

STAMFORD HOSPITAL					
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	\$49,254,000	\$80,693,000	\$31,439,000	64%
2	Short Term Investments	\$188,000	\$276,000	\$88,000	47%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$50,691,000	\$59,828,000	\$9,137,000	18%
4	Current Assets Whose Use is Limited for Current Liabilities	\$2,497,000	\$5,510,000	\$3,013,000	121%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,941,000	\$2,592,000	(\$1,349,000)	-34%
7	Inventories of Supplies	\$4,742,000	\$4,780,000	\$38,000	1%
8	Prepaid Expenses	\$4,094,000	\$4,071,000	(\$23,000)	-1%
9	Other Current Assets	\$176,000	\$159,000	(\$17,000)	-10%
	Total Current Assets	\$115,583,000	\$157,909,000	\$42,326,000	37%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$6,895,000	\$1,357,000	(\$5,538,000)	-80%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$26,675,000	\$26,675,000	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$33,570,000	\$28,032,000	(\$5,538,000)	-16%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$36,046,000	\$35,851,000	(\$195,000)	-1%
7	Other Noncurrent Assets	\$4,453,000	\$14,156,000	\$9,703,000	218%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$504,669,000	\$534,502,000	\$29,833,000	6%
2	Less: Accumulated Depreciation	\$285,332,000	\$313,648,000	\$28,316,000	10%
	Property, Plant and Equipment, Net	\$219,337,000	\$220,854,000	\$1,517,000	1%
3	Construction in Progress	\$19,984,000	\$21,659,000	\$1,675,000	8%
	Total Net Fixed Assets	\$239,321,000	\$242,513,000	\$3,192,000	1%
	Total Assets	\$428,973,000	\$478,461,000	\$49,488,000	12%

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LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$34,065,000	\$47,334,000	\$13,269,000	39%
2	Salaries, Wages and Payroll Taxes	\$10,547,000	\$9,025,000	(\$1,522,000)	-14%
3	Due To Third Party Payers	\$2,813,000	\$5,424,000	\$2,611,000	93%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$4,413,000	\$5,018,000	\$605,000	14%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$15,476,000	\$15,683,000	\$207,000	1%
	Total Current Liabilities	\$67,314,000	\$82,484,000	\$15,170,000	23%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$130,114,000	\$130,025,000	(\$89,000)	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$130,114,000	\$130,025,000	(\$89,000)	0%
3	Accrued Pension Liability	\$80,178,000	\$91,954,000	\$11,776,000	15%
4	Other Long Term Liabilities	\$41,784,000	\$38,799,000	(\$2,985,000)	-7%
	Total Long Term Liabilities	\$252,076,000	\$260,778,000	\$8,702,000	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$82,055,000	\$108,504,000	\$26,449,000	32%
2	Temporarily Restricted Net Assets	\$19,495,000	\$18,662,000	(\$833,000)	-4%
3	Permanently Restricted Net Assets	\$8,033,000	\$8,033,000	\$0	0%
	Total Net Assets	\$109,583,000	\$135,199,000	\$25,616,000	23%
	Total Liabilities and Net Assets	\$428,973,000	\$478,461,000	\$49,488,000	12%

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,288,625,775	\$1,459,332,537	\$170,706,762	13%
2	Less: Allowances	\$835,674,751	\$967,141,721	\$131,466,970	16%
3	Less: Charity Care	\$23,197,205	\$27,344,589	\$4,147,384	18%
4	Less: Other Deductions	(\$6,413,371)	(\$10,412,752)	(\$3,999,381)	62%
	Total Net Patient Revenue	\$436,167,190	\$475,258,979	\$39,091,789	9%
5	Other Operating Revenue	\$18,087,444	\$20,325,664	\$2,238,220	12%
6	Net Assets Released from Restrictions	\$2,979,880	\$2,397,063	(\$582,817)	-20%
	Total Operating Revenue	\$457,234,514	\$497,981,706	\$40,747,192	9%
B. Operating Expenses:					
1	Salaries and Wages	\$163,365,273	\$172,457,467	\$9,092,194	6%
2	Fringe Benefits	\$44,482,035	\$49,038,333	\$4,556,298	10%
3	Physicians Fees	\$8,733,868	\$12,206,630	\$3,472,762	40%
4	Supplies and Drugs	\$43,199,012	\$51,109,776	\$7,910,764	18%
5	Depreciation and Amortization	\$27,391,465	\$27,314,964	(\$76,501)	0%
6	Bad Debts	\$43,115,286	\$47,360,053	\$4,244,767	10%
7	Interest	\$4,876,423	\$5,545,081	\$668,658	14%
8	Malpractice	\$8,073,693	\$9,439,125	\$1,365,432	17%
9	Other Operating Expenses	\$88,442,979	\$87,009,236	(\$1,433,743)	-2%
	Total Operating Expenses	\$431,680,034	\$461,480,665	\$29,800,631	7%
	Income/(Loss) From Operations	\$25,554,480	\$36,501,041	\$10,946,561	43%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,108,817	\$456,342	(\$652,475)	-59%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,064,916)	(\$404,832)	\$660,084	-62%
	Total Non-Operating Revenue	\$43,901	\$51,510	\$7,609	17%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$25,598,381	\$36,552,551	\$10,954,170	43%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$211,088)	\$537,439	\$748,527	-355%
	All Other Adjustments	\$0	(\$367,563)	(\$367,563)	0%
	Total Other Adjustments	(\$211,088)	\$169,876	\$380,964	-180%
	Excess/(Deficiency) of Revenue Over Expenses	\$25,387,293	\$36,722,427	\$11,335,134	45%
	Principal Payments	\$117,047,000	\$4,576,000	(\$112,471,000)	-96%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$245,190,940	\$233,171,009	(\$12,019,931)	-5%
2	MEDICARE MANAGED CARE	\$34,882,527	\$40,973,521	\$6,090,994	17%
3	MEDICAID	\$42,529,738	\$64,190,906	\$21,661,168	51%
4	MEDICAID MANAGED CARE	\$20,862,974	\$24,897,411	\$4,034,437	19%
5	CHAMPUS/TRICARE	\$230,354	\$1,000,373	\$770,019	334%
6	COMMERCIAL INSURANCE	\$49,350,781	\$59,011,852	\$9,661,071	20%
7	NON-GOVERNMENT MANAGED CARE	\$140,105,310	\$143,742,535	\$3,637,225	3%
8	WORKER'S COMPENSATION	\$6,568,177	\$7,109,125	\$540,948	8%
9	SELF- PAY/UNINSURED	\$19,716,942	\$19,215,996	(\$500,946)	-3%
10	SAGA	\$19,165,732	\$0	(\$19,165,732)	-100%
11	OTHER	\$0	\$2,840,581	\$2,840,581	0%
	TOTAL INPATIENT GROSS REVENUE	\$578,603,475	\$596,153,309	\$17,549,834	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$170,983,938	\$219,686,477	\$48,702,539	28%
2	MEDICARE MANAGED CARE	\$27,290,219	\$38,964,061	\$11,673,842	43%
3	MEDICAID	\$20,871,981	\$44,096,500	\$23,224,519	111%
4	MEDICAID MANAGED CARE	\$37,764,279	\$48,923,744	\$11,159,465	30%
5	CHAMPUS/TRICARE	\$445,996	\$656,717	\$210,721	47%
6	COMMERCIAL INSURANCE	\$110,088,975	\$128,138,535	\$18,049,560	16%
7	NON-GOVERNMENT MANAGED CARE	\$278,554,974	\$319,080,042	\$40,525,068	15%
8	WORKER'S COMPENSATION	\$7,317,073	\$8,077,098	\$760,025	10%
9	SELF- PAY/UNINSURED	\$43,856,299	\$54,022,199	\$10,165,900	23%
10	SAGA	\$12,848,512	\$0	(\$12,848,512)	-100%
11	OTHER	\$0	\$1,533,842	\$1,533,842	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$710,022,246	\$863,179,215	\$153,156,969	22%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$416,174,878	\$452,857,486	\$36,682,608	9%
2	MEDICARE MANAGED CARE	\$62,172,746	\$79,937,582	\$17,764,836	29%
3	MEDICAID	\$63,401,719	\$108,287,406	\$44,885,687	71%
4	MEDICAID MANAGED CARE	\$58,627,253	\$73,821,155	\$15,193,902	26%
5	CHAMPUS/TRICARE	\$676,350	\$1,657,090	\$980,740	145%
6	COMMERCIAL INSURANCE	\$159,439,756	\$187,150,387	\$27,710,631	17%
7	NON-GOVERNMENT MANAGED CARE	\$418,660,284	\$462,822,577	\$44,162,293	11%
8	WORKER'S COMPENSATION	\$13,885,250	\$15,186,223	\$1,300,973	9%
9	SELF- PAY/UNINSURED	\$63,573,241	\$73,238,195	\$9,664,954	15%
10	SAGA	\$32,014,244	\$0	(\$32,014,244)	-100%
11	OTHER	\$0	\$4,374,423	\$4,374,423	0%
	TOTAL GROSS REVENUE	\$1,288,625,721	\$1,459,332,524	\$170,706,803	13%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$67,306,294	\$57,283,298	(\$10,022,996)	-15%
2	MEDICARE MANAGED CARE	\$9,172,775	\$8,092,454	(\$1,080,321)	-12%
3	MEDICAID	\$7,374,370	\$9,077,783	\$1,703,413	23%
4	MEDICAID MANAGED CARE	\$4,340,568	\$4,356,150	\$15,582	0%
5	CHAMPUS/TRICARE	\$59,886	\$248,767	\$188,881	315%
6	COMMERCIAL INSURANCE	\$22,100,605	\$21,674,312	(\$426,293)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$53,547,197	\$53,256,179	(\$291,018)	-1%
8	WORKER'S COMPENSATION	\$3,131,492	\$5,608,201	\$2,476,709	79%
9	SELF- PAY/UNINSURED	\$577,992	\$237,449	(\$340,543)	-59%
10	SAGA	\$1,142,274	\$0	(\$1,142,274)	-100%
11	OTHER	\$0	\$188,215	\$188,215	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	\$168,753,453	\$160,022,808	(\$8,730,645)	-5%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$22,351,254	\$30,140,662	\$7,789,408	35%
2	MEDICARE MANAGED CARE	\$3,654,965	\$5,675,116	\$2,020,151	55%
3	MEDICAID	\$3,075,188	\$6,179,165	\$3,103,977	101%
4	MEDICAID MANAGED CARE	\$6,710,106	\$8,465,939	\$1,755,833	26%
5	CHAMPUS/TRICARE	\$50,252	\$123,693	\$73,441	146%
6	COMMERCIAL INSURANCE	\$56,391,375	\$62,112,546	\$5,721,171	10%
7	NON-GOVERNMENT MANAGED CARE	\$126,633,750	\$146,624,616	\$19,990,866	16%
8	WORKER'S COMPENSATION	\$4,920,568	\$5,978,543	\$1,057,975	22%
9	SELF- PAY/UNINSURED	\$1,586,852	\$1,800,846	\$213,994	13%
10	SAGA	\$859,141	\$0	(\$859,141)	-100%
11	OTHER	\$0	\$149,887	\$149,887	0%
	TOTAL OUTPATIENT NET REVENUE	\$226,233,451	\$267,251,013	\$41,017,562	18%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$89,657,548	\$87,423,960	(\$2,233,588)	-2%
2	MEDICARE MANAGED CARE	\$12,827,740	\$13,767,570	\$939,830	7%
3	MEDICAID	\$10,449,558	\$15,256,948	\$4,807,390	46%
4	MEDICAID MANAGED CARE	\$11,050,674	\$12,822,089	\$1,771,415	16%
5	CHAMPUS/TRICARE	\$110,138	\$372,460	\$262,322	238%
6	COMMERCIAL INSURANCE	\$78,491,980	\$83,786,858	\$5,294,878	7%
7	NON-GOVERNMENT MANAGED CARE	\$180,180,947	\$199,880,795	\$19,699,848	11%
8	WORKER'S COMPENSATION	\$8,052,060	\$11,586,744	\$3,534,684	44%
9	SELF- PAY/UNINSURED	\$2,164,844	\$2,038,295	(\$126,549)	-6%
10	SAGA	\$2,001,415	\$0	(\$2,001,415)	-100%
11	OTHER	\$0	\$338,102	\$338,102	0%
	TOTAL NET REVENUE	\$394,986,904	\$427,273,821	\$32,286,917	8%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,696	4,542	(154)	-3%
2	MEDICARE MANAGED CARE	686	709	23	3%
3	MEDICAID	1,434	1,867	433	30%
4	MEDICAID MANAGED CARE	1,023	1,172	149	15%
5	CHAMPUS/TRICARE	13	16	3	23%
6	COMMERCIAL INSURANCE	1,504	1,551	47	3%
7	NON-GOVERNMENT MANAGED CARE	4,703	4,420	(283)	-6%
8	WORKER'S COMPENSATION	90	76	(14)	-16%
9	SELF- PAY/UNINSURED	490	479	(11)	-2%
10	SAGA	450	0	(450)	-100%
11	OTHER	0	108	108	0%
	TOTAL DISCHARGES	15,089	14,940	(149)	-1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	31,568	28,672	(2,896)	-9%
2	MEDICARE MANAGED CARE	4,324	4,655	331	8%
3	MEDICAID	7,438	9,780	2,342	31%
4	MEDICAID MANAGED CARE	3,536	4,106	570	16%
5	CHAMPUS/TRICARE	51	65	14	27%
6	COMMERCIAL INSURANCE	5,428	6,616	1,188	22%
7	NON-GOVERNMENT MANAGED CARE	18,310	17,540	(770)	-4%
8	WORKER'S COMPENSATION	392	574	182	46%
9	SELF- PAY/UNINSURED	1,826	1,752	(74)	-4%
10	SAGA	3,352	0	(3,352)	-100%
11	OTHER	0	682	682	0%
	TOTAL PATIENT DAYS	76,225	74,442	(1,783)	-2%
C.	OUTPATIENT VISITS				

