

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,472,044	\$482,737	(\$2,989,307)	-86%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$23,133,138	\$29,412,780	\$6,279,642	27%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,710,681	\$10,408,581	\$8,697,900	508%
5	Due From Affiliates	\$2,268,115	\$6,701,228	\$4,433,113	195%
6	Due From Third Party Payers	\$0	\$4,899,895	\$4,899,895	0%
7	Inventories of Supplies	\$574,503	\$655,745	\$81,242	14%
8	Prepaid Expenses	\$1,097,858	\$2,245,764	\$1,147,906	105%
9	Other Current Assets	\$3,624,385	\$6,186,504	\$2,562,119	71%
	Total Current Assets	\$35,880,724	\$60,993,234	\$25,112,510	70%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$67,820,517	\$75,705,081	\$7,884,564	12%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$67,820,517	\$75,705,081	\$7,884,564	12%
5	Interest in Net Assets of Foundation	\$75,658,862	\$87,705,125	\$12,046,263	16%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$26,168,323	\$27,483,112	\$1,314,789	5%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$171,130,169	\$182,172,976	\$11,042,807	6%
2	Less: Accumulated Depreciation	\$84,352,993	\$93,582,827	\$9,229,834	11%
	Property, Plant and Equipment, Net	\$86,777,176	\$88,590,149	\$1,812,973	2%
3	Construction in Progress	\$10,845,652	\$19,750,929	\$8,905,277	82%
	Total Net Fixed Assets	\$97,622,828	\$108,341,078	\$10,718,250	11%
	Total Assets	\$303,151,254	\$360,227,630	\$57,076,376	19%

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	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	\$23,190,193	\$26,273,345	\$3,083,152	13%
2	Salaries, Wages and Payroll Taxes	\$8,583,461	\$11,564,942	\$2,981,481	35%
3	Due To Third Party Payers	\$1,261,943	\$2,965,182	\$1,703,239	135%
4	Due To Affiliates	\$987,542	\$61,449	(\$926,093)	-94%
5	Current Portion of Long Term Debt	\$1,050,000	\$1,215,000	\$165,000	16%
6	Current Portion of Notes Payable	\$2,137,718	\$3,874,342	\$1,736,624	81%
7	Other Current Liabilities	\$217,358	\$66,507	(\$150,851)	-69%
	Total Current Liabilities	\$37,428,215	\$46,020,767	\$8,592,552	23%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$40,530,000	\$39,315,000	(\$1,215,000)	-3%
2	Notes Payable (Net of Current Portion)	\$1,845,978	\$16,628,802	\$14,782,824	801%
	Total Long Term Debt	\$42,375,978	\$55,943,802	\$13,567,824	32%
3	Accrued Pension Liability	\$18,776,699	\$19,026,898	\$250,199	1%
4	Other Long Term Liabilities	\$17,559,945	\$29,898,238	\$12,338,293	70%
	Total Long Term Liabilities	\$78,712,622	\$104,868,938	\$26,156,316	33%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$82,917,999	\$96,684,590	\$13,766,591	17%
2	Temporarily Restricted Net Assets	\$19,943,320	\$20,313,398	\$370,078	2%
3	Permanently Restricted Net Assets	\$84,149,098	\$92,339,937	\$8,190,839	10%
	Total Net Assets	\$187,010,417	\$209,337,925	\$22,327,508	12%
	Total Liabilities and Net Assets	\$303,151,254	\$360,227,630	\$57,076,376	19%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$434,869,571	\$506,581,501	\$71,711,930	16%
2	Less: Allowances	\$223,973,161	\$270,274,469	\$46,301,308	21%
3	Less: Charity Care	\$1,581,301	\$710,025	(\$871,276)	-55%
4	Less: Other Deductions	\$6,867,602	\$4,399,372	(\$2,468,230)	-36%
	Total Net Patient Revenue	\$202,447,507	\$231,197,635	\$28,750,128	14%
5	Other Operating Revenue	\$3,247,061	\$7,522,637	\$4,275,576	132%
6	Net Assets Released from Restrictions	\$12,747,922	\$12,253,353	(\$494,569)	-4%
	Total Operating Revenue	\$218,442,490	\$250,973,625	\$32,531,135	15%
B. Operating Expenses:					
1	Salaries and Wages	\$89,812,090	\$98,472,704	\$8,660,614	10%
2	Fringe Benefits	\$25,506,983	\$26,242,270	\$735,287	3%
3	Physicians Fees	\$8,064,841	\$9,842,568	\$1,777,727	22%
4	Supplies and Drugs	\$14,697,511	\$16,627,144	\$1,929,633	13%
5	Depreciation and Amortization	\$10,397,231	\$10,408,276	\$11,045	0%
6	Bad Debts	\$1,147,790	\$4,548,780	\$3,400,990	296%
7	Interest	\$1,187,248	\$910,866	(\$276,382)	-23%
8	Malpractice	\$5,135,430	\$5,072,074	(\$63,356)	-1%
9	Other Operating Expenses	\$56,508,831	\$79,537,363	\$23,028,532	41%
	Total Operating Expenses	\$212,457,955	\$251,662,045	\$39,204,090	18%
	Income/(Loss) From Operations	\$5,984,535	(\$688,420)	(\$6,672,955)	-112%
C. Non-Operating Revenue:					
1	Income from Investments	\$9,798,919	\$19,597,315	\$9,798,396	100%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$9,798,919	\$19,597,315	\$9,798,396	100%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$15,783,454	\$18,908,895	\$3,125,441	20%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$15,783,454	\$18,908,895	\$3,125,441	20%
	Principal Payments	\$41,251,348	\$4,530,551	(\$36,720,797)	-89%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$192,736	\$386,168	\$193,432	100%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$31,580,180	\$131,205,858	\$99,625,678	315%
4	MEDICAID MANAGED CARE	\$105,361,536	\$30,327,937	(\$75,033,599)	-71%
5	CHAMPUS/TRICARE	\$1,844,861	\$3,756,316	\$1,911,455	104%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$112,205,405	\$131,043,122	\$18,837,717	17%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,309,331	\$1,742,334	\$433,003	33%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$252,494,049	\$298,461,735	\$45,967,686	18%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$220,883	\$110,788	(\$110,095)	-50%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$5,211,634	\$81,999,225	\$76,787,591	1473%
4	MEDICAID MANAGED CARE	\$85,999,549	\$23,600,889	(\$62,398,660)	-73%
5	CHAMPUS/TRICARE	\$981,727	\$1,279,360	\$297,633	30%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$88,035,819	\$98,277,619	\$10,241,800	12%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,925,909	\$2,851,885	\$925,976	48%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$182,375,521	\$208,119,766	\$25,744,245	14%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$413,619	\$496,956	\$83,337	20%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$36,791,814	\$213,205,083	\$176,413,269	479%
4	MEDICAID MANAGED CARE	\$191,361,085	\$53,928,826	(\$137,432,259)	-72%
5	CHAMPUS/TRICARE	\$2,826,588	\$5,035,676	\$2,209,088	78%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$200,241,224	\$229,320,741	\$29,079,517	15%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$3,235,240	\$4,594,219	\$1,358,979	42%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$434,869,570	\$506,581,501	\$71,711,931	16%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$1,373,960	\$2,274,166	\$900,206	66%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$8,418,363	\$40,675,822	\$32,257,459	383%
4	MEDICAID MANAGED CARE	\$36,724,839	\$11,245,874	(\$25,478,965)	-69%
5	CHAMPUS/TRICARE	\$816,511	\$1,608,353	\$791,842	97%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$70,836,576	\$81,002,817	\$10,166,241	14%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$237,285	\$532,200	\$294,915	124%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$118,407,534	\$137,339,232	\$18,931,698	16%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,615,423	\$677,337	(\$938,086)	-58%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$1,219,512	\$25,086,738	\$23,867,226	1957%
4	MEDICAID MANAGED CARE	\$28,531,300	\$7,337,657	(\$21,193,643)	-74%
5	CHAMPUS/TRICARE	\$530,126	\$657,602	\$127,476	24%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$46,601,668	\$49,034,080	\$2,432,412	5%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$349,025	\$871,115	\$522,090	150%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$78,847,054	\$83,664,529	\$4,817,475	6%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,989,383	\$2,951,503	(\$37,880)	-1%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$9,637,875	\$65,762,560	\$56,124,685	582%
4	MEDICAID MANAGED CARE	\$65,256,139	\$18,583,531	(\$46,672,608)	-72%
5	CHAMPUS/TRICARE	\$1,346,637	\$2,265,955	\$919,318	68%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$117,438,244	\$130,036,897	\$12,598,653	11%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$586,310	\$1,403,315	\$817,005	139%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$197,254,588	\$221,003,761	\$23,749,173	12%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	14	3	(11)	-79%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	362	2,642	2,280	630%
4	MEDICAID MANAGED CARE	2,815	750	(2,065)	-73%
5	CHAMPUS/TRICARE	52	53	1	2%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	2,910	3,122	212	7%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	50	72	22	44%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	6,203	6,642	439	7%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	34	32	(2)	-6%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	4,360	20,066	15,706	360%
4	MEDICAID MANAGED CARE	16,028	4,393	(11,635)	-73%
5	CHAMPUS/TRICARE	277	476	199	72%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	16,915	19,237	2,322	14%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	220	245	25	11%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	37,834	44,449	6,615	17%
C.	OUTPATIENT VISITS				

