

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$32,013,000	\$32,149,000	\$136,000	0%
2	Short Term Investments	\$23,470,000	\$21,585,000	(\$1,885,000)	-8%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$32,518,000	\$32,433,000	(\$85,000)	0%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,275,000	\$1,224,000	(\$51,000)	-4%
8	Prepaid Expenses	\$2,189,000	\$3,926,000	\$1,737,000	79%
9	Other Current Assets	\$9,158,000	\$11,852,000	\$2,694,000	29%
	Total Current Assets	\$100,623,000	\$103,169,000	\$2,546,000	3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$800,000	\$799,000	(\$1,000)	0%
2	Board Designated for Capital Acquisition	\$17,579,000	\$21,014,000	\$3,435,000	20%
3	Funds Held in Escrow	\$9,000	\$6,000	(\$3,000)	-33%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$18,388,000	\$21,819,000	\$3,431,000	19%
5	Interest in Net Assets of Foundation	\$49,641,000	\$45,826,000	(\$3,815,000)	-8%
6	Long Term Investments	\$36,595,000	\$35,756,000	(\$839,000)	-2%
7	Other Noncurrent Assets	\$23,237,000	\$26,792,000	\$3,555,000	15%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$416,831,000	\$430,954,000	\$14,123,000	3%
2	Less: Accumulated Depreciation	\$173,524,000	\$191,442,000	\$17,918,000	10%
	Property, Plant and Equipment, Net	\$243,307,000	\$239,512,000	(\$3,795,000)	-2%
3	Construction in Progress	\$1,000	\$25,000	\$24,000	2400%
	Total Net Fixed Assets	\$243,308,000	\$239,537,000	(\$3,771,000)	-2%
	Total Assets	\$471,792,000	\$472,899,000	\$1,107,000	0%

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		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$15,528,145	\$17,078,000	\$1,549,855	10%
2	Salaries, Wages and Payroll Taxes	\$10,892,855	\$11,818,000	\$925,145	8%
3	Due To Third Party Payers	\$264,000	\$228,000	(\$36,000)	-14%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,260,000	\$2,360,000	\$100,000	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,469,000	\$11,494,000	\$3,025,000	36%
	Total Current Liabilities	\$37,414,000	\$42,978,000	\$5,564,000	15%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$45,005,000	\$42,645,000	(\$2,360,000)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$45,005,000	\$42,645,000	(\$2,360,000)	-5%
3	Accrued Pension Liability	\$29,899,000	\$46,068,000	\$16,169,000	54%
4	Other Long Term Liabilities	\$27,956,000	\$29,906,000	\$1,950,000	7%
	Total Long Term Liabilities	\$102,860,000	\$118,619,000	\$15,759,000	15%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$282,678,000	\$266,335,000	(\$16,343,000)	-6%
2	Temporarily Restricted Net Assets	\$27,295,000	\$24,575,000	(\$2,720,000)	-10%
3	Permanently Restricted Net Assets	\$21,545,000	\$20,392,000	(\$1,153,000)	-5%
	Total Net Assets	\$331,518,000	\$311,302,000	(\$20,216,000)	-6%
	Total Liabilities and Net Assets	\$471,792,000	\$472,899,000	\$1,107,000	0%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$900,733,000	\$944,999,000	\$44,266,000	5%
2	Less: Allowances	\$581,544,906	\$605,114,066	\$23,569,160	4%
3	Less: Charity Care	\$22,988,513	\$22,297,544	(\$690,969)	-3%
4	Less: Other Deductions	\$17,113,581	\$20,577,390	\$3,463,809	20%
	Total Net Patient Revenue	\$279,086,000	\$297,010,000	\$17,924,000	6%
5	Other Operating Revenue	\$16,362,383	\$14,197,000	(\$2,165,383)	-13%
6	Net Assets Released from Restrictions	\$5,444,814	\$4,366,000	(\$1,078,814)	-20%
	Total Operating Revenue	\$300,893,197	\$315,573,000	\$14,679,803	5%
B. Operating Expenses:					
1	Salaries and Wages	\$118,340,680	\$125,958,821	\$7,618,141	6%
2	Fringe Benefits	\$33,384,400	\$38,350,504	\$4,966,104	15%
3	Physicians Fees	\$3,944,170	\$4,204,096	\$259,926	7%
4	Supplies and Drugs	\$38,270,558	\$41,117,895	\$2,847,337	7%
5	Depreciation and Amortization	\$20,275,407	\$18,905,989	(\$1,369,418)	-7%
6	Bad Debts	\$10,503,632	\$9,269,877	(\$1,233,755)	-12%
7	Interest	\$448,812	\$425,472	(\$23,340)	-5%
8	Malpractice	\$2,913,343	\$200,972	(\$2,712,371)	-93%
9	Other Operating Expenses	\$59,449,755	\$67,491,374	\$8,041,619	14%
	Total Operating Expenses	\$287,530,757	\$305,925,000	\$18,394,243	6%
	Income/(Loss) From Operations	\$13,362,440	\$9,648,000	(\$3,714,440)	-28%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,051,000	\$751,000	(\$300,000)	-29%
2	Gifts, Contributions and Donations	\$1,605,000	\$4,117,000	\$2,512,000	157%
3	Other Non-Operating Gains/(Losses)	(\$4,251,000)	(\$4,485,000)	(\$234,000)	6%
	Total Non-Operating Revenue	(\$1,595,000)	\$383,000	\$1,978,000	-124%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$11,767,440	\$10,031,000	(\$1,736,440)	-15%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$4,661,000	(\$2,162,000)	(\$6,823,000)	-146%
	All Other Adjustments	(\$3,435,000)	(\$1,847,000)	\$1,588,000	-46%
	Total Other Adjustments	\$1,226,000	(\$4,009,000)	(\$5,235,000)	-427%
	Excess/(Deficiency) of Revenue Over Expenses	\$12,993,440	\$6,022,000	(\$6,971,440)	-54%
	Principal Payments	\$2,190,000	\$2,260,000	\$70,000	3%

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$190,151,680	\$201,049,875	\$10,898,195	6%
2	MEDICARE MANAGED CARE	\$20,344,124	\$19,420,686	(\$923,438)	-5%
3	MEDICAID	\$5,499,028	\$8,460,492	\$2,961,464	54%
4	MEDICAID MANAGED CARE	\$3,607,426	\$3,027,509	(\$579,917)	-16%
5	CHAMPUS/TRICARE	\$137,517	\$74,098	(\$63,419)	-46%
6	COMMERCIAL INSURANCE	\$62,253,807	\$62,538,172	\$284,365	0%
7	NON-GOVERNMENT MANAGED CARE	\$103,780,722	\$106,772,858	\$2,992,136	3%
8	WORKER'S COMPENSATION	\$3,573,124	\$3,667,218	\$94,094	3%
9	SELF- PAY/UNINSURED	\$8,419,911	\$7,142,474	(\$1,277,437)	-15%
10	SAGA	\$417,994	\$0	(\$417,994)	-100%
11	OTHER	\$10,546,075	\$11,396,853	\$850,778	8%
	TOTAL INPATIENT GROSS REVENUE	\$408,731,408	\$423,550,235	\$14,818,827	4%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$120,314,106	\$133,046,353	\$12,732,247	11%
2	MEDICARE MANAGED CARE	\$9,928,828	\$11,490,133	\$1,561,305	16%
3	MEDICAID	\$5,061,974	\$8,050,258	\$2,988,284	59%
4	MEDICAID MANAGED CARE	\$9,784,274	\$11,780,627	\$1,996,353	20%
5	CHAMPUS/TRICARE	\$394,295	\$363,756	(\$30,539)	-8%
6	COMMERCIAL INSURANCE	\$112,913,269	\$120,972,876	\$8,059,607	7%
7	NON-GOVERNMENT MANAGED CARE	\$194,193,965	\$195,434,323	\$1,240,358	1%
8	WORKER'S COMPENSATION	\$5,875,372	\$5,602,878	(\$272,494)	-5%
9	SELF- PAY/UNINSURED	\$25,712,243	\$26,201,618	\$489,375	2%
10	SAGA	\$1,095,227	\$0	(\$1,095,227)	-100%
11	OTHER	\$6,728,003	\$8,506,404	\$1,778,401	26%
	TOTAL OUTPATIENT GROSS REVENUE	\$492,001,556	\$521,449,226	\$29,447,670	6%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$310,465,786	\$334,096,228	\$23,630,442	8%
2	MEDICARE MANAGED CARE	\$30,272,952	\$30,910,819	\$637,867	2%
3	MEDICAID	\$10,561,002	\$16,510,750	\$5,949,748	56%
4	MEDICAID MANAGED CARE	\$13,391,700	\$14,808,136	\$1,416,436	11%
5	CHAMPUS/TRICARE	\$531,812	\$437,854	(\$93,958)	-18%
6	COMMERCIAL INSURANCE	\$175,167,076	\$183,511,048	\$8,343,972	5%
7	NON-GOVERNMENT MANAGED CARE	\$297,974,687	\$302,207,181	\$4,232,494	1%
8	WORKER'S COMPENSATION	\$9,448,496	\$9,270,096	(\$178,400)	-2%
9	SELF- PAY/UNINSURED	\$34,132,154	\$33,344,092	(\$788,062)	-2%
10	SAGA	\$1,513,221	\$0	(\$1,513,221)	-100%
11	OTHER	\$17,274,078	\$19,903,257	\$2,629,179	15%
	TOTAL GROSS REVENUE	\$900,732,964	\$944,999,461	\$44,266,497	5%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$48,266,096	\$47,570,334	(\$695,762)	-1%
2	MEDICARE MANAGED CARE	\$3,902,480	\$4,491,654	\$589,174	15%
3	MEDICAID	\$1,161,159	\$2,429,570	\$1,268,411	109%
4	MEDICAID MANAGED CARE	\$915,850	\$835,635	(\$80,215)	-9%
5	CHAMPUS/TRICARE	\$10,408	\$20,081	\$9,673	93%
6	COMMERCIAL INSURANCE	\$20,887,019	\$23,244,462	\$2,357,443	11%
7	NON-GOVERNMENT MANAGED CARE	\$45,536,625	\$47,698,505	\$2,161,880	5%
8	WORKER'S COMPENSATION	\$2,644,852	\$2,217,043	(\$427,809)	-16%
9	SELF- PAY/UNINSURED	\$885,530	\$1,006,552	\$121,022	14%
10	SAGA	\$71,799	\$0	(\$71,799)	-100%
11	OTHER	\$3,320,128	\$2,239,666	(\$1,080,462)	-33%

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FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$127,601,946	\$131,753,502	\$4,151,556	3%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$20,741,720	\$22,150,758	\$1,409,038	7%
2	MEDICARE MANAGED CARE	\$1,995,223	\$3,856,863	\$1,861,640	93%
3	MEDICAID	\$104,449	\$1,670,983	\$1,566,534	1500%
4	MEDICAID MANAGED CARE	\$2,158,858	\$1,957,946	(\$200,912)	-9%
5	CHAMPUS/TRICARE	\$27,059	\$127,693	\$100,634	372%
6	COMMERCIAL INSURANCE	\$38,209,354	\$45,052,861	\$6,843,507	18%
7	NON-GOVERNMENT MANAGED CARE	\$72,160,796	\$76,576,379	\$4,415,583	6%
8	WORKER'S COMPENSATION	\$3,898,777	\$3,783,574	(\$115,203)	-3%
9	SELF- PAY/UNINSURED	\$2,704,180	\$3,692,459	\$988,279	37%
10	SAGA	\$144,267	\$0	(\$144,267)	-100%
11	OTHER	\$654,893	\$679,764	\$24,871	4%
	TOTAL OUTPATIENT NET REVENUE	\$142,799,576	\$159,549,280	\$16,749,704	12%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$69,007,816	\$69,721,092	\$713,276	1%
2	MEDICARE MANAGED CARE	\$5,897,703	\$8,348,517	\$2,450,814	42%
3	MEDICAID	\$1,265,608	\$4,100,553	\$2,834,945	224%
4	MEDICAID MANAGED CARE	\$3,074,708	\$2,793,581	(\$281,127)	-9%
5	CHAMPUS/TRICARE	\$37,467	\$147,774	\$110,307	294%
6	COMMERCIAL INSURANCE	\$59,096,373	\$68,297,323	\$9,200,950	16%
7	NON-GOVERNMENT MANAGED CARE	\$117,697,421	\$124,274,884	\$6,577,463	6%
8	WORKER'S COMPENSATION	\$6,543,629	\$6,000,617	(\$543,012)	-8%
9	SELF- PAY/UNINSURED	\$3,589,710	\$4,699,011	\$1,109,301	31%
10	SAGA	\$216,066	\$0	(\$216,066)	-100%
11	OTHER	\$3,975,021	\$2,919,430	(\$1,055,591)	-27%
	TOTAL NET REVENUE	\$270,401,522	\$291,302,782	\$20,901,260	8%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,718	4,769	51	1%
2	MEDICARE MANAGED CARE	551	486	(65)	-12%
3	MEDICAID	341	289	(52)	-15%
4	MEDICAID MANAGED CARE	176	156	(20)	-11%
5	CHAMPUS/TRICARE	6	4	(2)	-33%
6	COMMERCIAL INSURANCE	2,441	2,572	131	5%
7	NON-GOVERNMENT MANAGED CARE	4,757	4,527	(230)	-5%
8	WORKER'S COMPENSATION	51	52	1	2%
9	SELF- PAY/UNINSURED	333	290	(43)	-13%
10	SAGA	15	0	(15)	-100%
11	OTHER	238	334	96	40%
	TOTAL DISCHARGES	13,627	13,479	(148)	-1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	22,558	22,667	109	0%
2	MEDICARE MANAGED CARE	2,664	2,461	(203)	-8%
3	MEDICAID	1,163	1,013	(150)	-13%
4	MEDICAID MANAGED CARE	646	498	(148)	-23%
5	CHAMPUS/TRICARE	19	7	(12)	-63%
6	COMMERCIAL INSURANCE	8,219	8,527	308	4%
7	NON-GOVERNMENT MANAGED CARE	15,203	14,756	(447)	-3%
8	WORKER'S COMPENSATION	193	178	(15)	-8%
9	SELF- PAY/UNINSURED	1,005	694	(311)	-31%
10	SAGA	53	0	(53)	-100%
11	OTHER	1,336	1,837	501	38%
	TOTAL PATIENT DAYS	53,059	52,638	(421)	-1%
C.	OUTPATIENT VISITS				

