

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$9,668,000	\$49,254,000	\$39,586,000	409%
2	Short Term Investments	\$166,000	\$188,000	\$22,000	13%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$50,590,000	\$50,691,000	\$101,000	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$2,254,000	\$2,497,000	\$243,000	11%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,899,000	\$3,941,000	\$1,042,000	36%
7	Inventories of Supplies	\$5,144,000	\$4,742,000	(\$402,000)	-8%
8	Prepaid Expenses	\$3,690,000	\$4,094,000	\$404,000	11%
9	Other Current Assets	\$1,243,000	\$176,000	(\$1,067,000)	-86%
	Total Current Assets	\$75,654,000	\$115,583,000	\$39,929,000	53%
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	\$26,439,000	\$33,570,000	\$7,131,000	27%
	Total Noncurrent Assets Whose Use is Limited:	\$26,439,000	\$33,570,000	\$7,131,000	27%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$34,115,000	\$36,046,000	\$1,931,000	6%
7	Other Noncurrent Assets	\$2,273,000	\$4,453,000	\$2,180,000	96%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$458,928,000	\$504,669,000	\$45,741,000	10%
2	Less: Accumulated Depreciation	\$262,993,000	\$285,332,000	\$22,339,000	8%
	Property, Plant and Equipment, Net	\$195,935,000	\$219,337,000	\$23,402,000	12%
3	Construction in Progress	\$14,792,000	\$19,984,000	\$5,192,000	35%
	Total Net Fixed Assets	\$210,727,000	\$239,321,000	\$28,594,000	14%
	Total Assets	\$349,208,000	\$428,973,000	\$79,765,000	23%

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LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$24,296,000	\$26,901,000	\$2,605,000	11%
2	Salaries, Wages and Payroll Taxes	\$9,118,000	\$10,547,000	\$1,429,000	16%
3	Due To Third Party Payers	\$4,219,000	\$2,813,000	(\$1,406,000)	-33%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$6,003,000	\$4,413,000	(\$1,590,000)	-26%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$20,364,000	\$22,614,000	\$2,250,000	11%
	Total Current Liabilities	\$64,000,000	\$67,288,000	\$3,288,000	5%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$110,395,000	\$130,114,000	\$19,719,000	18%
	Total Long Term Debt	\$110,395,000	\$130,114,000	\$19,719,000	18%
3	Accrued Pension Liability	\$63,748,000	\$80,204,000	\$16,456,000	26%
4	Other Long Term Liabilities	\$40,252,000	\$41,784,000	\$1,532,000	4%
	Total Long Term Liabilities	\$214,395,000	\$252,102,000	\$37,707,000	18%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$42,615,000	\$82,055,000	\$39,440,000	93%
2	Temporarily Restricted Net Assets	\$20,215,000	\$19,495,000	(\$720,000)	-4%
3	Permanently Restricted Net Assets	\$7,983,000	\$8,033,000	\$50,000	1%
	Total Net Assets	\$70,813,000	\$109,583,000	\$38,770,000	55%
	Total Liabilities and Net Assets	\$349,208,000	\$428,973,000	\$79,765,000	23%

STAMFORD 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	\$1,157,017,320	\$1,288,625,775	\$131,608,455	11%
2	Less: Allowances	\$728,169,805	\$835,674,751	\$107,504,946	15%
3	Less: Charity Care	\$11,909,791	\$23,197,205	\$11,287,414	95%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$416,937,724	\$429,753,819	\$12,816,095	3%
5	Other Operating Revenue	\$23,523,556	\$24,062,351	\$538,795	2%
6	Net Assets Released from Restrictions	\$3,737,986	\$3,418,344	(\$319,642)	-9%
	Total Operating Revenue	\$444,199,266	\$457,234,514	\$13,035,248	3%
B. Operating Expenses:					
1	Salaries and Wages	\$154,502,813	\$163,365,273	\$8,862,460	6%
2	Fringe Benefits	\$33,982,479	\$44,482,035	\$10,499,556	31%
3	Physicians Fees	\$10,476,221	\$8,733,868	(\$1,742,353)	-17%
4	Supplies and Drugs	\$40,455,414	\$43,199,012	\$2,743,598	7%
5	Depreciation and Amortization	\$26,955,434	\$27,391,465	\$436,031	2%
6	Bad Debts	\$47,934,677	\$43,115,286	(\$4,819,391)	-10%
7	Interest	\$5,220,009	\$4,876,423	(\$343,586)	-7%
8	Malpractice	\$10,211,990	\$8,073,693	(\$2,138,297)	-21%
9	Other Operating Expenses	\$95,780,842	\$88,442,979	(\$7,337,863)	-8%
	Total Operating Expenses	\$425,519,879	\$431,680,034	\$6,160,155	1%
	Income/(Loss) From Operations	\$18,679,387	\$25,554,480	\$6,875,093	37%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,093,436)	\$1,108,817	\$2,202,253	-201%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,902,592)	(\$1,064,916)	\$837,676	-44%
	Total Non-Operating Revenue	(\$2,996,028)	\$43,901	\$3,039,929	-101%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$15,683,359	\$25,598,381	\$9,915,022	63%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$2,007,633	(\$211,088)	(\$2,218,721)	-111%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$2,007,633	(\$211,088)	(\$2,218,721)	-111%
	Excess/(Deficiency) of Revenue Over Expenses	\$17,690,992	\$25,387,293	\$7,696,301	44%
	Principal Payments	\$33,476,000	\$117,047,000	\$83,571,000	250%

**STAMFORD 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	\$216,056,717	\$245,190,940	\$29,134,223	13%
2	MEDICARE MANAGED CARE	\$29,640,715	\$34,882,527	\$5,241,812	18%
3	MEDICAID	\$36,369,364	\$42,529,738	\$6,160,374	17%
4	MEDICAID MANAGED CARE	\$16,718,919	\$20,862,974	\$4,144,055	25%
5	CHAMPUS/TRICARE	\$235,250	\$230,354	(\$4,896)	-2%
6	COMMERCIAL INSURANCE	\$41,642,818	\$49,350,781	\$7,707,963	19%
7	NON-GOVERNMENT MANAGED CARE	\$130,641,867	\$140,105,310	\$9,463,443	7%
8	WORKER'S COMPENSATION	\$5,143,937	\$6,568,177	\$1,424,240	28%
9	SELF- PAY/UNINSURED	\$21,486,553	\$19,716,942	(\$1,769,611)	-8%
10	SAGA	\$21,092,910	\$19,165,732	(\$1,927,178)	-9%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$519,029,050	\$578,603,475	\$59,574,425	11%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$153,964,334	\$170,983,938	\$17,019,604	11%
2	MEDICARE MANAGED CARE	\$24,255,325	\$27,290,219	\$3,034,894	13%
3	MEDICAID	\$17,569,966	\$20,871,981	\$3,302,015	19%
4	MEDICAID MANAGED CARE	\$28,297,687	\$37,764,279	\$9,466,592	33%
5	CHAMPUS/TRICARE	\$341,637	\$445,996	\$104,359	31%
6	COMMERCIAL INSURANCE	\$94,782,946	\$110,088,975	\$15,306,029	16%
7	NON-GOVERNMENT MANAGED CARE	\$261,111,452	\$278,554,974	\$17,443,522	7%
8	WORKER'S COMPENSATION	\$7,325,470	\$7,317,073	(\$8,397)	0%
9	SELF- PAY/UNINSURED	\$38,147,950	\$43,856,299	\$5,708,349	15%
10	SAGA	\$12,191,496	\$12,848,512	\$657,016	5%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$637,988,263	\$710,022,246	\$72,033,983	11%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$370,021,051	\$416,174,878	\$46,153,827	12%
2	MEDICARE MANAGED CARE	\$53,896,040	\$62,172,746	\$8,276,706	15%
3	MEDICAID	\$53,939,330	\$63,401,719	\$9,462,389	18%
4	MEDICAID MANAGED CARE	\$45,016,606	\$58,627,253	\$13,610,647	30%
5	CHAMPUS/TRICARE	\$576,887	\$676,350	\$99,463	17%
6	COMMERCIAL INSURANCE	\$136,425,764	\$159,439,756	\$23,013,992	17%
7	NON-GOVERNMENT MANAGED CARE	\$391,753,319	\$418,660,284	\$26,906,965	7%
8	WORKER'S COMPENSATION	\$12,469,407	\$13,885,250	\$1,415,843	11%
9	SELF- PAY/UNINSURED	\$59,634,503	\$63,573,241	\$3,938,738	7%
10	SAGA	\$33,284,406	\$32,014,244	(\$1,270,162)	-4%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,157,017,313	\$1,288,625,721	\$131,608,408	11%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$62,259,652	\$67,306,294	\$5,046,642	8%
2	MEDICARE MANAGED CARE	\$7,580,994	\$9,172,775	\$1,591,781	21%
3	MEDICAID	\$9,251,605	\$7,374,370	(\$1,877,235)	-20%
4	MEDICAID MANAGED CARE	\$4,621,868	\$4,340,568	(\$281,300)	-6%
5	CHAMPUS/TRICARE	\$53,861	\$59,886	\$6,025	11%
6	COMMERCIAL INSURANCE	\$21,126,598	\$22,100,605	\$974,007	5%
7	NON-GOVERNMENT MANAGED CARE	\$50,937,545	\$53,547,197	\$2,609,652	5%
8	WORKER'S COMPENSATION	\$3,261,402	\$3,131,492	(\$129,910)	-4%
9	SELF- PAY/UNINSURED	\$473,462	\$577,992	\$104,530	22%
10	SAGA	\$2,167,500	\$1,142,274	(\$1,025,226)	-47%
11	OTHER	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$161,734,487	\$168,753,453	\$7,018,966	4%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$22,676,376	\$22,351,254	(\$325,122)	-1%
2	MEDICARE MANAGED CARE	\$3,516,547	\$3,654,965	\$138,418	4%
3	MEDICAID	\$2,984,227	\$3,075,188	\$90,961	3%
4	MEDICAID MANAGED CARE	\$5,003,005	\$6,710,106	\$1,707,101	34%
5	CHAMPUS/TRICARE	\$126,599	\$50,252	(\$76,347)	-60%
6	COMMERCIAL INSURANCE	\$58,993,535	\$56,391,375	(\$2,602,160)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$118,143,235	\$126,633,750	\$8,490,515	7%
8	WORKER'S COMPENSATION	\$5,020,545	\$4,920,568	(\$99,977)	-2%
9	SELF- PAY/UNINSURED	\$1,764,297	\$1,586,852	(\$177,445)	-10%
10	SAGA	\$1,493,424	\$859,141	(\$634,283)	-42%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$219,721,790	\$226,233,451	\$6,511,661	3%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$84,936,028	\$89,657,548	\$4,721,520	6%
2	MEDICARE MANAGED CARE	\$11,097,541	\$12,827,740	\$1,730,199	16%
3	MEDICAID	\$12,235,832	\$10,449,558	(\$1,786,274)	-15%
4	MEDICAID MANAGED CARE	\$9,624,873	\$11,050,674	\$1,425,801	15%
5	CHAMPUS/TRICARE	\$180,460	\$110,138	(\$70,322)	-39%
6	COMMERCIAL INSURANCE	\$80,120,133	\$78,491,980	(\$1,628,153)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$169,080,780	\$180,180,947	\$11,100,167	7%
8	WORKER'S COMPENSATION	\$8,281,947	\$8,052,060	(\$229,887)	-3%
9	SELF- PAY/UNINSURED	\$2,237,759	\$2,164,844	(\$72,915)	-3%
10	SAGA	\$3,660,924	\$2,001,415	(\$1,659,509)	-45%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$381,456,277	\$394,986,904	\$13,530,627	4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,487	4,696	209	5%
2	MEDICARE MANAGED CARE	606	686	80	13%
3	MEDICAID	1,363	1,434	71	5%
4	MEDICAID MANAGED CARE	922	1,023	101	11%
5	CHAMPUS/TRICARE	11	13	2	18%
6	COMMERCIAL INSURANCE	1,522	1,504	(18)	-1%
7	NON-GOVERNMENT MANAGED CARE	4,833	4,703	(130)	-3%
8	WORKER'S COMPENSATION	83	90	7	8%
9	SELF- PAY/UNINSURED	590	490	(100)	-17%
10	SAGA	471	450	(21)	-4%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	14,888	15,089	201	1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	30,298	31,568	1,270	4%
2	MEDICARE MANAGED CARE	3,722	4,324	602	16%
3	MEDICAID	6,979	7,438	459	7%
4	MEDICAID MANAGED CARE	3,165	3,536	371	12%
5	CHAMPUS/TRICARE	34	51	17	50%
6	COMMERCIAL INSURANCE	5,662	5,428	(234)	-4%
7	NON-GOVERNMENT MANAGED CARE	18,917	18,310	(607)	-3%
8	WORKER'S COMPENSATION	415	392	(23)	-6%
9	SELF- PAY/UNINSURED	2,636	1,826	(810)	-31%
10	SAGA	3,444	3,352	(92)	-3%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	75,272	76,225	953	1%
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	53,834	56,805	2,971	6%
2	MEDICARE MANAGED CARE	8,295	9,967	1,672	20%
3	MEDICAID	8,826	8,600	(226)	-3%
4	MEDICAID MANAGED CARE	20,914	25,453	4,539	22%
5	CHAMPUS/TRICARE	178	193	15	8%
6	COMMERCIAL INSURANCE	44,700	50,910	6,210	14%
7	NON-GOVERNMENT MANAGED CARE	113,264	116,835	3,571	3%
8	WORKER'S COMPENSATION	2,041	2,133	92	5%
9	SELF- PAY/UNINSURED	25,136	21,820	(3,316)	-13%
10	SAGA	4,973	5,229	256	5%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	282,161	297,945	15,784	6%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$32,819,293	\$32,349,676	(\$469,617)	-1%
2	MEDICARE MANAGED CARE	\$4,717,660	\$5,170,727	\$453,067	10%
3	MEDICAID	\$7,267,414	\$8,397,299	\$1,129,885	16%
4	MEDICAID MANAGED CARE	\$13,553,180	\$17,878,524	\$4,325,344	32%
5	CHAMPUS/TRICARE	\$139,162	\$112,774	(\$26,388)	-19%
6	COMMERCIAL INSURANCE	\$19,646,513	\$21,134,791	\$1,488,278	8%
7	NON-GOVERNMENT MANAGED CARE	\$40,295,856	\$38,373,558	(\$1,922,298)	-5%
8	WORKER'S COMPENSATION	\$2,104,493	\$2,410,876	\$306,383	15%
9	SELF- PAY/UNINSURED	\$21,973,122	\$22,655,991	\$682,869	3%
10	SAGA	\$5,841,780	\$5,784,650	(\$57,130)	-1%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$148,358,473	\$154,268,866	\$5,910,393	4%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,265,870	\$3,089,835	(\$1,176,035)	-28%
2	MEDICARE MANAGED CARE	\$723,988	\$570,842	(\$153,146)	-21%
3	MEDICAID	\$1,187,722	\$985,938	(\$201,784)	-17%
4	MEDICAID MANAGED CARE	\$2,085,644	\$2,512,239	\$426,595	20%
5	CHAMPUS/TRICARE	\$61,494	\$18,972	(\$42,522)	-69%
6	COMMERCIAL INSURANCE	\$14,204,712	\$12,338,704	(\$1,866,008)	-13%
7	NON-GOVERNMENT MANAGED CARE	\$19,453,320	\$18,432,466	(\$1,020,854)	-5%
8	WORKER'S COMPENSATION	\$1,737,225	\$1,804,853	\$67,628	4%
9	SELF- PAY/UNINSURED	\$432,348	\$330,799	(\$101,549)	-23%
10	SAGA	\$936,037	\$117,310	(\$818,727)	-87%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$45,088,360	\$40,201,958	(\$4,886,402)	-11%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,717	5,336	(381)	-7%
2	MEDICARE MANAGED CARE	709	765	56	8%
3	MEDICAID	2,226	2,116	(110)	-5%
4	MEDICAID MANAGED CARE	6,696	7,890	1,194	18%
5	CHAMPUS/TRICARE	51	46	(5)	-10%
6	COMMERCIAL INSURANCE	4,672	4,877	205	4%
7	NON-GOVERNMENT MANAGED CARE	10,012	9,551	(461)	-5%
8	WORKER'S COMPENSATION	823	934	111	13%
9	SELF- PAY/UNINSURED	6,691	6,574	(117)	-2%
10	SAGA	1,489	1,553	64	4%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	39,086	39,642	556	1%

