$1,889,521	\$1,834,484	(\$55,037)	-3%
16	Central Sterile Supply	\$478,955	\$463,460	(\$15,495)	-3%
17	Pharmacy Department	\$7,129,695	\$7,414,946	\$285,251	4%
18	Other General Services	\$4,615,673	\$4,164,828	(\$450,845)	-10%
	Total General Services	\$55,981,428	\$52,472,790	(\$3,508,638)	-6%
B.	Professional Services:				
1	Medical Care Administration	\$1,365,676	\$1,331,226	(\$34,450)	-3%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$697,194	\$461,948	(\$235,246)	-34%
4	Medical Records	\$983,243	\$919,933	(\$63,310)	-6%
5	Social Service	\$190,048	\$168,293	(\$21,755)	-11%
6	Other Professional Services	\$894,676	\$413,758	(\$480,918)	-54%
	Total Professional Services	\$4,130,837	\$3,295,158	(\$835,679)	-20%
C.	Special Services:				
1	Operating Room	\$2,721,250	\$2,718,227	(\$3,023)	0%
2	Recovery Room	\$493,899	\$502,622	\$8,723	2%
3	Anesthesiology	\$146,295	\$129,688	(\$16,607)	-11%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$1,667,060	\$1,735,979	\$68,919	4%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$1,503,719	\$1,650,227	\$146,508	10%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$564,425	\$519,870	(\$44,555)	-8%
9	CT Scan	\$685,296	\$631,400	(\$53,896)	-8%
10	Laboratory	\$4,047,737	\$4,342,365	\$294,628	7%
11	Blood Storing/Processing	\$643,625	\$466,604	(\$177,021)	-28%
12	Cardiology	\$325,612	\$234,280	(\$91,332)	-28%
13	Electrocardiology	\$482,413	\$465,915	(\$16,498)	-3%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$206,881	\$183,936	(\$22,945)	-11%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$681,919	\$612,352	(\$69,567)	-10%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$267,659	\$276,390	\$8,731	3%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$551,450	\$572,426	\$20,976	4%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$3,551,441	\$3,731,363	\$179,922	5%
25	MRI	\$964,736	\$1,042,667	\$77,931	8%
26	PET Scan	\$382,478	\$253,220	(\$129,258)	-34%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$960,887	\$932,275	(\$28,612)	-3%
29	Sleep Center	\$581,145	\$479,022	(\$102,123)	-18%
30	Lithotripsy	\$112,200	\$79,200	(\$33,000)	-29%
31	Cardiac Catheterization/Rehabilitation	\$1,024,531	\$657	(\$1,023,874)	-100%
32	Occupational Therapy / Physical Therapy	\$234,824	\$241,577	\$6,753	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,048,929	\$2,126,378	\$77,449	4%
	Total Special Services	\$24,850,411	\$23,928,640	(\$921,771)	-4%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$3,561,197	\$3,291,166	(\$270,031)	-8%
2	Intensive Care Unit	\$1,544,675	\$1,528,046	(\$16,629)	-1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$395,863	\$268,584	(\$127,279)	-32%
6	Maternity Unit	\$1,621,142	\$1,479,102	(\$142,040)	-9%
7	Newborn Nursery Unit	\$30,069	\$28,178	(\$1,891)	-6%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$675,189	\$670,157	(\$5,032)	-1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$1,180,387	\$1,039,587	(\$140,800)	-12%
13	Other Routine Services	\$4,404,744	\$3,658,439	(\$746,305)	-17%
	Total Routine Services	\$13,413,266	\$11,963,259	(\$1,450,007)	-11%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$376,812	\$142,383	(\$234,429)	-62%
	Total Operating Expenses - All Departments*	\$98,752,754	\$91,802,230	(\$6,950,524)	-7%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$88,824,490	\$ 89,326,362	\$88,045,146
2	Other Operating Revenue	5,548,110	3,899,680	3,875,185
3	Total Operating Revenue	\$94,372,600	\$93,226,042	\$91,920,331
4	Total Operating Expenses	95,880,966	98,752,754	91,802,230
5	Income/(Loss) From Operations	(\$1,508,366)	(\$5,526,712)	\$118,101
6	Total Non-Operating Revenue	357,421	361,642	72,146
7	Excess/(Deficiency) of Revenue Over Expenses	(\$1,150,945)	(\$5,165,070)	\$190,247
B. Profitability Summary				
1	Hospital Operating Margin	-1.59%	-5.91%	0.13%
2	Hospital Non Operating Margin	0.38%	0.39%	0.08%
3	Hospital Total Margin	-1.21%	-5.52%	0.21%
4	Income/(Loss) From Operations	(\$1,508,366)	(\$5,526,712)	\$118,101
5	Total Operating Revenue	\$94,372,600	\$93,226,042	\$91,920,331
6	Total Non-Operating Revenue	\$357,421	\$361,642	\$72,146
7	Total Revenue	\$94,730,021	\$93,587,684	\$91,992,477
8	Excess/(Deficiency) of Revenue Over Expenses	(\$1,150,945)	(\$5,165,070)	\$190,247
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$29,244,007	\$13,080,008	\$28,931,108
2	Hospital Total Net Assets	\$43,564,881	\$23,768,402	\$34,704,604
3	Hospital Change in Total Net Assets	(\$3,912,774)	(\$19,796,479)	\$10,936,202
4	Hospital Change in Total Net Assets %	91.8%	-45.4%	46.0%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.42	0.42	0.38
2	Total Operating Expenses	\$92,150,239	\$98,752,754	\$91,802,230
3	Total Gross Revenue	\$214,881,435	\$230,831,708	\$240,127,700
4	Total Other Operating Revenue	\$5,244,828	\$3,580,001	\$3,523,807
5	Private Payment to Cost Ratio	1.21	1.19	1.30
6	Total Non-Government Payments	\$53,547,276	\$55,861,758	\$54,625,501

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
7	Total Uninsured Payments	\$1,666,754	\$250,631	\$274,542
8	Total Non-Government Charges	\$107,588,036	\$115,199,029	\$115,856,329
9	Total Uninsured Charges	\$5,209,499	\$4,602,265	\$5,009,190
10	<u>Medicare Payment to Cost Ratio</u>	0.70	0.61	0.64
11	Total Medicare Payments	\$28,459,792	\$27,030,405	\$25,840,252
12	Total Medicare Charges	\$97,034,974	\$104,405,137	\$107,262,062
13	<u>Medicaid Payment to Cost Ratio</u>	0.74	0.69	0.72
14	Total Medicaid Payments	\$2,362,190	\$2,744,639	\$4,034,622
15	Total Medicaid Charges	\$7,602,222	\$9,431,209	\$14,877,902
16	<u>Uncompensated Care Cost</u>	\$3,093,425	\$2,402,227	\$1,987,111
17	Charity Care	\$2,581,057	\$1,620,381	\$2,208,785
18	Bad Debts	\$4,808,441	\$4,081,840	\$3,065,190
19	Total Uncompensated Care	\$7,389,498	\$5,702,221	\$5,273,975
20	<u>Uncompensated Care % of Total Expenses</u>	3.4%	2.4%	2.2%
21	Total Operating Expenses	\$92,150,239	\$98,752,754	\$91,802,230
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.43	1.28	1.68
2	Total Current Assets	\$21,536,336	\$20,129,719	\$22,877,256
3	Total Current Liabilities	\$15,074,847	\$15,690,204	\$13,656,111
4	<u>Days Cash on Hand</u>	11	11	30
5	Cash and Cash Equivalents	\$2,003,448	\$2,513,911	\$6,859,877
6	Short Term Investments	830,159	195,420	198,805
7	Total Cash and Short Term Investments	\$2,833,607	\$2,709,331	\$7,058,682
8	Total Operating Expenses	\$95,880,966	\$98,752,754	\$91,802,230
9	Depreciation Expense	\$4,944,502	\$4,946,076	\$5,437,648
10	Operating Expenses less Depreciation Expense	\$90,936,464	\$93,806,678	\$86,364,582
11	<u>Days Revenue in Patient Accounts Receivable</u>	40.16	34.68	27.48

