

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$23,292,786	\$17,170,654	(\$6,122,132)	-26%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$36,543,623	\$48,945,018	\$12,401,395	34%
4	Current Assets Whose Use is Limited for Current Liabilities	\$16,427	\$0	(\$16,427)	-100%
5	Due From Affiliates	\$19,913	\$73,947	\$54,034	271%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,849,198	\$5,586,310	\$737,112	15%
8	Prepaid Expenses	\$3,335,302	\$4,287,847	\$952,545	29%
9	Other Current Assets	\$1,099,043	\$1,564,794	\$465,751	42%
	Total Current Assets	\$69,156,292	\$77,628,570	\$8,472,278	12%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$14,035,818	\$13,488,594	(\$547,224)	-4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$14,035,818	\$13,488,594	(\$547,224)	-4%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$114,413,657	\$113,003,036	(\$1,410,621)	-1%
7	Other Noncurrent Assets	\$13,559,363	\$16,729,867	\$3,170,504	23%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$368,321,929	\$411,952,507	\$43,630,578	12%
2	Less: Accumulated Depreciation	\$246,081,335	\$260,274,904	\$14,193,569	6%
	Property, Plant and Equipment, Net	\$122,240,594	\$151,677,603	\$29,437,009	24%
3	Construction in Progress	\$3,186,504	\$1,087,467	(\$2,099,037)	-66%
	Total Net Fixed Assets	\$125,427,098	\$152,765,070	\$27,337,972	22%
	Total Assets	\$336,592,228	\$373,615,137	\$37,022,909	11%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$25,218,831	\$23,363,595	(\$1,855,236)	-7%
2	Salaries, Wages and Payroll Taxes	\$11,779,341	\$12,301,012	\$521,671	4%
3	Due To Third Party Payers	\$19,449,485	\$23,838,552	\$4,389,067	23%
4	Due To Affiliates	\$40,867	\$374,021	\$333,154	815%
5	Current Portion of Long Term Debt	\$3,889,577	\$2,724,400	(\$1,165,177)	-30%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$15,934,273	\$15,152,018	(\$782,255)	-5%
	Total Current Liabilities	\$76,312,374	\$77,753,598	\$1,441,224	2%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$28,910,000	\$0	(\$28,910,000)	-100%
2	Notes Payable (Net of Current Portion)	\$5,307,519	\$3,640,365	(\$1,667,154)	-31%
	Total Long Term Debt	\$34,217,519	\$3,640,365	(\$30,577,154)	-89%
3	Accrued Pension Liability	\$80,880,107	\$82,716,227	\$1,836,120	2%
4	Other Long Term Liabilities	\$11,627,088	\$44,061,835	\$32,434,747	279%
	Total Long Term Liabilities	\$126,724,714	\$130,418,427	\$3,693,713	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$96,622,401	\$128,627,309	\$32,004,908	33%
2	Temporarily Restricted Net Assets	\$16,296,477	\$16,726,765	\$430,288	3%
3	Permanently Restricted Net Assets	\$20,636,262	\$20,089,038	(\$547,224)	-3%
	Total Net Assets	\$133,555,140	\$165,443,112	\$31,887,972	24%
	Total Liabilities and Net Assets	\$336,592,228	\$373,615,137	\$37,022,909	11%

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(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>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$809,324,847	\$850,595,830	\$41,270,983	5%
2	Less: Allowances	\$435,992,445	\$453,266,693	\$17,274,248	4%
3	Less: Charity Care	\$8,420,471	\$17,262,086	\$8,841,615	105%
4	Less: Other Deductions	\$0	(\$3,249,413)	(\$3,249,413)	0%
	Total Net Patient Revenue	\$364,911,931	\$383,316,464	\$18,404,533	5%
5	Other Operating Revenue	\$13,664,442	\$8,533,251	(\$5,131,191)	-38%
6	Net Assets Released from Restrictions	\$1,144,549	\$747,896	(\$396,653)	-35%
	Total Operating Revenue	\$379,720,922	\$392,597,611	\$12,876,689	3%
B. Operating Expenses:					
1	Salaries and Wages	\$145,405,507	\$153,162,089	\$7,756,582	5%
2	Fringe Benefits	\$51,980,699	\$52,159,661	\$178,962	0%
3	Physicians Fees	\$9,990,396	\$11,127,118	\$1,136,722	11%
4	Supplies and Drugs	\$54,167,261	\$52,279,921	(\$1,887,340)	-3%
5	Depreciation and Amortization	\$17,496,832	\$18,679,687	\$1,182,855	7%
6	Bad Debts	\$9,548,336	\$1,140,529	(\$8,407,807)	-88%
7	Interest	\$1,545,904	\$837,138	(\$708,766)	-46%
8	Malpractice	\$7,398,814	\$6,815,328	(\$583,486)	-8%
9	Other Operating Expenses	\$83,942,787	\$72,371,915	(\$11,570,872)	-14%
	Total Operating Expenses	\$381,476,536	\$368,573,386	(\$12,903,150)	-3%
	Income/(Loss) From Operations	(\$1,755,614)	\$24,024,225	\$25,779,839	-1468%
C. Non-Operating Revenue:					
1	Income from Investments	\$7,343,204	\$1,563,435	(\$5,779,769)	-79%
2	Gifts, Contributions and Donations	\$1,195,945	\$204,893	(\$991,052)	-83%
3	Other Non-Operating Gains/(Losses)	(\$1,343,101)	(\$1,742,303)	(\$399,202)	30%
	Total Non-Operating Revenue	\$7,196,048	\$26,025	(\$7,170,023)	-100%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$5,440,434	\$24,050,250	\$18,609,816	342%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$5,440,434	\$24,050,250	\$18,609,816	342%
	Principal Payments	\$3,670,857	\$3,889,577	\$218,720	6%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$186,858,245	\$203,275,677	\$16,417,432	9%
2	MEDICARE MANAGED CARE	\$43,083,820	\$51,512,007	\$8,428,187	20%
3	MEDICAID	\$33,963,456	\$51,919,038	\$17,955,582	53%
4	MEDICAID MANAGED CARE	\$24,622,008	\$26,866,087	\$2,244,079	9%
5	CHAMPUS/TRICARE	\$754,937	\$513,067	(\$241,870)	-32%
6	COMMERCIAL INSURANCE	\$3,683,404	\$2,902,329	(\$781,075)	-21%
7	NON-GOVERNMENT MANAGED CARE	\$103,543,373	\$100,822,050	(\$2,721,323)	-3%
8	WORKER'S COMPENSATION	\$1,568,922	\$2,151,029	\$582,107	37%
9	SELF- PAY/UNINSURED	\$5,651,953	\$3,318,356	(\$2,333,597)	-41%
10	SAGA	\$13,232,447	\$0	(\$13,232,447)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$416,962,565	\$443,279,640	\$26,317,075	6%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$100,704,943	\$101,916,607	\$1,211,664	1%
2	MEDICARE MANAGED CARE	\$24,772,725	\$28,482,396	\$3,709,671	15%
3	MEDICAID	\$25,269,391	\$45,536,663	\$20,267,272	80%
4	MEDICAID MANAGED CARE	\$45,485,258	\$47,877,448	\$2,392,190	5%
5	CHAMPUS/TRICARE	\$669,381	\$719,632	\$50,251	8%
6	COMMERCIAL INSURANCE	\$3,520,322	\$3,195,424	(\$324,898)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$153,282,237	\$152,073,144	(\$1,209,093)	-1%
8	WORKER'S COMPENSATION	\$4,568,741	\$4,513,919	(\$54,822)	-1%
9	SELF- PAY/UNINSURED	\$14,929,960	\$14,252,846	(\$677,114)	-5%
10	SAGA	\$10,574,526	\$0	(\$10,574,526)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$383,777,484	\$398,568,079	\$14,790,595	4%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$287,563,188	\$305,192,284	\$17,629,096	6%
2	MEDICARE MANAGED CARE	\$67,856,545	\$79,994,403	\$12,137,858	18%
3	MEDICAID	\$59,232,847	\$97,455,701	\$38,222,854	65%
4	MEDICAID MANAGED CARE	\$70,107,266	\$74,743,535	\$4,636,269	7%
5	CHAMPUS/TRICARE	\$1,424,318	\$1,232,699	(\$191,619)	-13%
6	COMMERCIAL INSURANCE	\$7,203,726	\$6,097,753	(\$1,105,973)	-15%
7	NON-GOVERNMENT MANAGED CARE	\$256,825,610	\$252,895,194	(\$3,930,416)	-2%
8	WORKER'S COMPENSATION	\$6,137,663	\$6,664,948	\$527,285	9%
9	SELF- PAY/UNINSURED	\$20,581,913	\$17,571,202	(\$3,010,711)	-15%
10	SAGA	\$23,806,973	\$0	(\$23,806,973)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$800,740,049	\$841,847,719	\$41,107,670	5%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$76,322,787	\$85,005,535	\$8,682,748	11%
2	MEDICARE MANAGED CARE	\$16,457,392	\$19,099,024	\$2,641,632	16%
3	MEDICAID	\$11,671,280	\$16,962,576	\$5,291,296	45%
4	MEDICAID MANAGED CARE	\$8,746,883	\$9,252,670	\$505,787	6%
5	CHAMPUS/TRICARE	\$182,086	\$267,040	\$84,954	47%
6	COMMERCIAL INSURANCE	\$1,322,177	\$964,370	(\$357,807)	-27%
7	NON-GOVERNMENT MANAGED CARE	\$56,424,606	\$65,467,381	\$9,042,775	16%
8	WORKER'S COMPENSATION	\$1,568,922	\$2,151,029	\$582,107	37%
9	SELF- PAY/UNINSURED	\$583,493	\$516,899	(\$66,594)	-11%
10	SAGA	\$2,694,797	\$0	(\$2,694,797)	-100%
11	OTHER	\$0	\$0	\$0	0%

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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	\$175,974,423	\$199,686,524	\$23,712,101	13%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$28,882,178	\$25,924,094	(\$2,958,084)	-10%
2	MEDICARE MANAGED CARE	\$7,233,636	\$7,720,876	\$487,240	7%
3	MEDICAID	\$8,392,795	\$13,251,449	\$4,858,654	58%
4	MEDICAID MANAGED CARE	\$20,482,012	\$19,914,148	(\$567,864)	-3%
5	CHAMPUS/TRICARE	\$201,216	\$196,963	(\$4,253)	-2%
6	COMMERCIAL INSURANCE	\$1,511,953	\$1,559,209	\$47,256	3%
7	NON-GOVERNMENT MANAGED CARE	\$94,209,503	\$96,619,352	\$2,409,849	3%
8	WORKER'S COMPENSATION	\$4,568,741	\$4,513,919	(\$54,822)	-1%
9	SELF- PAY/UNINSURED	\$5,500,273	\$3,015,191	(\$2,485,082)	-45%
10	SAGA	\$1,756,436	\$0	(\$1,756,436)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$172,738,743	\$172,715,201	(\$23,542)	0%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$105,204,965	\$110,929,629	\$5,724,664	5%
2	MEDICARE MANAGED CARE	\$23,691,028	\$26,819,900	\$3,128,872	13%
3	MEDICAID	\$20,064,075	\$30,214,025	\$10,149,950	51%
4	MEDICAID MANAGED CARE	\$29,228,895	\$29,166,818	(\$62,077)	0%
5	CHAMPUS/TRICARE	\$383,302	\$464,003	\$80,701	21%
6	COMMERCIAL INSURANCE	\$2,834,130	\$2,523,579	(\$310,551)	-11%
7	NON-GOVERNMENT MANAGED CARE	\$150,634,109	\$162,086,733	\$11,452,624	8%
8	WORKER'S COMPENSATION	\$6,137,663	\$6,664,948	\$527,285	9%
9	SELF- PAY/UNINSURED	\$6,083,766	\$3,532,090	(\$2,551,676)	-42%
10	SAGA	\$4,451,233	\$0	(\$4,451,233)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$348,713,166	\$372,401,725	\$23,688,559	7%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	7,120	7,745	625	9%
2	MEDICARE MANAGED CARE	1,618	1,906	288	18%
3	MEDICAID	1,632	2,430	798	49%
4	MEDICAID MANAGED CARE	2,410	2,386	(24)	-1%
5	CHAMPUS/TRICARE	37	46	9	24%
6	COMMERCIAL INSURANCE	150	141	(9)	-6%
7	NON-GOVERNMENT MANAGED CARE	5,664	5,633	(31)	-1%
8	WORKER'S COMPENSATION	59	72	13	22%
9	SELF- PAY/UNINSURED	334	187	(147)	-44%
10	SAGA	493	0	(493)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	19,517	20,546	1,029	5%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	35,022	36,724	1,702	5%
2	MEDICARE MANAGED CARE	7,337	8,654	1,317	18%
3	MEDICAID	7,840	10,822	2,982	38%
4	MEDICAID MANAGED CARE	6,639	7,169	530	8%
5	CHAMPUS/TRICARE	185	129	(56)	-30%
6	COMMERCIAL INSURANCE	700	582	(118)	-17%
7	NON-GOVERNMENT MANAGED CARE	20,290	18,280	(2,010)	-10%
8	WORKER'S COMPENSATION	176	229	53	30%
9	SELF- PAY/UNINSURED	1,083	548	(535)	-49%
10	SAGA	2,600	0	(2,600)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	81,872	83,137	1,265	2%
C.	OUTPATIENT VISITS				