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LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	56,805	67,412	10,607	19%
2	MEDICARE MANAGED CARE	9,967	12,540	2,573	26%
3	MEDICAID	8,600	16,046	7,446	87%
4	MEDICAID MANAGED CARE	25,453	28,081	2,628	10%
5	CHAMPUS/TRICARE	193	275	82	42%
6	COMMERCIAL INSURANCE	50,910	53,739	2,829	6%
7	NON-GOVERNMENT MANAGED CARE	116,835	135,115	18,280	16%
8	WORKER'S COMPENSATION	2,133	2,139	6	0%
9	SELF- PAY/UNINSURED	21,820	21,844	24	0%
10	SAGA	5,229	0	(5,229)	-100%
11	OTHER	0	912	912	0%
	TOTAL OUTPATIENT VISITS	297,945	338,103	40,158	13%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$32,349,676	\$37,091,351	\$4,741,675	15%
2	MEDICARE MANAGED CARE	\$5,170,727	\$5,785,594	\$614,867	12%
3	MEDICAID	\$8,397,299	\$17,584,243	\$9,186,944	109%
4	MEDICAID MANAGED CARE	\$17,878,524	\$21,238,306	\$3,359,782	19%
5	CHAMPUS/TRICARE	\$112,774	\$207,024	\$94,250	84%
6	COMMERCIAL INSURANCE	\$21,134,791	\$21,242,341	\$107,550	1%
7	NON-GOVERNMENT MANAGED CARE	\$38,373,558	\$43,030,186	\$4,656,628	12%
8	WORKER'S COMPENSATION	\$2,410,876	\$2,601,475	\$190,599	8%
9	SELF- PAY/UNINSURED	\$22,655,991	\$24,740,788	\$2,084,797	9%
10	SAGA	\$5,784,650	\$0	(\$5,784,650)	-100%
11	OTHER	\$0	\$1,050,542	\$1,050,542	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$154,268,866	\$174,571,850	\$20,302,984	13%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$3,089,835	\$5,051,103	\$1,961,268	63%
2	MEDICARE MANAGED CARE	\$570,842	\$812,581	\$241,739	42%
3	MEDICAID	\$985,938	\$1,949,234	\$963,296	98%
4	MEDICAID MANAGED CARE	\$2,512,239	\$2,518,915	\$6,676	0%
5	CHAMPUS/TRICARE	\$18,972	\$35,329	\$16,357	86%
6	COMMERCIAL INSURANCE	\$12,338,704	\$12,073,442	(\$265,262)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$18,432,466	\$21,115,511	\$2,683,045	15%
8	WORKER'S COMPENSATION	\$1,804,853	\$2,048,327	\$243,474	13%
9	SELF- PAY/UNINSURED	\$330,799	\$316,351	(\$14,448)	-4%
10	SAGA	\$117,310	\$0	(\$117,310)	-100%
11	OTHER	\$0	\$7,607	\$7,607	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$40,201,958	\$45,928,400	\$5,726,442	14%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,336	5,512	176	3%
2	MEDICARE MANAGED CARE	765	846	81	11%
3	MEDICAID	2,116	4,001	1,885	89%
4	MEDICAID MANAGED CARE	7,890	8,088	198	3%
5	CHAMPUS/TRICARE	46	57	11	24%
6	COMMERCIAL INSURANCE	4,877	4,793	(84)	-2%
7	NON-GOVERNMENT MANAGED CARE	9,551	9,590	39	0%
8	WORKER'S COMPENSATION	934	909	(25)	-3%
9	SELF- PAY/UNINSURED	6,574	6,250	(324)	-5%
10	SAGA	1,553	0	(1,553)	-100%
11	OTHER	0	270	270	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	39,642	40,316	674	2%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 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	\$53,049,747	\$55,671,919	\$2,622,172	5%
2	Physician Salaries	\$17,289,984	\$21,556,196	\$4,266,212	25%
3	Non-Nursing, Non-Physician Salaries	\$93,025,542	\$95,229,352	\$2,203,810	2%
	Total Salaries & Wages	\$163,365,273	\$172,457,467	\$9,092,194	6%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$14,424,232	\$14,949,296	\$525,064	4%
2	Physician Fringe Benefits	\$4,701,148	\$4,771,010	\$69,862	1%
3	Non-Nursing, Non-Physician Fringe Benefits	\$25,356,655	\$29,318,027	\$3,961,372	16%
	Total Fringe Benefits	\$44,482,035	\$49,038,333	\$4,556,298	10%
C. Contractual Labor Fees:					
1	Nursing Fees	\$1,289,166	\$588,465	(\$700,701)	-54%
2	Physician Fees	\$8,733,868	\$12,206,630	\$3,472,762	40%
3	Non-Nursing, Non-Physician Fees	\$25,341,543	\$26,347,822	\$1,006,279	4%
	Total Contractual Labor Fees	\$35,364,577	\$39,142,917	\$3,778,340	11%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$35,079,176	\$34,711,125	(\$368,051)	-1%
2	Pharmaceutical Costs	\$8,119,836	\$16,398,651	\$8,278,815	102%
	Total Medical Supplies and Pharmaceutical Cost	\$43,199,012	\$51,109,776	\$7,910,764	18%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$22,159,932	\$22,136,239	(\$23,693)	0%
2	Depreciation-Equipment	\$5,231,533	\$5,178,725	(\$52,808)	-1%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$27,391,465	\$27,314,964	(\$76,501)	0%
F. Bad Debts:					
1	Bad Debts	\$43,115,286	\$47,360,053	\$4,244,767	10%
G. Interest Expense:					
1	Interest Expense	\$4,876,423	\$5,545,081	\$668,658	14%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$8,073,693	\$9,439,125	\$1,365,432	17%
I. Utilities:					
1	Water	\$135,555	\$140,486	\$4,931	4%
2	Natural Gas	\$1,646,484	\$1,443,323	(\$203,161)	-12%
3	Oil	\$755	\$2,477	\$1,722	228%
4	Electricity	\$2,804,502	\$2,555,795	(\$248,707)	-9%
5	Telephone	\$958,812	\$1,041,714	\$82,902	9%
6	Other Utilities	\$290,802	\$226,398	(\$64,404)	-22%
	Total Utilities	\$5,836,910	\$5,410,193	(\$426,717)	-7%
J. Business Expenses:					
1	Accounting Fees	\$586,701	\$387,725	(\$198,976)	-34%
2	Legal Fees	\$2,774,424	\$2,189,572	(\$584,852)	-21%
3	Consulting Fees	\$6,687,949	\$4,202,905	(\$2,485,044)	-37%
4	Dues and Membership	\$1,281,234	\$1,521,952	\$240,718	19%
5	Equipment Leases	\$1,951,647	\$1,628,860	(\$322,787)	-17%
6	Building Leases	\$6,408,573	\$6,789,010	\$380,437	6%
7	Repairs and Maintenance	\$11,206,015	\$12,871,565	\$1,665,550	15%
8	Insurance	\$828,609	\$821,408	(\$7,201)	-1%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$678,539	\$829,384	\$150,845	22%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$8,226,957	\$7,786,667	(\$440,290)	-5%
13	Licenses and Subscriptions	\$155,593	\$122,185	(\$33,408)	-21%
14	Postage and Shipping	\$468,966	\$384,014	(\$84,952)	-18%
15	Advertising	\$1,648,108	\$2,202,165	\$554,057	34%
16	Other Business Expenses	\$12,278,460	\$12,039,876	(\$238,584)	-2%
	Total Business Expenses	\$55,181,775	\$53,777,288	(\$1,404,487)	-3%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$793,585	\$885,468	\$91,883	12%
	Total Operating Expenses - All Expense Categories*	\$431,680,034	\$461,480,665	\$29,800,631	7%
	*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	\$100,104,970	\$106,841,321	\$6,736,351	7%
2	General Accounting	\$3,961,184	\$3,814,288	(\$146,896)	-4%
3	Patient Billing & Collection	\$8,508,793	\$9,320,598	\$811,805	10%
4	Admitting / Registration Office	\$3,245,755	\$3,283,671	\$37,916	1%
5	Data Processing	\$13,880,712	\$14,633,459	\$752,747	5%
6	Communications	\$415	\$286	(\$129)	-31%
7	Personnel	\$6,395,054	\$5,646,595	(\$748,459)	-12%
8	Public Relations	\$1,066,747	\$1,177,184	\$110,437	10%
9	Purchasing	\$3,458,782	\$3,357,444	(\$101,338)	-3%
10	Dietary and Cafeteria	\$5,342,834	\$5,854,000	\$511,166	10%
11	Housekeeping	\$4,885,698	\$5,161,785	\$276,087	6%
12	Laundry & Linen	\$1,325,251	\$1,732,745	\$407,494	31%
13	Operation of Plant	\$912,676	\$900,537	(\$12,139)	-1%
14	Security	\$1,729,562	\$1,770,944	\$41,382	2%
15	Repairs and Maintenance	\$13,132,421	\$12,612,866	(\$519,555)	-4%
16	Central Sterile Supply	\$1,817,958	\$1,639,701	(\$178,257)	-10%
17	Pharmacy Department	\$11,815,910	\$11,911,692	\$95,782	1%
18	Other General Services	\$9,527,500	\$9,556,414	\$28,914	0%
	Total General Services	\$191,112,222	\$199,215,530	\$8,103,308	4%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$3,336,787	\$3,680,006	\$343,219	10%
2	Residency Program	\$5,391,309	\$5,863,147	\$471,838	9%
3	Nursing Services Administration	\$4,994,952	\$5,053,709	\$58,757	1%
4	Medical Records	\$2,766,790	\$2,830,154	\$63,364	2%
5	Social Service	\$817,926	\$837,280	\$19,354	2%
6	Other Professional Services	\$3,293,321	\$2,675,539	(\$617,782)	-19%
	Total Professional Services	\$20,601,085	\$20,939,835	\$338,750	2%
C.	<u>Special Services:</u>				
1	Operating Room	\$42,372,862	\$45,689,289	\$3,316,427	8%
2	Recovery Room	\$5,027,775	\$3,906,829	(\$1,120,946)	-22%
3	Anesthesiology	\$473,606	\$563,485	\$89,879	19%
4	Delivery Room	\$6,384,904	\$6,416,532	\$31,628	0%
5	Diagnostic Radiology	\$10,056,422	\$10,034,272	(\$22,150)	0%
6	Diagnostic Ultrasound	\$2,229,889	\$2,356,419	\$126,530	6%
7	Radiation Therapy	\$4,608,703	\$4,448,025	(\$160,678)	-3%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,185,474	\$1,129,458	(\$56,016)	-5%
9	CT Scan	\$1,790,654	\$1,758,489	(\$32,165)	-2%
10	Laboratory	\$17,108,475	\$19,139,955	\$2,031,480	12%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$8,068,354	\$7,776,548	(\$291,806)	-4%
13	Electrocardiology	\$4,968,514	\$4,865,711	(\$102,803)	-2%
14	Electroencephalography	\$339,602	\$299,732	(\$39,870)	-12%
15	Occupational Therapy	\$191,878	\$220,572	\$28,694	15%
16	Speech Pathology	\$33,731	\$50,415	\$16,684	49%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,501,776	\$3,570,246	\$68,470	2%
19	Pulmonary Function	\$1,037,130	\$755,965	(\$281,165)	-27%
20	Intravenous Therapy	\$826,405	\$939,602	\$113,197	14%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$431,515	\$409,516	(\$21,999)	-5%
24	Emergency Room	\$7,939,960	\$8,325,721	\$385,761	5%
25	MRI	\$1,926,353	\$1,758,041	(\$168,312)	-9%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$336,750	\$509,670	\$172,920	51%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$4,197,538	\$4,425,535	\$227,997	5%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$125,038,270	\$129,350,027	\$4,311,757	3%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$39,827,569	\$51,801,566	\$11,973,997	30%
2	Intensive Care Unit	\$7,927,171	\$8,300,422	\$373,251	5%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$3,725,398	\$3,953,671	\$228,273	6%
5	Pediatric Unit	\$4,807,570	\$4,874,476	\$66,906	1%
6	Maternity Unit	\$5,544,039	\$6,000,751	\$456,712	8%
7	Newborn Nursery Unit	\$2,230,725	\$2,171,336	(\$59,389)	-3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,373,075	\$2,195,744	(\$177,331)	-7%
10	Ambulatory Surgery	\$3,320,334	\$3,701,863	\$381,529	11%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$7,186,991	\$7,252,733	\$65,742	1%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$76,942,872	\$90,252,562	\$13,309,690	17%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$17,985,585	\$21,722,711	\$3,737,126	21%
	Total Operating Expenses - All Departments*	\$431,680,034	\$461,480,665	\$29,800,631	7%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$416,937,724	\$ 436,167,190	\$475,258,979
2	Other Operating Revenue	27,261,542	21,067,324	22,722,727
3	Total Operating Revenue	\$444,199,266	\$457,234,514	\$497,981,706
4	Total Operating Expenses	425,519,879	431,680,034	461,480,665
5	Income/(Loss) From Operations	\$18,679,387	\$25,554,480	\$36,501,041
6	Total Non-Operating Revenue	(988,395)	(167,187)	221,386
7	Excess/(Deficiency) of Revenue Over Expenses	\$17,690,992	\$25,387,293	\$36,722,427
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	4.21%	5.59%	7.33%
2	Hospital Non Operating Margin	-0.22%	-0.04%	0.04%
3	Hospital Total Margin	3.99%	5.55%	7.37%
4	Income/(Loss) From Operations	\$18,679,387	\$25,554,480	\$36,501,041
5	Total Operating Revenue	\$444,199,266	\$457,234,514	\$497,981,706
6	Total Non-Operating Revenue	(\$988,395)	(\$167,187)	\$221,386
7	Total Revenue	\$443,210,871	\$457,067,327	\$498,203,092
8	Excess/(Deficiency) of Revenue Over Expenses	\$17,690,992	\$25,387,293	\$36,722,427
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$42,615,000	\$82,055,000	\$108,504,000
2	Hospital Total Net Assets	\$70,813,000	\$109,583,000	\$135,199,000
3	Hospital Change in Total Net Assets	(\$70,374,158)	\$38,770,000	\$25,616,000
4	Hospital Change in Total Net Assets %	50.2%	54.7%	23.4%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.36	0.33	0.31
2	Total Operating Expenses	\$425,519,879	\$431,680,034	\$461,480,665
3	Total Gross Revenue	\$1,157,017,313	\$1,288,625,721	\$1,459,332,524
4	Total Other Operating Revenue	\$23,523,556	\$24,062,351	\$24,588,226
5	Private Payment to Cost Ratio	1.32	1.37	1.43
6	Total Non-Government Payments	\$259,720,619	\$268,889,831	\$297,292,692

