

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$3,357,508	\$3,314,081	(\$43,427)	-1%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,116,037	\$14,090,656	\$974,619	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$798,482	\$677,311	(\$121,171)	-15%
5	Due From Affiliates	\$0	\$105,104	\$105,104	0%
6	Due From Third Party Payers	\$1,258,523	\$1,585,717	\$327,194	26%
7	Inventories of Supplies	\$1,175,255	\$1,175,285	\$30	0%
8	Prepaid Expenses	\$671,383	\$280,392	(\$390,991)	-58%
9	Other Current Assets	\$3,626,731	\$1,524,302	(\$2,102,429)	-58%
	<b>Total Current Assets</b>	<b>\$24,003,919</b>	<b>\$22,752,848</b>	<b>(\$1,251,071)</b>	<b>-5%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$1,752,149	\$2,607,805	\$855,656	49%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,674,179	\$1,673,374	(\$805)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$2,749,514	\$1,885,179	(\$864,335)	-31%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$6,175,842</b>	<b>\$6,166,358</b>	<b>(\$9,484)</b>	<b>0%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$322,070	\$347,049	\$24,979	8%
7	Other Noncurrent Assets	\$2,297,615	\$2,339,911	\$42,296	2%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$94,462,346	\$98,445,867	\$3,983,521	4%
2	Less: Accumulated Depreciation	\$57,981,855	\$62,488,848	\$4,506,993	8%
	<b>Property, Plant and Equipment, Net</b>	<b>\$36,480,491</b>	<b>\$35,957,019</b>	<b>(\$523,472)</b>	<b>-1%</b>
3	Construction in Progress	\$428,448	\$270,392	(\$158,056)	-37%
	<b>Total Net Fixed Assets</b>	<b>\$36,908,939</b>	<b>\$36,227,411</b>	<b>(\$681,528)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$69,708,385</b>	<b>\$67,833,577</b>	<b>(\$1,874,808)</b>	<b>-3%</b>

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LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$3,370,047	\$3,465,207	\$95,160	3%
2	Salaries, Wages and Payroll Taxes	\$1,276,413	\$840,849	(\$435,564)	-34%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$325,901	\$263,466	(\$62,435)	-19%
6	Current Portion of Notes Payable	\$530,010	\$440,019	(\$89,991)	-17%
7	Other Current Liabilities	\$3,625,641	\$5,800,501	\$2,174,860	60%
	<b>Total Current Liabilities</b>	<b>\$9,128,012</b>	<b>\$10,810,042</b>	<b>\$1,682,030</b>	<b>18%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$19,698,257	\$19,435,038	(\$263,219)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$19,698,257</b>	<b>\$19,435,038</b>	<b>(\$263,219)</b>	<b>-1%</b>
3	Accrued Pension Liability	\$57,389,912	\$53,726,319	(\$3,663,593)	-6%
4	Other Long Term Liabilities	\$3,663,526	\$3,797,901	\$134,375	4%
	<b>Total Long Term Liabilities</b>	<b>\$80,751,695</b>	<b>\$76,959,258</b>	<b>(\$3,792,437)</b>	<b>-5%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	(\$25,502,905)	(\$25,203,815)	\$299,090	-1%
2	Temporarily Restricted Net Assets	\$2,104,204	\$1,538,289	(\$565,915)	-27%
3	Permanently Restricted Net Assets	\$3,227,379	\$3,729,803	\$502,424	16%
	<b>Total Net Assets</b>	<b>(\$20,171,322)</b>	<b>(\$19,935,723)</b>	<b>\$235,599</b>	<b>-1%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$69,708,385</b>	<b>\$67,833,577</b>	<b>(\$1,874,808)</b>	<b>-3%</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$190,183,873	\$193,955,564	\$3,771,691	2%
2	Less: Allowances	\$104,418,812	\$104,466,765	\$47,953	0%
3	Less: Charity Care	\$2,159,913	\$2,546,093	\$386,180	18%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$83,605,148</b>	<b>\$86,942,706</b>	<b>\$3,337,558</b>	<b>4%</b>
5	Other Operating Revenue	\$2,401,877	\$2,622,664	\$220,787	9%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$86,007,025</b>	<b>\$89,565,370</b>	<b>\$3,558,345</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$37,098,685	\$39,301,133	\$2,202,448	6%
2	Fringe Benefits	\$12,646,534	\$14,575,223	\$1,928,689	15%
3	Physicians Fees	\$910,707	\$932,425	\$21,718	2%
4	Supplies and Drugs	\$9,286,201	\$7,995,028	(\$1,291,173)	-14%
5	Depreciation and Amortization	\$4,418,804	\$4,522,902	\$104,098	2%
6	Bad Debts	\$4,595,065	\$5,459,445	\$864,380	19%
7	Interest	\$1,483,430	\$1,557,105	\$73,675	5%
8	Malpractice	\$980,763	\$635,157	(\$345,606)	-35%
9	Other Operating Expenses	\$13,980,968	\$16,523,400	\$2,542,432	18%
	<b>Total Operating Expenses</b>	<b>\$85,401,157</b>	<b>\$91,501,818</b>	<b>\$6,100,661</b>	<b>7%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$605,868</b>	<b>(\$1,936,448)</b>	<b>(\$2,542,316)</b>	<b>-420%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$152,507	\$96,303	(\$56,204)	-37%
2	Gifts, Contributions and Donations	\$205,897	\$252,482	\$46,585	23%
3	Other Non-Operating Gains/(Losses)	(\$2,151,268)	(\$95,417)	\$2,055,851	-96%
	<b>Total Non-Operating Revenue</b>	<b>(\$1,792,864)</b>	<b>\$253,368</b>	<b>\$2,046,232</b>	<b>-114%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$1,186,996)</b>	<b>(\$1,683,080)</b>	<b>(\$496,084)</b>	<b>42%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$1,992	\$20,260	\$18,268	917%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$1,992</b>	<b>\$20,260</b>	<b>\$18,268</b>	<b>917%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$1,185,004)</b>	<b>(\$1,662,820)</b>	<b>(\$477,816)</b>	<b>40%</b>
	Principal Payments	\$1,681,042	\$886,449	(\$794,593)	-47%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$38,791,771	\$38,718,930	(\$72,841)	0%
2	MEDICARE MANAGED CARE	\$2,867,764	\$4,682,719	\$1,814,955	63%
3	MEDICAID	\$5,369,993	\$5,417,337	\$47,344	1%
4	MEDICAID MANAGED CARE	\$3,427,253	\$4,618,852	\$1,191,599	35%
5	CHAMPUS/TRICARE	\$176,391	\$136,260	(\$40,131)	-23%
6	COMMERCIAL INSURANCE	\$17,563,881	\$16,018,356	(\$1,545,525)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$322,444	\$254,774	(\$67,670)	-21%
9	SELF- PAY/UNINSURED	\$921,311	\$1,567,998	\$646,687	70%
10	SAGA	\$2,722,254	\$1,854,887	(\$867,367)	-32%
11	OTHER	\$283,149	\$214,667	(\$68,482)	-24%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$72,446,211</b>	<b>\$73,484,780</b>	<b>\$1,038,569</b>	<b>1%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$30,441,041	\$30,748,244	\$307,203	1%
2	MEDICARE MANAGED CARE	\$3,879,268	\$4,957,041	\$1,077,773	28%
3	MEDICAID	\$5,626,178	\$8,393,726	\$2,767,548	49%
4	MEDICAID MANAGED CARE	\$11,612,879	\$12,861,669	\$1,248,790	11%
5	CHAMPUS/TRICARE	\$412,560	\$473,205	\$60,645	15%
6	COMMERCIAL INSURANCE	\$53,425,394	\$53,167,559	(\$257,835)	0%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,236,807	\$2,240,081	\$3,274	0%
9	SELF- PAY/UNINSURED	\$3,276,135	\$3,290,522	\$14,387	0%
10	SAGA	\$6,749,180	\$4,127,519	(\$2,621,661)	-39%
11	OTHER	\$78,219	\$211,217	\$132,998	170%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$117,737,661</b>	<b>\$120,470,783</b>	<b>\$2,733,122</b>	<b>2%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$69,232,812	\$69,467,174	\$234,362	0%
2	MEDICARE MANAGED CARE	\$6,747,032	\$9,639,760	\$2,892,728	43%
3	MEDICAID	\$10,996,171	\$13,811,063	\$2,814,892	26%
4	MEDICAID MANAGED CARE	\$15,040,132	\$17,480,521	\$2,440,389	16%
5	CHAMPUS/TRICARE	\$588,951	\$609,465	\$20,514	3%
6	COMMERCIAL INSURANCE	\$70,989,275	\$69,185,915	(\$1,803,360)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$2,559,251	\$2,494,855	(\$64,396)	-3%
9	SELF- PAY/UNINSURED	\$4,197,446	\$4,858,520	\$661,074	16%
10	SAGA	\$9,471,434	\$5,982,406	(\$3,489,028)	-37%
11	OTHER	\$361,368	\$425,884	\$64,516	18%
	<b>TOTAL GROSS REVENUE</b>	<b>\$190,183,872</b>	<b>\$193,955,563</b>	<b>\$3,771,691</b>	<b>2%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$23,264,310	\$24,076,685	\$812,375	3%
2	MEDICARE MANAGED CARE	\$1,433,336	\$2,531,836	\$1,098,500	77%
3	MEDICAID	\$2,741,277	\$2,692,056	(\$49,221)	-2%
4	MEDICAID MANAGED CARE	\$1,783,647	\$2,351,919	\$568,272	32%
5	CHAMPUS/TRICARE	\$62,014	\$57,058	(\$4,956)	-8%
6	COMMERCIAL INSURANCE	\$9,808,537	\$8,698,382	(\$1,110,155)	-11%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$189,440	\$151,797	(\$37,643)	-20%
9	SELF- PAY/UNINSURED	\$74,458	\$147,158	\$72,700	98%
10	SAGA	\$571,030	\$582,283	\$11,253	2%
11	OTHER	\$118,212	\$63,718	(\$54,494)	-46%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$40,046,261</b>	<b>\$41,352,892</b>	<b>\$1,306,631</b>	<b>3%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$7,866,579	\$8,157,216	\$290,637	4%
2	MEDICARE MANAGED CARE	\$1,017,325	\$1,341,064	\$323,739	32%
3	MEDICAID	\$1,454,493	\$1,873,675	\$419,182	29%
4	MEDICAID MANAGED CARE	\$3,570,678	\$3,870,021	\$299,343	8%
5	CHAMPUS/TRICARE	\$167,114	\$170,553	\$3,439	2%
6	COMMERCIAL INSURANCE	\$22,354,842	\$23,328,960	\$974,118	4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,369,506	\$1,523,255	\$153,749	11%
9	SELF- PAY/UNINSURED	\$176,601	\$155,386	(\$21,215)	-12%
10	SAGA	\$929,303	\$656,708	(\$272,595)	-29%
11	OTHER	\$16,035	\$58,337	\$42,302	264%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$38,922,476</b>	<b>\$41,135,175</b>	<b>\$2,212,699</b>	<b>6%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$31,130,889	\$32,233,901	\$1,103,012	4%
2	MEDICARE MANAGED CARE	\$2,450,661	\$3,872,900	\$1,422,239	58%
3	MEDICAID	\$4,195,770	\$4,565,731	\$369,961	9%
4	MEDICAID MANAGED CARE	\$5,354,325	\$6,221,940	\$867,615	16%
5	CHAMPUS/TRICARE	\$229,128	\$227,611	(\$1,517)	-1%
6	COMMERCIAL INSURANCE	\$32,163,379	\$32,027,342	(\$136,037)	0%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,558,946	\$1,675,052	\$116,106	7%
9	SELF- PAY/UNINSURED	\$251,059	\$302,544	\$51,485	21%
10	SAGA	\$1,500,333	\$1,238,991	(\$261,342)	-17%
11	OTHER	\$134,247	\$122,055	(\$12,192)	-9%
	<b>TOTAL NET REVENUE</b>	<b>\$78,968,737</b>	<b>\$82,488,067</b>	<b>\$3,519,330</b>	<b>4%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	2,345	2,256	(89)	-4%
2	MEDICARE MANAGED CARE	189	261	72	38%
3	MEDICAID	420	428	8	2%
4	MEDICAID MANAGED CARE	541	633	92	17%
5	CHAMPUS/TRICARE	13	14	1	8%
6	COMMERCIAL INSURANCE	1,497	1,260	(237)	-16%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	17	15	(2)	-12%
9	SELF- PAY/UNINSURED	87	106	19	22%
10	SAGA	202	115	(87)	-43%
11	OTHER	32	12	(20)	-63%
	<b>TOTAL DISCHARGES</b>	<b>5,343</b>	<b>5,100</b>	<b>(243)</b>	<b>-5%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	11,210	11,040	(170)	-2%
2	MEDICARE MANAGED CARE	783	1,300	517	66%
3	MEDICAID	1,772	1,733	(39)	-2%
4	MEDICAID MANAGED CARE	1,282	1,626	344	27%
5	CHAMPUS/TRICARE	28	38	10	36%
6	COMMERCIAL INSURANCE	4,545	4,043	(502)	-11%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	57	50	(7)	-12%
9	SELF- PAY/UNINSURED	242	398	156	64%
10	SAGA	704	568	(136)	-19%
11	OTHER	73	54	(19)	-26%
	<b>TOTAL PATIENT DAYS</b>	<b>20,696</b>	<b>20,850</b>	<b>154</b>	<b>1%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	42,896	42,252	(644)	-2%
2	MEDICARE MANAGED CARE	5,167	6,519	1,352	26%
3	MEDICAID	6,720	8,661	1,941	29%
4	MEDICAID MANAGED CARE	15,088	17,673	2,585	17%
5	CHAMPUS/TRICARE	450	535	85	19%
6	COMMERCIAL INSURANCE	74,757	73,175	(1,582)	-2%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	2,037	1,851	(186)	-9%
9	SELF- PAY/UNINSURED	4,847	4,982	135	3%
10	SAGA	6,777	4,005	(2,772)	-41%
11	OTHER	102	181	79	77%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>158,841</b>	<b>159,834</b>	<b>993</b>	<b>1%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$4,487,155	\$5,173,583	\$686,428	15%
2	MEDICARE MANAGED CARE	\$496,648	\$718,141	\$221,493	45%
3	MEDICAID	\$2,686,678	\$4,284,511	\$1,597,833	59%
4	MEDICAID MANAGED CARE	\$6,520,795	\$6,808,915	\$288,120	4%
5	CHAMPUS/TRICARE	\$218,499	\$280,812	\$62,313	29%
6	COMMERCIAL INSURANCE	\$10,283,821	\$11,410,289	\$1,126,468	11%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$485,797	\$502,722	\$16,925	3%
9	SELF- PAY/UNINSURED	\$2,166,838	\$2,236,098	\$69,260	3%
10	SAGA	\$3,598,286	\$2,237,938	(\$1,360,348)	-38%
11	OTHER	\$287,107	\$141,946	(\$145,161)	-51%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$31,231,624</b>	<b>\$33,794,955</b>	<b>\$2,563,331</b>	<b>8%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$1,286,713	\$1,476,535	\$189,822	15%
2	MEDICARE MANAGED CARE	\$145,098	\$202,837	\$57,739	40%
3	MEDICAID	\$729,990	\$988,662	\$258,672	35%
4	MEDICAID MANAGED CARE	\$2,013,165	\$2,008,891	(\$4,274)	0%
5	CHAMPUS/TRICARE	\$107,984	\$100,362	(\$7,622)	-7%
6	COMMERCIAL INSURANCE	\$4,511,234	\$5,149,839	\$638,605	14%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$322,561	\$386,758	\$64,197	20%
9	SELF- PAY/UNINSURED	\$69,764	\$65,233	(\$4,531)	-6%
10	SAGA	\$492,111	\$381,059	(\$111,052)	-23%
11	OTHER	\$59,389	\$36,011	(\$23,378)	-39%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$9,738,009</b>	<b>\$10,796,187</b>	<b>\$1,058,178</b>	<b>11%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	3,190	3,606	416	13%
2	MEDICARE MANAGED CARE	359	504	145	40%
3	MEDICAID	1,979	3,025	1,046	53%
4	MEDICAID MANAGED CARE	5,811	7,185	1,374	24%
5	CHAMPUS/TRICARE	212	266	54	25%
6	COMMERCIAL INSURANCE	8,757	9,316	559	6%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	717	698	(19)	-3%
9	SELF- PAY/UNINSURED	2,304	2,313	9	0%
10	SAGA	2,679	1,670	(1,009)	-38%
11	OTHER	285	114	(171)	-60%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>26,293</b>	<b>28,697</b>	<b>2,404</b>	<b>9%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$15,137,005	\$12,409,863	(\$2,727,142)	-18%
2	Physician Salaries	\$127,711	\$887,642	\$759,931	595%
3	Non-Nursing, Non-Physician Salaries	\$21,833,969	\$26,003,628	\$4,169,659	19%
	<b>Total Salaries &amp; Wages</b>	<b>\$37,098,685</b>	<b>\$39,301,133</b>	<b>\$2,202,448</b>	<b>6%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$5,158,691	\$4,602,323	(\$556,368)	-11%
2	Physician Fringe Benefits	\$43,524	\$329,191	\$285,667	656%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,444,319	\$9,643,709	\$2,199,390	30%
	<b>Total Fringe Benefits</b>	<b>\$12,646,534</b>	<b>\$14,575,223</b>	<b>\$1,928,689</b>	<b>15%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$663,417	\$592,337	(\$71,080)	-11%
2	Physician Fees	\$910,707	\$932,425	\$21,718	2%
3	Non-Nursing, Non-Physician Fees	\$5,514,297	\$5,853,147	\$338,850	6%
	<b>Total Contractual Labor Fees</b>	<b>\$7,088,421</b>	<b>\$7,377,909</b>	<b>\$289,488</b>	<b>4%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$7,012,568	\$5,671,740	(\$1,340,828)	-19%
2	Pharmaceutical Costs	\$2,273,633	\$2,323,288	\$49,655	2%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$9,286,201</b>	<b>\$7,995,028</b>	<b>(\$1,291,173)</b>	<b>-14%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$1,556,957	\$1,663,918	\$106,961	7%
2	Depreciation-Equipment	\$2,861,847	\$2,843,074	(\$18,773)	-1%
3	Amortization	\$0	\$15,910	\$15,910	0%
	<b>Total Depreciation and Amortization</b>	<b>\$4,418,804</b>	<b>\$4,522,902</b>	<b>\$104,098</b>	<b>2%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$4,595,065	\$5,459,445	\$864,380	19%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$1,483,430	\$1,557,105	\$73,675	5%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$980,763	\$635,157	(\$345,606)	-35%
<b>I. Utilities:</b>					
1	Water	\$97,451	\$81,761	(\$15,690)	-16%
2	Natural Gas	\$706,731	\$848,236	\$141,505	20%
3	Oil	\$18,761	\$2,488	(\$16,273)	-87%
4	Electricity	\$780,780	\$670,559	(\$110,221)	-14%
5	Telephone	\$125,087	\$139,052	\$13,965	11%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$1,728,810</b>	<b>\$1,742,096</b>	<b>\$13,286</b>	<b>1%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$150,392	\$196,835	\$46,443	31%
2	Legal Fees	\$365,969	\$311,514	(\$54,455)	-15%
3	Consulting Fees	\$248,583	\$149,511	(\$99,072)	-40%
4	Dues and Membership	\$419,385	\$371,726	(\$47,659)	-11%
5	Equipment Leases	\$602,604	\$686,518	\$83,914	14%
6	Building Leases	\$119,718	\$175,865	\$56,147	47%
7	Repairs and Maintenance	\$2,385,947	\$2,642,551	\$256,604	11%
8	Insurance	\$220,231	\$408,819	\$188,588	86%