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 10,991,250	\$ 10,792,628	\$ 10,247,728
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,217,686	\$2,305,128	\$3,618,869
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,773,564	\$ 8,487,500	\$ 6,628,859
16	Total Net Patient Revenue	\$88,824,490	\$ 89,326,362	\$ 88,045,146
17	<u>Average Payment Period</u>	60.51	61.05	57.71
18	Total Current Liabilities	\$15,074,847	\$15,690,204	\$13,656,111
19	Total Operating Expenses	\$95,880,966	\$98,752,754	\$91,802,230
20	Depreciation Expense	\$4,944,502	\$4,946,076	\$5,437,648
21	Total Operating Expenses less Depreciation Expense	\$90,936,464	\$93,806,678	\$86,364,582
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	58.7	34.1	50.4
2	Total Net Assets	\$43,564,881	\$23,768,402	\$34,704,604
3	Total Assets	\$74,254,980	\$69,713,229	\$68,919,291
4	<u>Cash Flow to Total Debt Ratio</u>	15.6	(0.9)	27.3
5	Excess/(Deficiency) of Revenues Over Expenses	(\$1,150,945)	(\$5,165,070)	\$190,247
6	Depreciation Expense	\$4,944,502	\$4,946,076	\$5,437,648
7	Excess of Revenues Over Expenses and Depreciation Expense	\$3,793,557	(\$218,994)	\$5,627,895
8	Total Current Liabilities	\$15,074,847	\$15,690,204	\$13,656,111
9	Total Long Term Debt	\$9,206,726	\$7,543,997	\$6,944,190
10	Total Current Liabilities and Total Long Term Debt	\$24,281,573	\$23,234,201	\$20,600,301
11	<u>Long Term Debt to Capitalization Ratio</u>	17.4	24.1	16.7
12	Total Long Term Debt	\$9,206,726	\$7,543,997	\$6,944,190
13	Total Net Assets	\$43,564,881	\$23,768,402	\$34,704,604
14	Total Long Term Debt and Total Net Assets	\$52,771,607	\$31,312,399	\$41,648,794
15	<u>Debt Service Coverage Ratio</u>	6.2	0.2	2.6
16	Excess Revenues over Expenses	(\$1,150,945)	(\$5,165,070)	\$190,247
17	Interest Expense	\$730,698	\$675,584	\$538,204
18	Depreciation and Amortization Expense	\$4,944,502	\$4,946,076	\$5,437,648

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
19	Principal Payments	\$0	\$1,412,730	\$1,871,926
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	11.2	12.2	12.1
21	Accumulated Depreciation	\$55,543,307	\$60,489,384	\$65,927,031
22	Depreciation and Amortization Expense	\$4,944,502	\$4,946,076	\$5,437,648
H. <u>Utilization Measures Summary</u>				
1	Patient Days	11,785	9,874	9,382
2	Discharges	3,032	2,774	2,512
3	ALOS	3.9	3.6	3.7
4	Staffed Beds	37	32	30
5	Available Beds	-	95	95
6	Licensed Beds	95	95	95
6	Occupancy of Staffed Beds	87.3%	84.5%	85.7%
7	Occupancy of Available Beds	34.0%	28.5%	27.1%
8	Full Time Equivalent Employees	488.1	488.8	475.5
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	47.6%	47.9%	46.2%
2	Medicare Gross Revenue Payer Mix Percentage	45.2%	45.2%	44.7%
3	Medicaid Gross Revenue Payer Mix Percentage	3.5%	4.1%	6.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.1%	0.7%	0.7%
5	Uninsured Gross Revenue Payer Mix Percentage	2.4%	2.0%	2.1%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$102,378,537	\$110,596,764	\$110,847,139
9	Medicare Gross Revenue (Charges)	\$97,034,974	\$104,405,137	\$107,262,062
10	Medicaid Gross Revenue (Charges)	\$7,602,222	\$9,431,209	\$14,877,902
11	Other Medical Assistance Gross Revenue (Charges)	\$2,425,747	\$1,518,123	\$1,727,470
12	Uninsured Gross Revenue (Charges)	\$5,209,499	\$4,602,265	\$5,009,190
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$230,456	\$278,210	\$403,937
14	Total Gross Revenue (Charges)	\$214,881,435	\$230,831,708	\$240,127,700
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	61.0%	64.6%	64.0%

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
2	Medicare Net Revenue Payer Mix Percentage	33.4%	31.4%	30.4%
3	Medicaid Net Revenue Payer Mix Percentage	2.8%	3.2%	4.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.8%	0.5%	0.5%
5	Uninsured Net Revenue Payer Mix Percentage	2.0%	0.3%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$51,880,522	\$55,611,127	\$54,350,959
9	Medicare Net Revenue (Payments)	\$28,459,792	\$27,030,405	\$25,840,252
10	Medicaid Net Revenue (Payments)	\$2,362,190	\$2,744,639	\$4,034,622
11	Other Medical Assistance Net Revenue (Payments)	\$653,406	\$391,157	\$382,515
12	Uninsured Net Revenue (Payments)	\$1,666,754	\$250,631	\$274,542
13	CHAMPUS / TRICARE Net Revenue Payments)	\$71,099	\$78,229	\$97,060
14	Total Net Revenue (Payments)	\$85,093,763	\$86,106,188	\$84,979,950
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	1,513	1,285	1,057
2	Medicare	1,290	1,248	1,167
3	Medical Assistance	228	235	283
4	Medicaid	196	208	252
5	Other Medical Assistance	32	27	31
6	CHAMPUS / TRICARE	1	6	5
7	Uninsured (Included In Non-Government)	82	60	51
8	Total	3,032	2,774	2,512
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.124200	1.138300	1.161000
2	Medicare	1.525100	1.563400	1.534800
3	Medical Assistance	0.910108	0.781677	0.906998
4	Medicaid	0.823400	0.753000	0.820900
5	Other Medical Assistance	1.441200	1.002600	1.606900
6	CHAMPUS / TRICARE	1.990000	0.628300	0.874000
7	Uninsured (Included In Non-Government)	1.028200	1.088400	1.026900
8	Total Case Mix Index	1.278953	1.298234	1.305469
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	1,794	1,957	1,901
2	Emergency Room - Treated and Discharged	17,759	17,189	16,972
3	Total Emergency Room Visits	19,553	19,146	18,873

**NEW MILFORD 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
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$34,591	\$68,216	\$33,625	97%
2	Inpatient Payments	\$12,582	\$21,027	\$8,445	67%
3	Outpatient Charges	\$85,723	\$119,130	\$33,407	39%
4	Outpatient Payments	\$25,502	\$32,069	\$6,567	26%
5	Discharges	1	2	1	100%
6	Patient Days	4	4	0	0%
7	Outpatient Visits (Excludes ED Visits)	32	47	15	47%
8	Emergency Department Outpatient Visits	14	13	(1)	-7%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$120,314	\$187,346	\$67,032	56%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$38,084	\$53,096	\$15,012	39%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$144	\$144	0%
4	Outpatient Payments	\$0	\$39	\$39	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$144	\$144	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$39	\$39	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$398,940	\$485,259	\$86,319	22%
2	Inpatient Payments	\$145,106	\$149,573	\$4,467	3%
3	Outpatient Charges	\$921,010	\$1,128,905	\$207,895	23%
4	Outpatient Payments	\$273,992	\$303,894	\$29,902	11%
5	Discharges	11	12	1	9%
6	Patient Days	32	59	27	84%
7	Outpatient Visits (Excludes ED Visits)	324	474	150	46%
8	Emergency Department Outpatient Visits	23	42	19	83%
9	Emergency Department Inpatient Admissions	6	8	2	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,319,950	\$1,614,164	\$294,214	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$419,098	\$453,467	\$34,369	8%

**NEW MILFORD 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
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$624,595	\$873,436	\$248,841	40%
2	Inpatient Payments	\$227,183	\$269,225	\$42,042	19%
3	Outpatient Charges	\$1,665,352	\$1,546,298	(\$119,054)	-7%
4	Outpatient Payments	\$495,427	\$416,253	(\$79,174)	-16%
5	Discharges	24	28	4	17%
6	Patient Days	89	106	17	19%
7	Outpatient Visits (Excludes ED Visits)	806	881	75	9%
8	Emergency Department Outpatient Visits	31	35	4	13%
9	Emergency Department Inpatient Admissions	17	20	3	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,289,947	\$2,419,734	\$129,787	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$722,610	\$685,478	(\$37,132)	-5%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$435,645	\$421,124	(\$14,521)	-3%
2	Inpatient Payments	\$158,456	\$129,806	(\$28,650)	-18%
3	Outpatient Charges	\$1,022,628	\$837,363	(\$185,265)	-18%
4	Outpatient Payments	\$304,223	\$225,413	(\$78,810)	-26%
5	Discharges	19	14	(5)	-26%
6	Patient Days	65	55	(10)	-15%
7	Outpatient Visits (Excludes ED Visits)	460	498	38	8%
8	Emergency Department Outpatient Visits	44	67	23	52%
9	Emergency Department Inpatient Admissions	14	13	(1)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,458,273	\$1,258,487	(\$199,786)	-14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$462,679	\$355,219	(\$107,460)	-23%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$22,237	\$0	(\$22,237)	-100%
2	Inpatient Payments	\$8,088	\$0	(\$8,088)	-100%
3	Outpatient Charges	\$20,806	\$14,790	(\$6,016)	-29%
4	Outpatient Payments	\$6,190	\$3,981	(\$2,209)	-36%
5	Discharges	1	0	(1)	-100%
6	Patient Days	6	0	(6)	-100%
7	Outpatient Visits (Excludes ED Visits)	11	8	(3)	-27%
8	Emergency Department Outpatient Visits	5	2	(3)	-60%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$43,043	\$14,790	(\$28,253)	-66%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,278	\$3,981	(\$10,297)	-72%