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2009	FY 2010	FY 2011
7	Total Uninsured Payments	\$2,237,759	\$2,164,844	\$2,038,295
8	Total Non-Government Charges	\$600,282,993	\$655,558,531	\$738,397,382
9	Total Uninsured Charges	\$59,634,503	\$63,573,241	\$73,238,195
10	<u>Medicare Payment to Cost Ratio</u>	0.63	0.65	0.61
11	Total Medicare Payments	\$96,033,569	\$102,485,288	\$101,191,530
12	Total Medicare Charges	\$423,917,091	\$478,347,624	\$532,795,068
13	<u>Medicaid Payment to Cost Ratio</u>	0.61	0.54	0.50
14	Total Medicaid Payments	\$21,860,705	\$21,500,232	\$28,079,037
15	Total Medicaid Charges	\$98,955,936	\$122,028,972	\$182,108,561
16	<u>Uncompensated Care Cost</u>	\$21,570,630	\$21,671,931	\$23,111,558
17	Charity Care	\$11,909,791	\$23,197,082	\$27,344,589
18	Bad Debts	\$47,934,677	\$42,704,703	\$46,972,113
19	Total Uncompensated Care	\$59,844,468	\$65,901,785	\$74,316,702
20	<u>Uncompensated Care % of Total Expenses</u>	5.1%	5.0%	5.0%
21	Total Operating Expenses	\$425,519,879	\$431,680,034	\$461,480,665
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.18	1.72	1.91
2	Total Current Assets	\$75,654,000	\$115,583,000	\$157,909,000
3	Total Current Liabilities	\$64,000,000	\$67,314,000	\$82,484,000
4	<u>Days Cash on Hand</u>	9	45	68
5	Cash and Cash Equivalents	\$9,668,000	\$49,254,000	\$80,693,000
6	Short Term Investments	166,000	188,000	276,000
7	Total Cash and Short Term Investments	\$9,834,000	\$49,442,000	\$80,969,000
8	Total Operating Expenses	\$425,519,879	\$431,680,034	\$461,480,665
9	Depreciation Expense	\$26,955,434	\$27,391,465	\$27,314,964
10	Operating Expenses less Depreciation Expense	\$398,564,445	\$404,288,569	\$434,165,701
11	<u>Days Revenue in Patient Accounts Receivable</u>	43.13	43.36	43.77

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 50,590,000	\$ 50,691,000	\$ 59,828,000
13	Due From Third Party Payers	\$2,899,000	\$3,941,000	\$2,592,000
14	Due To Third Party Payers	\$4,219,000	\$2,813,000	\$5,424,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 49,270,000	\$ 51,819,000	\$ 56,996,000
16	Total Net Patient Revenue	\$416,937,724	\$ 436,167,190	\$ 475,258,979
17	<u>Average Payment Period</u>	58.61	60.77	69.34
18	Total Current Liabilities	\$64,000,000	\$67,314,000	\$82,484,000
19	Total Operating Expenses	\$425,519,879	\$431,680,034	\$461,480,665
20	Depreciation Expense	\$26,955,434	\$27,391,465	\$27,314,964
21	Total Operating Expenses less Depreciation Expense	\$398,564,445	\$404,288,569	\$434,165,701
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	20.3	25.5	28.3
2	Total Net Assets	\$70,813,000	\$109,583,000	\$135,199,000
3	Total Assets	\$349,208,000	\$428,973,000	\$478,461,000
4	<u>Cash Flow to Total Debt Ratio</u>	25.6	26.7	30.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$17,690,992	\$25,387,293	\$36,722,427
6	Depreciation Expense	\$26,955,434	\$27,391,465	\$27,314,964
7	Excess of Revenues Over Expenses and Depreciation Expense	\$44,646,426	\$52,778,758	\$64,037,391
8	Total Current Liabilities	\$64,000,000	\$67,314,000	\$82,484,000
9	Total Long Term Debt	\$110,395,000	\$130,114,000	\$130,025,000
10	Total Current Liabilities and Total Long Term Debt	\$174,395,000	\$197,428,000	\$212,509,000
11	<u>Long Term Debt to Capitalization Ratio</u>	60.9	54.3	49.0
12	Total Long Term Debt	\$110,395,000	\$130,114,000	\$130,025,000
13	Total Net Assets	\$70,813,000	\$109,583,000	\$135,199,000
14	Total Long Term Debt and Total Net Assets	\$181,208,000	\$239,697,000	\$265,224,000
15	<u>Debt Service Coverage Ratio</u>	1.3	0.5	6.9
16	Excess Revenues over Expenses	\$17,690,992	\$25,387,293	\$36,722,427
17	Interest Expense	\$5,220,009	\$4,876,423	\$5,545,081
18	Depreciation and Amortization Expense	\$26,955,434	\$27,391,465	\$27,314,964

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
19	Principal Payments	\$33,476,000	\$117,047,000	\$4,576,000
G. Other Financial Ratios				
20	Average Age of Plant	9.8	10.4	11.5
21	Accumulated Depreciation	\$262,993,000	\$285,332,000	\$313,648,000
22	Depreciation and Amortization Expense	\$26,955,434	\$27,391,465	\$27,314,964
H. Utilization Measures Summary				
1	Patient Days	75,272	76,225	74,442
2	Discharges	14,888	15,089	14,940
3	ALOS	5.1	5.1	5.0
4	Staffed Beds	321	269	271
5	Available Beds	-	322	322
6	Licensed Beds	330	330	330
6	Occupancy of Staffed Beds	64.2%	77.6%	75.3%
7	Occupancy of Available Beds	62.5%	64.9%	63.3%
8	Full Time Equivalent Employees	1,898.4	2,051.8	2,089.4
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	46.7%	45.9%	45.6%
2	Medicare Gross Revenue Payer Mix Percentage	36.6%	37.1%	36.5%
3	Medicaid Gross Revenue Payer Mix Percentage	8.6%	9.5%	12.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.9%	2.5%	0.3%
5	Uninsured Gross Revenue Payer Mix Percentage	5.2%	4.9%	5.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.0%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$540,648,490	\$591,985,290	\$665,159,187
9	Medicare Gross Revenue (Charges)	\$423,917,091	\$478,347,624	\$532,795,068
10	Medicaid Gross Revenue (Charges)	\$98,955,936	\$122,028,972	\$182,108,561
11	Other Medical Assistance Gross Revenue (Charges)	\$33,284,406	\$32,014,244	\$4,374,423
12	Uninsured Gross Revenue (Charges)	\$59,634,503	\$63,573,241	\$73,238,195
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$576,887	\$676,350	\$1,657,090
14	Total Gross Revenue (Charges)	\$1,157,017,313	\$1,288,625,721	\$1,459,332,524
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	67.5%	67.5%	69.1%

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	25.2%	25.9%	23.7%
3	Medicaid Net Revenue Payer Mix Percentage	5.7%	5.4%	6.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.5%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.5%	0.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.0%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$257,482,860	\$266,724,987	\$295,254,397
9	Medicare Net Revenue (Payments)	\$96,033,569	\$102,485,288	\$101,191,530
10	Medicaid Net Revenue (Payments)	\$21,860,705	\$21,500,232	\$28,079,037
11	Other Medical Assistance Net Revenue (Payments)	\$3,660,924	\$2,001,415	\$338,102
12	Uninsured Net Revenue (Payments)	\$2,237,759	\$2,164,844	\$2,038,295
13	CHAMPUS / TRICARE Net Revenue Payments)	\$180,460	\$110,138	\$372,460
14	Total Net Revenue (Payments)	\$381,456,277	\$394,986,904	\$427,273,821
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	7,028	6,787	6,526
2	Medicare	5,093	5,382	5,251
3	Medical Assistance	2,756	2,907	3,147
4	Medicaid	2,285	2,457	3,039
5	Other Medical Assistance	471	450	108
6	CHAMPUS / TRICARE	11	13	16
7	Uninsured (Included In Non-Government)	590	490	479
8	Total	14,888	15,089	14,940
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.048370	1.060060	1.117600
2	Medicare	1.576690	1.535090	1.515170
3	Medical Assistance	0.966819	0.971618	0.969055
4	Medicaid	0.882590	0.921550	0.973500
5	Other Medical Assistance	1.375450	1.244990	0.843980
6	CHAMPUS / TRICARE	1.028720	0.750340	1.314500
7	Uninsured (Included In Non-Government)	1.230760	1.103770	1.122670
8	Total Case Mix Index	1.213990	1.212189	1.226255
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	7,214	8,068	8,175
2	Emergency Room - Treated and Discharged	39,086	39,642	40,316
3	Total Emergency Room Visits	46,300	47,710	48,491

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,535,362	\$1,334,301	(\$201,061)	-13%
2	Inpatient Payments	\$427,323	\$317,371	(\$109,952)	-26%
3	Outpatient Charges	\$869,944	\$1,448,828	\$578,884	67%
4	Outpatient Payments	\$138,637	\$229,055	\$90,418	65%
5	Discharges	31	25	(6)	-19%
6	Patient Days	155	107	(48)	-31%
7	Outpatient Visits (Excludes ED Visits)	229	372	143	62%
8	Emergency Department Outpatient Visits	26	35	9	35%
9	Emergency Department Inpatient Admissions	17	33	16	94%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,405,306	\$2,783,129	\$377,823	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$565,960	\$546,426	(\$19,534)	-3%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$26,525	\$26,525	0%
4	Outpatient Payments	\$0	\$665	\$665	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	2	2	0%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$26,525	\$26,525	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$665	\$665	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$2,273,658	\$2,701,295	\$427,637	19%
2	Inpatient Payments	\$539,438	\$518,779	(\$20,659)	-4%
3	Outpatient Charges	\$1,439,001	\$3,581,312	\$2,142,311	149%
4	Outpatient Payments	\$172,690	\$442,873	\$270,183	156%
5	Discharges	23	31	8	35%
6	Patient Days	258	263	5	2%
7	Outpatient Visits (Excludes ED Visits)	407	900	493	121%
8	Emergency Department Outpatient Visits	35	56	21	60%
9	Emergency Department Inpatient Admissions	14	27	13	93%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,712,659	\$6,282,607	\$2,569,948	69%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$712,128	\$961,652	\$249,524	35%