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

(1) <b>LINE</b>	(2) <b>DESCRIPTION</b>	(3) <b>FY 2009 ACTUAL</b>	(4) <b>FY 2010 ACTUAL</b>	(5) <b>AMOUNT DIFFERENCE</b>	(6) <b>% DIFFERENCE</b>
9	Travel	\$67,447	\$72,501	\$5,054	7%
10	Conferences	\$164,847	\$148,574	(\$16,273)	-10%
11	Property Tax	\$77,698	\$71,179	(\$6,519)	-8%
12	General Supplies	\$209,391	\$1,401,737	\$1,192,346	569%
13	Licenses and Subscriptions	\$73,436	\$65,091	(\$8,345)	-11%
14	Postage and Shipping	\$129,497	\$138,053	\$8,556	7%
15	Advertising	\$180,847	\$267,748	\$86,901	48%
16	Other Business Expenses	\$574,630	\$281,781	(\$292,849)	-51%
	<b>Total Business Expenses</b>	<b>\$5,990,622</b>	<b>\$7,390,003</b>	<b>\$1,399,381</b>	<b>23%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$83,822	\$945,817	\$861,995	1028%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$85,401,157</b>	<b>\$91,501,818</b>	<b>\$6,100,661</b>	<b>7%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$1,580,099	\$2,779,388	\$1,199,289	76%
2	General Accounting	\$739,808	\$754,250	\$14,442	2%
3	Patient Billing & Collection	\$589,955	\$604,333	\$14,378	2%
4	Admitting / Registration Office	\$1,833,396	\$1,466,725	(\$366,671)	-20%
5	Data Processing	\$1,999,012	\$2,121,519	\$122,507	6%
6	Communications	\$151,269	\$160,250	\$8,981	6%
7	Personnel	\$742,139	\$880,984	\$138,845	19%
8	Public Relations	\$398,768	\$456,998	\$58,230	15%
9	Purchasing	\$162,822	\$226,382	\$63,560	39%
10	Dietary and Cafeteria	\$1,977,147	\$1,966,012	(\$11,135)	-1%
11	Housekeeping	\$1,180,973	\$1,155,350	(\$25,623)	-2%
12	Laundry & Linen	\$461,189	\$523,697	\$62,508	14%
13	Operation of Plant	\$1,334,725	\$1,258,211	(\$76,514)	-6%
14	Security	\$462,262	\$465,258	\$2,996	1%
15	Repairs and Maintenance	\$1,844,471	\$1,873,714	\$29,243	2%
16	Central Sterile Supply	\$384,688	\$416,757	\$32,069	8%
17	Pharmacy Department	\$3,355,073	\$3,403,240	\$48,167	1%
18	Other General Services	\$472,523	\$436,302	(\$36,221)	-8%
	<b>Total General Services</b>	<b>\$19,670,319</b>	<b>\$20,949,370</b>	<b>\$1,279,051</b>	<b>7%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$119,603	\$156,136	\$36,533	31%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$2,438,186	\$2,597,521	\$159,335	7%
4	Medical Records	\$951,548	\$1,048,330	\$96,782	10%
5	Social Service	\$372	\$0	(\$372)	-100%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$3,509,709</b>	<b>\$3,801,987</b>	<b>\$292,278</b>	<b>8%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$4,672,343	\$4,314,508	(\$357,835)	-8%
2	Recovery Room	\$253,547	\$255,510	\$1,963	1%
3	Anesthesiology	\$0	\$0	\$0	0%
4	Delivery Room	\$878,596	\$935,002	\$56,406	6%
5	Diagnostic Radiology	\$2,226,186	\$2,501,319	\$275,133	12%
6	Diagnostic Ultrasound	\$460,333	\$499,392	\$39,059	8%
7	Radiation Therapy	\$0	\$0	\$0	0%

**WINDHAM COMMUNITY MEMORIAL 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	\$700,776	\$644,383	(\$56,393)	-8%
9	CT Scan	\$474,812	\$465,624	(\$9,188)	-2%
10	Laboratory	\$4,403,555	\$4,545,022	\$141,467	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$494,736	\$542,447	\$47,711	10%
13	Electrocardiology	\$224,325	\$215,038	(\$9,287)	-4%
14	Electroencephalography	\$99,003	\$125,451	\$26,448	27%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$981,487	\$1,063,357	\$81,870	8%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,170,508	\$5,221,387	\$50,879	1%
25	MRI	\$538,321	\$513,348	(\$24,973)	-5%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$583,509	\$642,737	\$59,228	10%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,701,527	\$1,579,624	(\$121,903)	-7%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,412,320	\$2,594,367	\$1,182,047	84%
	<b>Total Special Services</b>	<b>\$25,275,884</b>	<b>\$26,658,516</b>	<b>\$1,382,632</b>	<b>5%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$6,520,881	\$6,826,418	\$305,537	5%
2	Intensive Care Unit	\$2,224,780	\$2,246,988	\$22,208	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$516,821	\$550,119	\$33,298	6%
7	Newborn Nursery Unit	\$327,320	\$348,409	\$21,089	6%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,118,723	\$1,130,930	\$12,207	1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$836,205	\$694,052	(\$142,153)	-17%
13	Other Routine Services	\$571,413	\$660,090	\$88,677	16%
	<b>Total Routine Services</b>	<b>\$12,116,143</b>	<b>\$12,457,006</b>	<b>\$340,863</b>	<b>3%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$24,829,102	\$27,634,939	\$2,805,837	11%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$85,401,157</b>	<b>\$91,501,818</b>	<b>\$6,100,661</b>	<b>7%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$81,011,511	\$ 83,605,148	\$86,942,706
2	Other Operating Revenue	4,257,607	2,401,877	2,622,664
3	Total Operating Revenue	\$85,269,118	\$86,007,025	\$89,565,370
4	Total Operating Expenses	83,487,134	85,401,157	91,501,818
5	Income/(Loss) From Operations	\$1,781,984	\$605,868	(\$1,936,448)
6	Total Non-Operating Revenue	310,467	(1,790,872)	273,628
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	2.08%	0.72%	-2.16%
2	Hospital Non Operating Margin	0.36%	-2.13%	0.30%
3	Hospital Total Margin	2.45%	-1.41%	-1.85%
4	Income/(Loss) From Operations	\$1,781,984	\$605,868	(\$1,936,448)
5	Total Operating Revenue	\$85,269,118	\$86,007,025	\$89,565,370
6	Total Non-Operating Revenue	\$310,467	(\$1,790,872)	\$273,628
7	Total Revenue	\$85,579,585	\$84,216,153	\$89,838,998
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$10,143,299	(\$25,502,905)	(\$25,203,815)
2	Hospital Total Net Assets	\$13,271,987	(\$20,171,322)	(\$19,935,723)
3	Hospital Change in Total Net Assets	\$579,689	(\$33,443,309)	\$235,599
4	Hospital Change in Total Net Assets %	104.6%	-252.0%	-1.2%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.39</b>	<b>0.45</b>	<b>0.47</b>
2	Total Operating Expenses	\$74,979,824	\$85,401,157	\$91,501,818
3	Total Gross Revenue	\$193,794,864	\$190,183,873	\$193,955,564
4	Total Other Operating Revenue	\$0	\$0	\$2,622,664
5	<b>Private Payment to Cost Ratio</b>	<b>1.10</b>	<b>1.02</b>	<b>1.01</b>
6	Total Non-Government Payments	\$32,730,912	\$33,973,384	\$34,004,938