**STAMFORD HOSPITAL
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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	\$51,850,186	\$53,049,747	\$1,199,561	2%
2	Physician Salaries	\$17,126,431	\$17,289,984	\$163,553	1%
3	Non-Nursing, Non-Physician Salaries	\$85,526,196	\$93,025,542	\$7,499,346	9%
	Total Salaries & Wages	\$154,502,813	\$163,365,273	\$8,862,460	6%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$11,404,309	\$14,424,232	\$3,019,923	26%
2	Physician Fringe Benefits	\$3,766,913	\$4,701,148	\$934,235	25%
3	Non-Nursing, Non-Physician Fringe Benefits	\$18,811,257	\$25,356,655	\$6,545,398	35%
	Total Fringe Benefits	\$33,982,479	\$44,482,035	\$10,499,556	31%
C. Contractual Labor Fees:					
1	Nursing Fees	\$2,317,222	\$1,289,166	(\$1,028,056)	-44%
2	Physician Fees	\$10,476,221	\$8,733,868	(\$1,742,353)	-17%
3	Non-Nursing, Non-Physician Fees	\$31,209,286	\$25,341,543	(\$5,867,743)	-19%
	Total Contractual Labor Fees	\$44,002,729	\$35,364,577	(\$8,638,152)	-20%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$32,689,058	\$35,079,176	\$2,390,118	7%
2	Pharmaceutical Costs	\$7,766,356	\$8,119,836	\$353,480	5%
	Total Medical Supplies and Pharmaceutical Cost	\$40,455,414	\$43,199,012	\$2,743,598	7%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$21,697,427	\$22,159,932	\$462,505	2%
2	Depreciation-Equipment	\$5,258,007	\$5,231,533	(\$26,474)	-1%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$26,955,434	\$27,391,465	\$436,031	2%
F. Bad Debts:					
1	Bad Debts	\$47,934,677	\$43,115,286	(\$4,819,391)	-10%
G. Interest Expense:					
1	Interest Expense	\$5,220,009	\$4,876,423	(\$343,586)	-7%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$10,211,990	\$8,073,693	(\$2,138,297)	-21%
I. Utilities:					
1	Water	\$138,005	\$135,555	(\$2,450)	-2%
2	Natural Gas	\$2,249,485	\$1,646,484	(\$603,001)	-27%
3	Oil	\$1,396	\$755	(\$641)	-46%
4	Electricity	\$2,990,896	\$2,804,502	(\$186,394)	-6%
5	Telephone	\$730,536	\$958,812	\$228,276	31%
6	Other Utilities	\$264,523	\$290,802	\$26,279	10%
	Total Utilities	\$6,374,841	\$5,836,910	(\$537,931)	-8%
J. Business Expenses:					
1	Accounting Fees	\$392,830	\$586,701	\$193,871	49%
2	Legal Fees	\$2,222,089	\$2,774,424	\$552,335	25%
3	Consulting Fees	\$5,295,027	\$6,687,949	\$1,392,922	26%
4	Dues and Membership	\$1,301,023	\$1,281,234	(\$19,789)	-2%
5	Equipment Leases	\$1,808,951	\$1,951,647	\$142,696	8%
6	Building Leases	\$6,391,291	\$6,408,573	\$17,282	0%
7	Repairs and Maintenance	\$10,333,577	\$11,206,015	\$872,438	8%
8	Insurance	\$852,811	\$828,609	(\$24,202)	-3%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$646,371	\$678,539	\$32,168	5%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$10,466,066	\$8,226,957	(\$2,239,109)	-21%
13	Licenses and Subscriptions	\$74,036	\$155,593	\$81,557	110%
14	Postage and Shipping	\$396,344	\$468,966	\$72,622	18%
15	Advertising	\$2,101,579	\$1,648,108	(\$453,471)	-22%
16	Other Business Expenses	\$12,916,936	\$12,278,460	(\$638,476)	-5%
	Total Business Expenses	\$55,198,931	\$55,181,775	(\$17,156)	0%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$680,562	\$793,585	\$113,023	17%
	Total Operating Expenses - All Expense Categories*	\$425,519,879	\$431,680,034	\$6,160,155	1%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$106,374,739	\$100,104,970	(\$6,269,769)	-6%
2	General Accounting	\$3,585,914	\$3,961,184	\$375,270	10%
3	Patient Billing & Collection	\$9,054,279	\$8,508,793	(\$545,486)	-6%
4	Admitting / Registration Office	\$3,227,615	\$3,245,755	\$18,140	1%
5	Data Processing	\$11,903,548	\$13,880,712	\$1,977,164	17%
6	Communications	\$242	\$415	\$173	71%
7	Personnel	\$4,874,092	\$6,395,054	\$1,520,962	31%
8	Public Relations	\$1,200,943	\$1,066,747	(\$134,196)	-11%
9	Purchasing	\$6,433,526	\$3,458,782	(\$2,974,744)	-46%
10	Dietary and Cafeteria	\$5,621,162	\$5,342,834	(\$278,328)	-5%
11	Housekeeping	\$4,651,470	\$4,885,698	\$234,228	5%
12	Laundry & Linen	\$2,112,227	\$1,325,251	(\$786,976)	-37%
13	Operation of Plant	\$1,029,482	\$912,676	(\$116,806)	-11%
14	Security	\$1,535,974	\$1,729,562	\$193,588	13%
15	Repairs and Maintenance	\$13,378,768	\$13,132,421	(\$246,347)	-2%
16	Central Sterile Supply	\$1,938,081	\$1,817,958	(\$120,123)	-6%
17	Pharmacy Department	\$11,269,195	\$11,815,910	\$546,715	5%
18	Other General Services	\$9,527,483	\$9,527,500	\$17	0%
	Total General Services	\$197,718,740	\$191,112,222	(\$6,606,518)	-3%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$2,850,549	\$3,336,787	\$486,238	17%
2	Residency Program	\$4,984,663	\$5,391,309	\$406,646	8%
3	Nursing Services Administration	\$5,018,165	\$4,994,952	(\$23,213)	0%
4	Medical Records	\$2,878,991	\$2,766,790	(\$112,201)	-4%
5	Social Service	\$761,839	\$817,926	\$56,087	7%
6	Other Professional Services	\$3,550,451	\$3,293,321	(\$257,130)	-7%
	Total Professional Services	\$20,044,658	\$20,601,085	\$556,427	3%
C.	<u>Special Services:</u>				
1	Operating Room	\$41,923,041	\$42,372,862	\$449,821	1%
2	Recovery Room	\$4,746,152	\$5,027,775	\$281,623	6%
3	Anesthesiology	\$477,301	\$473,606	(\$3,695)	-1%
4	Delivery Room	\$6,145,370	\$6,384,904	\$239,534	4%
5	Diagnostic Radiology	\$9,247,540	\$10,056,422	\$808,882	9%
6	Diagnostic Ultrasound	\$1,913,546	\$2,229,889	\$316,343	17%
7	Radiation Therapy	\$3,687,445	\$4,608,703	\$921,258	25%

**STAMFORD 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	\$1,169,845	\$1,185,474	\$15,629	1%
9	CT Scan	\$1,668,588	\$1,790,654	\$122,066	7%
10	Laboratory	\$15,438,972	\$17,108,475	\$1,669,503	11%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$7,993,591	\$8,068,354	\$74,763	1%
13	Electrocardiology	\$3,929,385	\$4,968,514	\$1,039,129	26%
14	Electroencephalography	\$351,319	\$339,602	(\$11,717)	-3%
15	Occupational Therapy	\$206,727	\$191,878	(\$14,849)	-7%
16	Speech Pathology	\$34,970	\$33,731	(\$1,239)	-4%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,363,984	\$3,501,776	\$137,792	4%
19	Pulmonary Function	\$982,155	\$1,037,130	\$54,975	6%
20	Intravenous Therapy	\$753,337	\$826,405	\$73,068	10%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$494,722	\$431,515	(\$63,207)	-13%
24	Emergency Room	\$7,767,195	\$7,939,960	\$172,765	2%
25	MRI	\$1,959,146	\$1,926,353	(\$32,793)	-2%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$315,518	\$336,750	\$21,232	7%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$3,666,007	\$4,197,538	\$531,531	14%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$118,235,856	\$125,038,270	\$6,802,414	6%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$34,923,222	\$39,827,569	\$4,904,347	14%
2	Intensive Care Unit	\$7,407,067	\$7,927,171	\$520,104	7%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$3,731,737	\$3,725,398	(\$6,339)	0%
5	Pediatric Unit	\$4,649,542	\$4,807,570	\$158,028	3%
6	Maternity Unit	\$5,629,735	\$5,544,039	(\$85,696)	-2%
7	Newborn Nursery Unit	\$1,963,580	\$2,230,725	\$267,145	14%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,451,418	\$2,373,075	(\$78,343)	-3%
10	Ambulatory Surgery	\$2,977,292	\$3,320,334	\$343,042	12%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$7,272,195	\$7,186,991	(\$85,204)	-1%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$71,005,788	\$76,942,872	\$5,937,084	8%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$18,514,837	\$17,985,585	(\$529,252)	-3%
	Total Operating Expenses - All Departments*	\$425,519,879	\$431,680,034	\$6,160,155	1%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