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

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$25,711,343	\$8,035,366	(\$17,675,977)	-69%
2	Inpatient Payments	\$6,737,504	\$1,585,967	(\$5,151,537)	-76%
3	Outpatient Charges	\$18,757,018	\$5,628,168	(\$13,128,850)	-70%
4	Outpatient Payments	\$2,463,590	\$729,646	(\$1,733,944)	-70%
5	Discharges	515	136	(379)	-74%
6	Patient Days	3,255	952	(2,303)	-71%
7	Outpatient Visits (Excludes ED Visits)	6,896	1,774	(5,122)	-74%
8	Emergency Department Outpatient Visits	508	123	(385)	-76%
9	Emergency Department Inpatient Admissions	297	108	(189)	-64%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$44,468,361	\$13,663,534	(\$30,804,827)	-69%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,201,094	\$2,315,613	(\$6,885,481)	-75%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$803,662	\$519,198	(\$284,464)	-35%
2	Inpatient Payments	\$209,972	\$102,880	(\$107,092)	-51%
3	Outpatient Charges	\$1,144,841	\$488,396	(\$656,445)	-57%
4	Outpatient Payments	\$185,115	\$81,450	(\$103,665)	-56%
5	Discharges	17	15	(2)	-12%
6	Patient Days	52	67	15	29%
7	Outpatient Visits (Excludes ED Visits)	142	62	(80)	-56%
8	Emergency Department Outpatient Visits	31	20	(11)	-35%
9	Emergency Department Inpatient Admissions	10	15	5	50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,948,503	\$1,007,594	(\$940,909)	-48%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$395,087	\$184,330	(\$210,757)	-53%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$85,580	\$277,769	\$192,189	225%
2	Inpatient Payments	\$33,089	\$51,379	\$18,290	55%
3	Outpatient Charges	\$176,294	\$204,269	\$27,975	16%
4	Outpatient Payments	\$27,576	\$34,844	\$7,268	26%
5	Discharges	3	5	2	67%
6	Patient Days	16	26	10	63%
7	Outpatient Visits (Excludes ED Visits)	33	51	18	55%
8	Emergency Department Outpatient Visits	2	4	2	100%
9	Emergency Department Inpatient Admissions	2	4	2	100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$261,874	\$482,038	\$220,164	84%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$60,665	\$86,223	\$25,558	42%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$1,254,600	\$23,324,959	\$22,070,359	1759%
2	Inpatient Payments	\$297,662	\$4,489,970	\$4,192,308	1408%
3	Outpatient Charges	\$1,527,677	\$24,311,949	\$22,784,272	1491%
4	Outpatient Payments	\$239,194	\$3,603,252	\$3,364,058	1406%
5	Discharges	31	423	392	1265%
6	Patient Days	131	2,521	2,390	1824%
7	Outpatient Visits (Excludes ED Visits)	412	7,589	7,177	1742%
8	Emergency Department Outpatient Visits	58	508	450	776%
9	Emergency Department Inpatient Admissions	13	337	324	2492%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,782,277	\$47,636,908	\$44,854,631	1612%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$536,856	\$8,093,222	\$7,556,366	1408%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$630,656	\$556,148	(\$74,508)	-12%
2	Inpatient Payments	\$136,430	\$114,835	(\$21,595)	-16%
3	Outpatient Charges	\$326,715	\$426,343	\$99,628	30%
4	Outpatient Payments	\$25,433	\$49,062	\$23,629	93%
5	Discharges	13	16	3	23%
6	Patient Days	77	95	18	23%
7	Outpatient Visits (Excludes ED Visits)	79	125	46	58%
8	Emergency Department Outpatient Visits	29	32	3	10%
9	Emergency Department Inpatient Admissions	10	15	5	50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$957,371	\$982,491	\$25,120	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$161,863	\$163,897	\$2,034	1%
I. AETNA					
1	Inpatient Charges	\$1,746,126	\$2,556,718	\$810,592	46%
2	Inpatient Payments	\$434,178	\$554,064	\$119,886	28%
3	Outpatient Charges	\$1,981,238	\$2,289,974	\$308,736	16%
4	Outpatient Payments	\$233,923	\$415,926	\$182,003	78%
5	Discharges	34	44	10	29%
6	Patient Days	196	300	104	53%
7	Outpatient Visits (Excludes ED Visits)	751	638	(113)	-15%
8	Emergency Department Outpatient Visits	47	39	(8)	-17%
9	Emergency Department Inpatient Admissions	24	33	9	38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,727,364	\$4,846,692	\$1,119,328	30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$668,101	\$969,990	\$301,889	45%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$333,486	\$414,317	\$80,831	24%
2	Inpatient Payments	\$166,551	\$75,445	(\$91,106)	-55%
3	Outpatient Charges	\$298,070	\$295,030	(\$3,040)	-1%
4	Outpatient Payments	\$65,224	\$53,806	(\$11,418)	-18%
5	Discharges	6	7	1	17%
6	Patient Days	31	28	(3)	-10%
7	Outpatient Visits (Excludes ED Visits)	66	71	5	8%
8	Emergency Department Outpatient Visits	12	11	(1)	-8%
9	Emergency Department Inpatient Admissions	3	3	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$631,556	\$709,347	\$77,791	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$231,775	\$129,251	(\$102,524)	-44%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**STAMFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$508,054	\$1,253,450	\$745,396	147%
2	Inpatient Payments	\$190,628	\$281,764	\$91,136	48%
3	Outpatient Charges	\$769,421	\$263,267	(\$506,154)	-66%
4	Outpatient Payments	\$103,583	\$34,537	(\$69,046)	-67%
5	Discharges	13	7	(6)	-46%
6	Patient Days	153	296	143	93%
7	Outpatient Visits (Excludes ED Visits)	187	110	(77)	-41%
8	Emergency Department Outpatient Visits	17	17	0	0%
9	Emergency Department Inpatient Admissions	7	6	(1)	-14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,277,475	\$1,516,717	\$239,242	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$294,211	\$316,301	\$22,090	8%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$34,882,527	\$40,973,521	\$6,090,994	17%
	TOTAL INPATIENT PAYMENTS	\$9,172,775	\$8,092,454	(\$1,080,321)	-12%
	TOTAL OUTPATIENT CHARGES	\$27,290,219	\$38,964,061	\$11,673,842	43%
	TOTAL OUTPATIENT PAYMENTS	\$3,654,965	\$5,675,116	\$2,020,151	55%
	TOTAL DISCHARGES	686	709	23	3%
	TOTAL PATIENT DAYS	4,324	4,655	331	8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	9,202	11,694	2,492	27%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	765	846	81	11%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	397	581	184	46%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$62,172,746	\$79,937,582	\$17,764,836	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$12,827,740	\$13,767,570	\$939,830	7%

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

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$6,069	\$17,921	\$11,852	195%
4	Outpatient Payments	\$842	\$2,611	\$1,769	210%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	5	4	(1)	-20%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$6,069	\$17,921	\$11,852	195%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$842	\$2,611	\$1,769	210%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$12,830,259	\$15,873,383	\$3,043,124	24%
2	Inpatient Payments	\$2,837,350	\$2,654,256	(\$183,094)	-6%
3	Outpatient Charges	\$25,197,345	\$32,378,581	\$7,181,236	28%
4	Outpatient Payments	\$4,321,815	\$5,421,894	\$1,100,079	25%
5	Discharges	635	749	114	18%
6	Patient Days	2,181	2,632	451	21%
7	Outpatient Visits (Excludes ED Visits)	11,988	13,395	1,407	12%
8	Emergency Department Outpatient Visits	5,614	5,621	7	0%
9	Emergency Department Inpatient Admissions	175	200	25	14%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$38,027,604	\$48,251,964	\$10,224,360	27%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$7,159,165	\$8,076,150	\$916,985	13%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**STAMFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$20,958	\$43,123	\$22,165	106%
4	Outpatient Payments	\$4,280	\$8,591	\$4,311	101%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	28	24	(4)	-14%
8	Emergency Department Outpatient Visits	6	0	(6)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$20,958	\$43,123	\$22,165	106%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,280	\$8,591	\$4,311	101%
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	\$10,340	\$10,340	0%
4	Outpatient Payments	\$0	\$2,360	\$2,360	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	2	2	0%
8	Emergency Department Outpatient Visits	0	1	1	0%

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

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$10,340	\$10,340	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$2,360	\$2,360	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$4,395,619	\$4,509,431	\$113,812	3%
2	Inpatient Payments	\$969,036	\$860,630	(\$108,406)	-11%
3	Outpatient Charges	\$6,420,479	\$8,447,310	\$2,026,831	32%
4	Outpatient Payments	\$1,202,705	\$1,535,565	\$332,860	28%
5	Discharges	202	214	12	6%
6	Patient Days	661	734	73	11%
7	Outpatient Visits (Excludes ED Visits)	2,721	3,231	510	19%
8	Emergency Department Outpatient Visits	1,164	1,332	168	14%
9	Emergency Department Inpatient Admissions	43	57	14	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,816,098	\$12,956,741	\$2,140,643	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,171,741	\$2,396,195	\$224,454	10%
	H. AETNA				
1	Inpatient Charges	\$3,637,096	\$4,514,597	\$877,501	24%
2	Inpatient Payments	\$534,182	\$841,264	\$307,082	57%
3	Outpatient Charges	\$6,119,428	\$8,026,469	\$1,907,041	31%
4	Outpatient Payments	\$1,180,464	\$1,494,918	\$314,454	27%
5	Discharges	186	209	23	12%
6	Patient Days	694	740	46	7%
7	Outpatient Visits (Excludes ED Visits)	2,821	3,337	516	18%
8	Emergency Department Outpatient Visits	1,106	1,134	28	3%
9	Emergency Department Inpatient Admissions	38	54	16	42%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,756,524	\$12,541,066	\$2,784,542	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,714,646	\$2,336,182	\$621,536	36%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$20,862,974	\$24,897,411	\$4,034,437	19%
	TOTAL INPATIENT PAYMENTS	\$4,340,568	\$4,356,150	\$15,582	0%
	TOTAL OUTPATIENT CHARGES	\$37,764,279	\$48,923,744	\$11,159,465	30%
	TOTAL OUTPATIENT PAYMENTS	\$6,710,106	\$8,465,939	\$1,755,833	26%
	TOTAL DISCHARGES	1,023	1,172	149	15%
	TOTAL PATIENT DAYS	3,536	4,106	570	16%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	17,563	19,993	2,430	14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	7,890	8,088	198	3%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	256	311	55	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$58,627,253	\$73,821,155	\$15,193,902	26%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,050,674	\$12,822,089	\$1,771,415	16%

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

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

STAMFORD HEALTH SYSTEM					
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	\$58,541,000	\$94,498,000	\$35,957,000	61%
2	Short Term Investments	\$24,454,000	\$25,033,000	\$579,000	2%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$51,581,000	\$62,433,000	\$10,852,000	21%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,874,000	\$748,000	(\$1,126,000)	-60%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,941,000	\$2,592,000	(\$1,349,000)	-34%
7	Inventories of Supplies	\$4,777,000	\$4,793,000	\$16,000	0%
8	Prepaid Expenses	\$4,430,000	\$4,424,000	(\$6,000)	0%
9	Other Current Assets	\$4,964,000	\$8,202,000	\$3,238,000	65%
	Total Current Assets	\$154,562,000	\$202,723,000	\$48,161,000	31%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$1,699,000	\$1,699,000	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$46,251,000	\$43,117,000	(\$3,134,000)	-7%
	Total Noncurrent Assets Whose Use is Limited:	\$47,950,000	\$44,816,000	(\$3,134,000)	-7%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$102,939,000	\$106,144,000	\$3,205,000	3%
7	Other Noncurrent Assets	\$7,495,000	\$70,741,000	\$63,246,000	844%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$624,066,000	\$559,662,000	(\$64,404,000)	-10%
2	Less: Accumulated Depreciation	\$329,471,000	\$329,376,000	(\$95,000)	(\$0)
	Property, Plant and Equipment, Net	\$294,595,000	\$230,286,000	(\$64,309,000)	-22%
3	Construction in Progress	\$20,384,000	\$23,297,000	\$2,913,000	14%
	Total Net Fixed Assets	\$314,979,000	\$253,583,000	(\$61,396,000)	-19%
	Total Assets	\$627,925,000	\$678,007,000	\$50,082,000	8%

STAMFORD HEALTH SYSTEM					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$46,648,000	\$51,497,000	\$4,849,000	10%
2	Salaries, Wages and Payroll Taxes	\$11,036,000	\$10,176,000	(\$860,000)	-8%
3	Due To Third Party Payers	\$9,227,000	\$10,254,000	\$1,027,000	11%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$8,592,000	\$6,018,000	(\$2,574,000)	-30%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$15,889,000	\$19,975,000	\$4,086,000	26%
	Total Current Liabilities	\$91,392,000	\$97,920,000	\$6,528,000	7%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$147,143,000	\$151,881,000	\$4,738,000	3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$147,143,000	\$151,881,000	\$4,738,000	3%
3	Accrued Pension Liability	\$90,083,000	\$102,463,000	\$12,380,000	14%
4	Other Long Term Liabilities	\$120,489,000	\$127,629,000	\$7,140,000	6%
	Total Long Term Liabilities	\$357,715,000	\$381,973,000	\$24,258,000	7%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$148,882,000	\$169,011,000	\$20,129,000	14%
2	Temporarily Restricted Net Assets	\$21,856,000	\$21,023,000	(\$833,000)	-4%
3	Permanently Restricted Net Assets	\$8,080,000	\$8,080,000	\$0	0%
	Total Net Assets	\$178,818,000	\$198,114,000	\$19,296,000	11%
	Total Liabilities and Net Assets	\$627,925,000	\$678,007,000	\$50,082,000	8%