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
7	Total Uninsured Payments	\$431,230	\$251,059	\$302,544
8	Total Non-Government Charges	\$81,460,726	\$77,745,972	\$76,539,290
9	Total Uninsured Charges	\$5,508,163	\$4,197,446	\$4,858,520
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>1.12</b>	<b>0.98</b>	<b>0.98</b>
11	Total Medicare Payments	\$33,210,428	\$33,581,550	\$36,106,801
12	Total Medicare Charges	\$76,686,686	\$75,979,844	\$79,106,934
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.85</b>	<b>0.82</b>	<b>0.74</b>
14	Total Medicaid Payments	\$8,593,760	\$9,550,095	\$10,787,671
15	Total Medicaid Charges	\$25,981,058	\$26,036,303	\$31,291,584
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,644,909</b>	<b>\$2,800,025</b>	<b>\$2,938,954</b>
17	Charity Care	\$2,586,401	\$2,094,259	\$2,446,867
18	Bad Debts	\$4,249,703	\$4,141,249	\$3,867,045
19	Total Uncompensated Care	\$6,836,104	\$6,235,508	\$6,313,912
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.5%</b>	<b>3.3%</b>	<b>3.2%</b>
21	Total Operating Expenses	\$74,979,824	\$85,401,157	\$91,501,818
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2.57</b>	<b>2.63</b>	<b>2.10</b>
2	Total Current Assets	\$24,271,629	\$24,003,919	\$22,752,848
3	Total Current Liabilities	\$9,440,760	\$9,128,012	\$10,810,042
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>13</b>	<b>15</b>	<b>14</b>
5	Cash and Cash Equivalents	\$2,778,004	\$3,357,508	\$3,314,081
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$2,778,004	\$3,357,508	\$3,314,081
8	Total Operating Expenses	\$83,487,134	\$85,401,157	\$91,501,818
9	Depreciation Expense	\$4,033,781	\$4,418,804	\$4,522,902
10	Operating Expenses less Depreciation Expense	\$79,453,353	\$80,982,353	\$86,978,916
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>63.81</b>	<b>62.76</b>	<b>65.81</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
12	Net Patient Accounts Receivable	\$ 11,996,552	\$ 13,116,037	\$ 14,090,656
13	Due From Third Party Payers	\$2,166,694	\$1,258,523	\$1,585,717
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,163,246	\$ 14,374,560	\$ 15,676,373
16	Total Net Patient Revenue	\$81,011,511	\$ 83,605,148	\$ 86,942,706
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>43.37</b>	<b>41.14</b>	<b>45.36</b>
18	Total Current Liabilities	\$9,440,760	\$9,128,012	\$10,810,042
19	Total Operating Expenses	\$83,487,134	\$85,401,157	\$91,501,818
20	Depreciation Expense	\$4,033,781	\$4,418,804	\$4,522,902
21	Total Operating Expenses less Depreciation Expense	\$79,453,353	\$80,982,353	\$86,978,916
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>18.9</b>	<b>(28.9)</b>	<b>(29.4)</b>
2	Total Net Assets	\$13,271,987	(\$20,171,322)	(\$19,935,723)
3	Total Assets	\$70,121,163	\$69,708,385	\$67,833,577
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>20.8</b>	<b>11.2</b>	<b>9.5</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)
6	Depreciation Expense	\$4,033,781	\$4,418,804	\$4,522,902
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,126,232	\$3,233,800	\$2,860,082
8	Total Current Liabilities	\$9,440,760	\$9,128,012	\$10,810,042
9	Total Long Term Debt	\$20,021,887	\$19,698,257	\$19,435,038
10	Total Current Liabilities and Total Long Term Debt	\$29,462,647	\$28,826,269	\$30,245,080
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>60.1</b>	<b>(4,164.0)</b>	<b>(3,881.7)</b>
12	Total Long Term Debt	\$20,021,887	\$19,698,257	\$19,435,038
13	Total Net Assets	\$13,271,987	(\$20,171,322)	(\$19,935,723)
14	Total Long Term Debt and Total Net Assets	\$33,293,874	(\$473,065)	(\$500,685)
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>6.0</b>	<b>1.5</b>	<b>1.8</b>
16	Excess Revenues over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)
17	Interest Expense	\$1,218,189	\$1,483,430	\$1,557,105
18	Depreciation and Amortization Expense	\$4,033,781	\$4,418,804	\$4,522,902

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
19	Principal Payments	\$0	\$1,681,042	\$886,449
<b>G. <u>Other Financial Ratios</u></b>				
20	<b>Average Age of Plant</b>	<b>13.1</b>	<b>13.1</b>	<b>13.8</b>
21	Accumulated Depreciation	\$52,772,521	\$57,981,855	\$62,488,848
22	Depreciation and Amortization Expense	\$4,033,781	\$4,418,804	\$4,522,902
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	21,050	20,696	20,850
2	Discharges	5,744	5,343	5,100
3	ALOS	3.7	3.9	4.1
4	Staffed Beds	87	87	87
5	Available Beds	-	144	144
6	Licensed Beds	144	144	144
6	Occupancy of Staffed Beds	66.3%	65.2%	65.7%
7	Occupancy of Available Beds	40.0%	39.4%	39.7%
8	Full Time Equivalent Employees	594.8	608.0	603.4
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.2%	38.7%	37.0%
2	Medicare Gross Revenue Payer Mix Percentage	39.6%	40.0%	40.8%
3	Medicaid Gross Revenue Payer Mix Percentage	13.4%	13.7%	16.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.7%	5.2%	3.3%
5	Uninsured Gross Revenue Payer Mix Percentage	2.8%	2.2%	2.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$75,952,563	\$73,548,526	\$71,680,770
9	Medicare Gross Revenue (Charges)	\$76,686,686	\$75,979,844	\$79,106,934
10	Medicaid Gross Revenue (Charges)	\$25,981,058	\$26,036,303	\$31,291,584
11	Other Medical Assistance Gross Revenue (Charges)	\$9,119,296	\$9,832,803	\$6,408,291
12	Uninsured Gross Revenue (Charges)	\$5,508,163	\$4,197,446	\$4,858,520
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$547,098	\$588,951	\$609,465
14	Total Gross Revenue (Charges)	\$193,794,864	\$190,183,873	\$193,955,564
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	42.4%	42.7%	40.9%

WINDHAM COMMUNITY MEMORIAL 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	43.6%	42.5%	43.8%
3	Medicaid Net Revenue Payer Mix Percentage	11.3%	12.1%	13.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.9%	2.1%	1.6%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.3%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$32,299,682	\$33,722,325	\$33,702,394
9	Medicare Net Revenue (Payments)	\$33,210,428	\$33,581,550	\$36,106,801
10	Medicaid Net Revenue (Payments)	\$8,593,760	\$9,550,095	\$10,787,671
11	Other Medical Assistance Net Revenue (Payments)	\$1,484,773	\$1,634,585	\$1,361,046
12	Uninsured Net Revenue (Payments)	\$431,230	\$251,059	\$302,544
13	CHAMPUS / TRICARE Net Revenue Payments)	\$219,551	\$229,128	\$227,611
14	Total Net Revenue (Payments)	\$76,239,424	\$78,968,742	\$82,488,067
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	1,707	1,601	1,381
2	Medicare	2,628	2,534	2,517
3	Medical Assistance	1,397	1,195	1,188
4	Medicaid	1,144	961	1,061
5	Other Medical Assistance	253	234	127
6	CHAMPUS / TRICARE	12	13	14
7	Uninsured (Included In Non-Government)	143	87	106
8	Total	5,744	5,343	5,100
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	0.944900	0.942000	0.926300
2	Medicare	1.169000	1.183200	1.179900
3	Medical Assistance	0.800269	0.779513	0.862090
4	Medicaid	0.756300	0.748900	0.816400
5	Other Medical Assistance	0.999090	0.905240	1.243800
6	CHAMPUS / TRICARE	1.047300	0.955000	0.991300
7	Uninsured (Included In Non-Government)	1.051000	0.836000	0.727000
8	Total Case Mix Index	1.012468	1.020083	1.036680
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	3,890	3,721	3,665
2	Emergency Room - Treated and Discharged	24,778	26,293	28,697
3	Total Emergency Room Visits	28,668	30,014	32,362