**NEW MILFORD 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
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$263,379	\$478,060	\$214,681	82%
2	Inpatient Payments	\$95,798	\$147,356	\$51,558	54%
3	Outpatient Charges	\$323,081	\$351,858	\$28,777	9%
4	Outpatient Payments	\$96,114	\$94,718	(\$1,396)	-1%
5	Discharges	8	13	5	63%
6	Patient Days	37	71	34	92%
7	Outpatient Visits (Excludes ED Visits)	796	754	(42)	-5%
8	Emergency Department Outpatient Visits	14	25	11	79%
9	Emergency Department Inpatient Admissions	7	11	4	57%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$586,460	\$829,918	\$243,458	42%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$191,912	\$242,074	\$50,162	26%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$7,869	\$1,688	(\$6,181)	-79%
4	Outpatient Payments	\$2,341	\$454	(\$1,887)	-81%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	2	0	(2)	-100%
8	Emergency Department Outpatient Visits	1	2	1	100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,869	\$1,688	(\$6,181)	-79%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,341	\$454	(\$1,887)	-81%
I. AETNA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**NEW MILFORD 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
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**NEW MILFORD 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
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$1,779,387	\$2,326,095	\$546,708	31%
	TOTAL INPATIENT PAYMENTS	\$647,213	\$716,987	\$69,774	11%
	TOTAL OUTPATIENT CHARGES	\$4,046,469	\$4,000,176	(\$46,293)	-1%
	TOTAL OUTPATIENT PAYMENTS	\$1,203,789	\$1,076,821	(\$126,968)	-11%
	TOTAL DISCHARGES	64	69	5	8%
	TOTAL PATIENT DAYS	233	295	62	27%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,431	2,663	232	10%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	132	186	54	41%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	46	53	7	15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,825,856	\$6,326,271	\$500,415	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,851,002	\$1,793,808	(\$57,194)	-3%

**NEW MILFORD 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
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$253,902	\$0	(\$253,902)	-100%
2	Inpatient Payments	\$95,154	\$0	(\$95,154)	-100%
3	Outpatient Charges	\$580,992	\$0	(\$580,992)	-100%
4	Outpatient Payments	\$185,668	\$0	(\$185,668)	-100%
5	Discharges	38	0	(38)	-100%
6	Patient Days	74	0	(74)	-100%
7	Outpatient Visits (Excludes ED Visits)	383	0	(383)	-100%
8	Emergency Department Outpatient Visits	235	0	(235)	-100%
9	Emergency Department Inpatient Admissions	7	0	(7)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$834,894	\$0	(\$834,894)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$280,822	\$0	(\$280,822)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$517,648	\$1,018,284	\$500,636	97%
2	Inpatient Payments	\$193,998	\$418,871	\$224,873	116%
3	Outpatient Charges	\$1,595,693	\$3,392,031	\$1,796,338	113%
4	Outpatient Payments	\$509,936	\$977,632	\$467,696	92%
5	Discharges	65	96	31	48%
6	Patient Days	168	248	80	48%
7	Outpatient Visits (Excludes ED Visits)	1,183	2,178	995	84%
8	Emergency Department Outpatient Visits	854	1,165	311	36%
9	Emergency Department Inpatient Admissions	9	17	8	89%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$2,113,341	\$4,410,315	\$2,296,974	109%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$703,934	\$1,396,503	\$692,569	98%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**NEW MILFORD 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
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$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%

**NEW MILFORD 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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$109,185	\$87,746	(\$21,439)	-20%
2	Inpatient Payments	\$40,919	\$36,094	(\$4,825)	-12%
3	Outpatient Charges	\$226,702	\$319,351	\$92,649	41%
4	Outpatient Payments	\$72,447	\$92,042	\$19,595	27%
5	Discharges	9	13	4	44%
6	Patient Days	28	35	7	25%
7	Outpatient Visits (Excludes ED Visits)	124	246	122	98%
8	Emergency Department Outpatient Visits	90	142	52	58%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$335,887	\$407,097	\$71,210	21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$113,366	\$128,136	\$14,770	13%
	H. AETNA				
1	Inpatient Charges	\$301,951	\$428,340	\$126,389	42%
2	Inpatient Payments	\$113,161	\$176,198	\$63,037	56%
3	Outpatient Charges	\$764,048	\$2,303,603	\$1,539,555	201%
4	Outpatient Payments	\$244,167	\$663,931	\$419,764	172%
5	Discharges	24	42	18	75%
6	Patient Days	50	139	89	178%
7	Outpatient Visits (Excludes ED Visits)	578	1,271	693	120%
8	Emergency Department Outpatient Visits	337	580	243	72%
9	Emergency Department Inpatient Admissions	2	3	1	50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,065,999	\$2,731,943	\$1,665,944	156%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$357,328	\$840,129	\$482,801	135%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$1,182,686	\$1,534,370	\$351,684	30%
	TOTAL INPATIENT PAYMENTS	\$443,232	\$631,163	\$187,931	42%
	TOTAL OUTPATIENT CHARGES	\$3,167,435	\$6,014,985	\$2,847,550	90%
	TOTAL OUTPATIENT PAYMENTS	\$1,012,218	\$1,733,605	\$721,387	71%
	TOTAL DISCHARGES	136	151	15	11%
	TOTAL PATIENT DAYS	320	422	102	32%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,268	3,695	1,427	63%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,516	1,887	371	24%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	20	20	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,350,121	\$7,549,355	\$3,199,234	74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,455,450	\$2,364,768	\$909,318	62%

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

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

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

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

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

WESTERN CONNECTICUT HEALTHCARE INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$0	\$0	\$606,865,978
2	Other Operating Revenue	0	0	18,085,423
3	Total Operating Revenue	\$0	\$0	\$624,951,401
4	Total Operating Expenses	0	0	603,204,688
5	Income/(Loss) From Operations	\$0	\$0	\$21,746,713
6	Total Non-Operating Revenue	0	0	21,814,720
7	Excess/(Deficiency) of Revenue Over Expenses	\$0	\$0	\$43,561,433
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	0.00%	0.00%	3.36%
2	Parent Corporation Non-Operating Margin	0.00%	0.00%	3.37%
3	Parent Corporation Total Margin	0.00%	0.00%	6.74%
4	Income/(Loss) From Operations	\$0	\$0	\$21,746,713
5	Total Operating Revenue	\$0	\$0	\$624,951,401
6	Total Non-Operating Revenue	\$0	\$0	\$21,814,720
7	Total Revenue	\$0	\$0	\$646,766,121
8	Excess/(Deficiency) of Revenue Over Expenses	\$0	\$0	\$43,561,433
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$0	\$0	\$246,220,345
2	Parent Corporation Total Net Assets	\$0	\$0	\$311,713,268
3	Parent Corporation Change in Total Net Assets	\$0	\$0	\$311,713,268
4	Parent Corporation Change in Total Net Assets %	0.0%	0.0%	0.0%

WESTERN CONNECTICUT HEALTHCARE INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
	D. <u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	-	-	1.39
2	Total Current Assets	\$0	\$0	\$149,502,503
3	Total Current Liabilities	\$0	\$0	\$107,542,940
4	<u>Days Cash on Hand</u>	0	0	26
5	Cash and Cash Equivalents	\$0	\$0	\$41,061,454
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$0	\$0	\$41,061,454
8	Total Operating Expenses	\$0	\$0	\$603,204,688
9	Depreciation Expense	\$0	\$0	\$33,299,043
10	Operating Expenses less Depreciation Expense	\$0	\$0	\$569,905,645
11	<u>Days Revenue in Patient Accounts Receivable</u>	0	0	31
12	Net Patient Accounts Receivable	\$ -	\$ -	\$ 66,087,968
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$0	\$0	\$14,882,325
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ -	\$ -	\$ 51,205,643
16	Total Net Patient Revenue	\$0	\$0	\$606,865,978
17	<u>Average Payment Period</u>	0	0	69
18	Total Current Liabilities	\$0	\$0	\$107,542,940
19	Total Operating Expenses	\$0	\$0	\$603,204,688
20	Depreciation Expense	\$0	\$0	\$33,299,043
21	Total Operating Expenses less Depreciation Expense	\$0	\$0	\$569,905,645