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	104,149	106,110	1,961	2%
2	MEDICARE MANAGED CARE	7,130	7,212	82	1%
3	MEDICAID	4,780	7,668	2,888	60%
4	MEDICAID MANAGED CARE	14,441	13,724	(717)	-5%
5	CHAMPUS/TRICARE	256	138	(118)	-46%
6	COMMERCIAL INSURANCE	65,860	68,590	2,730	4%
7	NON-GOVERNMENT MANAGED CARE	167,237	160,294	(6,943)	-4%
8	WORKER'S COMPENSATION	4,964	4,089	(875)	-18%
9	SELF- PAY/UNINSURED	42,715	37,508	(5,207)	-12%
10	SAGA	1,610	0	(1,610)	-100%
11	OTHER	310	195	(115)	-37%
	TOTAL OUTPATIENT VISITS	413,452	405,528	(7,924)	-2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$14,495,623	\$20,347,528	\$5,851,905	40%
2	MEDICARE MANAGED CARE	\$1,509,843	\$2,576,694	\$1,066,851	71%
3	MEDICAID	\$1,312,662	\$2,823,880	\$1,511,218	115%
4	MEDICAID MANAGED CARE	\$5,261,917	\$5,610,277	\$348,360	7%
5	CHAMPUS/TRICARE	\$135,210	\$168,272	\$33,062	24%
6	COMMERCIAL INSURANCE	\$15,320,966	\$17,457,340	\$2,136,374	14%
7	NON-GOVERNMENT MANAGED CARE	\$38,605,229	\$42,943,668	\$4,338,439	11%
8	WORKER'S COMPENSATION	\$2,566,170	\$2,338,506	(\$227,664)	-9%
9	SELF- PAY/UNINSURED	\$12,002,690	\$13,207,718	\$1,205,028	10%
10	SAGA	\$861,963	\$0	(\$861,963)	-100%
11	OTHER	\$7,261,896	\$6,987,816	(\$274,080)	-4%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$99,334,169	\$114,461,699	\$15,127,530	15%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,997,655	\$3,768,103	(\$1,229,552)	-25%
2	MEDICARE MANAGED CARE	\$520,549	\$577,017	\$56,468	11%
3	MEDICAID	\$452,566	\$353,804	(\$98,762)	-22%
4	MEDICAID MANAGED CARE	\$1,814,151	\$853,852	(\$960,299)	-53%
5	CHAMPUS/TRICARE	\$46,616	\$39,133	(\$7,483)	-16%
6	COMMERCIAL INSURANCE	\$5,282,208	\$7,948,102	\$2,665,894	50%
7	NON-GOVERNMENT MANAGED CARE	\$13,309,921	\$21,262,583	\$7,952,662	60%
8	WORKER'S COMPENSATION	\$884,738	\$1,523,683	\$638,945	72%
9	SELF- PAY/UNINSURED	\$4,138,167	\$927,843	(\$3,210,324)	-78%
10	SAGA	\$297,179	\$0	(\$297,179)	-100%
11	OTHER	\$2,503,683	\$665,331	(\$1,838,352)	-73%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$34,247,433	\$37,919,451	\$3,672,018	11%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,091	5,198	107	2%
2	MEDICARE MANAGED CARE	530	567	37	7%
3	MEDICAID	461	873	412	89%
4	MEDICAID MANAGED CARE	1,848	2,307	459	25%
5	CHAMPUS/TRICARE	47	59	12	26%
6	COMMERCIAL INSURANCE	5,382	5,312	(70)	-1%
7	NON-GOVERNMENT MANAGED CARE	13,559	13,335	(224)	-2%
8	WORKER'S COMPENSATION	901	921	20	2%
9	SELF- PAY/UNINSURED	4,215	3,995	(220)	-5%
10	SAGA	303	0	(303)	-100%
11	OTHER	2,550	2,603	53	2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	34,887	35,170	283	1%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$32,654,133	\$31,538,096	(\$1,116,037)	-3%
2	Physician Salaries	\$16,407,798	\$17,349,745	\$941,947	6%
3	Non-Nursing, Non-Physician Salaries	\$69,278,749	\$77,070,980	\$7,792,231	11%
	Total Salaries & Wages	\$118,340,680	\$125,958,821	\$7,618,141	6%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$9,208,466	\$8,830,667	(\$377,799)	-4%
2	Physician Fringe Benefits	\$4,626,999	\$4,857,929	\$230,930	5%
3	Non-Nursing, Non-Physician Fringe Benefits	\$19,548,935	\$24,661,908	\$5,112,973	26%
	Total Fringe Benefits	\$33,384,400	\$38,350,504	\$4,966,104	15%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$1,902,661	\$2,156,332	\$253,671	13%
2	Physician Fees	\$3,944,170	\$4,204,096	\$259,926	7%
3	Non-Nursing, Non-Physician Fees	\$73,866	\$173,158	\$99,292	134%
	Total Contractual Labor Fees	\$5,920,697	\$6,533,586	\$612,889	10%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$30,298,702	\$28,259,778	(\$2,038,924)	-7%
2	Pharmaceutical Costs	\$7,971,856	\$12,858,117	\$4,886,261	61%
	Total Medical Supplies and Pharmaceutical Cost	\$38,270,558	\$41,117,895	\$2,847,337	7%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$6,928,177	\$5,599,584	(\$1,328,593)	-19%
2	Depreciation-Equipment	\$13,347,230	\$13,306,405	(\$40,825)	0%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$20,275,407	\$18,905,989	(\$1,369,418)	-7%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$10,503,632	\$9,269,877	(\$1,233,755)	-12%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$448,812	\$425,472	(\$23,340)	-5%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$2,913,343	\$200,972	(\$2,712,371)	-93%
I.	<u>Utilities:</u>				
1	Water	\$78,705	\$89,090	\$10,385	13%
2	Natural Gas	\$961,423	\$1,122,985	\$161,562	17%
3	Oil	\$53,649	\$84,651	\$31,002	58%
4	Electricity	\$1,799,570	\$1,690,298	(\$109,272)	-6%
5	Telephone	\$842,068	\$958,758	\$116,690	14%
6	Other Utilities	\$30,053	\$31,952	\$1,899	6%
	Total Utilities	\$3,765,468	\$3,977,734	\$212,266	6%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$248,000	\$272,721	\$24,721	10%
2	Legal Fees	\$682,303	\$362,526	(\$319,777)	-47%
3	Consulting Fees	\$1,678,120	\$2,159,488	\$481,368	29%
4	Dues and Membership	\$429,654	\$459,238	\$29,584	7%
5	Equipment Leases	\$951,909	\$1,233,434	\$281,525	30%
6	Building Leases	\$4,992,797	\$5,404,265	\$411,468	8%
7	Repairs and Maintenance	\$925,517	\$1,169,919	\$244,402	26%
8	Insurance	\$422,590	\$389,177	(\$33,413)	-8%

GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$64,416	\$106,847	\$42,431	66%
10	Conferences	\$318,185	\$327,603	\$9,418	3%
11	Property Tax	\$98,302	\$175,763	\$77,461	79%
12	General Supplies	\$5,853,924	\$6,560,648	\$706,724	12%
13	Licenses and Subscriptions	\$362,321	\$369,074	\$6,753	2%
14	Postage and Shipping	\$623,032	\$585,253	(\$37,779)	-6%
15	Advertising	\$1,417,454	\$1,574,810	\$157,356	11%
16	Other Business Expenses	\$34,231,321	\$39,596,626	\$5,365,305	16%
	Total Business Expenses	\$53,299,845	\$60,747,392	\$7,447,547	14%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$407,915	\$436,758	\$28,843	7%
	Total Operating Expenses - All Expense Categories*	\$287,530,757	\$305,925,000	\$18,394,243	6%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$61,800,916	\$61,020,261	(\$780,655)	-1%
2	General Accounting	\$5,545,226	\$5,020,722	(\$524,504)	-9%
3	Patient Billing & Collection	\$4,578,028	\$5,566,827	\$988,799	22%
4	Admitting / Registration Office	\$2,104,352	\$2,157,763	\$53,411	3%
5	Data Processing	\$7,292,069	\$8,033,581	\$741,512	10%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$1,971,888	\$2,611,353	\$639,465	32%
8	Public Relations	\$3,450,703	\$4,044,233	\$593,530	17%
9	Purchasing	\$774,258	\$445,343	(\$328,915)	-42%
10	Dietary and Cafeteria	\$4,803,647	\$5,411,877	\$608,230	13%
11	Housekeeping	\$2,429,728	\$2,603,294	\$173,566	7%
12	Laundry & Linen	\$1,135,728	\$1,118,987	(\$16,741)	-1%
13	Operation of Plant	\$4,027,415	\$4,177,694	\$150,279	4%
14	Security	\$1,619,763	\$1,728,272	\$108,509	7%
15	Repairs and Maintenance	\$3,353,032	\$3,654,880	\$301,848	9%
16	Central Sterile Supply	\$1,353,247	\$1,317,486	(\$35,761)	-3%
17	Pharmacy Department	\$9,983,865	\$15,181,643	\$5,197,778	52%
18	Other General Services	\$1,543,525	\$1,884,526	\$341,001	22%
	Total General Services	\$117,767,390	\$125,978,742	\$8,211,352	7%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$807,571	\$1,437,638	\$630,067	78%
2	Residency Program	\$2,239,846	\$2,198,783	(\$41,063)	-2%
3	Nursing Services Administration	\$1,005,422	\$1,091,586	\$86,164	9%
4	Medical Records	\$2,559,884	\$2,792,570	\$232,686	9%
5	Social Service	\$1,984,260	\$2,334,476	\$350,216	18%
6	Other Professional Services	\$1,964,850	\$2,284,878	\$320,028	16%
	Total Professional Services	\$10,561,833	\$12,139,931	\$1,578,098	15%
C.	<u>Special Services:</u>				
1	Operating Room	\$23,103,408	\$22,396,068	(\$707,340)	-3%
2	Recovery Room	\$1,191,739	\$1,312,881	\$121,142	10%
3	Anesthesiology	\$1,169,645	\$1,134,420	(\$35,225)	-3%
4	Delivery Room	\$5,270,821	\$5,657,564	\$386,743	7%
5	Diagnostic Radiology	\$5,120,654	\$6,746,002	\$1,625,348	32%
6	Diagnostic Ultrasound	\$1,966,544	\$1,844,700	(\$121,844)	-6%
7	Radiation Therapy	\$3,874,456	\$3,845,843	(\$28,613)	-1%

GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$810,989	\$823,847	\$12,858	2%
9	CT Scan	\$1,607,133	\$1,629,919	\$22,786	1%
10	Laboratory	\$17,596,197	\$17,103,318	(\$492,879)	-3%
11	Blood Storing/Processing	\$1,657,247	\$1,554,465	(\$102,782)	-6%
12	Cardiology	\$2,545,146	\$2,362,906	(\$182,240)	-7%
13	Electrocardiology	\$199,153	\$287,956	\$88,803	45%
14	Electroencephalography	\$1,125,610	\$1,032,624	(\$92,986)	-8%
15	Occupational Therapy	\$1,543,233	\$1,810,692	\$267,459	17%
16	Speech Pathology	\$433,796	\$659,949	\$226,153	52%
17	Audiology	\$112,782	\$137,274	\$24,492	22%
18	Respiratory Therapy	\$2,304,304	\$2,417,779	\$113,475	5%
19	Pulmonary Function	\$416,432	\$441,228	\$24,796	6%
20	Intravenous Therapy	\$1,385,777	\$1,416,697	\$30,920	2%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$305,549	\$374,827	\$69,278	23%
24	Emergency Room	\$10,387,832	\$10,588,781	\$200,949	2%
25	MRI	\$1,141,895	\$1,090,460	(\$51,435)	-5%
26	PET Scan	\$484,487	\$477,963	(\$6,524)	-1%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,017,280	\$1,982,763	(\$34,517)	-2%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$55,467	\$42,183	(\$13,284)	-24%
31	Cardiac Catheterization/Rehabilitation	\$1,095,966	\$1,260,127	\$164,161	15%
32	Occupational Therapy / Physical Therapy	\$3,010,087	\$3,093,208	\$83,121	3%
33	Dental Clinic	\$322,872	\$409,176	\$86,304	27%
34	Other Special Services	\$2,355,885	\$2,250,221	(\$105,664)	-4%
	Total Special Services	\$94,612,386	\$96,185,841	\$1,573,455	2%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$16,314,597	\$16,504,421	\$189,824	1%
2	Intensive Care Unit	\$2,582,318	\$2,675,896	\$93,578	4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,123,684	\$1,112,761	(\$10,923)	-1%
5	Pediatric Unit	\$1,282,167	\$1,267,281	(\$14,886)	-1%
6	Maternity Unit	\$3,197,090	\$3,394,206	\$197,116	6%
7	Newborn Nursery Unit	\$1,226,010	\$1,258,231	\$32,221	3%
8	Neonatal ICU	\$2,411,353	\$2,679,030	\$267,677	11%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$4,800,199	\$5,711,680	\$911,481	19%
11	Home Care	\$794,355	\$793,768	(\$587)	0%
12	Outpatient Clinics	\$4,108,242	\$4,214,836	\$106,594	3%
13	Other Routine Services	\$1,741,236	\$1,991,512	\$250,276	14%
	Total Routine Services	\$39,581,251	\$41,603,622	\$2,022,371	5%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$25,007,897	\$30,016,864	\$5,008,967	20%
	Total Operating Expenses - All Departments*	\$287,530,757	\$305,925,000	\$18,394,243	6%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$269,158,231	\$ 279,086,000	\$297,010,000
2	Other Operating Revenue	24,947,769	21,807,197	18,563,000
3	Total Operating Revenue	\$294,106,000	\$300,893,197	\$315,573,000
4	Total Operating Expenses	283,532,000	287,530,757	305,925,000
5	Income/(Loss) From Operations	\$10,574,000	\$13,362,440	\$9,648,000
6	Total Non-Operating Revenue	(1,092,000)	(369,000)	(3,626,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$9,482,000	\$12,993,440	\$6,022,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.61%	4.45%	3.09%
2	Hospital Non Operating Margin	-0.37%	-0.12%	-1.16%
3	Hospital Total Margin	3.24%	4.32%	1.93%
4	Income/(Loss) From Operations	\$10,574,000	\$13,362,440	\$9,648,000
5	Total Operating Revenue	\$294,106,000	\$300,893,197	\$315,573,000
6	Total Non-Operating Revenue	(\$1,092,000)	(\$369,000)	(\$3,626,000)
7	Total Revenue	\$293,014,000	\$300,524,197	\$311,947,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$9,482,000	\$12,993,440	\$6,022,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$280,445,000	\$282,678,000	\$266,335,000
2	Hospital Total Net Assets	\$328,100,000	\$331,518,000	\$311,302,000
3	Hospital Change in Total Net Assets	(\$24,060,000)	\$3,418,000	(\$20,216,000)
4	Hospital Change in Total Net Assets %	93.2%	1.0%	-6.1%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.33	0.31	0.32
2	Total Operating Expenses	\$283,532,000	\$287,530,757	\$305,925,000
3	Total Gross Revenue	\$829,881,442	\$900,732,964	\$944,999,461
4	Total Other Operating Revenue	\$24,947,559	\$22,912,084	\$20,447,859
5	Private Payment to Cost Ratio	1.21	1.22	1.27
6	Total Non-Government Payments	\$183,789,577	\$186,927,133	\$203,271,835

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
7	Total Uninsured Payments	\$4,423,064	\$3,589,710	\$4,699,011
8	Total Non-Government Charges	\$481,796,590	\$516,722,413	\$528,332,417
9	Total Uninsured Charges	\$33,403,571	\$34,132,154	\$33,344,092
10	<u>Medicare Payment to Cost Ratio</u>	0.72	0.71	0.67
11	Total Medicare Payments	\$75,089,754	\$74,905,519	\$78,069,609
12	Total Medicare Charges	\$316,162,611	\$340,738,738	\$365,007,047
13	<u>Medicaid Payment to Cost Ratio</u>	0.80	0.58	0.69
14	Total Medicaid Payments	\$4,495,846	\$4,340,316	\$6,894,134
15	Total Medicaid Charges	\$16,997,582	\$23,952,702	\$31,318,886
16	<u>Uncompensated Care Cost</u>	\$9,612,333	\$9,507,865	\$9,076,877
17	Charity Care	\$21,129,180	\$20,038,812	\$19,375,204
18	Bad Debts	\$7,851,327	\$10,503,632	\$9,269,877
19	Total Uncompensated Care	\$28,980,507	\$30,542,444	\$28,645,081
20	<u>Uncompensated Care % of Total Expenses</u>	3.4%	3.3%	3.0%
21	Total Operating Expenses	\$283,532,000	\$287,530,757	\$305,925,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.31	2.69	2.40
2	Total Current Assets	\$103,328,000	\$100,623,000	\$103,169,000
3	Total Current Liabilities	\$44,713,000	\$37,414,000	\$42,978,000
4	<u>Days Cash on Hand</u>	83	76	68
5	Cash and Cash Equivalents	\$32,032,000	\$32,013,000	\$32,149,000
6	Short Term Investments	28,273,000	23,470,000	21,585,000
7	Total Cash and Short Term Investments	\$60,305,000	\$55,483,000	\$53,734,000
8	Total Operating Expenses	\$283,532,000	\$287,530,757	\$305,925,000
9	Depreciation Expense	\$19,015,000	\$20,275,407	\$18,905,989
10	Operating Expenses less Depreciation Expense	\$264,517,000	\$267,255,350	\$287,019,011
11	<u>Days Revenue in Patient Accounts Receivable</u>	43.25	42.18	39.58

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 32,088,000	\$ 32,518,000	\$ 32,433,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$192,000	\$264,000	\$228,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 31,896,000	\$ 32,254,000	\$ 32,205,000
16	Total Net Patient Revenue	\$269,158,231	\$ 279,086,000	\$ 297,010,000
17	<u>Average Payment Period</u>	61.70	51.10	54.65
18	Total Current Liabilities	\$44,713,000	\$37,414,000	\$42,978,000
19	Total Operating Expenses	\$283,532,000	\$287,530,757	\$305,925,000
20	Depreciation Expense	\$19,015,000	\$20,275,407	\$18,905,989
21	Total Operating Expenses less Depreciation Expense	\$264,517,000	\$267,255,350	\$287,019,011
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	69.5	70.3	65.8
2	Total Net Assets	\$328,100,000	\$331,518,000	\$311,302,000
3	Total Assets	\$472,325,000	\$471,792,000	\$472,899,000
4	<u>Cash Flow to Total Debt Ratio</u>	31.0	40.4	29.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$9,482,000	\$12,993,440	\$6,022,000
6	Depreciation Expense	\$19,015,000	\$20,275,407	\$18,905,989
7	Excess of Revenues Over Expenses and Depreciation Expense	\$28,497,000	\$33,268,847	\$24,927,989
8	Total Current Liabilities	\$44,713,000	\$37,414,000	\$42,978,000
9	Total Long Term Debt	\$47,265,000	\$45,005,000	\$42,645,000
10	Total Current Liabilities and Total Long Term Debt	\$91,978,000	\$82,419,000	\$85,623,000
11	<u>Long Term Debt to Capitalization Ratio</u>	12.6	12.0	12.0
12	Total Long Term Debt	\$47,265,000	\$45,005,000	\$42,645,000
13	Total Net Assets	\$328,100,000	\$331,518,000	\$311,302,000
14	Total Long Term Debt and Total Net Assets	\$375,365,000	\$376,523,000	\$353,947,000
15	<u>Debt Service Coverage Ratio</u>	10.5	12.8	9.4
16	Excess Revenues over Expenses	\$9,482,000	\$12,993,440	\$6,022,000
17	Interest Expense	\$669,000	\$448,812	\$425,472
18	Depreciation and Amortization Expense	\$19,015,000	\$20,275,407	\$18,905,989

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
19	Principal Payments	\$2,115,000	\$2,190,000	\$2,260,000
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	8.1	8.6	10.1
21	Accumulated Depreciation	\$153,823,000	\$173,524,000	\$191,442,000
22	Depreciation and Amortization Expense	\$19,015,000	\$20,275,407	\$18,905,989
H. <u>Utilization Measures Summary</u>				
1	Patient Days	50,149	53,059	52,638
2	Discharges	12,931	13,627	13,479
3	ALOS	3.9	3.9	3.9
4	Staffed Beds	206	206	206
5	Available Beds	-	206	206
6	Licensed Beds	206	206	206
6	Occupancy of Staffed Beds	66.7%	70.6%	70.0%
7	Occupancy of Available Beds	66.7%	70.6%	70.0%
8	Full Time Equivalent Employees	1,440.1	1,461.7	1,613.0
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	54.0%	53.6%	52.4%
2	Medicare Gross Revenue Payer Mix Percentage	38.1%	37.8%	38.6%
3	Medicaid Gross Revenue Payer Mix Percentage	2.0%	2.7%	3.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	1.7%	2.1%	2.1%
5	Uninsured Gross Revenue Payer Mix Percentage	4.0%	3.8%	3.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.0%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$448,393,019	\$482,590,259	\$494,988,325
9	Medicare Gross Revenue (Charges)	\$316,162,611	\$340,738,738	\$365,007,047
10	Medicaid Gross Revenue (Charges)	\$16,997,582	\$23,952,702	\$31,318,886
11	Other Medical Assistance Gross Revenue (Charges)	\$14,280,459	\$18,787,299	\$19,903,257
12	Uninsured Gross Revenue (Charges)	\$33,403,571	\$34,132,154	\$33,344,092
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$644,200	\$531,812	\$437,854
14	Total Gross Revenue (Charges)	\$829,881,442	\$900,732,964	\$944,999,461
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	67.4%	67.8%	68.2%

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	28.2%	27.7%	26.8%
3	Medicaid Net Revenue Payer Mix Percentage	1.7%	1.6%	2.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.9%	1.5%	1.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.7%	1.3%	1.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.0%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$179,366,513	\$183,337,423	\$198,572,824
9	Medicare Net Revenue (Payments)	\$75,089,754	\$74,905,519	\$78,069,609
10	Medicaid Net Revenue (Payments)	\$4,495,846	\$4,340,316	\$6,894,134
11	Other Medical Assistance Net Revenue (Payments)	\$2,325,143	\$4,191,087	\$2,919,430
12	Uninsured Net Revenue (Payments)	\$4,423,064	\$3,589,710	\$4,699,011
13	CHAMPUS / TRICARE Net Revenue Payments)	\$226,296	\$37,467	\$147,774
14	Total Net Revenue (Payments)	\$265,926,616	\$270,401,522	\$291,302,782
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	7,298	7,582	7,441
2	Medicare	5,054	5,269	5,255
3	Medical Assistance	573	770	779
4	Medicaid	327	517	445
5	Other Medical Assistance	246	253	334
6	CHAMPUS / TRICARE	6	6	4
7	Uninsured (Included In Non-Government)	296	333	290
8	Total	12,931	13,627	13,479
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.845500	0.871500	0.941600
2	Medicare	1.406500	1.420500	1.414000
3	Medical Assistance	1.057653	0.923621	0.976984
4	Medicaid	1.125400	0.879100	0.979900
5	Other Medical Assistance	0.967600	1.014600	0.973100
6	CHAMPUS / TRICARE	1.467300	0.990200	0.582000
7	Uninsured (Included In Non-Government)	0.917800	0.993600	0.994000
8	Total Case Mix Index	1.074452	1.086773	1.127710
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	7,824	7,764	7,715
2	Emergency Room - Treated and Discharged	35,461	34,887	35,170
3	Total Emergency Room Visits	43,285	42,651	42,885