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LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	65,986	65,822	(164)	0%
2	MEDICARE MANAGED CARE	17,453	19,304	1,851	11%
3	MEDICAID	19,187	32,194	13,007	68%
4	MEDICAID MANAGED CARE	38,935	38,064	(871)	-2%
5	CHAMPUS/TRICARE	513	512	(1)	0%
6	COMMERCIAL INSURANCE	3,063	2,754	(309)	-10%
7	NON-GOVERNMENT MANAGED CARE	110,097	101,155	(8,942)	-8%
8	WORKER'S COMPENSATION	1,928	1,850	(78)	-4%
9	SELF- PAY/UNINSURED	9,925	8,891	(1,034)	-10%
10	SAGA	6,334	0	(6,334)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	273,421	270,546	(2,875)	-1%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$19,024,985	\$21,717,090	\$2,692,105	14%
2	MEDICARE MANAGED CARE	\$4,213,977	\$5,729,721	\$1,515,744	36%
3	MEDICAID	\$12,713,481	\$23,819,381	\$11,105,900	87%
4	MEDICAID MANAGED CARE	\$26,445,296	\$30,126,717	\$3,681,421	14%
5	CHAMPUS/TRICARE	\$293,897	\$368,099	\$74,202	25%
6	COMMERCIAL INSURANCE	\$1,460,982	\$1,564,978	\$103,996	7%
7	NON-GOVERNMENT MANAGED CARE	\$33,005,675	\$35,726,501	\$2,720,826	8%
8	WORKER'S COMPENSATION	\$1,550,679	\$1,803,707	\$253,028	16%
9	SELF- PAY/UNINSURED	\$9,344,754	\$9,487,407	\$142,653	2%
10	SAGA	\$6,471,856	\$0	(\$6,471,856)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$114,525,582	\$130,343,601	\$15,818,019	14%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,070,115	\$5,282,010	\$211,895	4%
2	MEDICARE MANAGED CARE	\$1,191,207	\$1,397,784	\$206,577	17%
3	MEDICAID	\$2,909,998	\$4,819,493	\$1,909,495	66%
4	MEDICAID MANAGED CARE	\$10,399,625	\$11,585,593	\$1,185,968	11%
5	CHAMPUS/TRICARE	\$94,677	\$102,357	\$7,680	8%
6	COMMERCIAL INSURANCE	\$660,516	\$780,670	\$120,154	18%
7	NON-GOVERNMENT MANAGED CARE	\$25,955,249	\$27,289,753	\$1,334,504	5%
8	WORKER'S COMPENSATION	\$959,255	\$1,158,129	\$198,874	21%
9	SELF- PAY/UNINSURED	\$1,147,313	\$1,819,403	\$672,090	59%
10	SAGA	\$1,090,861	\$0	(\$1,090,861)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$49,478,816	\$54,235,192	\$4,756,376	10%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	10,870	11,641	771	7%
2	MEDICARE MANAGED CARE	2,260	2,805	545	24%
3	MEDICAID	10,318	18,521	8,203	80%
4	MEDICAID MANAGED CARE	27,812	29,227	1,415	5%
5	CHAMPUS/TRICARE	260	284	24	9%
6	COMMERCIAL INSURANCE	908	946	38	4%
7	NON-GOVERNMENT MANAGED CARE	22,732	22,613	(119)	-1%
8	WORKER'S COMPENSATION	1,542	1,470	(72)	-5%
9	SELF- PAY/UNINSURED	8,239	7,328	(911)	-11%
10	SAGA	5,670	0	(5,670)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	90,611	94,835	4,224	5%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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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. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$50,879,413	\$51,622,907	\$743,494	1%
2	Physician Salaries	\$22,602,893	\$22,878,615	\$275,722	1%
3	Non-Nursing, Non-Physician Salaries	\$71,923,201	\$78,660,567	\$6,737,366	9%
	Total Salaries & Wages	\$145,405,507	\$153,162,089	\$7,756,582	5%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$18,188,771	\$17,765,212	(\$423,559)	-2%
2	Physician Fringe Benefits	\$8,080,259	\$7,724,018	(\$356,241)	-4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$25,711,669	\$26,670,431	\$958,762	4%
	Total Fringe Benefits	\$51,980,699	\$52,159,661	\$178,962	0%
C. Contractual Labor Fees:					
1	Nursing Fees	\$305,670	\$610,686	\$305,016	100%
2	Physician Fees	\$9,990,396	\$11,127,118	\$1,136,722	11%
3	Non-Nursing, Non-Physician Fees	\$8,818,919	\$8,265,109	(\$553,810)	-6%
	Total Contractual Labor Fees	\$19,114,985	\$20,002,913	\$887,928	5%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$41,501,554	\$40,061,390	(\$1,440,164)	-3%
2	Pharmaceutical Costs	\$12,665,707	\$12,218,531	(\$447,176)	-4%
	Total Medical Supplies and Pharmaceutical Cost	\$54,167,261	\$52,279,921	(\$1,887,340)	-3%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$7,005,610	\$8,029,450	\$1,023,840	15%
2	Depreciation-Equipment	\$10,440,685	\$10,650,237	\$209,552	2%
3	Amortization	\$50,537	\$0	(\$50,537)	-100%
	Total Depreciation and Amortization	\$17,496,832	\$18,679,687	\$1,182,855	7%
F. Bad Debts:					
1	Bad Debts	\$9,548,336	\$1,140,529	(\$8,407,807)	-88%
G. Interest Expense:					
1	Interest Expense	\$1,545,904	\$837,138	(\$708,766)	-46%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$7,398,814	\$6,815,328	(\$583,486)	-8%
I. Utilities:					
1	Water	\$190,287	\$197,189	\$6,902	4%
2	Natural Gas	\$1,180,467	\$1,463,904	\$283,437	24%
3	Oil	\$271,263	\$47,984	(\$223,279)	-82%
4	Electricity	\$3,729,852	\$3,955,521	\$225,669	6%
5	Telephone	\$666,365	\$706,596	\$40,231	6%
6	Other Utilities	\$29,098	\$208,947	\$179,849	618%
	Total Utilities	\$6,067,332	\$6,580,141	\$512,809	8%
J. Business Expenses:					
1	Accounting Fees	\$146,067	\$567,309	\$421,242	288%
2	Legal Fees	\$637,620	\$743,334	\$105,714	17%
3	Consulting Fees	\$1,196,616	\$1,004,629	(\$191,987)	-16%
4	Dues and Membership	\$723,238	\$800,266	\$77,028	11%
5	Equipment Leases	\$2,017,154	\$2,632,453	\$615,299	31%
6	Building Leases	\$1,674,453	\$2,004,575	\$330,122	20%
7	Repairs and Maintenance	\$5,500,256	\$5,767,418	\$267,162	5%
8	Insurance	\$475,273	\$545,680	\$70,407	15%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$576,825	\$698,250	\$121,425	21%
10	Conferences	\$111,353	\$206,375	\$95,022	85%
11	Property Tax	\$261,743	\$224,088	(\$37,655)	-14%
12	General Supplies	\$1,118,649	\$1,087,862	(\$30,787)	-3%
13	Licenses and Subscriptions	\$127,143	\$284,598	\$157,455	124%
14	Postage and Shipping	\$476,842	\$436,892	(\$39,950)	-8%
15	Advertising	\$654,378	\$455,651	(\$198,727)	-30%
16	Other Business Expenses	\$52,876,049	\$36,445,805	(\$16,430,244)	-31%
	Total Business Expenses	\$68,573,659	\$53,905,185	(\$14,668,474)	-21%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$177,207	\$3,010,794	\$2,833,587	1599%
	Total Operating Expenses - All Expense Categories*	\$381,476,536	\$368,573,386	(\$12,903,150)	-3%
	*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	\$16,066,903	\$18,022,465	\$1,955,562	12%
2	General Accounting	\$1,534,256	\$1,913,019	\$378,763	25%
3	Patient Billing & Collection	\$4,646,914	\$4,284,990	(\$361,924)	-8%
4	Admitting / Registration Office	\$1,750,095	\$1,752,704	\$2,609	0%
5	Data Processing	\$33,058,670	\$25,064,963	(\$7,993,707)	-24%
6	Communications	\$1,411,976	\$1,488,005	\$76,029	5%
7	Personnel	\$45,080,049	\$47,045,682	\$1,965,633	4%
8	Public Relations	\$2,193,532	\$2,394,514	\$200,982	9%
9	Purchasing	\$2,527,604	\$2,382,590	(\$145,014)	-6%
10	Dietary and Cafeteria	\$5,170,091	\$5,245,499	\$75,408	1%
11	Housekeeping	\$5,666,539	\$5,872,077	\$205,538	4%
12	Laundry & Linen	\$1,606,019	\$1,573,267	(\$32,752)	-2%
13	Operation of Plant	\$12,730,465	\$14,538,279	\$1,807,814	14%
14	Security	\$1,591,584	\$1,654,708	\$63,124	4%
15	Repairs and Maintenance	\$1,301,053	\$2,082,273	\$781,220	60%
16	Central Sterile Supply	\$2,258,743	\$1,815,230	(\$443,513)	-20%
17	Pharmacy Department	\$18,191,507	\$16,729,471	(\$1,462,036)	-8%
18	Other General Services	\$4,315,489	\$4,437,302	\$121,813	3%
	Total General Services	\$161,101,489	\$158,297,038	(\$2,804,451)	-2%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$14,010,588	\$15,181,563	\$1,170,975	8%
2	Residency Program	\$5,395,587	\$5,621,208	\$225,621	4%
3	Nursing Services Administration	\$3,356,831	\$2,688,477	(\$668,354)	-20%
4	Medical Records	\$3,736,176	\$3,678,717	(\$57,459)	-2%
5	Social Service	\$2,880,347	\$2,775,863	(\$104,484)	-4%
6	Other Professional Services	\$8,131,916	\$8,304,297	\$172,381	2%
	Total Professional Services	\$37,511,445	\$38,250,125	\$738,680	2%
C.	<u>Special Services:</u>				
1	Operating Room	\$22,031,370	\$21,748,098	(\$283,272)	-1%
2	Recovery Room	\$2,146,712	\$2,050,310	(\$96,402)	-4%
3	Anesthesiology	\$1,587,523	\$1,393,413	(\$194,110)	-12%
4	Delivery Room	\$3,985,795	\$3,987,476	\$1,681	0%
5	Diagnostic Radiology	\$10,958,714	\$10,663,636	(\$295,078)	-3%
6	Diagnostic Ultrasound	\$1,285,203	\$1,368,353	\$83,150	6%
7	Radiation Therapy	\$3,454,799	\$3,250,288	(\$204,511)	-6%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$1,391,366	\$1,429,289	\$37,923	3%
9	CT Scan	\$3,310,149	\$3,439,333	\$129,184	4%
10	Laboratory	\$14,812,835	\$14,081,378	(\$731,457)	-5%
11	Blood Storing/Processing	\$2,772,603	\$2,735,428	(\$37,175)	-1%
12	Cardiology	\$1,995,489	\$1,957,800	(\$37,689)	-2%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$2,946,772	\$2,687,043	(\$259,729)	-9%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,740,845	\$2,760,002	\$19,157	1%
19	Pulmonary Function	\$327,628	\$359,736	\$32,108	10%
20	Intravenous Therapy	\$621,309	\$611,808	(\$9,501)	-2%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,408,446	\$3,386,492	(\$21,954)	-1%
23	Renal Dialysis	\$3,004,484	\$3,108,689	\$104,205	3%
24	Emergency Room	\$20,416,669	\$20,437,639	\$20,970	0%
25	MRI	\$1,365,416	\$1,176,439	(\$188,977)	-14%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$3,026,496	\$3,234,002	\$207,506	7%
29	Sleep Center	\$0	\$364,962	\$364,962	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$4,711,776	\$4,567,909	(\$143,867)	-3%
32	Occupational Therapy / Physical Therapy	\$1,941,636	\$2,019,256	\$77,620	4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,407,580	\$1,527,770	\$120,190	9%
	Total Special Services	\$115,651,615	\$114,346,549	(\$1,305,066)	-1%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$20,929,613	\$21,341,056	\$411,443	2%
2	Intensive Care Unit	\$8,034,163	\$8,376,994	\$342,831	4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,095,024	\$2,174,667	\$79,643	4%
5	Pediatric Unit	\$1,351,318	\$1,317,875	(\$33,443)	-2%
6	Maternity Unit	\$2,180,716	\$2,333,684	\$152,968	7%
7	Newborn Nursery Unit	\$814,597	\$919,236	\$104,639	13%
8	Neonatal ICU	\$1,486,574	\$1,528,982	\$42,408	3%
9	Rehabilitation Unit	\$3,074,409	\$3,209,701	\$135,292	4%
10	Ambulatory Surgery	\$6,055,291	\$6,239,020	\$183,729	3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$3,701,245	\$4,052,949	\$351,704	10%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$49,722,950	\$51,494,164	\$1,771,214	4%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$17,489,037	\$6,185,510	(\$11,303,527)	-65%
	Total Operating Expenses - All Departments*	\$381,476,536	\$368,573,386	(\$12,903,150)	-3%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$367,733,027	\$ 364,911,931	\$383,316,464
2	Other Operating Revenue	15,581,616	14,808,991	9,281,147
3	Total Operating Revenue	\$383,314,643	\$379,720,922	\$392,597,611
4	Total Operating Expenses	371,908,113	381,476,536	368,573,386
5	Income/(Loss) From Operations	\$11,406,530	(\$1,755,614)	\$24,024,225
6	Total Non-Operating Revenue	3,326,810	7,196,048	26,025
7	Excess/(Deficiency) of Revenue Over Expenses	\$14,733,340	\$5,440,434	\$24,050,250
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	2.95%	-0.45%	6.12%
2	Hospital Non Operating Margin	0.86%	1.86%	0.01%
3	Hospital Total Margin	3.81%	1.41%	6.13%
4	Income/(Loss) From Operations	\$11,406,530	(\$1,755,614)	\$24,024,225
5	Total Operating Revenue	\$383,314,643	\$379,720,922	\$392,597,611
6	Total Non-Operating Revenue	\$3,326,810	\$7,196,048	\$26,025
7	Total Revenue	\$386,641,453	\$386,916,970	\$392,623,636
8	Excess/(Deficiency) of Revenue Over Expenses	\$14,733,340	\$5,440,434	\$24,050,250
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$87,443,879	\$96,622,401	\$128,627,309
2	Hospital Total Net Assets	\$122,485,352	\$133,555,140	\$165,443,112
3	Hospital Change in Total Net Assets	(\$72,519,587)	\$11,069,788	\$31,887,972
4	Hospital Change in Total Net Assets %	62.8%	9.0%	23.9%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.44	0.46	0.43
2	Total Operating Expenses	\$371,908,113	\$381,476,536	\$368,573,386
3	Total Gross Revenue	\$826,891,625	\$800,740,049	\$841,847,719
4	Total Other Operating Revenue	\$23,347,865	\$23,393,788	\$21,278,672
5	Private Payment to Cost Ratio	1.30	1.28	1.51
6	Total Non-Government Payments	\$168,374,191	\$165,689,668	\$174,807,350