WESTERN CONNECTICUT HEALTHCARE INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	-	-	44.6
2	Total Net Assets	\$0	\$0	\$311,713,268
3	Total Assets	\$0	\$0	\$699,547,652
4	<u>Cash Flow to Total Debt Ratio</u>	-	-	38.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$0	\$0	\$43,561,433
6	Depreciation Expense	\$0	\$0	\$33,299,043
7	Excess of Revenues Over Expenses and Depreciation Expense	\$0	\$0	\$76,860,476
8	Total Current Liabilities	\$0	\$0	\$107,542,940
9	Total Long Term Debt	\$0	\$0	\$92,471,763
10	Total Current Liabilities and Total Long Term Debt	\$0	\$0	\$200,014,703
11	<u>Long Term Debt to Capitalization Ratio</u>	-	-	22.9
12	Total Long Term Debt	\$0	\$0	\$92,471,763
13	Total Net Assets	\$0	\$0	\$311,713,268
14	Total Long Term Debt and Total Net Assets	\$0	\$0	\$404,185,031

NEW MILFORD 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	6,890	20	63	94.4%	30.0%
2	ICU/CCU (Excludes Neonatal ICU)	1,005	4	8	68.8%	34.4%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	759	3	8	69.3%	26.0%
7	Newborn	706	2	10	96.7%	19.3%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	22	1	6	6.0%	1.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	8,676	28	85	84.9%	28.0%
	TOTAL INPATIENT BED UTILIZATION	9,382	30	95	85.7%	27.1%
	TOTAL INPATIENT REPORTED YEAR	9,382	30	95	85.7%	27.1%
	TOTAL INPATIENT PRIOR YEAR	9,874	32	95	84.5%	28.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-492	-2	0	1.1%	-1.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-5%	-6%	0%	1%	-5%
	Total Licensed Beds and Bassinets	95				
(A) This number may not exceed the number of available beds for each department or in total.						

NEW MILFORD 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
A. CT Scans (A)					
1	Inpatient Scans	1,452	1,267	-185	-13%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,922	4,404	-518	-11%
3	Emergency Department Scans	2,293	2,454	161	7%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	8,667	8,125	-542	-6%
B. MRI Scans (A)					
1	Inpatient Scans	178	124	-54	-30%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,074	2,020	-54	-3%
3	Emergency Department Scans	9	16	7	78%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,261	2,160	-101	-4%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	1	1	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	305	202	-103	-34%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	305	203	-102	-33%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	35	0	-35	-100%
2	Outpatient Procedures	33	0	-33	-100%
	Total Cardiac Catheterization Procedures	68	0	-68	-100%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	10	0	-10	-100%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	10	0	-10	-100%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	881	847	-34	-4%
2	Outpatient Surgical Procedures	2,461	2,380	-81	-3%
	Total Surgical Procedures	3,342	3,227	-115	-3%
J. Endoscopy Procedures					

NEW MILFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	121	103	-18	-15%
2	Outpatient Endoscopy Procedures	2,364	2,226	-138	-6%
	Total Endoscopy Procedures	2,485	2,329	-156	-6%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	1,957	1,901	-56	-3%
2	Emergency Room Visits: Treated and Discharged	17,189	16,972	-217	-1%
	Total Emergency Room Visits	19,146	18,873	-273	-1%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	7,012	7,038	26	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	7,012	7,038	26	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	767	598	-169	-22%
2	Cardiology	723	1,007	284	39%
3	Chemotherapy	1,600	1,635	35	2%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	82,539	82,600	61	0%
	Total Other Hospital Outpatient Visits	85,629	85,840	211	0%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	154.5	145.8	-8.7	-6%
2	Total Physician FTEs	24.4	24.2	-0.2	-1%
3	Total Non-Nursing and Non-Physician FTEs	309.9	305.5	-4.4	-1%
	Total Hospital Full Time Equivalent Employees	488.8	475.5	-13.3	-3%

NEW MILFORD 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
A. Outpatient Surgical Procedures					
1	The New Milford Hospital Inc	2,461	2,380	-81	-3%
	Total Outpatient Surgical Procedures(A)	2,461	2,380	-81	-3%
B. Outpatient Endoscopy Procedures					
1	The New Milford Hospital Inc	2,364	2,226	-138	-6%
	Total Outpatient Endoscopy Procedures(B)	2,364	2,226	-138	-6%
C. Outpatient Hospital Emergency Room Visits					
1	The New Milford Hospital Inc	17,189	16,972	-217	-1%
	Total Outpatient Hospital Emergency Room Visits(C)	17,189	16,972	-217	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

NEW MILFORD 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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$40,456,850	\$38,429,316	(\$2,027,534)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,356,718	\$12,568,177	(\$788,541)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.01%	32.70%	-0.31%	-1%
4	DISCHARGES	1,248	1,167	(81)	-6%
5	CASE MIX INDEX (CMI)	1.56340	1.53480	(0.02860)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,951.12320	1,791.11160	(160.01160)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,845.66	\$7,016.97	\$171.31	3%
8	PATIENT DAYS	5,370	5,051	(319)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,487.28	\$2,488.26	\$0.97	0%
10	AVERAGE LENGTH OF STAY	4.3	4.3	0.0	1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$63,948,287	\$68,832,746	\$4,884,459	8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,673,687	\$13,272,075	(\$401,612)	-3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.38%	19.28%	-2.10%	-10%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	158.07%	179.12%	21.05%	13%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,972.65635	2,090.27438	117.61802	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,931.61	\$6,349.44	(\$582.17)	-8%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$104,405,137	\$107,262,062	\$2,856,925	3%
18	TOTAL ACCRUED PAYMENTS	\$27,030,405	\$25,840,252	(\$1,190,153)	-4%
19	TOTAL ALLOWANCES	\$77,374,732	\$81,421,810	\$4,047,078	5%