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$300,901	\$136,918	(\$163,983)	-54%
2	Inpatient Payments	\$42,474	\$70,457	\$27,983	66%
3	Outpatient Charges	\$383,944	\$285,950	(\$97,994)	-26%
4	Outpatient Payments	\$45,304	\$55,633	\$10,329	23%
5	Discharges	11	4	(7)	-64%
6	Patient Days	57	13	(44)	-77%
7	Outpatient Visits (Excludes ED Visits)	233	182	(51)	-22%
8	Emergency Department Outpatient Visits	8	13	5	63%
9	Emergency Department Inpatient Admissions	16	1	(15)	-94%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$684,845	\$422,868	(\$261,977)	-38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$87,778	\$126,090	\$38,312	44%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$211,022	\$275,085	\$64,063	30%
2	Inpatient Payments	\$73,422	\$68,898	(\$4,524)	-6%
3	Outpatient Charges	\$125,245	\$320,943	\$195,698	156%
4	Outpatient Payments	\$38,502	\$137,641	\$99,139	257%
5	Discharges	4	6	2	50%
6	Patient Days	32	22	(10)	-31%
7	Outpatient Visits (Excludes ED Visits)	132	403	271	205%
8	Emergency Department Outpatient Visits	5	9	4	80%
9	Emergency Department Inpatient Admissions	3	5	2	67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$336,267	\$596,028	\$259,761	77%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$111,924	\$206,539	\$94,615	85%

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$3,694,474	\$427,054	(\$3,267,420)	-88%
2	Inpatient Payments	\$961,277	\$0	(\$961,277)	-100%
3	Outpatient Charges	\$3,659,986	\$967,203	(\$2,692,783)	-74%
4	Outpatient Payments	\$579,465	\$0	(\$579,465)	-100%
5	Discharges	92	15	(77)	-84%
6	Patient Days	471	54	(417)	-89%
7	Outpatient Visits (Excludes ED Visits)	3,941	816	(3,125)	-79%
8	Emergency Department Outpatient Visits	121	32	(89)	-74%
9	Emergency Department Inpatient Admissions	92	17	(75)	-82%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,354,460	\$1,394,257	(\$5,960,203)	-81%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,540,742	\$0	(\$1,540,742)	-100%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$11,658,656	\$10,528,500	(\$1,130,156)	-10%
2	Inpatient Payments	\$2,108,133	\$2,149,052	\$40,919	2%
3	Outpatient Charges	\$3,993,341	\$4,176,027	\$182,686	5%
4	Outpatient Payments	\$818,875	\$1,269,666	\$450,791	55%
5	Discharges	314	265	(49)	-16%
6	Patient Days	1,526	1,336	(190)	-12%
7	Outpatient Visits (Excludes ED Visits)	1,447	1,346	(101)	-7%
8	Emergency Department Outpatient Visits	263	268	5	2%
9	Emergency Department Inpatient Admissions	313	263	(50)	-16%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,651,997	\$14,704,527	(\$947,470)	-6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,927,008	\$3,418,718	\$491,710	17%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$1,376,067	\$1,434,156	\$58,089	4%
2	Inpatient Payments	\$0	\$384,065	\$384,065	0%
3	Outpatient Charges	\$543,738	\$1,128,053	\$584,315	107%
4	Outpatient Payments	\$259,122	\$537,518	\$278,396	107%
5	Discharges	32	48	16	50%
6	Patient Days	160	191	31	19%
7	Outpatient Visits (Excludes ED Visits)	193	212	19	10%
8	Emergency Department Outpatient Visits	39	51	12	31%
9	Emergency Department Inpatient Admissions	28	49	21	75%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,919,805	\$2,562,209	\$642,404	33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$259,122	\$921,583	\$662,461	256%

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$3,964,430	\$3,964,430	0%
2	Inpatient Payments	\$0	\$1,256,199	\$1,256,199	0%
3	Outpatient Charges	\$0	\$3,286,326	\$3,286,326	0%
4	Outpatient Payments	\$0	\$1,564,602	\$1,564,602	0%
5	Discharges	0	66	66	0%
6	Patient Days	0	428	428	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,980	2,980	0%
8	Emergency Department Outpatient Visits	0	112	112	0%
9	Emergency Department Inpatient Admissions	0	60	60	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$7,250,756	\$7,250,756	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$2,820,801	\$2,820,801	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$3,103,004	\$2,654,543	(\$448,461)	-14%
2	Inpatient Payments	\$717,174	\$562,983	(\$154,191)	-21%
3	Outpatient Charges	\$1,222,574	\$1,325,631	\$103,057	8%
4	Outpatient Payments	\$253,955	\$291,803	\$37,848	15%
5	Discharges	98	82	(16)	-16%
6	Patient Days	418	417	(1)	0%
7	Outpatient Visits (Excludes ED Visits)	654	706	52	8%
8	Emergency Department Outpatient Visits	94	82	(12)	-13%
9	Emergency Department Inpatient Admissions	102	87	(15)	-15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,325,578	\$3,980,174	(\$345,404)	-8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$971,129	\$854,786	(\$116,343)	-12%

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$20,344,124	\$19,420,686	(\$923,438)	-5%
	TOTAL INPATIENT PAYMENTS	\$3,902,480	\$4,491,654	\$589,174	15%
	TOTAL OUTPATIENT CHARGES	\$9,928,828	\$11,490,133	\$1,561,305	16%
	TOTAL OUTPATIENT PAYMENTS	\$1,995,223	\$3,856,863	\$1,861,640	93%
	TOTAL DISCHARGES	551	486	(65)	-12%
	TOTAL PATIENT DAYS	2,664	2,461	(203)	-8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	6,600	6,645	45	1%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	530	567	37	7%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	554	482	(72)	-13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,272,952	\$30,910,819	\$637,867	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,897,703	\$8,348,517	\$2,450,814	42%

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$2,018,743	\$1,525,607	(\$493,136)	-24%
2	Inpatient Payments	\$509,525	\$406,998	(\$102,527)	-20%
3	Outpatient Charges	\$6,304,986	\$7,130,998	\$826,012	13%
4	Outpatient Payments	\$1,376,626	\$1,050,641	(\$325,985)	-24%
5	Discharges	92	78	(14)	-15%
6	Patient Days	331	244	(87)	-26%
7	Outpatient Visits (Excludes ED Visits)	8,432	7,124	(1,308)	-16%
8	Emergency Department Outpatient Visits	1,284	1,489	205	16%
9	Emergency Department Inpatient Admissions	34	27	(7)	-21%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$8,323,729	\$8,656,605	\$332,876	4%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$1,886,151	\$1,457,639	(\$428,512)	-23%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$164,740	\$124,847	(\$39,893)	-24%
2	Inpatient Payments	\$47,520	\$43,141	(\$4,379)	-9%
3	Outpatient Charges	\$417,894	\$444,894	\$27,000	6%
4	Outpatient Payments	\$38,548	\$65,142	\$26,594	69%
5	Discharges	22	14	(8)	-36%
6	Patient Days	75	47	(28)	-37%
7	Outpatient Visits (Excludes ED Visits)	1,577	1,207	(370)	-23%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	4	0	(4)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$582,634	\$569,741	(\$12,893)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$86,068	\$108,283	\$22,215	26%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**GREENWICH HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$677,612	\$433,417	(\$244,195)	-36%
2	Inpatient Payments	\$188,683	\$100,230	(\$88,453)	-47%
3	Outpatient Charges	\$1,256,307	\$2,088,593	\$832,286	66%
4	Outpatient Payments	\$323,061	\$446,136	\$123,075	38%
5	Discharges	33	26	(7)	-21%
6	Patient Days	133	88	(45)	-34%
7	Outpatient Visits (Excludes ED Visits)	1,243	1,405	162	13%
8	Emergency Department Outpatient Visits	210	361	151	72%
9	Emergency Department Inpatient Admissions	13	6	(7)	-54%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,933,919	\$2,522,010	\$588,091	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$511,744	\$546,366	\$34,622	7%
	H. AETNA				
1	Inpatient Charges	\$746,331	\$943,638	\$197,307	26%
2	Inpatient Payments	\$170,122	\$285,266	\$115,144	68%
3	Outpatient Charges	\$1,805,087	\$2,116,142	\$311,055	17%
4	Outpatient Payments	\$420,623	\$396,027	(\$24,596)	-6%
5	Discharges	29	38	9	31%
6	Patient Days	107	119	12	11%
7	Outpatient Visits (Excludes ED Visits)	1,341	1,681	340	25%
8	Emergency Department Outpatient Visits	354	455	101	29%
9	Emergency Department Inpatient Admissions	17	17	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,551,418	\$3,059,780	\$508,362	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$590,745	\$681,293	\$90,548	15%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$3,607,426	\$3,027,509	(\$579,917)	-16%
	TOTAL INPATIENT PAYMENTS	\$915,850	\$835,635	(\$80,215)	-9%
	TOTAL OUTPATIENT CHARGES	\$9,784,274	\$11,780,627	\$1,996,353	20%
	TOTAL OUTPATIENT PAYMENTS	\$2,158,858	\$1,957,946	(\$200,912)	-9%
	TOTAL DISCHARGES	176	156	(20)	-11%
	TOTAL PATIENT DAYS	646	498	(148)	-23%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	12,593	11,417	(1,176)	-9%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,848	2,307	459	25%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	68	50	(18)	-26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,391,700	\$14,808,136	\$1,416,436	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,074,708	\$2,793,581	(\$281,127)	-9%

**GREENWICH HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2011
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

GREENWICH HEALTH CARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$34,318,000	\$35,827,000	\$1,509,000	4%
2	Short Term Investments	\$23,470,000	\$21,585,000	(\$1,885,000)	-8%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$33,404,000	\$34,512,000	\$1,108,000	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,275,000	\$1,366,000	\$91,000	7%
8	Prepaid Expenses	\$2,349,000	\$4,091,000	\$1,742,000	74%
9	Other Current Assets	\$635,000	\$1,027,000	\$392,000	62%
	Total Current Assets	\$95,451,000	\$98,408,000	\$2,957,000	3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$800,000	\$799,000	(\$1,000)	0%
2	Board Designated for Capital Acquisition	\$60,606,000	\$62,583,000	\$1,977,000	3%
3	Funds Held in Escrow	\$9,000	\$6,000	(\$3,000)	-33%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$61,415,000	\$63,388,000	\$1,973,000	3%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$49,683,000	\$48,889,000	(\$794,000)	-2%
7	Other Noncurrent Assets	\$16,936,000	\$22,104,000	\$5,168,000	31%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$467,487,000	\$482,664,000	\$15,177,000	3%
2	Less: Accumulated Depreciation	\$188,154,000	\$207,619,000	\$19,465,000	\$0
	Property, Plant and Equipment, Net	\$279,333,000	\$275,045,000	(\$4,288,000)	-2%
3	Construction in Progress	\$524,000	\$169,000	(\$355,000)	-68%
	Total Net Fixed Assets	\$279,857,000	\$275,214,000	(\$4,643,000)	-2%
	Total Assets	\$503,342,000	\$508,003,000	\$4,661,000	1%

GREENWICH HEALTH CARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$15,911,145	\$17,723,000	\$1,811,855	11%
2	Salaries, Wages and Payroll Taxes	\$10,892,855	\$11,818,000	\$925,145	8%
3	Due To Third Party Payers	\$264,000	\$228,000	(\$36,000)	-14%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,260,000	\$2,360,000	\$100,000	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,413,000	\$14,136,000	\$2,723,000	24%
	Total Current Liabilities	\$40,741,000	\$46,265,000	\$5,524,000	14%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$45,005,000	\$42,645,000	(\$2,360,000)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$45,005,000	\$42,645,000	(\$2,360,000)	-5%
3	Accrued Pension Liability	\$29,899,000	\$46,068,000	\$16,169,000	54%
4	Other Long Term Liabilities	\$27,956,000	\$29,906,000	\$1,950,000	7%
	Total Long Term Liabilities	\$102,860,000	\$118,619,000	\$15,759,000	15%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$1,136,000	\$1,136,000	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$310,901,000	\$297,016,000	(\$13,885,000)	-4%
2	Temporarily Restricted Net Assets	\$27,295,000	\$24,575,000	(\$2,720,000)	-10%
3	Permanently Restricted Net Assets	\$21,545,000	\$20,392,000	(\$1,153,000)	-5%
	Total Net Assets	\$359,741,000	\$341,983,000	(\$17,758,000)	-5%
	Total Liabilities and Net Assets	\$503,342,000	\$508,003,000	\$4,661,000	1%