STAMFORD 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
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$381,968,990	\$ 416,937,724	\$429,753,819
2	Other Operating Revenue	23,149,832	27,261,542	27,480,695
3	Total Operating Revenue	\$405,118,822	\$444,199,266	\$457,234,514
4	Total Operating Expenses	389,133,838	425,519,879	431,680,034
5	Income/(Loss) From Operations	\$15,984,984	\$18,679,387	\$25,554,480
6	Total Non-Operating Revenue	(4,206,071)	(988,395)	(167,187)
7	Excess/(Deficiency) of Revenue Over Expenses	\$11,778,913	\$17,690,992	\$25,387,293
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.99%	4.21%	5.59%
2	Hospital Non Operating Margin	-1.05%	-0.22%	-0.04%
3	Hospital Total Margin	2.94%	3.99%	5.55%
4	Income/(Loss) From Operations	\$15,984,984	\$18,679,387	\$25,554,480
5	Total Operating Revenue	\$405,118,822	\$444,199,266	\$457,234,514
6	Total Non-Operating Revenue	(\$4,206,071)	(\$988,395)	(\$167,187)
7	Total Revenue	\$400,912,751	\$443,210,871	\$457,067,327
8	Excess/(Deficiency) of Revenue Over Expenses	\$11,778,913	\$17,690,992	\$25,387,293
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$111,130,289	\$42,615,000	\$82,055,000
2	Hospital Total Net Assets	\$141,187,158	\$70,813,000	\$109,583,000
3	Hospital Change in Total Net Assets	(\$1,590,256)	(\$70,374,158)	\$38,770,000
4	Hospital Change in Total Net Assets %	98.9%	-49.8%	54.7%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.38	0.36	0.33
2	Total Operating Expenses	\$389,133,838	\$425,519,879	\$431,680,034
3	Total Gross Revenue	\$989,969,511	\$1,157,017,313	\$1,288,625,721
4	Total Other Operating Revenue	\$23,149,832	\$23,523,556	\$24,062,351
5	Private Payment to Cost Ratio	1.28	1.32	1.37
6	Total Non-Government Payments	\$231,886,476	\$259,720,619	\$268,889,831

STAMFORD 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
7	Total Uninsured Payments	\$2,697,781	\$2,237,759	\$2,164,844
8	Total Non-Government Charges	\$519,385,427	\$600,282,993	\$655,558,531
9	Total Uninsured Charges	\$52,385,302	\$59,634,503	\$63,573,241
10	<u>Medicare Payment to Cost Ratio</u>	0.64	0.63	0.65
11	Total Medicare Payments	\$92,011,949	\$96,033,569	\$102,485,288
12	Total Medicare Charges	\$374,077,846	\$423,917,091	\$478,347,624
13	<u>Medicaid Payment to Cost Ratio</u>	0.59	0.61	0.54
14	Total Medicaid Payments	\$16,419,447	\$21,860,705	\$21,500,232
15	Total Medicaid Charges	\$72,928,059	\$98,955,936	\$122,028,972
16	<u>Uncompensated Care Cost</u>	\$23,253,123	\$21,570,630	\$21,671,931
17	Charity Care	\$15,715,201	\$11,909,791	\$23,197,082
18	Bad Debts	\$44,824,866	\$47,934,677	\$42,704,703
19	Total Uncompensated Care	\$60,540,067	\$59,844,468	\$65,901,785
20	<u>Uncompensated Care % of Total Expenses</u>	6.0%	5.1%	5.0%
21	Total Operating Expenses	\$389,133,838	\$425,519,879	\$431,680,034
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.15	1.18	1.72
2	Total Current Assets	\$66,693,691	\$75,654,000	\$115,583,000
3	Total Current Liabilities	\$57,819,431	\$64,000,000	\$67,288,000
4	<u>Days Cash on Hand</u>	7	9	45
5	Cash and Cash Equivalents	\$6,765,949	\$9,668,000	\$49,254,000
6	Short Term Investments	165,786	166,000	188,000
7	Total Cash and Short Term Investments	\$6,931,735	\$9,834,000	\$49,442,000
8	Total Operating Expenses	\$389,133,838	\$425,519,879	\$431,680,034
9	Depreciation Expense	\$22,754,170	\$26,955,434	\$27,391,465
10	Operating Expenses less Depreciation Expense	\$366,379,668	\$398,564,445	\$404,288,569
11	<u>Days Revenue in Patient Accounts Receivable</u>	43.46	43.13	44.01

STAMFORD 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	\$ 48,238,736	\$ 50,590,000	\$ 50,691,000
13	Due From Third Party Payers	\$0	\$2,899,000	\$3,941,000
14	Due To Third Party Payers	\$2,758,231	\$4,219,000	\$2,813,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 45,480,505	\$ 49,270,000	\$ 51,819,000
16	Total Net Patient Revenue	\$381,968,990	\$ 416,937,724	\$ 429,753,819
17	<u>Average Payment Period</u>	57.60	58.61	60.75
18	Total Current Liabilities	\$57,819,431	\$64,000,000	\$67,288,000
19	Total Operating Expenses	\$389,133,838	\$425,519,879	\$431,680,034
20	Depreciation Expense	\$22,754,170	\$26,955,434	\$27,391,465
21	Total Operating Expenses less Depreciation Expense	\$366,379,668	\$398,564,445	\$404,288,569
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	38.4	20.3	25.5
2	Total Net Assets	\$141,187,158	\$70,813,000	\$109,583,000
3	Total Assets	\$368,045,288	\$349,208,000	\$428,973,000
4	<u>Cash Flow to Total Debt Ratio</u>	20.5	25.6	26.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$11,778,913	\$17,690,992	\$25,387,293
6	Depreciation Expense	\$22,754,170	\$26,955,434	\$27,391,465
7	Excess of Revenues Over Expenses and Depreciation Expense	\$34,533,083	\$44,646,426	\$52,778,758
8	Total Current Liabilities	\$57,819,431	\$64,000,000	\$67,288,000
9	Total Long Term Debt	\$111,003,223	\$110,395,000	\$130,114,000
10	Total Current Liabilities and Total Long Term Debt	\$168,822,654	\$174,395,000	\$197,402,000
11	<u>Long Term Debt to Capitalization Ratio</u>	44.0	60.9	54.3
12	Total Long Term Debt	\$111,003,223	\$110,395,000	\$130,114,000
13	Total Net Assets	\$141,187,158	\$70,813,000	\$109,583,000
14	Total Long Term Debt and Total Net Assets	\$252,190,381	\$181,208,000	\$239,697,000
15	<u>Debt Service Coverage Ratio</u>	9.2	1.3	0.5
16	Excess Revenues over Expenses	\$11,778,913	\$17,690,992	\$25,387,293
17	Interest Expense	\$4,222,070	\$5,220,009	\$4,876,423
18	Depreciation and Amortization Expense	\$22,754,170	\$26,955,434	\$27,391,465

STAMFORD 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	\$33,476,000	\$117,047,000
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	10.4	9.8	10.4
21	Accumulated Depreciation	\$236,037,724	\$262,993,000	\$285,332,000
22	Depreciation and Amortization Expense	\$22,754,170	\$26,955,434	\$27,391,465
H. <u>Utilization Measures Summary</u>				
1	Patient Days	76,971	75,272	76,225
2	Discharges	15,856	14,888	15,089
3	ALOS	4.9	5.1	5.1
4	Staffed Beds	319	321	269
5	Available Beds	-	330	322
6	Licensed Beds	330	330	330
6	Occupancy of Staffed Beds	66.1%	64.2%	77.6%
7	Occupancy of Available Beds	63.9%	62.5%	64.9%
8	Full Time Equivalent Employees	1,879.3	1,898.4	2,051.8
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	47.2%	46.7%	45.9%
2	Medicare Gross Revenue Payer Mix Percentage	37.8%	36.6%	37.1%
3	Medicaid Gross Revenue Payer Mix Percentage	7.4%	8.6%	9.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.3%	2.9%	2.5%
5	Uninsured Gross Revenue Payer Mix Percentage	5.3%	5.2%	4.9%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.0%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$467,000,125	\$540,648,490	\$591,985,290
9	Medicare Gross Revenue (Charges)	\$374,077,846	\$423,917,091	\$478,347,624
10	Medicaid Gross Revenue (Charges)	\$72,928,059	\$98,955,936	\$122,028,972
11	Other Medical Assistance Gross Revenue (Charges)	\$23,064,891	\$33,284,406	\$32,014,244
12	Uninsured Gross Revenue (Charges)	\$52,385,302	\$59,634,503	\$63,573,241
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$513,288	\$576,887	\$676,350
14	Total Gross Revenue (Charges)	\$989,969,511	\$1,157,017,313	\$1,288,625,721
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	66.5%	67.5%	67.5%

STAMFORD 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	26.7%	25.2%	25.9%
3	Medicaid Net Revenue Payer Mix Percentage	4.8%	5.7%	5.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.2%	1.0%	0.5%
5	Uninsured Net Revenue Payer Mix Percentage	0.8%	0.6%	0.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$229,188,695	\$257,482,860	\$266,724,987
9	Medicare Net Revenue (Payments)	\$92,011,949	\$96,033,569	\$102,485,288
10	Medicaid Net Revenue (Payments)	\$16,419,447	\$21,860,705	\$21,500,232
11	Other Medical Assistance Net Revenue (Payments)	\$4,201,788	\$3,660,924	\$2,001,415
12	Uninsured Net Revenue (Payments)	\$2,697,781	\$2,237,759	\$2,164,844
13	CHAMPUS / TRICARE Net Revenue Payments)	\$161,950	\$180,460	\$110,138
14	Total Net Revenue (Payments)	\$344,681,610	\$381,456,277	\$394,986,904
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	7,456	7,028	6,787
2	Medicare	5,763	5,093	5,382
3	Medical Assistance	2,630	2,756	2,907
4	Medicaid	2,209	2,285	2,457
5	Other Medical Assistance	421	471	450
6	CHAMPUS / TRICARE	7	11	13
7	Uninsured (Included In Non-Government)	590	590	490
8	Total	15,856	14,888	15,089
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.041200	1.048370	1.060060
2	Medicare	1.543080	1.576690	1.535090
3	Medical Assistance	0.914132	0.966819	0.971618
4	Medicaid	0.856990	0.882590	0.921550
5	Other Medical Assistance	1.213960	1.375450	1.244990
6	CHAMPUS / TRICARE	1.309370	1.028720	0.750340
7	Uninsured (Included In Non-Government)	1.137220	1.230760	1.103770
8	Total Case Mix Index	1.202654	1.213990	1.212189
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	8,327	7,214	8,068
2	Emergency Room - Treated and Discharged	37,113	39,086	39,642
3	Total Emergency Room Visits	45,440	46,300	47,710

**STAMFORD 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	\$480,207	\$1,535,362	\$1,055,155	220%
2	Inpatient Payments	\$108,104	\$427,323	\$319,219	295%
3	Outpatient Charges	\$592,044	\$869,944	\$277,900	47%
4	Outpatient Payments	\$115,120	\$138,637	\$23,517	20%
5	Discharges	15	31	16	107%
6	Patient Days	63	155	92	146%
7	Outpatient Visits (Excludes ED Visits)	197	229	32	16%
8	Emergency Department Outpatient Visits	17	26	9	53%
9	Emergency Department Inpatient Admissions	9	17	8	89%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,072,251	\$2,405,306	\$1,333,055	124%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$223,224	\$565,960	\$342,736	154%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,328	\$0	(\$1,328)	-100%
4	Outpatient Payments	\$181	\$0	(\$181)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,328	\$0	(\$1,328)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$181	\$0	(\$181)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,267,074	\$2,273,658	\$1,006,584	79%
2	Inpatient Payments	\$285,649	\$539,438	\$253,789	89%
3	Outpatient Charges	\$1,001,667	\$1,439,001	\$437,334	44%
4	Outpatient Payments	\$132,170	\$172,690	\$40,520	31%
5	Discharges	25	23	(2)	-8%
6	Patient Days	147	258	111	76%
7	Outpatient Visits (Excludes ED Visits)	302	407	105	35%
8	Emergency Department Outpatient Visits	23	35	12	52%
9	Emergency Department Inpatient Admissions	21	14	(7)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,268,741	\$3,712,659	\$1,443,918	64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$417,819	\$712,128	\$294,309	70%