**CT CHILDREN'S MEDICAL CENTER
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FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	134	84	(50)	-37%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	3,970	64,792	60,822	1532%
4	MEDICAID MANAGED CARE	75,444	18,694	(56,750)	-75%
5	CHAMPUS/TRICARE	781	778	(3)	0%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	75,393	75,441	48	0%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,755	2,147	392	22%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	157,477	161,936	4,459	3%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$14,810	\$19,793	\$4,983	34%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$1,915,262	\$27,933,571	\$26,018,309	1358%
4	MEDICAID MANAGED CARE	\$31,094,625	\$9,213,890	(\$21,880,735)	-70%
5	CHAMPUS/TRICARE	\$287,983	\$316,143	\$28,160	10%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$20,524,775	\$21,308,725	\$783,950	4%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,316,942	\$1,825,220	\$508,278	39%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$55,154,397	\$60,617,342	\$5,462,945	10%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$10,744	\$8,313	(\$2,431)	-23%
2	MEDICARE MANAGED CARE	\$0	\$0	\$0	0%
3	MEDICAID	\$331,170	\$4,750,177	\$4,419,007	1334%
4	MEDICAID MANAGED CARE	\$6,689,399	\$2,114,469	(\$4,574,930)	-68%
5	CHAMPUS/TRICARE	\$190,069	\$208,655	\$18,586	10%
6	COMMERCIAL INSURANCE	\$0	\$0	\$0	0%
7	NON-GOVERNMENT MANAGED CARE	\$13,210,352	\$13,257,611	\$47,259	0%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$885,344	\$1,005,140	\$119,796	14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$21,317,078	\$21,344,365	\$27,287	0%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	13	13	0	0%
2	MEDICARE MANAGED CARE	0	0	0	0%
3	MEDICAID	1,806	26,984	25,178	1394%
4	MEDICAID MANAGED CARE	30,807	7,824	(22,983)	-75%
5	CHAMPUS/TRICARE	267	277	10	4%
6	COMMERCIAL INSURANCE	0	0	0	0%
7	NON-GOVERNMENT MANAGED CARE	16,020	16,070	50	0%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,199	1,445	246	21%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	50,112	52,613	2,501	5%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$29,076,374	\$30,614,095	\$1,537,721	5%
2	Physician Salaries	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Salaries	\$60,735,716	\$67,858,609	\$7,122,893	12%
	Total Salaries & Wages	\$89,812,090	\$98,472,704	\$8,660,614	10%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$8,257,803	\$8,158,437	(\$99,366)	-1%
2	Physician Fringe Benefits	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$17,249,180	\$18,083,833	\$834,653	5%
	Total Fringe Benefits	\$25,506,983	\$26,242,270	\$735,287	3%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$8,064,841	\$9,842,568	\$1,777,727	22%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$8,064,841	\$9,842,568	\$1,777,727	22%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$9,534,411	\$10,593,929	\$1,059,518	11%
2	Pharmaceutical Costs	\$5,163,100	\$6,033,215	\$870,115	17%
	Total Medical Supplies and Pharmaceutical Cost	\$14,697,511	\$16,627,144	\$1,929,633	13%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$4,763,380	\$4,681,798	(\$81,582)	-2%
2	Depreciation-Equipment	\$5,140,177	\$5,346,505	\$206,328	4%
3	Amortization	\$493,674	\$379,973	(\$113,701)	-23%
	Total Depreciation and Amortization	\$10,397,231	\$10,408,276	\$11,045	0%
F. Bad Debts:					
1	Bad Debts	\$1,147,790	\$4,548,780	\$3,400,990	296%
G. Interest Expense:					
1	Interest Expense	\$1,187,248	\$910,866	(\$276,382)	-23%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$5,135,430	\$5,072,074	(\$63,356)	-1%
I. Utilities:					
1	Water	\$125,032	\$135,788	\$10,756	9%
2	Natural Gas	\$619,787	\$577,148	(\$42,639)	-7%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,659,530	\$1,704,838	\$45,308	3%
5	Telephone	\$224,840	\$262,323	\$37,483	17%
6	Other Utilities	\$45,494	\$43,286	(\$2,208)	-5%
	Total Utilities	\$2,674,683	\$2,723,383	\$48,700	2%
J. Business Expenses:					
1	Accounting Fees	\$265,396	\$340,809	\$75,413	28%
2	Legal Fees	\$558,680	\$549,741	(\$8,939)	-2%
3	Consulting Fees	\$1,376,121	\$2,943,500	\$1,567,379	114%
4	Dues and Membership	\$787,918	\$854,188	\$66,270	8%
5	Equipment Leases	\$672,149	\$581,695	(\$90,454)	-13%
6	Building Leases	\$3,729,926	\$7,410,032	\$3,680,106	99%
7	Repairs and Maintenance	\$1,704,217	\$2,024,760	\$320,543	19%
8	Insurance	\$277,384	\$330,455	\$53,071	19%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$54,047	\$294,675	\$240,628	445%
10	Conferences	\$486,640	\$659,564	\$172,924	36%
11	Property Tax	\$86,299	\$73,298	(\$13,001)	-15%
12	General Supplies	\$2,411,307	\$2,960,646	\$549,339	23%
13	Licenses and Subscriptions	\$70,768	\$83,590	\$12,822	18%
14	Postage and Shipping	\$89,725	\$121,834	\$32,109	36%
15	Advertising	\$831,319	\$1,053,461	\$222,142	27%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$0	\$0	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$0	\$0	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$0	\$0	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$0	\$0	\$0	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$0	\$0	\$0	0%
28	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$13,401,896	\$20,282,248	\$6,880,352	51%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$40,432,252	\$56,531,732	\$16,099,480	40%
	Total Operating Expenses - All Expense Categories*	\$212,457,955	\$251,662,045	\$39,204,090	18%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$24,336,795	\$26,379,685	\$2,042,890	8%
2	General Accounting	\$1,862,382	\$2,712,703	\$850,321	46%
3	Patient Billing & Collection	\$2,171,815	\$2,538,101	\$366,286	17%
4	Admitting / Registration Office	\$2,402,405	\$2,157,406	(\$244,999)	-10%
5	Data Processing	\$4,835,560	\$6,482,618	\$1,647,058	34%
6	Communications	\$378,756	\$782,700	\$403,944	107%
7	Personnel	\$3,180,239	\$3,707,231	\$526,992	17%
8	Public Relations	\$1,332,840	\$1,617,765	\$284,925	21%
9	Purchasing	\$571,891	\$653,737	\$81,846	14%
10	Dietary and Cafeteria	\$3,461,002	\$3,618,787	\$157,785	5%
11	Housekeeping	\$3,224,506	\$3,339,364	\$114,858	4%
12	Laundry & Linen	\$7,542	\$14,558	\$7,016	93%
13	Operation of Plant	\$6,459,583	\$6,874,200	\$414,617	6%
14	Security	\$2,480,103	\$2,748,547	\$268,444	11%
15	Repairs and Maintenance	\$417,268	\$434,361	\$17,093	4%
16	Central Sterile Supply	\$625,287	\$792,581	\$167,294	27%
17	Pharmacy Department	\$7,907,177	\$8,721,486	\$814,309	10%
18	Other General Services	\$1,732,849	\$2,309,545	\$576,696	33%
	Total General Services	\$67,388,000	\$75,885,375	\$8,497,375	13%
B.	Professional Services:				
1	Medical Care Administration	\$4,228,726	\$4,773,788	\$545,062	13%
2	Residency Program	\$8,518,745	\$10,782,504	\$2,263,759	27%
3	Nursing Services Administration	\$1,247,740	\$1,217,439	(\$30,301)	-2%
4	Medical Records	\$1,638,562	\$2,171,272	\$532,710	33%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
5	Social Service	\$2,320,036	\$2,420,239	\$100,203	4%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$17,953,809	\$21,365,242	\$3,411,433	19%
C.	<u>Special Services:</u>				
1	Operating Room	\$10,050,549	\$10,830,642	\$780,093	8%
2	Recovery Room	\$0	\$0	\$0	0%
3	Anesthesiology	\$922,220	\$1,041,115	\$118,895	13%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$4,007,560	\$4,379,406	\$371,846	9%
6	Diagnostic Ultrasound	\$827,742	\$874,138	\$46,396	6%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$0	\$0	\$0	0%
9	CT Scan	\$627,921	\$818,629	\$190,708	30%
10	Laboratory	\$4,727,629	\$4,850,344	\$122,715	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$194,944	\$476,360	\$281,416	144%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$452,691	\$537,052	\$84,361	19%
15	Occupational Therapy	\$1,664,831	\$1,739,174	\$74,343	4%
16	Speech Pathology	\$1,372,781	\$1,560,649	\$187,868	14%
17	Audiology	\$1,674,883	\$1,665,588	(\$9,295)	-1%
18	Respiratory Therapy	\$3,908,656	\$3,986,278	\$77,622	2%
19	Pulmonary Function	\$434,974	\$629,571	\$194,597	45%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,228,192	\$1,225,139	(\$3,053)	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$8,677,484	\$9,515,239	\$837,755	10%
25	MRI	\$880,324	\$832,880	(\$47,444)	-5%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$249,105	\$256,292	\$7,187	3%
29	Sleep Center	\$248,691	\$257,193	\$8,502	3%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$154,778	\$543,767	\$388,989	251%
32	Occupational Therapy / Physical Therapy	\$3,191,248	\$3,621,085	\$429,837	13%
33	Dental Clinic	\$200,523	\$0	(\$200,523)	-100%
34	Other Special Services	\$2,566,468	\$2,330,332	(\$236,136)	-9%
	Total Special Services	\$48,264,194	\$51,970,873	\$3,706,679	8%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$0	\$0	\$0	0%
2	Intensive Care Unit	\$7,289,110	\$4,356,017	(\$2,933,093)	-40%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$18,800,023	\$19,511,587	\$711,564	4%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$888	\$0	(\$888)	-100%
8	Neonatal ICU	\$12,695,883	\$28,825,005	\$16,129,122	127%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$4,215,934	\$4,216,414	\$480	0%
11	Home Care	\$0	\$0	\$0	0%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$185,228,029	\$ 202,447,507	\$231,197,635
2	Other Operating Revenue	13,628,825	15,994,983	19,775,990
3	Total Operating Revenue	\$198,856,854	\$218,442,490	\$250,973,625
4	Total Operating Expenses	200,115,623	212,457,955	251,662,045
5	Income/(Loss) From Operations	(\$1,258,769)	\$5,984,535	(\$688,420)
6	Total Non-Operating Revenue	16,535,869	9,798,919	19,597,315
7	Excess/(Deficiency) of Revenue Over Expenses	\$15,277,100	\$15,783,454	\$18,908,895
B. Profitability Summary				
1	Hospital Operating Margin	-0.58%	2.62%	-0.25%
2	Hospital Non Operating Margin	7.68%	4.29%	7.24%
3	Hospital Total Margin	7.09%	6.92%	6.99%
4	Income/(Loss) From Operations	(\$1,258,769)	\$5,984,535	(\$688,420)
5	Total Operating Revenue	\$198,856,854	\$218,442,490	\$250,973,625
6	Total Non-Operating Revenue	\$16,535,869	\$9,798,919	\$19,597,315
7	Total Revenue	\$215,392,723	\$228,241,409	\$270,570,940
8	Excess/(Deficiency) of Revenue Over Expenses	\$15,277,100	\$15,783,454	\$18,908,895
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$80,916,370	\$82,917,999	\$96,684,590
2	Hospital Total Net Assets	\$184,221,988	\$187,010,417	\$209,337,925
3	Hospital Change in Total Net Assets	\$32,244,736	\$2,788,429	\$22,327,508
4	Hospital Change in Total Net Assets %	121.2%	1.5%	11.9%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.51	0.46	0.47
2	Total Operating Expenses	\$200,115,623	\$212,457,955	\$251,662,045
3	Total Gross Revenue	\$371,042,266	\$434,869,570	\$506,581,501
4	Total Other Operating Revenue	\$24,648,825	\$26,904,783	\$29,826,230
5	Private Payment to Cost Ratio	1.21	1.27	1.21
6	Total Non-Government Payments	\$108,425,402	\$118,024,554	\$131,440,212