STAMFORD HEALTH SYSTEM					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,288,625,775	\$1,459,332,537	\$170,706,762	13%
2	Less: Allowances	\$837,497,446	\$967,141,721	\$129,644,275	15%
3	Less: Charity Care	\$23,197,205	\$27,344,589	\$4,147,384	18%
4	Less: Other Deductions	(\$6,413,371)	(\$10,412,752)	(\$3,999,381)	62%
	Total Net Patient Revenue	\$434,344,495	\$475,258,979	\$40,914,484	9%
5	Other Operating Revenue	\$56,264,067	\$36,379,771	(\$19,884,296)	-35%
6	Net Assets Released from Restrictions	\$2,979,880	\$2,397,063	(\$582,817)	-20%
	Total Operating Revenue	\$493,588,442	\$514,035,813	\$20,447,371	4%
B. Operating Expenses:					
1	Salaries and Wages	\$173,118,513	\$187,106,689	\$13,988,176	8%
2	Fringe Benefits	\$46,639,139	\$51,862,161	\$5,223,022	11%
3	Physicians Fees	\$8,971,251	\$12,483,575	\$3,512,324	39%
4	Supplies and Drugs	\$43,403,655	\$51,436,302	\$8,032,647	19%
5	Depreciation and Amortization	\$32,505,448	\$29,299,797	(\$3,205,651)	-10%
6	Bad Debts	\$43,441,930	\$47,360,053	\$3,918,123	9%
7	Interest	\$5,077,006	\$5,683,048	\$606,042	12%
8	Malpractice	\$2,284,250	\$2,927,387	\$643,137	28%
9	Other Operating Expenses	\$115,443,039	\$97,892,022	(\$17,551,017)	-15%
	Total Operating Expenses	\$470,884,231	\$486,051,034	\$15,166,803	3%
	Income/(Loss) From Operations	\$22,704,211	\$27,984,779	\$5,280,568	23%
C. Non-Operating Revenue:					
1	Income from Investments	\$4,785,985	(\$1,859,644)	(\$6,645,629)	-139%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$281,204	(\$405,449)	(\$686,653)	-244%
	Total Non-Operating Revenue	\$5,067,189	(\$2,265,093)	(\$7,332,282)	-145%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$27,771,400	\$25,719,686	(\$2,051,714)	-7%
Other Adjustments:					
	Unrealized Gains/(Losses)	(\$189,780)	\$1,541,084	\$1,730,864	-912%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	(\$189,780)	\$1,541,084	\$1,730,864	-912%
	Excess/(Deficiency) of Revenue Over Expenses	\$27,581,620	\$27,260,770	(\$320,850)	-1%

STAMFORD HEALTH SYSTEM				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$415,589,837	\$434,344,495	\$475,258,979
2	Other Operating Revenue	66,911,271	59,243,947	38,776,834
3	Total Operating Revenue	\$482,501,108	\$493,588,442	\$514,035,813
4	Total Operating Expenses	457,532,316	470,884,231	486,051,034
5	Income/(Loss) From Operations	\$24,968,792	\$22,704,211	\$27,984,779
6	Total Non-Operating Revenue	(3,299,305)	4,877,409	(724,009)
7	Excess/(Deficiency) of Revenue Over Expenses	\$21,669,487	\$27,581,620	\$27,260,770
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	5.21%	4.55%	5.45%
2	Parent Corporation Non-Operating Margin	-0.69%	0.98%	-0.14%
3	Parent Corporation Total Margin	4.52%	5.53%	5.31%
4	Income/(Loss) From Operations	\$24,968,792	\$22,704,211	\$27,984,779
5	Total Operating Revenue	\$482,501,108	\$493,588,442	\$514,035,813
6	Total Non-Operating Revenue	(\$3,299,305)	\$4,877,409	(\$724,009)
7	Total Revenue	\$479,201,803	\$498,465,851	\$513,311,804
8	Excess/(Deficiency) of Revenue Over Expenses	\$21,669,487	\$27,581,620	\$27,260,770
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$137,780,000	\$148,882,000	\$169,011,000
2	Parent Corporation Total Net Assets	\$168,386,000	\$178,818,000	\$198,114,000
3	Parent Corporation Change in Total Net Assets	(\$25,342,000)	\$10,432,000	\$19,296,000
4	Parent Corporation Change in Total Net Assets %	86.9%	6.2%	10.8%

STAMFORD HEALTH SYSTEM				
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. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.32	1.69	2.07
2	Total Current Assets	\$104,828,000	\$154,562,000	\$202,723,000
3	Total Current Liabilities	\$79,314,000	\$91,392,000	\$97,920,000
4	<u>Days Cash on Hand</u>	29	69	96
5	Cash and Cash Equivalents	\$33,269,000	\$58,541,000	\$94,498,000
6	Short Term Investments	166,000	24,454,000	25,033,000
7	Total Cash and Short Term Investments	\$33,435,000	\$82,995,000	\$119,531,000
8	Total Operating Expenses	\$457,532,316	\$470,884,231	\$486,051,034
9	Depreciation Expense	\$33,531,205	\$32,505,448	\$29,299,797
10	Operating Expenses less Depreciation Expense	\$424,001,111	\$438,378,783	\$456,751,237
11	<u>Days Revenue in Patient Accounts Receivable</u>	35	39	42
12	Net Patient Accounts Receivable	\$ 51,211,000	\$ 51,581,000	\$ 62,433,000
13	Due From Third Party Payers	\$0	\$3,941,000	\$2,592,000
14	Due To Third Party Payers	\$10,894,000	\$9,227,000	\$10,254,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 40,317,000	\$ 46,295,000	\$ 54,771,000
16	Total Net Patient Revenue	\$415,589,837	\$434,344,495	\$475,258,979
17	<u>Average Payment Period</u>	68	76	78
18	Total Current Liabilities	\$79,314,000	\$91,392,000	\$97,920,000
19	Total Operating Expenses	\$457,532,316	\$470,884,231	\$486,051,034
20	Depreciation Expense	\$33,531,205	\$32,505,448	\$29,299,797
21	Total Operating Expenses less Depreciation Expense	\$424,001,111	\$438,378,783	\$456,751,237

STAMFORD HEALTH SYSTEM				
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>	29.5	28.5	29.2
2	Total Net Assets	\$168,386,000	\$178,818,000	\$198,114,000
3	Total Assets	\$570,600,000	\$627,925,000	\$678,007,000
4	<u>Cash Flow to Total Debt Ratio</u>	26.2	25.2	22.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$21,669,487	\$27,581,620	\$27,260,770
6	Depreciation Expense	\$33,531,205	\$32,505,448	\$29,299,797
7	Excess of Revenues Over Expenses and Depreciation Expense	\$55,200,692	\$60,087,068	\$56,560,567
8	Total Current Liabilities	\$79,314,000	\$91,392,000	\$97,920,000
9	Total Long Term Debt	\$131,527,000	\$147,143,000	\$151,881,000
10	Total Current Liabilities and Total Long Term Debt	\$210,841,000	\$238,535,000	\$249,801,000
11	<u>Long Term Debt to Capitalization Ratio</u>	43.9	45.1	43.4
12	Total Long Term Debt	\$131,527,000	\$147,143,000	\$151,881,000
13	Total Net Assets	\$168,386,000	\$178,818,000	\$198,114,000
14	Total Long Term Debt and Total Net Assets	\$299,913,000	\$325,961,000	\$349,995,000

STAMFORD HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	44,938	8,731	8,296	180	183	68.4%	67.3%
2	ICU/CCU (Excludes Neonatal ICU)	1,683	168	0	5	16	92.2%	28.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,033	579	573	17	20	81.1%	68.9%
	TOTAL PSYCHIATRIC	5,033	579	573	17	20	81.1%	68.9%
5	Rehabilitation	4,144	362	361	14	17	81.1%	66.8%
6	Maternity	8,661	2,578	2,463	26	32	91.3%	74.2%
7	Newborn	6,453	2,072	2,271	18	25	98.2%	70.7%
8	Neonatal ICU	2,438	198	0	7	16	95.4%	41.7%
9	Pediatric	1,092	420	490	4	13	74.8%	23.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	67,989	12,868	12,183	253	297	73.6%	62.7%
	TOTAL INPATIENT BED UTILIZATION	74,442	14,940	14,454	271	322	75.3%	63.3%
	TOTAL INPATIENT REPORTED YEAR	74,442	14,940	14,454	271	322	75.3%	63.3%
	TOTAL INPATIENT PRIOR YEAR	76,225	0	0	269	322	77.6%	64.9%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,783	14,940	14,454	2	0	-2.4%	-1.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	0%	0%	1%	0%	-3%	-2%
	Total Licensed Beds and Bassinets	330						
(A) This number may not exceed the number of available beds for each department or in total.								

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	10,916	10,517	-399	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	24,619	24,214	-405	-2%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	35,535	34,731	-804	-2%
B. MRI Scans (A)					
1	Inpatient Scans	2,437	2,819	382	16%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,183	10,951	768	8%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	12,620	13,770	1,150	9%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	372	385	13	3%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	372	385	13	3%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	339	305	-34	-10%
2	Outpatient Procedures	357	365	8	2%
	Total Cardiac Catheterization Procedures	696	670	-26	-4%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	55	60	5	9%
2	Elective Procedures	224	194	-30	-13%
	Total Cardiac Angioplasty Procedures	279	254	-25	-9%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	3,149	2,918	-231	-7%
2	Outpatient Surgical Procedures	9,164	9,335	171	2%
	Total Surgical Procedures	12,313	12,253	-60	0%
J. Endoscopy Procedures					

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	522	488	-34	-7%
2	Outpatient Endoscopy Procedures	6,436	6,070	-366	-6%
	Total Endoscopy Procedures	6,958	6,558	-400	-6%
K.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	8,068	8,175	107	1%
2	Emergency Room Visits: Treated and Discharged	39,642	40,316	674	2%
	Total Emergency Room Visits	47,710	48,491	781	2%
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	15,927	17,352	1,425	9%
	Total Hospital Clinic Visits	15,927	17,352	1,425	9%
M.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	34,021	33,033	-988	-3%
2	Cardiology	7,490	6,881	-609	-8%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	268,311	275,807	7,496	3%
	Total Other Hospital Outpatient Visits	309,822	315,721	5,899	2%
N.	Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	600.9	599.4	-1.5	0%
2	Total Physician FTEs	111.2	117.3	6.1	5%
3	Total Non-Nursing and Non-Physician FTEs	1,339.7	1,372.7	33.0	2%
	Total Hospital Full Time Equivalent Employees	2,051.8	2,089.4	37.6	2%

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Stamford Hospital	2,518	2,653	135	5%
2	Tully Health Center	6,646	6,682	36	1%
	Total Outpatient Surgical Procedures(A)	9,164	9,335	171	2%
B. Outpatient Endoscopy Procedures					
1	Stamford Hospital	131	113	-18	-14%
2	Tully Health Center	6,305	5,957	-348	-6%
	Total Outpatient Endoscopy Procedures(B)	6,436	6,070	-366	-6%
C. Outpatient Hospital Emergency Room Visits					
1	Stamford Hospital	39,642	40,316	674	2%
	Total Outpatient Hospital Emergency Room Visits(C)	39,642	40,316	674	2%
(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.					