**STAMFORD 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	\$24,779,401	\$25,711,343	\$931,942	4%
2	Inpatient Payments	\$6,480,725	\$6,737,504	\$256,779	4%
3	Outpatient Charges	\$19,139,601	\$18,757,018	(\$382,583)	-2%
4	Outpatient Payments	\$2,612,189	\$2,463,590	(\$148,599)	-6%
5	Discharges	496	515	19	4%
6	Patient Days	3,114	3,255	141	5%
7	Outpatient Visits (Excludes ED Visits)	6,102	6,896	794	13%
8	Emergency Department Outpatient Visits	536	508	(28)	-5%
9	Emergency Department Inpatient Admissions	370	297	(73)	-20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$43,919,002	\$44,468,361	\$549,359	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,092,914	\$9,201,094	\$108,180	1%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$421,305	\$803,662	\$382,357	91%
2	Inpatient Payments	\$113,964	\$209,972	\$96,008	84%
3	Outpatient Charges	\$637,510	\$1,144,841	\$507,331	80%
4	Outpatient Payments	\$110,376	\$185,115	\$74,739	68%
5	Discharges	11	17	6	55%
6	Patient Days	45	52	7	16%
7	Outpatient Visits (Excludes ED Visits)	81	142	61	75%
8	Emergency Department Outpatient Visits	22	31	9	41%
9	Emergency Department Inpatient Admissions	10	10	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,058,815	\$1,948,503	\$889,688	84%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$224,340	\$395,087	\$170,747	76%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$85,580	\$85,580	0%
2	Inpatient Payments	\$0	\$33,089	\$33,089	0%
3	Outpatient Charges	\$44,126	\$176,294	\$132,168	300%
4	Outpatient Payments	\$8,302	\$27,576	\$19,274	232%
5	Discharges	0	3	3	0%
6	Patient Days	0	16	16	0%
7	Outpatient Visits (Excludes ED Visits)	9	33	24	267%
8	Emergency Department Outpatient Visits	1	2	1	100%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$44,126	\$261,874	\$217,748	493%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,302	\$60,665	\$52,363	631%

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

(1) LINE	(2) DESCRIPTION	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$161,535	\$1,254,600	\$1,093,065	677%
2	Inpatient Payments	\$31,439	\$297,662	\$266,223	847%
3	Outpatient Charges	\$584,974	\$1,527,677	\$942,703	161%
4	Outpatient Payments	\$164,441	\$239,194	\$74,753	45%
5	Discharges	5	31	26	520%
6	Patient Days	21	131	110	524%
7	Outpatient Visits (Excludes ED Visits)	140	412	272	194%
8	Emergency Department Outpatient Visits	16	58	42	263%
9	Emergency Department Inpatient Admissions	5	13	8	160%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$746,509	\$2,782,277	\$2,035,768	273%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$195,880	\$536,856	\$340,976	174%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$679,791	\$630,656	(\$49,135)	-7%
2	Inpatient Payments	\$63,579	\$136,430	\$72,851	115%
3	Outpatient Charges	\$303,623	\$326,715	\$23,092	8%
4	Outpatient Payments	\$8,167	\$25,433	\$17,266	211%
5	Discharges	10	13	3	30%
6	Patient Days	103	77	(26)	-25%
7	Outpatient Visits (Excludes ED Visits)	110	79	(31)	-28%
8	Emergency Department Outpatient Visits	26	29	3	12%
9	Emergency Department Inpatient Admissions	8	10	2	25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$983,414	\$957,371	(\$26,043)	-3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$71,746	\$161,863	\$90,117	126%
I. AETNA					
1	Inpatient Charges	\$915,465	\$1,746,126	\$830,661	91%
2	Inpatient Payments	\$143,394	\$434,178	\$290,784	203%
3	Outpatient Charges	\$1,438,028	\$1,981,238	\$543,210	38%
4	Outpatient Payments	\$274,491	\$233,923	(\$40,568)	-15%
5	Discharges	27	34	7	26%
6	Patient Days	124	196	72	58%
7	Outpatient Visits (Excludes ED Visits)	453	751	298	66%
8	Emergency Department Outpatient Visits	34	47	13	38%
9	Emergency Department Inpatient Admissions	20	24	4	20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,353,493	\$3,727,364	\$1,373,871	58%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$417,885	\$668,101	\$250,216	60%

**STAMFORD 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	\$214,995	\$333,486	\$118,491	55%
2	Inpatient Payments	\$61,096	\$166,551	\$105,455	173%
3	Outpatient Charges	\$178,205	\$298,070	\$119,865	67%
4	Outpatient Payments	\$32,236	\$65,224	\$32,988	102%
5	Discharges	5	6	1	20%
6	Patient Days	22	31	9	41%
7	Outpatient Visits (Excludes ED Visits)	59	66	7	12%
8	Emergency Department Outpatient Visits	14	12	(2)	-14%
9	Emergency Department Inpatient Admissions	5	3	(2)	-40%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$393,200	\$631,556	\$238,356	61%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$93,332	\$231,775	\$138,443	148%
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%

**STAMFORD 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	\$720,942	\$508,054	(\$212,888)	-30%
2	Inpatient Payments	\$293,044	\$190,628	(\$102,416)	-35%
3	Outpatient Charges	\$334,219	\$769,421	\$435,202	130%
4	Outpatient Payments	\$58,874	\$103,583	\$44,709	76%
5	Discharges	12	13	1	8%
6	Patient Days	83	153	70	84%
7	Outpatient Visits (Excludes ED Visits)	132	187	55	42%
8	Emergency Department Outpatient Visits	20	17	(3)	-15%
9	Emergency Department Inpatient Admissions	10	7	(3)	-30%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,055,161	\$1,277,475	\$222,314	21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$351,918	\$294,211	(\$57,707)	-16%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$29,640,715	\$34,882,527	\$5,241,812	18%
	TOTAL INPATIENT PAYMENTS	\$7,580,994	\$9,172,775	\$1,591,781	21%
	TOTAL OUTPATIENT CHARGES	\$24,255,325	\$27,290,219	\$3,034,894	13%
	TOTAL OUTPATIENT PAYMENTS	\$3,516,547	\$3,654,965	\$138,418	4%
	TOTAL DISCHARGES	606	686	80	13%
	TOTAL PATIENT DAYS	3,722	4,324	602	16%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	7,586	9,202	1,616	21%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	709	765	56	8%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	458	397	(61)	-13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$53,896,040	\$62,172,746	\$8,276,706	15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,097,541	\$12,827,740	\$1,730,199	16%

**STAMFORD 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	\$1,049,054	\$0	(\$1,049,054)	-100%
2	Inpatient Payments	\$235,137	\$0	(\$235,137)	-100%
3	Outpatient Charges	\$1,631,671	\$6,069	(\$1,625,602)	-100%
4	Outpatient Payments	\$125,581	\$842	(\$124,739)	-99%
5	Discharges	61	0	(61)	-100%
6	Patient Days	240	0	(240)	-100%
7	Outpatient Visits (Excludes ED Visits)	782	5	(777)	-99%
8	Emergency Department Outpatient Visits	361	0	(361)	-100%
9	Emergency Department Inpatient Admissions	16	0	(16)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,680,725	\$6,069	(\$2,674,656)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$360,718	\$842	(\$359,876)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$10,561,431	\$12,830,259	\$2,268,828	21%
2	Inpatient Payments	\$2,955,898	\$2,837,350	(\$118,548)	-4%
3	Outpatient Charges	\$19,888,070	\$25,197,345	\$5,309,275	27%
4	Outpatient Payments	\$3,429,119	\$4,321,815	\$892,696	26%
5	Discharges	617	635	18	3%
6	Patient Days	2,073	2,181	108	5%
7	Outpatient Visits (Excludes ED Visits)	10,304	11,988	1,684	16%
8	Emergency Department Outpatient Visits	4,912	5,614	702	14%
9	Emergency Department Inpatient Admissions	167	175	8	5%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,449,501	\$38,027,604	\$7,578,103	25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,385,017	\$7,159,165	\$774,148	12%
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%

**STAMFORD 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	\$1,436	\$20,958	\$19,522	1359%
4	Outpatient Payments	\$463	\$4,280	\$3,817	824%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	6	28	22	367%
8	Emergency Department Outpatient Visits	1	6	5	500%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,436	\$20,958	\$19,522	1359%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$463	\$4,280	\$3,817	824%
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	\$1,635	\$0	(\$1,635)	-100%
4	Outpatient Payments	\$257	\$0	(\$257)	-100%
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	0	0	0	0%

**STAMFORD 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	\$1,635	\$0	(\$1,635)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$257	\$0	(\$257)	-100%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$2,051,582	\$4,395,619	\$2,344,037	114%
2	Inpatient Payments	\$465,596	\$969,036	\$503,440	108%
3	Outpatient Charges	\$3,085,892	\$6,420,479	\$3,334,587	108%
4	Outpatient Payments	\$642,694	\$1,202,705	\$560,011	87%
5	Discharges	108	202	94	87%
6	Patient Days	355	661	306	86%
7	Outpatient Visits (Excludes ED Visits)	1,258	2,721	1,463	116%
8	Emergency Department Outpatient Visits	660	1,164	504	76%
9	Emergency Department Inpatient Admissions	35	43	8	23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,137,474	\$10,816,098	\$5,678,624	111%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,108,290	\$2,171,741	\$1,063,451	96%
	H. AETNA				
1	Inpatient Charges	\$3,056,852	\$3,637,096	\$580,244	19%
2	Inpatient Payments	\$965,237	\$534,182	(\$431,055)	-45%
3	Outpatient Charges	\$3,688,983	\$6,119,428	\$2,430,445	66%
4	Outpatient Payments	\$804,891	\$1,180,464	\$375,573	47%
5	Discharges	136	186	50	37%
6	Patient Days	497	694	197	40%
7	Outpatient Visits (Excludes ED Visits)	1,866	2,821	955	51%
8	Emergency Department Outpatient Visits	762	1,106	344	45%
9	Emergency Department Inpatient Admissions	33	38	5	15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,745,835	\$9,756,524	\$3,010,689	45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,770,128	\$1,714,646	(\$55,482)	-3%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$16,718,919	\$20,862,974	\$4,144,055	25%
	TOTAL INPATIENT PAYMENTS	\$4,621,868	\$4,340,568	(\$281,300)	-6%
	TOTAL OUTPATIENT CHARGES	\$28,297,687	\$37,764,279	\$9,466,592	33%
	TOTAL OUTPATIENT PAYMENTS	\$5,003,005	\$6,710,106	\$1,707,101	34%
	TOTAL DISCHARGES	922	1,023	101	11%
	TOTAL PATIENT DAYS	3,165	3,536	371	12%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	14,218	17,563	3,345	24%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	6,696	7,890	1,194	18%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	251	256	5	2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$45,016,606	\$58,627,253	\$13,610,647	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,624,873	\$11,050,674	\$1,425,801	15%

**STAMFORD 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

STAMFORD HEALTH SYSTEM					
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	\$33,269,000	\$58,541,000	\$25,272,000	76%
2	Short Term Investments	\$166,000	\$24,454,000	\$24,288,000	14631%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$51,211,000	\$51,581,000	\$370,000	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$2,100,000	\$1,874,000	(\$226,000)	-11%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,178,000	\$4,777,000	(\$401,000)	-8%
8	Prepaid Expenses	\$4,649,000	\$4,430,000	(\$219,000)	-5%
9	Other Current Assets	\$8,255,000	\$8,905,000	\$650,000	8%
	Total Current Assets	\$104,828,000	\$154,562,000	\$49,734,000	47%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$1,699,000	\$1,699,000	\$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	\$38,486,000	\$46,204,000	\$7,718,000	20%
	Total Noncurrent Assets Whose Use is Limited:	\$40,185,000	\$47,903,000	\$7,718,000	19%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$93,853,000	\$102,986,000	\$9,133,000	10%
7	Other Noncurrent Assets	\$8,696,000	\$7,495,000	(\$1,201,000)	-14%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$612,852,000	\$624,066,000	\$11,214,000	2%
2	Less: Accumulated Depreciation	\$304,615,000	\$329,471,000	\$24,856,000	\$0
	Property, Plant and Equipment, Net	\$308,237,000	\$294,595,000	(\$13,642,000)	-4%
3	Construction in Progress	\$14,801,000	\$20,384,000	\$5,583,000	38%
	Total Net Fixed Assets	\$323,038,000	\$314,979,000	(\$8,059,000)	-2%
	Total Assets	\$570,600,000	\$627,925,000	\$57,325,000	10%

STAMFORD HEALTH SYSTEM					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$43,333,000	\$50,969,000	\$7,636,000	18%
2	Salaries, Wages and Payroll Taxes	\$9,545,000	\$11,036,000	\$1,491,000	16%
3	Due To Third Party Payers	\$10,894,000	\$9,227,000	(\$1,667,000)	-15%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$6,808,000	\$8,592,000	\$1,784,000	26%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,734,000	\$10,786,000	\$2,052,000	23%
	Total Current Liabilities	\$79,314,000	\$90,610,000	\$11,296,000	14%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$131,527,000	\$147,143,000	\$15,616,000	12%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$131,527,000	\$147,143,000	\$15,616,000	12%
3	Accrued Pension Liability	\$73,775,000	\$90,865,000	\$17,090,000	23%
4	Other Long Term Liabilities	\$117,598,000	\$120,489,000	\$2,891,000	2%
	Total Long Term Liabilities	\$322,900,000	\$358,497,000	\$35,597,000	11%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$137,780,000	\$148,882,000	\$11,102,000	8%
2	Temporarily Restricted Net Assets	\$22,576,000	\$21,856,000	(\$720,000)	-3%
3	Permanently Restricted Net Assets	\$8,030,000	\$8,080,000	\$50,000	1%
	Total Net Assets	\$168,386,000	\$178,818,000	\$10,432,000	6%
	Total Liabilities and Net Assets	\$570,600,000	\$627,925,000	\$57,325,000	10%