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
7	Total Uninsured Payments	\$1,266,206	\$586,310	\$1,403,315
8	Total Non-Government Charges	\$181,123,513	\$203,476,464	\$233,914,960
9	Total Uninsured Charges	\$5,636,814	\$3,235,240	\$4,594,219
10	<u>Medicare Payment to Cost Ratio</u>	18.10	15.71	12.66
11	Total Medicare Payments	\$3,595,475	\$2,989,383	\$2,951,503
12	Total Medicare Charges	\$392,887	\$413,619	\$496,956
13	<u>Medicaid Payment to Cost Ratio</u>	0.69	0.71	0.67
14	Total Medicaid Payments	\$65,724,554	\$74,894,014	\$84,346,091
15	Total Medicaid Charges	\$187,968,586	\$228,152,899	\$267,133,909
16	<u>Uncompensated Care Cost</u>	\$2,341,098	\$1,255,628	\$2,467,230
17	Charity Care	\$1,326,729	\$1,581,301	\$710,025
18	Bad Debts	\$3,302,352	\$1,147,789	\$4,548,779
19	Total Uncompensated Care	\$4,629,081	\$2,729,090	\$5,258,804
20	<u>Uncompensated Care % of Total Expenses</u>	1.2%	0.6%	1.0%
21	Total Operating Expenses	\$200,115,623	\$212,457,955	\$251,662,045
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	0.96	0.96	1.33
2	Total Current Assets	\$39,429,671	\$35,880,724	\$60,993,234
3	Total Current Liabilities	\$41,010,367	\$37,428,215	\$46,020,767
4	<u>Days Cash on Hand</u>	6	6	1
5	Cash and Cash Equivalents	\$3,100,022	\$3,472,044	\$482,737
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$3,100,022	\$3,472,044	\$482,737
8	Total Operating Expenses	\$200,115,623	\$212,457,955	\$251,662,045
9	Depreciation Expense	\$9,805,033	\$10,397,231	\$10,408,276
10	Operating Expenses less Depreciation Expense	\$190,310,590	\$202,060,724	\$241,253,769
11	<u>Days Revenue in Patient Accounts Receivable</u>	33.23	39.43	49.49

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
12	Net Patient Accounts Receivable	\$ 18,519,560	\$ 23,133,138	\$ 29,412,780
13	Due From Third Party Payers	\$0	\$0	\$4,899,895
14	Due To Third Party Payers	\$1,654,459	\$1,261,943	\$2,965,182
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 16,865,101	\$ 21,871,195	\$ 31,347,493
16	Total Net Patient Revenue	\$185,228,029	\$ 202,447,507	\$ 231,197,635
17	<u>Average Payment Period</u>	78.65	67.61	69.63
18	Total Current Liabilities	\$41,010,367	\$37,428,215	\$46,020,767
19	Total Operating Expenses	\$200,115,623	\$212,457,955	\$251,662,045
20	Depreciation Expense	\$9,805,033	\$10,397,231	\$10,408,276
21	Total Operating Expenses less Depreciation Expense	\$190,310,590	\$202,060,724	\$241,253,769
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	62.0	61.7	58.1
2	Total Net Assets	\$184,221,988	\$187,010,417	\$209,337,925
3	Total Assets	\$296,966,065	\$303,151,254	\$360,227,630
4	<u>Cash Flow to Total Debt Ratio</u>	31.1	32.8	28.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$15,277,100	\$15,783,454	\$18,908,895
6	Depreciation Expense	\$9,805,033	\$10,397,231	\$10,408,276
7	Excess of Revenues Over Expenses and Depreciation Expense	\$25,082,133	\$26,180,685	\$29,317,171
8	Total Current Liabilities	\$41,010,367	\$37,428,215	\$46,020,767
9	Total Long Term Debt	\$39,562,563	\$42,375,978	\$55,943,802
10	Total Current Liabilities and Total Long Term Debt	\$80,572,930	\$79,804,193	\$101,964,569
11	<u>Long Term Debt to Capitalization Ratio</u>	17.7	18.5	21.1
12	Total Long Term Debt	\$39,562,563	\$42,375,978	\$55,943,802
13	Total Net Assets	\$184,221,988	\$187,010,417	\$209,337,925
14	Total Long Term Debt and Total Net Assets	\$223,784,551	\$229,386,395	\$265,281,727
15	<u>Debt Service Coverage Ratio</u>	3.7	0.6	5.6
16	Excess Revenues over Expenses	\$15,277,100	\$15,783,454	\$18,908,895
17	Interest Expense	\$1,388,163	\$1,187,248	\$910,866
18	Depreciation and Amortization Expense	\$9,805,033	\$10,397,231	\$10,408,276

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
19	Principal Payments	\$5,777,048	\$41,251,348	\$4,530,551
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	7.7	8.1	9.0
21	Accumulated Depreciation	\$75,036,631	\$84,352,993	\$93,582,827
22	Depreciation and Amortization Expense	\$9,805,033	\$10,397,231	\$10,408,276
H. <u>Utilization Measures Summary</u>				
1	Patient Days	36,799	37,834	44,449
2	Discharges	6,800	6,203	6,642
3	ALOS	5.4	6.1	6.7
4	Staffed Beds	142	182	182
5	Available Beds	-	187	187
6	Licensed Beds	147	187	187
6	Occupancy of Staffed Beds	71.0%	57.0%	66.9%
7	Occupancy of Available Beds	68.6%	55.4%	65.1%
8	Full Time Equivalent Employees	1,212.5	1,229.2	1,331.9
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	47.3%	46.0%	45.3%
2	Medicare Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
3	Medicaid Gross Revenue Payer Mix Percentage	50.7%	52.5%	52.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.5%	0.7%	0.9%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.6%	1.0%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$175,486,699	\$200,241,224	\$229,320,741
9	Medicare Gross Revenue (Charges)	\$392,887	\$413,619	\$496,956
10	Medicaid Gross Revenue (Charges)	\$187,968,586	\$228,152,899	\$267,133,909
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$5,636,814	\$3,235,240	\$4,594,219
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,557,280	\$2,826,588	\$5,035,676
14	Total Gross Revenue (Charges)	\$371,042,266	\$434,869,570	\$506,581,501
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	60.1%	59.5%	58.8%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
2	Medicare Net Revenue Payer Mix Percentage	2.0%	1.5%	1.3%
3	Medicaid Net Revenue Payer Mix Percentage	36.8%	38.0%	38.2%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	0.3%	0.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.7%	1.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$107,159,196	\$117,438,244	\$130,036,897
9	Medicare Net Revenue (Payments)	\$3,595,475	\$2,989,383	\$2,951,503
10	Medicaid Net Revenue (Payments)	\$65,724,554	\$74,894,014	\$84,346,091
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$1,266,206	\$586,310	\$1,403,315
13	CHAMPUS / TRICARE Net Revenue Payments)	\$696,509	\$1,346,637	\$2,265,955
14	Total Net Revenue (Payments)	\$178,441,940	\$197,254,588	\$221,003,761
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,110	2,960	3,194
2	Medicare	8	14	3
3	Medical Assistance	3,644	3,177	3,392
4	Medicaid	3,644	3,177	3,392
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	38	52	53
7	Uninsured (Included In Non-Government)	80	50	72
8	Total	6,800	6,203	6,642
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.397600	1.385400	1.552500
2	Medicare	1.761100	0.929000	2.554100
3	Medical Assistance	1.262300	1.342400	1.565800
4	Medicaid	1.262300	1.342400	1.565800
5	Other Medical Assistance	0.000000	0.000000	0.000000
6	CHAMPUS / TRICARE	1.134500	1.377500	1.808000
7	Uninsured (Included In Non-Government)	1.031400	1.035600	0.948100
8	Total Case Mix Index	1.324052	1.362280	1.561783
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	3,473	3,376	3,365
2	Emergency Room - Treated and Discharged	50,118	50,112	52,613
3	Total Emergency Room Visits	53,591	53,488	55,978