GREENWICH HEALTH CARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$922,624,000	\$974,153,000	\$51,529,000	6%
2	Less: Allowances	\$593,002,019	\$620,871,067	\$27,869,048	5%
3	Less: Charity Care	\$22,988,513	\$22,297,544	(\$690,969)	-3%
4	Less: Other Deductions	\$18,217,468	\$20,577,389	\$2,359,921	13%
	Total Net Patient Revenue	\$288,416,000	\$310,407,000	\$21,991,000	8%
5	Other Operating Revenue	\$9,324,000	\$8,585,000	(\$739,000)	-8%
6	Net Assets Released from Restrictions	\$5,445,000	\$4,366,000	(\$1,079,000)	-20%
	Total Operating Revenue	\$303,185,000	\$323,358,000	\$20,173,000	7%
B. Operating Expenses:					
1	Salaries and Wages	\$118,341,342	\$125,958,821	\$7,617,479	6%
2	Fringe Benefits	\$33,384,400	\$38,350,504	\$4,966,104	15%
3	Physicians Fees	\$3,944,170	\$4,204,096	\$259,926	7%
4	Supplies and Drugs	\$38,270,558	\$41,117,895	\$2,847,337	7%
5	Depreciation and Amortization	\$21,723,000	\$20,454,000	(\$1,269,000)	-6%
6	Bad Debts	\$10,787,000	\$9,444,000	(\$1,343,000)	-12%
7	Interest	\$449,000	\$425,000	(\$24,000)	-5%
8	Malpractice	\$2,913,343	\$200,972	(\$2,712,371)	-93%
9	Other Operating Expenses	\$64,888,187	\$74,761,712	\$9,873,525	15%
	Total Operating Expenses	\$294,701,000	\$314,917,000	\$20,216,000	7%
	Income/(Loss) From Operations	\$8,484,000	\$8,441,000	(\$43,000)	-1%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,052,000	\$752,000	(\$300,000)	-29%
2	Gifts, Contributions and Donations	\$1,605,000	\$4,117,000	\$2,512,000	157%
3	Other Non-Operating Gains/(Losses)	(\$4,261,000)	(\$7,114,000)	(\$2,853,000)	67%
	Total Non-Operating Revenue	(\$1,604,000)	(\$2,245,000)	(\$641,000)	40%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$6,880,000	\$6,196,000	(\$684,000)	-10%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$4,661,000	(\$2,162,000)	(\$6,823,000)	-146%
	All Other Adjustments	(\$3,435,000)	(\$1,847,000)	\$1,588,000	-46%
	Total Other Adjustments	\$1,226,000	(\$4,009,000)	(\$5,235,000)	-427%
	Excess/(Deficiency) of Revenue Over Expenses	\$8,106,000	\$2,187,000	(\$5,919,000)	-73%

GREENWICH HEALTH CARE SERVICES, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$281,144,231	\$288,416,000	\$310,407,000
2	Other Operating Revenue	17,603,769	14,769,000	12,951,000
3	Total Operating Revenue	\$298,748,000	\$303,185,000	\$323,358,000
4	Total Operating Expenses	290,832,000	294,701,000	314,917,000
5	Income/(Loss) From Operations	\$7,916,000	\$8,484,000	\$8,441,000
6	Total Non-Operating Revenue	(1,089,000)	(378,000)	(6,254,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$6,827,000	\$8,106,000	\$2,187,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	2.66%	2.80%	2.66%
2	Parent Corporation Non-Operating Margin	-0.37%	-0.12%	-1.97%
3	Parent Corporation Total Margin	2.29%	2.68%	0.69%
4	Income/(Loss) From Operations	\$7,916,000	\$8,484,000	\$8,441,000
5	Total Operating Revenue	\$298,748,000	\$303,185,000	\$323,358,000
6	Total Non-Operating Revenue	(\$1,089,000)	(\$378,000)	(\$6,254,000)
7	Total Revenue	\$297,659,000	\$302,807,000	\$317,104,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$6,827,000	\$8,106,000	\$2,187,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$308,971,000	\$310,901,000	\$297,016,000
2	Parent Corporation Total Net Assets	\$356,626,000	\$359,741,000	\$341,983,000
3	Parent Corporation Change in Total Net Assets	(\$24,451,000)	\$3,115,000	(\$17,758,000)
4	Parent Corporation Change in Total Net Assets %	93.6%	0.9%	-4.9%

GREENWICH HEALTH CARE SERVICES, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
D. Liquidity Measures Summary				
1	Current Ratio	2.14	2.34	2.13
2	Total Current Assets	\$100,858,000	\$95,451,000	\$98,408,000
3	Total Current Liabilities	\$47,177,000	\$40,741,000	\$46,265,000
4	Days Cash on Hand	84	77	71
5	Cash and Cash Equivalents	\$34,142,000	\$34,318,000	\$35,827,000
6	Short Term Investments	28,273,000	23,470,000	21,585,000
7	Total Cash and Short Term Investments	\$62,415,000	\$57,788,000	\$57,412,000
8	Total Operating Expenses	\$290,832,000	\$294,701,000	\$314,917,000
9	Depreciation Expense	\$20,411,000	\$21,723,000	\$20,454,000
10	Operating Expenses less Depreciation Expense	\$270,421,000	\$272,978,000	\$294,463,000
11	Days Revenue in Patient Accounts Receivable	43	42	40
12	Net Patient Accounts Receivable	\$ 33,583,000	\$ 33,404,000	\$ 34,512,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$192,000	\$264,000	\$228,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 33,391,000	\$ 33,140,000	\$ 34,284,000
16	Total Net Patient Revenue	\$281,144,231	\$288,416,000	\$310,407,000
17	Average Payment Period	64	54	57
18	Total Current Liabilities	\$47,177,000	\$40,741,000	\$46,265,000
19	Total Operating Expenses	\$290,832,000	\$294,701,000	\$314,917,000
20	Depreciation Expense	\$20,411,000	\$21,723,000	\$20,454,000
21	Total Operating Expenses less Depreciation Expense	\$270,421,000	\$272,978,000	\$294,463,000

GREENWICH HEALTH CARE SERVICES, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	70.9	71.5	67.3
2	Total Net Assets	\$356,626,000	\$359,741,000	\$341,983,000
3	Total Assets	\$503,315,000	\$503,342,000	\$508,003,000
4	<u>Cash Flow to Total Debt Ratio</u>	28.8	34.8	25.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$6,827,000	\$8,106,000	\$2,187,000
6	Depreciation Expense	\$20,411,000	\$21,723,000	\$20,454,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$27,238,000	\$29,829,000	\$22,641,000
8	Total Current Liabilities	\$47,177,000	\$40,741,000	\$46,265,000
9	Total Long Term Debt	\$47,265,000	\$45,005,000	\$42,645,000
10	Total Current Liabilities and Total Long Term Debt	\$94,442,000	\$85,746,000	\$88,910,000
11	<u>Long Term Debt to Capitalization Ratio</u>	11.7	11.1	11.1
12	Total Long Term Debt	\$47,265,000	\$45,005,000	\$42,645,000
13	Total Net Assets	\$356,626,000	\$359,741,000	\$341,983,000
14	Total Long Term Debt and Total Net Assets	\$403,891,000	\$404,746,000	\$384,628,000

GREENWICH HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	34,831	8,538	8,081	129	129	74.0%	74.0%
2	ICU/CCU (Excludes Neonatal ICU)	2,011	457	0	10	10	55.1%	55.1%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	7,384	2,311	2,311	25	25	80.9%	80.9%
7	Newborn	5,339	1,945	1,945	22	22	66.5%	66.5%
8	Neonatal ICU	2,291	297	0	10	10	62.8%	62.8%
9	Pediatric	782	388	388	10	10	21.4%	21.4%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	47,299	11,534	10,780	184	184	70.4%	70.4%
	TOTAL INPATIENT BED UTILIZATION	52,638	13,479	12,725	206	206	70.0%	70.0%
	TOTAL INPATIENT REPORTED YEAR	52,638	13,479	12,725	206	206	70.0%	70.0%
	TOTAL INPATIENT PRIOR YEAR	53,059	0	0	206	206	70.6%	70.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-421	13,479	12,725	0	0	-0.6%	-0.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	0%	0%	0%	0%	-1%	-1%
	Total Licensed Beds and Bassinets	206						
(A) This number may not exceed the number of available beds for each department or in total.								

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	7,108	6,095	-1,013	-14%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,477	6,323	-154	-2%
3	Emergency Department Scans	8,735	7,014	-1,721	-20%
4	Other Non-Hospital Providers' Scans (A)	885	609	-276	-31%
	Total CT Scans	23,205	20,041	-3,164	-14%
B. MRI Scans (A)					
1	Inpatient Scans	1,141	1,240	99	9%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,729	5,309	580	12%
3	Emergency Department Scans	112	115	3	3%
4	Other Non-Hospital Providers' Scans (A)	1,600	1,962	362	23%
	Total MRI Scans	7,582	8,626	1,044	14%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	2	3	1	50%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	2	3	1	50%
D. PET/CT Scans (A)					
1	Inpatient Scans	23	31	8	35%
2	Outpatient Scans (Excluding Emergency Department Scans)	800	764	-36	-5%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	823	795	-28	-3%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	277	186	-91	-33%
2	Outpatient Procedures	5,195	5,855	660	13%
	Total Linear Accelerator Procedures	5,472	6,041	569	10%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	162	190	28	17%
2	Outpatient Procedures	103	80	-23	-22%
	Total Cardiac Catheterization Procedures	265	270	5	2%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	33	38	5	15%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	33	38	5	15%
H. Electrophysiology Studies					
1	Inpatient Studies	2	6	4	200%
2	Outpatient Studies	2	2	0	0%
	Total Electrophysiology Studies	4	8	4	100%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,706	2,608	-98	-4%
2	Outpatient Surgical Procedures	7,219	6,539	-680	-9%
	Total Surgical Procedures	9,925	9,147	-778	-8%
J. Endoscopy Procedures					

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	551	478	-73	-13%
2	Outpatient Endoscopy Procedures	3,086	2,658	-428	-14%
	Total Endoscopy Procedures	3,637	3,136	-501	-14%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	7,764	7,715	-49	-1%
2	Emergency Room Visits: Treated and Discharged	34,887	35,170	283	1%
	Total Emergency Room Visits	42,651	42,885	234	1%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	6,492	6,542	50	1%
2	Dental Clinic Visits	2,598	2,420	-178	-7%
3	Psychiatric Clinic Visits	8,092	6,876	-1,216	-15%
4	Medical Clinic Visits	10,496	10,377	-119	-1%
5	Specialty Clinic Visits	4,290	3,974	-316	-7%
	Total Hospital Clinic Visits	31,968	30,189	-1,779	-6%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	33,960	32,580	-1,380	-4%
2	Cardiology	2,687	2,713	26	1%
3	Chemotherapy	36,350	44,337	7,987	22%
4	Gastroenterology	1,589	1,374	-215	-14%
5	Other Outpatient Visits	236,633	203,345	-33,288	-14%
	Total Other Hospital Outpatient Visits	311,219	284,349	-26,870	-9%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	351.9	361.7	9.8	3%
2	Total Physician FTEs	51.3	61.7	10.4	20%
3	Total Non-Nursing and Non-Physician FTEs	1,058.5	1,189.6	131.1	12%
	Total Hospital Full Time Equivalent Employees	1,461.7	1,613.0	151.3	10%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	at Greenwich Hospital Campus	5,855	5,133	-722	-12%
2	Helmsley Surgical Center	1,364	1,406	42	3%
	Total Outpatient Surgical Procedures(A)	7,219	6,539	-680	-9%
B. Outpatient Endoscopy Procedures					
1	at Greenwich Hospital Campus	336	396	60	18%
2	G Hosp @500 W Putnam St.	2,750	2,262	-488	-18%
	Total Outpatient Endoscopy Procedures(B)	3,086	2,658	-428	-14%
C. Outpatient Hospital Emergency Room Visits					
1	At Greenwich Hospital Campus	34,887	35,170	283	1%
	Total Outpatient Hospital Emergency Room Visits(C)	34,887	35,170	283	1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$210,495,804	\$220,470,561	\$9,974,757	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,168,576	\$52,061,988	(\$106,588)	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.78%	23.61%	-1.17%	-5%
4	DISCHARGES	5,269	5,255	(14)	0%
5	CASE MIX INDEX (CMI)	1.42050	1.41400	(0.00650)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,484.61450	7,430.57000	(54.04450)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,970.11	\$7,006.46	\$36.35	1%
8	PATIENT DAYS	25,222	25,128	(94)	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,068.38	\$2,071.87	\$3.50	0%
10	AVERAGE LENGTH OF STAY	4.8	4.8	(0.0)	0%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$130,242,934	\$144,536,486	\$14,293,552	11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,736,943	\$26,007,621	\$3,270,678	14%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.46%	17.99%	0.54%	3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	61.87%	65.56%	3.68%	6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,260.16009	3,445.08233	184.92224	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,974.18	\$7,549.20	\$575.02	8%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$340,738,738	\$365,007,047	\$24,268,309	7%
18	TOTAL ACCRUED PAYMENTS	\$74,905,519	\$78,069,609	\$3,164,090	4%
19	TOTAL ALLOWANCES	\$265,833,219	\$286,937,438	\$21,104,219	8%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$178,027,564	\$180,120,722	\$2,093,158	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$69,954,026	\$74,166,562	\$4,212,536	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.29%	41.18%	1.88%	5%
4	DISCHARGES	7,582	7,441	(141)	-2%
5	CASE MIX INDEX (CMI)	0.87150	0.94160	0.07010	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,607,71300	7,006,44560	398,73260	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,586.72	\$10,585.48	(\$1.25)	0%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,616.61)	(\$3,579.02)	\$37.60	-1%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$23,897,549)	(\$25,076,184)	(\$1,178,636)	5%
10	PATIENT DAYS	24,620	24,155	(465)	-2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,841.35	\$3,070.44	\$229.09	8%
12	AVERAGE LENGTH OF STAY	3.2	3.2	(0.0)	0%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$338,694,849	\$348,211,695	\$9,516,846	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$116,973,107	\$129,105,273	\$12,132,166	10%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.54%	37.08%	2.54%	7%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	190.25%	193.32%	3.07%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	14,424,64463	14,385,03684	(39,60779)	0%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,109.25	\$8,974.97	\$865.72	11%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$1,135.07)	(\$1,425.77)	(\$290.69)	26%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,373,040)	(\$20,509,730)	(\$4,136,690)	25%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$516,722,413	\$528,332,417	\$11,610,004	2%
22	TOTAL ACCRUED PAYMENTS	\$186,927,133	\$203,271,835	\$16,344,702	9%
23	TOTAL ALLOWANCES	\$329,795,280	\$325,060,582	(\$4,734,698)	-1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$40,270,589)	(\$45,585,914)	(\$5,315,326)	13%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$464,749,003	\$474,455,885	\$9,706,882	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$180,919,545	\$194,693,903	\$13,774,358	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$283,829,458	\$279,761,982	(\$4,067,476)	-1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.07%	58.96%	-2.11%	