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$2,467,056	\$6,083,766	\$3,532,090
8	Total Non-Government Charges	\$311,616,464	\$290,748,912	\$283,229,097
9	Total Uninsured Charges	\$20,511,522	\$20,581,913	\$17,571,202
10	<u>Medicare Payment to Cost Ratio</u>	0.82	0.78	0.84
11	Total Medicare Payments	\$131,787,006	\$128,895,993	\$137,749,529
12	Total Medicare Charges	\$368,919,678	\$355,419,733	\$385,186,687
13	<u>Medicaid Payment to Cost Ratio</u>	0.75	0.82	0.81
14	Total Medicaid Payments	\$39,235,443	\$49,292,970	\$59,380,843
15	Total Medicaid Charges	\$119,262,290	\$129,340,113	\$172,199,236
16	<u>Uncompensated Care Cost</u>	\$10,844,597	\$8,317,480	\$7,858,309
17	Charity Care	\$5,631,704	\$8,420,571	\$17,262,086
18	Bad Debts	\$19,160,722	\$9,548,336	\$1,140,529
19	Total Uncompensated Care	\$24,792,426	\$17,968,907	\$18,402,615
20	<u>Uncompensated Care % of Total Expenses</u>	2.9%	2.2%	2.1%
21	Total Operating Expenses	\$371,908,113	\$381,476,536	\$368,573,386
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	0.94	0.91	1.00
2	Total Current Assets	\$67,871,970	\$69,156,292	\$77,628,570
3	Total Current Liabilities	\$71,981,694	\$76,312,374	\$77,753,598
4	<u>Days Cash on Hand</u>	23	23	18
5	Cash and Cash Equivalents	\$22,241,282	\$23,292,786	\$17,170,654
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$22,241,282	\$23,292,786	\$17,170,654
8	Total Operating Expenses	\$371,908,113	\$381,476,536	\$368,573,386
9	Depreciation Expense	\$17,530,247	\$17,496,832	\$18,679,687
10	Operating Expenses less Depreciation Expense	\$354,377,866	\$363,979,704	\$349,893,699
11	<u>Days Revenue in Patient Accounts Receivable</u>	21.59	17.10	23.91

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$ 36,493,910	\$ 36,543,623	\$ 48,945,018
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$14,739,235	\$19,449,485	\$23,838,552
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 21,754,675	\$ 17,094,138	\$ 25,106,466
16	Total Net Patient Revenue	\$367,733,027	\$ 364,911,931	\$ 383,316,464
17	<u>Average Payment Period</u>	74.14	76.53	81.11
18	Total Current Liabilities	\$71,981,694	\$76,312,374	\$77,753,598
19	Total Operating Expenses	\$371,908,113	\$381,476,536	\$368,573,386
20	Depreciation Expense	\$17,530,247	\$17,496,832	\$18,679,687
21	Total Operating Expenses less Depreciation Expense	\$354,377,866	\$363,979,704	\$349,893,699
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	38.2	39.7	44.3
2	Total Net Assets	\$122,485,352	\$133,555,140	\$165,443,112
3	Total Assets	\$320,938,892	\$336,592,228	\$373,615,137
4	<u>Cash Flow to Total Debt Ratio</u>	29.7	20.8	52.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$14,733,340	\$5,440,434	\$24,050,250
6	Depreciation Expense	\$17,530,247	\$17,496,832	\$18,679,687
7	Excess of Revenues Over Expenses and Depreciation Expense	\$32,263,587	\$22,937,266	\$42,729,937
8	Total Current Liabilities	\$71,981,694	\$76,312,374	\$77,753,598
9	Total Long Term Debt	\$36,811,837	\$34,217,519	\$3,640,365
10	Total Current Liabilities and Total Long Term Debt	\$108,793,531	\$110,529,893	\$81,393,963
11	<u>Long Term Debt to Capitalization Ratio</u>	23.1	20.4	2.2
12	Total Long Term Debt	\$36,811,837	\$34,217,519	\$3,640,365
13	Total Net Assets	\$122,485,352	\$133,555,140	\$165,443,112
14	Total Long Term Debt and Total Net Assets	\$159,297,189	\$167,772,659	\$169,083,477
15	<u>Debt Service Coverage Ratio</u>	6.2	4.7	9.2
16	Excess Revenues over Expenses	\$14,733,340	\$5,440,434	\$24,050,250
17	Interest Expense	\$1,892,811	\$1,545,904	\$837,138
18	Depreciation and Amortization Expense	\$17,530,247	\$17,496,832	\$18,679,687

THE HOSPITAL OF CENTRAL CONNECTICUT				
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
19	Principal Payments	\$3,572,676	\$3,670,857	\$3,889,577
G. Other Financial Ratios				
20	Average Age of Plant	13.1	14.1	13.9
21	Accumulated Depreciation	\$229,023,210	\$246,081,335	\$260,274,904
22	Depreciation and Amortization Expense	\$17,530,247	\$17,496,832	\$18,679,687
H. Utilization Measures Summary				
1	Patient Days	86,498	81,872	83,137
2	Discharges	20,067	19,517	20,546
3	ALOS	4.3	4.2	4.0
4	Staffed Beds	349	341	356
5	Available Beds	-	356	383
6	Licensed Beds	446	446	464
6	Occupancy of Staffed Beds	67.9%	65.8%	64.0%
7	Occupancy of Available Beds	64.0%	63.0%	59.5%
8	Full Time Equivalent Employees	2,224.2	2,166.1	2,172.0
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	35.2%	33.7%	31.6%
2	Medicare Gross Revenue Payer Mix Percentage	44.6%	44.4%	45.8%
3	Medicaid Gross Revenue Payer Mix Percentage	14.4%	16.2%	20.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.1%	3.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.5%	2.6%	2.1%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$291,104,942	\$270,166,999	\$265,657,895
9	Medicare Gross Revenue (Charges)	\$368,919,678	\$355,419,733	\$385,186,687
10	Medicaid Gross Revenue (Charges)	\$119,262,290	\$129,340,113	\$172,199,236
11	Other Medical Assistance Gross Revenue (Charges)	\$25,913,777	\$23,806,973	\$0
12	Uninsured Gross Revenue (Charges)	\$20,511,522	\$20,581,913	\$17,571,202
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,179,416	\$1,424,318	\$1,232,699
14	Total Gross Revenue (Charges)	\$826,891,625	\$800,740,049	\$841,847,719
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	48.2%	45.8%	46.0%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	38.3%	37.0%	37.0%
3	Medicaid Net Revenue Payer Mix Percentage	11.4%	14.1%	15.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.3%	1.3%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	1.7%	0.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$165,907,135	\$159,605,902	\$171,275,260
9	Medicare Net Revenue (Payments)	\$131,787,006	\$128,895,993	\$137,749,529
10	Medicaid Net Revenue (Payments)	\$39,235,443	\$49,292,970	\$59,380,843
11	Other Medical Assistance Net Revenue (Payments)	\$4,496,473	\$4,451,233	\$0
12	Uninsured Net Revenue (Payments)	\$2,467,056	\$6,083,766	\$3,532,090
13	CHAMPUS / TRICARE Net Revenue Payments)	\$358,909	\$383,302	\$464,003
14	Total Net Revenue (Payments)	\$344,252,022	\$348,713,166	\$372,401,725
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	6,963	6,207	6,033
2	Medicare	9,221	8,738	9,651
3	Medical Assistance	3,850	4,535	4,816
4	Medicaid	3,283	4,042	4,816
5	Other Medical Assistance	567	493	-
6	CHAMPUS / TRICARE	33	37	46
7	Uninsured (Included In Non-Government)	460	334	187
8	Total	20,067	19,517	20,546
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.071900	1.101840	1.090740
2	Medicare	1.356000	1.363430	1.319880
3	Medical Assistance	0.919177	0.962847	0.972740
4	Medicaid	0.890400	0.925670	0.972740
5	Other Medical Assistance	1.085800	1.267660	0.000000
6	CHAMPUS / TRICARE	0.796200	0.966780	0.760810
7	Uninsured (Included In Non-Government)	1.039500	0.911610	1.012280
8	Total Case Mix Index	1.172692	1.186404	1.169975
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	15,137	15,051	14,219
2	Emergency Room - Treated and Discharged	87,919	90,611	94,835
3	Total Emergency Room Visits	103,056	105,662	109,054

