

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$17,170,654	\$27,153,802	\$9,983,148	58%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$48,945,018	\$48,473,300	(\$471,718)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$73,947	\$156,589	\$82,642	112%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,586,310	\$5,943,030	\$356,720	6%
8	Prepaid Expenses	\$4,287,847	\$3,609,849	(\$677,998)	-16%
9	Other Current Assets	\$1,564,794	\$6,782,147	\$5,217,353	333%
	Total Current Assets	\$77,628,570	\$92,118,717	\$14,490,147	19%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$13,488,594	\$15,192,304	\$1,703,710	13%
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:	\$13,488,594	\$15,192,304	\$1,703,710	13%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$113,003,036	\$125,811,092	\$12,808,056	11%
7	Other Noncurrent Assets	\$16,729,867	\$16,271,962	(\$457,905)	-3%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$411,952,507	\$422,527,772	\$10,575,265	3%
2	Less: Accumulated Depreciation	\$260,274,904	\$274,632,798	\$14,357,894	6%
	Property, Plant and Equipment, Net	\$151,677,603	\$147,894,974	(\$3,782,629)	-2%
3	Construction in Progress	\$1,087,467	\$2,535,320	\$1,447,853	133%
	Total Net Fixed Assets	\$152,765,070	\$150,430,294	(\$2,334,776)	-2%
	Total Assets	\$373,615,137	\$399,824,369	\$26,209,232	7%

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(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	\$23,363,595	\$24,789,697	\$1,426,102	6%
2	Salaries, Wages and Payroll Taxes	\$12,301,012	\$14,266,850	\$1,965,838	16%
3	Due To Third Party Payers	\$23,838,552	\$19,307,101	(\$4,531,451)	-19%
4	Due To Affiliates	\$374,021	\$1,644,937	\$1,270,916	340%
5	Current Portion of Long Term Debt	\$2,724,400	\$2,165,699	(\$558,701)	-21%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$15,152,018	\$15,150,261	(\$1,757)	0%
	Total Current Liabilities	\$77,753,598	\$77,324,545	(\$429,053)	-1%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$3,640,365	\$1,367,741	(\$2,272,624)	-62%
	Total Long Term Debt	\$3,640,365	\$1,367,741	(\$2,272,624)	-62%
3	Accrued Pension Liability	\$82,716,227	\$141,985,877	\$59,269,650	72%
4	Other Long Term Liabilities	\$44,061,835	\$44,135,219	\$73,384	0%
	Total Long Term Liabilities	\$130,418,427	\$187,488,837	\$57,070,410	44%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$128,627,309	\$93,203,114	(\$35,424,195)	-28%
2	Temporarily Restricted Net Assets	\$16,726,765	\$20,015,125	\$3,288,360	20%
3	Permanently Restricted Net Assets	\$20,089,038	\$21,792,748	\$1,703,710	8%
	Total Net Assets	\$165,443,112	\$135,010,987	(\$30,432,125)	-18%
	Total Liabilities and Net Assets	\$373,615,137	\$399,824,369	\$26,209,232	7%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$850,595,830	\$870,417,634	\$19,821,804	2%
2	Less: Allowances	\$453,266,693	\$473,120,887	\$19,854,194	4%
3	Less: Charity Care	\$17,262,086	\$6,791,581	(\$10,470,505)	-61%
4	Less: Other Deductions	(\$3,249,413)	(\$3,023,820)	\$225,593	-7%
	Total Net Patient Revenue	\$383,316,464	\$393,528,986	\$10,212,522	3%
5	Other Operating Revenue	\$8,533,251	\$13,861,784	\$5,328,533	62%
6	Net Assets Released from Restrictions	\$747,896	\$1,559,503	\$811,607	109%
	Total Operating Revenue	\$392,597,611	\$408,950,273	\$16,352,662	4%
B. Operating Expenses:					
1	Salaries and Wages	\$153,162,089	\$165,293,135	\$12,131,046	8%
2	Fringe Benefits	\$52,159,661	\$42,901,786	(\$9,257,875)	-18%
3	Physicians Fees	\$11,127,118	\$11,822,724	\$695,606	6%
4	Supplies and Drugs	\$52,279,921	\$49,535,456	(\$2,744,465)	-5%
5	Depreciation and Amortization	\$18,679,687	\$19,353,058	\$673,371	4%
6	Bad Debts	\$1,140,529	\$17,293,190	\$16,152,661	1416%
7	Interest	\$837,138	\$1,957,216	\$1,120,078	134%
8	Malpractice	\$6,815,328	\$5,136,177	(\$1,679,151)	-25%
9	Other Operating Expenses	\$72,371,915	\$76,228,752	\$3,856,837	5%
	Total Operating Expenses	\$368,573,386	\$389,521,494	\$20,948,108	6%
	Income/(Loss) From Operations	\$24,024,225	\$19,428,779	(\$4,595,446)	-19%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,563,435	\$2,379,526	\$816,091	52%
2	Gifts, Contributions and Donations	\$204,893	\$123,070	(\$81,823)	-40%
3	Other Non-Operating Gains/(Losses)	(\$1,742,303)	\$7,462,766	\$9,205,069	-528%
	Total Non-Operating Revenue	\$26,025	\$9,965,362	\$9,939,337	38191%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$24,050,250	\$29,394,141	\$5,343,891	22%
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	\$24,050,250	\$29,394,141	\$5,343,891	22%
	Principal Payments	\$3,889,577	\$2,745,010	(\$1,144,567)	-29%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$203,275,677	\$185,301,507	(\$17,974,170)	-9%
2	MEDICARE MANAGED CARE	\$51,512,007	\$50,577,239	(\$934,768)	-2%
3	MEDICAID	\$51,919,038	\$69,315,273	\$17,396,235	34%
4	MEDICAID MANAGED CARE	\$26,866,087	\$6,324,858	(\$20,541,229)	-76%
5	CHAMPUS/TRICARE	\$513,067	\$511,703	(\$1,364)	0%
6	COMMERCIAL INSURANCE	\$2,902,329	\$1,313,776	(\$1,588,553)	-55%
7	NON-GOVERNMENT MANAGED CARE	\$100,822,050	\$89,395,871	(\$11,426,179)	-11%
8	WORKER'S COMPENSATION	\$2,151,029	\$1,774,133	(\$376,896)	-18%
9	SELF- PAY/UNINSURED	\$3,318,356	\$6,962,793	\$3,644,437	110%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$443,279,640	\$411,477,153	(\$31,802,487)	-7%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$101,916,607	\$112,695,063	\$10,778,456	11%
2	MEDICARE MANAGED CARE	\$28,482,396	\$37,682,240	\$9,199,844	32%
3	MEDICAID	\$45,536,663	\$99,452,264	\$53,915,601	118%
4	MEDICAID MANAGED CARE	\$47,877,448	\$13,179,870	(\$34,697,578)	-72%
5	CHAMPUS/TRICARE	\$719,632	\$870,795	\$151,163	21%
6	COMMERCIAL INSURANCE	\$3,195,424	\$2,598,628	(\$596,796)	-19%
7	NON-GOVERNMENT MANAGED CARE	\$152,073,144	\$161,456,408	\$9,383,264	6%
8	WORKER'S COMPENSATION	\$4,513,919	\$5,233,007	\$719,088	16%
9	SELF- PAY/UNINSURED	\$14,252,846	\$16,102,691	\$1,849,845	13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$398,568,079	\$449,270,966	\$50,702,887	13%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$305,192,284	\$297,996,570	(\$7,195,714)	-2%
2	MEDICARE MANAGED CARE	\$79,994,403	\$88,259,479	\$8,265,076	10%
3	MEDICAID	\$97,455,701	\$168,767,537	\$71,311,836	73%
4	MEDICAID MANAGED CARE	\$74,743,535	\$19,504,728	(\$55,238,807)	-74%
5	CHAMPUS/TRICARE	\$1,232,699	\$1,382,498	\$149,799	12%
6	COMMERCIAL INSURANCE	\$6,097,753	\$3,912,404	(\$2,185,349)	-36%
7	NON-GOVERNMENT MANAGED CARE	\$252,895,194	\$250,852,279	(\$2,042,915)	-1%
8	WORKER'S COMPENSATION	\$6,664,948	\$7,007,140	\$342,192	5%
9	SELF- PAY/UNINSURED	\$17,571,202	\$23,065,484	\$5,494,282	31%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$841,847,719	\$860,748,119	\$18,900,400	2%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$85,005,535	\$80,708,337	(\$4,297,198)	-5%
2	MEDICARE MANAGED CARE	\$19,099,024	\$19,901,948	\$802,924	4%
3	MEDICAID	\$16,962,576	\$21,381,489	\$4,418,913	26%
4	MEDICAID MANAGED CARE	\$9,252,670	\$1,169,972	(\$8,082,698)	-87%
5	CHAMPUS/TRICARE	\$267,040	\$246,372	(\$20,668)	-8%
6	COMMERCIAL INSURANCE	\$964,370	\$575,875	(\$388,495)	-40%
7	NON-GOVERNMENT MANAGED CARE	\$65,467,381	\$60,577,615	(\$4,889,766)	-7%
8	WORKER'S COMPENSATION	\$2,151,029	\$1,774,133	(\$376,896)	-18%
9	SELF- PAY/UNINSURED	\$516,899	\$2,347,104	\$1,830,205	354%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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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
	TOTAL INPATIENT NET REVENUE	\$199,686,524	\$188,682,845	(\$11,003,679)	-6%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$25,924,094	\$30,089,761	\$4,165,667	16%
2	MEDICARE MANAGED CARE	\$7,720,876	\$9,974,088	\$2,253,212	29%
3	MEDICAID	\$13,251,449	\$28,604,446	\$15,352,997	116%
4	MEDICAID MANAGED CARE	\$19,914,148	\$4,798,751	(\$15,115,397)	-76%
5	CHAMPUS/TRICARE	\$196,963	\$268,124	\$71,161	36%
6	COMMERCIAL INSURANCE	\$1,559,209	\$1,311,534	(\$247,675)	-16%
7	NON-GOVERNMENT MANAGED CARE	\$96,619,352	\$94,095,517	(\$2,523,835)	-3%
8	WORKER'S COMPENSATION	\$4,513,919	\$5,233,007	\$719,088	16%
9	SELF- PAY/UNINSURED	\$3,015,191	\$2,199,511	(\$815,680)	-27%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$172,715,201	\$176,574,739	\$3,859,538	2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$110,929,629	\$110,798,098	(\$131,531)	0%
2	MEDICARE MANAGED CARE	\$26,819,900	\$29,876,036	\$3,056,136	11%
3	MEDICAID	\$30,214,025	\$49,985,935	\$19,771,910	65%
4	MEDICAID MANAGED CARE	\$29,166,818	\$5,968,723	(\$23,198,095)	-80%
5	CHAMPUS/TRICARE	\$464,003	\$514,496	\$50,493	11%
6	COMMERCIAL INSURANCE	\$2,523,579	\$1,887,409	(\$636,170)	-25%
7	NON-GOVERNMENT MANAGED CARE	\$162,086,733	\$154,673,132	(\$7,413,601)	-5%
8	WORKER'S COMPENSATION	\$6,664,948	\$7,007,140	\$342,192	5%
9	SELF- PAY/UNINSURED	\$3,532,090	\$4,546,615	\$1,014,525	29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$372,401,725	\$365,257,584	(\$7,144,141)	-2%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	7,745	6,565	(1,180)	-15%
2	MEDICARE MANAGED CARE	1,906	1,959	53	3%
3	MEDICAID	2,430	3,947	1,517	62%
4	MEDICAID MANAGED CARE	2,386	405	(1,981)	-83%
5	CHAMPUS/TRICARE	46	31	(15)	-33%
6	COMMERCIAL INSURANCE	141	73	(68)	-48%
7	NON-GOVERNMENT MANAGED CARE	5,633	5,006	(627)	-11%
8	WORKER'S COMPENSATION	72	66	(6)	-8%
9	SELF- PAY/UNINSURED	187	200	13	7%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	20,546	18,252	(2,294)	-11%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	36,724	32,445	(4,279)	-12%
2	MEDICARE MANAGED CARE	8,654	8,575	(79)	-1%
3	MEDICAID	10,822	17,138	6,316	58%
4	MEDICAID MANAGED CARE	7,169	1,217	(5,952)	-83%
5	CHAMPUS/TRICARE	129	86	(43)	-33%
6	COMMERCIAL INSURANCE	582	263	(319)	-55%
7	NON-GOVERNMENT MANAGED CARE	18,280	16,088	(2,192)	-12%
8	WORKER'S COMPENSATION	229	212	(17)	-7%
9	SELF- PAY/UNINSURED	548	747	199	36%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	83,137	76,771	(6,366)	-8%
C.	OUTPATIENT VISITS				