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET 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%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$65,423,492	\$20,165,430	(\$45,258,062)	-69%
2	Inpatient Payments	\$22,612,470	\$7,780,056	(\$14,832,414)	-66%
3	Outpatient Charges	\$54,776,214	\$14,907,241	(\$39,868,973)	-73%
4	Outpatient Payments	\$17,873,156	\$4,379,762	(\$13,493,394)	-75%
5	Discharges	1,737	469	(1,268)	-73%
6	Patient Days	9,741	2,938	(6,803)	-70%
7	Outpatient Visits (Excludes ED Visits)	28,872	7,064	(21,808)	-76%
8	Emergency Department Outpatient Visits	17,885	4,539	(13,346)	-75%
9	Emergency Department Inpatient Admissions	993	254	(739)	-74%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$120,199,706	\$35,072,671	(\$85,127,035)	-71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$40,485,626	\$12,159,818	(\$28,325,808)	-70%
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%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$12,856,050	\$3,570,449	(\$9,285,601)	-72%
2	Inpatient Payments	\$4,641,451	\$994,245	(\$3,647,206)	-79%
3	Outpatient Charges	\$10,550,235	\$3,237,736	(\$7,312,499)	-69%
4	Outpatient Payments	\$3,736,614	\$1,108,081	(\$2,628,533)	-70%
5	Discharges	371	107	(264)	-71%
6	Patient Days	2,033	517	(1,516)	-75%
7	Outpatient Visits (Excludes ED Visits)	4,536	1,254	(3,282)	-72%
8	Emergency Department Outpatient Visits	4,712	1,291	(3,421)	-73%
9	Emergency Department Inpatient Admissions	190	61	(129)	-68%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,406,285	\$6,808,185	(\$16,598,100)	-71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,378,065	\$2,102,326	(\$6,275,739)	-75%
	H. AETNA				
1	Inpatient Charges	\$27,081,994	\$6,592,058	(\$20,489,936)	-76%
2	Inpatient Payments	\$9,470,918	\$2,471,573	(\$6,999,345)	-74%
3	Outpatient Charges	\$20,673,100	\$5,455,912	(\$15,217,188)	-74%
4	Outpatient Payments	\$6,921,530	\$1,849,814	(\$5,071,716)	-73%
5	Discharges	707	174	(533)	-75%
6	Patient Days	4,254	938	(3,316)	-78%
7	Outpatient Visits (Excludes ED Visits)	11,229	2,552	(8,677)	-77%
8	Emergency Department Outpatient Visits	8,210	1,994	(6,216)	-76%
9	Emergency Department Inpatient Admissions	408	96	(312)	-76%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$47,755,094	\$12,047,970	(\$35,707,124)	-75%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,392,448	\$4,321,387	(\$12,071,061)	-74%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$105,361,536	\$30,327,937	(\$75,033,599)	-71%
	TOTAL INPATIENT PAYMENTS	\$36,724,839	\$11,245,874	(\$25,478,965)	-69%
	TOTAL OUTPATIENT CHARGES	\$85,999,549	\$23,600,889	(\$62,398,660)	-73%
	TOTAL OUTPATIENT PAYMENTS	\$28,531,300	\$7,337,657	(\$21,193,643)	-74%
	TOTAL DISCHARGES	2,815	750	(2,065)	-73%
	TOTAL PATIENT DAYS	16,028	4,393	(11,635)	-73%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	44,637	10,870	(33,767)	-76%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	30,807	7,824	(22,983)	-75%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,591	411	(1,180)	-74%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$191,361,085	\$53,928,826	(\$137,432,259)	-72%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$65,256,139	\$18,583,531	(\$46,672,608)	-72%

**CT CHILDREN'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$5,041,855	\$2,579,733	(\$2,462,122)	-49%
2	Short Term Investments	\$9,572,313	\$15,988,872	\$6,416,559	67%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$29,437,428	\$36,132,652	\$6,695,224	23%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,710,681	\$10,408,581	\$8,697,900	508%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$4,899,895	\$4,899,895	0%
7	Inventories of Supplies	\$600,832	\$692,725	\$91,893	15%
8	Prepaid Expenses	\$1,347,652	\$2,399,590	\$1,051,938	78%
9	Other Current Assets	\$6,086,933	\$11,272,563	\$5,185,630	85%
	Total Current Assets	\$53,797,694	\$84,374,611	\$30,576,917	57%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$67,820,517	\$75,705,081	\$7,884,564	12%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$0	\$0	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$67,820,517	\$75,705,081	\$7,884,564	12%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$89,910,212	\$105,845,516	\$15,935,304	18%
7	Other Noncurrent Assets	\$27,718,260	\$35,059,108	\$7,340,848	26%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$177,970,354	\$189,947,515	\$11,977,161	7%
2	Less: Accumulated Depreciation	\$88,058,750	\$97,861,389	\$9,802,639	\$0
	Property, Plant and Equipment, Net	\$89,911,604	\$92,086,126	\$2,174,522	2%
3	Construction in Progress	\$11,139,708	\$20,807,491	\$9,667,783	87%
	Total Net Fixed Assets	\$101,051,312	\$112,893,617	\$11,842,305	12%
	Total Assets	\$340,297,995	\$413,877,933	\$73,579,938	22%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$26,979,962	\$32,950,531	\$5,970,569	22%
2	Salaries, Wages and Payroll Taxes	\$12,644,976	\$17,056,733	\$4,411,757	35%
3	Due To Third Party Payers	\$2,465,943	\$4,526,428	\$2,060,485	84%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,050,000	\$1,215,000	\$165,000	16%
6	Current Portion of Notes Payable	\$2,164,028	\$3,902,944	\$1,738,916	80%
7	Other Current Liabilities	\$478,089	\$330,715	(\$147,374)	-31%
	Total Current Liabilities	\$45,782,998	\$59,982,351	\$14,199,353	31%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$40,530,000	\$39,315,000	(\$1,215,000)	-3%
2	Notes Payable (Net of Current Portion)	\$1,959,918	\$16,714,138	\$14,754,220	753%
	Total Long Term Debt	\$42,489,918	\$56,029,138	\$13,539,220	32%
3	Accrued Pension Liability	\$18,776,699	\$19,026,898	\$250,199	1%
4	Other Long Term Liabilities	\$21,091,435	\$39,289,915	\$18,198,480	86%
	Total Long Term Liabilities	\$82,358,052	\$114,345,951	\$31,987,899	39%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$106,736,848	\$125,254,332	\$18,517,484	17%
2	Temporarily Restricted Net Assets	\$21,270,999	\$21,955,362	\$684,363	3%
3	Permanently Restricted Net Assets	\$84,149,098	\$92,339,937	\$8,190,839	10%
	Total Net Assets	\$212,156,945	\$239,549,631	\$27,392,686	13%
	Total Liabilities and Net Assets	\$340,297,995	\$413,877,933	\$73,579,938	22%

CCMC CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$522,099,003	\$600,972,991	\$78,873,988	15%
2	Less: Allowances	\$266,588,042	\$317,878,153	\$51,290,111	19%
3	Less: Charity Care	\$1,768,093	\$753,946	(\$1,014,147)	-57%
4	Less: Other Deductions	\$6,864,670	\$4,736,137	(\$2,128,533)	-31%
	Total Net Patient Revenue	\$246,878,198	\$277,604,755	\$30,726,557	12%
5	Other Operating Revenue	\$19,925,228	\$22,929,236	\$3,004,008	15%
6	Net Assets Released from Restrictions	\$14,198,761	\$14,391,329	\$192,568	1%
	Total Operating Revenue	\$281,002,187	\$314,925,320	\$33,923,133	12%
B. Operating Expenses:					
1	Salaries and Wages	\$141,566,031	\$156,697,064	\$15,131,033	11%
2	Fringe Benefits	\$36,836,581	\$38,701,831	\$1,865,250	5%
3	Physicians Fees	\$8,189,577	\$9,852,845	\$1,663,268	20%
4	Supplies and Drugs	\$17,886,664	\$20,365,739	\$2,479,075	14%
5	Depreciation and Amortization	\$11,168,772	\$11,252,462	\$83,690	1%
6	Bad Debts	\$2,467,648	\$5,875,039	\$3,407,391	138%
7	Interest	\$1,231,424	\$940,592	(\$290,832)	-24%
8	Malpractice	\$7,717,614	\$7,639,618	(\$77,996)	-1%
9	Other Operating Expenses	\$59,852,983	\$80,950,323	\$21,097,340	35%
	Total Operating Expenses	\$286,917,294	\$332,275,513	\$45,358,219	16%
	Income/(Loss) From Operations	(\$5,915,107)	(\$17,350,193)	(\$11,435,086)	193%
C. Non-Operating Revenue:					
1	Income from Investments	\$11,451,790	\$21,492,059	\$10,040,269	88%
2	Gifts, Contributions and Donations	\$3,454,348	\$3,100,947	(\$353,401)	-10%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	\$14,906,138	\$24,593,006	\$9,686,868	65%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$8,991,031	\$7,242,813	(\$1,748,218)	-19%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$8,991,031	\$7,242,813	(\$1,748,218)	-19%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$223,198,671	\$246,878,198	\$277,604,755
2	Other Operating Revenue	30,956,383	34,123,989	37,320,565
3	Total Operating Revenue	\$254,155,054	\$281,002,187	\$314,925,320
4	Total Operating Expenses	268,833,537	286,917,294	332,275,513
5	Income/(Loss) From Operations	(\$14,678,483)	(\$5,915,107)	(\$17,350,193)
6	Total Non-Operating Revenue	21,356,356	14,906,138	24,593,006
7	Excess/(Deficiency) of Revenue Over Expenses	\$6,677,873	\$8,991,031	\$7,242,813
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-5.33%	-2.00%	-5.11%
2	Parent Corporation Non-Operating Margin	7.75%	5.04%	7.24%
3	Parent Corporation Total Margin	2.42%	3.04%	2.13%
4	Income/(Loss) From Operations	(\$14,678,483)	(\$5,915,107)	(\$17,350,193)
5	Total Operating Revenue	\$254,155,054	\$281,002,187	\$314,925,320
6	Total Non-Operating Revenue	\$21,356,356	\$14,906,138	\$24,593,006
7	Total Revenue	\$275,511,410	\$295,908,325	\$339,518,326
8	Excess/(Deficiency) of Revenue Over Expenses	\$6,677,873	\$8,991,031	\$7,242,813
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$109,366,904	\$106,736,848	\$125,254,332
2	Parent Corporation Total Net Assets	\$214,409,058	\$212,156,945	\$239,549,631
3	Parent Corporation Change in Total Net Assets	\$29,801,789	(\$2,252,113)	\$27,392,686
4	Parent Corporation Change in Total Net Assets %	116.1%	-1.1%	12.9%

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
D. Liquidity Measures Summary				
1	Current Ratio	1.19	1.18	1.41
2	Total Current Assets	\$58,042,021	\$53,797,694	\$84,374,611
3	Total Current Liabilities	\$48,771,127	\$45,782,998	\$59,982,351
4	Days Cash on Hand	24	19	21
5	Cash and Cash Equivalents	\$5,638,104	\$5,041,855	\$2,579,733
6	Short Term Investments	11,027,121	9,572,313	15,988,872
7	Total Cash and Short Term Investments	\$16,665,225	\$14,614,168	\$18,568,605
8	Total Operating Expenses	\$268,833,537	\$286,917,294	\$332,275,513
9	Depreciation Expense	\$10,396,136	\$11,168,772	\$11,252,462
10	Operating Expenses less Depreciation Expense	\$258,437,401	\$275,748,522	\$321,023,051
11	Days Revenue in Patient Accounts Receivable	36	40	48
12	Net Patient Accounts Receivable	\$ 23,910,497	\$ 29,437,428	\$ 36,132,652
13	Due From Third Party Payers	\$0	\$0	\$4,899,895
14	Due To Third Party Payers	\$1,654,459	\$2,465,943	\$4,526,428
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 22,256,038	\$ 26,971,485	\$ 36,506,119
16	Total Net Patient Revenue	\$223,198,671	\$246,878,198	\$277,604,755
17	Average Payment Period	69	61	68
18	Total Current Liabilities	\$48,771,127	\$45,782,998	\$59,982,351
19	Total Operating Expenses	\$268,833,537	\$286,917,294	\$332,275,513
20	Depreciation Expense	\$10,396,136	\$11,168,772	\$11,252,462
21	Total Operating Expenses less Depreciation Expense	\$258,437,401	\$275,748,522	\$321,023,051