NEW MILFORD 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. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$29,547,592	\$26,363,581	(\$3,184,011)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,969,482	\$10,576,634	(\$1,392,848)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.51%	40.12%	-0.39%	-1%
4	DISCHARGES	1,285	1,057	(228)	-18%
5	CASE MIX INDEX (CMI)	1.13830	1.16100	0.02270	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,462,71550	1,227,17700	(235,53850)	-16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,183.06	\$8,618.67	\$435.61	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,337.40)	(\$1,601.70)	(\$264.30)	20%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,956,235)	(\$1,965,569)	(\$9,334)	0%
10	PATIENT DAYS	3,858	3,238	(620)	-16%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,102.51	\$3,266.41	\$163.90	5%
12	AVERAGE LENGTH OF STAY	3.0	3.1	0.1	2%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$85,651,437	\$89,492,748	\$3,841,311	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$43,892,276	\$44,048,867	\$156,591	0%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.25%	49.22%	-2.02%	-4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	289.88%	339.46%	49.58%	17%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,724,90918	3,588,04954	(136,85964)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,783.45	\$12,276.55	\$493.10	4%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$4,851.84)	(\$5,927.11)	(\$1,075.27)	22%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,072,654)	(\$21,266,756)	(\$3,194,103)	18%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$115,199,029	\$115,856,329	\$657,300	1%
22	TOTAL ACCRUED PAYMENTS	\$55,861,758	\$54,625,501	(\$1,236,257)	-2%
23	TOTAL ALLOWANCES	\$59,337,271	\$61,230,828	\$1,893,557	3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$20,028,889)	(\$23,232,326)	(\$3,203,437)	16%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$110,596,764	\$110,847,139	\$250,375	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$56,961,715	\$54,890,286	(\$2,071,429)	-4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$53,635,049	\$55,956,853	\$2,321,804	4%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.50%	50.48%	1.99%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$1,206,064	\$947,053	(\$259,011)	-21%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$65,680	\$51,906	(\$13,774)	-21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.45%	5.48%	0.03%	1%
4	DISCHARGES	60	51	(9)	-15%
5	CASE MIX INDEX (CMI)	1.08840	1.02690	(0.06150)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	65.30400	52.37190	(12.93210)	-20%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,005.76	\$991.10	(\$14.65)	-1%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,177.30	\$7,627.57	\$450.27	6%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,839.90	\$6,025.87	\$185.97	3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$381,369	\$315,586	(\$65,783)	-17%
11	PATIENT DAYS	189	144	(45)	-24%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$347.51	\$360.46	\$12.95	4%
13	AVERAGE LENGTH OF STAY	3.2	2.8	(0.3)	-10%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,396,201	\$4,062,137	\$665,936	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$184,951	\$222,636	\$37,685	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.45%	5.48%	0.03%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	281.59%	428.92%	147.33%	52%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	168.95626	218.75121	49.79495	29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,094.67	\$1,017.76	(\$76.91)	-7%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$10,688.78	\$11,258.79	\$570.01	5%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,836.94	\$5,331.68	(\$505.26)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$986,188	\$1,166,312	\$180,124	18%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$4,602,265	\$5,009,190	\$406,925	9%
24	TOTAL ACCRUED PAYMENTS	\$250,631	\$274,542	\$23,911	10%
25	TOTAL ALLOWANCES	\$4,351,634	\$4,734,648	\$383,014	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,367,557	\$1,481,898	\$114,341	8%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,441,592	\$4,407,849	\$1,966,257	81%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$810,165	\$1,217,702	\$407,537	50%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.18%	27.63%	-5.56%	-17%
4	DISCHARGES	208	252	44	21%
5	CASE MIX INDEX (CMI)	0.75300	0.82090	0.06790	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	156.62400	206.86680	50.24280	32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,172.67	\$5,886.41	\$713.73	14%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,010.38	\$2,732.26	(\$278.12)	-9%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,672.98	\$1,130.56	(\$542.42)	-32%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$262,029	\$233,876	(\$28,153)	-11%
11	PATIENT DAYS	554	949	395	71%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,462.39	\$1,283.14	(\$179.25)	-12%
13	AVERAGE LENGTH OF STAY	2.7	3.8	1.1	41%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,989,617	\$10,470,053	\$3,480,436	50%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,934,474	\$2,816,920	\$882,446	46%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.68%	26.90%	-0.77%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	286.27%	237.53%	-48.74%	-17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	595.44770	598.58070	3.13301	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,248.77	\$4,706.00	\$1,457.23	45%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,534.68	\$7,570.55	(\$964.13)	-11%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,682.84	\$1,643.44	(\$2,039.40)	-55%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,192,938	\$983,733	(\$1,209,205)	-55%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$9,431,209	\$14,877,902	\$5,446,693	58%
24	TOTAL ACCRUED PAYMENTS	\$2,744,639	\$4,034,622	\$1,289,983	47%
25	TOTAL ALLOWANCES	\$6,686,570	\$10,843,280	\$4,156,710	62%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,454,967	\$1,217,609	(\$1,237,358)	-50%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$495,189	\$961,631	\$466,442	94%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$144,333	\$196,290	\$51,957	36%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.15%	20.41%	-8.73%	-30%
4	DISCHARGES	27	31	4	15%
5	CASE MIX INDEX (CMI)	1.00260	1.60690	0.60430	60%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	27.07020	49.81390	22.74370	84%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,331.80	\$3,940.47	(\$1,391.34)	-26%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,851.25	\$4,678.20	\$1,826.95	64%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,513.85	\$3,076.50	\$1,562.65	103%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$40,980	\$153,253	\$112,272	274%
11	PATIENT DAYS	75	129	54	72%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,924.44	\$1,521.63	(\$402.81)	-21%
13	AVERAGE LENGTH OF STAY	2.8	4.2	1.4	50%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,022,934	\$765,839	(\$257,095)	-25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$246,824	\$186,225	(\$60,599)	-25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.13%	24.32%	0.19%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	206.57%	79.64%	-126.93%	-61%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	55.77510	24.68827	(31.08683)	-56%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,425.34	\$7,543.05	\$3,117.71	70%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,358.11	\$4,733.49	(\$2,624.61)	-36%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,506.27	(\$1,193.61)	(\$3,699.88)	-148%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$139,787	(\$29,468)	(\$169,256)	-121%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$1,518,123	\$1,727,470	\$209,347	14%
24	TOTAL ACCRUED PAYMENTS	\$391,157	\$382,515	(\$8,642)	-2%
25	TOTAL ALLOWANCES	\$1,126,966	\$1,344,955	\$217,989	19%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$180,768	\$123,784	(\$56,983)	-32%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,936,781	\$5,369,480	\$2,432,699	83%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$954,498	\$1,413,992	\$459,494	48%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.50%	26.33%	-6.17%	-19%
4	DISCHARGES	235	283	48	20%
5	CASE MIX INDEX (CMI)	0.78168	0.90700	0.12532	16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	183.69420	256.68070	72.98650	40%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,196.12	\$5,508.76	\$312.63	6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,986.93	\$3,109.91	\$122.98	4%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,649.53	\$1,508.21	(\$141.32)	-9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$303,009	\$387,129	\$84,120	28%
11	PATIENT DAYS	629	1,078	449	71%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,517.48	\$1,311.68	(\$205.80)	-14%
13	AVERAGE LENGTH OF STAY	2.7	3.8	1.1	42%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,012,551	\$11,235,892	\$3,223,341	40%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,181,298	\$3,003,145	\$821,847	38%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.22%	26.73%	-0.50%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	272.83%	209.25%	-63.58%	-23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	651.22280	623.26898	(27.95383)	-4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,349.54	\$4,818.38	\$1,468.84	44%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,433.91	\$7,458.17	(\$975.73)	-12%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,582.07	\$1,531.06	(\$2,051.01)	-57%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,332,725	\$954,265	(\$1,378,460)	-59%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$10,949,332	\$16,605,372	\$5,656,040	52%
24	TOTAL ACCRUED PAYMENTS	\$3,135,796	\$4,417,137	\$1,281,341	41%
25	TOTAL ALLOWANCES	\$7,813,536	\$12,188,235	\$4,374,699	56%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$65,802	\$103,220	\$37,418	57%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,679	\$23,033	\$7,354	47%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.83%	22.31%	-1.51%	-6%
4	DISCHARGES	6	5	(1)	-17%
5	CASE MIX INDEX (CMI)	0.62830	0.87400	0.24570	39%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3.76980	4.37000	0.60020	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,159.11	\$5,270.71	\$1,111.60	27%
8	PATIENT DAYS	17	15	(2)	-12%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$922.29	\$1,535.53	\$613.24	66%
10	AVERAGE LENGTH OF STAY	2.8	3.0	0.2	6%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$212,408	\$300,717	\$88,309	42%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$62,550	\$74,027	\$11,477	18%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$278,210	\$403,937	\$125,727	45%
14	TOTAL ACCRUED PAYMENTS	\$78,229	\$97,060	\$18,831	24%
15	TOTAL ALLOWANCES	\$199,981	\$306,877	\$106,896	53%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,580,001	\$3,523,807	(\$56,194)	-2%
2	TOTAL OPERATING EXPENSES	\$98,752,754	\$91,802,230	(\$6,950,524)	-7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$319,679	\$351,378	\$31,699	10%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,620,381	\$2,208,785	\$588,404	36%
5	BAD DEBTS (CHARGES)	\$4,081,840	\$3,065,190	(\$1,016,650)	-25%
6	UNCOMPENSATED CARE (CHARGES)	\$5,702,221	\$5,273,975	(\$428,246)	-8%
7	COST OF UNCOMPENSATED CARE	\$2,134,973	\$1,874,150	(\$260,823)	-12%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$10,949,332	\$16,605,372	\$5,656,040	52%
9	TOTAL ACCRUED PAYMENTS	\$3,135,796	\$4,417,137	\$1,281,341	41%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$4,099,547	\$5,900,854	\$1,801,306	44%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$963,751	\$1,483,717	\$519,965	54%

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II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$73,007,025	\$70,265,597	(\$2,741,428)	-4%
2	TOTAL INPATIENT PAYMENTS	\$26,296,377	\$24,581,836	(\$1,714,541)	-7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	36.02%	34.98%	-1.03%	-3%
4	TOTAL DISCHARGES	2,774	2,512	(262)	-9%
5	TOTAL CASE MIX INDEX	1.29823	1.30547	0.00723	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,601.30270	3,279.33930	(321.96340)	-9%
7	TOTAL OUTPATIENT CHARGES	\$157,824,683	\$169,862,103	\$12,037,420	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	216.18%	241.74%	25.57%	12%
9	TOTAL OUTPATIENT PAYMENTS	\$59,809,811	\$60,398,114	\$588,303	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.90%	35.56%	-2.34%	-6%
11	TOTAL CHARGES	\$230,831,708	\$240,127,700	\$9,295,992	4%
12	TOTAL PAYMENTS	\$86,106,188	\$84,979,950	(\$1,126,238)	-1%
13	TOTAL PAYMENTS / TOTAL CHARGES	37.30%	35.39%	-1.91%	-5%
14	PATIENT DAYS	9,874	9,382	(492)	-5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$43,459,433	\$43,902,016	\$442,583	1%
2	INPATIENT PAYMENTS	\$14,326,895	\$14,005,202	(\$321,693)	-2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	32.97%	31.90%	-1.07%	-3%
4	DISCHARGES	1,489	1,455	(34)	-2%
5	CASE MIX INDEX	1.43626	1.41042	(0.02584)	-2%
6	CASE MIX ADJUSTED DISCHARGES	2,138.58720	2,052.16230	(86.42490)	-4%
7	OUTPATIENT CHARGES	\$72,173,246	\$80,369,355	\$8,196,109	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	166.07%	183.07%	16.99%	10%
9	OUTPATIENT PAYMENTS	\$15,917,535	\$16,349,247	\$431,712	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.05%	20.34%	-1.71%	-8%
11	TOTAL CHARGES	\$115,632,679	\$124,271,371	\$8,638,692	7%
12	TOTAL PAYMENTS	\$30,244,430	\$30,354,449	\$110,019	0%
13	TOTAL PAYMENTS / CHARGES	26.16%	24.43%	-1.73%	-7%
14	PATIENT DAYS	6,016	6,144	128	2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$85,388,249	\$93,916,922	\$8,528,673	10%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.3	4.3	0.0	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.1	0.1	2%
3	UNINSURED	3.2	2.8	(0.3)	-10%
4	MEDICAID	2.7	3.8	1.1	41%
5	OTHER MEDICAL ASSISTANCE	2.8	4.2	1.4	50%
6	CHAMPUS / TRICARE	2.8	3.0	0.2	6%
7	TOTAL AVERAGE LENGTH OF STAY	3.6	3.7	0.2	5%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$230,831,708	\$240,127,700	\$9,295,992	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$85,388,249	\$93,916,922	\$8,528,673	10%
3	UNCOMPENSATED CARE	\$5,702,221	\$5,273,975	(\$428,246)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$53,635,049	\$55,956,853	\$2,321,804	4%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$144,725,519	\$155,147,750	\$10,422,231	7%
7	TOTAL ACCRUED PAYMENTS	\$86,106,189	\$84,979,950	(\$1,126,239)	-1%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$319,679	\$351,378	\$31,699	10%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$86,425,868	\$85,331,328	(\$1,094,540)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3744107287	0.3553581199	(0.0190526088)	-5%
11	COST OF UNCOMPENSATED CARE	\$2,134,973	\$1,874,150	(\$260,823)	-12%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$963,751	\$1,483,717	\$519,965	54%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,098,724	\$3,357,867	\$259,143	8%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$2,192,938	\$983,733	(\$1,209,205)	-55%
2	OTHER MEDICAL ASSISTANCE	\$180,768	\$123,784	(\$56,983)	-32%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,367,557	\$1,481,898	\$114,341	8%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,741,262	\$2,589,416	(\$1,151,847)	-31%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,220,173	\$3,065,190	(\$154,983)	-4.81%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$89,646,041	\$88,396,564	(\$1,249,477)	-1.39%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$230,831,708	\$240,127,700	\$9,295,992	4.03%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$904,175	\$386,008	(\$518,167)	-57.31%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,606,397	\$5,659,983	(\$946,414)	-14.33%