STAMFORD HEALTH SYSTEM					
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	\$1,157,017,320	\$1,288,625,775	\$131,608,455	11%
2	Less: Allowances	\$729,517,692	\$837,497,446	\$107,979,754	15%
3	Less: Charity Care	\$11,909,791	\$23,197,205	\$11,287,414	95%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$415,589,837	\$427,931,124	\$12,341,287	3%
5	Other Operating Revenue	\$63,974,821	\$62,621,439	(\$1,353,382)	-2%
6	Net Assets Released from Restrictions	\$2,936,450	\$3,035,879	\$99,429	3%
	Total Operating Revenue	\$482,501,108	\$493,588,442	\$11,087,334	2%
B. Operating Expenses:					
1	Salaries and Wages	\$162,559,991	\$173,118,513	\$10,558,522	6%
2	Fringe Benefits	\$35,830,866	\$46,639,139	\$10,808,273	30%
3	Physicians Fees	\$12,588,971	\$8,971,251	(\$3,617,720)	-29%
4	Supplies and Drugs	\$40,693,784	\$43,403,655	\$2,709,871	7%
5	Depreciation and Amortization	\$33,531,205	\$32,505,448	(\$1,025,757)	-3%
6	Bad Debts	\$48,303,957	\$43,441,930	(\$4,862,027)	-10%
7	Interest	\$5,804,981	\$5,077,006	(\$727,975)	-13%
8	Malpractice	\$2,869,713	\$2,284,250	(\$585,463)	-20%
9	Other Operating Expenses	\$115,348,848	\$115,443,039	\$94,191	0%
	Total Operating Expenses	\$457,532,316	\$470,884,231	\$13,351,915	3%
	Income/(Loss) From Operations	\$24,968,792	\$22,704,211	(\$2,264,581)	-9%
C. Non-Operating Revenue:					
1	Income from Investments	(\$3,282,045)	\$4,785,985	\$8,068,030	-246%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$6,268,483)	\$281,204	\$6,549,687	-104%
	Total Non-Operating Revenue	(\$9,550,528)	\$5,067,189	\$14,617,717	-153%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$15,418,264	\$27,771,400	\$12,353,136	80%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$6,251,223	(\$189,780)	(\$6,441,003)	-103%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$6,251,223	(\$189,780)	(\$6,441,003)	-103%
	Excess/(Deficiency) of Revenue Over Expenses	\$21,669,487	\$27,581,620	\$5,912,133	27%

STAMFORD HEALTH SYSTEM				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$381,968,990	\$415,589,837	\$427,931,124
2	Other Operating Revenue	52,150,010	66,911,271	65,657,318
3	Total Operating Revenue	\$434,119,000	\$482,501,108	\$493,588,442
4	Total Operating Expenses	415,064,049	457,532,316	470,884,231
5	Income/(Loss) From Operations	\$19,054,951	\$24,968,792	\$22,704,211
6	Total Non-Operating Revenue	(15,537,951)	(3,299,305)	4,877,409
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,517,000	\$21,669,487	\$27,581,620
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	4.55%	5.21%	4.55%
2	Parent Corporation Non-Operating Margin	-3.71%	-0.69%	0.98%
3	Parent Corporation Total Margin	0.84%	4.52%	5.53%
4	Income/(Loss) From Operations	\$19,054,951	\$24,968,792	\$22,704,211
5	Total Operating Revenue	\$434,119,000	\$482,501,108	\$493,588,442
6	Total Non-Operating Revenue	(\$15,537,951)	(\$3,299,305)	\$4,877,409
7	Total Revenue	\$418,581,049	\$479,201,803	\$498,465,851
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,517,000	\$21,669,487	\$27,581,620
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$161,263,000	\$137,780,000	\$148,882,000
2	Parent Corporation Total Net Assets	\$193,728,000	\$168,386,000	\$178,818,000
3	Parent Corporation Change in Total Net Assets	(\$7,356,000)	(\$25,342,000)	\$10,432,000
4	Parent Corporation Change in Total Net Assets %	96.3%	-13.1%	6.2%

STAMFORD HEALTH SYSTEM				
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. Liquidity Measures Summary				
1	Current Ratio	1.28	1.32	1.71
2	Total Current Assets	\$92,042,000	\$104,828,000	\$154,562,000
3	Total Current Liabilities	\$71,838,000	\$79,314,000	\$90,610,000
4	Days Cash on Hand	24	29	69
5	Cash and Cash Equivalents	\$15,009,000	\$33,269,000	\$58,541,000
6	Short Term Investments	10,121,000	166,000	24,454,000
7	Total Cash and Short Term Investments	\$25,130,000	\$33,435,000	\$82,995,000
8	Total Operating Expenses	\$415,064,049	\$457,532,316	\$470,884,231
9	Depreciation Expense	\$25,519,000	\$33,531,205	\$32,505,448
10	Operating Expenses less Depreciation Expense	\$389,545,049	\$424,001,111	\$438,378,783
11	Days Revenue in Patient Accounts Receivable	46	35	36
12	Net Patient Accounts Receivable	\$ 50,841,000	\$ 51,211,000	\$ 51,581,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,758,000	\$10,894,000	\$9,227,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 48,083,000	\$ 40,317,000	\$ 42,354,000
16	Total Net Patient Revenue	\$381,968,990	\$415,589,837	\$427,931,124
17	Average Payment Period	67	68	75
18	Total Current Liabilities	\$71,838,000	\$79,314,000	\$90,610,000
19	Total Operating Expenses	\$415,064,049	\$457,532,316	\$470,884,231
20	Depreciation Expense	\$25,519,000	\$33,531,205	\$32,505,448
21	Total Operating Expenses less Depreciation Expense	\$389,545,049	\$424,001,111	\$438,378,783

STAMFORD HEALTH SYSTEM				
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>	35.0	29.5	28.5
2	Total Net Assets	\$193,728,000	\$168,386,000	\$178,818,000
3	Total Assets	\$553,421,000	\$570,600,000	\$627,925,000
4	<u>Cash Flow to Total Debt Ratio</u>	14.2	26.2	25.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,517,000	\$21,669,487	\$27,581,620
6	Depreciation Expense	\$25,519,000	\$33,531,205	\$32,505,448
7	Excess of Revenues Over Expenses and Depreciation Expense	\$29,036,000	\$55,200,692	\$60,087,068
8	Total Current Liabilities	\$71,838,000	\$79,314,000	\$90,610,000
9	Total Long Term Debt	\$132,631,000	\$131,527,000	\$147,143,000
10	Total Current Liabilities and Total Long Term Debt	\$204,469,000	\$210,841,000	\$237,753,000
11	<u>Long Term Debt to Capitalization Ratio</u>	40.6	43.9	45.1
12	Total Long Term Debt	\$132,631,000	\$131,527,000	\$147,143,000
13	Total Net Assets	\$193,728,000	\$168,386,000	\$178,818,000
14	Total Long Term Debt and Total Net Assets	\$326,359,000	\$299,913,000	\$325,961,000

STAMFORD 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	46,905	180	183	71.4%	70.2%
2	ICU/CCU (Excludes Neonatal ICU)	1,026	3	16	93.7%	17.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,794	17	20	93.4%	79.4%
	TOTAL PSYCHIATRIC	5,794	17	20	93.4%	79.4%
5	Rehabilitation	4,585	14	17	89.7%	73.9%
6	Maternity	8,467	26	32	89.2%	72.5%
7	Newborn	6,072	18	25	92.4%	66.5%
8	Neonatal ICU	2,271	7	16	88.9%	38.9%
9	Pediatric	1,105	4	13	75.7%	23.3%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	70,153	251	297	76.6%	64.7%
	TOTAL INPATIENT BED UTILIZATION	76,225	269	322	77.6%	64.9%
	TOTAL INPATIENT REPORTED YEAR	76,225	269	322	77.6%	64.9%
	TOTAL INPATIENT PRIOR YEAR	75,272	321	330	64.2%	62.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	953	-52	-8	13.4%	2.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	1%	-16%	-2%	21%	4%
	Total Licensed Beds and Bassinets	330				
(A) This number may not exceed the number of available beds for each department or in total.						

STAMFORD 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	10,730	10,916	186	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	26,552	24,619	-1,933	-7%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	37,282	35,535	-1,747	-5%
B. MRI Scans (A)					
1	Inpatient Scans	3,038	2,437	-601	-20%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,511	10,183	-328	-3%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	13,549	12,620	-929	-7%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	366	0	-366	-100%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	366	0	-366	-100%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	372	372	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	372	372	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	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	306	339	33	11%
2	Outpatient Procedures	357	357	0	0%
	Total Cardiac Catheterization Procedures	663	696	33	5%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	42	55	13	31%
2	Elective Procedures	212	224	12	6%
	Total Cardiac Angioplasty Procedures	254	279	25	10%
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	3,079	3,149	70	2%
2	Outpatient Surgical Procedures	8,893	9,164	271	3%
	Total Surgical Procedures	11,972	12,313	341	3%
J. Endoscopy Procedures					

STAMFORD 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	520	522	2	0%
2	Outpatient Endoscopy Procedures	6,748	6,436	-312	-5%
	Total Endoscopy Procedures	7,268	6,958	-310	-4%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	7,214	8,068	854	12%
2	Emergency Room Visits: Treated and Discharged	39,086	39,642	556	1%
	Total Emergency Room Visits	46,300	47,710	1,410	3%
	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	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	17,291	15,927	-1,364	-8%
	Total Hospital Clinic Visits	17,291	15,927	-1,364	-8%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	32,528	34,021	1,493	5%
2	Cardiology	7,337	7,490	153	2%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	239,549	268,311	28,762	12%
	Total Other Hospital Outpatient Visits	279,414	309,822	30,408	11%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	564.6	600.9	36.3	6%
2	Total Physician FTEs	104.9	111.2	6.3	6%
3	Total Non-Nursing and Non-Physician FTEs	1,228.9	1,339.7	110.8	9%
	Total Hospital Full Time Equivalent Employees	1,898.4	2,051.8	153.4	8%

STAMFORD 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	Stamford Hospital	2,441	2,518	77	3%
2	Tully Health Center	6,452	6,646	194	3%
	Total Outpatient Surgical Procedures(A)	8,893	9,164	271	3%
B. Outpatient Endoscopy Procedures					
1	Stamford Hospital	152	131	-21	-14%
2	Tully Health Center	6,596	6,305	-291	-4%
	Total Outpatient Endoscopy Procedures(B)	6,748	6,436	-312	-5%
C. Outpatient Hospital Emergency Room Visits					
1	Stamford Hospital	39,086	39,642	556	1%
	Total Outpatient Hospital Emergency Room Visits(C)	39,086	39,642	556	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.					

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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	\$245,697,432	\$280,073,467	\$34,376,035	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$69,840,646	\$76,479,069	\$6,638,423	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.43%	27.31%	-1.12%	-4%
4	DISCHARGES	5,093	5,382	289	6%
5	CASE MIX INDEX (CMI)	1.57669	1.53509	(0.04160)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,030.08217	8,261.85438	231.77221	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,697.38	\$9,256.89	\$559.51	6%
8	PATIENT DAYS	34,020	35,892	1,872	6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,052.93	\$2,130.81	\$77.88	4%
10	AVERAGE LENGTH OF STAY	6.7	6.7	(0.0)	0%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$178,219,659	\$198,274,157	\$20,054,498	11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,192,923	\$26,006,219	(\$186,704)	-1%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.70%	13.12%	-1.58%	-11%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	72.54%	70.79%	-1.74%	-2%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,694.27029	3,810.11284	115.84255	3%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,090.15	\$6,825.58	(\$264.57)	-4%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$423,917,091	\$478,347,624	\$54,430,533	13%
18	TOTAL ACCRUED PAYMENTS	\$96,033,569	\$102,485,288	\$6,451,719	7%
19	TOTAL ALLOWANCES	\$327,883,522	\$375,862,336	\$47,978,814	15%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$198,915,175	\$215,741,210	\$16,826,035	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$75,799,007	\$79,357,286	\$3,558,279	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.11%	36.78%	-1.32%	-3%
4	DISCHARGES	7,028	6,787	(241)	-3%
5	CASE MIX INDEX (CMI)	1.04837	1.06006	0.01169	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,367,94436	7,194,62722	(173,31714)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,287.67	\$11,030.08	\$742.40	7%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,590.30)	(\$1,773.19)	(\$182.89)	12%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$11,717,223)	(\$12,757,420)	(\$1,040,198)	9%
10	PATIENT DAYS	27,630	25,956	(1,674)	-6%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,743.36	\$3,057.38	\$314.02	11%
12	AVERAGE LENGTH OF STAY	3.9	3.8	(0.1)	-3%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$401,367,818	\$439,817,321	\$38,449,503	10%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$183,921,612	\$189,532,545	\$5,610,933	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.82%	43.09%	-2.73%	-6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	201.78%	203.86%	2.08%	1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	14,180,98456	13,836,20755	(344,77701)	-2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,969.59	\$13,698.30	\$728.71	6%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$5,879.45)	(\$6,872.72)	(\$993.28)	17%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$83,376,333)	(\$95,092,443)	(\$11,716,110)	14%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$600,282,993	\$655,558,531	\$55,275,538	9%
22	TOTAL ACCRUED PAYMENTS	\$259,720,619	\$268,889,831	\$9,169,212	4%
23	TOTAL ALLOWANCES	\$340,562,374	\$386,668,700	\$46,106,326	14%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$95,093,556)	(\$107,849,864)	(\$12,756,308)	13%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$520,905,477	\$568,718,927	\$47,813,450	9%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$285,258,976	\$330,541,616	\$45,282,640	16%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$235,646,501	\$238,177,311	\$2,530,810	1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.24%	41.88%	-3.36%	