CCMC CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	63.2	62.3	57.9
2	Total Net Assets	\$214,409,058	\$212,156,945	\$239,549,631
3	Total Assets	\$339,000,928	\$340,297,995	\$413,877,933
4	<u>Cash Flow to Total Debt Ratio</u>	19.3	22.8	15.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$6,677,873	\$8,991,031	\$7,242,813
6	Depreciation Expense	\$10,396,136	\$11,168,772	\$11,252,462
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,074,009	\$20,159,803	\$18,495,275
8	Total Current Liabilities	\$48,771,127	\$45,782,998	\$59,982,351
9	Total Long Term Debt	\$39,702,813	\$42,489,918	\$56,029,138
10	Total Current Liabilities and Total Long Term Debt	\$88,473,940	\$88,272,916	\$116,011,489
11	<u>Long Term Debt to Capitalization Ratio</u>	15.6	16.7	19.0
12	Total Long Term Debt	\$39,702,813	\$42,489,918	\$56,029,138
13	Total Net Assets	\$214,409,058	\$212,156,945	\$239,549,631
14	Total Long Term Debt and Total Net Assets	\$254,111,871	\$254,646,863	\$295,578,769

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
		PATIENT	DISCHARGES	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
							BEDS (A)	BEDS
1	Adult Medical/Surgical	0	0	0	0	0	0.0%	0.0%
2	ICU/CCU (Excludes Neonatal ICU)	4,246	210	680	18	18	64.6%	64.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	0	0	0	0	0	0.0%	0.0%
7	Newborn	0	0	0	0	0	0.0%	0.0%
8	Neonatal ICU	19,316	792	828	72	72	73.5%	73.5%
9	Pediatric	20,887	5,850	5,061	92	97	62.2%	59.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	44,449	6,642	6,569	182	187	66.9%	65.1%
	TOTAL INPATIENT BED UTILIZATION	44,449	6,642	6,569	182	187	66.9%	65.1%
	TOTAL INPATIENT REPORTED YEAR	44,449	6,642	6,569	182	187	66.9%	65.1%
	TOTAL INPATIENT PRIOR YEAR	37,834	6,203	6,096	182	187	57.0%	55.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	6,615	439	473	0	0	10.0%	9.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	17%	7%	8%	0%	0%	17%	17%
	Total Licensed Beds and Bassinets	187						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,184	1,065	-119	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,479	1,233	-246	-17%
3	Emergency Department Scans	948	862	-86	-9%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	3,611	3,160	-451	-12%
B. MRI Scans (A)					
1	Inpatient Scans	645	663	18	3%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,353	3,354	1	0%
3	Emergency Department Scans	96	143	47	49%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,094	4,160	66	2%
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)	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/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	1	9	8	800%
2	Outpatient Procedures	7	28	21	300%
	Total Cardiac Catheterization Procedures	8	37	29	363%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	1	1	0%
2	Elective Procedures	0	2	2	0%
	Total Cardiac Angioplasty Procedures	0	3	3	0%
H. Electrophysiology Studies					
1	Inpatient Studies	7	3	-4	-57%
2	Outpatient Studies	2	1	-1	-50%
	Total Electrophysiology Studies	9	4	-5	-56%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,036	2,168	132	6%
2	Outpatient Surgical Procedures	8,062	8,032	-30	0%
	Total Surgical Procedures	10,098	10,200	102	1%
J. Endoscopy Procedures					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	138	178	40	29%
2	Outpatient Endoscopy Procedures	1,607	1,533	-74	-5%
	Total Endoscopy Procedures	1,745	1,711	-34	-2%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	3,376	3,365	-11	0%
2	Emergency Room Visits: Treated and Discharged	50,112	52,613	2,501	5%
	Total Emergency Room Visits	53,488	55,978	2,490	5%
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	0	0	0	0%
	Total Hospital Clinic Visits	0	0	0	0%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	46,329	47,883	1,554	3%
2	Cardiology	0	0	0	0%
3	Chemotherapy	249	1,448	1,199	482%
4	Gastroenterology	2,127	2,189	62	3%
5	Other Outpatient Visits	48,991	48,208	-783	-2%
	Total Other Hospital Outpatient Visits	97,696	99,728	2,032	2%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	329.3	341.1	11.8	4%
2	Total Physician FTEs	39.0	42.9	3.9	10%
3	Total Non-Nursing and Non-Physician FTEs	860.9	947.9	87.0	10%
	Total Hospital Full Time Equivalent Employees	1,229.2	1,331.9	102.7	8%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Outpatient Surgical Procedures</u>					
1	Hospital OR Suite	8,062	8,032	-30	0%
	Total Outpatient Surgical Procedures(A)	8,062	8,032	-30	0%
B. <u>Outpatient Endoscopy Procedures</u>					
1	Hospital ENDO Suite	1,607	1,533	-74	-5%
	Total Outpatient Endoscopy Procedures(B)	1,607	1,533	-74	-5%
C. <u>Outpatient Hospital Emergency Room Visits</u>					
1	Hospital Emergency Department	50,112	52,613	2,501	5%
	Total Outpatient Hospital Emergency Room Visits(C)	50,112	52,613	2,501	5%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$192,736	\$386,168	\$193,432	100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,373,960	\$2,274,166	\$900,206	66%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	712.87%	588.91%	-123.97%	-17%
4	DISCHARGES	14	3	(11)	-79%
5	CASE MIX INDEX (CMI)	0.92900	2.55410	1.62510	175%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	13.00600	7.66230	(5,34370)	-41%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$105,640.47	\$296,799.39	\$191,158.92	181%
8	PATIENT DAYS	34	32	(2)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$40,410.59	\$71,067.69	\$30,657.10	76%
10	AVERAGE LENGTH OF STAY	2.4	10.7	8.2	339%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$220,883	\$110,788	(\$110,095)	-50%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,615,423	\$677,337	(\$938,086)	-58%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	731.35%	611.38%	-119.97%	-16%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	114.60%	28.69%	-85.91%	-75%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	16.04455	0.86067	(15,18388)	-95%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$100,683.61	\$786,986.18	\$686,302.57	682%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$413,619	\$496,956	\$83,337	20%
18	TOTAL ACCRUED PAYMENTS	\$2,989,383	\$2,951,503	(\$37,880)	-1%
19	TOTAL ALLOWANCES	(\$2,575,764)	(\$2,454,547)	\$121,217	-5%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$113,514,736	\$132,785,456	\$19,270,720	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$71,073,861	\$81,535,017	\$10,461,156	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	62.61%	61.40%	-1.21%	-2%
4	DISCHARGES	2,960	3,194	234	8%
5	CASE MIX INDEX (CMI)	1.38540	1.55250	0.16710	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,100.78400	4,958.68500	857.90100	21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$17,331.77	\$16,442.87	(\$888.90)	-5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$88,308.70	\$280,356.52	\$192,047.82	217%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$362,134,903	\$1,390,199,688	\$1,028,064,785	284%
10	PATIENT DAYS	17,135	19,482	2,347	14%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,147.88	\$4,185.15	\$37.27	1%
12	AVERAGE LENGTH OF STAY	5.8	6.1	0.3	5%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$89,961,728	\$101,129,504	\$11,167,776	12%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$46,950,693	\$49,905,195	\$2,954,502	6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	52.19%	49.35%	-2.84%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	79.25%	76.16%	-3.09%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,345.83389	2,432.55282	86.71893	4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$20,014.50	\$20,515.56	\$501.06	3%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$80,669.11	\$766,470.61	\$685,801.51	850%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$189,236,330	\$1,864,480,258	\$1,675,243,928	885%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$203,476,464	\$233,914,960	\$30,438,496	15%
22	TOTAL ACCRUED PAYMENTS	\$118,024,554	\$131,440,212	\$13,415,658	11%
23	TOTAL ALLOWANCES	\$85,451,910	\$102,474,748	\$17,022,838	20%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$551,371,233	\$3,254,679,946	\$2,703,308,713	490%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$200,241,224	\$229,320,741	\$29,079,517	15%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$111,847,290	\$128,326,484	\$16,479,194	15%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,393,934	\$100,994,257	\$12,600,323	14%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.14%	44.04%	-0.10%	

CT CHILDREN'S MEDICAL CENTER					
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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 2011	FY 2012	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$1,309,331	\$1,742,334	\$433,003	33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$237,285	\$532,200	\$294,915	124%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.12%	30.55%	12.42%	69%
4	DISCHARGES	50	72	22	44%
5	CASE MIX INDEX (CMI)	1.03560	0.94810	(0.08750)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	51.78000	68.26320	16.48320	32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,582.56	\$7,796.29	\$3,213.73	70%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$12,749.21	\$8,646.58	(\$4,102.64)	-32%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$101,057.91	\$289,003.10	\$187,945.19	186%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,232,779	\$19,728,276	\$14,495,498	277%
11	PATIENT DAYS	220	245	25	11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,078.57	\$2,172.24	\$1,093.68	101%
13	AVERAGE LENGTH OF STAY	4.4	3.4	(1.0)	-23%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,925,909	\$2,851,885	\$925,976	48%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$349,025	\$871,115	\$522,090	150%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.12%	30.55%	12.42%	69%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	147.09%	163.68%	16.59%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	73.54554	117.85095	44.30542	60%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,745.70	\$7,391.67	\$2,645.97	56%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$15,268.80	\$13,123.90	(\$2,144.90)	-14%
21	MEDICARE - UNINSURED OP PMT / OPED	\$95,937.91	\$779,594.51	\$683,656.60	713%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,055,805	\$91,875,955	\$84,820,150	1202%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$3,235,240	\$4,594,219	\$1,358,979	42%
24	TOTAL ACCRUED PAYMENTS	\$586,310	\$1,403,315	\$817,005	139%
25	TOTAL ALLOWANCES	\$2,648,930	\$3,190,904	\$541,974	20%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,288,584	\$111,604,232	\$99,315,648	808%