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$77,922	\$242,370	\$164,448	211%
2	Inpatient Payments	\$56,022	\$162,233	\$106,211	190%
3	Outpatient Charges	\$53,246	\$43,570	(\$9,676)	-18%
4	Outpatient Payments	\$13,032	\$10,696	(\$2,336)	-18%
5	Discharges	7	12	5	71%
6	Patient Days	25	88	63	252%
7	Outpatient Visits (Excludes ED Visits)	56	75	19	34%
8	Emergency Department Outpatient Visits	10	9	(1)	-10%
9	Emergency Department Inpatient Admissions	4	8	4	100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$131,168</b>	<b>\$285,940</b>	<b>\$154,772</b>	<b>118%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$69,054</b>	<b>\$172,929</b>	<b>\$103,875</b>	<b>150%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$666	\$0	(\$666)	-100%
4	Outpatient Payments	\$252	\$0	(\$252)	-100%
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	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$666</b>	<b>\$0</b>	<b>(\$666)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$252</b>	<b>\$0</b>	<b>(\$252)</b>	<b>-100%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$524,897	\$730,696	\$205,799	39%
2	Inpatient Payments	\$212,880	\$479,117	\$266,237	125%
3	Outpatient Charges	\$1,122,069	\$1,279,414	\$157,345	14%
4	Outpatient Payments	\$299,950	\$336,582	\$36,632	12%
5	Discharges	33	52	19	58%
6	Patient Days	126	220	94	75%
7	Outpatient Visits (Excludes ED Visits)	1,391	1,636	245	18%
8	Emergency Department Outpatient Visits	70	84	14	20%
9	Emergency Department Inpatient Admissions	23	32	9	39%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,646,966</b>	<b>\$2,010,110</b>	<b>\$363,144</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$512,830</b>	<b>\$815,699</b>	<b>\$302,869</b>	<b>59%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$1,332,767	\$2,324,660	\$991,893	74%
2	Inpatient Payments	\$743,143	\$1,275,079	\$531,936	72%
3	Outpatient Charges	\$1,515,059	\$2,142,255	\$627,196	41%
4	Outpatient Payments	\$403,639	\$619,431	\$215,792	53%
5	Discharges	94	125	31	33%
6	Patient Days	384	650	266	69%
7	Outpatient Visits (Excludes ED Visits)	1,786	2,405	619	35%
8	Emergency Department Outpatient Visits	103	174	71	69%
9	Emergency Department Inpatient Admissions	63	69	6	10%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,847,826</b>	<b>\$4,466,915</b>	<b>\$1,619,089</b>	<b>57%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,146,782</b>	<b>\$1,894,510</b>	<b>\$747,728</b>	<b>65%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$106,305	\$140,508	\$34,203	32%
2	Inpatient Payments	\$43,536	\$84,581	\$41,045	94%
3	Outpatient Charges	\$99,732	\$457,540	\$357,808	359%
4	Outpatient Payments	\$25,387	\$121,578	\$96,191	379%
5	Discharges	5	14	9	180%
6	Patient Days	18	39	21	117%
7	Outpatient Visits (Excludes ED Visits)	94	551	457	486%
8	Emergency Department Outpatient Visits	27	69	42	156%
9	Emergency Department Inpatient Admissions	3	8	5	167%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$206,037</b>	<b>\$598,048</b>	<b>\$392,011</b>	<b>190%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$68,923</b>	<b>\$206,159</b>	<b>\$137,236</b>	<b>199%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$22,195	\$0	(\$22,195)	-100%
2	Inpatient Payments	\$18,146	\$0	(\$18,146)	-100%
3	Outpatient Charges	\$44,371	\$0	(\$44,371)	-100%
4	Outpatient Payments	\$7,447	\$0	(\$7,447)	-100%
5	Discharges	3	0	(3)	-100%
6	Patient Days	6	0	(6)	-100%
7	Outpatient Visits (Excludes ED Visits)	164	0	(164)	-100%
8	Emergency Department Outpatient Visits	3	0	(3)	-100%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$66,566</b>	<b>\$0</b>	<b>(\$66,566)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$25,593</b>	<b>\$0</b>	<b>(\$25,593)</b>	<b>-100%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$688	\$0	(\$688)	-100%
4	Outpatient Payments	\$199	\$0	(\$199)	-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	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$688</b>	<b>\$0</b>	<b>(\$688)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$199</b>	<b>\$0</b>	<b>(\$199)</b>	<b>-100%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$94,717	\$75,200	(\$19,517)	-21%
2	Inpatient Payments	\$46,677	\$46,233	(\$444)	-1%
3	Outpatient Charges	\$99,676	\$95,724	(\$3,952)	-4%
4	Outpatient Payments	\$27,011	\$25,025	(\$1,986)	-7%
5	Discharges	6	4	(2)	-33%
6	Patient Days	21	23	2	10%
7	Outpatient Visits (Excludes ED Visits)	164	181	17	10%
8	Emergency Department Outpatient Visits	8	10	2	25%
9	Emergency Department Inpatient Admissions	5	4	(1)	-20%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$194,393</b>	<b>\$170,924</b>	<b>(\$23,469)</b>	<b>-12%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$73,688</b>	<b>\$71,258</b>	<b>(\$2,430)</b>	<b>-3%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$18,467	\$19,141	\$674	4%
4	Outpatient Payments	\$5,233	\$4,252	(\$981)	-19%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	13	19	6	46%
8	Emergency Department Outpatient Visits	3	4	1	33%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$18,467</b>	<b>\$19,141</b>	<b>\$674</b>	<b>4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,233</b>	<b>\$4,252</b>	<b>(\$981)</b>	<b>-19%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,987	\$0	(\$1,987)	-100%
4	Outpatient Payments	\$378	\$0	(\$378)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	8	0	(8)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,987</b>	<b>\$0</b>	<b>(\$1,987)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$378</b>	<b>\$0</b>	<b>(\$378)</b>	<b>-100%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$708,961	\$1,169,285	\$460,324	65%
2	Inpatient Payments	\$312,932	\$484,593	\$171,661	55%
3	Outpatient Charges	\$923,307	\$919,397	(\$3,910)	0%
4	Outpatient Payments	\$234,797	\$223,500	(\$11,297)	-5%
5	Discharges	41	54	13	32%
6	Patient Days	203	280	77	38%
7	Outpatient Visits (Excludes ED Visits)	1,131	1,148	17	2%
8	Emergency Department Outpatient Visits	133	154	21	16%
9	Emergency Department Inpatient Admissions	30	33	3	10%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,632,268</b>	<b>\$2,088,682</b>	<b>\$456,414</b>	<b>28%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$547,729</b>	<b>\$708,093</b>	<b>\$160,364</b>	<b>29%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$2,867,764</b>	<b>\$4,682,719</b>	<b>\$1,814,955</b>	<b>63%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,433,336</b>	<b>\$2,531,836</b>	<b>\$1,098,500</b>	<b>77%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$3,879,268</b>	<b>\$4,957,041</b>	<b>\$1,077,773</b>	<b>28%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,017,325</b>	<b>\$1,341,064</b>	<b>\$323,739</b>	<b>32%</b>
	<b>TOTAL DISCHARGES</b>	<b>189</b>	<b>261</b>	<b>72</b>	<b>38%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>783</b>	<b>1,300</b>	<b>517</b>	<b>66%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>4,808</b>	<b>6,015</b>	<b>1,207</b>	<b>25%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>359</b>	<b>504</b>	<b>145</b>	<b>40%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>130</b>	<b>154</b>	<b>24</b>	<b>18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,747,032</b>	<b>\$9,639,760</b>	<b>\$2,892,728</b>	<b>43%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,450,661</b>	<b>\$3,872,900</b>	<b>\$1,422,239</b>	<b>58%</b>

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

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$640,297	\$0	(\$640,297)	-100%
2	Inpatient Payments	\$336,188	\$0	(\$336,188)	-100%
3	Outpatient Charges	\$1,802,280	\$1,203	(\$1,801,077)	-100%
4	Outpatient Payments	\$543,897	\$0	(\$543,897)	-100%
5	Discharges	98	0	(98)	-100%
6	Patient Days	249	0	(249)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,380	0	(1,380)	-100%
8	Emergency Department Outpatient Visits	856	1	(855)	-100%
9	Emergency Department Inpatient Admissions	56	0	(56)	-100%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$2,442,577</b>	<b>\$1,203</b>	<b>(\$2,441,374)</b>	<b>-100%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$880,085</b>	<b>\$0</b>	<b>(\$880,085)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$1,894,746	\$2,824,552	\$929,806	49%
2	Inpatient Payments	\$961,674	\$1,472,503	\$510,829	53%
3	Outpatient Charges	\$7,286,923	\$9,145,109	\$1,858,186	26%
4	Outpatient Payments	\$2,212,226	\$2,833,589	\$621,363	28%
5	Discharges	302	402	100	33%
6	Patient Days	669	1,000	331	49%
7	Outpatient Visits (Excludes ED Visits)	6,069	7,595	1,526	25%
8	Emergency Department Outpatient Visits	3,588	4,902	1,314	37%
9	Emergency Department Inpatient Admissions	220	113	(107)	-49%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$9,181,669</b>	<b>\$11,969,661</b>	<b>\$2,787,992</b>	<b>30%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$3,173,900</b>	<b>\$4,306,092</b>	<b>\$1,132,192</b>	<b>36%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$443	\$443	0%
4	Outpatient Payments	\$0	\$69	\$69	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	2	2	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$0</b>	<b>\$443</b>	<b>\$443</b>	<b>0%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$0</b>	<b>\$69</b>	<b>\$69</b>	<b>0%</b>

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

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

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

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$314,972	\$744,455	\$429,483	136%
2	Inpatient Payments	\$177,416	\$384,941	\$207,525	117%
3	Outpatient Charges	\$942,995	\$1,545,435	\$602,440	64%
4	Outpatient Payments	\$276,409	\$452,294	\$175,885	64%
5	Discharges	51	110	59	116%
6	Patient Days	136	264	128	94%
7	Outpatient Visits (Excludes ED Visits)	769	1,298	529	69%
8	Emergency Department Outpatient Visits	552	1,050	498	90%
9	Emergency Department Inpatient Admissions	30	18	(12)	-40%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,257,967</b>	<b>\$2,289,890</b>	<b>\$1,031,923</b>	<b>82%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$453,825</b>	<b>\$837,235</b>	<b>\$383,410</b>	<b>84%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$577,238	\$1,049,845	\$472,607	82%
2	Inpatient Payments	\$308,369	\$494,475	\$186,106	60%
3	Outpatient Charges	\$1,580,681	\$2,169,479	\$588,798	37%
4	Outpatient Payments	\$538,146	\$584,069	\$45,923	9%
5	Discharges	90	121	31	34%
6	Patient Days	228	362	134	59%
7	Outpatient Visits (Excludes ED Visits)	1,059	1,593	534	50%
8	Emergency Department Outpatient Visits	815	1,232	417	51%
9	Emergency Department Inpatient Admissions	57	30	(27)	-47%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,157,919</b>	<b>\$3,219,324</b>	<b>\$1,061,405</b>	<b>49%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$846,515</b>	<b>\$1,078,544</b>	<b>\$232,029</b>	<b>27%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$3,427,253</b>	<b>\$4,618,852</b>	<b>\$1,191,599</b>	<b>35%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,783,647</b>	<b>\$2,351,919</b>	<b>\$568,272</b>	<b>32%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$11,612,879</b>	<b>\$12,861,669</b>	<b>\$1,248,790</b>	<b>11%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$3,570,678</b>	<b>\$3,870,021</b>	<b>\$299,343</b>	<b>8%</b>
	<b>TOTAL DISCHARGES</b>	<b>541</b>	<b>633</b>	<b>92</b>	<b>17%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,282</b>	<b>1,626</b>	<b>344</b>	<b>27%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>9,277</b>	<b>10,488</b>	<b>1,211</b>	<b>13%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>5,811</b>	<b>7,185</b>	<b>1,374</b>	<b>24%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>363</b>	<b>161</b>	<b>(202)</b>	<b>-56%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$15,040,132</b>	<b>\$17,480,521</b>	<b>\$2,440,389</b>	<b>16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,354,325</b>	<b>\$6,221,940</b>	<b>\$867,615</b>	<b>16%</b>

**WINDHAM COMMUNITY MEMORIAL 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

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$3,357,508	\$3,314,081	(\$43,427)	-1%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,116,037	\$14,090,656	\$974,619	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$798,482	\$677,311	(\$121,171)	-15%
5	Due From Affiliates	\$0	\$105,104	\$105,104	0%
6	Due From Third Party Payers	\$1,258,523	\$1,585,717	\$327,194	26%
7	Inventories of Supplies	\$1,175,255	\$1,175,285	\$30	0%
8	Prepaid Expenses	\$671,383	\$280,392	(\$390,991)	-58%
9	Other Current Assets	\$3,626,731	\$1,524,302	(\$2,102,429)	-58%
	<b>Total Current Assets</b>	<b>\$24,003,919</b>	<b>\$22,752,848</b>	<b>(\$1,251,071)</b>	<b>-5%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$1,752,149	\$2,607,805	\$855,656	49%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,674,179	\$1,673,374	(\$805)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$2,749,514	\$1,885,179	(\$864,335)	-31%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$6,175,842</b>	<b>\$6,166,358</b>	<b>(\$9,484)</b>	<b>0%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,268,569	\$347,049	(\$921,520)	-73%
7	Other Noncurrent Assets	\$1,351,116	\$2,339,911	\$988,795	73%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$94,462,346	\$98,445,867	\$3,983,521	4%
2	Less: Accumulated Depreciation	\$57,981,855	\$62,488,848	\$4,506,993	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$36,480,491</b>	<b>\$35,957,019</b>	<b>(\$523,472)</b>	<b>-1%</b>
3	Construction in Progress	\$428,448	\$270,392	(\$158,056)	-37%
	<b>Total Net Fixed Assets</b>	<b>\$36,908,939</b>	<b>\$36,227,411</b>	<b>(\$681,528)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$69,708,385</b>	<b>\$67,833,577</b>	<b>(\$1,874,808)</b>	<b>-3%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$3,370,047	\$3,465,207	\$95,160	3%
2	Salaries, Wages and Payroll Taxes	\$1,276,413	\$840,849	(\$435,564)	-34%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$325,901	\$263,466	(\$62,435)	-19%
6	Current Portion of Notes Payable	\$530,009	\$440,019	(\$89,990)	-17%
7	Other Current Liabilities	\$3,625,642	\$5,800,501	\$2,174,859	60%
	<b>Total Current Liabilities</b>	<b>\$9,128,012</b>	<b>\$10,810,042</b>	<b>\$1,682,030</b>	<b>18%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$19,698,257	\$19,435,038	(\$263,219)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$19,698,257</b>	<b>\$19,435,038</b>	<b>(\$263,219)</b>	<b>-1%</b>
3	Accrued Pension Liability	\$57,389,912	\$53,726,319	(\$3,663,593)	-6%
4	Other Long Term Liabilities	\$3,663,526	\$3,797,901	\$134,375	4%
	<b>Total Long Term Liabilities</b>	<b>\$80,751,695</b>	<b>\$76,959,258</b>	<b>(\$3,792,437)</b>	<b>-5%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	(\$25,502,905)	(\$25,203,815)	\$299,090	-1%
2	Temporarily Restricted Net Assets	\$2,104,204	\$1,538,289	(\$565,915)	-27%
3	Permanently Restricted Net Assets	\$3,227,379	\$3,729,803	\$502,424	16%
	<b>Total Net Assets</b>	<b>(\$20,171,322)</b>	<b>(\$19,935,723)</b>	<b>\$235,599</b>	<b>-1%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$69,708,385</b>	<b>\$67,833,577</b>	<b>(\$1,874,808)</b>	<b>-3%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
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
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$190,183,873	\$193,955,564	\$3,771,691	2%
2	Less: Allowances	\$104,418,812	\$104,466,765	\$47,953	0%
3	Less: Charity Care	\$2,159,913	\$2,546,093	\$386,180	18%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$83,605,148</b>	<b>\$86,942,706</b>	<b>\$3,337,558</b>	<b>4%</b>
5	Other Operating Revenue	\$2,401,877	\$2,622,664	\$220,787	9%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$86,007,025</b>	<b>\$89,565,370</b>	<b>\$3,558,345</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$37,098,685	\$39,301,133	\$2,202,448	6%
2	Fringe Benefits	\$12,646,534	\$14,575,223	\$1,928,689	15%
3	Physicians Fees	\$910,707	\$932,425	\$21,718	2%
4	Supplies and Drugs	\$9,495,592	\$7,995,028	(\$1,500,564)	-16%
5	Depreciation and Amortization	\$4,418,804	\$4,522,902	\$104,098	2%
6	Bad Debts	\$4,595,065	\$5,459,445	\$864,380	19%
7	Interest	\$1,483,430	\$1,557,105	\$73,675	5%
8	Malpractice	\$980,763	\$635,157	(\$345,606)	-35%
9	Other Operating Expenses	\$13,771,577	\$16,523,400	\$2,751,823	20%
	<b>Total Operating Expenses</b>	<b>\$85,401,157</b>	<b>\$91,501,818</b>	<b>\$6,100,661</b>	<b>7%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$605,868</b>	<b>(\$1,936,448)</b>	<b>(\$2,542,316)</b>	<b>-420%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$152,507	\$96,303	(\$56,204)	-37%
2	Gifts, Contributions and Donations	\$205,897	\$252,482	\$46,585	23%
3	Other Non-Operating Gains/(Losses)	(\$2,149,276)	(\$95,417)	\$2,053,859	-96%
	<b>Total Non-Operating Revenue</b>	<b>(\$1,790,872)</b>	<b>\$253,368</b>	<b>\$2,044,240</b>	<b>-114%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$1,185,004)</b>	<b>(\$1,683,080)</b>	<b>(\$498,076)</b>	<b>42%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$20,260	\$20,260	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$20,260</b>	<b>\$20,260</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$1,185,004)</b>	<b>(\$1,662,820)</b>	<b>(\$477,816)</b>	<b>40%</b>