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	65,822	66,607	785	1%
2	MEDICARE MANAGED CARE	19,304	23,911	4,607	24%
3	MEDICAID	32,194	67,231	35,037	109%
4	MEDICAID MANAGED CARE	38,064	9,788	(28,276)	-74%
5	CHAMPUS/TRICARE	512	494	(18)	-4%
6	COMMERCIAL INSURANCE	2,754	1,949	(805)	-29%
7	NON-GOVERNMENT MANAGED CARE	101,155	101,903	748	1%
8	WORKER'S COMPENSATION	1,850	1,987	137	7%
9	SELF- PAY/UNINSURED	8,891	10,009	1,118	13%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	270,546	283,879	13,333	5%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$21,717,090	\$24,723,953	\$3,006,863	14%
2	MEDICARE MANAGED CARE	\$5,729,721	\$6,827,248	\$1,097,527	19%
3	MEDICAID	\$23,819,381	\$53,853,509	\$30,034,128	126%
4	MEDICAID MANAGED CARE	\$30,126,717	\$8,138,476	(\$21,988,241)	-73%
5	CHAMPUS/TRICARE	\$368,099	\$328,249	(\$39,850)	-11%
6	COMMERCIAL INSURANCE	\$1,564,978	\$1,640,567	\$75,589	5%
7	NON-GOVERNMENT MANAGED CARE	\$35,726,501	\$37,083,415	\$1,356,914	4%
8	WORKER'S COMPENSATION	\$1,803,707	\$1,815,293	\$11,586	1%
9	SELF- PAY/UNINSURED	\$9,487,407	\$11,555,026	\$2,067,619	22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$130,343,601	\$145,965,736	\$15,622,135	12%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$5,282,010	\$5,215,394	(\$66,616)	-1%
2	MEDICARE MANAGED CARE	\$1,397,784	\$1,555,999	\$158,215	11%
3	MEDICAID	\$4,819,493	\$10,450,047	\$5,630,554	117%
4	MEDICAID MANAGED CARE	\$11,585,593	\$2,747,718	(\$8,837,875)	-76%
5	CHAMPUS/TRICARE	\$102,357	\$65,728	(\$36,629)	-36%
6	COMMERCIAL INSURANCE	\$780,670	\$661,075	(\$119,595)	-15%
7	NON-GOVERNMENT MANAGED CARE	\$27,289,753	\$26,715,601	(\$574,152)	-2%
8	WORKER'S COMPENSATION	\$1,158,129	\$1,268,496	\$110,367	10%
9	SELF- PAY/UNINSURED	\$1,819,403	\$279,397	(\$1,540,006)	-85%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$54,235,192	\$48,959,455	(\$5,275,737)	-10%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	11,641	11,835	194	2%
2	MEDICARE MANAGED CARE	2,805	3,196	391	14%
3	MEDICAID	18,521	41,860	23,339	126%
4	MEDICAID MANAGED CARE	29,227	7,334	(21,893)	-75%
5	CHAMPUS/TRICARE	284	253	(31)	-11%
6	COMMERCIAL INSURANCE	946	855	(91)	-10%
7	NON-GOVERNMENT MANAGED CARE	22,613	21,454	(1,159)	-5%
8	WORKER'S COMPENSATION	1,470	1,459	(11)	-1%
9	SELF- PAY/UNINSURED	7,328	8,188	860	12%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	94,835	96,434	1,599	2%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 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	\$51,622,907	\$60,308,808	\$8,685,901	17%
2	Physician Salaries	\$22,878,615	\$27,064,007	\$4,185,392	18%
3	Non-Nursing, Non-Physician Salaries	\$78,660,567	\$77,920,320	(\$740,247)	-1%
	Total Salaries & Wages	\$153,162,089	\$165,293,135	\$12,131,046	8%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$17,765,212	\$15,653,134	(\$2,112,078)	-12%
2	Physician Fringe Benefits	\$7,724,018	\$7,024,455	(\$699,563)	-9%
3	Non-Nursing, Non-Physician Fringe Benefits	\$26,670,431	\$20,224,197	(\$6,446,234)	-24%
	Total Fringe Benefits	\$52,159,661	\$42,901,786	(\$9,257,875)	-18%
C. Contractual Labor Fees:					
1	Nursing Fees	\$610,686	\$386,550	(\$224,136)	-37%
2	Physician Fees	\$11,127,118	\$11,822,724	\$695,606	6%
3	Non-Nursing, Non-Physician Fees	\$8,265,109	\$6,303,155	(\$1,961,954)	-24%
	Total Contractual Labor Fees	\$20,002,913	\$18,512,429	(\$1,490,484)	-7%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$40,061,390	\$37,354,598	(\$2,706,792)	-7%
2	Pharmaceutical Costs	\$12,218,531	\$12,180,858	(\$37,673)	0%
	Total Medical Supplies and Pharmaceutical Cost	\$52,279,921	\$49,535,456	(\$2,744,465)	-5%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$8,029,450	\$8,916,398	\$886,948	11%
2	Depreciation-Equipment	\$10,650,237	\$10,436,660	(\$213,577)	-2%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$18,679,687	\$19,353,058	\$673,371	4%
F. Bad Debts:					
1	Bad Debts	\$1,140,529	\$17,293,190	\$16,152,661	1416%
G. Interest Expense:					
1	Interest Expense	\$837,138	\$1,957,216	\$1,120,078	134%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$6,815,328	\$5,136,177	(\$1,679,151)	-25%
I. Utilities:					
1	Water	\$197,189	\$197,286	\$97	0%
2	Natural Gas	\$1,463,904	\$1,538,959	\$75,055	5%
3	Oil	\$47,984	\$36,435	(\$11,549)	-24%
4	Electricity	\$3,955,521	\$3,963,694	\$8,173	0%
5	Telephone	\$706,596	\$708,562	\$1,966	0%
6	Other Utilities	\$208,947	\$207,076	(\$1,871)	-1%
	Total Utilities	\$6,580,141	\$6,652,012	\$71,871	1%
J. Business Expenses:					
1	Accounting Fees	\$567,309	\$409,431	(\$157,878)	-28%
2	Legal Fees	\$743,334	\$351,166	(\$392,168)	-53%
3	Consulting Fees	\$1,004,629	\$886,492	(\$118,137)	-12%
4	Dues and Membership	\$800,266	\$754,141	(\$46,125)	-6%
5	Equipment Leases	\$2,632,453	\$2,216,457	(\$415,996)	-16%
6	Building Leases	\$2,004,575	\$2,233,549	\$228,974	11%
7	Repairs and Maintenance	\$5,767,418	\$5,739,760	(\$27,658)	0%
8	Insurance	\$545,680	\$450,200	(\$95,480)	-17%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$698,250	\$802,103	\$103,853	15%
10	Conferences	\$206,375	\$244,459	\$38,084	18%
11	Property Tax	\$224,088	\$207,968	(\$16,120)	-7%
12	General Supplies	\$1,087,862	\$1,307,614	\$219,752	20%
13	Licenses and Subscriptions	\$284,598	\$242,688	(\$41,910)	-15%
14	Postage and Shipping	\$436,892	\$428,271	(\$8,621)	-2%
15	Advertising	\$455,651	\$717,244	\$261,593	57%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$5,610,528	\$5,610,528	0%
18	Computer hardware & small equipment	\$0	\$1,266,177	\$1,266,177	0%
19	Dietary / Food Services	\$0	\$2,932,414	\$2,932,414	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$1,182,002	\$1,182,002	0%
22	Recruiting / Employee Education & Recognition	\$0	\$1,662,460	\$1,662,460	0%
23	Laundry / Linen	\$0	\$269,365	\$269,365	0%
24	Professional / Physician Fees	\$0	\$2,190,047	\$2,190,047	0%
25	Waste disposal	\$0	\$420,351	\$420,351	0%
26	Purchased Services - Medical	\$0	\$20,573	\$20,573	0%
27	Purchased Services - Non Medical	\$0	\$56,550	\$56,550	0%
28	Other Business Expenses	\$36,445,805	\$30,285,025	(\$6,160,780)	-17%
	Total Business Expenses	\$53,905,185	\$62,887,035	\$8,981,850	17%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$3,010,794	\$0	(\$3,010,794)	-100%
	Total Operating Expenses - All Expense Categories*	\$368,573,386	\$389,521,494	\$20,948,108	6%
	*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	\$18,022,465	\$15,370,808	(\$2,651,657)	-15%
2	General Accounting	\$1,913,019	\$2,559,171	\$646,152	34%
3	Patient Billing & Collection	\$4,284,990	\$4,708,127	\$423,137	10%
4	Admitting / Registration Office	\$1,752,704	\$1,830,899	\$78,195	4%
5	Data Processing	\$25,064,963	\$20,931,807	(\$4,133,156)	-16%
6	Communications	\$1,488,005	\$1,402,904	(\$85,101)	-6%
7	Personnel	\$47,045,682	\$40,830,970	(\$6,214,712)	-13%
8	Public Relations	\$2,394,514	\$3,199,808	\$805,294	34%
9	Purchasing	\$2,382,590	\$1,731,179	(\$651,411)	-27%
10	Dietary and Cafeteria	\$5,245,499	\$5,320,310	\$74,811	1%
11	Housekeeping	\$5,872,077	\$6,212,287	\$340,210	6%
12	Laundry & Linen	\$1,573,267	\$1,580,173	\$6,906	0%
13	Operation of Plant	\$14,538,279	\$16,828,637	\$2,290,358	16%
14	Security	\$1,654,708	\$1,735,274	\$80,566	5%
15	Repairs and Maintenance	\$2,082,273	\$2,808,343	\$726,070	35%
16	Central Sterile Supply	\$1,815,230	\$1,952,457	\$137,227	8%
17	Pharmacy Department	\$16,729,471	\$16,882,025	\$152,554	1%
18	Other General Services	\$4,437,302	\$5,570,595	\$1,133,293	26%
	Total General Services	\$158,297,038	\$151,455,774	(\$6,841,264)	-4%
B.	Professional Services:				
1	Medical Care Administration	\$15,181,563	\$18,680,196	\$3,498,633	23%
2	Residency Program	\$5,621,208	\$6,165,989	\$544,781	10%
3	Nursing Services Administration	\$2,688,477	\$2,870,523	\$182,046	7%
4	Medical Records	\$3,678,717	\$3,406,834	(\$271,883)	-7%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$2,775,863	\$3,216,044	\$440,181	16%
6	Other Professional Services	\$8,304,297	\$9,998,205	\$1,693,908	20%
	Total Professional Services	\$38,250,125	\$44,337,791	\$6,087,666	16%
C.	<u>Special Services:</u>				
1	Operating Room	\$21,748,098	\$20,632,893	(\$1,115,205)	-5%
2	Recovery Room	\$2,050,310	\$1,992,227	(\$58,083)	-3%
3	Anesthesiology	\$1,393,413	\$1,326,536	(\$66,877)	-5%
4	Delivery Room	\$3,987,476	\$4,325,273	\$337,797	8%
5	Diagnostic Radiology	\$10,663,636	\$10,133,542	(\$530,094)	-5%
6	Diagnostic Ultrasound	\$1,368,353	\$1,486,425	\$118,072	9%
7	Radiation Therapy	\$3,250,288	\$3,250,175	(\$113)	0%
8	Radioisotopes	\$1,429,289	\$1,235,643	(\$193,646)	-14%
9	CT Scan	\$3,439,333	\$3,514,579	\$75,246	2%
10	Laboratory	\$14,081,378	\$14,113,342	\$31,964	0%
11	Blood Storing/Processing	\$2,735,428	\$2,234,966	(\$500,462)	-18%
12	Cardiology	\$1,957,800	\$2,032,699	\$74,899	4%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$2,687,043	\$2,386,016	(\$301,027)	-11%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,760,002	\$2,943,366	\$183,364	7%
19	Pulmonary Function	\$359,736	\$355,224	(\$4,512)	-1%
20	Intravenous Therapy	\$611,808	\$600,933	(\$10,875)	-2%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,386,492	\$3,792,706	\$406,214	12%
23	Renal Dialysis	\$3,108,689	\$3,086,687	(\$22,002)	-1%
24	Emergency Room	\$20,437,639	\$21,261,153	\$823,514	4%
25	MRI	\$1,176,439	\$1,167,093	(\$9,346)	-1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$3,234,002	\$3,231,243	(\$2,759)	0%
29	Sleep Center	\$364,962	\$788,913	\$423,951	116%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$4,567,909	\$4,264,791	(\$303,118)	-7%
32	Occupational Therapy / Physical Therapy	\$2,019,256	\$2,534,558	\$515,302	26%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,527,770	\$1,714,635	\$186,865	12%
	Total Special Services	\$114,346,549	\$114,405,618	\$59,069	0%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$21,341,056	\$21,059,786	(\$281,270)	-1%
2	Intensive Care Unit	\$8,376,994	\$8,105,706	(\$271,288)	-3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,174,667	\$2,292,567	\$117,900	5%
5	Pediatric Unit	\$1,317,875	\$1,305,087	(\$12,788)	-1%
6	Maternity Unit	\$2,333,684	\$2,546,549	\$212,865	9%
7	Newborn Nursery Unit	\$919,236	\$849,717	(\$69,519)	-8%
8	Neonatal ICU	\$1,528,982	\$1,852,066	\$323,084	21%
9	Rehabilitation Unit	\$3,209,701	\$3,122,162	(\$87,539)	-3%
10	Ambulatory Surgery	\$6,239,020	\$6,275,201	\$36,181	1%
11	Home Care	\$0	\$0	\$0	0%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$364,911,931	\$ 383,316,464	\$393,528,986
2	Other Operating Revenue	14,808,991	9,281,147	15,421,287
3	Total Operating Revenue	\$379,720,922	\$392,597,611	\$408,950,273
4	Total Operating Expenses	381,476,536	368,573,386	389,521,494
5	Income/(Loss) From Operations	(\$1,755,614)	\$24,024,225	\$19,428,779
6	Total Non-Operating Revenue	7,196,048	26,025	9,965,362
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,440,434	\$24,050,250	\$29,394,141
B. Profitability Summary				
1	Hospital Operating Margin	-0.45%	6.12%	4.64%
2	Hospital Non Operating Margin	1.86%	0.01%	2.38%
3	Hospital Total Margin	1.41%	6.13%	7.02%
4	Income/(Loss) From Operations	(\$1,755,614)	\$24,024,225	\$19,428,779
5	Total Operating Revenue	\$379,720,922	\$392,597,611	\$408,950,273
6	Total Non-Operating Revenue	\$7,196,048	\$26,025	\$9,965,362
7	Total Revenue	\$386,916,970	\$392,623,636	\$418,915,635
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,440,434	\$24,050,250	\$29,394,141
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$96,622,401	\$128,627,309	\$93,203,114
2	Hospital Total Net Assets	\$133,555,140	\$165,443,112	\$135,010,987
3	Hospital Change in Total Net Assets	\$11,069,788	\$31,887,972	(\$30,432,125)
4	Hospital Change in Total Net Assets %	109.0%	23.9%	-18.4%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.46	0.43	0.44
2	Total Operating Expenses	\$381,476,536	\$368,573,386	\$389,521,494
3	Total Gross Revenue	\$800,740,049	\$841,847,719	\$860,748,119
4	Total Other Operating Revenue	\$23,393,788	\$21,278,672	\$28,114,619
5	Private Payment to Cost Ratio	1.28	1.51	1.43
6	Total Non-Government Payments	\$165,689,668	\$174,807,350	\$168,114,296