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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 2011	FY 2012	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$136,941,716	\$161,533,795	\$24,592,079	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$45,143,202	\$51,921,696	\$6,778,494	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.97%	32.14%	-0.82%	-2%
4	DISCHARGES	3,177	3,392	215	7%
5	CASE MIX INDEX (CMI)	1.34240	1.56580	0.22340	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,264.80480	5,311.19360	1,046.38880	25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,585.06	\$9,775.90	(\$809.16)	-8%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,746.72	\$6,666.97	(\$79.75)	-1%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$95,055.42	\$287,023.49	\$191,968.08	202%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$405,392,797	\$1,524,437,348	\$1,119,044,551	276%
11	PATIENT DAYS	20,388	24,459	4,071	20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,214.20	\$2,122.81	(\$91.40)	-4%
13	AVERAGE LENGTH OF STAY	6.4	7.2	0.8	12%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$91,211,183	\$105,600,114	\$14,388,931	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,750,812	\$32,424,395	\$2,673,583	9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.62%	30.70%	-1.91%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	66.61%	65.37%	-1.23%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,116.06760	2,217.46531	101.39771	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,059.48	\$14,622.28	\$562.80	4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,955.02	\$5,893.29	(\$61.73)	-1%
21	MEDICARE - MEDICAID OP PMT / OPED	\$86,624.13	\$772,363.90	\$685,739.77	792%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$183,302,511	\$1,712,690,157	\$1,529,387,646	834%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$228,152,899	\$267,133,909	\$38,981,010	17%
24	TOTAL ACCRUED PAYMENTS	\$74,894,014	\$84,346,091	\$9,452,077	13%
25	TOTAL ALLOWANCES	\$153,258,885	\$182,787,818	\$29,528,933	19%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$588,695,308	\$3,237,127,505	\$2,648,432,197	450%

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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 2011	FY 2012	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$17,331.77	\$16,442.87	(\$888.90)	-5%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$105,640.47	\$296,799.39	\$191,158.92	181%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$20,014.50	\$20,515.56	\$501.06	3%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$100,683.61	\$786,986.18	\$686,302.57	682%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$136,941,716	\$161,533,795	\$24,592,079	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$45,143,202	\$51,921,696	\$6,778,494	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.97%	32.14%	-0.82%	-2%
4	DISCHARGES	3,177	3,392	215	7%
5	CASE MIX INDEX (CMI)	1.34240	1.56580	0.22340	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,264.80480	5,311.19360	1,046.38880	25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,585.06	\$9,775.90	(\$809.16)	-8%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,746.72	\$6,666.97	(\$79.75)	-1%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$95,055.42	\$287,023.49	\$191,968.08	202%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$405,392,797	\$1,524,437,348	\$1,119,044,551	276%
11	PATIENT DAYS	20,388	24,459	4,071	20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,214.20	\$2,122.81	(\$91.40)	-4%
13	AVERAGE LENGTH OF STAY	6.4	7.2	0.8	12%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$91,211,183	\$105,600,114	\$14,388,931	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,750,812	\$32,424,395	\$2,673,583	9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.62%	30.70%	-1.91%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	66.61%	65.37%	-1.23%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,116.06760	2,217.46531	101.39771	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,059.48	\$14,622.28	\$562.80	4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,955.02	\$5,893.29	(\$61.73)	-1%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$86,624.13	\$772,363.90	\$685,739.77	792%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$183,302,511	\$1,712,690,157	\$1,529,387,646	834%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$228,152,899	\$267,133,909	\$38,981,010	17%
24	TOTAL ACCRUED PAYMENTS	\$74,894,014	\$84,346,091	\$9,452,077	13%
25	TOTAL ALLOWANCES	\$153,258,885	\$182,787,818	\$29,528,933	19%

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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 2011	FY 2012	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,844,861	\$3,756,316	\$1,911,455	104%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$816,511	\$1,608,353	\$791,842	97%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.26%	42.82%	-1.44%	-3%
4	DISCHARGES	52	53	1	2%
5	CASE MIX INDEX (CMI)	1.37750	1.80800	0.43050	31%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	71.63000	95.82400	24.19400	34%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,399.01	\$16,784.45	\$5,385.44	47%
8	PATIENT DAYS	277	476	199	72%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,947.69	\$3,378.89	\$431.20	15%
10	AVERAGE LENGTH OF STAY	5.3	9.0	3.7	69%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$981,727	\$1,279,360	\$297,633	30%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$530,126	\$657,602	\$127,476	24%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$2,826,588	\$5,035,676	\$2,209,088	78%
14	TOTAL ACCRUED PAYMENTS	\$1,346,637	\$2,265,955	\$919,318	68%
15	TOTAL ALLOWANCES	\$1,479,951	\$2,769,721	\$1,289,770	87%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$26,904,783	\$29,826,230	\$2,921,447	11%
2	TOTAL OPERATING EXPENSES	\$212,457,955	\$251,662,045	\$39,204,090	18%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,581,301	\$710,025	(\$871,276)	-55%
5	BAD DEBTS (CHARGES)	\$1,147,789	\$4,548,779	\$3,400,990	296%
6	UNCOMPENSATED CARE (CHARGES)	\$2,729,090	\$5,258,804	\$2,529,714	93%
7	COST OF UNCOMPENSATED CARE	\$1,202,311	\$2,255,009	\$1,052,698	88%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$228,152,899	\$267,133,909	\$38,981,010	17%
9	TOTAL ACCRUED PAYMENTS	\$74,894,014	\$84,346,091	\$9,452,077	13%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$100,513,644	\$114,548,761	\$14,035,117	14%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$25,619,630	\$30,202,670	\$4,583,040	18%

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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 2011	FY 2012	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$252,494,049	\$298,461,735	\$45,967,686	18%
2	TOTAL INPATIENT PAYMENTS	\$118,407,534	\$137,339,232	\$18,931,698	16%
3	TOTAL INPATIENT PAYMENTS / CHARGES	46.90%	46.02%	-0.88%	-2%
4	TOTAL DISCHARGES	6,203	6,642	439	7%
5	TOTAL CASE MIX INDEX	1.36228	1.56178	0.19950	15%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,450,22480	10,373,36490	1,923,14010	23%
7	TOTAL OUTPATIENT CHARGES	\$182,375,521	\$208,119,766	\$25,744,245	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	72.23%	69.73%	-2.50%	-3%
9	TOTAL OUTPATIENT PAYMENTS	\$78,847,054	\$83,664,529	\$4,817,475	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.23%	40.20%	-3.03%	-7%
11	TOTAL CHARGES	\$434,869,570	\$506,581,501	\$71,711,931	16%
12	TOTAL PAYMENTS	\$197,254,588	\$221,003,761	\$23,749,173	12%
13	TOTAL PAYMENTS / TOTAL CHARGES	45.36%	43.63%	-1.73%	-4%
14	PATIENT DAYS	37,834	44,449	6,615	17%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$138,979,313	\$165,676,279	\$26,696,966	19%
2	INPATIENT PAYMENTS	\$47,333,673	\$55,804,215	\$8,470,542	18%
3	GOVT. INPATIENT PAYMENTS / CHARGES	34.06%	33.68%	-0.38%	-1%
4	DISCHARGES	3,243	3,448	205	6%
5	CASE MIX INDEX	1.34118	1.57038	0.22920	17%
6	CASE MIX ADJUSTED DISCHARGES	4,349,44080	5,414,67990	1,065,23910	24%
7	OUTPATIENT CHARGES	\$92,413,793	\$106,990,262	\$14,576,469	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	66.49%	64.58%	-1.92%	-3%
9	OUTPATIENT PAYMENTS	\$31,896,361	\$33,759,334	\$1,862,973	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.51%	31.55%	-2.96%	-9%
11	TOTAL CHARGES	\$231,393,106	\$272,666,541	\$41,273,435	18%
12	TOTAL PAYMENTS	\$79,230,034	\$89,563,549	\$10,333,515	13%
13	TOTAL PAYMENTS / CHARGES	34.24%	32.85%	-1.39%	-4%
14	PATIENT DAYS	20,699	24,967	4,268	21%
15	TOTAL GOVERNMENT DEDUCTIONS	\$152,163,072	\$183,102,992	\$30,939,920	20%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	2.4	10.7	8.2	339%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.8	6.1	0.3	5%
3	UNINSURED	4.4	3.4	(1.0)	-23%
4	MEDICAID	6.4	7.2	0.8	12%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	5.3	9.0	3.7	69%
7	TOTAL AVERAGE LENGTH OF STAY	6.1	6.7	0.6	10%