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$873,447	\$1,869,156	\$995,709	114%
2	Inpatient Payments	\$375,241	\$693,389	\$318,148	85%
3	Outpatient Charges	\$774,776	\$1,106,564	\$331,788	43%
4	Outpatient Payments	\$376,208	\$416,806	\$40,598	11%
5	Discharges	38	68	30	79%
6	Patient Days	158	330	172	109%
7	Outpatient Visits (Excludes ED Visits)	423	525	102	24%
8	Emergency Department Outpatient Visits	63	89	26	41%
9	Emergency Department Inpatient Admissions	27	32	5	19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,648,223	\$2,975,720	\$1,327,497	81%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$751,449	\$1,110,195	\$358,746	48%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$11,921	\$11,303	(\$618)	-5%
2	Inpatient Payments	\$6,659	\$5,324	(\$1,335)	-20%
3	Outpatient Charges	\$73,836	\$12,094	(\$61,742)	-84%
4	Outpatient Payments	\$26,405	\$2,970	(\$23,435)	-89%
5	Discharges	1	1	0	0%
6	Patient Days	1	2	1	100%
7	Outpatient Visits (Excludes ED Visits)	39	12	(27)	-69%
8	Emergency Department Outpatient Visits	6	2	(4)	-67%
9	Emergency Department Inpatient Admissions	2	1	(1)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$85,757	\$23,397	(\$62,360)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$33,064	\$8,294	(\$24,770)	-75%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$7,142,014	\$9,218,293	\$2,076,279	29%
2	Inpatient Payments	\$2,909,932	\$3,802,971	\$893,039	31%
3	Outpatient Charges	\$4,931,956	\$6,609,848	\$1,677,892	34%
4	Outpatient Payments	\$1,388,916	\$1,800,084	\$411,168	30%
5	Discharges	276	378	102	37%
6	Patient Days	1,191	1,419	228	19%
7	Outpatient Visits (Excludes ED Visits)	3,151	3,943	792	25%
8	Emergency Department Outpatient Visits	470	672	202	43%
9	Emergency Department Inpatient Admissions	199	242	43	22%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,073,970	\$15,828,141	\$3,754,171	31%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,298,848	\$5,603,055	\$1,304,207	30%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$21,494,668	\$7,299,855	(\$14,194,813)	-66%
2	Inpatient Payments	\$8,224,274	\$2,737,121	(\$5,487,153)	-67%
3	Outpatient Charges	\$11,766,586	\$2,922,940	(\$8,843,646)	-75%
4	Outpatient Payments	\$3,490,085	\$847,601	(\$2,642,484)	-76%
5	Discharges	800	254	(546)	-68%
6	Patient Days	3,747	1,227	(2,520)	-67%
7	Outpatient Visits (Excludes ED Visits)	7,431	1,866	(5,565)	-75%
8	Emergency Department Outpatient Visits	1,105	317	(788)	-71%
9	Emergency Department Inpatient Admissions	470	115	(355)	-76%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$33,261,254	\$10,222,795	(\$23,038,459)	-69%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,714,359	\$3,584,722	(\$8,129,637)	-69%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$3,000,011	\$3,443,699	\$443,688	15%
2	Inpatient Payments	\$1,203,951	\$1,129,885	(\$74,066)	-6%
3	Outpatient Charges	\$1,802,094	\$879,675	(\$922,419)	-51%
4	Outpatient Payments	\$357,761	\$176,943	(\$180,818)	-51%
5	Discharges	116	116	0	0%
6	Patient Days	539	642	103	19%
7	Outpatient Visits (Excludes ED Visits)	1,097	520	(577)	-53%
8	Emergency Department Outpatient Visits	163	88	(75)	-46%
9	Emergency Department Inpatient Admissions	69	32	(37)	-54%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,802,105	\$4,323,374	(\$478,731)	-10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,561,712	\$1,306,828	(\$254,884)	-16%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
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%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$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%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$1,186,796	\$2,415,073	\$1,228,277	103%
2	Inpatient Payments	\$462,487	\$900,072	\$437,585	95%
3	Outpatient Charges	\$944,549	\$1,622,487	\$677,938	72%
4	Outpatient Payments	\$246,113	\$371,441	\$125,328	51%
5	Discharges	54	96	42	78%
6	Patient Days	190	394	204	107%
7	Outpatient Visits (Excludes ED Visits)	541	858	317	59%
8	Emergency Department Outpatient Visits	80	146	66	83%
9	Emergency Department Inpatient Admissions	34	53	19	56%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,131,345	\$4,037,560	\$1,906,215	89%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$708,600	\$1,271,513	\$562,913	79%
I. AETNA					
1	Inpatient Charges	\$3,272,085	\$2,663,070	(\$609,015)	-19%
2	Inpatient Payments	\$1,271,360	\$1,095,080	(\$176,280)	-14%
3	Outpatient Charges	\$1,964,932	\$2,108,781	\$143,849	7%
4	Outpatient Payments	\$667,864	\$654,465	(\$13,399)	-2%
5	Discharges	123	115	(8)	-7%
6	Patient Days	547	467	(80)	-15%
7	Outpatient Visits (Excludes ED Visits)	1,204	1,106	(98)	-8%
8	Emergency Department Outpatient Visits	179	188	9	5%
9	Emergency Department Inpatient Admissions	76	68	(8)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,237,017	\$4,771,851	(\$465,166)	-9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,939,224	\$1,749,545	(\$189,679)	-10%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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
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	\$6,102,878	\$24,591,558	\$18,488,680	303%
2	Inpatient Payments	\$2,003,488	\$8,735,182	\$6,731,694	336%
3	Outpatient Charges	\$2,513,996	\$13,217,901	\$10,703,905	426%
4	Outpatient Payments	\$680,284	\$3,450,163	\$2,769,879	407%
5	Discharges	210	878	668	318%
6	Patient Days	964	4,173	3,209	333%
7	Outpatient Visits (Excludes ED Visits)	1,307	7,666	6,359	487%
8	Emergency Department Outpatient Visits	194	1,303	1,109	572%
9	Emergency Department Inpatient Admissions	83	472	389	469%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,616,874	\$37,809,459	\$29,192,585	339%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,683,772	\$12,185,345	\$9,501,573	354%
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%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$2,106	\$2,106	0%
4	Outpatient Payments	\$0	\$403	\$403	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	3	3	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$2,106	\$2,106	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$403	\$403	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$43,083,820	\$51,512,007	\$8,428,187	20%
	TOTAL INPATIENT PAYMENTS	\$16,457,392	\$19,099,024	\$2,641,632	16%
	TOTAL OUTPATIENT CHARGES	\$24,772,725	\$28,482,396	\$3,709,671	15%
	TOTAL OUTPATIENT PAYMENTS	\$7,233,636	\$7,720,876	\$487,240	7%
	TOTAL DISCHARGES	1,618	1,906	288	18%
	TOTAL PATIENT DAYS	7,337	8,654	1,317	18%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,193	16,499	1,306	9%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,260	2,805	545	24%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	960	1,015	55	6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$67,856,545	\$79,994,403	\$12,137,858	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$23,691,028	\$26,819,900	\$3,128,872	13%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$21,099,890	\$22,476,467	\$1,376,577	7%
2	Inpatient Payments	\$7,347,309	\$7,681,508	\$334,199	5%
3	Outpatient Charges	\$39,257,142	\$40,773,829	\$1,516,687	4%
4	Outpatient Payments	\$18,406,649	\$17,735,703	(\$670,946)	-4%
5	Discharges	2,080	2,027	(53)	-3%
6	Patient Days	5,697	6,025	328	6%
7	Outpatient Visits (Excludes ED Visits)	9,799	7,644	(2,155)	-22%
8	Emergency Department Outpatient Visits	24,502	25,284	782	3%
9	Emergency Department Inpatient Admissions	1,888	1,731	(157)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$60,357,032	\$63,250,296	\$2,893,264	5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$25,753,958	\$25,417,211	(\$336,747)	-1%
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%

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

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$2,064,962	\$2,535,314	\$470,352	23%
2	Inpatient Payments	\$976,203	\$922,581	(\$53,622)	-5%
3	Outpatient Charges	\$3,075,760	\$3,725,908	\$650,148	21%
4	Outpatient Payments	\$1,078,771	\$1,239,796	\$161,025	15%
5	Discharges	205	210	5	2%
6	Patient Days	617	641	24	4%
7	Outpatient Visits (Excludes ED Visits)	718	672	(46)	-6%
8	Emergency Department Outpatient Visits	1,795	2,221	426	24%
9	Emergency Department Inpatient Admissions	138	152	14	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,140,722	\$6,261,222	\$1,120,500	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,054,974	\$2,162,377	\$107,403	5%
	H. AETNA				
1	Inpatient Charges	\$1,457,156	\$1,854,306	\$397,150	27%
2	Inpatient Payments	\$423,371	\$648,581	\$225,210	53%
3	Outpatient Charges	\$3,152,356	\$3,377,711	\$225,355	7%
4	Outpatient Payments	\$996,592	\$938,649	(\$57,943)	-6%
5	Discharges	125	149	24	19%
6	Patient Days	325	503	178	55%
7	Outpatient Visits (Excludes ED Visits)	606	521	(85)	-14%
8	Emergency Department Outpatient Visits	1,515	1,722	207	14%
9	Emergency Department Inpatient Admissions	117	118	1	1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,609,512	\$5,232,017	\$622,505	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,419,963	\$1,587,230	\$167,267	12%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$24,622,008	\$26,866,087	\$2,244,079	9%
	TOTAL INPATIENT PAYMENTS	\$8,746,883	\$9,252,670	\$505,787	6%
	TOTAL OUTPATIENT CHARGES	\$45,485,258	\$47,877,448	\$2,392,190	5%
	TOTAL OUTPATIENT PAYMENTS	\$20,482,012	\$19,914,148	(\$567,864)	-3%
	TOTAL DISCHARGES	2,410	2,386	(24)	-1%
	TOTAL PATIENT DAYS	6,639	7,169	530	8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	11,123	8,837	(2,286)	-21%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	27,812	29,227	1,415	5%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,143	2,001	(142)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$70,107,266	\$74,743,535	\$4,636,269	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$29,228,895	\$29,166,818	(\$62,077)	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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

HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$43,866,837	\$20,299,387	(\$23,567,450)	-54%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$40,669,114	\$48,945,018	\$8,275,904	20%
4	Current Assets Whose Use is Limited for Current Liabilities	\$160,737	\$0	(\$160,737)	-100%
5	Due From Affiliates	\$148,183	\$73,947	(\$74,236)	-50%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,888,973	\$5,586,310	\$697,337	14%
8	Prepaid Expenses	\$4,045,580	\$4,291,812	\$246,232	6%
9	Other Current Assets	\$10,197,055	\$10,868,943	\$671,888	7%
	Total Current Assets	\$103,976,479	\$90,065,417	(\$13,911,062)	-13%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$14,040,818	\$13,488,594	(\$552,224)	-4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,396,043	\$0	(\$1,396,043)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$23,353,986	\$0	(\$23,353,986)	-100%
	Total Noncurrent Assets Whose Use is Limited:	\$38,790,847	\$13,488,594	(\$25,302,253)	-65%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$123,374,913	\$135,698,992	\$12,324,079	10%
7	Other Noncurrent Assets	\$5,469,393	\$11,461,992	\$5,992,599	110%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$414,566,007	\$411,952,507	(\$2,613,500)	-1%
2	Less: Accumulated Depreciation	\$268,873,447	\$260,274,904	(\$8,598,543)	(\$0)
	Property, Plant and Equipment, Net	\$145,692,560	\$151,677,603	\$5,985,043	4%
3	Construction in Progress	\$3,403,411	\$1,087,467	(\$2,315,944)	-68%
	Total Net Fixed Assets	\$149,095,971	\$152,765,070	\$3,669,099	2%
	Total Assets	\$420,707,603	\$403,480,065	(\$17,227,538)	-4%

HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$27,931,108	\$23,448,266	(\$4,482,842)	-16%
2	Salaries, Wages and Payroll Taxes	\$14,564,699	\$12,301,012	(\$2,263,687)	-16%
3	Due To Third Party Payers	\$20,263,312	\$23,838,552	\$3,575,240	18%
4	Due To Affiliates	\$0	\$374,021	\$374,021	0%
5	Current Portion of Long Term Debt	\$5,155,846	\$2,724,400	(\$2,431,446)	-47%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$22,438,833	\$17,167,413	(\$5,271,420)	-23%
	Total Current Liabilities	\$90,353,798	\$79,853,664	(\$10,500,134)	-12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$47,823,695	\$0	(\$47,823,695)	-100%
2	Notes Payable (Net of Current Portion)	\$7,813,315	\$3,640,365	(\$4,172,950)	-53%
	Total Long Term Debt	\$55,637,010	\$3,640,365	(\$51,996,645)	-93%
3	Accrued Pension Liability	\$95,816,944	\$82,716,227	(\$13,100,717)	-14%
4	Other Long Term Liabilities	\$23,906,033	\$62,072,042	\$38,166,009	160%
	Total Long Term Liabilities	\$175,359,987	\$148,428,634	(\$26,931,353)	-15%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$117,892,402	\$138,381,964	\$20,489,562	17%
2	Temporarily Restricted Net Assets	\$16,376,223	\$16,726,765	\$350,542	2%
3	Permanently Restricted Net Assets	\$20,725,193	\$20,089,038	(\$636,155)	-3%
	Total Net Assets	\$154,993,818	\$175,197,767	\$20,203,949	13%
	Total Liabilities and Net Assets	\$420,707,603	\$403,480,065	(\$17,227,538)	-4%