THE HOSPITAL OF CENTRAL CONNECTICUT				
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
7	Total Uninsured Payments	\$6,083,766	\$3,532,090	\$4,546,615
8	Total Non-Government Charges	\$290,748,912	\$283,229,097	\$284,837,307
9	Total Uninsured Charges	\$20,581,913	\$17,571,202	\$23,065,484
10	<u>Medicare Payment to Cost Ratio</u>	0.78	0.84	0.83
11	Total Medicare Payments	\$128,895,993	\$137,749,529	\$140,674,134
12	Total Medicare Charges	\$355,419,733	\$385,186,687	\$386,256,049
13	<u>Medicaid Payment to Cost Ratio</u>	0.82	0.81	0.68
14	Total Medicaid Payments	\$49,292,970	\$59,380,843	\$55,954,658
15	Total Medicaid Charges	\$129,340,113	\$172,199,236	\$188,272,265
16	<u>Uncompensated Care Cost</u>	\$8,317,480	\$7,858,309	\$10,554,538
17	Charity Care	\$8,420,571	\$17,262,086	\$6,791,581
18	Bad Debts	\$9,548,336	\$1,140,529	\$17,293,190
19	Total Uncompensated Care	\$17,968,907	\$18,402,615	\$24,084,771
20	<u>Uncompensated Care % of Total Expenses</u>	2.2%	2.1%	2.7%
21	Total Operating Expenses	\$381,476,536	\$368,573,386	\$389,521,494
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	0.91	1.00	1.19
2	Total Current Assets	\$69,156,292	\$77,628,570	\$92,118,717
3	Total Current Liabilities	\$76,312,374	\$77,753,598	\$77,324,545
4	<u>Days Cash on Hand</u>	23	18	27
5	Cash and Cash Equivalents	\$23,292,786	\$17,170,654	\$27,153,802
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$23,292,786	\$17,170,654	\$27,153,802
8	Total Operating Expenses	\$381,476,536	\$368,573,386	\$389,521,494
9	Depreciation Expense	\$17,496,832	\$18,679,687	\$19,353,058
10	Operating Expenses less Depreciation Expense	\$363,979,704	\$349,893,699	\$370,168,436
11	<u>Days Revenue in Patient Accounts Receivable</u>	17.10	23.91	27.05