STAMFORD HOSPITAL					
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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$21,486,553	\$19,716,942	(\$1,769,611)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$473,462	\$577,992	\$104,530	22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.20%	2.93%	0.73%	33%
4	DISCHARGES	590	490	(100)	-17%
5	CASE MIX INDEX (CMI)	1.23076	1.10377	(0.12699)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	726.14840	540.84730	(185.30110)	-26%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$652.02	\$1,068.68	\$416.66	64%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,635.66	\$9,961.40	\$325.74	3%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,045.36	\$8,188.21	\$142.85	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,842,124	\$4,428,571	(\$1,413,552)	-24%
11	PATIENT DAYS	2,636	1,826	(810)	-31%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$179.61	\$316.53	\$136.92	76%
13	AVERAGE LENGTH OF STAY	4.5	3.7	(0.7)	-17%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$38,147,950	\$43,856,299	\$5,708,349	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,764,297	\$1,586,852	(\$177,445)	-10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.62%	3.62%	-1.01%	-22%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	177.54%	222.43%	44.89%	25%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,047,50587	1,089,90464	42,39876	4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,684.28	\$1,455.95	(\$228.33)	-14%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,285.31	\$12,242.35	\$957.04	8%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,405.86	\$5,369.62	(\$36.24)	-1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,662,675	\$5,852,376	\$189,701	3%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$59,634,503	\$63,573,241	\$3,938,738	7%
24	TOTAL ACCRUED PAYMENTS	\$2,237,759	\$2,164,844	(\$72,915)	-3%
25	TOTAL ALLOWANCES	\$57,396,744	\$61,408,397	\$4,011,653	7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,504,799	\$10,280,948	(\$1,223,851)	-11%

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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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$53,088,283	\$63,392,712	\$10,304,429	19%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,873,473	\$11,714,938	(\$2,158,535)	-16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.13%	18.48%	-7.65%	-29%
4	DISCHARGES	2,285	2,457	172	8%
5	CASE MIX INDEX (CMI)	0.88259	0.92155	0.03896	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,016.71815	2,264.24835	247.53020	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,879.23	\$5,173.88	(\$1,705.36)	-25%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,408.44	\$5,856.20	\$2,447.76	72%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,818.14	\$4,083.01	\$2,264.87	125%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,666,684	\$9,244,958	\$5,578,274	152%
11	PATIENT DAYS	10,144	10,974	830	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,367.65	\$1,067.52	(\$300.14)	-22%
13	AVERAGE LENGTH OF STAY	4.4	4.5	0.0	1%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$45,867,653	\$58,636,260	\$12,768,607	28%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,987,232	\$9,785,294	\$1,798,062	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.41%	16.69%	-0.73%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	86.40%	92.50%	6.10%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,974.21316	2,272.64754	298.43437	15%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,045.78	\$4,305.68	\$259.90	6%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,923.81	\$9,392.62	\$468.81	5%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,044.37	\$2,519.90	(\$524.47)	-17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,010,231	\$5,726,837	(\$283,394)	-5%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$98,955,936	\$122,028,972	\$23,073,036	23%
24	TOTAL ACCRUED PAYMENTS	\$21,860,705	\$21,500,232	(\$360,473)	-2%
25	TOTAL ALLOWANCES	\$77,095,231	\$100,528,740	\$23,433,509	30%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,676,915	\$14,971,795	\$5,294,880	55%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$21,092,910	\$19,165,732	(\$1,927,178)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,167,500	\$1,142,274	(\$1,025,226)	-47%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.28%	5.96%	-4.32%	-42%
4	DISCHARGES	471	450	(21)	-4%
5	CASE MIX INDEX (CMI)	1.37545	1.24499	(0.13046)	-9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	647.83695	560.24550	(87.59145)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,345.75	\$2,038.88	(\$1,306.87)	-39%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$6,941.92	\$8,991.19	\$2,049.27	30%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,351.63	\$7,218.01	\$1,866.38	35%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,466,982	\$4,043,856	\$576,875	17%
11	PATIENT DAYS	3,444	3,352	(92)	-3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$629.36	\$340.77	(\$288.58)	-46%
13	AVERAGE LENGTH OF STAY	7.3	7.4	0.1	2%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,191,496	\$12,848,512	\$657,016	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,493,424	\$859,141	(\$634,283)	-42%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	12.25%	6.69%	-5.56%	-45%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	57.80%	67.04%	9.24%	16%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	272.23340	301.67543	29.44203	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,485.82	\$2,847.90	(\$2,637.92)	-48%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$7,483.77	\$10,850.40	\$3,366.63	45%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$1,604.33	\$3,977.68	\$2,373.35	148%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$436,751	\$1,199,968	\$763,217	175%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$33,284,406	\$32,014,244	(\$1,270,162)	-4%
24	TOTAL ACCRUED PAYMENTS	\$3,660,924	\$2,001,415	(\$1,659,509)	-45%
25	TOTAL ALLOWANCES	\$29,623,482	\$30,012,829	\$389,347	1%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$3,903,733	\$5,243,824	\$1,340,092	34%

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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	\$74,181,193	\$82,558,444	\$8,377,251	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,040,973	\$12,857,212	(\$3,183,761)	-20%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.62%	15.57%	-6.05%	-28%
4	DISCHARGES	2,756	2,907	151	5%
5	CASE MIX INDEX (CMI)	0.96682	0.97162	0.00480	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,664.55510	2,824.49385	159.93875	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,020.13	\$4,552.04	(\$1,468.09)	-24%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,267.54	\$6,478.04	\$2,210.49	52%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,677.24	\$4,704.85	\$2,027.60	76%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,133,665	\$13,288,814	\$6,155,149	86%
11	PATIENT DAYS	13,588	14,326	738	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,180.52	\$897.47	(\$283.05)	-24%
13	AVERAGE LENGTH OF STAY	4.9	4.9	(0.0)	0%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$58,059,149	\$71,484,772	\$13,425,623	23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,480,656	\$10,644,435	\$1,163,779	12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.33%	14.89%	-1.44%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	78.27%	86.59%	8.32%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,246.44656	2,574.32297	327.87640	15%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,220.29	\$4,134.85	(\$85.44)	-2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,749.30	\$9,563.45	\$814.15	9%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,869.86	\$2,690.73	(\$179.13)	-6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,446,983	\$6,926,805	\$479,822	7%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$132,240,342	\$154,043,216	\$21,802,874	16%
24	TOTAL ACCRUED PAYMENTS	\$25,521,629	\$23,501,647	(\$2,019,982)	-8%
25	TOTAL ALLOWANCES	\$106,718,713	\$130,541,569	\$23,822,856	22%

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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	\$235,250	\$230,354	(\$4,896)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$53,861	\$59,886	\$6,025	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.90%	26.00%	3.10%	14%
4	DISCHARGES	11	13	2	18%
5	CASE MIX INDEX (CMI)	1.02872	0.75034	(0.27838)	-27%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11.31592	9.75442	(1.56150)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,759.75	\$6,139.37	\$1,379.62	29%
8	PATIENT DAYS	34	51	17	50%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,584.15	\$1,174.24	(\$409.91)	-26%
10	AVERAGE LENGTH OF STAY	3.1	3.9	0.8	27%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$341,637	\$445,996	\$104,359	31%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$126,599	\$50,252	(\$76,347)	-60%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$576,887	\$676,350	\$99,463	17%
14	TOTAL ACCRUED PAYMENTS	\$180,460	\$110,138	(\$70,322)	-39%
15	TOTAL ALLOWANCES	\$396,427	\$566,212	\$169,785	43%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$23,523,556	\$24,062,351	\$538,795	2%
2	TOTAL OPERATING EXPENSES	\$425,519,879	\$431,680,034	\$6,160,155	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,936,412	\$2,850,410	(\$86,002)	-3%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$11,909,791	\$23,197,082	\$11,287,291	95%
5	BAD DEBTS (CHARGES)	\$47,934,677	\$42,704,703	(\$5,229,974)	-11%
6	UNCOMPENSATED CARE (CHARGES)	\$59,844,468	\$65,901,785	\$6,057,317	10%
7	COST OF UNCOMPENSATED CARE	\$21,584,251	\$23,866,566	\$2,282,315	11%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$132,240,342	\$154,043,216	\$21,802,874	16%
9	TOTAL ACCRUED PAYMENTS	\$25,521,629	\$23,501,647	(\$2,019,982)	-8%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$47,695,448	\$55,787,298	\$8,091,850	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$22,173,819	\$32,285,651	\$10,111,832	46%

STAMFORD 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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$519,029,050	\$578,603,475	\$59,574,425	11%
2	TOTAL INPATIENT PAYMENTS	\$161,734,487	\$168,753,453	\$7,018,966	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	31.16%	29.17%	-2.00%	-6%
4	TOTAL DISCHARGES	14,888	15,089	201	1%
5	TOTAL CASE MIX INDEX	1.21399	1.21219	(0.00180)	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	18,073.89755	18,290.72987	216.83232	1%
7	TOTAL OUTPATIENT CHARGES	\$637,988,263	\$710,022,246	\$72,033,983	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	122.92%	122.71%	-0.21%	0%
9	TOTAL OUTPATIENT PAYMENTS	\$219,721,790	\$226,233,451	\$6,511,661	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.44%	31.86%	-2.58%	-7%
11	TOTAL CHARGES	\$1,157,017,313	\$1,288,625,721	\$131,608,408	11%
12	TOTAL PAYMENTS	\$381,456,277	\$394,986,904	\$13,530,627	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.97%	30.65%	-2.32%	-7%
14	PATIENT DAYS	75,272	76,225	953	1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$320,113,875	\$362,862,265	\$42,748,390	13%
2	INPATIENT PAYMENTS	\$85,935,480	\$89,396,167	\$3,460,687	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	26.85%	24.64%	-2.21%	-8%
4	DISCHARGES	7,860	8,302	442	6%
5	CASE MIX INDEX	1.36208	1.33656	(0.02552)	-2%
6	CASE MIX ADJUSTED DISCHARGES	10,705.95319	11,096.10265	390.14946	4%
7	OUTPATIENT CHARGES	\$236,620,445	\$270,204,925	\$33,584,480	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	73.92%	74.46%	0.55%	1%
9	OUTPATIENT PAYMENTS	\$35,800,178	\$36,700,906	\$900,728	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.13%	13.58%	-1.55%	-10%
11	TOTAL CHARGES	\$556,734,320	\$633,067,190	\$76,332,870	14%
12	TOTAL PAYMENTS	\$121,735,658	\$126,097,073	\$4,361,415	4%
13	TOTAL PAYMENTS / CHARGES	21.87%	19.92%	-1.95%	-9%
14	PATIENT DAYS	47,642	50,269	2,627	6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$434,998,662	\$506,970,117	\$71,971,455	17%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.7	6.7	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.8	(0.1)	-3%
3	UNINSURED	4.5	3.7	(0.7)	-17%
4	MEDICAID	4.4	4.5	0.0	1%
5	OTHER MEDICAL ASSISTANCE	7.3	7.4	0.1	2%
6	CHAMPUS / TRICARE	3.1	3.9	0.8	27%
7	TOTAL AVERAGE LENGTH OF STAY	5.1	5.1	(0.0)	0%

STAMFORD 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
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,157,017,313	\$1,288,625,721	\$131,608,408	11%
2	TOTAL GOVERNMENT DEDUCTIONS	\$434,998,662	\$506,970,117	\$71,971,455	17%
3	UNCOMPENSATED CARE	\$59,844,468	\$65,901,785	\$6,057,317	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$235,646,501	\$238,177,311	\$2,530,810	1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,159,825	\$13,746,535	\$1,586,710	13%
6	TOTAL ADJUSTMENTS	\$742,649,456	\$824,795,748	\$82,146,292	11%
7	TOTAL ACCRUED PAYMENTS	\$414,367,857	\$463,829,973	\$49,462,116	12%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,936,412	\$2,850,410	(\$86,002)	-3%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$417,304,269	\$466,680,383	\$49,376,114	12%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3606724500	0.3621535527	0.0014811027	0%
11	COST OF UNCOMPENSATED CARE	\$21,584,251	\$23,866,566	\$2,282,315	11%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$22,173,819	\$32,285,651	\$10,111,832	46%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$43,758,070	\$56,152,217	\$12,394,146	28%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$6,010,231	\$5,726,837	(\$283,394)	-5%
2	OTHER MEDICAL ASSISTANCE	\$3,903,733	\$5,243,824	\$1,340,092	34%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,504,799	\$10,280,948	(\$1,223,851)	-11%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,418,763	\$21,251,609	(\$167,154)	-1%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,743,013	\$21,493,900	\$1,750,887	8.87%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$32,545,056	\$31,916,505	(\$628,551)	-1.93%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$416,938,000	\$429,754,000	\$12,816,000	3.07%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,157,017,000	\$1,288,626,000	\$131,609,000	11.37%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$410,583	\$410,583	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$59,844,900	\$66,312,000	\$6,467,100	10.81%