HARTFORD HEALTH CARE CORPORATION					
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	\$840,676,112	\$850,595,830	\$9,919,718	1%
2	Less: Allowances	\$442,345,826	\$453,266,693	\$10,920,867	2%
3	Less: Charity Care	\$8,420,571	\$17,262,086	\$8,841,515	105%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$389,909,715	\$380,067,051	(\$9,842,664)	-3%
5	Other Operating Revenue	\$55,840,758	\$11,956,842	(\$43,883,916)	-79%
6	Net Assets Released from Restrictions	\$1,168,686	\$747,896	(\$420,790)	-36%
	Total Operating Revenue	\$446,919,159	\$392,771,789	(\$54,147,370)	-12%
B. Operating Expenses:					
1	Salaries and Wages	\$179,619,949	\$153,162,089	(\$26,457,860)	-15%
2	Fringe Benefits	\$53,001,473	\$52,159,661	(\$841,812)	-2%
3	Physicians Fees	\$8,591,910	\$11,127,118	\$2,535,208	30%
4	Supplies and Drugs	\$56,898,230	\$51,694,261	(\$5,203,969)	-9%
5	Depreciation and Amortization	\$20,667,840	\$18,679,687	(\$1,988,153)	-10%
6	Bad Debts	\$17,918,331	\$1,140,529	(\$16,777,802)	-94%
7	Interest	\$3,025,673	\$837,138	(\$2,188,535)	-72%
8	Malpractice	\$7,784,175	\$6,815,328	(\$968,847)	-12%
9	Other Operating Expenses	\$99,693,634	\$66,417,265	(\$33,276,369)	-33%
	Total Operating Expenses	\$447,201,215	\$362,033,076	(\$85,168,139)	-19%
	Income/(Loss) From Operations	(\$282,056)	\$30,738,713	\$31,020,769	-10998%
C. Non-Operating Revenue:					
1	Income from Investments	\$7,573,422	\$1,563,435	(\$6,009,987)	-79%
2	Gifts, Contributions and Donations	\$1,373,265	\$204,893	(\$1,168,372)	-85%
3	Other Non-Operating Gains/(Losses)	(\$2,195,366)	(\$1,742,303)	\$453,063	-21%
	Total Non-Operating Revenue	\$6,751,321	\$26,025	(\$6,725,296)	-100%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$6,469,265	\$30,764,738	\$24,295,473	376%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$6,469,265	\$30,764,738	\$24,295,473	376%

HARTFORD HEALTH CARE CORPORATION				
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. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$401,714,458	\$389,909,715	\$380,067,051
2	Other Operating Revenue	62,637,235	57,009,444	12,704,738
3	Total Operating Revenue	\$464,351,693	\$446,919,159	\$392,771,789
4	Total Operating Expenses	452,150,688	447,201,215	362,033,076
5	Income/(Loss) From Operations	\$12,201,005	(\$282,056)	\$30,738,713
6	Total Non-Operating Revenue	2,012,555	6,751,321	26,025
7	Excess/(Deficiency) of Revenue Over Expenses	\$14,213,560	\$6,469,265	\$30,764,738
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	2.62%	-0.06%	7.83%
2	Parent Corporation Non-Operating Margin	0.43%	1.49%	0.01%
3	Parent Corporation Total Margin	3.05%	1.43%	7.83%
4	Income/(Loss) From Operations	\$12,201,005	(\$282,056)	\$30,738,713
5	Total Operating Revenue	\$464,351,693	\$446,919,159	\$392,771,789
6	Total Non-Operating Revenue	\$2,012,555	\$6,751,321	\$26,025
7	Total Revenue	\$466,364,248	\$453,670,480	\$392,797,814
8	Excess/(Deficiency) of Revenue Over Expenses	\$14,213,560	\$6,469,265	\$30,764,738
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$104,848,599	\$117,892,402	\$138,381,964
2	Parent Corporation Total Net Assets	\$140,054,099	\$154,993,818	\$175,197,767
3	Parent Corporation Change in Total Net Assets	(\$67,583,097)	\$14,939,719	\$20,203,949
4	Parent Corporation Change in Total Net Assets %	67.5%	10.7%	13.0%

HARTFORD HEALTH CARE CORPORATION				
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	1.10	1.15	1.13
2	Total Current Assets	\$96,045,618	\$103,976,479	\$90,065,417
3	Total Current Liabilities	\$87,459,688	\$90,353,798	\$79,853,664
4	Days Cash on Hand	31	38	22
5	Cash and Cash Equivalents	\$36,164,805	\$43,866,837	\$20,299,387
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$36,164,805	\$43,866,837	\$20,299,387
8	Total Operating Expenses	\$452,150,688	\$447,201,215	\$362,033,076
9	Depreciation Expense	\$20,163,043	\$20,667,840	\$18,679,687
10	Operating Expenses less Depreciation Expense	\$431,987,645	\$426,533,375	\$343,353,389
11	Days Revenue in Patient Accounts Receivable	23	19	24
12	Net Patient Accounts Receivable	\$ 40,346,696	\$ 40,669,114	\$ 48,945,018
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$15,301,884	\$20,263,312	\$23,838,552
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 25,044,812	\$ 20,405,802	\$ 25,106,466
16	Total Net Patient Revenue	\$401,714,458	\$389,909,715	\$380,067,051
17	Average Payment Period	74	77	85
18	Total Current Liabilities	\$87,459,688	\$90,353,798	\$79,853,664
19	Total Operating Expenses	\$452,150,688	\$447,201,215	\$362,033,076
20	Depreciation Expense	\$20,163,043	\$20,667,840	\$18,679,687
21	Total Operating Expenses less Depreciation Expense	\$431,987,645	\$426,533,375	\$343,353,389

HARTFORD HEALTH CARE CORPORATION				
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>	35.0	36.8	43.4
2	Total Net Assets	\$140,054,099	\$154,993,818	\$175,197,767
3	Total Assets	\$400,118,598	\$420,707,603	\$403,480,065
4	<u>Cash Flow to Total Debt Ratio</u>	23.8	18.6	59.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$14,213,560	\$6,469,265	\$30,764,738
6	Depreciation Expense	\$20,163,043	\$20,667,840	\$18,679,687
7	Excess of Revenues Over Expenses and Depreciation Expense	\$34,376,603	\$27,137,105	\$49,444,425
8	Total Current Liabilities	\$87,459,688	\$90,353,798	\$79,853,664
9	Total Long Term Debt	\$56,958,603	\$55,637,010	\$3,640,365
10	Total Current Liabilities and Total Long Term Debt	\$144,418,291	\$145,990,808	\$83,494,029
11	<u>Long Term Debt to Capitalization Ratio</u>	28.9	26.4	2.0
12	Total Long Term Debt	\$56,958,603	\$55,637,010	\$3,640,365
13	Total Net Assets	\$140,054,099	\$154,993,818	\$175,197,767
14	Total Long Term Debt and Total Net Assets	\$197,012,702	\$210,630,828	\$178,838,132

THE HOSPITAL OF CENTRAL CONNECTICUT								
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
<u>LINE</u>	<u>DESCRIPTION</u>	<u>DAYS</u>	<u># PATIENT</u>		<u>BEDS (A)</u>	<u>BEDS</u>	<u>BEDS (A)</u>	<u>BEDS</u>
1	Adult Medical/Surgical	57,564	15,859	14,175	231	253	68.3%	62.3%
2	ICU/CCU (Excludes Neonatal ICU)	7,160	1,636	0	32	32	61.3%	61.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	6,838	790	789	22	24	85.2%	78.1%
	TOTAL PSYCHIATRIC	6,838	790	789	22	24	85.2%	78.1%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	5,171	1,816	1,819	25	27	56.7%	52.5%
7	Newborn	3,930	1,400	1,451	20	20	53.8%	53.8%
8	Neonatal ICU	1,598	295	0	12	12	36.5%	36.5%
9	Pediatric	876	386	374	14	15	17.1%	16.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	79,207	19,146	17,157	336	363	64.6%	59.8%
	TOTAL INPATIENT BED UTILIZATION	83,137	20,546	18,608	356	383	64.0%	59.5%
	TOTAL INPATIENT REPORTED YEAR	83,137	20,546	18,608	356	383	64.0%	59.5%
	TOTAL INPATIENT PRIOR YEAR	81,872	0	0	341	356	65.8%	63.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	1,265	20,546	18,608	15	27	-1.8%	-3.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	0%	0%	4%	8%	-3%	-6%
	Total Licensed Beds and Bassinets	464						
(A) This number may not exceed the number of available beds for each department or in total.								

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	10,911	8,346	-2,565	-24%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,947	7,165	-1,782	-20%
3	Emergency Department Scans	15,336	14,456	-880	-6%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	35,194	29,967	-5,227	-15%
B. MRI Scans (A)					
1	Inpatient Scans	315	327	12	4%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,193	3,546	353	11%
3	Emergency Department Scans	25	67	42	168%
4	Other Non-Hospital Providers' Scans (A)	3,432	3,763	331	10%
	Total MRI Scans	6,965	7,703	738	11%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	34	20	-14	-41%
2	Outpatient Scans (Excluding Emergency Department Scans)	333	373	40	12%
3	Emergency Department Scans	2	1	-1	-50%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	369	394	25	7%
(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	218	313	95	44%
2	Outpatient Procedures	6,585	6,533	-52	-1%
	Total Linear Accelerator Procedures	6,803	6,846	43	1%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	282	107	-175	-62%
2	Outpatient Procedures	294	76	-218	-74%
	Total Cardiac Catheterization Procedures	576	183	-393	-68%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	112	132	20	18%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	112	132	20	18%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	4,254	3,964	-290	-7%
2	Outpatient Surgical Procedures	8,486	8,021	-465	-5%
	Total Surgical Procedures	12,740	11,985	-755	-6%
J. Endoscopy Procedures					

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	1,325	1,363	38	3%
2	Outpatient Endoscopy Procedures	7,037	6,679	-358	-5%
	Total Endoscopy Procedures	8,362	8,042	-320	-4%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	15,051	14,219	-832	-6%
2	Emergency Room Visits: Treated and Discharged	90,611	94,835	4,224	5%
	Total Emergency Room Visits	105,662	109,054	3,392	3%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	22,258	16,977	-5,281	-24%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	63,401	60,591	-2,810	-4%
4	Medical Clinic Visits	4,196	4,204	8	0%
5	Specialty Clinic Visits	16,418	16,344	-74	0%
	Total Hospital Clinic Visits	106,273	98,116	-8,157	-8%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	34,694	33,770	-924	-3%
2	Cardiology	6,010	6,485	475	8%
3	Chemotherapy	3,929	3,050	-879	-22%
4	Gastroenterology	349	297	-52	-15%
5	Other Outpatient Visits	31,555	32,049	494	2%
	Total Other Hospital Outpatient Visits	76,537	75,651	-886	-1%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	634.3	627.5	-6.8	-1%
2	Total Physician FTEs	111.0	109.6	-1.4	-1%
3	Total Non-Nursing and Non-Physician FTEs	1,420.8	1,434.9	14.1	1%
	Total Hospital Full Time Equivalent Employees	2,166.1	2,172.0	5.9	0%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	The Hospital of Central Connecticut	8,486	8,021	-465	-5%
	Total Outpatient Surgical Procedures(A)	8,486	8,021	-465	-5%
B. Outpatient Endoscopy Procedures					
1	The Hospital of Central Connecticut	7,037	6,679	-358	-5%
	Total Outpatient Endoscopy Procedures(B)	7,037	6,679	-358	-5%
C. Outpatient Hospital Emergency Room Visits					
1	The Hospital of Central Connecticut	90,611	94,835	4,224	5%
	Total Outpatient Hospital Emergency Room Visits(C)	90,611	94,835	4,224	5%
(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.					