STAMFORD HOSPITAL					
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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	\$280,073,467	\$274,144,530	(\$5,928,937)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$76,479,069	\$65,375,752	(\$11,103,317)	-15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.31%	23.85%	-3.46%	-13%
4	DISCHARGES	5,382	5,251	(131)	-2%
5	CASE MIX INDEX (CMI)	1.53509	1.51517	(0.01992)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,261.85438	7,956.15767	(305.69671)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,256.89	\$8,217.00	(\$1,039.89)	-11%
8	PATIENT DAYS	35,892	33,327	(2,565)	-7%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,130.81	\$1,961.65	(\$169.17)	-8%
10	AVERAGE LENGTH OF STAY	6.7	6.3	(0.3)	-5%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$198,274,157	\$258,650,538	\$60,376,381	30%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,006,219	\$35,815,778	\$9,809,559	38%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.12%	13.85%	0.73%	6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	70.79%	94.35%	23.55%	33%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,810.11284	4,954.22606	1,144.11322	30%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,825.58	\$7,229.34	\$403.76	6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$478,347,624	\$532,795,068	\$54,447,444	11%
18	TOTAL ACCRUED PAYMENTS	\$102,485,288	\$101,191,530	(\$1,293,758)	-1%
19	TOTAL ALLOWANCES	\$375,862,336	\$431,603,538	\$55,741,202	15%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$215,741,210	\$229,079,508	\$13,338,298	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$79,357,286	\$80,776,141	\$1,418,855	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.78%	35.26%	-1.52%	-4%
4	DISCHARGES	6,787	6,526	(261)	-4%
5	CASE MIX INDEX (CMI)	1.06006	1.11760	0.05754	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,194,627.22	7,293,457.60	98,830.38	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,030.08	\$11,075.15	\$45.07	0%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,773.19)	(\$2,858.15)	(\$1,084.96)	61%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,757,420)	(\$20,845,796)	(\$8,088,375)	63%
10	PATIENT DAYS	25,956	26,482	526	2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,057.38	\$3,050.23	(\$7.15)	0%
12	AVERAGE LENGTH OF STAY	3.8	4.1	0.2	6%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$439,817,321	\$509,317,874	\$69,500,553	16%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$189,532,545	\$216,516,551	\$26,984,006	14%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.09%	42.51%	-0.58%	-1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	203.86%	222.33%	18.47%	9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	13,836,207.55	14,509,409.74	673,202.20	5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,698.30	\$14,922.49	\$1,224.19	9%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$6,872.72)	(\$7,693.15)	(\$820.43)	12%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$95,092,443)	(\$111,623,114)	(\$16,530,671)	17%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$655,558,531	\$738,397,382	\$82,838,851	13%
22	TOTAL ACCRUED PAYMENTS	\$268,889,831	\$297,292,692	\$28,402,861	11%
23	TOTAL ALLOWANCES	\$386,668,700	\$441,104,690	\$54,435,990	14%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$107,849,864)	(\$132,468,910)	(\$24,619,046)	23%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$568,718,927	\$635,946,661	\$67,227,734	12%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$330,541,616	\$375,096,311	\$44,554,695	13%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$238,177,311	\$260,850,350	\$22,673,039	10%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.88%	41.02%	-0.86%	

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$19,716,942	\$19,215,996	(\$500,946)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$577,992	\$237,449	(\$340,543)	-59%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.93%	1.24%	-1.70%	-58%
4	DISCHARGES	490	479	(11)	-2%
5	CASE MIX INDEX (CMI)	1.10377	1.12267	0.01890	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	540.84730	537.75893	(3.08837)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,068.68	\$441.55	(\$627.13)	-59%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,961.40	\$10,633.60	\$672.20	7%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,188.21	\$7,775.45	(\$412.76)	-5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,428,571	\$4,181,316	(\$247,255)	-6%
11	PATIENT DAYS	1,826	1,752	(74)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$316.53	\$135.53	(\$181.00)	-57%
13	AVERAGE LENGTH OF STAY	3.7	3.7	(0.1)	-2%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,856,299	\$54,022,199	\$10,165,900	23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,586,852	\$1,800,846	\$213,994	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	3.62%	3.33%	-0.28%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	222.43%	281.13%	58.70%	26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,089.90464	1,346.61942	256.71478	24%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,455.95	\$1,337.31	(\$118.65)	-8%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$12,242.35	\$13,585.18	\$1,342.84	11%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,369.62	\$5,892.03	\$522.41	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,852,376	\$7,934,322	\$2,081,946	36%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$63,573,241	\$73,238,195	\$9,664,954	15%
24	TOTAL ACCRUED PAYMENTS	\$2,164,844	\$2,038,295	(\$126,549)	-6%
25	TOTAL ALLOWANCES	\$61,408,397	\$71,199,900	\$9,791,503	16%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,280,948	\$12,115,638	\$1,834,691	18%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$63,392,712	\$89,088,317	\$25,695,605	41%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,714,938	\$13,433,933	\$1,718,995	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.48%	15.08%	-3.40%	-18%
4	DISCHARGES	2,457	3,039	582	24%
5	CASE MIX INDEX (CMI)	0.92155	0.97350	0.05195	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,264.24835	2,958.46650	694.21815	31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,173.88	\$4,540.84	(\$633.03)	-12%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,856.20	\$6,534.31	\$678.11	12%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$4,083.01	\$3,676.16	(\$406.86)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,244,958	\$10,875,788	\$1,630,830	18%
11	PATIENT DAYS	10,974	13,886	2,912	27%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,067.52	\$967.44	(\$100.07)	-9%
13	AVERAGE LENGTH OF STAY	4.5	4.6	0.1	2%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$58,636,260	\$93,020,244	\$34,383,984	59%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,785,294	\$14,645,104	\$4,859,810	50%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.69%	15.74%	-0.94%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	92.50%	104.41%	11.92%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,272.64754	3,173.12675	900.47921	40%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,305.68	\$4,615.35	\$309.67	7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$9,392.62	\$10,307.14	\$914.52	10%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,519.90	\$2,613.98	\$94.09	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,726,837	\$8,294,504	\$2,567,667	45%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$122,028,972	\$182,108,561	\$60,079,589	49%
24	TOTAL ACCRUED PAYMENTS	\$21,500,232	\$28,079,037	\$6,578,805	31%
25	TOTAL ALLOWANCES	\$100,528,740	\$154,029,524	\$53,500,784	53%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$14,971,795	\$19,170,292	\$4,198,497	28%

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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
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$19,165,732	\$2,840,581	(\$16,325,151)	-85%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,142,274	\$188,215	(\$954,059)	-84%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.96%	6.63%	0.67%	11%
4	DISCHARGES	450	108	(342)	-76%
5	CASE MIX INDEX (CMI)	1.24499	0.84398	(0.40101)	-32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	560.24550	91.14984	(469.09566)	-84%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,038.88	\$2,064.90	\$26.02	1%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$8,991.19	\$9,010.25	\$19.06	0%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,218.01	\$6,152.10	(\$1,065.90)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,043,856	\$560,763	(\$3,483,093)	-86%
11	PATIENT DAYS	3,352	682	(2,670)	-80%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$340.77	\$275.98	(\$64.80)	-19%
13	AVERAGE LENGTH OF STAY	7.4	6.3	(1.1)	-15%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,848,512	\$1,533,842	(\$11,314,670)	-88%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$859,141	\$149,887	(\$709,254)	-83%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.69%	9.77%	3.09%	46%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	67.04%	54.00%	-13.04%	-19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	301.67543	58.31727	(243.35816)	-81%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,847.90	\$2,570.20	(\$277.70)	-10%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$10,850.40	\$12,352.29	\$1,501.89	14%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,977.68	\$4,659.14	\$681.46	17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,199,968	\$271,708	(\$928,260)	-77%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$32,014,244	\$4,374,423	(\$27,639,821)	-86%
24	TOTAL ACCRUED PAYMENTS	\$2,001,415	\$338,102	(\$1,663,313)	-83%
25	TOTAL ALLOWANCES	\$30,012,829	\$4,036,321	(\$25,976,508)	-87%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$5,243,824	\$832,472	(\$4,411,353)	-84%

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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	\$82,558,444	\$91,928,898	\$9,370,454	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,857,212	\$13,622,148	\$764,936	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	15.57%	14.82%	-0.76%	-5%
4	DISCHARGES	2,907	3,147	240	8%
5	CASE MIX INDEX (CMI)	0.97162	0.96906	(0.00256)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,824.49385	3,049.61634	225.12249	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,552.04	\$4,466.84	(\$85.20)	-2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,478.04	\$6,608.31	\$130.28	2%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,704.85	\$3,750.16	(\$954.69)	-20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,288,814	\$11,436,551	(\$1,852,263)	-14%
11	PATIENT DAYS	14,326	14,568	242	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$897.47	\$935.07	\$37.60	4%
13	AVERAGE LENGTH OF STAY	4.9	4.6	(0.3)	-6%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$71,484,772	\$94,554,086	\$23,069,314	32%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,644,435	\$14,794,991	\$4,150,556	39%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.89%	15.65%	0.76%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	86.59%	102.86%	16.27%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,574.32297	3,231.44402	657.12105	26%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,134.85	\$4,578.45	\$443.60	11%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$9,563.45	\$10,344.05	\$780.59	8%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,690.73	\$2,650.89	(\$39.84)	-1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,926,805	\$8,566,212	\$1,639,407	24%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$154,043,216	\$186,482,984	\$32,439,768	21%
24	TOTAL ACCRUED PAYMENTS	\$23,501,647	\$28,417,139	\$4,915,492	21%
25	TOTAL ALLOWANCES	\$130,541,569	\$158,065,845	\$27,524,276	21%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$230,354	\$1,000,373	\$770,019	334%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$59,886	\$248,767	\$188,881	315%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.00%	24.87%	-1.13%	-4%
4	DISCHARGES	13	16	3	23%
5	CASE MIX INDEX (CMI)	0.75034	1.31450	0.56416	75%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9.75442	21.03200	11.27758	116%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,139.37	\$11,828.02	\$5,688.65	93%
8	PATIENT DAYS	51	65	14	27%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,174.24	\$3,827.18	\$2,652.95	226%
10	AVERAGE LENGTH OF STAY	3.9	4.1	0.1	4%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$445,996	\$656,717	\$210,721	47%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$50,252	\$123,693	\$73,441	146%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$676,350	\$1,657,090	\$980,740	145%
14	TOTAL ACCRUED PAYMENTS	\$110,138	\$372,460	\$262,322	238%
15	TOTAL ALLOWANCES	\$566,212	\$1,284,630	\$718,418	127%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$24,062,351	\$24,588,226	\$525,875	2%
2	TOTAL OPERATING EXPENSES	\$431,680,034	\$461,480,665	\$29,800,631	7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,850,410	\$0	(\$2,850,410)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$23,197,082	\$27,344,589	\$4,147,507	18%
5	BAD DEBTS (CHARGES)	\$42,704,703	\$46,972,113	\$4,267,410	10%
6	UNCOMPENSATED CARE (CHARGES)	\$65,901,785	\$74,316,702	\$8,414,917	13%
7	COST OF UNCOMPENSATED CARE	\$23,866,566	\$26,183,182	\$2,316,617	10%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$154,043,216	\$186,482,984	\$32,439,768	21%
9	TOTAL ACCRUED PAYMENTS	\$23,501,647	\$28,417,139	\$4,915,492	21%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$55,787,298	\$65,701,489	\$9,914,191	18%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$32,285,651	\$37,284,350	\$4,998,699	15%

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$578,603,475	\$596,153,309	\$17,549,834	3%
2	TOTAL INPATIENT PAYMENTS	\$168,753,453	\$160,022,808	(\$8,730,645)	-5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	29.17%	26.84%	-2.32%	-8%
4	TOTAL DISCHARGES	15,089	14,940	(149)	-1%
5	TOTAL CASE MIX INDEX	1.21219	1.22626	0.01407	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	18,290.72987	18,320.26361	29.53374	0%
7	TOTAL OUTPATIENT CHARGES	\$710,022,246	\$863,179,215	\$153,156,969	22%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	122.71%	144.79%	22.08%	18%
9	TOTAL OUTPATIENT PAYMENTS	\$226,233,451	\$267,251,013	\$41,017,562	18%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.86%	30.96%	-0.90%	-3%
11	TOTAL CHARGES	\$1,288,625,721	\$1,459,332,524	\$170,706,803	13%
12	TOTAL PAYMENTS	\$394,986,904	\$427,273,821	\$32,286,917	8%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.65%	29.28%	-1.37%	-4%
14	PATIENT DAYS	76,225	74,442	(1,783)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$362,862,265	\$367,073,801	\$4,211,536	1%
2	INPATIENT PAYMENTS	\$89,396,167	\$79,246,667	(\$10,149,500)	-11%
3	GOVT. INPATIENT PAYMENTS / CHARGES	24.64%	21.59%	-3.05%	-12%
4	DISCHARGES	8,302	8,414	112	1%
5	CASE MIX INDEX	1.33656	1.31053	(0.02603)	-2%
6	CASE MIX ADJUSTED DISCHARGES	11,096.10265	11,026.80601	(69.29664)	-1%
7	OUTPATIENT CHARGES	\$270,204,925	\$353,861,341	\$83,656,416	31%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	74.46%	96.40%	21.94%	29%
9	OUTPATIENT PAYMENTS	\$36,700,906	\$50,734,462	\$14,033,556	38%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.58%	14.34%	0.75%	6%
11	TOTAL CHARGES	\$633,067,190	\$720,935,142	\$87,867,952	14%
12	TOTAL PAYMENTS	\$126,097,073	\$129,981,129	\$3,884,056	3%
13	TOTAL PAYMENTS / CHARGES	19.92%	18.03%	-1.89%	-9%
14	PATIENT DAYS	50,269	47,960	(2,309)	-5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$506,970,117	\$590,954,013	\$83,983,896	17%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.7	6.3	(0.3)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	4.1	0.2	6%
3	UNINSURED	3.7	3.7	(0.1)	-2%
4	MEDICAID	4.5	4.6	0.1	2%
5	OTHER MEDICAL ASSISTANCE	7.4	6.3	(1.1)	-15%
6	CHAMPUS / TRICARE	3.9	4.1	0.1	4%
7	TOTAL AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)	-1%

STAMFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,288,625,721	\$1,459,332,524	\$170,706,803	13%
2	TOTAL GOVERNMENT DEDUCTIONS	\$506,970,117	\$590,954,013	\$83,983,896	17%
3	UNCOMPENSATED CARE	\$65,901,785	\$74,316,702	\$8,414,917	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$238,177,311	\$260,850,350	\$22,673,039	10%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,746,535	\$19,060,961	\$5,314,426	39%
6	TOTAL ADJUSTMENTS	\$824,795,748	\$945,182,026	\$120,386,278	15%
7	TOTAL ACCRUED PAYMENTS	\$463,829,973	\$514,150,498	\$50,320,525	11%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,850,410	\$0	(\$2,850,410)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$466,680,383	\$514,150,498	\$47,470,115	10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3621535527	0.3523189469	(0.0098346059)	-3%
11	COST OF UNCOMPENSATED CARE	\$23,866,566	\$26,183,182	\$2,316,617	10%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$32,285,651	\$37,284,350	\$4,998,699	15%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$56,152,217	\$63,467,532	\$7,315,315	13%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$5,726,837	\$8,294,504	\$2,567,667	45%
2	OTHER MEDICAL ASSISTANCE	\$5,243,824	\$832,472	(\$4,411,353)	-84%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,280,948	\$12,115,638	\$1,834,691	18%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,251,609	\$21,242,614	(\$8,995)	0%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,493,900	\$28,400,531	\$6,906,631	32.13%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$31,916,505	\$47,985,146	\$16,068,641	50.35%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$429,754,000	\$475,259,000	\$45,505,000	10.59%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,288,626,000	\$1,459,333,000	\$170,707,000	13.25%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$410,583	\$387,740	(\$22,843)	-5.56%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$66,312,000	\$74,704,000	\$8,392,000	12.66%

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$215,741,210	\$229,079,508	\$13,338,298
2	MEDICARE	\$280,073,467	274,144,530	(\$5,928,937)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$82,558,444	91,928,898	\$9,370,454
4	MEDICAID	\$63,392,712	89,088,317	\$25,695,605
5	OTHER MEDICAL ASSISTANCE	\$19,165,732	2,840,581	(\$16,325,151)
6	CHAMPUS / TRICARE	\$230,354	1,000,373	\$770,019
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,716,942	19,215,996	(\$500,946)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$362,862,265	\$367,073,801	\$4,211,536
	TOTAL INPATIENT CHARGES	\$578,603,475	\$596,153,309	\$17,549,834
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$439,817,321	\$509,317,874	\$69,500,553
2	MEDICARE	\$198,274,157	258,650,538	\$60,376,381
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$71,484,772	94,554,086	\$23,069,314
4	MEDICAID	\$58,636,260	93,020,244	\$34,383,984
5	OTHER MEDICAL ASSISTANCE	\$12,848,512	1,533,842	(\$11,314,670)
6	CHAMPUS / TRICARE	\$445,996	656,717	\$210,721
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$43,856,299	54,022,199	\$10,165,900
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$270,204,925	\$353,861,341	\$83,656,416
	TOTAL OUTPATIENT CHARGES	\$710,022,246	\$863,179,215	\$153,156,969
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$655,558,531	\$738,397,382	\$82,838,851
2	TOTAL MEDICARE	\$478,347,624	\$532,795,068	\$54,447,444
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$154,043,216	\$186,482,984	\$32,439,768
4	TOTAL MEDICAID	\$122,028,972	\$182,108,561	\$60,079,589
5	TOTAL OTHER MEDICAL ASSISTANCE	\$32,014,244	\$4,374,423	(\$27,639,821)
6	TOTAL CHAMPUS / TRICARE	\$676,350	\$1,657,090	\$980,740
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$63,573,241	\$73,238,195	\$9,664,954
	TOTAL GOVERNMENT CHARGES	\$633,067,190	\$720,935,142	\$87,867,952
	TOTAL CHARGES	\$1,288,625,721	\$1,459,332,524	\$170,706,803
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,357,286	\$80,776,141	\$1,418,855
2	MEDICARE	\$76,479,069	65,375,752	(\$11,103,317)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,857,212	13,622,148	\$764,936
4	MEDICAID	\$11,714,938	13,433,933	\$1,718,995
5	OTHER MEDICAL ASSISTANCE	\$1,142,274	188,215	(\$954,059)
6	CHAMPUS / TRICARE	\$59,886	248,767	\$188,881
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$577,992	237,449	(\$340,543)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$89,396,167	\$79,246,667	(\$10,149,500)
	TOTAL INPATIENT PAYMENTS	\$168,753,453	\$160,022,808	(\$8,730,645)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$189,532,545	\$216,516,551	\$26,984,006
2	MEDICARE	\$26,006,219	35,815,778	\$9,809,559
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,644,435	14,794,991	\$4,150,556
4	MEDICAID	\$9,785,294	14,645,104	\$4,859,810
5	OTHER MEDICAL ASSISTANCE	\$859,141	149,887	(\$709,254)
6	CHAMPUS / TRICARE	\$50,252	123,693	\$73,441
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,586,852	1,800,846	\$213,994
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$36,700,906	\$50,734,462	\$14,033,556
	TOTAL OUTPATIENT PAYMENTS	\$226,233,451	\$267,251,013	\$41,017,562
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$268,889,831	\$297,292,692	\$28,402,861
2	TOTAL MEDICARE	\$102,485,288	\$101,191,530	(\$1,293,758)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,501,647	\$28,417,139	\$4,915,492
4	TOTAL MEDICAID	\$21,500,232	\$28,079,037	\$6,578,805
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,001,415	\$338,102	(\$1,663,313)
6	TOTAL CHAMPUS / TRICARE	\$110,138	\$372,460	\$262,322
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,164,844	\$2,038,295	(\$126,549)
	TOTAL GOVERNMENT PAYMENTS	\$126,097,073	\$129,981,129	\$3,884,056
	TOTAL PAYMENTS	\$394,986,904	\$427,273,821	\$32,286,917

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.74%	15.70%	-1.04%
2	MEDICARE	21.73%	18.79%	-2.95%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.41%	6.30%	-0.11%
4	MEDICAID	4.92%	6.10%	1.19%
5	OTHER MEDICAL ASSISTANCE	1.49%	0.19%	-1.29%
6	CHAMPUS / TRICARE	0.02%	0.07%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.53%	1.32%	-0.21%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	28.16%	25.15%	-3.01%
	TOTAL INPATIENT PAYER MIX	44.90%	40.85%	-4.05%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.13%	34.90%	0.77%
2	MEDICARE	15.39%	17.72%	2.34%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.55%	6.48%	0.93%
4	MEDICAID	4.55%	6.37%	1.82%
5	OTHER MEDICAL ASSISTANCE	1.00%	0.11%	-0.89%
6	CHAMPUS / TRICARE	0.03%	0.05%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.40%	3.70%	0.30%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.97%	24.25%	3.28%
	TOTAL OUTPATIENT PAYER MIX	55.10%	59.15%	4.05%
	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)	20.09%	18.91%	-1.19%
2	MEDICARE	19.36%	15.30%	-4.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.26%	3.19%	-0.07%
4	MEDICAID	2.97%	3.14%	0.18%
5	OTHER MEDICAL ASSISTANCE	0.29%	0.04%	-0.25%
6	CHAMPUS / TRICARE	0.02%	0.06%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.15%	0.06%	-0.09%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	22.63%	18.55%	-4.09%
	TOTAL INPATIENT PAYER MIX	42.72%	37.45%	-5.27%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.98%	50.67%	2.69%
2	MEDICARE	6.58%	8.38%	1.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.69%	3.46%	0.77%
4	MEDICAID	2.48%	3.43%	0.95%
5	OTHER MEDICAL ASSISTANCE	0.22%	0.04%	-0.18%
6	CHAMPUS / TRICARE	0.01%	0.03%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.40%	0.42%	0.02%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	9.29%	11.87%	2.58%
	TOTAL OUTPATIENT PAYER MIX	57.28%	62.55%	5.27%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,787	6,526	(261)
2	MEDICARE	5,382	5,251	(131)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,907	3,147	240
4	MEDICAID	2,457	3,039	582
5	OTHER MEDICAL ASSISTANCE	450	108	(342)
6	CHAMPUS / TRICARE	13	16	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	490	479	(11)
	TOTAL GOVERNMENT DISCHARGES	8,302	8,414	112
	TOTAL DISCHARGES	15,089	14,940	(149)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25,956	26,482	526
2	MEDICARE	35,892	33,327	(2,565)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,326	14,568	242
4	MEDICAID	10,974	13,886	2,912
5	OTHER MEDICAL ASSISTANCE	3,352	682	(2,670)
6	CHAMPUS / TRICARE	51	65	14
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,826	1,752	(74)
	TOTAL GOVERNMENT PATIENT DAYS	50,269	47,960	(2,309)
	TOTAL PATIENT DAYS	76,225	74,442	(1,783)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	4.1	0.2
2	MEDICARE	6.7	6.3	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.9	4.6	(0.3)
4	MEDICAID	4.5	4.6	0.1
5	OTHER MEDICAL ASSISTANCE	7.4	6.3	(1.1)
6	CHAMPUS / TRICARE	3.9	4.1	0.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	3.7	(0.1)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.1	5.7	(0.4)
	TOTAL AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.06006	1.11760	0.05754
2	MEDICARE	1.53509	1.51517	(0.01992)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97162	0.96906	(0.00256)
4	MEDICAID	0.92155	0.97350	0.05195
5	OTHER MEDICAL ASSISTANCE	1.24499	0.84398	(0.40101)
6	CHAMPUS / TRICARE	0.75034	1.31450	0.56416
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10377	1.12267	0.01890
	TOTAL GOVERNMENT CASE MIX INDEX	1.33656	1.31053	(0.02603)
	TOTAL CASE MIX INDEX	1.21219	1.22626	0.01407
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$568,718,927	\$635,946,661	\$67,227,734
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$330,541,616	\$375,096,311	\$44,554,695
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$238,177,311	\$260,850,350	\$22,673,039
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.88%	41.02%	-0.86%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,493,900	\$28,400,531	\$6,906,631
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,746,535	\$19,060,961	\$5,314,426
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,850,410	\$0	(\$2,850,410)
8	CHARITY CARE	\$23,197,082	\$27,344,589	\$4,147,507
9	BAD DEBTS	\$42,704,703	\$46,972,113	\$4,267,410
10	TOTAL UNCOMPENSATED CARE	\$65,901,785	\$74,316,702	\$8,414,917
11	TOTAL OTHER OPERATING REVENUE	\$568,718,927	\$635,946,661	\$67,227,734
12	TOTAL OPERATING EXPENSES	\$431,680,034	\$461,480,665	\$29,800,631

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,194.62722	7,293.45760	98.83038
2	MEDICARE	8,261.85438	7,956.15767	(305.69671)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,824.49385	3,049.61634	225.12249
4	MEDICAID	2,264.24835	2,958.46650	694.21815
5	OTHER MEDICAL ASSISTANCE	560.24550	91.14984	(469.09566)
6	CHAMPUS / TRICARE	9.75442	21.03200	11.27758
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	540.84730	537.75893	(3.08837)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	11,096.10265	11,026.80601	(69.29664)
	TOTAL CASE MIX ADJUSTED DISCHARGES	18,290.72987	18,320.26361	29.53374
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,836.20755	14,509.40974	673.20220
2	MEDICARE	3,810.11284	4,954.22606	1,144.11322
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,574.32297	3,231.44402	657.12105
4	MEDICAID	2,272.64754	3,173.12675	900.47921
5	OTHER MEDICAL ASSISTANCE	301.67543	58.31727	-243.35816
6	CHAMPUS / TRICARE	25.16973	10.50355	-14.66618
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,089.90464	1,346.61942	256.71478
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,409.60554	8,196.17363	1,786.56810
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,245.81308	22,705.58338	2,459.77030
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,030.08	\$11,075.15	\$45.07
2	MEDICARE	\$9,256.89	\$8,217.00	(\$1,039.89)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,552.04	\$4,466.84	(\$85.20)
4	MEDICAID	\$5,173.88	\$4,540.84	(\$633.03)
5	OTHER MEDICAL ASSISTANCE	\$2,038.88	\$2,064.90	\$26.02
6	CHAMPUS / TRICARE	\$6,139.37	\$11,828.02	\$5,688.65
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,068.68	\$441.55	(\$627.13)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,056.54	\$7,186.73	(\$869.81)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,226.17	\$8,734.74	(\$491.43)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,698.30	\$14,922.49	\$1,224.19
2	MEDICARE	\$6,825.58	\$7,229.34	\$403.76
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,134.85	\$4,578.45	\$443.60
4	MEDICAID	\$4,305.68	\$4,615.35	\$309.67
5	OTHER MEDICAL ASSISTANCE	\$2,847.90	\$2,570.20	(\$277.70)
6	CHAMPUS / TRICARE	\$1,996.53	\$11,776.30	\$9,779.77
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,455.95	\$1,337.31	(\$118.65)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,725.92	\$6,190.02	\$464.10
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,174.33	\$11,770.28	\$595.94