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$8,419,911	\$7,142,474	(\$1,277,437)	-15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$885,530	\$1,006,552	\$121,022	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.52%	14.09%	3.58%	34%
4	DISCHARGES	333	290	(43)	-13%
5	CASE MIX INDEX (CMI)	0.99360	0.99400	0.00040	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	330.86880	288.26000	(42.60880)	-13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,676.38	\$3,491.82	\$815.44	30%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,910.34	\$7,093.66	(\$816.69)	-10%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$4,293.73	\$3,514.64	(\$779.09)	-18%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,420,661	\$1,013,130	(\$407,531)	-29%
11	PATIENT DAYS	1,005	694	(311)	-31%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$881.12	\$1,450.36	\$569.24	65%
13	AVERAGE LENGTH OF STAY	3.0	2.4	(0.6)	-21%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$25,712,243	\$26,201,618	\$489,375	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,704,180	\$3,692,459	\$988,279	37%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.52%	14.09%	3.58%	34%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	305.37%	366.84%	61.47%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,016.89637	1,063.84276	46.94639	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,659.25	\$3,470.87	\$811.62	31%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,450.01	\$5,504.10	\$54.10	1%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,314.93	\$4,078.33	(\$236.60)	-5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,387,838	\$4,338,704	(\$49,134)	-1%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$34,132,154	\$33,344,092	(\$788,062)	-2%
24	TOTAL ACCRUED PAYMENTS	\$3,589,710	\$4,699,011	\$1,109,301	31%
25	TOTAL ALLOWANCES	\$30,542,444	\$28,645,081	(\$1,897,363)	-6%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,808,500	\$5,351,834	(\$456,665)	-8%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$9,106,454	\$11,488,001	\$2,381,547	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,077,009	\$3,265,205	\$1,188,196	57%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.81%	28.42%	5.61%	25%
4	DISCHARGES	517	445	(72)	-14%
5	CASE MIX INDEX (CMI)	0.87910	0.97990	0.10080	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	454.49470	436.05550	(18.43920)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,569.93	\$7,488.05	\$2,918.12	64%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,016.79	\$3,097.43	(\$2,919.37)	-49%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,400.18	(\$481.59)	(\$2,881.77)	-120%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,090,868	(\$210,000)	(\$1,300,868)	-119%
11	PATIENT DAYS	1,809	1,511	(298)	-16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,148.15	\$2,160.96	\$1,012.80	88%
13	AVERAGE LENGTH OF STAY	3.5	3.4	(0.1)	-3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,846,248	\$19,830,885	\$4,984,637	34%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,263,307	\$3,628,929	\$1,365,622	60%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	15.24%	18.30%	3.05%	20%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	163.03%	172.62%	9.59%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	842.86488	768.17053	(74.69434)	-9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,685.25	\$4,724.12	\$2,038.86	76%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,424.00	\$4,250.85	(\$1,173.15)	-22%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,288.93	\$2,825.08	(\$1,463.84)	-34%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,614,984	\$2,170,145	(\$1,444,839)	-40%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$23,952,702	\$31,318,886	\$7,366,184	31%
24	TOTAL ACCRUED PAYMENTS	\$4,340,316	\$6,894,134	\$2,553,818	59%
25	TOTAL ALLOWANCES	\$19,612,386	\$24,424,752	\$4,812,366	25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,705,853	\$1,960,145	(\$2,745,707)	-58%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$10,964,069	\$11,396,853	\$432,784	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,391,927	\$2,239,666	(\$1,152,261)	-34%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.94%	19.65%	-11.29%	-36%
4	DISCHARGES	253	334	81	32%
5	CASE MIX INDEX (CMI)	1.01460	0.97310	(0.04150)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	256.69380	325.01540	68.32160	27%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$13,213.90	\$6,890.95	(\$6,322.95)	-48%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$2,627.18)	\$3,694.52	\$6,321.70	-241%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$6,243.79)	\$115.51	\$6,359.30	-102%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,602,743)	\$37,541	\$1,640,285	-102%
11	PATIENT DAYS	1,389	1,837	448	32%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,441.99	\$1,219.20	(\$1,222.79)	-50%
13	AVERAGE LENGTH OF STAY	5.5	5.5	0.0	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,823,230	\$8,506,404	\$683,174	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$799,160	\$679,764	(\$119,396)	-15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.22%	7.99%	-2.22%	-22%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	71.35%	74.64%	3.28%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	180.52396	249.29153	68.76757	38%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,426.89	\$2,726.78	(\$1,700.11)	-38%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$3,682.36	\$6,248.19	\$2,565.82	70%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,547.29	\$4,822.42	\$2,275.13	89%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$459,847	\$1,202,188	\$742,341	161%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$18,787,299	\$19,903,257	\$1,115,958	6%
24	TOTAL ACCRUED PAYMENTS	\$4,191,087	\$2,919,430	(\$1,271,657)	-30%
25	TOTAL ALLOWANCES	\$14,596,212	\$16,983,827	\$2,387,615	16%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$1,142,897)	\$1,239,729	\$2,382,626	-208%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,070,523	\$22,884,854	\$2,814,331	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,468,936	\$5,504,871	\$35,935	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.25%	24.05%	-3.19%	-12%
4	DISCHARGES	770	779	9	1%
5	CASE MIX INDEX (CMI)	0.92362	0.97698	0.05336	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	711.18850	761.07090	49.88240	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,689.85	\$7,233.06	(\$456.80)	-6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,896.87	\$3,352.42	\$455.55	16%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	(\$719.75)	(\$226.60)	\$493.15	-69%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$511,875)	(\$172,459)	\$339,416	-66%
11	PATIENT DAYS	3,198	3,348	150	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,710.11	\$1,644.23	(\$65.88)	-4%
13	AVERAGE LENGTH OF STAY	4.2	4.3	0.1	3%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,669,478	\$28,337,289	\$5,667,811	25%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,062,467	\$4,308,693	\$1,246,226	41%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.51%	15.21%	1.70%	13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	112.95%	123.83%	10.88%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,023.38884	1,017.46206	(5.92678)	-1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,992.48	\$4,234.75	\$1,242.27	42%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,116.78	\$4,740.22	(\$376.55)	-7%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,981.70	\$3,314.46	(\$667.25)	-17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,074,831	\$3,372,333	(\$702,498)	-17%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$42,740,001	\$51,222,143	\$8,482,142	20%
24	TOTAL ACCRUED PAYMENTS	\$8,531,403	\$9,813,564	\$1,282,161	15%
25	TOTAL ALLOWANCES	\$34,208,598	\$41,408,579	\$7,199,981	21%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$137,517	\$74,098	(\$63,419)	-46%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,408	\$20,081	\$9,673	93%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	7.57%	27.10%	19.53%	258%
4	DISCHARGES	6	4	(2)	-33%
5	CASE MIX INDEX (CMI)	0.99020	0.58200	(0.40820)	-41%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5.94120	2.32800	(3.61320)	-61%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,751.83	\$8,625.86	\$6,874.02	392%
8	PATIENT DAYS	19	7	(12)	-63%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$547.79	\$2,868.71	\$2,320.92	424%
10	AVERAGE LENGTH OF STAY	3.2	1.8	(1.4)	-45%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$394,295	\$363,756	(\$30,539)	-8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$27,059	\$127,693	\$100,634	372%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$531,812	\$437,854	(\$93,958)	-18%
14	TOTAL ACCRUED PAYMENTS	\$37,467	\$147,774	\$110,307	294%
15	TOTAL ALLOWANCES	\$494,345	\$290,080	(\$204,265)	-41%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$22,912,084	\$20,447,859	(\$2,464,225)	-11%
2	TOTAL OPERATING EXPENSES	\$287,530,757	\$305,925,000	\$18,394,243	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,104,887	\$0	(\$1,104,887)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$20,038,812	\$19,375,204	(\$663,608)	-3%
5	BAD DEBTS (CHARGES)	\$10,503,632	\$9,269,877	(\$1,233,755)	-12%
6	UNCOMPENSATED CARE (CHARGES)	\$30,542,444	\$28,645,081	(\$1,897,363)	-6%
7	COST OF UNCOMPENSATED CARE	\$9,299,083	\$8,898,468	(\$400,615)	-4%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$42,740,001	\$51,222,143	\$8,482,142	20%
9	TOTAL ACCRUED PAYMENTS	\$8,531,403	\$9,813,564	\$1,282,161	15%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$13,012,803	\$15,911,933	\$2,899,130	22%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,481,400	\$6,098,369	\$1,616,969	36%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$408,731,408	\$423,550,235	\$14,818,827	4%
2	TOTAL INPATIENT PAYMENTS	\$127,601,946	\$131,753,502	\$4,151,556	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	31.22%	31.11%	-0.11%	0%
4	TOTAL DISCHARGES	13,627	13,479	(148)	-1%
5	TOTAL CASE MIX INDEX	1.08677	1.12771	0.04094	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	14,809,45720	15,200,41450	390,95730	3%
7	TOTAL OUTPATIENT CHARGES	\$492,001,556	\$521,449,226	\$29,447,670	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	120.37%	123.11%	2.74%	2%
9	TOTAL OUTPATIENT PAYMENTS	\$142,799,576	\$159,549,280	\$16,749,704	12%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.02%	30.60%	1.57%	5%
11	TOTAL CHARGES	\$900,732,964	\$944,999,461	\$44,266,497	5%
12	TOTAL PAYMENTS	\$270,401,522	\$291,302,782	\$20,901,260	8%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.02%	30.83%	0.81%	3%
14	PATIENT DAYS	53,059	52,638	(421)	-1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$230,703,844	\$243,429,513	\$12,725,669	6%
2	INPATIENT PAYMENTS	\$57,647,920	\$57,586,940	(\$60,980)	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	24.99%	23.66%	-1.33%	-5%
4	DISCHARGES	6,045	6,038	(7)	0%
5	CASE MIX INDEX	1.35678	1.35707	0.00029	0%
6	CASE MIX ADJUSTED DISCHARGES	8,201.74420	8,193.96890	(7.77530)	0%
7	OUTPATIENT CHARGES	\$153,306,707	\$173,237,531	\$19,930,824	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	66.45%	71.17%	4.71%	7%
9	OUTPATIENT PAYMENTS	\$25,826,469	\$30,444,007	\$4,617,538	18%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.85%	17.57%	0.73%	4%
11	TOTAL CHARGES	\$384,010,551	\$416,667,044	\$32,656,493	9%
12	TOTAL PAYMENTS	\$83,474,389	\$88,030,947	\$4,556,558	5%
13	TOTAL PAYMENTS / CHARGES	21.74%	21.13%	-0.61%	-3%
14	PATIENT DAYS	28,439	28,483	44	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$300,536,162	\$328,636,097	\$28,099,935	9%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.8	4.8	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.2	3.2	(0.0)	0%
3	UNINSURED	3.0	2.4	(0.6)	-21%
4	MEDICAID	3.5	3.4	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	5.5	5.5	0.0	0%
6	CHAMPUS / TRICARE	3.2	1.8	(1.4)	-45%
7	TOTAL AVERAGE LENGTH OF STAY	3.9	3.9	0.0	0%