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$434,869,570	\$506,581,501	\$71,711,931	16%
2	TOTAL GOVERNMENT DEDUCTIONS	\$152,163,072	\$183,102,992	\$30,939,920	20%
3	UNCOMPENSATED CARE	\$2,729,090	\$5,258,804	\$2,529,714	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,393,934	\$100,994,257	\$12,600,323	14%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$243,286,096	\$289,356,053	\$46,069,957	19%
7	TOTAL ACCRUED PAYMENTS	\$191,583,474	\$217,225,448	\$25,641,974	13%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$191,583,474	\$217,225,448	\$25,641,974	13%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4405538746	0.4288065150	(0.0117473596)	-3%
11	COST OF UNCOMPENSATED CARE	\$1,202,311	\$2,255,009	\$1,052,698	88%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$25,619,630	\$30,202,670	\$4,583,040	18%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,821,941	\$32,457,679	\$5,635,738	21%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$183,302,511	\$1,712,690,157	\$1,529,387,646	834%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,288,584	\$111,604,232	\$99,315,648	808%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$195,591,095	\$1,824,294,389	\$1,628,703,294	833%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$4,045,130	\$10,193,874	\$6,148,744	152.00%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$202,447,507	\$231,197,635	\$28,750,128	14.20%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$434,869,570	\$506,581,501	\$71,711,931	16.49%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$6,864,670	\$4,399,371	(\$2,465,299)	-35.91%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$9,593,760	\$9,658,176	\$64,416	0.67%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$113,514,736	\$132,785,456	\$19,270,720
2	MEDICARE	\$192,736	386,168	\$193,432
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$136,941,716	161,533,795	\$24,592,079
4	MEDICAID	\$136,941,716	161,533,795	\$24,592,079
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,844,861	3,756,316	\$1,911,455
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,309,331	1,742,334	\$433,003
	TOTAL INPATIENT GOVERNMENT CHARGES	\$138,979,313	\$165,676,279	\$26,696,966
	TOTAL INPATIENT CHARGES	\$252,494,049	\$298,461,735	\$45,967,686
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$89,961,728	\$101,129,504	\$11,167,776
2	MEDICARE	\$220,883	110,788	(\$110,095)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$91,211,183	105,600,114	\$14,388,931
4	MEDICAID	\$91,211,183	105,600,114	\$14,388,931
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$981,727	1,279,360	\$297,633
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,925,909	2,851,885	\$925,976
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$92,413,793	\$106,990,262	\$14,576,469
	TOTAL OUTPATIENT CHARGES	\$182,375,521	\$208,119,766	\$25,744,245
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$203,476,464	\$233,914,960	\$30,438,496
2	TOTAL MEDICARE	\$413,619	\$496,956	\$83,337
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$228,152,899	\$267,133,909	\$38,981,010
4	TOTAL MEDICAID	\$228,152,899	\$267,133,909	\$38,981,010
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$2,826,588	\$5,035,676	\$2,209,088
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,235,240	\$4,594,219	\$1,358,979
	TOTAL GOVERNMENT CHARGES	\$231,393,106	\$272,666,541	\$41,273,435
	TOTAL CHARGES	\$434,869,570	\$506,581,501	\$71,711,931
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$71,073,861	\$81,535,017	\$10,461,156
2	MEDICARE	\$1,373,960	2,274,166	\$900,206
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$45,143,202	51,921,696	\$6,778,494
4	MEDICAID	\$45,143,202	51,921,696	\$6,778,494
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$816,511	1,608,353	\$791,842
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$237,285	532,200	\$294,915
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$47,333,673	\$55,804,215	\$8,470,542
	TOTAL INPATIENT PAYMENTS	\$118,407,534	\$137,339,232	\$18,931,698
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,950,693	\$49,905,195	\$2,954,502
2	MEDICARE	\$1,615,423	677,337	(\$938,086)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,750,812	32,424,395	\$2,673,583
4	MEDICAID	\$29,750,812	32,424,395	\$2,673,583
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$530,126	657,602	\$127,476
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$349,025	871,115	\$522,090
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$31,896,361	\$33,759,334	\$1,862,973
	TOTAL OUTPATIENT PAYMENTS	\$78,847,054	\$83,664,529	\$4,817,475
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$118,024,554	\$131,440,212	\$13,415,658
2	TOTAL MEDICARE	\$2,989,383	\$2,951,503	(\$37,880)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$74,894,014	\$84,346,091	\$9,452,077
4	TOTAL MEDICAID	\$74,894,014	\$84,346,091	\$9,452,077
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,346,637	\$2,265,955	\$919,318
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$586,310	\$1,403,315	\$817,005
	TOTAL GOVERNMENT PAYMENTS	\$79,230,034	\$89,563,549	\$10,333,515
	TOTAL PAYMENTS	\$197,254,588	\$221,003,761	\$23,749,173

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.10%	26.21%	0.11%
2	MEDICARE	0.04%	0.08%	0.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.49%	31.89%	0.40%
4	MEDICAID	31.49%	31.89%	0.40%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.42%	0.74%	0.32%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.30%	0.34%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.96%	32.70%	0.75%
	TOTAL INPATIENT PAYER MIX	58.06%	58.92%	0.85%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.69%	19.96%	-0.72%
2	MEDICARE	0.05%	0.02%	-0.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.97%	20.85%	-0.13%
4	MEDICAID	20.97%	20.85%	-0.13%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.23%	0.25%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.44%	0.56%	0.12%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.25%	21.12%	-0.13%
	TOTAL OUTPATIENT PAYER MIX	41.94%	41.08%	-0.85%
	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)	36.03%	36.89%	0.86%
2	MEDICARE	0.70%	1.03%	0.33%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.89%	23.49%	0.61%
4	MEDICAID	22.89%	23.49%	0.61%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.41%	0.73%	0.31%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12%	0.24%	0.12%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	24.00%	25.25%	1.25%
	TOTAL INPATIENT PAYER MIX	60.03%	62.14%	2.12%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.80%	22.58%	-1.22%
2	MEDICARE	0.82%	0.31%	-0.51%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.08%	14.67%	-0.41%
4	MEDICAID	15.08%	14.67%	-0.41%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.27%	0.30%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%	0.39%	0.22%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.17%	15.28%	-0.89%
	TOTAL OUTPATIENT PAYER MIX	39.97%	37.86%	-2.12%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,960	3,194	234
2	MEDICARE	14	3	(11)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,177	3,392	215
4	MEDICAID	3,177	3,392	215
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	52	53	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	50	72	22
	TOTAL GOVERNMENT DISCHARGES	3,243	3,448	205
	TOTAL DISCHARGES	6,203	6,642	439
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17,135	19,482	2,347
2	MEDICARE	34	32	(2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,388	24,459	4,071
4	MEDICAID	20,388	24,459	4,071
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	277	476	199
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	220	245	25
	TOTAL GOVERNMENT PATIENT DAYS	20,699	24,967	4,268
	TOTAL PATIENT DAYS	37,834	44,449	6,615
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5.8	6.1	0.3
2	MEDICARE	2.4	10.7	8.2
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.4	7.2	0.8
4	MEDICAID	6.4	7.2	0.8
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	5.3	9.0	3.7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.4	3.4	(1.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.4	7.2	0.9
	TOTAL AVERAGE LENGTH OF STAY	6.1	6.7	0.6
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.38540	1.55250	0.16710
2	MEDICARE	0.92900	2.55410	1.62510
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.34240	1.56580	0.22340
4	MEDICAID	1.34240	1.56580	0.22340
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.37750	1.80800	0.43050
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03560	0.94810	(0.08750)
	TOTAL GOVERNMENT CASE MIX INDEX	1.34118	1.57038	0.22920
	TOTAL CASE MIX INDEX	1.36228	1.56178	0.19950
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$200,241,224	\$229,320,741	\$29,079,517
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$111,847,290	\$128,326,484	\$16,479,194
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,393,934	\$100,994,257	\$12,600,323
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.14%	44.04%	-0.10%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,581,301	\$710,025	(\$871,276)
9	BAD DEBTS	\$1,147,789	\$4,548,779	\$3,400,990
10	TOTAL UNCOMPENSATED CARE	\$2,729,090	\$5,258,804	\$2,529,714
11	TOTAL OTHER OPERATING REVENUE	\$200,241,224	\$229,320,741	\$29,079,517
12	TOTAL OPERATING EXPENSES	\$212,457,955	\$251,662,045	\$39,204,090

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,100.78400	4,958.68500	857.90100
2	MEDICARE	13.00600	7.66230	(5.34370)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,264.80480	5,311.19360	1,046.38880
4	MEDICAID	4,264.80480	5,311.19360	1,046.38880
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	71.63000	95.82400	24.19400
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	51.78000	68.26320	16.48320
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	4,349.44080	5,414.67990	1,065.23910
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,450.22480	10,373.36490	1,923.14010
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,345.83389	2,432.55282	86.71893
2	MEDICARE	16.04455	0.86067	-15.18388
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,116.06760	2,217.46531	101.39771
4	MEDICAID	2,116.06760	2,217.46531	101.39771
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	27.67136	18.05122	-9.62014
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	73.54554	117.85095	44.30542
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,159.78350	2,236.37720	76.59370
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	4,505.61740	4,668.93002	163.31262
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,331.77	\$16,442.87	(\$888.90)
2	MEDICARE	\$105,640.47	\$296,799.39	\$191,158.92
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,585.06	\$9,775.90	(\$809.16)
4	MEDICAID	\$10,585.06	\$9,775.90	(\$809.16)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$11,399.01	\$16,784.45	\$5,385.44
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,582.56	\$7,796.29	\$3,213.73
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$10,882.70	\$10,306.10	(\$576.61)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$14,012.35	\$13,239.60	(\$772.75)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$20,014.50	\$20,515.56	\$501.06
2	MEDICARE	\$100,683.61	\$786,986.18	\$686,302.57
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,059.48	\$14,622.28	\$562.80
4	MEDICAID	\$14,059.48	\$14,622.28	\$562.80
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$19,157.93	\$36,429.78	\$17,271.85
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,745.70	\$7,391.67	\$2,645.97
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$14,768.31	\$15,095.55	\$327.23
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$17,499.72	\$17,919.42	\$419.70

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$183,302,511	\$1,712,690,157	\$1,529,387,646
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,288,584	\$111,604,232	\$99,315,648
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$195,591,095	\$1,824,294,389	\$1,628,703,294
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$434,869,570	\$506,581,501	\$71,711,931
2	TOTAL GOVERNMENT DEDUCTIONS	\$152,163,072	\$183,102,992	\$30,939,920
3	UNCOMPENSATED CARE	\$2,729,090	\$5,258,804	\$2,529,714
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,393,934	\$100,994,257	\$12,600,323
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$243,286,096	\$289,356,053	\$46,069,957
7	TOTAL ACCRUED PAYMENTS	\$191,583,474	\$217,225,448	\$25,641,974
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$191,583,474	\$217,225,448	\$25,641,974
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4405538746	0.4288065150	(0.0117473596)
11	COST OF UNCOMPENSATED CARE	\$1,202,311	\$2,255,009	\$1,052,698
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$25,619,630	\$30,202,670	\$4,583,040
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,821,941	\$32,457,679	\$5,635,738
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	62.61%	61.40%	-1.21%
2	MEDICARE	712.87%	588.91%	-123.97%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.97%	32.14%	-0.82%
4	MEDICAID	32.97%	32.14%	-0.82%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	44.26%	42.82%	-1.44%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	18.12%	30.55%	12.42%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.06%	33.68%	-0.38%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	46.90%	46.02%	-0.88%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.19%	49.35%	-2.84%
2	MEDICARE	731.35%	611.38%	-119.97%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.62%	30.70%	-1.91%
4	MEDICAID	32.62%	30.70%	-1.91%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	54.00%	51.40%	-2.60%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	18.12%	30.55%	12.42%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.51%	31.55%	-2.96%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	43.23%	40.20%	-3.03%