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$ 36,543,623	\$ 48,945,018	\$ 48,473,300
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$19,449,485	\$23,838,552	\$19,307,101
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 17,094,138	\$ 25,106,466	\$ 29,166,199
16	Total Net Patient Revenue	\$364,911,931	\$ 383,316,464	\$ 393,528,986
17	<u>Average Payment Period</u>	76.53	81.11	76.24
18	Total Current Liabilities	\$76,312,374	\$77,753,598	\$77,324,545
19	Total Operating Expenses	\$381,476,536	\$368,573,386	\$389,521,494
20	Depreciation Expense	\$17,496,832	\$18,679,687	\$19,353,058
21	Total Operating Expenses less Depreciation Expense	\$363,979,704	\$349,893,699	\$370,168,436
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	39.7	44.3	33.8
2	Total Net Assets	\$133,555,140	\$165,443,112	\$135,010,987
3	Total Assets	\$336,592,228	\$373,615,137	\$399,824,369
4	<u>Cash Flow to Total Debt Ratio</u>	20.8	52.5	61.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,440,434	\$24,050,250	\$29,394,141
6	Depreciation Expense	\$17,496,832	\$18,679,687	\$19,353,058
7	Excess of Revenues Over Expenses and Depreciation Expense	\$22,937,266	\$42,729,937	\$48,747,199
8	Total Current Liabilities	\$76,312,374	\$77,753,598	\$77,324,545
9	Total Long Term Debt	\$34,217,519	\$3,640,365	\$1,367,741
10	Total Current Liabilities and Total Long Term Debt	\$110,529,893	\$81,393,963	\$78,692,286
11	<u>Long Term Debt to Capitalization Ratio</u>	20.4	2.2	1.0
12	Total Long Term Debt	\$34,217,519	\$3,640,365	\$1,367,741
13	Total Net Assets	\$133,555,140	\$165,443,112	\$135,010,987
14	Total Long Term Debt and Total Net Assets	\$167,772,659	\$169,083,477	\$136,378,728
15	<u>Debt Service Coverage Ratio</u>	4.7	9.2	10.8
16	Excess Revenues over Expenses	\$5,440,434	\$24,050,250	\$29,394,141
17	Interest Expense	\$1,545,904	\$837,138	\$1,957,216
18	Depreciation and Amortization Expense	\$17,496,832	\$18,679,687	\$19,353,058

THE HOSPITAL OF CENTRAL CONNECTICUT				
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
19	Principal Payments	\$3,670,857	\$3,889,577	\$2,745,010
G. Other Financial Ratios				
20	Average Age of Plant	14.1	13.9	14.2
21	Accumulated Depreciation	\$246,081,335	\$260,274,904	\$274,632,798
22	Depreciation and Amortization Expense	\$17,496,832	\$18,679,687	\$19,353,058
H. Utilization Measures Summary				
1	Patient Days	81,872	83,137	76,771
2	Discharges	19,517	20,546	18,252
3	ALOS	4.2	4.0	4.2
4	Staffed Beds	341	356	356
5	Available Beds	-	383	383
6	Licensed Beds	446	464	446
6	Occupancy of Staffed Beds	65.8%	64.0%	59.1%
7	Occupancy of Available Beds	63.0%	59.5%	54.9%
8	Full Time Equivalent Employees	2,166.1	2,172.0	2,299.5
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	33.7%	31.6%	30.4%
2	Medicare Gross Revenue Payer Mix Percentage	44.4%	45.8%	44.9%
3	Medicaid Gross Revenue Payer Mix Percentage	16.2%	20.5%	21.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.6%	2.1%	2.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$270,166,999	\$265,657,895	\$261,771,823
9	Medicare Gross Revenue (Charges)	\$355,419,733	\$385,186,687	\$386,256,049
10	Medicaid Gross Revenue (Charges)	\$129,340,113	\$172,199,236	\$188,272,265
11	Other Medical Assistance Gross Revenue (Charges)	\$23,806,973	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$20,581,913	\$17,571,202	\$23,065,484
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,424,318	\$1,232,699	\$1,382,498
14	Total Gross Revenue (Charges)	\$800,740,049	\$841,847,719	\$860,748,119
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	45.8%	46.0%	44.8%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	37.0%	37.0%	38.5%
3	Medicaid Net Revenue Payer Mix Percentage	14.1%	15.9%	15.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.3%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.7%	0.9%	1.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$159,605,902	\$171,275,260	\$163,567,681
9	Medicare Net Revenue (Payments)	\$128,895,993	\$137,749,529	\$140,674,134
10	Medicaid Net Revenue (Payments)	\$49,292,970	\$59,380,843	\$55,954,658
11	Other Medical Assistance Net Revenue (Payments)	\$4,451,233	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$6,083,766	\$3,532,090	\$4,546,615
13	CHAMPUS / TRICARE Net Revenue Payments)	\$383,302	\$464,003	\$514,496
14	Total Net Revenue (Payments)	\$348,713,166	\$372,401,725	\$365,257,584
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	6,207	6,033	5,345
2	Medicare	8,738	9,651	8,524
3	Medical Assistance	4,535	4,816	4,352
4	Medicaid	4,042	4,816	4,352
5	Other Medical Assistance	493	-	-
6	CHAMPUS / TRICARE	37	46	31
7	Uninsured (Included In Non-Government)	334	187	200
8	Total	19,517	20,546	18,252
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.101840	1.090740	1.078200
2	Medicare	1.363430	1.319880	1.379800
3	Medical Assistance	0.962847	0.972740	0.998600
4	Medicaid	0.925670	0.972740	0.998600
5	Other Medical Assistance	1.267660	0.000000	0.000000
6	CHAMPUS / TRICARE	0.966780	0.760810	1.135900
7	Uninsured (Included In Non-Government)	0.911610	1.012280	0.998600
8	Total Case Mix Index	1.186404	1.169975	1.200170
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	15,051	14,219	14,064
2	Emergency Room - Treated and Discharged	90,611	94,835	96,434
3	Total Emergency Room Visits	105,662	109,054	110,498