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$900,732,964	\$944,999,461	\$44,266,497	5%
2	TOTAL GOVERNMENT DEDUCTIONS	\$300,536,162	\$328,636,097	\$28,099,935	9%
3	UNCOMPENSATED CARE	\$30,542,444	\$28,645,081	(\$1,897,363)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$283,829,458	\$279,761,982	(\$4,067,476)	-1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,688,779	\$14,396,381	\$1,707,602	13%
6	TOTAL ADJUSTMENTS	\$627,596,843	\$651,439,541	\$23,842,698	4%
7	TOTAL ACCRUED PAYMENTS	\$273,136,121	\$293,559,920	\$20,423,799	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,104,887	\$0	(\$1,104,887)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$274,241,008	\$293,559,920	\$19,318,912	7%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3044642741	0.3106455952	0.0061813211	2%
11	COST OF UNCOMPENSATED CARE	\$9,299,083	\$8,898,468	(\$400,615)	-4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,481,400	\$6,098,369	\$1,616,969	36%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$13,780,483	\$14,996,837	\$1,216,354	9%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,614,984	\$2,170,145	(\$1,444,839)	-40%
2	OTHER MEDICAL ASSISTANCE	(\$1,142,897)	\$1,239,729	\$2,382,626	-208%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,808,500	\$5,351,834	(\$456,665)	-8%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,280,587	\$8,761,709	\$481,122	6%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,373,068	\$20,970,294	\$2,597,226	14.14%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$7,579,332	\$5,707,366	(\$1,871,966)	-24.70%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$279,085,742	\$297,010,149	\$17,924,407	6.42%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$900,732,965	\$944,999,461	\$44,266,496	4.91%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$2,949,701	\$2,922,340	(\$27,361)	-0.93%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$33,492,146	\$31,567,421	(\$1,924,725)	-5.75%

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$178,027,564	\$180,120,722	\$2,093,158
2	MEDICARE	\$210,495,804	220,470,561	\$9,974,757
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,070,523	22,884,854	\$2,814,331
4	MEDICAID	\$9,106,454	11,488,001	\$2,381,547
5	OTHER MEDICAL ASSISTANCE	\$10,964,069	11,396,853	\$432,784
6	CHAMPUS / TRICARE	\$137,517	74,098	(\$63,419)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,419,911	7,142,474	(\$1,277,437)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$230,703,844	\$243,429,513	\$12,725,669
	TOTAL INPATIENT CHARGES	\$408,731,408	\$423,550,235	\$14,818,827
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$338,694,849	\$348,211,695	\$9,516,846
2	MEDICARE	\$130,242,934	144,536,486	\$14,293,552
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,669,478	28,337,289	\$5,667,811
4	MEDICAID	\$14,846,248	19,830,885	\$4,984,637
5	OTHER MEDICAL ASSISTANCE	\$7,823,230	8,506,404	\$683,174
6	CHAMPUS / TRICARE	\$394,295	363,756	(\$30,539)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$25,712,243	26,201,618	\$489,375
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$153,306,707	\$173,237,531	\$19,930,824
	TOTAL OUTPATIENT CHARGES	\$492,001,556	\$521,449,226	\$29,447,670
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$516,722,413	\$528,332,417	\$11,610,004
2	TOTAL MEDICARE	\$340,738,738	\$365,007,047	\$24,268,309
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$42,740,001	\$51,222,143	\$8,482,142
4	TOTAL MEDICAID	\$23,952,702	\$31,318,886	\$7,366,184
5	TOTAL OTHER MEDICAL ASSISTANCE	\$18,787,299	\$19,903,257	\$1,115,958
6	TOTAL CHAMPUS / TRICARE	\$531,812	\$437,854	(\$93,958)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$34,132,154	\$33,344,092	(\$788,062)
	TOTAL GOVERNMENT CHARGES	\$384,010,551	\$416,667,044	\$32,656,493
	TOTAL CHARGES	\$900,732,964	\$944,999,461	\$44,266,497
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,954,026	\$74,166,562	\$4,212,536
2	MEDICARE	\$52,168,576	52,061,988	(\$106,588)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,468,936	5,504,871	\$35,935
4	MEDICAID	\$2,077,009	3,265,205	\$1,188,196
5	OTHER MEDICAL ASSISTANCE	\$3,391,927	2,239,666	(\$1,152,261)
6	CHAMPUS / TRICARE	\$10,408	20,081	\$9,673
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$885,530	1,006,552	\$121,022
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$57,647,920	\$57,586,940	(\$60,980)
	TOTAL INPATIENT PAYMENTS	\$127,601,946	\$131,753,502	\$4,151,556
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$116,973,107	\$129,105,273	\$12,132,166
2	MEDICARE	\$22,736,943	26,007,621	\$3,270,678
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,062,467	4,308,693	\$1,246,226
4	MEDICAID	\$2,263,307	3,628,929	\$1,365,622
5	OTHER MEDICAL ASSISTANCE	\$799,160	679,764	(\$119,396)
6	CHAMPUS / TRICARE	\$27,059	127,693	\$100,634
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,704,180	3,692,459	\$988,279
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$25,826,469	\$30,444,007	\$4,617,538
	TOTAL OUTPATIENT PAYMENTS	\$142,799,576	\$159,549,280	\$16,749,704
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$186,927,133	\$203,271,835	\$16,344,702
2	TOTAL MEDICARE	\$74,905,519	\$78,069,609	\$3,164,090
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,531,403	\$9,813,564	\$1,282,161
4	TOTAL MEDICAID	\$4,340,316	\$6,894,134	\$2,553,818
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,191,087	\$2,919,430	(\$1,271,657)
6	TOTAL CHAMPUS / TRICARE	\$37,467	\$147,774	\$110,307
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,589,710	\$4,699,011	\$1,109,301
	TOTAL GOVERNMENT PAYMENTS	\$83,474,389	\$88,030,947	\$4,556,558
	TOTAL PAYMENTS	\$270,401,522	\$291,302,782	\$20,901,260

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.76%	19.06%	-0.70%
2	MEDICARE	23.37%	23.33%	-0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.23%	2.42%	0.19%
4	MEDICAID	1.01%	1.22%	0.20%
5	OTHER MEDICAL ASSISTANCE	1.22%	1.21%	-0.01%
6	CHAMPUS / TRICARE	0.02%	0.01%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.93%	0.76%	-0.18%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	25.61%	25.76%	0.15%
	TOTAL INPATIENT PAYER MIX	45.38%	44.82%	-0.56%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.60%	36.85%	-0.75%
2	MEDICARE	14.46%	15.29%	0.84%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.52%	3.00%	0.48%
4	MEDICAID	1.65%	2.10%	0.45%
5	OTHER MEDICAL ASSISTANCE	0.87%	0.90%	0.03%
6	CHAMPUS / TRICARE	0.04%	0.04%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.85%	2.77%	-0.08%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	17.02%	18.33%	1.31%
	TOTAL OUTPATIENT PAYER MIX	54.62%	55.18%	0.56%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.87%	25.46%	-0.41%
2	MEDICARE	19.29%	17.87%	-1.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.02%	1.89%	-0.13%
4	MEDICAID	0.77%	1.12%	0.35%
5	OTHER MEDICAL ASSISTANCE	1.25%	0.77%	-0.49%
6	CHAMPUS / TRICARE	0.00%	0.01%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.33%	0.35%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	21.32%	19.77%	-1.55%
	TOTAL INPATIENT PAYER MIX	47.19%	45.23%	-1.96%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.26%	44.32%	1.06%
2	MEDICARE	8.41%	8.93%	0.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.13%	1.48%	0.35%
4	MEDICAID	0.84%	1.25%	0.41%
5	OTHER MEDICAL ASSISTANCE	0.30%	0.23%	-0.06%
6	CHAMPUS / TRICARE	0.01%	0.04%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00%	1.27%	0.27%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	9.55%	10.45%	0.90%
	TOTAL OUTPATIENT PAYER MIX	52.81%	54.77%	1.96%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,582	7,441	(141)
2	MEDICARE	5,269	5,255	(14)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	770	779	9
4	MEDICAID	517	445	(72)
5	OTHER MEDICAL ASSISTANCE	253	334	81
6	CHAMPUS / TRICARE	6	4	(2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	333	290	(43)
	TOTAL GOVERNMENT DISCHARGES	6,045	6,038	(7)
	TOTAL DISCHARGES	13,627	13,479	(148)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24,620	24,155	(465)
2	MEDICARE	25,222	25,128	(94)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,198	3,348	150
4	MEDICAID	1,809	1,511	(298)
5	OTHER MEDICAL ASSISTANCE	1,389	1,837	448
6	CHAMPUS / TRICARE	19	7	(12)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,005	694	(311)
	TOTAL GOVERNMENT PATIENT DAYS	28,439	28,483	44
	TOTAL PATIENT DAYS	53,059	52,638	(421)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.2	3.2	(0.0)
2	MEDICARE	4.8	4.8	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.2	4.3	0.1
4	MEDICAID	3.5	3.4	(0.1)
5	OTHER MEDICAL ASSISTANCE	5.5	5.5	0.0
6	CHAMPUS / TRICARE	3.2	1.8	(1.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.0	2.4	(0.6)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.7	0.0
	TOTAL AVERAGE LENGTH OF STAY	3.9	3.9	0.0
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.87150	0.94160	0.07010
2	MEDICARE	1.42050	1.41400	(0.00650)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92362	0.97698	0.05336
4	MEDICAID	0.87910	0.97990	0.10080
5	OTHER MEDICAL ASSISTANCE	1.01460	0.97310	(0.04150)
6	CHAMPUS / TRICARE	0.99020	0.58200	(0.40820)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.99360	0.99400	0.00040
	TOTAL GOVERNMENT CASE MIX INDEX	1.35678	1.35707	0.00029
	TOTAL CASE MIX INDEX	1.08677	1.12771	0.04094
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$464,749,003	\$474,455,885	\$9,706,882
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$180,919,545	\$194,693,903	\$13,774,358
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$283,829,458	\$279,761,982	(\$4,067,476)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.07%	58.96%	-2.11%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,373,068	\$20,970,294	\$2,597,226
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,688,779	\$14,396,381	\$1,707,602
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,104,887	\$0	(\$1,104,887)
8	CHARITY CARE	\$20,038,812	\$19,375,204	(\$663,608)
9	BAD DEBTS	\$10,503,632	\$9,269,877	(\$1,233,755)
10	TOTAL UNCOMPENSATED CARE	\$30,542,444	\$28,645,081	(\$1,897,363)
11	TOTAL OTHER OPERATING REVENUE	\$464,749,003	\$474,455,885	\$9,706,882
12	TOTAL OPERATING EXPENSES	\$287,530,757	\$305,925,000	\$18,394,243

GREENWICH HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,607.71300	7,006.44560	398.73260
2	MEDICARE	7,484.61450	7,430.57000	(54.04450)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	711.18850	761.07090	49.88240
4	MEDICAID	454.49470	436.05550	(18.43920)
5	OTHER MEDICAL ASSISTANCE	256.69380	325.01540	68.32160
6	CHAMPUS / TRICARE	5.94120	2.32800	(3.61320)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	330.86880	288.26000	(42.60880)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	8,201.74420	8,193.96890	(7.77530)
	TOTAL CASE MIX ADJUSTED DISCHARGES	14,809.45720	15,200.41450	390.95730
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,424.64463	14,385.03684	-39.60779
2	MEDICARE	3,260.16009	3,445.08233	184.92224
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,023.38884	1,017.46206	-5.92678
4	MEDICAID	842.86488	768.17053	-74.69434
5	OTHER MEDICAL ASSISTANCE	180.52396	249.29153	68.76757
6	CHAMPUS / TRICARE	17.20347	19.63648	2.43301
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,016.89637	1,063.84276	46.94639
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,300.75240	4,482.18087	181.42847
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	18,725.39703	18,867.21772	141.82069
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,586.72	\$10,585.48	(\$1.25)
2	MEDICARE	\$6,970.11	\$7,006.46	\$36.35
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,689.85	\$7,233.06	(\$456.80)
4	MEDICAID	\$4,569.93	\$7,488.05	\$2,918.12
5	OTHER MEDICAL ASSISTANCE	\$13,213.90	\$6,890.95	(\$6,322.95)
6	CHAMPUS / TRICARE	\$1,751.83	\$8,625.86	\$6,874.02
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,676.38	\$3,491.82	\$815.44
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,028.74	\$7,027.97	(\$0.77)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,616.25	\$8,667.76	\$51.51
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,109.25	\$8,974.97	\$865.72
2	MEDICARE	\$6,974.18	\$7,549.20	\$575.02
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,992.48	\$4,234.75	\$1,242.27
4	MEDICAID	\$2,685.25	\$4,724.12	\$2,038.86
5	OTHER MEDICAL ASSISTANCE	\$4,426.89	\$2,726.78	(\$1,700.11)
6	CHAMPUS / TRICARE	\$1,572.88	\$6,502.85	\$4,929.97
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,659.25	\$3,470.87	\$811.62
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,005.10	\$6,792.23	\$787.13
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,625.98	\$8,456.43	\$830.44