NEW MILFORD 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
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$29,547,592	\$26,363,581	(\$3,184,011)
2	MEDICARE	\$40,456,850	38,429,316	(\$2,027,534)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,936,781	5,369,480	\$2,432,699
4	MEDICAID	\$2,441,592	4,407,849	\$1,966,257
5	OTHER MEDICAL ASSISTANCE	\$495,189	961,631	\$466,442
6	CHAMPUS / TRICARE	\$65,802	103,220	\$37,418
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,206,064	947,053	(\$259,011)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$43,459,433	\$43,902,016	\$442,583
	TOTAL INPATIENT CHARGES	\$73,007,025	\$70,265,597	(\$2,741,428)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$85,651,437	\$89,492,748	\$3,841,311
2	MEDICARE	\$63,948,287	68,832,746	\$4,884,459
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,012,551	11,235,892	\$3,223,341
4	MEDICAID	\$6,989,617	10,470,053	\$3,480,436
5	OTHER MEDICAL ASSISTANCE	\$1,022,934	765,839	(\$257,095)
6	CHAMPUS / TRICARE	\$212,408	300,717	\$88,309
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,396,201	4,062,137	\$665,936
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$72,173,246	\$80,369,355	\$8,196,109
	TOTAL OUTPATIENT CHARGES	\$157,824,683	\$169,862,103	\$12,037,420
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$115,199,029	\$115,856,329	\$657,300
2	TOTAL MEDICARE	\$104,405,137	\$107,262,062	\$2,856,925
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,949,332	\$16,605,372	\$5,656,040
4	TOTAL MEDICAID	\$9,431,209	\$14,877,902	\$5,446,693
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,518,123	\$1,727,470	\$209,347
6	TOTAL CHAMPUS / TRICARE	\$278,210	\$403,937	\$125,727
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,602,265	\$5,009,190	\$406,925
	TOTAL GOVERNMENT CHARGES	\$115,632,679	\$124,271,371	\$8,638,692
	TOTAL CHARGES	\$230,831,708	\$240,127,700	\$9,295,992
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,969,482	\$10,576,634	(\$1,392,848)
2	MEDICARE	\$13,356,718	12,568,177	(\$788,541)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$954,498	1,413,992	\$459,494
4	MEDICAID	\$810,165	1,217,702	\$407,537
5	OTHER MEDICAL ASSISTANCE	\$144,333	196,290	\$51,957
6	CHAMPUS / TRICARE	\$15,679	23,033	\$7,354
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$65,680	51,906	(\$13,774)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$14,326,895	\$14,005,202	(\$321,693)
	TOTAL INPATIENT PAYMENTS	\$26,296,377	\$24,581,836	(\$1,714,541)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,892,276	\$44,048,867	\$156,591
2	MEDICARE	\$13,673,687	13,272,075	(\$401,612)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,181,298	3,003,145	\$821,847
4	MEDICAID	\$1,934,474	2,816,920	\$882,446
5	OTHER MEDICAL ASSISTANCE	\$246,824	186,225	(\$60,599)
6	CHAMPUS / TRICARE	\$62,550	74,027	\$11,477
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$184,951	222,636	\$37,685
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$15,917,535	\$16,349,247	\$431,712
	TOTAL OUTPATIENT PAYMENTS	\$59,809,811	\$60,398,114	\$588,303
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,861,758	\$54,625,501	(\$1,236,257)
2	TOTAL MEDICARE	\$27,030,405	\$25,840,252	(\$1,190,153)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,135,796	\$4,417,137	\$1,281,341
4	TOTAL MEDICAID	\$2,744,639	\$4,034,622	\$1,289,983
5	TOTAL OTHER MEDICAL ASSISTANCE	\$391,157	\$382,515	(\$8,642)
6	TOTAL CHAMPUS / TRICARE	\$78,229	\$97,060	\$18,831
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$250,631	\$274,542	\$23,911
	TOTAL GOVERNMENT PAYMENTS	\$30,244,430	\$30,354,449	\$110,019
	TOTAL PAYMENTS	\$86,106,188	\$84,979,950	(\$1,126,238)

NEW MILFORD 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
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.80%	10.98%	-1.82%
2	MEDICARE	17.53%	16.00%	-1.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.27%	2.24%	0.96%
4	MEDICAID	1.06%	1.84%	0.78%
5	OTHER MEDICAL ASSISTANCE	0.21%	0.40%	0.19%
6	CHAMPUS / TRICARE	0.03%	0.04%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.52%	0.39%	-0.13%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	18.83%	18.28%	-0.54%
	TOTAL INPATIENT PAYER MIX	31.63%	29.26%	-2.37%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.11%	37.27%	0.16%
2	MEDICARE	27.70%	28.67%	0.96%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.47%	4.68%	1.21%
4	MEDICAID	3.03%	4.36%	1.33%
5	OTHER MEDICAL ASSISTANCE	0.44%	0.32%	-0.12%
6	CHAMPUS / TRICARE	0.09%	0.13%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.47%	1.69%	0.22%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	31.27%	33.47%	2.20%
	TOTAL OUTPATIENT PAYER MIX	68.37%	70.74%	2.37%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.90%	12.45%	-1.45%
2	MEDICARE	15.51%	14.79%	-0.72%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.11%	1.66%	0.56%
4	MEDICAID	0.94%	1.43%	0.49%
5	OTHER MEDICAL ASSISTANCE	0.17%	0.23%	0.06%
6	CHAMPUS / TRICARE	0.02%	0.03%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.08%	0.06%	-0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	16.64%	16.48%	-0.16%
	TOTAL INPATIENT PAYER MIX	30.54%	28.93%	-1.61%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.97%	51.83%	0.86%
2	MEDICARE	15.88%	15.62%	-0.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.53%	3.53%	1.00%
4	MEDICAID	2.25%	3.31%	1.07%
5	OTHER MEDICAL ASSISTANCE	0.29%	0.22%	-0.07%
6	CHAMPUS / TRICARE	0.07%	0.09%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21%	0.26%	0.05%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	18.49%	19.24%	0.75%
	TOTAL OUTPATIENT PAYER MIX	69.46%	71.07%	1.61%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