## WINDHAM COMMUNITY MEMORIAL HOSPITAL

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$81,011,511	\$83,605,148	\$86,942,706
2	Other Operating Revenue	4,257,607	2,401,877	2,622,664
3	Total Operating Revenue	\$85,269,118	\$86,007,025	\$89,565,370
4	Total Operating Expenses	83,487,134	85,401,157	91,501,818
5	Income/(Loss) From Operations	\$1,781,984	\$605,868	(\$1,936,448)
6	Total Non-Operating Revenue	310,467	(1,790,872)	273,628
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	2.08%	0.72%	-2.16%
2	Parent Corporation Non-Operating Margin	0.36%	-2.13%	0.30%
3	Parent Corporation Total Margin	2.45%	-1.41%	-1.85%
4	Income/(Loss) From Operations	\$1,781,984	\$605,868	(\$1,936,448)
5	Total Operating Revenue	\$85,269,118	\$86,007,025	\$89,565,370
6	Total Non-Operating Revenue	\$310,467	(\$1,790,872)	\$273,628
7	Total Revenue	\$85,579,585	\$84,216,153	\$89,838,998
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$10,143,299	(\$25,502,905)	-\$25,203,815
2	Parent Corporation Total Net Assets	\$13,271,987	(\$20,171,322)	(\$19,935,723)
3	Parent Corporation Change in Total Net Assets	\$579,689	(\$33,443,309)	\$235,599
4	Parent Corporation Change in Total Net Assets %	104.6%	-252.0%	-1.2%

## WINDHAM COMMUNITY MEMORIAL HOSPITAL

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>2.57</b>	<b>2.63</b>	<b>2.10</b>
2	Total Current Assets	\$24,271,629	\$24,003,919	\$22,752,848
3	Total Current Liabilities	\$9,440,760	\$9,128,012	\$10,810,042
<b>4</b>	<b>Days Cash on Hand</b>	<b>13</b>	<b>15</b>	<b>14</b>
5	Cash and Cash Equivalents	\$2,778,004	\$3,357,508	\$3,314,081
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$2,778,004	\$3,357,508	\$3,314,081
8	Total Operating Expenses	\$83,487,134	\$85,401,157	\$91,501,818
9	Depreciation Expense	\$4,033,780	\$4,418,804	\$4,522,902
10	Operating Expenses less Depreciation Expense	\$79,453,354	\$80,982,353	\$86,978,916
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>64</b>	<b>63</b>	<b>66</b>
12	Net Patient Accounts Receivable	\$ 11,996,552	\$ 13,116,037	\$ 14,090,656
13	Due From Third Party Payers	\$2,166,694	\$1,258,523	\$1,585,717
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,163,246	\$ 14,374,560	\$ 15,676,373
16	Total Net Patient Revenue	\$81,011,511	\$83,605,148	\$86,942,706
<b>17</b>	<b>Average Payment Period</b>	<b>43</b>	<b>41</b>	<b>45</b>
18	Total Current Liabilities	\$9,440,760	\$9,128,012	\$10,810,042
19	Total Operating Expenses	\$83,487,134	\$85,401,157	\$91,501,818
20	Depreciation Expense	\$4,033,780	\$4,418,804	\$4,522,902
21	Total Operating Expenses less Depreciation Expense	\$79,453,354	\$80,982,353	\$86,978,916

## WINDHAM COMMUNITY MEMORIAL HOSPITAL

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2010

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>18.9</b>	<b>(28.9)</b>	<b>(29.4)</b>
2	Total Net Assets	\$13,271,987	(\$20,171,322)	(\$19,935,723)
3	Total Assets	\$70,121,163	\$69,708,385	\$67,833,577
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>20.8</b>	<b>11.2</b>	<b>9.5</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,092,451	(\$1,185,004)	(\$1,662,820)
6	Depreciation Expense	\$4,033,780	\$4,418,804	\$4,522,902
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,126,231	\$3,233,800	\$2,860,082
8	Total Current Liabilities	\$9,440,760	\$9,128,012	\$10,810,042
9	Total Long Term Debt	\$20,021,887	\$19,698,257	\$19,435,038
10	Total Current Liabilities and Total Long Term Debt	\$29,462,647	\$28,826,269	\$30,245,080
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>60.1</b>	<b>(4,164.0)</b>	<b>(3,881.7)</b>
12	Total Long Term Debt	\$20,021,887	\$19,698,257	\$19,435,038
13	Total Net Assets	\$13,271,987	(\$20,171,322)	(\$19,935,723)
14	Total Long Term Debt and Total Net Assets	\$33,293,874	(\$473,065)	(\$500,685)

WINDHAM COMMUNITY MEMORIAL 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	16,350	53	104	84.5%	43.1%
2	ICU/CCU (Excludes Neonatal ICU)	2,334	12	12	53.3%	53.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,184	14	14	23.2%	23.2%
7	Newborn	982	8	14	33.6%	19.2%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>19,868</b>	<b>79</b>	<b>130</b>	<b>68.9%</b>	<b>41.9%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>20,850</b>	<b>87</b>	<b>144</b>	<b>65.7%</b>	<b>39.7%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>20,850</b>	<b>87</b>	<b>144</b>	<b>65.7%</b>	<b>39.7%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>20,696</b>	<b>87</b>	<b>144</b>	<b>65.2%</b>	<b>39.4%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>154</b>	<b>0</b>	<b>0</b>	<b>0.5%</b>	<b>0.3%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>
	Total Licensed Beds and Bassinets	144				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	3,816	3,523	-293	-8%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,457	4,463	6	0%
3	Emergency Department Scans	3,816	5,071	1,255	33%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>12,089</b>	<b>13,057</b>	<b>968</b>	<b>8%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	438	572	134	31%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,493	3,806	313	9%
3	Emergency Department Scans	82	59	-23	-28%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>4,013</b>	<b>4,437</b>	<b>424</b>	<b>11%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	5	7	2	40%
2	Outpatient Scans (Excluding Emergency Department Scans)	101	104	3	3%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>106</b>	<b>111</b>	<b>5</b>	<b>5%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	1,356	1,249	-107	-8%
2	Outpatient Surgical Procedures	5,916	6,058	142	2%
	<b>Total Surgical Procedures</b>	<b>7,272</b>	<b>7,307</b>	<b>35</b>	<b>0%</b>
<b>J. Endoscopy Procedures</b>					

WINDHAM COMMUNITY MEMORIAL 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	1,055	1,213	158	15%
2	Outpatient Endoscopy Procedures	4,608	4,515	-93	-2%
	<b>Total Endoscopy Procedures</b>	<b>5,663</b>	<b>5,728</b>	<b>65</b>	<b>1%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	3,721	3,665	-56	-2%
2	Emergency Room Visits: Treated and Discharged	26,293	28,697	2,404	9%
	<b>Total Emergency Room Visits</b>	<b>30,014</b>	<b>32,362</b>	<b>2,348</b>	<b>8%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	5,554	2,998	-2,556	-46%
	<b>Total Hospital Clinic Visits</b>	<b>5,554</b>	<b>2,998</b>	<b>-2,556</b>	<b>-46%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	11,960	15,550	3,590	30%
2	Cardiology	8,518	1,665	-6,853	-80%
3	Chemotherapy	1,355	156	-1,199	-88%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	5,143	103,765	98,622	1918%
	<b>Total Other Hospital Outpatient Visits</b>	<b>26,976</b>	<b>121,136</b>	<b>94,160</b>	<b>349%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	219.0	215.4	-3.6	-2%
2	Total Physician FTEs	1.1	4.5	3.4	309%
3	Total Non-Nursing and Non-Physician FTEs	387.9	383.5	-4.4	-1%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>608.0</b>	<b>603.4</b>	<b>-4.6</b>	<b>-1%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Windham Hospital	5,916	6,058	142	2%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>5,916</b>	<b>6,058</b>	<b>142</b>	<b>2%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Windham Hospital	4,608	4,515	-93	-2%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>4,608</b>	<b>4,515</b>	<b>-93</b>	<b>-2%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Windham Hospital	26,293	28,697	2,404	9%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>26,293</b>	<b>28,697</b>	<b>2,404</b>	<b>9%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$41,659,535	\$43,401,649	\$1,742,114	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$24,697,646	\$26,608,521	\$1,910,875	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	59.28%	61.31%	2.02%	3%
4	DISCHARGES	2,534	2,517	(17)	-1%
5	CASE MIX INDEX (CMI)	1.18320	1.17990	(0.00330)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,998,22880	2,969,80830	(28,42050)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,237.41	\$8,959.68	\$722.26	9%
8	PATIENT DAYS	11,993	12,340	347	3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,059.34	\$2,156.28	\$96.94	5%
10	AVERAGE LENGTH OF STAY	4.7	4.9	0.2	4%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,320,309	\$35,705,285	\$1,384,976	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,883,904	\$9,498,280	\$614,376	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.89%	26.60%	0.72%	3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	82.38%	82.27%	-0.12%	0%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,087,58122	2,070,66331	(16,91791)	-1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,255.60	\$4,587.07	\$331.47	8%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$75,979,844	\$79,106,934	\$3,127,090	4%
18	TOTAL ACCRUED PAYMENTS	\$33,581,550	\$36,106,801	\$2,525,251	8%
19	TOTAL ALLOWANCES	\$42,398,294	\$43,000,133	\$601,839	1%

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$18,807,636	\$17,841,128	(\$966,508)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,072,435	\$8,997,337	(\$1,075,098)	-11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	53.56%	50.43%	-3.12%	-6%
4	DISCHARGES	1,601	1,381	(220)	-14%
5	CASE MIX INDEX (CMI)	0.94200	0.92630	(0.01570)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,508.14200	1,279.22030	(228.92170)	-15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,678.70	\$7,033.45	\$354.75	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,558.71	\$1,926.22	\$367.52	24%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,350,752	\$2,464,063	\$113,311	5%
10	PATIENT DAYS	4,844	4,491	(353)	-7%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,079.36	\$2,003.42	(\$75.95)	-4%
12	AVERAGE LENGTH OF STAY	3.0	3.3	0.2	7%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$58,938,336	\$58,698,162	(\$240,174)	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,900,949	\$25,007,601	\$1,106,652	5%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.55%	42.60%	2.05%	5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	313.37%	329.00%	15.63%	5%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,017.12581	4,543.55586	(473.56994)	-9%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,763.87	\$5,503.97	\$740.10	16%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$508.28)	(\$916.90)	(\$408.62)	80%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,550,084)	(\$4,165,987)	(\$1,615,902)	63%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$77,745,972	\$76,539,290	(\$1,206,682)	-2%
22	TOTAL ACCRUED PAYMENTS	\$33,973,384	\$34,004,938	\$31,554	0%
23	TOTAL ALLOWANCES	\$43,772,588	\$42,534,352	(\$1,238,236)	-3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$199,332)	(\$1,701,924)	(\$1,502,592)	754%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$68,498,602	\$67,897,196	(\$601,406)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,953,588	\$33,702,394	\$748,806	2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,545,014	\$34,194,802	(\$1,350,212)	-4%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.89%	50.36%	-1.53%	