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	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	\$197,254,588	\$221,003,761	\$23,749,173
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$197,254,588	\$221,003,761	\$23,749,173
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,045,130	\$10,193,874	\$6,148,744
4	CALCULATED NET REVENUE	\$201,299,718	\$231,197,635	\$29,897,917
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$202,447,507	\$231,197,635	\$28,750,128
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1,147,789)	\$0	\$1,147,789
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$434,869,570	\$506,581,501	\$71,711,931
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$434,869,570	\$506,581,501	\$71,711,931
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$434,869,570	\$506,581,501	\$71,711,931
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$2,729,090	\$5,258,804	\$2,529,714
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$6,864,670	\$4,399,371	(\$2,465,299)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,593,760	\$9,658,175	\$64,415
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$9,593,760	\$9,658,176	\$64,416
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$1)	(\$1)

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,785,456
2	MEDICARE	386,168
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	161,533,795
4	MEDICAID	161,533,795
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	3,756,316
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,742,334
	TOTAL INPATIENT GOVERNMENT CHARGES	\$165,676,279
	TOTAL INPATIENT CHARGES	\$298,461,735
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$101,129,504
2	MEDICARE	110,788
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	105,600,114
4	MEDICAID	105,600,114
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,279,360
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,851,885
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$106,990,262
	TOTAL OUTPATIENT CHARGES	\$208,119,766
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$233,914,960
2	TOTAL GOVERNMENT ACCRUED CHARGES	272,666,541
	TOTAL ACCRUED CHARGES	\$506,581,501
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,535,017
2	MEDICARE	2,274,166
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	51,921,696
4	MEDICAID	51,921,696
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,608,353
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	532,200
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$55,804,215
	TOTAL INPATIENT PAYMENTS	\$137,339,232
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,905,195
2	MEDICARE	677,337
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32,424,395
4	MEDICAID	32,424,395
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	657,602
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	871,115
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$33,759,334
	TOTAL OUTPATIENT PAYMENTS	\$83,664,529
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$131,440,212
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	89,563,549
	TOTAL ACCRUED PAYMENTS	\$221,003,761

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,194
2	MEDICARE	3
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,392
4	MEDICAID	3,392
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	53
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	72
	TOTAL GOVERNMENT DISCHARGES	3,448
	TOTAL DISCHARGES	6,642
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.55250
2	MEDICARE	2.55410
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.56580
4	MEDICAID	1.56580
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.80800
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.94810
	TOTAL GOVERNMENT CASE MIX INDEX	1.57038
	TOTAL CASE MIX INDEX	1.56178
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$229,320,741
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$128,326,484
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$100,994,257
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.04%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$710,025
9	BAD DEBTS	\$4,548,779
10	TOTAL UNCOMPENSATED CARE	\$5,258,804
11	TOTAL OTHER OPERATING REVENUE	\$29,826,230
12	TOTAL OPERATING EXPENSES	\$251,662,045

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
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	\$221,003,761
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$221,003,761
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$10,193,874
	CALCULATED NET REVENUE	\$231,197,635
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$231,197,635
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$506,581,501
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$506,581,501
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$506,581,501
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,258,804
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$4,399,371
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,658,175
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$9,658,176
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)

CT CHILDREN'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	194	156	(38)	-20%
2	Number of Approved Applicants	142	143	1	1%
3	Total Charges (A)	\$1,581,301	\$710,025	(\$871,276)	-55%
4	Average Charges	\$11,136	\$4,965	(\$6,171)	-55%
5	Ratio of Cost to Charges (RCC)	0.505737	0.460090	(0.045647)	-9%
6	Total Cost	\$799,722	\$326,675	(\$473,047)	-59%
7	Average Cost	\$5,632	\$2,284	(\$3,347)	-59%
8	Charity Care - Inpatient Charges	\$1,219,202	\$413,190	(\$806,012)	-66%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	243,769	200,585	(43,184)	-18%
10	Charity Care - Emergency Department Charges	118,330	96,250	(22,080)	-19%
11	Total Charges (A)	\$1,581,301	\$710,025	(\$871,276)	-55%
12	Charity Care - Number of Patient Days	521	164	(357)	-69%
13	Charity Care - Number of Discharges	28	40	12	43%
14	Charity Care - Number of Outpatient ED Visits	103	96	(7)	-7%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	282	242	(40)	-14%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$273,650	\$1,082,610	\$808,960	296%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	378,802	1,501,096	1,122,294	296%
3	Bad Debts - Emergency Department	495,337	1,965,073	1,469,736	297%
4	Total Bad Debts (A)	\$1,147,789	\$4,548,779	\$3,400,990	296%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,581,301	\$710,025	(\$871,276)	-55%
2	Bad Debts (A)	1,147,789	4,548,779	3,400,990	296%
3	Total Uncompensated Care (A)	\$2,729,090	\$5,258,804	\$2,529,714	93%
4	Uncompensated Care - Inpatient Services	\$1,492,852	\$1,495,800	\$2,948	0%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	622,571	1,701,681	1,079,110	173%
6	Uncompensated Care - Emergency Department	613,667	2,061,323	1,447,656	236%
7	Total Uncompensated Care (A)	\$2,729,090	\$5,258,804	\$2,529,714	93%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

CT CHILDREN'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012		
<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	\$200,241,224	\$229,320,741	\$29,079,517	15%
2	Total Contractual Allowances	\$88,393,934	\$100,994,257	\$12,600,323	14%
	Total Accrued Payments (A)	\$111,847,290	\$128,326,484	\$16,479,194	15%
	Total Discount Percentage	44.14%	44.04%	-0.10%	0%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$222,948,277	\$252,494,049	\$298,461,735
2	Outpatient Gross Revenue	\$148,093,989	\$182,375,521	\$208,119,766
3	Total Gross Patient Revenue	\$371,042,266	\$434,869,570	\$506,581,501
4	Net Patient Revenue	\$185,228,029	\$202,447,507	\$231,197,635
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$200,115,623	\$212,457,955	\$251,662,045
C. <u>Utilization Statistics</u>				
1	Patient Days	36,799	37,834	44,449
2	Discharges	6,800	6,203	6,642
3	Average Length of Stay	5.4	6.1	6.7
4	Equivalent (Adjusted) Patient Days (EPD)	61,243	65,161	75,444
0	Equivalent (Adjusted) Discharges (ED)	11,317	10,683	11,274
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.32405	1.36228	1.56178
2	Case Mix Adjusted Patient Days (CMAPD)	48,724	51,541	69,420
3	Case Mix Adjusted Discharges (CMAD)	9,004	8,450	10,373
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	81,089	88,768	117,827
5	Case Mix Adjusted Equivalent Discharges (CMAED)	14,984	14,554	17,607
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$10,083	\$11,494	\$11,397
2	Total Gross Revenue per Discharge	\$54,565	\$70,106	\$76,269
3	Total Gross Revenue per EPD	\$6,059	\$6,674	\$6,715
4	Total Gross Revenue per ED	\$32,787	\$40,705	\$44,936
5	Total Gross Revenue per CMAEPD	\$4,576	\$4,899	\$4,299
6	Total Gross Revenue per CMAED	\$24,762	\$29,880	\$28,772
7	Inpatient Gross Revenue per EPD	\$3,640	\$3,875	\$3,956
8	Inpatient Gross Revenue per ED	\$19,700	\$23,634	\$26,475

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$5,034	\$5,351	\$5,201
2	Net Patient Revenue per Discharge	\$27,239	\$32,637	\$34,808
3	Net Patient Revenue per EPD	\$3,024	\$3,107	\$3,065
4	Net Patient Revenue per ED	\$16,367	\$18,950	\$20,508
5	Net Patient Revenue per CMAEPD	\$2,284	\$2,281	\$1,962
6	Net Patient Revenue per CMAED	\$12,362	\$13,910	\$13,131
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$5,438	\$5,616	\$5,662
2	Total Operating Expense per Discharge	\$29,429	\$34,251	\$37,889
3	Total Operating Expense per EPD	\$3,268	\$3,260	\$3,336
4	Total Operating Expense per ED	\$17,683	\$19,887	\$22,323
5	Total Operating Expense per CMAEPD	\$2,468	\$2,393	\$2,136
6	Total Operating Expense per CMAED	\$13,355	\$14,598	\$14,293
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$30,506,666	\$29,076,374	\$30,614,095
2	Nursing Fringe Benefits Expense	\$7,993,371	\$8,257,803	\$8,158,437
3	Total Nursing Salary and Fringe Benefits Expense	\$38,500,037	\$37,334,177	\$38,772,532
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$0	\$0	\$0
2	Physician Fringe Benefits Expense	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense	\$0	\$0	\$0
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$57,055,366	\$60,735,716	\$67,858,609
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$14,949,675	\$17,249,180	\$18,083,833
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$72,005,041	\$77,984,896	\$85,942,442
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$87,562,032	\$89,812,090	\$98,472,704
2	Total Fringe Benefits Expense	\$22,943,046	\$25,506,983	\$26,242,270
3	Total Salary and Fringe Benefits Expense	\$110,505,078	\$115,319,073	\$124,714,974

CT CHILDREN'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	341.8	329.3	341.1
2	Total Physician FTEs	30.0	39.0	42.9
3	Total Non-Nursing, Non-Physician FTEs	840.7	860.9	947.9
4	Total Full Time Equivalent Employees (FTEs)	1,212.5	1,229.2	1,331.9
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$89,253	\$88,298	\$89,751
2	Nursing Fringe Benefits Expense per FTE	\$23,386	\$25,077	\$23,918
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$112,639	\$113,374	\$113,669
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$0	\$0	\$0
2	Physician Fringe Benefits Expense per FTE	\$0	\$0	\$0
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$0	\$0	\$0
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$67,866	\$70,549	\$71,588
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,782	\$20,036	\$19,078
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$85,649	\$90,585	\$90,666
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$72,216	\$73,065	\$73,934
2	Total Fringe Benefits Expense per FTE	\$18,922	\$20,751	\$19,703
3	Total Salary and Fringe Benefits Expense per FTE	\$91,138	\$93,816	\$93,637
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,003	\$3,048	\$2,806
2	Total Salary and Fringe Benefits Expense per Discharge	\$16,251	\$18,591	\$18,777
3	Total Salary and Fringe Benefits Expense per EPD	\$1,804	\$1,770	\$1,653
4	Total Salary and Fringe Benefits Expense per ED	\$9,765	\$10,794	\$11,063
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,363	\$1,299	\$1,058
6	Total Salary and Fringe Benefits Expense per CMAED	\$7,375	\$7,924	\$7,083