NEW MILFORD 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
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,285	1,057	(228)
2	MEDICARE	1,248	1,167	(81)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	235	283	48
4	MEDICAID	208	252	44
5	OTHER MEDICAL ASSISTANCE	27	31	4
6	CHAMPUS / TRICARE	6	5	(1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	60	51	(9)
	TOTAL GOVERNMENT DISCHARGES	1,489	1,455	(34)
	TOTAL DISCHARGES	2,774	2,512	(262)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,858	3,238	(620)
2	MEDICARE	5,370	5,051	(319)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	629	1,078	449
4	MEDICAID	554	949	395
5	OTHER MEDICAL ASSISTANCE	75	129	54
6	CHAMPUS / TRICARE	17	15	(2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	189	144	(45)
	TOTAL GOVERNMENT PATIENT DAYS	6,016	6,144	128
	TOTAL PATIENT DAYS	9,874	9,382	(492)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.1	0.1
2	MEDICARE	4.3	4.3	0.0
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.7	3.8	1.1
4	MEDICAID	2.7	3.8	1.1
5	OTHER MEDICAL ASSISTANCE	2.8	4.2	1.4
6	CHAMPUS / TRICARE	2.8	3.0	0.2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.2	2.8	(0.3)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.0	4.2	0.2
	TOTAL AVERAGE LENGTH OF STAY	3.6	3.7	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13830	1.16100	0.02270
2	MEDICARE	1.56340	1.53480	(0.02860)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.78168	0.90700	0.12532
4	MEDICAID	0.75300	0.82090	0.06790
5	OTHER MEDICAL ASSISTANCE	1.00260	1.60690	0.60430
6	CHAMPUS / TRICARE	0.62830	0.87400	0.24570
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08840	1.02690	(0.06150)
	TOTAL GOVERNMENT CASE MIX INDEX	1.43626	1.41042	(0.02584)
	TOTAL CASE MIX INDEX	1.29823	1.30547	0.00723
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$110,596,764	\$110,847,139	\$250,375
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$56,961,715	\$54,890,286	(\$2,071,429)
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$53,635,049	\$55,956,853	\$2,321,804
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.50%	50.48%	1.99%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$319,679	\$351,378	\$31,699
8	CHARITY CARE	\$1,620,381	\$2,208,785	\$588,404
9	BAD DEBTS	\$4,081,840	\$3,065,190	(\$1,016,650)
10	TOTAL UNCOMPENSATED CARE	\$5,702,221	\$5,273,975	(\$428,246)
11	TOTAL OTHER OPERATING REVENUE	\$110,596,764	\$110,847,139	\$250,375
12	TOTAL OPERATING EXPENSES	\$98,752,754	\$91,802,230	(\$6,950,524)

NEW MILFORD 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
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,462.71550	1,227.17700	(235.53850)
2	MEDICARE	1,951.12320	1,791.11160	(160.01160)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	183.69420	256.68070	72.98650
4	MEDICAID	156.62400	206.86680	50.24280
5	OTHER MEDICAL ASSISTANCE	27.07020	49.81390	22.74370
6	CHAMPUS / TRICARE	3.76980	4.37000	0.60020
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	65.30400	52.37190	(12.93210)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,138.58720	2,052.16230	(86.42490)
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,601.30270	3,279.33930	(321.96340)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,724.90918	3,588.04954	-136.85964
2	MEDICARE	1,972.65635	2,090.27438	117.61802
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	651.22280	623.26898	-27.95383
4	MEDICAID	595.44770	598.58070	3.13301
5	OTHER MEDICAL ASSISTANCE	55.77510	24.68827	-31.08683
6	CHAMPUS / TRICARE	19.36792	14.56680	-4.80112
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	168.95626	218.75121	49.79495
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,643.24708	2,728.11015	84.86308
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	6,368.15625	6,316.15969	-51.99656
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,183.06	\$8,618.67	\$435.61
2	MEDICARE	\$6,845.66	\$7,016.97	\$171.31
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,196.12	\$5,508.76	\$312.63
4	MEDICAID	\$5,172.67	\$5,886.41	\$713.73
5	OTHER MEDICAL ASSISTANCE	\$5,331.80	\$3,940.47	(\$1,391.34)
6	CHAMPUS / TRICARE	\$4,159.11	\$5,270.71	\$1,111.60
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,005.76	\$991.10	(\$14.65)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,699.23	\$6,824.61	\$125.37
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,301.91	\$7,495.97	\$194.07
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,783.45	\$12,276.55	\$493.10
2	MEDICARE	\$6,931.61	\$6,349.44	(\$582.17)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,349.54	\$4,818.38	\$1,468.84
4	MEDICAID	\$3,248.77	\$4,706.00	\$1,457.23
5	OTHER MEDICAL ASSISTANCE	\$4,425.34	\$7,543.05	\$3,117.71
6	CHAMPUS / TRICARE	\$3,229.57	\$5,081.90	\$1,852.33
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,094.67	\$1,017.76	(\$76.91)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,021.96	\$5,992.88	(\$29.08)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,392.01	\$9,562.47	\$170.46

NEW MILFORD 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
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$2,192,938	\$983,733	(\$1,209,205)
2	OTHER MEDICAL ASSISTANCE	\$180,768	\$123,784	(\$56,983)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,367,557	\$1,481,898	\$114,341
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,741,262	\$2,589,416	(\$1,151,847)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$230,831,708	\$240,127,700	\$9,295,992
2	TOTAL GOVERNMENT DEDUCTIONS	\$85,388,249	\$93,916,922	\$8,528,673
3	UNCOMPENSATED CARE	\$5,702,221	\$5,273,975	(\$428,246)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$53,635,049	\$55,956,853	\$2,321,804
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$144,725,519	\$155,147,750	\$10,422,231
7	TOTAL ACCRUED PAYMENTS	\$86,106,189	\$84,979,950	(\$1,126,239)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$319,679	\$351,378	\$31,699
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$86,425,868	\$85,331,328	(\$1,094,540)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3744107287	0.353581199	(0.0190526088)
11	COST OF UNCOMPENSATED CARE	\$2,134,973	\$1,874,150	(\$260,823)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$963,751	\$1,483,717	\$519,965
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,098,724	\$3,357,867	\$259,143
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.51%	40.12%	-0.39%
2	MEDICARE	33.01%	32.70%	-0.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.50%	26.33%	-6.17%
4	MEDICAID	33.18%	27.63%	-5.56%
5	OTHER MEDICAL ASSISTANCE	29.15%	20.41%	-8.73%
6	CHAMPUS / TRICARE	23.83%	22.31%	-1.51%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.45%	5.48%	0.03%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	32.97%	31.90%	-1.07%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	36.02%	34.98%	-1.03%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.25%	49.22%	-2.02%
2	MEDICARE	21.38%	19.28%	-2.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.22%	26.73%	-0.50%
4	MEDICAID	27.68%	26.90%	-0.77%
5	OTHER MEDICAL ASSISTANCE	24.13%	24.32%	0.19%
6	CHAMPUS / TRICARE	29.45%	24.62%	-4.83%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.45%	5.48%	0.03%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	22.05%	20.34%	-1.71%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	37.90%	35.56%	-2.34%

NEW MILFORD 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
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$86,106,188	\$84,979,950	(\$1,126,238)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$319,679	\$351,378	\$31,699
	OHCA DEFINED NET REVENUE	\$86,425,867	\$85,331,328	(\$1,094,539)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,220,173	\$3,065,190	(\$154,983)
4	CALCULATED NET REVENUE	\$89,646,040	\$88,396,518	(\$1,249,522)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$89,646,041	\$88,396,564	(\$1,249,477)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	(\$46)	(\$45)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$230,831,708	\$240,127,700	\$9,295,992
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$230,831,708	\$240,127,700	\$9,295,992
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$230,831,708	\$240,127,700	\$9,295,992
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,702,221	\$5,273,975	(\$428,246)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$904,175	\$386,008	(\$518,167)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,606,396	\$5,659,983	(\$946,413)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,606,397	\$5,659,983	(\$946,414)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1

NEW MILFORD 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
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,363,581
2	MEDICARE	38,429,316
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,369,480
4	MEDICAID	4,407,849
5	OTHER MEDICAL ASSISTANCE	961,631
6	CHAMPUS / TRICARE	103,220
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	947,053
	TOTAL INPATIENT GOVERNMENT CHARGES	\$43,902,016
	TOTAL INPATIENT CHARGES	\$70,265,597
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$89,492,748
2	MEDICARE	68,832,746
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,235,892
4	MEDICAID	10,470,053
5	OTHER MEDICAL ASSISTANCE	765,839
6	CHAMPUS / TRICARE	300,717
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,062,137
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$80,369,355
	TOTAL OUTPATIENT CHARGES	\$169,862,103
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$115,856,329
2	TOTAL GOVERNMENT ACCRUED CHARGES	124,271,371
	TOTAL ACCRUED CHARGES	\$240,127,700
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,576,634
2	MEDICARE	12,568,177
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,413,992
4	MEDICAID	1,217,702
5	OTHER MEDICAL ASSISTANCE	196,290
6	CHAMPUS / TRICARE	23,033
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51,906
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$14,005,202
	TOTAL INPATIENT PAYMENTS	\$24,581,836
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,048,867
2	MEDICARE	13,272,075
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,003,145
4	MEDICAID	2,816,920
5	OTHER MEDICAL ASSISTANCE	186,225
6	CHAMPUS / TRICARE	74,027
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	222,636
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$16,349,247
	TOTAL OUTPATIENT PAYMENTS	\$60,398,114
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$54,625,501
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	30,354,449
	TOTAL ACCRUED PAYMENTS	\$84,979,950