STAMFORD 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)	\$198,915,175	\$215,741,210	\$16,826,035
2	MEDICARE	\$245,697,432	280,073,467	\$34,376,035
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$74,181,193	82,558,444	\$8,377,251
4	MEDICAID	\$53,088,283	63,392,712	\$10,304,429
5	OTHER MEDICAL ASSISTANCE	\$21,092,910	19,165,732	(\$1,927,178)
6	CHAMPUS / TRICARE	\$235,250	230,354	(\$4,896)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,486,553	19,716,942	(\$1,769,611)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$320,113,875	\$362,862,265	\$42,748,390
	TOTAL INPATIENT CHARGES	\$519,029,050	\$578,603,475	\$59,574,425
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$401,367,818	\$439,817,321	\$38,449,503
2	MEDICARE	\$178,219,659	198,274,157	\$20,054,498
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$58,059,149	71,484,772	\$13,425,623
4	MEDICAID	\$45,867,653	58,636,260	\$12,768,607
5	OTHER MEDICAL ASSISTANCE	\$12,191,496	12,848,512	\$657,016
6	CHAMPUS / TRICARE	\$341,637	445,996	\$104,359
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$38,147,950	43,856,299	\$5,708,349
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$236,620,445	\$270,204,925	\$33,584,480
	TOTAL OUTPATIENT CHARGES	\$637,988,263	\$710,022,246	\$72,033,983
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$600,282,993	\$655,558,531	\$55,275,538
2	TOTAL MEDICARE	\$423,917,091	\$478,347,624	\$54,430,533
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$132,240,342	\$154,043,216	\$21,802,874
4	TOTAL MEDICAID	\$98,955,936	\$122,028,972	\$23,073,036
5	TOTAL OTHER MEDICAL ASSISTANCE	\$33,284,406	\$32,014,244	(\$1,270,162)
6	TOTAL CHAMPUS / TRICARE	\$576,887	\$676,350	\$99,463
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$59,634,503	\$63,573,241	\$3,938,738
	TOTAL GOVERNMENT CHARGES	\$556,734,320	\$633,067,190	\$76,332,870
	TOTAL CHARGES	\$1,157,017,313	\$1,288,625,721	\$131,608,408
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$75,799,007	\$79,357,286	\$3,558,279
2	MEDICARE	\$69,840,646	76,479,069	\$6,638,423
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,040,973	12,857,212	(\$3,183,761)
4	MEDICAID	\$13,873,473	11,714,938	(\$2,158,535)
5	OTHER MEDICAL ASSISTANCE	\$2,167,500	1,142,274	(\$1,025,226)
6	CHAMPUS / TRICARE	\$53,861	59,886	\$6,025
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$473,462	577,992	\$104,530
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$85,935,480	\$89,396,167	\$3,460,687
	TOTAL INPATIENT PAYMENTS	\$161,734,487	\$168,753,453	\$7,018,966
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,921,612	\$189,532,545	\$5,610,933
2	MEDICARE	\$26,192,923	26,006,219	(\$186,704)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,480,656	10,644,435	\$1,163,779
4	MEDICAID	\$7,987,232	9,785,294	\$1,798,062
5	OTHER MEDICAL ASSISTANCE	\$1,493,424	859,141	(\$634,283)
6	CHAMPUS / TRICARE	\$126,599	50,252	(\$76,347)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,764,297	1,586,852	(\$177,445)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$35,800,178	\$36,700,906	\$900,728
	TOTAL OUTPATIENT PAYMENTS	\$219,721,790	\$226,233,451	\$6,511,661
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$259,720,619	\$268,889,831	\$9,169,212
2	TOTAL MEDICARE	\$96,033,569	\$102,485,288	\$6,451,719
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$25,521,629	\$23,501,647	(\$2,019,982)
4	TOTAL MEDICAID	\$21,860,705	\$21,500,232	(\$360,473)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,660,924	\$2,001,415	(\$1,659,509)
6	TOTAL CHAMPUS / TRICARE	\$180,460	\$110,138	(\$70,322)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,237,759	\$2,164,844	(\$72,915)
	TOTAL GOVERNMENT PAYMENTS	\$121,735,658	\$126,097,073	\$4,361,415
	TOTAL PAYMENTS	\$381,456,277	\$394,986,904	\$13,530,627

STAMFORD 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)	17.19%	16.74%	-0.45%
2	MEDICARE	21.24%	21.73%	0.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.41%	6.41%	0.00%
4	MEDICAID	4.59%	4.92%	0.33%
5	OTHER MEDICAL ASSISTANCE	1.82%	1.49%	-0.34%
6	CHAMPUS / TRICARE	0.02%	0.02%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.86%	1.53%	-0.33%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.67%	28.16%	0.49%
	TOTAL INPATIENT PAYER MIX	44.86%	44.90%	0.04%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.69%	34.13%	-0.56%
2	MEDICARE	15.40%	15.39%	-0.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.02%	5.55%	0.53%
4	MEDICAID	3.96%	4.55%	0.59%
5	OTHER MEDICAL ASSISTANCE	1.05%	1.00%	-0.06%
6	CHAMPUS / TRICARE	0.03%	0.03%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.30%	3.40%	0.11%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.45%	20.97%	0.52%
	TOTAL OUTPATIENT PAYER MIX	55.14%	55.10%	-0.04%
	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)	19.87%	20.09%	0.22%
2	MEDICARE	18.31%	19.36%	1.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.21%	3.26%	-0.95%
4	MEDICAID	3.64%	2.97%	-0.67%
5	OTHER MEDICAL ASSISTANCE	0.57%	0.29%	-0.28%
6	CHAMPUS / TRICARE	0.01%	0.02%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12%	0.15%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	22.53%	22.63%	0.10%
	TOTAL INPATIENT PAYER MIX	42.40%	42.72%	0.32%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	48.22%	47.98%	-0.23%
2	MEDICARE	6.87%	6.58%	-0.28%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.49%	2.69%	0.21%
4	MEDICAID	2.09%	2.48%	0.38%
5	OTHER MEDICAL ASSISTANCE	0.39%	0.22%	-0.17%
6	CHAMPUS / TRICARE	0.03%	0.01%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.46%	0.40%	-0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	9.39%	9.29%	-0.09%
	TOTAL OUTPATIENT PAYER MIX	57.60%	57.28%	-0.32%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

STAMFORD 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)	7,028	6,787	(241)
2	MEDICARE	5,093	5,382	289
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,756	2,907	151
4	MEDICAID	2,285	2,457	172
5	OTHER MEDICAL ASSISTANCE	471	450	(21)
6	CHAMPUS / TRICARE	11	13	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	590	490	(100)
	TOTAL GOVERNMENT DISCHARGES	7,860	8,302	442
	TOTAL DISCHARGES	14,888	15,089	201
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27,630	25,956	(1,674)
2	MEDICARE	34,020	35,892	1,872
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,588	14,326	738
4	MEDICAID	10,144	10,974	830
5	OTHER MEDICAL ASSISTANCE	3,444	3,352	(92)
6	CHAMPUS / TRICARE	34	51	17
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,636	1,826	(810)
	TOTAL GOVERNMENT PATIENT DAYS	47,642	50,269	2,627
	TOTAL PATIENT DAYS	75,272	76,225	953
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.8	(0.1)
2	MEDICARE	6.7	6.7	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.9	4.9	(0.0)
4	MEDICAID	4.4	4.5	0.0
5	OTHER MEDICAL ASSISTANCE	7.3	7.4	0.1
6	CHAMPUS / TRICARE	3.1	3.9	0.8
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.5	3.7	(0.7)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.1	6.1	(0.0)
	TOTAL AVERAGE LENGTH OF STAY	5.1	5.1	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.04837	1.06006	0.01169
2	MEDICARE	1.57669	1.53509	(0.04160)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96682	0.97162	0.00480
4	MEDICAID	0.88259	0.92155	0.03896
5	OTHER MEDICAL ASSISTANCE	1.37545	1.24499	(0.13046)
6	CHAMPUS / TRICARE	1.02872	0.75034	(0.27838)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.23076	1.10377	(0.12699)
	TOTAL GOVERNMENT CASE MIX INDEX	1.36208	1.33656	(0.02552)
	TOTAL CASE MIX INDEX	1.21399	1.21219	(0.00180)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$520,905,477	\$568,718,927	\$47,813,450
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$285,258,976	\$330,541,616	\$45,282,640
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$235,646,501	\$238,177,311	\$2,530,810
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.24%	41.88%	-3.36%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,743,013	\$21,493,900	\$1,750,887
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,159,825	\$13,746,535	\$1,586,710
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,936,412	\$2,850,410	(\$86,002)
8	CHARITY CARE	\$11,909,791	\$23,197,082	\$11,287,291
9	BAD DEBTS	\$47,934,677	\$42,704,703	(\$5,229,974)
10	TOTAL UNCOMPENSATED CARE	\$59,844,468	\$65,901,785	\$6,057,317
11	TOTAL OTHER OPERATING REVENUE	\$520,905,477	\$568,718,927	\$47,813,450
12	TOTAL OPERATING EXPENSES	\$425,519,879	\$431,680,034	\$6,160,155

STAMFORD 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)	7,367.94436	7,194.62722	(173.31714)
2	MEDICARE	8,030.08217	8,261.85438	231.77221
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,664.55510	2,824.49385	159.93875
4	MEDICAID	2,016.71815	2,264.24835	247.53020
5	OTHER MEDICAL ASSISTANCE	647.83695	560.24550	(87.59145)
6	CHAMPUS / TRICARE	11.31592	9.75442	(1.56150)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	726.14840	540.84730	(185.30110)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	10,705.95319	11,096.10265	390.14946
	TOTAL CASE MIX ADJUSTED DISCHARGES	18,073.89755	18,290.72987	216.83232
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,180.98456	13,836.20755	-344.77701
2	MEDICARE	3,694.27029	3,810.11284	115.84255
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,246.44656	2,574.32297	327.87640
4	MEDICAID	1,974.21316	2,272.64754	298.43437
5	OTHER MEDICAL ASSISTANCE	272.23340	301.67543	29.44203
6	CHAMPUS / TRICARE	15.97452	25.16973	9.19521
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,047.50587	1,089.90464	42.39876
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,956.69138	6,409.60554	452.91416
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,137.67594	20,245.81308	108.13715
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,287.67	\$11,030.08	\$742.40
2	MEDICARE	\$8,697.38	\$9,256.89	\$559.51
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,020.13	\$4,552.04	(\$1,468.09)
4	MEDICAID	\$6,879.23	\$5,173.88	(\$1,705.36)
5	OTHER MEDICAL ASSISTANCE	\$3,345.75	\$2,038.88	(\$1,306.87)
6	CHAMPUS / TRICARE	\$4,759.75	\$6,139.37	\$1,379.62
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$652.02	\$1,068.68	\$416.66
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,026.89	\$8,056.54	\$29.65
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,948.51	\$9,226.17	\$277.66
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,969.59	\$13,698.30	\$728.71
2	MEDICARE	\$7,090.15	\$6,825.58	(\$264.57)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,220.29	\$4,134.85	(\$85.44)
4	MEDICAID	\$4,045.78	\$4,305.68	\$259.90
5	OTHER MEDICAL ASSISTANCE	\$5,485.82	\$2,847.90	(\$2,637.92)
6	CHAMPUS / TRICARE	\$7,925.06	\$1,996.53	(\$5,928.53)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,684.28	\$1,455.95	(\$228.33)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,010.08	\$5,725.92	(\$284.15)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$10,910.98	\$11,174.33	\$263.35