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$1,869,156	\$2,246,334	\$377,178	20%
2	Inpatient Payments	\$693,389	\$865,157	\$171,768	25%
3	Outpatient Charges	\$1,106,564	\$1,814,548	\$707,984	64%
4	Outpatient Payments	\$416,806	\$497,733	\$80,927	19%
5	Discharges	68	69	1	1%
6	Patient Days	330	338	8	2%
7	Outpatient Visits (Excludes ED Visits)	525	860	335	64%
8	Emergency Department Outpatient Visits	89	133	44	49%
9	Emergency Department Inpatient Admissions	32	50	18	56%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,975,720	\$4,060,882	\$1,085,162	36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,110,195	\$1,362,890	\$252,695	23%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$11,303	\$0	(\$11,303)	-100%
2	Inpatient Payments	\$5,324	\$0	(\$5,324)	-100%
3	Outpatient Charges	\$12,094	\$1,342	(\$10,752)	-89%
4	Outpatient Payments	\$2,970	\$433	(\$2,537)	-85%
5	Discharges	1	0	(1)	-100%
6	Patient Days	2	0	(2)	-100%
7	Outpatient Visits (Excludes ED Visits)	12	1	(11)	-92%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,397	\$1,342	(\$22,055)	-94%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,294	\$433	(\$7,861)	-95%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$9,218,293	\$12,832,086	\$3,613,793	39%
2	Inpatient Payments	\$3,802,971	\$5,370,096	\$1,567,125	41%
3	Outpatient Charges	\$6,609,848	\$10,600,518	\$3,990,670	60%
4	Outpatient Payments	\$1,800,084	\$2,859,712	\$1,059,628	59%
5	Discharges	378	502	124	33%
6	Patient Days	1,419	2,142	723	51%
7	Outpatient Visits (Excludes ED Visits)	3,943	5,848	1,905	48%
8	Emergency Department Outpatient Visits	672	902	230	34%
9	Emergency Department Inpatient Admissions	242	334	92	38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,828,141	\$23,432,604	\$7,604,463	48%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,603,055	\$8,229,808	\$2,626,753	47%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$7,299,855	\$0	(\$7,299,855)	-100%
2	Inpatient Payments	\$2,737,121	\$0	(\$2,737,121)	-100%
3	Outpatient Charges	\$2,922,940	\$0	(\$2,922,940)	-100%
4	Outpatient Payments	\$847,601	\$0	(\$847,601)	-100%
5	Discharges	254	0	(254)	-100%
6	Patient Days	1,227	0	(1,227)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,866	0	(1,866)	-100%
8	Emergency Department Outpatient Visits	317	0	(317)	-100%
9	Emergency Department Inpatient Admissions	115	0	(115)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,222,795	\$0	(\$10,222,795)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,584,722	\$0	(\$3,584,722)	-100%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$3,443,699	\$2,015,426	(\$1,428,273)	-41%
2	Inpatient Payments	\$1,129,885	\$646,790	(\$483,095)	-43%
3	Outpatient Charges	\$879,675	\$1,141,271	\$261,596	30%
4	Outpatient Payments	\$176,943	\$241,108	\$64,165	36%
5	Discharges	116	82	(34)	-29%
6	Patient Days	642	339	(303)	-47%
7	Outpatient Visits (Excludes ED Visits)	520	488	(32)	-6%
8	Emergency Department Outpatient Visits	88	75	(13)	-15%
9	Emergency Department Inpatient Admissions	32	28	(4)	-13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,323,374	\$3,156,697	(\$1,166,677)	-27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,306,828	\$887,898	(\$418,930)	-32%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$2,415,073	\$3,523,878	\$1,108,805	46%
2	Inpatient Payments	\$900,072	\$1,136,130	\$236,058	26%
3	Outpatient Charges	\$1,622,487	\$3,553,018	\$1,930,531	119%
4	Outpatient Payments	\$371,441	\$785,537	\$414,096	111%
5	Discharges	96	167	71	74%
6	Patient Days	394	652	258	65%
7	Outpatient Visits (Excludes ED Visits)	858	1,624	766	89%
8	Emergency Department Outpatient Visits	146	251	105	72%
9	Emergency Department Inpatient Admissions	53	93	40	75%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,037,560	\$7,076,896	\$3,039,336	75%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,271,513	\$1,921,667	\$650,154	51%
I. AETNA					
1	Inpatient Charges	\$2,663,070	\$4,223,658	\$1,560,588	59%
2	Inpatient Payments	\$1,095,080	\$1,687,648	\$592,568	54%
3	Outpatient Charges	\$2,108,781	\$2,638,522	\$529,741	25%
4	Outpatient Payments	\$654,465	\$736,663	\$82,198	13%
5	Discharges	115	157	42	37%
6	Patient Days	467	694	227	49%
7	Outpatient Visits (Excludes ED Visits)	1,106	1,402	296	27%
8	Emergency Department Outpatient Visits	188	216	28	15%
9	Emergency Department Inpatient Admissions	68	80	12	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,771,851	\$6,862,180	\$2,090,329	44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,749,545	\$2,424,311	\$674,766	39%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$24,591,558	\$25,735,857	\$1,144,299	5%
2	Inpatient Payments	\$8,735,182	\$10,196,127	\$1,460,945	17%
3	Outpatient Charges	\$13,217,901	\$17,933,021	\$4,715,120	36%
4	Outpatient Payments	\$3,450,163	\$4,852,902	\$1,402,739	41%
5	Discharges	878	982	104	12%
6	Patient Days	4,173	4,410	237	6%
7	Outpatient Visits (Excludes ED Visits)	7,666	10,492	2,826	37%
8	Emergency Department Outpatient Visits	1,303	1,619	316	24%
9	Emergency Department Inpatient Admissions	472	600	128	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$37,809,459	\$43,668,878	\$5,859,419	15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$12,185,345	\$15,049,029	\$2,863,684	24%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$2,106	\$0	(\$2,106)	-100%
4	Outpatient Payments	\$403	\$0	(\$403)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	3	0	(3)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,106	\$0	(\$2,106)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$403	\$0	(\$403)	-100%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$51,512,007	\$50,577,239	(\$934,768)	-2%
	TOTAL INPATIENT PAYMENTS	\$19,099,024	\$19,901,948	\$802,924	4%
	TOTAL OUTPATIENT CHARGES	\$28,482,396	\$37,682,240	\$9,199,844	32%
	TOTAL OUTPATIENT PAYMENTS	\$7,720,876	\$9,974,088	\$2,253,212	29%
	TOTAL DISCHARGES	1,906	1,959	53	3%
	TOTAL PATIENT DAYS	8,654	8,575	(79)	-1%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	16,499	20,715	4,216	26%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,805	3,196	391	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,015	1,185	170	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$79,994,403	\$88,259,479	\$8,265,076	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$26,819,900	\$29,876,036	\$3,056,136	11%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$22,476,467	\$4,892,220	(\$17,584,247)	-78%
2	Inpatient Payments	\$7,681,508	\$837,978	(\$6,843,530)	-89%
3	Outpatient Charges	\$40,773,829	\$11,092,980	(\$29,680,849)	-73%
4	Outpatient Payments	\$17,735,703	\$4,229,312	(\$13,506,391)	-76%
5	Discharges	2,027	342	(1,685)	-83%
6	Patient Days	6,025	940	(5,085)	-84%
7	Outpatient Visits (Excludes ED Visits)	7,644	2,113	(5,531)	-72%
8	Emergency Department Outpatient Visits	25,284	6,314	(18,970)	-75%
9	Emergency Department Inpatient Admissions	1,731	418	(1,313)	-76%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$63,250,296	\$15,985,200	(\$47,265,096)	-75%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$25,417,211	\$5,067,290	(\$20,349,921)	-80%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**THE HOSPITAL OF CENTRAL CONNECTICUT
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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	\$2,535,314	\$522,792	(\$2,012,522)	-79%
2	Inpatient Payments	\$922,581	\$141,330	(\$781,251)	-85%
3	Outpatient Charges	\$3,725,908	\$991,318	(\$2,734,590)	-73%
4	Outpatient Payments	\$1,239,796	\$304,610	(\$935,186)	-75%
5	Discharges	210	33	(177)	-84%
6	Patient Days	641	106	(535)	-83%
7	Outpatient Visits (Excludes ED Visits)	672	182	(490)	-73%
8	Emergency Department Outpatient Visits	2,221	544	(1,677)	-76%
9	Emergency Department Inpatient Admissions	152	36	(116)	-76%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,261,222	\$1,514,110	(\$4,747,112)	-76%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,162,377	\$445,940	(\$1,716,437)	-79%
	H. AETNA				
1	Inpatient Charges	\$1,854,306	\$909,846	(\$944,460)	-51%
2	Inpatient Payments	\$648,581	\$190,664	(\$457,917)	-71%
3	Outpatient Charges	\$3,377,711	\$1,095,572	(\$2,282,139)	-68%
4	Outpatient Payments	\$938,649	\$264,829	(\$673,820)	-72%
5	Discharges	149	30	(119)	-80%
6	Patient Days	503	171	(332)	-66%
7	Outpatient Visits (Excludes ED Visits)	521	159	(362)	-69%
8	Emergency Department Outpatient Visits	1,722	476	(1,246)	-72%
9	Emergency Department Inpatient Admissions	118	31	(87)	-74%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,232,017	\$2,005,418	(\$3,226,599)	-62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,587,230	\$455,493	(\$1,131,737)	-71%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$26,866,087	\$6,324,858	(\$20,541,229)	-76%
	TOTAL INPATIENT PAYMENTS	\$9,252,670	\$1,169,972	(\$8,082,698)	-87%
	TOTAL OUTPATIENT CHARGES	\$47,877,448	\$13,179,870	(\$34,697,578)	-72%
	TOTAL OUTPATIENT PAYMENTS	\$19,914,148	\$4,798,751	(\$15,115,397)	-76%
	TOTAL DISCHARGES	2,386	405	(1,981)	-83%
	TOTAL PATIENT DAYS	7,169	1,217	(5,952)	-83%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	8,837	2,454	(6,383)	-72%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	29,227	7,334	(21,893)	-75%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,001	485	(1,516)	-76%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$74,743,535	\$19,504,728	(\$55,238,807)	-74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$29,166,818	\$5,968,723	(\$23,198,095)	-80%

**THE HOSPITAL OF CENTRAL CONNECTICUT
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

HARTFORD HEALTH CARE 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.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$20,299,387	\$32,572,707	\$12,273,320	60%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$48,945,018	\$48,473,300	(\$471,718)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$73,947	\$84,758	\$10,811	15%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$5,586,310	\$5,943,030	\$356,720	6%
8	Prepaid Expenses	\$4,291,812	\$3,613,869	(\$677,943)	-16%
9	Other Current Assets	\$10,868,943	\$16,323,828	\$5,454,885	50%
	Total Current Assets	\$90,065,417	\$107,011,492	\$16,946,075	19%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$13,488,594	\$15,192,304	\$1,703,710	13%
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:	\$13,488,594	\$15,192,304	\$1,703,710	13%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$135,698,992	\$150,404,774	\$14,705,782	11%
7	Other Noncurrent Assets	\$11,461,992	\$11,004,087	(\$457,905)	-4%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$411,952,507	\$422,527,772	\$10,575,265	3%
2	Less: Accumulated Depreciation	\$260,274,904	\$274,632,798	\$14,357,894	\$0
	Property, Plant and Equipment, Net	\$151,677,603	\$147,894,974	(\$3,782,629)	-2%
3	Construction in Progress	\$1,087,467	\$2,535,320	\$1,447,853	133%
	Total Net Fixed Assets	\$152,765,070	\$150,430,294	(\$2,334,776)	-2%
	Total Assets	\$403,480,065	\$434,042,951	\$30,562,886	8%

HARTFORD HEALTH CARE 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	\$23,448,266	\$24,828,273	\$1,380,007	6%
2	Salaries, Wages and Payroll Taxes	\$12,301,012	\$14,266,850	\$1,965,838	16%
3	Due To Third Party Payers	\$23,838,552	\$19,307,101	(\$4,531,451)	-19%
4	Due To Affiliates	\$374,021	\$1,644,937	\$1,270,916	340%
5	Current Portion of Long Term Debt	\$2,724,400	\$2,165,699	(\$558,701)	-21%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$17,167,413	\$17,176,915	\$9,502	0%
	Total Current Liabilities	\$79,853,664	\$79,389,775	(\$463,889)	-1%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$3,640,365	\$1,367,741	(\$2,272,624)	-62%
	Total Long Term Debt	\$3,640,365	\$1,367,741	(\$2,272,624)	-62%
3	Accrued Pension Liability	\$82,716,227	\$141,985,877	\$59,269,650	72%
4	Other Long Term Liabilities	\$62,072,042	\$59,096,246	(\$2,975,796)	-5%
	Total Long Term Liabilities	\$148,428,634	\$202,449,864	\$54,021,230	36%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$138,381,964	\$110,395,439	(\$27,986,525)	-20%
2	Temporarily Restricted Net Assets	\$16,726,765	\$20,015,125	\$3,288,360	20%
3	Permanently Restricted Net Assets	\$20,089,038	\$21,792,748	\$1,703,710	8%
	Total Net Assets	\$175,197,767	\$152,203,312	(\$22,994,455)	-13%
	Total Liabilities and Net Assets	\$403,480,065	\$434,042,951	\$30,562,886	8%

HARTFORD HEALTH CARE CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - 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	\$850,595,830	\$870,417,634	\$19,821,804	2%
2	Less: Allowances	\$453,266,693	\$473,120,887	\$19,854,194	4%
3	Less: Charity Care	\$17,262,086	\$6,791,581	(\$10,470,505)	-61%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$380,067,051	\$390,505,166	\$10,438,115	3%
5	Other Operating Revenue	\$11,956,842	\$17,079,685	\$5,122,843	43%
6	Net Assets Released from Restrictions	\$747,896	\$1,559,503	\$811,607	109%
	Total Operating Revenue	\$392,771,789	\$409,144,354	\$16,372,565	4%
B. Operating Expenses:					
1	Salaries and Wages	\$153,162,089	\$165,293,135	\$12,131,046	8%
2	Fringe Benefits	\$52,159,661	\$42,901,786	(\$9,257,875)	-18%
3	Physicians Fees	\$11,127,118	\$11,822,724	\$695,606	6%
4	Supplies and Drugs	\$51,694,261	\$49,742,804	(\$1,951,457)	-4%
5	Depreciation and Amortization	\$18,679,687	\$19,353,058	\$673,371	4%
6	Bad Debts	\$1,140,529	\$17,293,190	\$16,152,661	1416%
7	Interest	\$837,138	\$1,957,216	\$1,120,078	134%
8	Malpractice	\$6,815,328	\$5,136,177	(\$1,679,151)	-25%
9	Other Operating Expenses	\$66,417,265	\$70,573,564	\$4,156,299	6%
	Total Operating Expenses	\$362,033,076	\$384,073,654	\$22,040,578	6%
	Income/(Loss) From Operations	\$30,738,713	\$25,070,700	(\$5,668,013)	-18%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,563,435	\$2,379,526	\$816,091	52%
2	Gifts, Contributions and Donations	\$204,893	\$123,070	(\$81,823)	-40%
3	Other Non-Operating Gains/(Losses)	(\$1,742,303)	\$7,462,766	\$9,205,069	-528%
	Total Non-Operating Revenue	\$26,025	\$9,965,362	\$9,939,337	38191%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$30,764,738	\$35,036,062	\$4,271,324	14%
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	\$30,764,738	\$35,036,062	\$4,271,324	14%