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$5,726,837	\$8,294,504	\$2,567,667
2	OTHER MEDICAL ASSISTANCE	\$5,243,824	\$832,472	(\$4,411,353)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,280,948	\$12,115,638	\$1,834,691
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,251,609	\$21,242,614	(\$8,995)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,288,625,721	\$1,459,332,524	\$170,706,803
2	TOTAL GOVERNMENT DEDUCTIONS	\$506,970,117	\$590,954,013	\$83,983,896
3	UNCOMPENSATED CARE	\$65,901,785	\$74,316,702	\$8,414,917
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$238,177,311	\$260,850,350	\$22,673,039
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,746,535	\$19,060,961	\$5,314,426
6	TOTAL ADJUSTMENTS	\$824,795,748	\$945,182,026	\$120,386,278
7	TOTAL ACCRUED PAYMENTS	\$463,829,973	\$514,150,498	\$50,320,525
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,850,410	\$0	(\$2,850,410)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$466,680,383	\$514,150,498	\$47,470,115
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3621535527	0.3523189469	(0.0098346059)
11	COST OF UNCOMPENSATED CARE	\$23,866,566	\$26,183,182	\$2,316,617
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$32,285,651	\$37,284,350	\$4,998,699
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$56,152,217	\$63,467,532	\$7,315,315
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36.78%	35.26%	-1.52%
2	MEDICARE	27.31%	23.85%	-3.46%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.57%	14.82%	-0.76%
4	MEDICAID	18.48%	15.08%	-3.40%
5	OTHER MEDICAL ASSISTANCE	5.96%	6.63%	0.67%
6	CHAMPUS / TRICARE	26.00%	24.87%	-1.13%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.93%	1.24%	-1.70%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	24.64%	21.59%	-3.05%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	29.17%	26.84%	-2.32%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.09%	42.51%	-0.58%
2	MEDICARE	13.12%	13.85%	0.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.89%	15.65%	0.76%
4	MEDICAID	16.69%	15.74%	-0.94%
5	OTHER MEDICAL ASSISTANCE	6.69%	9.77%	3.09%
6	CHAMPUS / TRICARE	11.27%	18.84%	7.57%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.62%	3.33%	-0.28%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	13.58%	14.34%	0.75%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	31.86%	30.96%	-0.90%

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$394,986,904	\$427,273,821	\$32,286,917
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,850,410	\$0	(\$2,850,410)
	OHCA DEFINED NET REVENUE	\$397,837,314	\$427,273,821	\$29,436,507
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$31,916,505	\$47,985,146	\$16,068,641
4	CALCULATED NET REVENUE	\$429,753,819	\$475,258,967	\$45,505,148
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$429,754,000	\$475,259,000	\$45,505,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$181)	(\$33)	\$148
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,288,625,721	\$1,459,332,524	\$170,706,803
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,288,625,721	\$1,459,332,524	\$170,706,803
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,288,626,000	\$1,459,333,000	\$170,707,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$279)	(\$476)	(\$197)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$65,901,785	\$74,316,702	\$8,414,917
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$410,583	\$387,740	(\$22,843)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$66,312,368	\$74,704,442	\$8,392,074
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$66,312,000	\$74,704,000	\$8,392,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$368	\$442	\$74

STAMFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$229,079,508
2	MEDICARE	274,144,530
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	91,928,898
4	MEDICAID	89,088,317
5	OTHER MEDICAL ASSISTANCE	2,840,581
6	CHAMPUS / TRICARE	1,000,373
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	19,215,996
	TOTAL INPATIENT GOVERNMENT CHARGES	\$367,073,801
	TOTAL INPATIENT CHARGES	\$596,153,309
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$509,317,874
2	MEDICARE	258,650,538
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	94,554,086
4	MEDICAID	93,020,244
5	OTHER MEDICAL ASSISTANCE	1,533,842
6	CHAMPUS / TRICARE	656,717
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	54,022,199
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$353,861,341
	TOTAL OUTPATIENT CHARGES	\$863,179,215
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$738,397,382
2	TOTAL GOVERNMENT ACCRUED CHARGES	720,935,142
	TOTAL ACCRUED CHARGES	\$1,459,332,524
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$80,776,141
2	MEDICARE	65,375,752
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,622,148
4	MEDICAID	13,433,933
5	OTHER MEDICAL ASSISTANCE	188,215
6	CHAMPUS / TRICARE	248,767
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	237,449
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$79,246,667
	TOTAL INPATIENT PAYMENTS	\$160,022,808
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$216,516,551
2	MEDICARE	35,815,778
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,794,991
4	MEDICAID	14,645,104
5	OTHER MEDICAL ASSISTANCE	149,887
6	CHAMPUS / TRICARE	123,693
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,800,846
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$50,734,462
	TOTAL OUTPATIENT PAYMENTS	\$267,251,013
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$297,292,692
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	129,981,129
	TOTAL ACCRUED PAYMENTS	\$427,273,821

STAMFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,526
2	MEDICARE	5,251
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,147
4	MEDICAID	3,039
5	OTHER MEDICAL ASSISTANCE	108
6	CHAMPUS / TRICARE	16
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	479
	TOTAL GOVERNMENT DISCHARGES	8,414
	TOTAL DISCHARGES	14,940
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.11760
2	MEDICARE	1.51517
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96906
4	MEDICAID	0.97350
5	OTHER MEDICAL ASSISTANCE	0.84398
6	CHAMPUS / TRICARE	1.31450
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12267
	TOTAL GOVERNMENT CASE MIX INDEX	1.31053
	TOTAL CASE MIX INDEX	1.22626
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$635,946,661
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$375,096,311
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$260,850,350
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.02%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$28,400,531
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$19,060,961
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$27,344,589
9	BAD DEBTS	\$46,972,113
10	TOTAL UNCOMPENSATED CARE	\$74,316,702
11	TOTAL OTHER OPERATING REVENUE	\$24,588,226
12	TOTAL OPERATING EXPENSES	\$461,480,665

STAMFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$427,273,821
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$427,273,821
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$47,985,146
	CALCULATED NET REVENUE	\$475,258,967
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$475,259,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$33)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,459,332,524
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,459,332,524
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,459,333,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$476)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$74,316,702
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$387,740
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$74,704,442
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$74,704,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$442

STAMFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	1,702	1,948	246	14%
2	Number of Approved Applicants	1,629	1,729	100	6%
3	Total Charges (A)	\$23,197,082	\$27,344,589	\$4,147,507	18%
4	Average Charges	\$14,240	\$15,815	\$1,575	11%
5	Ratio of Cost to Charges (RCC)	0.360445	0.328852	(0.031593)	-9%
6	Total Cost	\$8,361,272	\$8,992,323	\$631,051	8%
7	Average Cost	\$5,133	\$5,201	\$68	1%
8	Charity Care - Inpatient Charges	\$6,963,063	\$5,990,419	(\$972,644)	-14%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	3,817,013	5,196,805	1,379,792	36%
10	Charity Care - Emergency Department Charges	12,417,006	16,157,365	3,740,359	30%
11	Total Charges (A)	\$23,197,082	\$27,344,589	\$4,147,507	18%
12	Charity Care - Number of Patient Days	660	857	197	30%
13	Charity Care - Number of Discharges	152	116	(36)	-24%
14	Charity Care - Number of Outpatient ED Visits	1,070	1,399	329	31%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,310	8,124	814	11%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$16,751,305	\$19,365,323	\$2,614,018	16%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	12,668,393	14,366,253	1,697,860	13%
3	Bad Debts - Emergency Department	13,285,005	13,240,537	(44,468)	0%
4	Total Bad Debts (A)	\$42,704,703	\$46,972,113	\$4,267,410	10%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$23,197,082	\$27,344,589	\$4,147,507	18%
2	Bad Debts (A)	42,704,703	46,972,113	4,267,410	10%
3	Total Uncompensated Care (A)	\$65,901,785	\$74,316,702	\$8,414,917	13%
4	Uncompensated Care - Inpatient Services	\$23,714,368	\$25,355,742	\$1,641,374	7%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	16,485,406	19,563,058	3,077,652	19%
6	Uncompensated Care - Emergency Department	25,702,011	29,397,902	3,695,891	14%
7	Total Uncompensated Care (A)	\$65,901,785	\$74,316,702	\$8,414,917	13%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

STAMFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2010	(4) FY 2011	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$568,718,927	\$635,946,661	\$67,227,734	12%
2	Total Contractual Allowances	\$238,177,311	\$260,850,350	\$22,673,039	10%
	Total Accrued Payments (A)	\$330,541,616	\$375,096,311	\$44,554,695	13%
	Total Discount Percentage	41.88%	41.02%	-0.86%	-2%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$519,029,050	\$578,603,475	\$596,153,309
2	Outpatient Gross Revenue	\$637,988,263	\$710,022,246	\$863,179,215
3	Total Gross Patient Revenue	\$1,157,017,313	\$1,288,625,721	\$1,459,332,524
4	Net Patient Revenue	\$416,937,724	\$436,167,190	\$475,258,979
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$425,519,879	\$431,680,034	\$461,480,665
C. <u>Utilization Statistics</u>				
1	Patient Days	75,272	76,225	74,442
2	Discharges	14,888	15,089	14,940
3	Average Length of Stay	5.1	5.1	5.0
4	Equivalent (Adjusted) Patient Days (EPD)	167,796	169,763	182,228
0	Equivalent (Adjusted) Discharges (ED)	33,188	33,605	36,572
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.21399	1.21219	1.22626
2	Case Mix Adjusted Patient Days (CMAPD)	91,380	92,399	91,285
3	Case Mix Adjusted Discharges (CMAD)	18,074	18,291	18,320
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	203,703	205,785	223,458
5	Case Mix Adjusted Equivalent Discharges (CMAED)	40,290	40,736	44,846
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$15,371	\$16,906	\$19,604
2	Total Gross Revenue per Discharge	\$77,715	\$85,402	\$97,680
3	Total Gross Revenue per EPD	\$6,895	\$7,591	\$8,008
4	Total Gross Revenue per ED	\$34,862	\$38,346	\$39,903
5	Total Gross Revenue per CMAEPD	\$5,680	\$6,262	\$6,531
6	Total Gross Revenue per CMAED	\$28,717	\$31,634	\$32,541
7	Inpatient Gross Revenue per EPD	\$3,093	\$3,408	\$3,271
8	Inpatient Gross Revenue per ED	\$15,639	\$17,218	\$16,301

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,539	\$5,722	\$6,384
2	Net Patient Revenue per Discharge	\$28,005	\$28,906	\$31,811
3	Net Patient Revenue per EPD	\$2,485	\$2,569	\$2,608
4	Net Patient Revenue per ED	\$12,563	\$12,979	\$12,995
5	Net Patient Revenue per CMAEPD	\$2,047	\$2,120	\$2,127
6	Net Patient Revenue per CMAED	\$10,348	\$10,707	\$10,597
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,653	\$5,663	\$6,199
2	Total Operating Expense per Discharge	\$28,581	\$28,609	\$30,889
3	Total Operating Expense per EPD	\$2,536	\$2,543	\$2,532
4	Total Operating Expense per ED	\$12,821	\$12,846	\$12,618
5	Total Operating Expense per CMAEPD	\$2,089	\$2,098	\$2,065
6	Total Operating Expense per CMAED	\$10,561	\$10,597	\$10,290
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$51,850,186	\$53,049,747	\$55,671,919
2	Nursing Fringe Benefits Expense	\$11,404,309	\$14,424,232	\$14,949,296
3	Total Nursing Salary and Fringe Benefits Expense	\$63,254,495	\$67,473,979	\$70,621,215
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$17,126,431	\$17,289,984	\$21,556,196
2	Physician Fringe Benefits Expense	\$3,766,913	\$4,701,148	\$4,771,010
3	Total Physician Salary and Fringe Benefits Expense	\$20,893,344	\$21,991,132	\$26,327,206
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$85,526,196	\$93,025,542	\$95,229,352
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$18,811,257	\$25,356,655	\$29,318,027
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$104,337,453	\$118,382,197	\$124,547,379
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$154,502,813	\$163,365,273	\$172,457,467
2	Total Fringe Benefits Expense	\$33,982,479	\$44,482,035	\$49,038,333
3	Total Salary and Fringe Benefits Expense	\$188,485,292	\$207,847,308	\$221,495,800

STAMFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	564.6	600.9	599.4
2	Total Physician FTEs	104.9	111.2	117.3
3	Total Non-Nursing, Non-Physician FTEs	1228.9	1339.7	1372.7
4	Total Full Time Equivalent Employees (FTEs)	1,898.4	2,051.8	2,089.4
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$91,835	\$88,284	\$92,879
2	Nursing Fringe Benefits Expense per FTE	\$20,199	\$24,004	\$24,940
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$112,034	\$112,288	\$117,820
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$163,264	\$155,485	\$183,770
2	Physician Fringe Benefits Expense per FTE	\$35,910	\$42,277	\$40,674
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$199,174	\$197,762	\$224,443
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$69,596	\$69,438	\$69,374
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$15,307	\$18,927	\$21,358
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$84,903	\$88,365	\$90,732
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$81,386	\$79,620	\$82,539
2	Total Fringe Benefits Expense per FTE	\$17,901	\$21,680	\$23,470
3	Total Salary and Fringe Benefits Expense per FTE	\$99,286	\$101,300	\$106,009
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,504	\$2,727	\$2,975
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,660	\$13,775	\$14,826
3	Total Salary and Fringe Benefits Expense per EPD	\$1,123	\$1,224	\$1,215
4	Total Salary and Fringe Benefits Expense per ED	\$5,679	\$6,185	\$6,056
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$925	\$1,010	\$991
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,678	\$5,102	\$4,939