WINDHAM COMMUNITY MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b><u>UNINSURED</u></b>				
	<b><u>UNINSURED INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$921,311	\$1,567,998	\$646,687	70%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$74,458	\$147,158	\$72,700	98%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	8.08%	9.39%	1.30%	16%
4	DISCHARGES	87	106	19	22%
5	CASE MIX INDEX (CMI)	0.83600	0.72700	(0.10900)	-13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	72.73200	77.06200	4.33000	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,023.73	\$1,909.61	\$885.87	87%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,654.97	\$5,123.85	(\$531.13)	-9%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,213.68	\$7,050.07	(\$163.61)	-2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$524,665	\$543,293	\$18,627	4%
11	PATIENT DAYS	242	398	156	64%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$307.68	\$369.74	\$62.07	20%
13	AVERAGE LENGTH OF STAY	2.8	3.8	1.0	35%
	<b><u>UNINSURED OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,276,135	\$3,290,522	\$14,387	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$176,601	\$155,386	(\$21,215)	-12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.39%	4.72%	-0.67%	-12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	355.59%	209.85%	-145.74%	-41%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	309.36757	222.44629	(86.92128)	-28%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$570.85	\$698.53	\$127.69	22%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,193.03	\$4,805.44	\$612.41	15%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,684.75	\$3,888.54	\$203.79	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,139,943	\$864,991	(\$274,952)	-24%
	<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$4,197,446	\$4,858,520	\$661,074	16%
24	TOTAL ACCRUED PAYMENTS	\$251,059	\$302,544	\$51,485	21%
25	TOTAL ALLOWANCES	\$3,946,387	\$4,555,976	\$609,589	15%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,664,608	\$1,408,284	(\$256,325)	-15%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$8,797,246	\$10,036,189	\$1,238,943	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,524,924	\$5,043,975	\$519,051	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.44%	50.26%	-1.18%	-2%
4	DISCHARGES	961	1,061	100	10%
5	CASE MIX INDEX (CMI)	0.74890	0.81640	0.06750	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	719.69290	866.20040	146.50750	20%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,287.30	\$5,823.10	(\$464.19)	-7%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$391.41	\$1,210.35	\$818.94	209%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,950.11	\$3,136.57	\$1,186.46	61%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,403,483	\$2,716,900	\$1,313,417	94%
11	PATIENT DAYS	3,054	3,359	305	10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,481.64	\$1,501.63	\$19.99	1%
13	AVERAGE LENGTH OF STAY	3.2	3.2	(0.0)	0%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,239,057	\$21,255,395	\$4,016,338	23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,025,171	\$5,743,696	\$718,525	14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.15%	27.02%	-2.13%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	195.96%	211.79%	15.83%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,883.17273	2,247.06550	363.89277	19%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,668.46	\$2,556.09	(\$112.37)	-4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,095.41	\$2,947.88	\$852.47	41%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,587.14	\$2,030.98	\$443.85	28%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,988,853	\$4,563,753	\$1,574,901	53%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$26,036,303	\$31,291,584	\$5,255,281	20%
24	TOTAL ACCRUED PAYMENTS	\$9,550,095	\$10,787,671	\$1,237,576	13%
25	TOTAL ALLOWANCES	\$16,486,208	\$20,503,913	\$4,017,705	24%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,392,336	\$7,280,654	\$2,888,318	66%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$3,005,404	\$2,069,554	(\$935,850)	-31%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$689,247	\$646,001	(\$43,246)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.93%	31.21%	8.28%	36%
4	DISCHARGES	234	127	(107)	-46%
5	CASE MIX INDEX (CMI)	0.90524	1.24380	0.33856	37%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	211.82616	157.96260	(53.86356)	-25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,253.83	\$4,089.58	\$835.75	26%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$3,424.87	\$2,943.87	(\$481.00)	-14%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,983.58	\$4,870.09	(\$113.48)	-2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,055,652	\$769,293	(\$286,360)	-27%
11	PATIENT DAYS	777	622	(155)	-20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$887.06	\$1,038.59	\$151.53	17%
13	AVERAGE LENGTH OF STAY	3.3	4.9	1.6	47%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,827,399	\$4,338,737	(\$2,488,662)	-36%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$945,338	\$715,045	(\$230,293)	-24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.85%	16.48%	2.63%	19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	227.17%	209.65%	-17.52%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	531.57957	266.25041	(265.32916)	-50%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,778.36	\$2,685.61	\$907.25	51%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,985.52	\$2,818.36	(\$167.16)	-6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,477.24	\$1,901.46	(\$575.78)	-23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,316,850	\$506,265	(\$810,586)	-62%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$9,832,803	\$6,408,291	(\$3,424,512)	-35%
24	TOTAL ACCRUED PAYMENTS	\$1,634,585	\$1,361,046	(\$273,539)	-17%
25	TOTAL ALLOWANCES	\$8,198,218	\$5,047,245	(\$3,150,973)	-38%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,372,503	\$1,275,557	(\$1,096,945)	-46%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$11,802,650	\$12,105,743	\$303,093	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,214,171	\$5,689,976	\$475,805	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.18%	47.00%	2.82%	6%
4	DISCHARGES	1,195	1,188	(7)	-1%
5	CASE MIX INDEX (CMI)	0.77951	0.86209	0.08258	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	931.51906	1,024.16300	92.64394	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,597.49	\$5,555.73	(\$41.76)	-1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,081.21	\$1,477.72	\$396.51	37%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,639.92	\$3,403.94	\$764.02	29%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,459,135	\$3,486,193	\$1,027,058	42%
11	PATIENT DAYS	3,831	3,981	150	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,361.05	\$1,429.28	\$68.24	5%
13	AVERAGE LENGTH OF STAY	3.2	3.4	0.1	5%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,066,456	\$25,594,132	\$1,527,676	6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,970,509	\$6,458,741	\$488,232	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.81%	25.24%	0.43%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	203.91%	211.42%	7.51%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,414.75230	2,513.31591	98.56361	4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,472.51	\$2,569.81	\$97.29	4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,291.36	\$2,934.16	\$642.80	28%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,783.08	\$2,017.26	\$234.18	13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,305,703	\$5,070,018	\$764,315	18%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$35,869,106	\$37,699,875	\$1,830,769	5%
24	TOTAL ACCRUED PAYMENTS	\$11,184,680	\$12,148,717	\$964,037	9%
25	TOTAL ALLOWANCES	\$24,684,426	\$25,551,158	\$866,732	4%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$176,391	\$136,260	(\$40,131)	-23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$62,014	\$57,058	(\$4,956)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.16%	41.87%	6.72%	19%
4	DISCHARGES	13	14	1	8%
5	CASE MIX INDEX (CMI)	0.95500	0.99130	0.03630	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12.41500	13.87820	1.46320	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,995.09	\$4,111.34	(\$883.75)	-18%
8	PATIENT DAYS	28	38	10	36%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,214.79	\$1,501.53	(\$713.26)	-32%
10	AVERAGE LENGTH OF STAY	2.2	2.7	0.6	26%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$412,560	\$473,205	\$60,645	15%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$167,114	\$170,553	\$3,439	2%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$588,951	\$609,465	\$20,514	3%
14	TOTAL ACCRUED PAYMENTS	\$229,128	\$227,611	(\$1,517)	-1%
15	TOTAL ALLOWANCES	\$359,823	\$381,854	\$22,031	6%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$0	\$2,622,664	\$2,622,664	0%
2	TOTAL OPERATING EXPENSES	\$85,401,157	\$91,501,818	\$6,100,661	7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$494,828	\$587,594	\$92,766	19%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$2,094,259	\$2,446,867	\$352,608	17%
5	BAD DEBTS (CHARGES)	\$4,141,249	\$3,867,045	(\$274,204)	-7%
6	UNCOMPENSATED CARE (CHARGES)	\$6,235,508	\$6,313,912	\$78,404	1%
7	COST OF UNCOMPENSATED CARE	\$2,607,503	\$2,715,770	\$108,266	4%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$35,869,106	\$37,699,875	\$1,830,769	5%
9	TOTAL ACCRUED PAYMENTS	\$11,184,680	\$12,148,717	\$964,037	9%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$14,999,390	\$16,215,649	\$1,216,259	8%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,814,710	\$4,066,932	\$252,222	7%

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<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$72,446,212	\$73,484,780	\$1,038,568	1%
2	TOTAL INPATIENT PAYMENTS	\$40,046,266	\$41,352,892	\$1,306,626	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	55.28%	56.27%	1.00%	2%
4	TOTAL DISCHARGES	5,343	5,100	(243)	-5%
5	TOTAL CASE MIX INDEX	1.02008	1.03668	0.01660	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	5,450,30486	5,287,06980	(163,23506)	-3%
7	TOTAL OUTPATIENT CHARGES	\$117,737,661	\$120,470,784	\$2,733,123	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	162.52%	163.94%	1.42%	1%
9	TOTAL OUTPATIENT PAYMENTS	\$38,922,476	\$41,135,175	\$2,212,699	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.06%	34.15%	1.09%	3%
11	TOTAL CHARGES	\$190,183,873	\$193,955,564	\$3,771,691	2%
12	TOTAL PAYMENTS	\$78,968,742	\$82,488,067	\$3,519,325	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	41.52%	42.53%	1.01%	2%
14	PATIENT DAYS	20,696	20,850	154	1%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$53,638,576	\$55,643,652	\$2,005,076	4%
2	INPATIENT PAYMENTS	\$29,973,831	\$32,355,555	\$2,381,724	8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	55.88%	58.15%	2.27%	4%
4	DISCHARGES	3,742	3,719	(23)	-1%
5	CASE MIX INDEX	1.05349	1.07767	0.02418	2%
6	CASE MIX ADJUSTED DISCHARGES	3,942.16286	4,007.84950	65.68664	2%
7	OUTPATIENT CHARGES	\$58,799,325	\$61,772,622	\$2,973,297	5%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	109.62%	111.01%	1.39%	1%
9	OUTPATIENT PAYMENTS	\$15,021,527	\$16,127,574	\$1,106,047	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.55%	26.11%	0.56%	2%
11	TOTAL CHARGES	\$112,437,901	\$117,416,274	\$4,978,373	4%
12	TOTAL PAYMENTS	\$44,995,358	\$48,483,129	\$3,487,771	8%
13	TOTAL PAYMENTS / CHARGES	40.02%	41.29%	1.27%	3%
14	PATIENT DAYS	15,852	16,359	507	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$67,442,543	\$68,933,145	\$1,490,602	2%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	4.7	4.9	0.2	4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.3	0.2	7%
3	UNINSURED	2.8	3.8	1.0	35%
4	MEDICAID	3.2	3.2	(0.0)	0%
5	OTHER MEDICAL ASSISTANCE	3.3	4.9	1.6	47%
6	CHAMPUS / TRICARE	2.2	2.7	0.6	26%
7	TOTAL AVERAGE LENGTH OF STAY	3.9	4.1	0.2	6%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$190,183,873	\$193,955,564	\$3,771,691	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$67,442,543	\$68,933,145	\$1,490,602	2%
3	UNCOMPENSATED CARE	\$6,235,508	\$6,313,912	\$78,404	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,545,014	\$34,194,802	(\$1,350,212)	-4%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,926,412	\$1,676,212	(\$250,200)	-13%
6	TOTAL ADJUSTMENTS	\$111,149,477	\$111,118,071	(\$31,406)	0%
7	TOTAL ACCRUED PAYMENTS	\$79,034,396	\$82,837,493	\$3,803,097	5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$494,828	\$587,594	\$92,766	19%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$79,529,224	\$83,425,087	\$3,895,863	5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4181701779	0.4301247424	0.0119545645	3%
11	COST OF UNCOMPENSATED CARE	\$2,607,503	\$2,715,770	\$108,266	4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,814,710	\$4,066,932	\$252,222	7%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,422,214	\$6,782,702	\$360,488	6%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$2,988,853	\$4,563,753	\$1,574,901	53%
2	OTHER MEDICAL ASSISTANCE	\$2,372,503	\$1,275,557	(\$1,096,945)	-46%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,664,608	\$1,408,284	(\$256,325)	-15%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,025,964	\$7,247,594	\$221,631	3%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,496,497	\$3,173,244	(\$323,253)	-9.25%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$4,141,249	\$3,867,045	(\$274,204)	-6.62%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$83,605,148	\$86,942,706	\$3,337,558	3.99%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$190,183,873	\$193,955,564	\$3,771,691	1.98%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$519,470	\$1,691,625	\$1,172,155	225.64%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,754,978	\$8,005,538	\$1,250,560	18.51%