HARTFORD HEALTH CARE 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. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$389,909,715	\$380,067,051	\$390,505,166
2	Other Operating Revenue	57,009,444	12,704,738	18,639,188
3	Total Operating Revenue	\$446,919,159	\$392,771,789	\$409,144,354
4	Total Operating Expenses	447,201,215	362,033,076	384,073,654
5	Income/(Loss) From Operations	(\$282,056)	\$30,738,713	\$25,070,700
6	Total Non-Operating Revenue	6,751,321	26,025	9,965,362
7	Excess/(Deficiency) of Revenue Over Expenses	\$6,469,265	\$30,764,738	\$35,036,062
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	-0.06%	7.83%	5.98%
2	Parent Corporation Non-Operating Margin	1.49%	0.01%	2.38%
3	Parent Corporation Total Margin	1.43%	7.83%	8.36%
4	Income/(Loss) From Operations	(\$282,056)	\$30,738,713	\$25,070,700
5	Total Operating Revenue	\$446,919,159	\$392,771,789	\$409,144,354
6	Total Non-Operating Revenue	\$6,751,321	\$26,025	\$9,965,362
7	Total Revenue	\$453,670,480	\$392,797,814	\$419,109,716
8	Excess/(Deficiency) of Revenue Over Expenses	\$6,469,265	\$30,764,738	\$35,036,062
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$117,892,402	\$138,381,964	\$110,395,439
2	Parent Corporation Total Net Assets	\$154,993,818	\$175,197,767	\$152,203,312
3	Parent Corporation Change in Total Net Assets	\$14,939,719	\$20,203,949	(\$22,994,455)
4	Parent Corporation Change in Total Net Assets %	110.7%	13.0%	-13.1%

HARTFORD HEALTH CARE 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	1.15	1.13	1.35
2	Total Current Assets	\$103,976,479	\$90,065,417	\$107,011,492
3	Total Current Liabilities	\$90,353,798	\$79,853,664	\$79,389,775
4	Days Cash on Hand	38	22	33
5	Cash and Cash Equivalents	\$43,866,837	\$20,299,387	\$32,572,707
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$43,866,837	\$20,299,387	\$32,572,707
8	Total Operating Expenses	\$447,201,215	\$362,033,076	\$384,073,654
9	Depreciation Expense	\$20,667,840	\$18,679,687	\$19,353,058
10	Operating Expenses less Depreciation Expense	\$426,533,375	\$343,353,389	\$364,720,596
11	Days Revenue in Patient Accounts Receivable	19	24	27
12	Net Patient Accounts Receivable	\$ 40,669,114	\$ 48,945,018	\$ 48,473,300
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$20,263,312	\$23,838,552	\$19,307,101
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 20,405,802	\$ 25,106,466	\$ 29,166,199
16	Total Net Patient Revenue	\$389,909,715	\$380,067,051	\$390,505,166
17	Average Payment Period	77	85	79
18	Total Current Liabilities	\$90,353,798	\$79,853,664	\$79,389,775
19	Total Operating Expenses	\$447,201,215	\$362,033,076	\$384,073,654
20	Depreciation Expense	\$20,667,840	\$18,679,687	\$19,353,058
21	Total Operating Expenses less Depreciation Expense	\$426,533,375	\$343,353,389	\$364,720,596

HARTFORD HEALTH CARE 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>	36.8	43.4	35.1
2	Total Net Assets	\$154,993,818	\$175,197,767	\$152,203,312
3	Total Assets	\$420,707,603	\$403,480,065	\$434,042,951
4	<u>Cash Flow to Total Debt Ratio</u>	18.6	59.2	67.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$6,469,265	\$30,764,738	\$35,036,062
6	Depreciation Expense	\$20,667,840	\$18,679,687	\$19,353,058
7	Excess of Revenues Over Expenses and Depreciation Expense	\$27,137,105	\$49,444,425	\$54,389,120
8	Total Current Liabilities	\$90,353,798	\$79,853,664	\$79,389,775
9	Total Long Term Debt	\$55,637,010	\$3,640,365	\$1,367,741
10	Total Current Liabilities and Total Long Term Debt	\$145,990,808	\$83,494,029	\$80,757,516
11	<u>Long Term Debt to Capitalization Ratio</u>	26.4	2.0	0.9
12	Total Long Term Debt	\$55,637,010	\$3,640,365	\$1,367,741
13	Total Net Assets	\$154,993,818	\$175,197,767	\$152,203,312
14	Total Long Term Debt and Total Net Assets	\$210,630,828	\$178,838,132	\$153,571,053

THE HOSPITAL OF CENTRAL CONNECTICUT								
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)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	51,839	13,924	13,921	231	253	61.5%	56.1%
2	ICU/CCU (Excludes Neonatal ICU)	6,522	1,575	0	32	32	55.8%	55.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	7,303	655	657	22	24	90.9%	83.4%
	TOTAL PSYCHIATRIC	7,303	655	657	22	24	90.9%	83.4%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	4,939	1,770	1,778	25	27	54.1%	50.1%
7	Newborn	3,640	1,345	1,361	20	20	49.9%	49.9%
8	Neonatal ICU	1,804	288	0	12	12	41.2%	41.2%
9	Pediatric	724	270	246	14	15	14.2%	13.2%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	73,131	16,907	16,602	336	363	59.6%	55.2%
	TOTAL INPATIENT BED UTILIZATION	76,771	18,252	17,963	356	383	59.1%	54.9%
	TOTAL INPATIENT REPORTED YEAR	76,771	18,252	17,963	356	383	59.1%	54.9%
	TOTAL INPATIENT PRIOR YEAR	83,137	20,546	18,608	356	383	64.0%	59.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-6,366	-2,294	-645	0	0	-4.9%	-4.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-8%	-11%	-3%	0%	0%	-8%	-8%
	Total Licensed Beds and Bassinets	446						
(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.								

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	8,346	7,073	-1,273	-15%
2	Outpatient Scans (Excluding Emergency Department Scans)	7,165	6,740	-425	-6%
3	Emergency Department Scans	14,456	12,844	-1,612	-11%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	29,967	26,657	-3,310	-11%
B. MRI Scans (A)					
1	Inpatient Scans	327	320	-7	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,546	3,563	17	0%
3	Emergency Department Scans	67	52	-15	-22%
4	Other Non-Hospital Providers' Scans (A)	3,763	4,171	408	11%
	Total MRI Scans	7,703	8,106	403	5%
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	20	26	6	30%
2	Outpatient Scans (Excluding Emergency Department Scans)	373	314	-59	-16%
3	Emergency Department Scans	1	0	-1	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	394	340	-54	-14%
(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	313	282	-31	-10%
2	Outpatient Procedures	6,533	6,767	234	4%
	Total Linear Accelerator Procedures	6,846	7,049	203	3%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	365	294	-71	-19%
2	Outpatient Procedures	332	279	-53	-16%
	Total Cardiac Catheterization Procedures	697	573	-124	-18%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	132	73	-59	-45%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	132	73	-59	-45%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	3,964	3,659	-305	-8%
2	Outpatient Surgical Procedures	8,021	8,014	-7	0%
	Total Surgical Procedures	11,985	11,673	-312	-3%
J. Endoscopy Procedures					