NEW MILFORD 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
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,057
2	MEDICARE	1,167
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	283
4	MEDICAID	252
5	OTHER MEDICAL ASSISTANCE	31
6	CHAMPUS / TRICARE	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51
	TOTAL GOVERNMENT DISCHARGES	1,455
	TOTAL DISCHARGES	2,512
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.16100
2	MEDICARE	1.53480
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.90700
4	MEDICAID	0.82090
5	OTHER MEDICAL ASSISTANCE	1.60690
6	CHAMPUS / TRICARE	0.87400
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02690
	TOTAL GOVERNMENT CASE MIX INDEX	1.41042
	TOTAL CASE MIX INDEX	1.30547
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$110,847,139
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$54,890,286
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$55,956,853
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.48%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$351,378
8	CHARITY CARE	\$2,208,785
9	BAD DEBTS	\$3,065,190
10	TOTAL UNCOMPENSATED CARE	\$5,273,975
11	TOTAL OTHER OPERATING REVENUE	\$3,523,807
12	TOTAL OPERATING EXPENSES	\$91,802,230

NEW MILFORD 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
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$84,979,950
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$351,378
	OHCA DEFINED NET REVENUE	\$85,331,328
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,065,190
	CALCULATED NET REVENUE	\$88,396,518
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$88,396,564
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$46)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$240,127,700
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$240,127,700
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$240,127,700
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,273,975
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$386,008
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,659,983
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,659,983
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

NEW MILFORD 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
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	274	238	(36)	-13%
2	Number of Approved Applicants	250	218	(32)	-13%
3	Total Charges (A)	\$1,620,381	\$2,208,785	\$588,404	36%
4	Average Charges	\$6,482	\$10,132	\$3,651	56%
5	Ratio of Cost to Charges (RCC)	0.418624	0.421279	0.002655	1%
6	Total Cost	\$678,330	\$930,515	\$252,184	37%
7	Average Cost	\$2,713	\$4,268	\$1,555	57%
8	Charity Care - Inpatient Charges	\$749,801	\$570,582	(\$179,219)	-24%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	721,359	1,306,699	585,340	81%
10	Charity Care - Emergency Department Charges	149,221	331,504	182,283	122%
11	Total Charges (A)	\$1,620,381	\$2,208,785	\$588,404	36%
12	Charity Care - Number of Patient Days	140	115	(25)	-18%
13	Charity Care - Number of Discharges	39	39	0	0%
14	Charity Care - Number of Outpatient ED Visits	174	293	119	68%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	484	472	(12)	-2%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$1,293,341	\$896,929	(\$396,412)	-31%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,490,722	2,083,090	(407,632)	-16%
3	Bad Debts - Emergency Department	297,777	85,171	(212,606)	-71%
4	Total Bad Debts (A)	\$4,081,840	\$3,065,190	(\$1,016,650)	-25%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,620,381	\$2,208,785	\$588,404	36%
2	Bad Debts (A)	4,081,840	3,065,190	(1,016,650)	-25%
3	Total Uncompensated Care (A)	\$5,702,221	\$5,273,975	(\$428,246)	-8%
4	Uncompensated Care - Inpatient Services	\$2,043,142	\$1,467,511	(\$575,631)	-28%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	3,212,081	3,389,789	177,708	6%
6	Uncompensated Care - Emergency Department	446,998	416,675	(30,323)	-7%
7	Total Uncompensated Care (A)	\$5,702,221	\$5,273,975	(\$428,246)	-8%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$75,823,607	\$73,007,025	\$70,265,597
2	Outpatient Gross Revenue	\$139,057,828	\$157,824,683	\$169,862,103
3	Total Gross Patient Revenue	\$214,881,435	\$230,831,708	\$240,127,700
4	Net Patient Revenue	\$88,824,490	\$89,326,362	\$88,045,146
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$95,880,966	\$98,752,754	\$91,802,230
C. <u>Utilization Statistics</u>				
1	Patient Days	11,785	9,874	9,382
2	Discharges	3,032	2,774	2,512
3	Average Length of Stay	3.9	3.6	3.7
4	Equivalent (Adjusted) Patient Days (EPD)	33,398	31,219	32,062
0	Equivalent (Adjusted) Discharges (ED)	8,593	8,771	8,585
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.27895	1.29823	1.30547
2	Case Mix Adjusted Patient Days (CMAPD)	15,072	12,819	12,248
3	Case Mix Adjusted Discharges (CMAD)	3,878	3,601	3,279
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	42,715	40,530	41,856
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,990	11,387	11,207
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$18,233	\$23,378	\$25,595
2	Total Gross Revenue per Discharge	\$70,871	\$83,213	\$95,592
3	Total Gross Revenue per EPD	\$6,434	\$7,394	\$7,489
4	Total Gross Revenue per ED	\$25,008	\$26,318	\$27,972
5	Total Gross Revenue per CMAEPD	\$5,031	\$5,695	\$5,737
6	Total Gross Revenue per CMAED	\$19,553	\$20,272	\$21,427
7	Inpatient Gross Revenue per EPD	\$2,270	\$2,339	\$2,192
8	Inpatient Gross Revenue per ED	\$8,824	\$8,324	\$8,185

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$7,537	\$9,047	\$9,384
2	Net Patient Revenue per Discharge	\$29,296	\$32,201	\$35,050
3	Net Patient Revenue per EPD	\$2,660	\$2,861	\$2,746
4	Net Patient Revenue per ED	\$10,337	\$10,185	\$10,256
5	Net Patient Revenue per CMAEPD	\$2,079	\$2,204	\$2,104
6	Net Patient Revenue per CMAED	\$8,083	\$7,845	\$7,856
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$8,136	\$10,001	\$9,785
2	Total Operating Expense per Discharge	\$31,623	\$35,599	\$36,545
3	Total Operating Expense per EPD	\$2,871	\$3,163	\$2,863
4	Total Operating Expense per ED	\$11,159	\$11,259	\$10,694
5	Total Operating Expense per CMAEPD	\$2,245	\$2,437	\$2,193
6	Total Operating Expense per CMAED	\$8,725	\$8,673	\$8,192
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$13,452,782	\$13,297,685	\$12,548,614
2	Nursing Fringe Benefits Expense	\$4,141,553	\$4,423,223	\$3,896,996
3	Total Nursing Salary and Fringe Benefits Expense	\$17,594,335	\$17,720,908	\$16,445,610
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$4,926,356	\$5,922,680	\$5,959,747
2	Physician Fringe Benefits Expense	\$1,516,620	\$1,970,068	\$1,850,811
3	Total Physician Salary and Fringe Benefits Expense	\$6,442,976	\$7,892,748	\$7,810,558
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$19,645,289	\$20,701,766	\$19,144,523
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$6,047,969	\$6,886,051	\$5,945,367
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$25,693,258	\$27,587,817	\$25,089,890
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$38,024,427	\$39,922,131	\$37,652,884
2	Total Fringe Benefits Expense	\$11,706,142	\$13,279,342	\$11,693,174
3	Total Salary and Fringe Benefits Expense	\$49,730,569	\$53,201,473	\$49,346,058

NEW MILFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	160.9	154.5	145.8
2	Total Physician FTEs	20.7	24.4	24.2
3	Total Non-Nursing, Non-Physician FTEs	306.5	309.9	305.5
4	Total Full Time Equivalent Employees (FTEs)	488.1	488.8	475.5
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$83,610	\$86,069	\$86,067
2	Nursing Fringe Benefits Expense per FTE	\$25,740	\$28,629	\$26,728
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$109,350	\$114,698	\$112,796
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$237,988	\$242,733	\$246,271
2	Physician Fringe Benefits Expense per FTE	\$73,267	\$80,740	\$76,480
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$311,255	\$323,473	\$322,750
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$64,096	\$66,801	\$62,666
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,732	\$22,220	\$19,461
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$83,828	\$89,022	\$82,127
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$77,903	\$81,674	\$79,186
2	Total Fringe Benefits Expense per FTE	\$23,983	\$27,167	\$24,591
3	Total Salary and Fringe Benefits Expense per FTE	\$101,886	\$108,841	\$103,777
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$4,220	\$5,388	\$5,260
2	Total Salary and Fringe Benefits Expense per Discharge	\$16,402	\$19,179	\$19,644
3	Total Salary and Fringe Benefits Expense per EPD	\$1,489	\$1,704	\$1,539
4	Total Salary and Fringe Benefits Expense per ED	\$5,788	\$6,066	\$5,748
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,164	\$1,313	\$1,179
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,525	\$4,672	\$4,403