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,807,636	\$17,841,128	(\$966,508)
2	MEDICARE	\$41,659,535	43,401,649	\$1,742,114
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,802,650	12,105,743	\$303,093
4	MEDICAID	\$8,797,246	10,036,189	\$1,238,943
5	OTHER MEDICAL ASSISTANCE	\$3,005,404	2,069,554	(\$935,850)
6	CHAMPUS / TRICARE	\$176,391	136,260	(\$40,131)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$921,311	1,567,998	\$646,687
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$53,638,576</b>	<b>\$55,643,652</b>	<b>\$2,005,076</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$72,446,212</b>	<b>\$73,484,780</b>	<b>\$1,038,568</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$58,938,336	\$58,698,162	(\$240,174)
2	MEDICARE	\$34,320,309	35,705,285	\$1,384,976
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,066,456	25,594,132	\$1,527,676
4	MEDICAID	\$17,239,057	21,255,395	\$4,016,338
5	OTHER MEDICAL ASSISTANCE	\$6,827,399	4,338,737	(\$2,488,662)
6	CHAMPUS / TRICARE	\$412,560	473,205	\$60,645
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,276,135	3,290,522	\$14,387
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$58,799,325</b>	<b>\$61,772,622</b>	<b>\$2,973,297</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$117,737,661</b>	<b>\$120,470,784</b>	<b>\$2,733,123</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,745,972	\$76,539,290	(\$1,206,682)
2	TOTAL MEDICARE	\$75,979,844	\$79,106,934	\$3,127,090
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,869,106	\$37,699,875	\$1,830,769
4	TOTAL MEDICAID	\$26,036,303	\$31,291,584	\$5,255,281
5	TOTAL OTHER MEDICAL ASSISTANCE	\$9,832,803	\$6,408,291	(\$3,424,512)
6	TOTAL CHAMPUS / TRICARE	\$588,951	\$609,465	\$20,514
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,197,446	\$4,858,520	\$661,074
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$112,437,901</b>	<b>\$117,416,274</b>	<b>\$4,978,373</b>
	<b>TOTAL CHARGES</b>	<b>\$190,183,873</b>	<b>\$193,955,564</b>	<b>\$3,771,691</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,072,435	\$8,997,337	(\$1,075,098)
2	MEDICARE	\$24,697,646	26,608,521	\$1,910,875
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,214,171	5,689,976	\$475,805
4	MEDICAID	\$4,524,924	5,043,975	\$519,051
5	OTHER MEDICAL ASSISTANCE	\$689,247	646,001	(\$43,246)
6	CHAMPUS / TRICARE	\$62,014	57,058	(\$4,956)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$74,458	147,158	\$72,700
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$29,973,831</b>	<b>\$32,355,555</b>	<b>\$2,381,724</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$40,046,266</b>	<b>\$41,352,892</b>	<b>\$1,306,626</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,900,949	\$25,007,601	\$1,106,652
2	MEDICARE	\$8,883,904	9,498,280	\$614,376
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,970,509	6,458,741	\$488,232
4	MEDICAID	\$5,025,171	5,743,696	\$718,525
5	OTHER MEDICAL ASSISTANCE	\$945,338	715,045	(\$230,293)
6	CHAMPUS / TRICARE	\$167,114	170,553	\$3,439
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$176,601	155,386	(\$21,215)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$15,021,527</b>	<b>\$16,127,574</b>	<b>\$1,106,047</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$38,922,476</b>	<b>\$41,135,175</b>	<b>\$2,212,699</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,973,384	\$34,004,938	\$31,554
2	TOTAL MEDICARE	\$33,581,550	\$36,106,801	\$2,525,251
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,184,680	\$12,148,717	\$964,037
4	TOTAL MEDICAID	\$9,550,095	\$10,787,671	\$1,237,576
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,634,585	\$1,361,046	(\$273,539)
6	TOTAL CHAMPUS / TRICARE	\$229,128	\$227,611	(\$1,517)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$251,059	\$302,544	\$51,485
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$44,995,358</b>	<b>\$48,483,129</b>	<b>\$3,487,771</b>
	<b>TOTAL PAYMENTS</b>	<b>\$78,968,742</b>	<b>\$82,488,067</b>	<b>\$3,519,325</b>

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.89%	9.20%	-0.69%
2	MEDICARE	21.90%	22.38%	0.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.21%	6.24%	0.04%
4	MEDICAID	4.63%	5.17%	0.55%
5	OTHER MEDICAL ASSISTANCE	1.58%	1.07%	-0.51%
6	CHAMPUS / TRICARE	0.09%	0.07%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.48%	0.81%	0.32%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>28.20%</b>	<b>28.69%</b>	<b>0.49%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>38.09%</b>	<b>37.89%</b>	<b>-0.21%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.99%	30.26%	-0.73%
2	MEDICARE	18.05%	18.41%	0.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.65%	13.20%	0.54%
4	MEDICAID	9.06%	10.96%	1.89%
5	OTHER MEDICAL ASSISTANCE	3.59%	2.24%	-1.35%
6	CHAMPUS / TRICARE	0.22%	0.24%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.72%	1.70%	-0.03%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>30.92%</b>	<b>31.85%</b>	<b>0.93%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>61.91%</b>	<b>62.11%</b>	<b>0.21%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.75%	10.91%	-1.85%
2	MEDICARE	31.28%	32.26%	0.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.60%	6.90%	0.30%
4	MEDICAID	5.73%	6.11%	0.38%
5	OTHER MEDICAL ASSISTANCE	0.87%	0.78%	-0.09%
6	CHAMPUS / TRICARE	0.08%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.09%	0.18%	0.08%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>37.96%</b>	<b>39.22%</b>	<b>1.27%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>50.71%</b>	<b>50.13%</b>	<b>-0.58%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.27%	30.32%	0.05%
2	MEDICARE	11.25%	11.51%	0.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.56%	7.83%	0.27%
4	MEDICAID	6.36%	6.96%	0.60%
5	OTHER MEDICAL ASSISTANCE	1.20%	0.87%	-0.33%
6	CHAMPUS / TRICARE	0.21%	0.21%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.22%	0.19%	-0.04%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>19.02%</b>	<b>19.55%</b>	<b>0.53%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>49.29%</b>	<b>49.87%</b>	<b>0.58%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,601	1,381	(220)
2	MEDICARE	2,534	2,517	(17)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,195	1,188	(7)
4	MEDICAID	961	1,061	100
5	OTHER MEDICAL ASSISTANCE	234	127	(107)
6	CHAMPUS / TRICARE	13	14	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	87	106	19
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,742</b>	<b>3,719</b>	<b>(23)</b>
	<b>TOTAL DISCHARGES</b>	<b>5,343</b>	<b>5,100</b>	<b>(243)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,844	4,491	(353)
2	MEDICARE	11,993	12,340	347
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,831	3,981	150
4	MEDICAID	3,054	3,359	305
5	OTHER MEDICAL ASSISTANCE	777	622	(155)
6	CHAMPUS / TRICARE	28	38	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	242	398	156
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>15,852</b>	<b>16,359</b>	<b>507</b>
	<b>TOTAL PATIENT DAYS</b>	<b>20,696</b>	<b>20,850</b>	<b>154</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.0	3.3	0.2
2	MEDICARE	4.7	4.9	0.2
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.2	3.4	0.1
4	MEDICAID	3.2	3.2	(0.0)
5	OTHER MEDICAL ASSISTANCE	3.3	4.9	1.6
6	CHAMPUS / TRICARE	2.2	2.7	0.6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8	3.8	1.0
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.2</b>	<b>4.4</b>	<b>0.2</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>3.9</b>	<b>4.1</b>	<b>0.2</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.94200	0.92630	(0.01570)
2	MEDICARE	1.18320	1.17990	(0.00330)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.77951	0.86209	0.08258
4	MEDICAID	0.74890	0.81640	0.06750
5	OTHER MEDICAL ASSISTANCE	0.90524	1.24380	0.33856
6	CHAMPUS / TRICARE	0.95500	0.99130	0.03630
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.83600	0.72700	(0.10900)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.05349</b>	<b>1.07767</b>	<b>0.02418</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.02008</b>	<b>1.03668</b>	<b>0.01660</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,498,602	\$67,897,196	(\$601,406)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,953,588	\$33,702,394	\$748,806
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,545,014	\$34,194,802	(\$1,350,212)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.89%	50.36%	-1.53%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,496,497	\$3,173,244	(\$323,253)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,926,412	\$1,676,212	(\$250,200)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$494,828	\$587,594	\$92,766
8	CHARITY CARE	\$2,094,259	\$2,446,867	\$352,608
9	BAD DEBTS	\$4,141,249	\$3,867,045	(\$274,204)
10	TOTAL UNCOMPENSATED CARE	\$6,235,508	\$6,313,912	\$78,404
11	TOTAL OTHER OPERATING REVENUE	\$68,498,602	\$67,897,196	(\$601,406)
12	TOTAL OPERATING EXPENSES	\$85,401,157	\$91,501,818	\$6,100,661

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,508.14200	1,279.22030	(228.92170)
2	MEDICARE	2,998.22880	2,969.80830	(28.42050)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	931.51906	1,024.16300	92.64394
4	MEDICAID	719.69290	866.20040	146.50750
5	OTHER MEDICAL ASSISTANCE	211.82616	157.96260	(53.86356)
6	CHAMPUS / TRICARE	12.41500	13.87820	1.46320
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	72.73200	77.06200	4.33000
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>3,942.16286</b>	<b>4,007.84950</b>	<b>65.68664</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>5,450.30486</b>	<b>5,287.06980</b>	<b>(163.23506)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,017.12581	4,543.55586	-473.56994
2	MEDICARE	2,087.58122	2,070.66331	-16.91791
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,414.75230	2,513.31591	98.56361
4	MEDICAID	1,883.17273	2,247.06550	363.89277
5	OTHER MEDICAL ASSISTANCE	531.57957	266.25041	-265.32916
6	CHAMPUS / TRICARE	30.40563	48.61933	18.21370
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	309.36757	222.44629	-86.92128
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,532.73916</b>	<b>4,632.59856</b>	<b>99.85940</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>9,549.86496</b>	<b>9,176.15442</b>	<b>-373.71054</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,678.70	\$7,033.45	\$354.75
2	MEDICARE	\$8,237.41	\$8,959.68	\$722.26
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,597.49	\$5,555.73	(\$41.76)
4	MEDICAID	\$6,287.30	\$5,823.10	(\$464.19)
5	OTHER MEDICAL ASSISTANCE	\$3,253.83	\$4,089.58	\$835.75
6	CHAMPUS / TRICARE	\$4,995.09	\$4,111.34	(\$883.75)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,023.73	\$1,909.61	\$885.87
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,603.40</b>	<b>\$8,073.05</b>	<b>\$469.65</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,347.53</b>	<b>\$7,821.51</b>	<b>\$473.99</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$4,763.87	\$5,503.97	\$740.10
2	MEDICARE	\$4,255.60	\$4,587.07	\$331.47
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,472.51	\$2,569.81	\$97.29
4	MEDICAID	\$2,668.46	\$2,556.09	(\$112.37)
5	OTHER MEDICAL ASSISTANCE	\$1,778.36	\$2,685.61	\$907.25
6	CHAMPUS / TRICARE	\$5,496.15	\$3,507.93	(\$1,988.23)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$570.85	\$698.53	\$127.69
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$3,314.01</b>	<b>\$3,481.32</b>	<b>\$167.32</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,075.71</b>	<b>\$4,482.83</b>	<b>\$407.12</b>