THE HOSPITAL OF CENTRAL CONNECTICUT					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	1,363	1,256	-107	-8%
2	Outpatient Endoscopy Procedures	6,679	6,444	-235	-4%
	Total Endoscopy Procedures	8,042	7,700	-342	-4%
K.	Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	14,219	14,064	-155	-1%
2	Emergency Room Visits: Treated and Discharged	94,835	96,434	1,599	2%
	Total Emergency Room Visits	109,054	110,498	1,444	1%
L.	Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	16,977	20,696	3,719	22%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	60,591	65,702	5,111	8%
4	Medical Clinic Visits	4,204	4,824	620	15%
5	Specialty Clinic Visits	16,344	19,508	3,164	19%
	Total Hospital Clinic Visits	98,116	110,730	12,614	13%
M.	Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	33,770	21,774	-11,996	-36%
2	Cardiology	6,485	5,240	-1,245	-19%
3	Chemotherapy	3,050	3,907	857	28%
4	Gastroenterology	297	345	48	16%
5	Other Outpatient Visits	32,049	31,384	-665	-2%
	Total Other Hospital Outpatient Visits	75,651	62,650	-13,001	-17%
N.	Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	627.5	617.4	-10.1	-2%
2	Total Physician FTEs	109.6	122.2	12.6	11%
3	Total Non-Nursing and Non-Physician FTEs	1,434.9	1,559.9	125.0	9%
	Total Hospital Full Time Equivalent Employees	2,172.0	2,299.5	127.5	6%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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. Outpatient Surgical Procedures					
1	The Hospital of Central Connecticut	8,021	8,014	-7	0%
	Total Outpatient Surgical Procedures(A)	8,021	8,014	-7	0%
B. Outpatient Endoscopy Procedures					
1	The Hospital of Central Connecticut	6,679	6,444	-235	-4%
	Total Outpatient Endoscopy Procedures(B)	6,679	6,444	-235	-4%
C. Outpatient Hospital Emergency Room Visits					
1	The Hospital of Central Connecticut	94,835	96,434	1,599	2%
	Total Outpatient Hospital Emergency Room Visits(C)	94,835	96,434	1,599	2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$254,787,684	\$235,878,746	(\$18,908,938)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$104,104,559	\$100,610,285	(\$3,494,274)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.86%	42.65%	1.79%	4%
4	DISCHARGES	9,651	8,524	(1,127)	-12%
5	CASE MIX INDEX (CMI)	1.31988	1.37980	0.05992	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12,738.16188	11,761.41520	(976.74668)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,172.65	\$8,554.27	\$381.62	5%
8	PATIENT DAYS	45,378	41,020	(4,358)	-10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,294.16	\$2,452.71	\$158.55	7%
10	AVERAGE LENGTH OF STAY	4.7	4.8	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$130,399,003	\$150,377,303	\$19,978,300	15%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$33,644,970	\$40,063,849	\$6,418,879	19%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.80%	26.64%	0.84%	3%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	51.18%	63.75%	12.57%	25%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,939.33128	5,434.21632	494.88504	10%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,811.64	\$7,372.52	\$560.87	8%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$385,186,687	\$386,256,049	\$1,069,362	0%
18	TOTAL ACCRUED PAYMENTS	\$137,749,529	\$140,674,134	\$2,924,605	2%
19	TOTAL ALLOWANCES	\$247,437,158	\$245,581,915	(\$1,855,243)	-1%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$109,193,764	\$99,446,573	(\$9,747,191)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$69,099,679	\$65,274,727	(\$3,824,952)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	63.28%	65.64%	2.36%	4%
4	DISCHARGES	6,033	5,345	(688)	-11%
5	CASE MIX INDEX (CMI)	1.09074	1.07820	(0.01254)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,580.43442	5,762.97900	(817.45542)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,500.78	\$11,326.56	\$825.78	8%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,328.13)	(\$2,772.29)	(\$444.17)	19%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$15,320,081)	(\$15,976,666)	(\$656,585)	4%
10	PATIENT DAYS	19,639	17,310	(2,329)	-12%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,518.49	\$3,770.93	\$252.43	7%
12	AVERAGE LENGTH OF STAY	3.3	3.2	(0.0)	-1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$174,035,333	\$185,390,734	\$11,355,401	7%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$105,707,671	\$102,839,569	(\$2,868,102)	-3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	60.74%	55.47%	-5.27%	-9%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	159.38%	186.42%	27.04%	17%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	9,615.52314	9,964.27975	348.75661	4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,993.44	\$10,320.82	(\$672.62)	-6%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$4,181.79)	(\$2,948.31)	\$1,233.49	-29%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$40,210,143)	(\$29,377,753)	\$10,832,390	-27%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$283,229,097	\$284,837,307	\$1,608,210	1%
22	TOTAL ACCRUED PAYMENTS	\$174,807,350	\$168,114,296	(\$6,693,054)	-4%
23	TOTAL ALLOWANCES	\$108,421,747	\$116,723,011	\$8,301,264	8%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$55,530,224)	(\$45,354,419)	\$10,175,805	-18%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$276,564,149	\$277,830,167	\$1,266,018	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$168,142,403	\$159,661,043	(\$8,481,360)	-5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$108,421,746	\$118,169,124	\$9,747,378	9%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.20%	42.53%	3.33%	

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$3,318,356	\$6,962,793	\$3,644,437	110%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$516,899	\$2,347,104	\$1,830,205	354%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	15.58%	33.71%	18.13%	116%
4	DISCHARGES	187	200	13	7%
5	CASE MIX INDEX (CMI)	1.01228	0.99860	(0.01368)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	189.29636	199.72000	10.42364	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,730.63	\$11,751.97	\$9,021.34	330%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,770.14	(\$425.41)	(\$8,195.56)	-105%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,442.02	(\$3,197.71)	(\$8,639.72)	-159%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,030,154	(\$638,646)	(\$1,668,800)	-162%
11	PATIENT DAYS	548	747	199	36%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$943.25	\$3,142.04	\$2,198.79	233%
13	AVERAGE LENGTH OF STAY	2.9	3.7	0.8	27%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,252,846	\$16,102,691	\$1,849,845	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,015,191	\$2,199,511	(\$815,680)	-27%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.16%	13.66%	-7.50%	-35%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	429.52%	231.27%	-198.25%	-46%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	803.19357	462.53539	(340.65818)	-42%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,754.00	\$4,755.34	\$1,001.33	27%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,239.44	\$5,565.49	(\$1,673.95)	-23%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,057.64	\$2,617.18	(\$440.46)	-14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,455,878	\$1,210,539	(\$1,245,339)	-51%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$17,571,202	\$23,065,484	\$5,494,282	31%
24	TOTAL ACCRUED PAYMENTS	\$3,532,090	\$4,546,615	\$1,014,525	29%
25	TOTAL ALLOWANCES	\$14,039,112	\$18,518,869	\$4,479,757	32%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,486,032	\$571,893	(\$2,914,139)	-84%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$78,785,125	\$75,640,131	(\$3,144,994)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,215,246	\$22,551,461	(\$3,663,785)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.27%	29.81%	-3.46%	-10%
4	DISCHARGES	4,816	4,352	(464)	-10%
5	CASE MIX INDEX (CMI)	0.97274	0.99860	0.02586	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,684.71584	4,345.90720	(338.80864)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,595.91	\$5,189.13	(\$406.78)	-7%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,904.87	\$6,137.43	\$1,232.57	25%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,576.74	\$3,365.14	\$788.40	31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,071,304	\$14,624,589	\$2,553,285	21%
11	PATIENT DAYS	17,991	18,355	364	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,457.13	\$1,228.63	(\$228.50)	-16%
13	AVERAGE LENGTH OF STAY	3.7	4.2	0.5	13%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$93,414,111	\$112,632,134	\$19,218,023	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$33,165,597	\$33,403,197	\$237,600	1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.50%	29.66%	-5.85%	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	118.57%	148.91%	30.34%	26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,710.24490	6,480.35693	770.11203	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,808.09	\$5,154.53	(\$653.56)	-11%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,185.35	\$5,166.29	(\$19.06)	0%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,003.56	\$2,217.99	\$1,214.43	121%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,730,563	\$14,373,341	\$8,642,778	151%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$172,199,236	\$188,272,265	\$16,073,029	9%
24	TOTAL ACCRUED PAYMENTS	\$59,380,843	\$55,954,658	(\$3,426,185)	-6%
25	TOTAL ALLOWANCES	\$112,818,393	\$132,317,607	\$19,499,214	17%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,801,867	\$28,997,930	\$11,196,063	63%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
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	\$10,500.78	\$11,326.56	\$825.78	8%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,172.65	\$8,554.27	\$381.62	5%
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	\$10,993.44	\$10,320.82	(\$672.62)	-6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,811.64	\$7,372.52	\$560.87	8%
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%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$78,785,125	\$75,640,131	(\$3,144,994)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$26,215,246	\$22,551,461	(\$3,663,785)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.27%	29.81%	-3.46%	-10%
4	DISCHARGES	4,816	4,352	(464)	-10%
5	CASE MIX INDEX (CMI)	0.97274	0.99860	0.02586	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,684.71584	4,345.90720	(338.80864)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,595.91	\$5,189.13	(\$406.78)	-7%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,904.87	\$6,137.43	\$1,232.57	25%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,576.74	\$3,365.14	\$788.40	31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,071,304	\$14,624,589	\$2,553,285	21%
11	PATIENT DAYS	17,991	18,355	364	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,457.13	\$1,228.63	(\$228.50)	-16%
13	AVERAGE LENGTH OF STAY	3.7	4.2	0.5	13%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$93,414,111	\$112,632,134	\$19,218,023	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$33,165,597	\$33,403,197	\$237,600	1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.50%	29.66%	-5.85%	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	118.57%	148.91%	30.34%	26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,710.24490	6,480.35693	770.11203	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,808.09	\$5,154.53	(\$653.56)	-11%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,185.35	\$5,166.29	(\$19.06)	0%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,003.56	\$2,217.99	\$1,214.43	121%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,730,563	\$14,373,341	\$8,642,778	151%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$172,199,236	\$188,272,265	\$16,073,029	9%
24	TOTAL ACCRUED PAYMENTS	\$59,380,843	\$55,954,658	(\$3,426,185)	-6%
25	TOTAL ALLOWANCES	\$112,818,393	\$132,317,607	\$19,499,214	17%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$513,067	\$511,703	(\$1,364)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$267,040	\$246,372	(\$20,668)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.05%	48.15%	-3.90%	-7%
4	DISCHARGES	46	31	(15)	-33%
5	CASE MIX INDEX (CMI)	0.76081	1.13590	0.37509	49%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	34.99726	35.21290	0.21564	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,630.31	\$6,996.64	(\$633.67)	-8%
8	PATIENT DAYS	129	86	(43)	-33%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,070.08	\$2,864.79	\$794.71	38%
10	AVERAGE LENGTH OF STAY	2.8	2.8	(0.0)	-1%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$719,632	\$870,795	\$151,163	21%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$196,963	\$268,124	\$71,161	36%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,232,699	\$1,382,498	\$149,799	12%
14	TOTAL ACCRUED PAYMENTS	\$464,003	\$514,496	\$50,493	11%
15	TOTAL ALLOWANCES	\$768,696	\$868,002	\$99,306	13%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$21,278,672	\$28,114,619	\$6,835,947	32%
2	TOTAL OPERATING EXPENSES	\$368,573,386	\$389,521,494	\$20,948,108	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$17,262,086	\$6,791,581	(\$10,470,505)	-61%
5	BAD DEBTS (CHARGES)	\$1,140,529	\$17,293,190	\$16,152,661	1416%
6	UNCOMPENSATED CARE (CHARGES)	\$18,402,615	\$24,084,771	\$5,682,156	31%
7	COST OF UNCOMPENSATED CARE	\$7,738,347	\$9,301,129	\$1,562,783	20%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$172,199,236	\$188,272,265	\$16,073,029	9%
9	TOTAL ACCRUED PAYMENTS	\$59,380,843	\$55,954,658	(\$3,426,185)	-6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$72,410,218	\$72,707,549	\$297,331	0%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,029,375	\$16,752,891	\$3,723,516	29%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$443,279,640	\$411,477,153	(\$31,802,487)	-7%
2	TOTAL INPATIENT PAYMENTS	\$199,686,524	\$188,682,845	(\$11,003,679)	-6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	45.05%	45.85%	0.81%	2%
4	TOTAL DISCHARGES	20,546	18,252	(2,294)	-11%
5	TOTAL CASE MIX INDEX	1.16998	1.20017	0.03020	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	24,038,30940	21,905,51430	(2,132,79510)	-9%
7	TOTAL OUTPATIENT CHARGES	\$398,568,079	\$449,270,966	\$50,702,887	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	89.91%	109.18%	19.27%	21%
9	TOTAL OUTPATIENT PAYMENTS	\$172,715,201	\$176,574,739	\$3,859,538	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.33%	39.30%	-4.03%	-9%
11	TOTAL CHARGES	\$841,847,719	\$860,748,119	\$18,900,400	2%
12	TOTAL PAYMENTS	\$372,401,725	\$365,257,584	(\$7,144,141)	-2%
13	TOTAL PAYMENTS / TOTAL CHARGES	44.24%	42.43%	-1.80%	-4%
14	PATIENT DAYS	83,137	76,771	(6,366)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$334,085,876	\$312,030,580	(\$22,055,296)	-7%
2	INPATIENT PAYMENTS	\$130,586,845	\$123,408,118	(\$7,178,727)	-5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	39.09%	39.55%	0.46%	1%
4	DISCHARGES	14,513	12,907	(1,606)	-11%
5	CASE MIX INDEX	1.20291	1.25068	0.04777	4%
6	CASE MIX ADJUSTED DISCHARGES	17,457.87498	16,142.53530	(1,315.33968)	-8%
7	OUTPATIENT CHARGES	\$224,532,746	\$263,880,232	\$39,347,486	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	67.21%	84.57%	17.36%	26%
9	OUTPATIENT PAYMENTS	\$67,007,530	\$73,735,170	\$6,727,640	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.84%	27.94%	-1.90%	-6%
11	TOTAL CHARGES	\$558,618,622	\$575,910,812	\$17,292,190	3%
12	TOTAL PAYMENTS	\$197,594,375	\$197,143,288	(\$451,087)	0%
13	TOTAL PAYMENTS / CHARGES	35.37%	34.23%	-1.14%	-3%
14	PATIENT DAYS	63,498	59,461	(4,037)	-6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$361,024,247	\$378,767,524	\$17,743,277	5%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.7	4.8	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.2	(0.0)	-1%
3	UNINSURED	2.9	3.7	0.8	27%
4	MEDICAID	3.7	4.2	0.5	13%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.8	2.8	(0.0)	-1%
7	TOTAL AVERAGE LENGTH OF STAY	4.0	4.2	0.2	4%