STAMFORD 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	\$6,010,231	\$5,726,837	(\$283,394)
2	OTHER MEDICAL ASSISTANCE	\$3,903,733	\$5,243,824	\$1,340,092
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,504,799	\$10,280,948	(\$1,223,851)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,418,763	\$21,251,609	(\$167,154)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,157,017,313	\$1,288,625,721	\$131,608,408
2	TOTAL GOVERNMENT DEDUCTIONS	\$434,998,662	\$506,970,117	\$71,971,455
3	UNCOMPENSATED CARE	\$59,844,468	\$65,901,785	\$6,057,317
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$235,646,501	\$238,177,311	\$2,530,810
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,159,825	\$13,746,535	\$1,586,710
6	TOTAL ADJUSTMENTS	\$742,649,456	\$824,795,748	\$82,146,292
7	TOTAL ACCRUED PAYMENTS	\$414,367,857	\$463,829,973	\$49,462,116
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,936,412	\$2,850,410	(\$86,002)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$417,304,269	\$466,680,383	\$49,376,114
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3606724500	0.3621535527	0.0014811027
11	COST OF UNCOMPENSATED CARE	\$21,584,251	\$23,866,566	\$2,282,315
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$22,173,819	\$32,285,651	\$10,111,832
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$43,758,070	\$56,152,217	\$12,394,146
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.11%	36.78%	-1.32%
2	MEDICARE	28.43%	27.31%	-1.12%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.62%	15.57%	-6.05%
4	MEDICAID	26.13%	18.48%	-7.65%
5	OTHER MEDICAL ASSISTANCE	10.28%	5.96%	-4.32%
6	CHAMPUS / TRICARE	22.90%	26.00%	3.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.20%	2.93%	0.73%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	26.85%	24.64%	-2.21%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.16%	29.17%	-2.00%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.82%	43.09%	-2.73%
2	MEDICARE	14.70%	13.12%	-1.58%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.33%	14.89%	-1.44%
4	MEDICAID	17.41%	16.69%	-0.73%
5	OTHER MEDICAL ASSISTANCE	12.25%	6.69%	-5.56%
6	CHAMPUS / TRICARE	37.06%	11.27%	-25.79%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.62%	3.62%	-1.01%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	15.13%	13.58%	-1.55%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.44%	31.86%	-2.58%

STAMFORD 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	\$381,456,277	\$394,986,904	\$13,530,627
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,936,412	\$2,850,410	(\$86,002)
	OHCA DEFINED NET REVENUE	\$384,392,689	\$397,837,314	\$13,444,625
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$32,545,056	\$31,916,505	(\$628,551)
4	CALCULATED NET REVENUE	\$416,937,745	\$429,753,819	\$12,816,074
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$416,938,000	\$429,754,000	\$12,816,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$255)	(\$181)	\$74
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,157,017,313	\$1,288,625,721	\$131,608,408
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,157,017,313	\$1,288,625,721	\$131,608,408
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,157,017,000	\$1,288,626,000	\$131,609,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$313	(\$279)	(\$592)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$59,844,468	\$65,901,785	\$6,057,317
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$410,583	\$410,583
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$59,844,468	\$66,312,368	\$6,467,900
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$59,844,900	\$66,312,000	\$6,467,100
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$432)	\$368	\$800

STAMFORD 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)	\$215,741,210
2	MEDICARE	280,073,467
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	82,558,444
4	MEDICAID	63,392,712
5	OTHER MEDICAL ASSISTANCE	19,165,732
6	CHAMPUS / TRICARE	230,354
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	19,716,942
	TOTAL INPATIENT GOVERNMENT CHARGES	\$362,862,265
	TOTAL INPATIENT CHARGES	\$578,603,475
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$439,817,321
2	MEDICARE	198,274,157
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	71,484,772
4	MEDICAID	58,636,260
5	OTHER MEDICAL ASSISTANCE	12,848,512
6	CHAMPUS / TRICARE	445,996
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	43,856,299
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$270,204,925
	TOTAL OUTPATIENT CHARGES	\$710,022,246
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$655,558,531
2	TOTAL GOVERNMENT ACCRUED CHARGES	633,067,190
	TOTAL ACCRUED CHARGES	\$1,288,625,721
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,357,286
2	MEDICARE	76,479,069
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,857,212
4	MEDICAID	11,714,938
5	OTHER MEDICAL ASSISTANCE	1,142,274
6	CHAMPUS / TRICARE	59,886
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	577,992
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$89,396,167
	TOTAL INPATIENT PAYMENTS	\$168,753,453
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$189,532,545
2	MEDICARE	26,006,219
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,644,435
4	MEDICAID	9,785,294
5	OTHER MEDICAL ASSISTANCE	859,141
6	CHAMPUS / TRICARE	50,252
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,586,852
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$36,700,906
	TOTAL OUTPATIENT PAYMENTS	\$226,233,451
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$268,889,831
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	126,097,073
	TOTAL ACCRUED PAYMENTS	\$394,986,904

STAMFORD 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)	6,787
2	MEDICARE	5,382
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,907
4	MEDICAID	2,457
5	OTHER MEDICAL ASSISTANCE	450
6	CHAMPUS / TRICARE	13
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	490
	TOTAL GOVERNMENT DISCHARGES	8,302
	TOTAL DISCHARGES	15,089
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.06006
2	MEDICARE	1.53509
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97162
4	MEDICAID	0.92155
5	OTHER MEDICAL ASSISTANCE	1.24499
6	CHAMPUS / TRICARE	0.75034
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10377
	TOTAL GOVERNMENT CASE MIX INDEX	1.33656
	TOTAL CASE MIX INDEX	1.21219
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$568,718,927
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$330,541,616
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$238,177,311
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.88%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,493,900
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,746,535
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,850,410
8	CHARITY CARE	\$23,197,082
9	BAD DEBTS	\$42,704,703
10	TOTAL UNCOMPENSATED CARE	\$65,901,785
11	TOTAL OTHER OPERATING REVENUE	\$24,062,351
12	TOTAL OPERATING EXPENSES	\$431,680,034

STAMFORD 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	\$394,986,904
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,850,410
	OHCA DEFINED NET REVENUE	\$397,837,314
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$31,916,505
	CALCULATED NET REVENUE	\$429,753,819
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$429,754,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$181)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,288,625,721
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,288,625,721
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,288,626,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$279)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$65,901,785
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$410,583
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$66,312,368
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$66,312,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$368

STAMFORD 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	1,692	1,702	10	1%
2	Number of Approved Applicants	1,057	1,629	572	54%
3	Total Charges (A)	\$11,909,791	\$23,197,082	\$11,287,291	95%
4	Average Charges	\$11,268	\$14,240	\$2,973	26%
5	Ratio of Cost to Charges (RCC)	0.384095	0.360445	(0.023650)	-6%
6	Total Cost	\$4,574,491	\$8,361,272	\$3,786,781	83%
7	Average Cost	\$4,328	\$5,133	\$805	19%
8	Charity Care - Inpatient Charges	\$3,864,448	\$6,963,063	\$3,098,615	80%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,452,557	3,817,013	1,364,456	56%
10	Charity Care - Emergency Department Charges	5,592,786	12,417,006	6,824,220	122%
11	Total Charges (A)	\$11,909,791	\$23,197,082	\$11,287,291	95%
12	Charity Care - Number of Patient Days	419	660	241	58%
13	Charity Care - Number of Discharges	115	152	37	32%
14	Charity Care - Number of Outpatient ED Visits	787	1,070	283	36%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3,383	7,310	3,927	116%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$19,658,293	\$16,751,305	(\$2,906,988)	-15%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	14,160,716	12,668,393	(1,492,323)	-11%
3	Bad Debts - Emergency Department	14,115,668	13,285,005	(830,663)	-6%
4	Total Bad Debts (A)	\$47,934,677	\$42,704,703	(\$5,229,974)	-11%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$11,909,791	\$23,197,082	\$11,287,291	95%
2	Bad Debts (A)	47,934,677	42,704,703	(5,229,974)	-11%
3	Total Uncompensated Care (A)	\$59,844,468	\$65,901,785	\$6,057,317	10%
4	Uncompensated Care - Inpatient Services	\$23,522,741	\$23,714,368	\$191,627	1%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	16,613,273	16,485,406	(127,867)	-1%
6	Uncompensated Care - Emergency Department	19,708,454	25,702,011	5,993,557	30%
7	Total Uncompensated Care (A)	\$59,844,468	\$65,901,785	\$6,057,317	10%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

STAMFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2009	(4) FY 2010	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$520,905,477	\$568,718,927	\$47,813,450	9%
2	Total Contractual Allowances	\$235,646,501	\$238,177,311	\$2,530,810	1%
	Total Accrued Payments (A)	\$285,258,976	\$330,541,616	\$45,282,640	16%
	Total Discount Percentage	45.24%	41.88%	-3.36%	-7%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

STAMFORD 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	\$474,398,080	\$519,029,050	\$578,603,475
2	Outpatient Gross Revenue	\$515,571,431	\$637,988,263	\$710,022,246
3	Total Gross Patient Revenue	\$989,969,511	\$1,157,017,313	\$1,288,625,721
4	Net Patient Revenue	\$381,968,990	\$416,937,724	\$429,753,819
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$389,133,838	\$425,519,879	\$431,680,034
C. <u>Utilization Statistics</u>				
1	Patient Days	76,971	75,272	76,225
2	Discharges	15,856	14,888	15,089
3	Average Length of Stay	4.9	5.1	5.1
4	Equivalent (Adjusted) Patient Days (EPD)	160,622	167,796	169,763
0	Equivalent (Adjusted) Discharges (ED)	33,088	33,188	33,605
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.20265	1.21399	1.21219
2	Case Mix Adjusted Patient Days (CMAPD)	92,570	91,380	92,399
3	Case Mix Adjusted Discharges (CMAD)	19,069	18,074	18,291
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	193,173	203,703	205,785
5	Case Mix Adjusted Equivalent Discharges (CMAED)	39,794	40,290	40,736
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$12,862	\$15,371	\$16,906
2	Total Gross Revenue per Discharge	\$62,435	\$77,715	\$85,402
3	Total Gross Revenue per EPD	\$6,163	\$6,895	\$7,591
4	Total Gross Revenue per ED	\$29,919	\$34,862	\$38,346
5	Total Gross Revenue per CMAEPD	\$5,125	\$5,680	\$6,262
6	Total Gross Revenue per CMAED	\$24,878	\$28,717	\$31,634
7	Inpatient Gross Revenue per EPD	\$2,953	\$3,093	\$3,408
8	Inpatient Gross Revenue per ED	\$14,337	\$15,639	\$17,218

STAMFORD 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	\$4,963	\$5,539	\$5,638
2	Net Patient Revenue per Discharge	\$24,090	\$28,005	\$28,481
3	Net Patient Revenue per EPD	\$2,378	\$2,485	\$2,531
4	Net Patient Revenue per ED	\$11,544	\$12,563	\$12,788
5	Net Patient Revenue per CMAEPD	\$1,977	\$2,047	\$2,088
6	Net Patient Revenue per CMAED	\$9,599	\$10,348	\$10,550
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,056	\$5,653	\$5,663
2	Total Operating Expense per Discharge	\$24,542	\$28,581	\$28,609
3	Total Operating Expense per EPD	\$2,423	\$2,536	\$2,543
4	Total Operating Expense per ED	\$11,761	\$12,821	\$12,846
5	Total Operating Expense per CMAEPD	\$2,014	\$2,089	\$2,098
6	Total Operating Expense per CMAED	\$9,779	\$10,561	\$10,597
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$44,863,659	\$51,850,186	\$53,049,747
2	Nursing Fringe Benefits Expense	\$9,646,656	\$11,404,309	\$14,424,232
3	Total Nursing Salary and Fringe Benefits Expense	\$54,510,315	\$63,254,495	\$67,473,979
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$15,310,689	\$17,126,431	\$17,289,984
2	Physician Fringe Benefits Expense	\$3,292,129	\$3,766,913	\$4,701,148
3	Total Physician Salary and Fringe Benefits Expense	\$18,602,818	\$20,893,344	\$21,991,132
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$80,082,283	\$85,526,196	\$93,025,542
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$17,219,422	\$18,811,257	\$25,356,655
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$97,301,705	\$104,337,453	\$118,382,197
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$140,256,631	\$154,502,813	\$163,365,273
2	Total Fringe Benefits Expense	\$30,158,207	\$33,982,479	\$44,482,035
3	Total Salary and Fringe Benefits Expense	\$170,414,838	\$188,485,292	\$207,847,308

STAMFORD 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	515.9	564.6	600.9
2	Total Physician FTEs	101.2	104.9	111.2
3	Total Non-Nursing, Non-Physician FTEs	1262.2	1228.9	1339.7
4	Total Full Time Equivalent Employees (FTEs)	1,879.3	1,898.4	2,051.8
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$86,962	\$91,835	\$88,284
2	Nursing Fringe Benefits Expense per FTE	\$18,699	\$20,199	\$24,004
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$105,661	\$112,034	\$112,288
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$151,291	\$163,264	\$155,485
2	Physician Fringe Benefits Expense per FTE	\$32,531	\$35,910	\$42,277
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$183,822	\$199,174	\$197,762
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$63,447	\$69,596	\$69,438
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,642	\$15,307	\$18,927
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$77,089	\$84,903	\$88,365
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$74,632	\$81,386	\$79,620
2	Total Fringe Benefits Expense per FTE	\$16,048	\$17,901	\$21,680
3	Total Salary and Fringe Benefits Expense per FTE	\$90,680	\$99,286	\$101,300
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,214	\$2,504	\$2,727
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,748	\$12,660	\$13,775
3	Total Salary and Fringe Benefits Expense per EPD	\$1,061	\$1,123	\$1,224
4	Total Salary and Fringe Benefits Expense per ED	\$5,150	\$5,679	\$6,185
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$882	\$925	\$1,010
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,282	\$4,678	\$5,102