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$2,988,853	\$4,563,753	\$1,574,901
2	OTHER MEDICAL ASSISTANCE	\$2,372,503	\$1,275,557	(\$1,096,945)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,664,608	\$1,408,284	(\$256,325)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$7,025,964</b>	<b>\$7,247,594</b>	<b>\$221,631</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$190,183,873	\$193,955,564	\$3,771,691
2	TOTAL GOVERNMENT DEDUCTIONS	\$67,442,543	\$68,933,145	\$1,490,602
3	UNCOMPENSATED CARE	\$6,235,508	\$6,313,912	\$78,404
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$35,545,014	\$34,194,802	(\$1,350,212)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,926,412	\$1,676,212	(\$250,200)
6	TOTAL ADJUSTMENTS	\$111,149,477	\$111,118,071	(\$31,406)
7	TOTAL ACCRUED PAYMENTS	\$79,034,396	\$82,837,493	\$3,803,097
8	UCP DSH PAYMENTS (OHCA INPUT)	\$494,828	\$587,594	\$92,766
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$79,529,224	\$83,425,087	\$3,895,863
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4181701779	0.4301247424	0.0119545645
11	COST OF UNCOMPENSATED CARE	\$2,607,503	\$2,715,770	\$108,266
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,814,710	\$4,066,932	\$252,222
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,422,214	\$6,782,702	\$360,488
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.56%	50.43%	-3.12%
2	MEDICARE	59.28%	61.31%	2.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	44.18%	47.00%	2.82%
4	MEDICAID	51.44%	50.26%	-1.18%
5	OTHER MEDICAL ASSISTANCE	22.93%	31.21%	8.28%
6	CHAMPUS / TRICARE	35.16%	41.87%	6.72%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.08%	9.39%	1.30%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>55.88%</b>	<b>58.15%</b>	<b>2.27%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>55.28%</b>	<b>56.27%</b>	<b>1.00%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.55%	42.60%	2.05%
2	MEDICARE	25.89%	26.60%	0.72%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.81%	25.24%	0.43%
4	MEDICAID	29.15%	27.02%	-2.13%
5	OTHER MEDICAL ASSISTANCE	13.85%	16.48%	2.63%
6	CHAMPUS / TRICARE	40.51%	36.04%	-4.46%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.39%	4.72%	-0.67%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>25.55%</b>	<b>26.11%</b>	<b>0.56%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>33.06%</b>	<b>34.15%</b>	<b>1.09%</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$78,968,742	\$82,488,067	\$3,519,325
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$494,828	\$587,594	\$92,766
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$79,463,570</b>	<b>\$83,075,661</b>	<b>\$3,612,091</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,141,249	\$3,867,045	(\$274,204)
4	<b>CALCULATED NET REVENUE</b>	<b>\$83,604,819</b>	<b>\$86,942,706</b>	<b>\$3,337,887</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$83,605,148	\$86,942,706	\$3,337,558
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$329)</b>	<b>\$0</b>	<b>\$329</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$190,183,873	\$193,955,564	\$3,771,691
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$190,183,873</b>	<b>\$193,955,564</b>	<b>\$3,771,691</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$190,183,873	\$193,955,564	\$3,771,691
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,235,508	\$6,313,912	\$78,404
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$519,470	\$1,691,625	\$1,172,155
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$6,754,978</b>	<b>\$8,005,537</b>	<b>\$1,250,559</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,754,978	\$8,005,538	\$1,250,560
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>(\$1)</b>	<b>(\$1)</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,841,128
2	MEDICARE	43,401,649
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,105,743
4	MEDICAID	10,036,189
5	OTHER MEDICAL ASSISTANCE	2,069,554
6	CHAMPUS / TRICARE	136,260
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,567,998
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$55,643,652</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$73,484,780</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$58,698,162
2	MEDICARE	35,705,285
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,594,132
4	MEDICAID	21,255,395
5	OTHER MEDICAL ASSISTANCE	4,338,737
6	CHAMPUS / TRICARE	473,205
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,290,522
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$61,772,622</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$120,470,784</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$76,539,290
2	TOTAL GOVERNMENT ACCRUED CHARGES	117,416,274
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$193,955,564</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,997,337
2	MEDICARE	26,608,521
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,689,976
4	MEDICAID	5,043,975
5	OTHER MEDICAL ASSISTANCE	646,001
6	CHAMPUS / TRICARE	57,058
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	147,158
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$32,355,555</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$41,352,892</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$25,007,601
2	MEDICARE	9,498,280
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,458,741
4	MEDICAID	5,743,696
5	OTHER MEDICAL ASSISTANCE	715,045
6	CHAMPUS / TRICARE	170,553
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	155,386
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$16,127,574</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$41,135,175</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$34,004,938
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	48,483,129
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$82,488,067</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,381
2	MEDICARE	2,517
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,188
4	MEDICAID	1,061
5	OTHER MEDICAL ASSISTANCE	127
6	CHAMPUS / TRICARE	14
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	106
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>3,719</b>
	<b>TOTAL DISCHARGES</b>	<b>5,100</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.92630
2	MEDICARE	1.17990
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.86209
4	MEDICAID	0.81640
5	OTHER MEDICAL ASSISTANCE	1.24380
6	CHAMPUS / TRICARE	0.99130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.72700
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.07767</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.03668</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$67,897,196
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$33,702,394
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$34,194,802
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.36%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,173,244
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$1,676,212
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$587,594
8	CHARITY CARE	\$2,446,867
9	BAD DEBTS	\$3,867,045
10	TOTAL UNCOMPENSATED CARE	\$6,313,912
11	TOTAL OTHER OPERATING REVENUE	\$2,622,664
12	TOTAL OPERATING EXPENSES	\$91,501,818

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2010</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$82,488,067
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$587,594
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$83,075,661</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,867,045
	<b>CALCULATED NET REVENUE</b>	<b>\$86,942,706</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$86,942,706
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$193,955,564
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$193,955,564</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$193,955,564
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,313,912
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,691,625
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$8,005,537</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,005,538
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	4,608	4,162	(446)	-10%
2	Number of Approved Applicants	4,593	4,094	(499)	-11%
3	<b>Total Charges (A)</b>	<b>\$2,094,259</b>	<b>\$2,446,867</b>	<b>\$352,608</b>	<b>17%</b>
4	<b>Average Charges</b>	<b>\$456</b>	<b>\$598</b>	<b>\$142</b>	<b>31%</b>
5	Ratio of Cost to Charges (RCC)	0.386903	0.449045	0.062142	16%
6	<b>Total Cost</b>	<b>\$810,275</b>	<b>\$1,098,753</b>	<b>\$288,478</b>	<b>36%</b>
7	<b>Average Cost</b>	<b>\$176</b>	<b>\$268</b>	<b>\$92</b>	<b>52%</b>
8	Charity Care - Inpatient Charges	\$524,418	\$760,720	\$236,302	45%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	815,395	849,666	34,271	4%
10	Charity Care - Emergency Department Charges	754,446	836,481	82,035	11%
11	<b>Total Charges (A)</b>	<b>\$2,094,259</b>	<b>\$2,446,867</b>	<b>\$352,608</b>	<b>17%</b>
12	Charity Care - Number of Patient Days	149	212	63	42%
13	Charity Care - Number of Discharges	56	57	1	2%
14	Charity Care - Number of Outpatient ED Visits	670	655	(15)	-2%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,625	1,715	90	6%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$844,999	\$758,451	(\$86,548)	-10%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,106,556	1,002,945	(103,611)	-9%
3	Bad Debts - Emergency Department	2,189,694	2,105,649	(84,045)	-4%
4	<b>Total Bad Debts (A)</b>	<b>\$4,141,249</b>	<b>\$3,867,045</b>	<b>(\$274,204)</b>	<b>-7%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$2,094,259	\$2,446,867	\$352,608	17%
2	Bad Debts (A)	4,141,249	3,867,045	(274,204)	-7%
3	<b>Total Uncompensated Care (A)</b>	<b>\$6,235,508</b>	<b>\$6,313,912</b>	<b>\$78,404</b>	<b>1%</b>
4	Uncompensated Care - Inpatient Services	\$1,369,417	\$1,519,171	\$149,754	11%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,921,951	1,852,611	(69,340)	-4%
6	Uncompensated Care - Emergency Department	2,944,140	2,942,130	(2,010)	0%
7	<b>Total Uncompensated Care (A)</b>	<b>\$6,235,508</b>	<b>\$6,313,912</b>	<b>\$78,404</b>	<b>1%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

WINDHAM COMMUNITY MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL TOTAL NON-GOVERNMENT	FY 2010 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<b><u>COMMERCIAL - ALL PAYERS</u></b>					
1	Total Gross Revenue	\$68,498,602	\$67,897,196	(\$601,406)	-1%
2	Total Contractual Allowances	\$35,545,014	\$34,194,802	(\$1,350,212)	-4%
	<b>Total Accrued Payments (A)</b>	<b>\$32,953,588</b>	<b>\$33,702,394</b>	<b>\$748,806</b>	<b>2%</b>
	<b>Total Discount Percentage</b>	<b>51.89%</b>	<b>50.36%</b>	<b>-1.53%</b>	<b>-3%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$74,505,375	\$72,446,212	\$73,484,780
2	Outpatient Gross Revenue	\$119,289,489	\$117,737,661	\$120,470,784
3	Total Gross Patient Revenue	\$193,794,864	\$190,183,873	\$193,955,564
4	Net Patient Revenue	\$81,011,511	\$83,605,148	\$86,942,706
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$83,487,134	\$85,401,157	\$91,501,818
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	21,050	20,696	20,850
2	Discharges	5,744	5,343	5,100
3	Average Length of Stay	3.7	3.9	4.1
4	Equivalent (Adjusted) Patient Days (EPD)	54,753	54,331	55,031
0	Equivalent (Adjusted) Discharges (ED)	14,941	14,026	13,461
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.01247	1.02008	1.03668
2	Case Mix Adjusted Patient Days (CMAPD)	21,312	21,112	21,615
3	Case Mix Adjusted Discharges (CMAD)	5,816	5,450	5,287
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	55,436	55,422	57,050
5	Case Mix Adjusted Equivalent Discharges (CMAED)	15,127	14,308	13,955
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$9,206	\$9,189	\$9,302
2	Total Gross Revenue per Discharge	\$33,739	\$35,595	\$38,031
3	Total Gross Revenue per EPD	\$3,539	\$3,500	\$3,524
4	Total Gross Revenue per ED	\$12,971	\$13,559	\$14,409
5	Total Gross Revenue per CMAEPD	\$3,496	\$3,432	\$3,400
6	Total Gross Revenue per CMAED	\$12,811	\$13,292	\$13,899
7	Inpatient Gross Revenue per EPD	\$1,361	\$1,333	\$1,335
8	Inpatient Gross Revenue per ED	\$4,987	\$5,165	\$5,459

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,849	\$4,040	\$4,170
2	Net Patient Revenue per Discharge	\$14,104	\$15,648	\$17,048
3	Net Patient Revenue per EPD	\$1,480	\$1,539	\$1,580
4	Net Patient Revenue per ED	\$5,422	\$5,961	\$6,459
5	Net Patient Revenue per CMAEPD	\$1,461	\$1,509	\$1,524
6	Net Patient Revenue per CMAED	\$5,355	\$5,843	\$6,230
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,966	\$4,126	\$4,389
2	Total Operating Expense per Discharge	\$14,535	\$15,984	\$17,942
3	Total Operating Expense per EPD	\$1,525	\$1,572	\$1,663
4	Total Operating Expense per ED	\$5,588	\$6,089	\$6,798
5	Total Operating Expense per CMAEPD	\$1,506	\$1,541	\$1,604
6	Total Operating Expense per CMAED	\$5,519	\$5,969	\$6,557
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$12,315,908	\$15,137,005	\$12,409,863
2	Nursing Fringe Benefits Expense	\$4,171,693	\$5,158,691	\$4,602,323
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$16,487,601</b>	<b>\$20,295,696</b>	<b>\$17,012,186</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$2,978,184	\$127,711	\$887,642
2	Physician Fringe Benefits Expense	\$1,137,734	\$43,524	\$329,191
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$4,115,918</b>	<b>\$171,235</b>	<b>\$1,216,833</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$21,514,168	\$21,833,969	\$26,003,628
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$7,332,066	\$7,444,319	\$9,643,709
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$28,846,234</b>	<b>\$29,278,288</b>	<b>\$35,647,337</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$36,808,260	\$37,098,685	\$39,301,133
2	Total Fringe Benefits Expense	\$12,641,493	\$12,646,534	\$14,575,223
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$49,449,753</b>	<b>\$49,745,219</b>	<b>\$53,876,356</b>

<b>WINDHAM COMMUNITY MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	180.8	219.0	215.4
2	Total Physician FTEs	4.7	1.1	4.5
3	Total Non-Nursing, Non-Physician FTEs	409.3	387.9	383.5
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>594.8</b>	<b>608.0</b>	<b>603.4</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$68,119	\$69,119	\$57,613
2	Nursing Fringe Benefits Expense per FTE	\$23,074	\$23,556	\$21,366
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$91,192</b>	<b>\$92,674</b>	<b>\$78,980</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$633,656	\$116,101	\$197,254
2	Physician Fringe Benefits Expense per FTE	\$242,071	\$39,567	\$73,154
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$875,727</b>	<b>\$155,668</b>	<b>\$270,407</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$52,563	\$56,288	\$67,806
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,914	\$19,191	\$25,147
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$70,477</b>	<b>\$75,479</b>	<b>\$92,953</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$61,883	\$61,018	\$65,133
2	Total Fringe Benefits Expense per FTE	\$21,253	\$20,800	\$24,155
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$83,137</b>	<b>\$81,818</b>	<b>\$89,288</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,349	\$2,404	\$2,584
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,609	\$9,310	\$10,564
3	Total Salary and Fringe Benefits Expense per EPD	\$903	\$916	\$979
4	Total Salary and Fringe Benefits Expense per ED	\$3,310	\$3,547	\$4,002
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$892	\$898	\$944
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,269	\$3,477	\$3,861