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$229,942,065	\$254,787,684	\$24,845,619	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$92,780,179	\$104,104,559	\$11,324,380	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.35%	40.86%	0.51%	1%
4	DISCHARGES	8,738	9,651	913	10%
5	CASE MIX INDEX (CMI)	1.36343	1.31988	(0.04355)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11,913.65134	12,738.16188	824.51054	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,787.72	\$8,172.65	\$384.93	5%
8	PATIENT DAYS	42,359	45,378	3,019	7%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,190.33	\$2,294.16	\$103.83	5%
10	AVERAGE LENGTH OF STAY	4.8	4.7	(0.1)	-3%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$125,477,668	\$130,399,003	\$4,921,335	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,115,814	\$33,644,970	(\$2,470,844)	-7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.78%	25.80%	-2.98%	-10%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	54.57%	51.18%	-3.39%	-6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,768.26136	4,939.33128	171.06992	4%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,574.21	\$6,811.64	(\$762.57)	-10%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$355,419,733	\$385,186,687	\$29,766,954	8%
18	TOTAL ACCRUED PAYMENTS	\$128,895,993	\$137,749,529	\$8,853,536	7%
19	TOTAL ALLOWANCES	\$226,523,740	\$247,437,158	\$20,913,418	9%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$114,447,652	\$109,193,764	(\$5,253,888)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$59,899,198	\$69,099,679	\$9,200,481	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.34%	63.28%	10.94%	21%
4	DISCHARGES	6,207	6,033	(174)	-3%
5	CASE MIX INDEX (CMI)	1.10184	1.09074	(0.01110)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,839.12088	6,580.43442	(258.68646)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,758.32	\$10,500.78	\$1,742.46	20%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$970.60)	(\$2,328.13)	(\$1,357.53)	140%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,638,041)	(\$15,320,081)	(\$8,682,041)	131%
10	PATIENT DAYS	22,249	19,639	(2,610)	-12%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,692.22	\$3,518.49	\$826.27	31%
12	AVERAGE LENGTH OF STAY	3.6	3.3	(0.3)	-9%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$176,301,260	\$174,035,333	(\$2,265,927)	-1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$105,790,470	\$105,707,671	(\$82,799)	0%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	60.01%	60.74%	0.73%	1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	154.05%	159.38%	5.34%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,561.59346	9,615.52314	53.92968	1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,064.10	\$10,993.44	(\$70.67)	-1%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$3,489.89)	(\$4,181.79)	(\$691.90)	20%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$33,368,951)	(\$40,210,143)	(\$6,841,192)	21%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$290,748,912	\$283,229,097	(\$7,519,815)	-3%
22	TOTAL ACCRUED PAYMENTS	\$165,689,668	\$174,807,350	\$9,117,682	6%
23	TOTAL ALLOWANCES	\$125,059,244	\$108,421,747	(\$16,637,497)	-13%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$40,006,991)	(\$55,530,224)	(\$15,523,233)	39%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$284,611,249	\$276,564,149	(\$8,047,100)	-3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$159,552,005	\$168,142,403	\$8,590,398	5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,059,244	\$108,421,746	(\$16,637,498)	-13%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.94%	39.20%	-4.74%	

THE HOSPITAL OF CENTRAL CONNECTICUT					
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.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$5,651,953	\$3,318,356	(\$2,333,597)	-41%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$583,493	\$516,899	(\$66,594)	-11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.32%	15.58%	5.25%	51%
4	DISCHARGES	334	187	(147)	-44%
5	CASE MIX INDEX (CMI)	0.91161	1.01228	0.10067	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	304.47774	189.29636	(115.18138)	-38%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,916.37	\$2,730.63	\$814.26	42%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,841.95	\$7,770.14	\$928.20	14%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,871.35	\$5,442.02	(\$429.33)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,787,694	\$1,030,154	(\$757,540)	-42%
11	PATIENT DAYS	1,083	548	(535)	-49%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$538.77	\$943.25	\$404.47	75%
13	AVERAGE LENGTH OF STAY	3.2	2.9	(0.3)	-10%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,929,960	\$14,252,846	(\$677,114)	-5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,500,273	\$3,015,191	(\$2,485,082)	-45%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.84%	21.16%	-15.69%	-43%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	264.16%	429.52%	165.36%	63%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	882.28027	803.19357	(79.08670)	-9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,234.16	\$3,754.00	(\$2,480.15)	-40%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,829.95	\$7,239.44	\$2,409.49	50%
21	MEDICARE - UNINSURED OP PMT / OPED	\$1,340.05	\$3,057.64	\$1,717.59	128%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,182,303	\$2,455,878	\$1,273,575	108%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$20,581,913	\$17,571,202	(\$3,010,711)	-15%
24	TOTAL ACCRUED PAYMENTS	\$6,083,766	\$3,532,090	(\$2,551,676)	-42%
25	TOTAL ALLOWANCES	\$14,498,147	\$14,039,112	(\$459,035)	-3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,969,998	\$3,486,032	\$516,035	17%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$58,585,464	\$78,785,125	\$20,199,661	34%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$20,418,163	\$26,215,246	\$5,797,083	28%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.85%	33.27%	-1.58%	-5%
4	DISCHARGES	4,042	4,816	774	19%
5	CASE MIX INDEX (CMI)	0.92567	0.97274	0.04707	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,741.55814	4,684.71584	943.15770	25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,457.13	\$5,595.91	\$138.78	3%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,301.19	\$4,904.87	\$1,603.68	49%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,330.59	\$2,576.74	\$246.15	11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,720,044	\$12,071,304	\$3,351,261	38%
11	PATIENT DAYS	14,479	17,991	3,512	24%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,410.19	\$1,457.13	\$46.94	3%
13	AVERAGE LENGTH OF STAY	3.6	3.7	0.2	4%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$70,754,649	\$93,414,111	\$22,659,462	32%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$28,874,807	\$33,165,597	\$4,290,790	15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.81%	35.50%	-5.31%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	120.77%	118.57%	-2.20%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,881.59130	5,710.24490	828.65361	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,915.04	\$5,808.09	(\$106.95)	-2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,149.06	\$5,185.35	\$36.29	1%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,659.17	\$1,003.56	(\$655.61)	-40%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,099,392	\$5,730,563	(\$2,368,829)	-29%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$129,340,113	\$172,199,236	\$42,859,123	33%
24	TOTAL ACCRUED PAYMENTS	\$49,292,970	\$59,380,843	\$10,087,873	20%
25	TOTAL ALLOWANCES	\$80,047,143	\$112,818,393	\$32,771,250	41%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,819,435	\$17,801,867	\$982,432	6%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$13,232,447	\$0	(\$13,232,447)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,694,797	\$0	(\$2,694,797)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.37%	0.00%	-20.37%	-100%
4	DISCHARGES	493	-	(493)	-100%
5	CASE MIX INDEX (CMI)	1.26766	0.00000	(1.26766)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	624.95638	0.00000	(624.95638)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,311.98	\$0.00	(\$4,311.98)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,446.34	\$10,500.78	\$6,054.44	136%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,475.74	\$8,172.65	\$4,696.91	135%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,172,188	\$0	(\$2,172,188)	-100%
11	PATIENT DAYS	2,600	0	(2,600)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,036.46	\$0.00	(\$1,036.46)	-100%
13	AVERAGE LENGTH OF STAY	5.3	-	(5.3)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,574,526	\$0	(\$10,574,526)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,756,436	\$0	(\$1,756,436)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.61%	0.00%	-16.61%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	79.91%	0.00%	-79.91%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	393.97409	0.00000	(393.97409)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,458.25	\$0.00	(\$4,458.25)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,605.85	\$10,993.44	\$4,387.59	66%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,115.96	\$6,811.64	\$3,695.69	119%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,227,607	\$0	(\$1,227,607)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$23,806,973	\$0	(\$23,806,973)	-100%
24	TOTAL ACCRUED PAYMENTS	\$4,451,233	\$0	(\$4,451,233)	-100%
25	TOTAL ALLOWANCES	\$19,355,740	\$0	(\$19,355,740)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$3,399,795	\$0	(\$3,399,795)	-100%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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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	\$71,817,911	\$78,785,125	\$6,967,214	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$23,112,960	\$26,215,246	\$3,102,286	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.18%	33.27%	1.09%	3%
4	DISCHARGES	4,535	4,816	281	6%
5	CASE MIX INDEX (CMI)	0.96285	0.97274	0.00989	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,366.51452	4,684.71584	318.20132	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,293.23	\$5,595.91	\$302.68	6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,465.09	\$4,904.87	\$1,439.78	42%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,494.49	\$2,576.74	\$82.25	3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,892,232	\$12,071,304	\$1,179,073	11%
11	PATIENT DAYS	17,079	17,991	912	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,353.30	\$1,457.13	\$103.83	8%
13	AVERAGE LENGTH OF STAY	3.8	3.7	(0.0)	-1%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$81,329,175	\$93,414,111	\$12,084,936	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$30,631,243	\$33,165,597	\$2,534,354	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.66%	35.50%	-2.16%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	113.24%	118.57%	5.32%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,275.56539	5,710.24490	434.67951	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,806.25	\$5,808.09	\$1.84	0%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,257.86	\$5,185.35	(\$72.50)	-1%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,767.96	\$1,003.56	(\$764.40)	-43%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,326,998	\$5,730,563	(\$3,596,436)	-39%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$153,147,086	\$172,199,236	\$19,052,150	12%
24	TOTAL ACCRUED PAYMENTS	\$53,744,203	\$59,380,843	\$5,636,640	10%
25	TOTAL ALLOWANCES	\$99,402,883	\$112,818,393	\$13,415,510	13%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$754,937	\$513,067	(\$241,870)	-32%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$182,086	\$267,040	\$84,954	47%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.12%	52.05%	27.93%	116%
4	DISCHARGES	37	46	9	24%
5	CASE MIX INDEX (CMI)	0.96678	0.76081	(0.20597)	-21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	35.77086	34.99726	(0.77360)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,090.34	\$7,630.31	\$2,539.97	50%
8	PATIENT DAYS	185	129	(56)	-30%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$984.25	\$2,070.08	\$1,085.83	110%
10	AVERAGE LENGTH OF STAY	5.0	2.8	(2.2)	-44%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$669,381	\$719,632	\$50,251	8%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$201,216	\$196,963	(\$4,253)	-2%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,424,318	\$1,232,699	(\$191,619)	-13%
14	TOTAL ACCRUED PAYMENTS	\$383,302	\$464,003	\$80,701	21%
15	TOTAL ALLOWANCES	\$1,041,016	\$768,696	(\$272,320)	-26%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$23,393,788	\$21,278,672	(\$2,115,116)	-9%
2	TOTAL OPERATING EXPENSES	\$381,476,536	\$368,573,386	(\$12,903,150)	-3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,763,987	\$0	(\$1,763,987)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$8,420,571	\$17,262,086	\$8,841,515	105%
5	BAD DEBTS (CHARGES)	\$9,548,336	\$1,140,529	(\$8,407,807)	-88%
6	UNCOMPENSATED CARE (CHARGES)	\$17,968,907	\$18,402,615	\$433,708	2%
7	COST OF UNCOMPENSATED CARE	\$7,461,610	\$7,738,347	\$276,737	4%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$153,147,086	\$172,199,236	\$19,052,150	12%
9	TOTAL ACCRUED PAYMENTS	\$53,744,203	\$59,380,843	\$5,636,640	10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$63,594,507	\$72,410,218	\$8,815,710	14%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,850,304	\$13,029,375	\$3,179,070	32%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$416,962,565	\$443,279,640	\$26,317,075	6%
2	TOTAL INPATIENT PAYMENTS	\$175,974,423	\$199,686,524	\$23,712,101	13%
3	TOTAL INPATIENT PAYMENTS / CHARGES	42.20%	45.05%	2.84%	7%
4	TOTAL DISCHARGES	19,517	20,546	1,029	5%
5	TOTAL CASE MIX INDEX	1.18640	1.16998	(0.01643)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	23,155,05760	24,038,30940	883,25180	4%
7	TOTAL OUTPATIENT CHARGES	\$383,777,484	\$398,568,079	\$14,790,595	4%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	92.04%	89.91%	-2.13%	-2%
9	TOTAL OUTPATIENT PAYMENTS	\$172,738,743	\$172,715,201	(\$23,542)	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.01%	43.33%	-1.68%	-4%
11	TOTAL CHARGES	\$800,740,049	\$841,847,719	\$41,107,670	5%
12	TOTAL PAYMENTS	\$348,713,166	\$372,401,725	\$23,688,559	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	43.55%	44.24%	0.69%	2%
14	PATIENT DAYS	81,872	83,137	1,265	2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$302,514,913	\$334,085,876	\$31,570,963	10%
2	INPATIENT PAYMENTS	\$116,075,225	\$130,586,845	\$14,511,620	13%
3	GOVT. INPATIENT PAYMENTS / CHARGES	38.37%	39.09%	0.72%	2%
4	DISCHARGES	13,310	14,513	1,203	9%
5	CASE MIX INDEX	1.22584	1.20291	(0.02293)	-2%
6	CASE MIX ADJUSTED DISCHARGES	16,315.93672	17,457.87498	1,141.93826	7%
7	OUTPATIENT CHARGES	\$207,476,224	\$224,532,746	\$17,056,522	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	68.58%	67.21%	-1.38%	-2%
9	OUTPATIENT PAYMENTS	\$66,948,273	\$67,007,530	\$59,257	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.27%	29.84%	-2.42%	-8%
11	TOTAL CHARGES	\$509,991,137	\$558,618,622	\$48,627,485	10%
12	TOTAL PAYMENTS	\$183,023,498	\$197,594,375	\$14,570,877	8%
13	TOTAL PAYMENTS / CHARGES	35.89%	35.37%	-0.52%	-1%
14	PATIENT DAYS	59,623	63,498	3,875	6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$326,967,639	\$361,024,247	\$34,056,608	10%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.8	4.7	(0.1)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.3	(0.3)	-9%
3	UNINSURED	3.2	2.9	(0.3)	-10%
4	MEDICAID	3.6	3.7	0.2	4%
5	OTHER MEDICAL ASSISTANCE	5.3	-	(5.3)	-100%
6	CHAMPUS / TRICARE	5.0	2.8	(2.2)	-44%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.0	(0.1)	-4%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$800,740,049	\$841,847,719	\$41,107,670	5%
2	TOTAL GOVERNMENT DEDUCTIONS	\$326,967,639	\$361,024,247	\$34,056,608	10%
3	UNCOMPENSATED CARE	\$17,968,907	\$18,402,615	\$433,708	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,059,244	\$108,421,746	(\$16,637,498)	-13%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$469,995,790	\$487,848,608	\$17,852,818	4%
7	TOTAL ACCRUED PAYMENTS	\$330,744,259	\$353,999,111	\$23,254,852	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,763,987	\$0	(\$1,763,987)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$332,508,246	\$353,999,111	\$21,490,865	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4152511747	0.4205025482	0.0052513734	1%
11	COST OF UNCOMPENSATED CARE	\$7,461,610	\$7,738,347	\$276,737	4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,850,304	\$13,029,375	\$3,179,070	32%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$17,311,914	\$20,767,721	\$3,455,807	20%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$8,099,392	\$5,730,563	(\$2,368,829)	-29%
2	OTHER MEDICAL ASSISTANCE	\$3,399,795	\$0	(\$3,399,795)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,969,998	\$3,486,032	\$516,035	17%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$14,469,184	\$9,216,595	(\$5,252,589)	-36%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$18,469,683	\$10,914,736	(\$7,554,947)	-40.90%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$368,946,837	\$383,316,464	\$14,369,627	3.89%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$8,584,797	\$8,748,112	\$163,315	1.90%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$809,324,847	\$850,595,831	\$41,270,984	5.10%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,403,970	\$1,248,893	(\$155,077)	-11.05%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$19,372,878	\$19,651,508	\$278,630	1.44%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	\$114,447,652	\$109,193,764	(\$5,253,888)
2	MEDICARE	\$229,942,065	254,787,684	\$24,845,619
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$71,817,911	78,785,125	\$6,967,214
4	MEDICAID	\$58,585,464	78,785,125	\$20,199,661
5	OTHER MEDICAL ASSISTANCE	\$13,232,447	0	(\$13,232,447)
6	CHAMPUS / TRICARE	\$754,937	513,067	(\$241,870)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,651,953	3,318,356	(\$2,333,597)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$302,514,913	\$334,085,876	\$31,570,963
	TOTAL INPATIENT CHARGES	\$416,962,565	\$443,279,640	\$26,317,075
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$176,301,260	\$174,035,333	(\$2,265,927)
2	MEDICARE	\$125,477,668	130,399,003	\$4,921,335
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$81,329,175	93,414,111	\$12,084,936
4	MEDICAID	\$70,754,649	93,414,111	\$22,659,462
5	OTHER MEDICAL ASSISTANCE	\$10,574,526	0	(\$10,574,526)
6	CHAMPUS / TRICARE	\$669,381	719,632	\$50,251
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$14,929,960	14,252,846	(\$677,114)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$207,476,224	\$224,532,746	\$17,056,522
	TOTAL OUTPATIENT CHARGES	\$383,777,484	\$398,568,079	\$14,790,595
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$290,748,912	\$283,229,097	(\$7,519,815)
2	TOTAL MEDICARE	\$355,419,733	\$385,186,687	\$29,766,954
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$153,147,086	\$172,199,236	\$19,052,150
4	TOTAL MEDICAID	\$129,340,113	\$172,199,236	\$42,859,123
5	TOTAL OTHER MEDICAL ASSISTANCE	\$23,806,973	\$0	(\$23,806,973)
6	TOTAL CHAMPUS / TRICARE	\$1,424,318	\$1,232,699	(\$191,619)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,581,913	\$17,571,202	(\$3,010,711)
	TOTAL GOVERNMENT CHARGES	\$509,991,137	\$558,618,622	\$48,627,485
	TOTAL CHARGES	\$800,740,049	\$841,847,719	\$41,107,670
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,899,198	\$69,099,679	\$9,200,481
2	MEDICARE	\$92,780,179	104,104,559	\$11,324,380
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,112,960	26,215,246	\$3,102,286
4	MEDICAID	\$20,418,163	26,215,246	\$5,797,083
5	OTHER MEDICAL ASSISTANCE	\$2,694,797	0	(\$2,694,797)
6	CHAMPUS / TRICARE	\$182,086	267,040	\$84,954
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$583,493	516,899	(\$66,594)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$116,075,225	\$130,586,845	\$14,511,620
	TOTAL INPATIENT PAYMENTS	\$175,974,423	\$199,686,524	\$23,712,101
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$105,790,470	\$105,707,671	(\$82,799)
2	MEDICARE	\$36,115,814	33,644,970	(\$2,470,844)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$30,631,243	33,165,597	\$2,534,354
4	MEDICAID	\$28,874,807	33,165,597	\$4,290,790
5	OTHER MEDICAL ASSISTANCE	\$1,756,436	0	(\$1,756,436)
6	CHAMPUS / TRICARE	\$201,216	196,963	(\$4,253)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,500,273	3,015,191	(\$2,485,082)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$66,948,273	\$67,007,530	\$59,257
	TOTAL OUTPATIENT PAYMENTS	\$172,738,743	\$172,715,201	(\$23,542)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$165,689,668	\$174,807,350	\$9,117,682
2	TOTAL MEDICARE	\$128,895,993	\$137,749,529	\$8,853,536
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$53,744,203	\$59,380,843	\$5,636,640
4	TOTAL MEDICAID	\$49,292,970	\$59,380,843	\$10,087,873
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,451,233	\$0	(\$4,451,233)
6	TOTAL CHAMPUS / TRICARE	\$383,302	\$464,003	\$80,701
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,083,766	\$3,532,090	(\$2,551,676)
	TOTAL GOVERNMENT PAYMENTS	\$183,023,498	\$197,594,375	\$14,570,877
	TOTAL PAYMENTS	\$348,713,166	\$372,401,725	\$23,688,559