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,614,984	\$2,170,145	(\$1,444,839)
2	OTHER MEDICAL ASSISTANCE	(\$1,142,897)	\$1,239,729	\$2,382,626
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,808,500	\$5,351,834	(\$456,665)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,280,587	\$8,761,709	\$481,122
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$900,732,964	\$944,999,461	\$44,266,497
2	TOTAL GOVERNMENT DEDUCTIONS	\$300,536,162	\$328,636,097	\$28,099,935
3	UNCOMPENSATED CARE	\$30,542,444	\$28,645,081	(\$1,897,363)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$283,829,458	\$279,761,982	(\$4,067,476)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,688,779	\$14,396,381	\$1,707,602
6	TOTAL ADJUSTMENTS	\$627,596,843	\$651,439,541	\$23,842,698
7	TOTAL ACCRUED PAYMENTS	\$273,136,121	\$293,559,920	\$20,423,799
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,104,887	\$0	(\$1,104,887)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$274,241,008	\$293,559,920	\$19,318,912
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3044642741	0.3106455952	0.0061813211
11	COST OF UNCOMPENSATED CARE	\$9,299,083	\$8,898,468	(\$400,615)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,481,400	\$6,098,369	\$1,616,969
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$13,780,483	\$14,996,837	\$1,216,354
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.29%	41.18%	1.88%
2	MEDICARE	24.78%	23.61%	-1.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.25%	24.05%	-3.19%
4	MEDICAID	22.81%	28.42%	5.61%
5	OTHER MEDICAL ASSISTANCE	30.94%	19.65%	-11.29%
6	CHAMPUS / TRICARE	7.57%	27.10%	19.53%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.52%	14.09%	3.58%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	24.99%	23.66%	-1.33%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.22%	31.11%	-0.11%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.54%	37.08%	2.54%
2	MEDICARE	17.46%	17.99%	0.54%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.51%	15.21%	1.70%
4	MEDICAID	15.24%	18.30%	3.05%
5	OTHER MEDICAL ASSISTANCE	10.22%	7.99%	-2.22%
6	CHAMPUS / TRICARE	6.86%	35.10%	28.24%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.52%	14.09%	3.58%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	16.85%	17.57%	0.73%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.02%	30.60%	1.57%

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$270,401,522	\$291,302,782	\$20,901,260
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,104,887	\$0	(\$1,104,887)
	OHCA DEFINED NET REVENUE	\$271,506,409	\$291,302,782	\$19,796,373
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$7,579,332	\$5,707,366	(\$1,871,966)
4	CALCULATED NET REVENUE	\$279,085,741	\$297,010,148	\$17,924,407
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$279,085,742	\$297,010,149	\$17,924,407
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	(\$1)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$900,732,964	\$944,999,461	\$44,266,497
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$900,732,964	\$944,999,461	\$44,266,497
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$900,732,965	\$944,999,461	\$44,266,496
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$30,542,444	\$28,645,081	(\$1,897,363)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,949,701	\$2,922,340	(\$27,361)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$33,492,145	\$31,567,421	(\$1,924,724)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$33,492,146	\$31,567,421	(\$1,924,725)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1

GREENWICH HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$180,120,722
2	MEDICARE	220,470,561
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,884,854
4	MEDICAID	11,488,001
5	OTHER MEDICAL ASSISTANCE	11,396,853
6	CHAMPUS / TRICARE	74,098
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,142,474
	TOTAL INPATIENT GOVERNMENT CHARGES	\$243,429,513
	TOTAL INPATIENT CHARGES	\$423,550,235
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$348,211,695
2	MEDICARE	144,536,486
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28,337,289
4	MEDICAID	19,830,885
5	OTHER MEDICAL ASSISTANCE	8,506,404
6	CHAMPUS / TRICARE	363,756
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26,201,618
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$173,237,531
	TOTAL OUTPATIENT CHARGES	\$521,449,226
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$528,332,417
2	TOTAL GOVERNMENT ACCRUED CHARGES	416,667,044
	TOTAL ACCRUED CHARGES	\$944,999,461
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$74,166,562
2	MEDICARE	52,061,988
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,504,871
4	MEDICAID	3,265,205
5	OTHER MEDICAL ASSISTANCE	2,239,666
6	CHAMPUS / TRICARE	20,081
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,006,552
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$57,586,940
	TOTAL INPATIENT PAYMENTS	\$131,753,502
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$129,105,273
2	MEDICARE	26,007,621
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,308,693
4	MEDICAID	3,628,929
5	OTHER MEDICAL ASSISTANCE	679,764
6	CHAMPUS / TRICARE	127,693
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,692,459
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$30,444,007
	TOTAL OUTPATIENT PAYMENTS	\$159,549,280
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$203,271,835
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	88,030,947
	TOTAL ACCRUED PAYMENTS	\$291,302,782

GREENWICH HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,441
2	MEDICARE	5,255
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	779
4	MEDICAID	445
5	OTHER MEDICAL ASSISTANCE	334
6	CHAMPUS / TRICARE	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	290
	TOTAL GOVERNMENT DISCHARGES	6,038
	TOTAL DISCHARGES	13,479
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.94160
2	MEDICARE	1.41400
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97698
4	MEDICAID	0.97990
5	OTHER MEDICAL ASSISTANCE	0.97310
6	CHAMPUS / TRICARE	0.58200
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.99400
	TOTAL GOVERNMENT CASE MIX INDEX	1.35707
	TOTAL CASE MIX INDEX	1.12771
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$474,455,885
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$194,693,903
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$279,761,982
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	58.96%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$20,970,294
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,396,381
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$19,375,204
9	BAD DEBTS	\$9,269,877
10	TOTAL UNCOMPENSATED CARE	\$28,645,081
11	TOTAL OTHER OPERATING REVENUE	\$20,447,859
12	TOTAL OPERATING EXPENSES	\$305,925,000

GREENWICH HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$291,302,782
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$291,302,782
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$5,707,366
	CALCULATED NET REVENUE	\$297,010,148
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$297,010,149
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$944,999,461
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$944,999,461
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$944,999,461
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,645,081
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,922,340
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$31,567,421
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$31,567,421
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GREENWICH HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	3,520	4,101	581	17%
2	Number of Approved Applicants	3,454	3,978	524	15%
3	Total Charges (A)	\$20,038,812	\$19,375,204	(\$663,608)	-3%
4	Average Charges	\$5,802	\$4,871	(\$931)	-16%
5	Ratio of Cost to Charges (RCC)	0.331683	0.311300	(0.020383)	-6%
6	Total Cost	\$6,646,533	\$6,031,501	(\$615,032)	-9%
7	Average Cost	\$1,924	\$1,516	(\$408)	-21%
8	Charity Care - Inpatient Charges	\$4,809,315	\$3,875,040	(\$934,275)	-19%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	13,025,228	6,975,073	(6,050,155)	-46%
10	Charity Care - Emergency Department Charges	2,204,269	8,525,091	6,320,822	287%
11	Total Charges (A)	\$20,038,812	\$19,375,204	(\$663,608)	-3%
12	Charity Care - Number of Patient Days	1,788	2,049	261	15%
13	Charity Care - Number of Discharges	564	618	54	10%
14	Charity Care - Number of Outpatient ED Visits	1,789	5,466	3,677	206%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	13,405	15,183	1,778	13%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$9,138,160	\$8,405,178	(\$732,982)	-8%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	504,174	302,645	(201,529)	-40%
3	Bad Debts - Emergency Department	861,298	562,054	(299,244)	-35%
4	Total Bad Debts (A)	\$10,503,632	\$9,269,877	(\$1,233,755)	-12%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$20,038,812	\$19,375,204	(\$663,608)	-3%
2	Bad Debts (A)	10,503,632	9,269,877	(1,233,755)	-12%
3	Total Uncompensated Care (A)	\$30,542,444	\$28,645,081	(\$1,897,363)	-6%
4	Uncompensated Care - Inpatient Services	\$13,947,475	\$12,280,218	(\$1,667,257)	-12%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	13,529,402	7,277,718	(6,251,684)	-46%
6	Uncompensated Care - Emergency Department	3,065,567	9,087,145	6,021,578	196%
7	Total Uncompensated Care (A)	\$30,542,444	\$28,645,081	(\$1,897,363)	-6%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

GREENWICH HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$464,749,003	\$474,455,885	\$9,706,882	2%
2	Total Contractual Allowances	\$283,829,458	\$279,761,982	(\$4,067,476)	-1%
	Total Accrued Payments (A)	\$180,919,545	\$194,693,903	\$13,774,358	8%
	Total Discount Percentage	61.07%	58.96%	-2.11%	-3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$362,534,490	\$408,731,408	\$423,550,235
2	Outpatient Gross Revenue	\$467,346,952	\$492,001,556	\$521,449,226
3	Total Gross Patient Revenue	\$829,881,442	\$900,732,964	\$944,999,461
4	Net Patient Revenue	\$269,158,231	\$279,086,000	\$297,010,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$283,532,000	\$287,530,757	\$305,925,000
C. <u>Utilization Statistics</u>				
1	Patient Days	50,149	53,059	52,638
2	Discharges	12,931	13,627	13,479
3	Average Length of Stay	3.9	3.9	3.9
4	Equivalent (Adjusted) Patient Days (EPD)	114,797	116,928	117,443
0	Equivalent (Adjusted) Discharges (ED)	29,600	30,030	30,074
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.07445	1.08677	1.12771
2	Case Mix Adjusted Patient Days (CMAPD)	53,883	57,663	59,360
3	Case Mix Adjusted Discharges (CMAD)	13,894	14,809	15,200
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	123,344	127,074	132,441
5	Case Mix Adjusted Equivalent Discharges (CMAED)	31,804	32,636	33,914
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$16,548	\$16,976	\$17,953
2	Total Gross Revenue per Discharge	\$64,178	\$66,099	\$70,109
3	Total Gross Revenue per EPD	\$7,229	\$7,703	\$8,046
4	Total Gross Revenue per ED	\$28,036	\$29,994	\$31,423
5	Total Gross Revenue per CMAEPD	\$6,728	\$7,088	\$7,135
6	Total Gross Revenue per CMAED	\$26,093	\$27,599	\$27,864
7	Inpatient Gross Revenue per EPD	\$3,158	\$3,496	\$3,606
8	Inpatient Gross Revenue per ED	\$12,248	\$13,611	\$14,084

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,367	\$5,260	\$5,643
2	Net Patient Revenue per Discharge	\$20,815	\$20,480	\$22,035
3	Net Patient Revenue per EPD	\$2,345	\$2,387	\$2,529
4	Net Patient Revenue per ED	\$9,093	\$9,294	\$9,876
5	Net Patient Revenue per CMAEPD	\$2,182	\$2,196	\$2,243
6	Net Patient Revenue per CMAED	\$8,463	\$8,551	\$8,758
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,654	\$5,419	\$5,812
2	Total Operating Expense per Discharge	\$21,927	\$21,100	\$22,696
3	Total Operating Expense per EPD	\$2,470	\$2,459	\$2,605
4	Total Operating Expense per ED	\$9,579	\$9,575	\$10,173
5	Total Operating Expense per CMAEPD	\$2,299	\$2,263	\$2,310
6	Total Operating Expense per CMAED	\$8,915	\$8,810	\$9,021
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$34,682,247	\$32,654,133	\$31,538,096
2	Nursing Fringe Benefits Expense	\$9,364,207	\$9,208,466	\$8,830,667
3	Total Nursing Salary and Fringe Benefits Expense	\$44,046,454	\$41,862,599	\$40,368,763
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$16,001,525	\$16,407,798	\$17,349,745
2	Physician Fringe Benefits Expense	\$4,320,412	\$4,626,999	\$4,857,929
3	Total Physician Salary and Fringe Benefits Expense	\$20,321,937	\$21,034,797	\$22,207,674
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$71,813,474	\$69,278,749	\$77,070,980
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$20,460,705	\$19,548,935	\$24,661,908
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$92,274,179	\$88,827,684	\$101,732,888
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$122,497,246	\$118,340,680	\$125,958,821
2	Total Fringe Benefits Expense	\$34,145,324	\$33,384,400	\$38,350,504
3	Total Salary and Fringe Benefits Expense	\$156,642,570	\$151,725,080	\$164,309,325

GREENWICH HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	338.2	351.9	361.7
2	Total Physician FTEs	60.1	51.3	61.7
3	Total Non-Nursing, Non-Physician FTEs	1041.8	1058.5	1189.6
4	Total Full Time Equivalent Employees (FTEs)	1,440.1	1,461.7	1,613.0
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$102,550	\$92,794	\$87,194
2	Nursing Fringe Benefits Expense per FTE	\$27,688	\$26,168	\$24,414
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$130,238	\$118,962	\$111,608
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$266,248	\$319,840	\$281,195
2	Physician Fringe Benefits Expense per FTE	\$71,887	\$90,195	\$78,735
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$338,135	\$410,035	\$359,930
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$68,932	\$65,450	\$64,787
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,640	\$18,469	\$20,731
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$88,572	\$83,918	\$85,519
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$85,062	\$80,961	\$78,090
2	Total Fringe Benefits Expense per FTE	\$23,710	\$22,839	\$23,776
3	Total Salary and Fringe Benefits Expense per FTE	\$108,772	\$103,800	\$101,866
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,124	\$2,860	\$3,121
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,114	\$11,134	\$12,190
3	Total Salary and Fringe Benefits Expense per EPD	\$1,365	\$1,298	\$1,399
4	Total Salary and Fringe Benefits Expense per ED	\$5,292	\$5,052	\$5,464
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,270	\$1,194	\$1,241
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,925	\$4,649	\$4,845