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	14.29%	12.97%	-1.32%
2	MEDICARE	28.72%	30.27%	1.55%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.97%	9.36%	0.39%
4	MEDICAID	7.32%	9.36%	2.04%
5	OTHER MEDICAL ASSISTANCE	1.65%	0.00%	-1.65%
6	CHAMPUS / TRICARE	0.09%	0.06%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.71%	0.39%	-0.31%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	37.78%	39.68%	1.91%
	TOTAL INPATIENT PAYER MIX	52.07%	52.66%	0.58%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.02%	20.67%	-1.34%
2	MEDICARE	15.67%	15.49%	-0.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.16%	11.10%	0.94%
4	MEDICAID	8.84%	11.10%	2.26%
5	OTHER MEDICAL ASSISTANCE	1.32%	0.00%	-1.32%
6	CHAMPUS / TRICARE	0.08%	0.09%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.86%	1.69%	-0.17%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	25.91%	26.67%	0.76%
	TOTAL OUTPATIENT PAYER MIX	47.93%	47.34%	-0.58%
	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)	17.18%	18.56%	1.38%
2	MEDICARE	26.61%	27.95%	1.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.63%	7.04%	0.41%
4	MEDICAID	5.86%	7.04%	1.18%
5	OTHER MEDICAL ASSISTANCE	0.77%	0.00%	-0.77%
6	CHAMPUS / TRICARE	0.05%	0.07%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.14%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	33.29%	35.07%	1.78%
	TOTAL INPATIENT PAYER MIX	50.46%	53.62%	3.16%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.34%	28.39%	-1.95%
2	MEDICARE	10.36%	9.03%	-1.32%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.78%	8.91%	0.12%
4	MEDICAID	8.28%	8.91%	0.63%
5	OTHER MEDICAL ASSISTANCE	0.50%	0.00%	-0.50%
6	CHAMPUS / TRICARE	0.06%	0.05%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.58%	0.81%	-0.77%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	19.20%	17.99%	-1.21%
	TOTAL OUTPATIENT PAYER MIX	49.54%	46.38%	-3.16%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	6,207	6,033	(174)
2	MEDICARE	8,738	9,651	913
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,535	4,816	281
4	MEDICAID	4,042	4,816	774
5	OTHER MEDICAL ASSISTANCE	493	0	(493)
6	CHAMPUS / TRICARE	37	46	9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	334	187	(147)
	TOTAL GOVERNMENT DISCHARGES	13,310	14,513	1,203
	TOTAL DISCHARGES	19,517	20,546	1,029
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22,249	19,639	(2,610)
2	MEDICARE	42,359	45,378	3,019
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,079	17,991	912
4	MEDICAID	14,479	17,991	3,512
5	OTHER MEDICAL ASSISTANCE	2,600	0	(2,600)
6	CHAMPUS / TRICARE	185	129	(56)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,083	548	(535)
	TOTAL GOVERNMENT PATIENT DAYS	59,623	63,498	3,875
	TOTAL PATIENT DAYS	81,872	83,137	1,265
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.3	(0.3)
2	MEDICARE	4.8	4.7	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.8	3.7	(0.0)
4	MEDICAID	3.6	3.7	0.2
5	OTHER MEDICAL ASSISTANCE	5.3	0.0	(5.3)
6	CHAMPUS / TRICARE	5.0	2.8	(2.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.2	2.9	(0.3)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.5	4.4	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.2	4.0	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.10184	1.09074	(0.01110)
2	MEDICARE	1.36343	1.31988	(0.04355)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96285	0.97274	0.00989
4	MEDICAID	0.92567	0.97274	0.04707
5	OTHER MEDICAL ASSISTANCE	1.26766	0.00000	(1.26766)
6	CHAMPUS / TRICARE	0.96678	0.76081	(0.20597)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.91161	1.01228	0.10067
	TOTAL GOVERNMENT CASE MIX INDEX	1.22584	1.20291	(0.02293)
	TOTAL CASE MIX INDEX	1.18640	1.16998	(0.01643)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$284,611,249	\$276,564,149	(\$8,047,100)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$159,552,005	\$168,142,403	\$8,590,398
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,059,244	\$108,421,746	(\$16,637,498)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	43.94%	39.20%	-4.74%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,763,987	\$0	(\$1,763,987)
8	CHARITY CARE	\$8,420,571	\$17,262,086	\$8,841,515
9	BAD DEBTS	\$9,548,336	\$1,140,529	(\$8,407,807)
10	TOTAL UNCOMPENSATED CARE	\$17,968,907	\$18,402,615	\$433,708
11	TOTAL OTHER OPERATING REVENUE	\$284,611,249	\$276,564,149	(\$8,047,100)
12	TOTAL OPERATING EXPENSES	\$381,476,536	\$368,573,386	(\$12,903,150)

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	6,839.12088	6,580.43442	(258.68646)
2	MEDICARE	11,913.65134	12,738.16188	824.51054
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,366.51452	4,684.71584	318.20132
4	MEDICAID	3,741.55814	4,684.71584	943.15770
5	OTHER MEDICAL ASSISTANCE	624.95638	0.00000	(624.95638)
6	CHAMPUS / TRICARE	35.77086	34.99726	(0.77360)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	304.47774	189.29636	(115.18138)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	16,315.93672	17,457.87498	1,141.93826
	TOTAL CASE MIX ADJUSTED DISCHARGES	23,155.05760	24,038.30940	883.25180
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,561.59346	9,615.52314	53.92968
2	MEDICARE	4,768.26136	4,939.33128	171.06992
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,275.56539	5,710.24490	434.67951
4	MEDICAID	4,881.59130	5,710.24490	828.65361
5	OTHER MEDICAL ASSISTANCE	393.97409	0.00000	-393.97409
6	CHAMPUS / TRICARE	32.80684	64.51998	31.71314
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	882.28027	803.19357	-79.08670
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	10,076.63359	10,714.09617	637.46258
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	19,638.22705	20,329.61930	691.39225
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,758.32	\$10,500.78	\$1,742.46
2	MEDICARE	\$7,787.72	\$8,172.65	\$384.93
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,293.23	\$5,595.91	\$302.68
4	MEDICAID	\$5,457.13	\$5,595.91	\$138.78
5	OTHER MEDICAL ASSISTANCE	\$4,311.98	\$0.00	(\$4,311.98)
6	CHAMPUS / TRICARE	\$5,090.34	\$7,630.31	\$2,539.97
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,916.37	\$2,730.63	\$814.26
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,114.22	\$7,480.11	\$365.89
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,599.83	\$8,307.01	\$707.19
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,064.10	\$10,993.44	(\$70.67)
2	MEDICARE	\$7,574.21	\$6,811.64	(\$762.57)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,806.25	\$5,808.09	\$1.84
4	MEDICAID	\$5,915.04	\$5,808.09	(\$106.95)
5	OTHER MEDICAL ASSISTANCE	\$4,458.25	\$0.00	(\$4,458.25)
6	CHAMPUS / TRICARE	\$6,133.36	\$3,052.74	(\$3,080.61)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,234.16	\$3,754.00	(\$2,480.15)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,643.91	\$6,254.15	(\$389.77)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,796.05	\$8,495.74	(\$300.30)

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$8,099,392	\$5,730,563	(\$2,368,829)
2	OTHER MEDICAL ASSISTANCE	\$3,399,795	\$0	(\$3,399,795)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,969,998	\$3,486,032	\$516,035
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$14,469,184	\$9,216,595	(\$5,252,589)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$800,740,049	\$841,847,719	\$41,107,670
2	TOTAL GOVERNMENT DEDUCTIONS	\$326,967,639	\$361,024,247	\$34,056,608
3	UNCOMPENSATED CARE	\$17,968,907	\$18,402,615	\$433,708
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$125,059,244	\$108,421,746	(\$16,637,498)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$469,995,790	\$487,848,608	\$17,852,818
7	TOTAL ACCRUED PAYMENTS	\$330,744,259	\$353,999,111	\$23,254,852
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,763,987	\$0	(\$1,763,987)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$332,508,246	\$353,999,111	\$21,490,865
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4152511747	0.4205025482	0.0052513734
11	COST OF UNCOMPENSATED CARE	\$7,461,610	\$7,738,347	\$276,737
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$9,850,304	\$13,029,375	\$3,179,070
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$17,311,914	\$20,767,721	\$3,455,807
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.34%	63.28%	10.94%
2	MEDICARE	40.35%	40.86%	0.51%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.18%	33.27%	1.09%
4	MEDICAID	34.85%	33.27%	-1.58%
5	OTHER MEDICAL ASSISTANCE	20.37%	0.00%	-20.37%
6	CHAMPUS / TRICARE	24.12%	52.05%	27.93%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.32%	15.58%	5.25%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	38.37%	39.09%	0.72%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	42.20%	45.05%	2.84%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	60.01%	60.74%	0.73%
2	MEDICARE	28.78%	25.80%	-2.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.66%	35.50%	-2.16%
4	MEDICAID	40.81%	35.50%	-5.31%
5	OTHER MEDICAL ASSISTANCE	16.61%	0.00%	-16.61%
6	CHAMPUS / TRICARE	30.06%	27.37%	-2.69%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	36.84%	21.16%	-15.69%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	32.27%	29.84%	-2.42%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	45.01%	43.33%	-1.68%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$348,713,166	\$372,401,725	\$23,688,559
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,763,987	\$0	(\$1,763,987)
	OHCA DEFINED NET REVENUE	\$350,477,153	\$372,401,725	\$21,924,572
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$18,469,683	\$10,914,736	(\$7,554,947)
4	CALCULATED NET REVENUE	\$368,946,836	\$383,316,461	\$14,369,625
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$368,946,837	\$383,316,464	\$14,369,627
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	(\$3)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$800,740,049	\$841,847,719	\$41,107,670
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$8,584,797	\$8,748,112	\$163,315
	CALCULATED GROSS REVENUE	\$809,324,846	\$850,595,831	\$41,270,985
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$809,324,847	\$850,595,831	\$41,270,984
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)	\$17,968,907	\$18,402,615	\$433,708
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,403,970	\$1,248,893	(\$155,077)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$19,372,877	\$19,651,508	\$278,631
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$19,372,878	\$19,651,508	\$278,630
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$0	\$1

THE HOSPITAL OF CENTRAL CONNECTICUT 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)	\$109,193,764
2	MEDICARE	254,787,684
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	78,785,125
4	MEDICAID	78,785,125
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	513,067
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,318,356
	TOTAL INPATIENT GOVERNMENT CHARGES	\$334,085,876
	TOTAL INPATIENT CHARGES	\$443,279,640
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$174,035,333
2	MEDICARE	130,399,003
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	93,414,111
4	MEDICAID	93,414,111
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	719,632
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14,252,846
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$224,532,746
	TOTAL OUTPATIENT CHARGES	\$398,568,079
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$283,229,097
2	TOTAL GOVERNMENT ACCRUED CHARGES	558,618,622
	TOTAL ACCRUED CHARGES	\$841,847,719
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,099,679
2	MEDICARE	104,104,559
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26,215,246
4	MEDICAID	26,215,246
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	267,040
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	516,899
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$130,586,845
	TOTAL INPATIENT PAYMENTS	\$199,686,524
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$105,707,671
2	MEDICARE	33,644,970
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	33,165,597
4	MEDICAID	33,165,597
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	196,963
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,015,191
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$67,007,530
	TOTAL OUTPATIENT PAYMENTS	\$172,715,201
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$174,807,350
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	197,594,375
	TOTAL ACCRUED PAYMENTS	\$372,401,725

THE HOSPITAL OF CENTRAL CONNECTICUT 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)	6,033
2	MEDICARE	9,651
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,816
4	MEDICAID	4,816
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	46
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	187
	TOTAL GOVERNMENT DISCHARGES	14,513
	TOTAL DISCHARGES	20,546
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.09074
2	MEDICARE	1.31988
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97274
4	MEDICAID	0.97274
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.76081
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01228
	TOTAL GOVERNMENT CASE MIX INDEX	1.20291
	TOTAL CASE MIX INDEX	1.16998
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$276,564,149
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$168,142,403
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$108,421,746
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.20%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$17,262,086
9	BAD DEBTS	\$1,140,529
10	TOTAL UNCOMPENSATED CARE	\$18,402,615
11	TOTAL OTHER OPERATING REVENUE	\$21,278,672
12	TOTAL OPERATING EXPENSES	\$368,573,386

THE HOSPITAL OF CENTRAL CONNECTICUT 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	\$372,401,725
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$372,401,725
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$10,914,736
	CALCULATED NET REVENUE	\$383,316,461
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$383,316,464
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$841,847,719
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$8,748,112
	CALCULATED GROSS REVENUE	\$850,595,831
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$850,595,831
	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)	\$18,402,615
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,248,893
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$19,651,508
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$19,651,508
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

THE HOSPITAL OF CENTRAL CONNECTICUT 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	1,331	1,747	416	31%
2	Number of Approved Applicants	374	933	559	149%
3	Total Charges (A)	\$8,420,571	\$17,262,086	\$8,841,515	105%
4	Average Charges	\$22,515	\$18,502	(\$4,013)	-18%
5	Ratio of Cost to Charges (RCC)	0.437416	0.462882	0.025466	6%
6	Total Cost	\$3,683,292	\$7,990,309	\$4,307,016	117%
7	Average Cost	\$9,848	\$8,564	(\$1,284)	-13%
8	Charity Care - Inpatient Charges	\$2,509,336	\$4,669,888	\$2,160,552	86%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	4,218,340	9,203,021	4,984,681	118%
10	Charity Care - Emergency Department Charges	1,692,895	3,389,177	1,696,282	100%
11	Total Charges (A)	\$8,420,571	\$17,262,086	\$8,841,515	105%
12	Charity Care - Number of Patient Days	4,669	9,495	4,826	103%
13	Charity Care - Number of Discharges	908	1,896	988	109%
14	Charity Care - Number of Outpatient ED Visits	5,769	13,685	7,916	137%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,290	9,709	5,419	126%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$3,044,450	\$503,663	(\$2,540,787)	-83%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,735,841	443,241	(1,292,600)	-74%
3	Bad Debts - Emergency Department	4,768,045	193,625	(4,574,420)	-96%
4	Total Bad Debts (A)	\$9,548,336	\$1,140,529	(\$8,407,807)	-88%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$8,420,571	\$17,262,086	\$8,841,515	105%
2	Bad Debts (A)	9,548,336	1,140,529	(8,407,807)	-88%
3	Total Uncompensated Care (A)	\$17,968,907	\$18,402,615	\$433,708	2%
4	Uncompensated Care - Inpatient Services	\$5,553,786	\$5,173,551	(\$380,235)	-7%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,954,181	9,646,262	3,692,081	62%
6	Uncompensated Care - Emergency Department	6,460,940	3,582,802	(2,878,138)	-45%
7	Total Uncompensated Care (A)	\$17,968,907	\$18,402,615	\$433,708	2%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

THE HOSPITAL OF CENTRAL CONNECTICUT				
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. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$430,799,767	\$416,962,565	\$443,279,640
2	Outpatient Gross Revenue	\$396,091,858	\$383,777,484	\$398,568,079
3	Total Gross Patient Revenue	\$826,891,625	\$800,740,049	\$841,847,719
4	Net Patient Revenue	\$367,733,027	\$364,911,931	\$383,316,464
B. Total Operating Expenses				
1	Total Operating Expense	\$371,908,113	\$381,476,536	\$368,573,386
C. Utilization Statistics				
1	Patient Days	86,498	81,872	83,137
2	Discharges	20,067	19,517	20,546
3	Average Length of Stay	4.3	4.2	4.0
4	Equivalent (Adjusted) Patient Days (EPD)	166,027	157,228	157,888
0	Equivalent (Adjusted) Discharges (ED)	38,517	37,481	39,020
D. Case Mix Statistics				
1	Case Mix Index	1.17269	1.18640	1.16998
2	Case Mix Adjusted Patient Days (CMAPD)	101,436	97,133	97,268
3	Case Mix Adjusted Discharges (CMAD)	23,532	23,155	24,038
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	194,699	186,536	184,725
5	Case Mix Adjusted Equivalent Discharges (CMAED)	45,169	44,467	45,652
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$9,560	\$9,780	\$10,126
2	Total Gross Revenue per Discharge	\$41,207	\$41,028	\$40,974
3	Total Gross Revenue per EPD	\$4,980	\$5,093	\$5,332
4	Total Gross Revenue per ED	\$21,468	\$21,364	\$21,575
5	Total Gross Revenue per CMAEPD	\$4,247	\$4,293	\$4,557
6	Total Gross Revenue per CMAED	\$18,307	\$18,007	\$18,441
7	Inpatient Gross Revenue per EPD	\$2,595	\$2,652	\$2,808
8	Inpatient Gross Revenue per ED	\$11,185	\$11,125	\$11,360

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$4,251	\$4,457	\$4,611
2	Net Patient Revenue per Discharge	\$18,325	\$18,697	\$18,657
3	Net Patient Revenue per EPD	\$2,215	\$2,321	\$2,428
4	Net Patient Revenue per ED	\$9,547	\$9,736	\$9,824
5	Net Patient Revenue per CMAEPD	\$1,889	\$1,956	\$2,075
6	Net Patient Revenue per CMAED	\$8,141	\$8,206	\$8,396
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,300	\$4,659	\$4,433
2	Total Operating Expense per Discharge	\$18,533	\$19,546	\$17,939
3	Total Operating Expense per EPD	\$2,240	\$2,426	\$2,334
4	Total Operating Expense per ED	\$9,656	\$10,178	\$9,446
5	Total Operating Expense per CMAEPD	\$1,910	\$2,045	\$1,995
6	Total Operating Expense per CMAED	\$8,234	\$8,579	\$8,074
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$50,992,421	\$50,879,413	\$51,622,907
2	Nursing Fringe Benefits Expense	\$15,207,538	\$18,188,771	\$17,765,212
3	Total Nursing Salary and Fringe Benefits Expense	\$66,199,959	\$69,068,184	\$69,388,119
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$21,902,358	\$22,602,893	\$22,878,615
2	Physician Fringe Benefits Expense	\$6,531,970	\$8,080,259	\$7,724,018
3	Total Physician Salary and Fringe Benefits Expense	\$28,434,328	\$30,683,152	\$30,602,633
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$71,621,671	\$71,923,201	\$78,660,567
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$21,359,827	\$25,711,669	\$26,670,431
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$92,981,498	\$97,634,870	\$105,330,998
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$144,516,450	\$145,405,507	\$153,162,089
2	Total Fringe Benefits Expense	\$43,099,335	\$51,980,699	\$52,159,661
3	Total Salary and Fringe Benefits Expense	\$187,615,785	\$197,386,206	\$205,321,750

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	647.5	634.3	627.5
2	Total Physician FTEs	111.9	111.0	109.6
3	Total Non-Nursing, Non-Physician FTEs	1464.8	1420.8	1434.9
4	Total Full Time Equivalent Employees (FTEs)	2,224.2	2,166.1	2,172.0
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$78,753	\$80,213	\$82,268
2	Nursing Fringe Benefits Expense per FTE	\$23,487	\$28,675	\$28,311
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$102,239	\$108,889	\$110,579
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$195,732	\$203,630	\$208,746
2	Physician Fringe Benefits Expense per FTE	\$58,373	\$72,795	\$70,475
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$254,105	\$276,425	\$279,221
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$48,895	\$50,622	\$54,820
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,582	\$18,097	\$18,587
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$63,477	\$68,718	\$73,407
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$64,975	\$67,128	\$70,517
2	Total Fringe Benefits Expense per FTE	\$19,377	\$23,997	\$24,015
3	Total Salary and Fringe Benefits Expense per FTE	\$84,352	\$91,125	\$94,531
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,169	\$2,411	\$2,470
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,349	\$10,114	\$9,993
3	Total Salary and Fringe Benefits Expense per EPD	\$1,130	\$1,255	\$1,300
4	Total Salary and Fringe Benefits Expense per ED	\$4,871	\$5,266	\$5,262
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$964	\$1,058	\$1,111
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,154	\$4,439	\$4,498