THE HOSPITAL OF CENTRAL CONNECTICUT					
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	\$841,847,719	\$860,748,119	\$18,900,400	2%
2	TOTAL GOVERNMENT DEDUCTIONS	\$361,024,247	\$378,767,524	\$17,743,277	5%
3	UNCOMPENSATED CARE	\$18,402,615	\$24,084,771	\$5,682,156	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$108,421,746	\$118,169,124	\$9,747,378	9%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$7,320,406	\$7,320,406	0%
6	TOTAL ADJUSTMENTS	\$487,848,608	\$528,341,825	\$40,493,217	8%
7	TOTAL ACCRUED PAYMENTS	\$353,999,111	\$332,406,294	(\$21,592,817)	-6%
8	UCP DSH PYMNTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$353,999,111	\$332,406,294	(\$21,592,817)	-6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4205025482	0.3861830037	(0.0343195445)	-8%
11	COST OF UNCOMPENSATED CARE	\$7,738,347	\$9,301,129	\$1,562,783	20%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,029,375	\$16,752,891	\$3,723,516	29%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$20,767,721	\$26,054,020	\$5,286,299	25%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$5,730,563	\$14,373,341	\$8,642,778	151%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,486,032	\$571,893	(\$2,914,139)	-84%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,216,595	\$14,945,234	\$5,728,639	62%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$7,320,406	\$7,320,406	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$10,914,736	\$28,271,399	\$17,356,663	159.02%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$383,316,464	\$393,528,986	\$10,212,522	2.66%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$8,748,112	\$9,669,512	\$921,400	10.53%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$850,595,831	\$870,417,634	\$19,821,803	2.33%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,248,893	\$0	(\$1,248,893)	-100.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$19,651,508	\$24,084,771	\$4,433,263	22.56%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	\$109,193,764	\$99,446,573	(\$9,747,191)
2	MEDICARE	\$254,787,684	235,878,746	(\$18,908,938)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$78,785,125	75,640,131	(\$3,144,994)
4	MEDICAID	\$78,785,125	75,640,131	(\$3,144,994)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$513,067	511,703	(\$1,364)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,318,356	6,962,793	\$3,644,437
	TOTAL INPATIENT GOVERNMENT CHARGES	\$334,085,876	\$312,030,580	(\$22,055,296)
	TOTAL INPATIENT CHARGES	\$443,279,640	\$411,477,153	(\$31,802,487)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$174,035,333	\$185,390,734	\$11,355,401
2	MEDICARE	\$130,399,003	150,377,303	\$19,978,300
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$93,414,111	112,632,134	\$19,218,023
4	MEDICAID	\$93,414,111	112,632,134	\$19,218,023
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$719,632	870,795	\$151,163
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$14,252,846	16,102,691	\$1,849,845
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$224,532,746	\$263,880,232	\$39,347,486
	TOTAL OUTPATIENT CHARGES	\$398,568,079	\$449,270,966	\$50,702,887
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$283,229,097	\$284,837,307	\$1,608,210
2	TOTAL MEDICARE	\$385,186,687	\$386,256,049	\$1,069,362
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$172,199,236	\$188,272,265	\$16,073,029
4	TOTAL MEDICAID	\$172,199,236	\$188,272,265	\$16,073,029
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,232,699	\$1,382,498	\$149,799
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$17,571,202	\$23,065,484	\$5,494,282
	TOTAL GOVERNMENT CHARGES	\$558,618,622	\$575,910,812	\$17,292,190
	TOTAL CHARGES	\$841,847,719	\$860,748,119	\$18,900,400
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,099,679	\$65,274,727	(\$3,824,952)
2	MEDICARE	\$104,104,559	100,610,285	(\$3,494,274)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,215,246	22,551,461	(\$3,663,785)
4	MEDICAID	\$26,215,246	22,551,461	(\$3,663,785)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$267,040	246,372	(\$20,668)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$516,899	2,347,104	\$1,830,205
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$130,586,845	\$123,408,118	(\$7,178,727)
	TOTAL INPATIENT PAYMENTS	\$199,686,524	\$188,682,845	(\$11,003,679)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$105,707,671	\$102,839,569	(\$2,868,102)
2	MEDICARE	\$33,644,970	40,063,849	\$6,418,879
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$33,165,597	33,403,197	\$237,600
4	MEDICAID	\$33,165,597	33,403,197	\$237,600
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$196,963	268,124	\$71,161
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,015,191	2,199,511	(\$815,680)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$67,007,530	\$73,735,170	\$6,727,640
	TOTAL OUTPATIENT PAYMENTS	\$172,715,201	\$176,574,739	\$3,859,538
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$174,807,350	\$168,114,296	(\$6,693,054)
2	TOTAL MEDICARE	\$137,749,529	\$140,674,134	\$2,924,605
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$59,380,843	\$55,954,658	(\$3,426,185)
4	TOTAL MEDICAID	\$59,380,843	\$55,954,658	(\$3,426,185)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$464,003	\$514,496	\$50,493
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,532,090	\$4,546,615	\$1,014,525
	TOTAL GOVERNMENT PAYMENTS	\$197,594,375	\$197,143,288	(\$451,087)
	TOTAL PAYMENTS	\$372,401,725	\$365,257,584	(\$7,144,141)

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	12.97%	11.55%	-1.42%
2	MEDICARE	30.27%	27.40%	-2.86%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.36%	8.79%	-0.57%
4	MEDICAID	9.36%	8.79%	-0.57%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.06%	0.06%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.39%	0.81%	0.41%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	39.68%	36.25%	-3.43%
	TOTAL INPATIENT PAYER MIX	52.66%	47.80%	-4.85%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.67%	21.54%	0.87%
2	MEDICARE	15.49%	17.47%	1.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.10%	13.09%	1.99%
4	MEDICAID	11.10%	13.09%	1.99%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.09%	0.10%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.69%	1.87%	0.18%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.67%	30.66%	3.99%
	TOTAL OUTPATIENT PAYER MIX	47.34%	52.20%	4.85%
	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)	18.56%	17.87%	-0.68%
2	MEDICARE	27.95%	27.55%	-0.41%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.04%	6.17%	-0.87%
4	MEDICAID	7.04%	6.17%	-0.87%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.07%	0.07%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.14%	0.64%	0.50%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	35.07%	33.79%	-1.28%
	TOTAL INPATIENT PAYER MIX	53.62%	51.66%	-1.96%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.39%	28.16%	-0.23%
2	MEDICARE	9.03%	10.97%	1.93%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.91%	9.15%	0.24%
4	MEDICAID	8.91%	9.15%	0.24%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.05%	0.07%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.81%	0.60%	-0.21%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	17.99%	20.19%	2.19%
	TOTAL OUTPATIENT PAYER MIX	46.38%	48.34%	1.96%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	6,033	5,345	(688)
2	MEDICARE	9,651	8,524	(1,127)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,816	4,352	(464)
4	MEDICAID	4,816	4,352	(464)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	46	31	(15)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	187	200	13
	TOTAL GOVERNMENT DISCHARGES	14,513	12,907	(1,606)
	TOTAL DISCHARGES	20,546	18,252	(2,294)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19,639	17,310	(2,329)
2	MEDICARE	45,378	41,020	(4,358)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,991	18,355	364
4	MEDICAID	17,991	18,355	364
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	129	86	(43)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	548	747	199
	TOTAL GOVERNMENT PATIENT DAYS	63,498	59,461	(4,037)
	TOTAL PATIENT DAYS	83,137	76,771	(6,366)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.2	(0.0)
2	MEDICARE	4.7	4.8	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.7	4.2	0.5
4	MEDICAID	3.7	4.2	0.5
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	2.8	2.8	(0.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.9	3.7	0.8
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.4	4.6	0.2
	TOTAL AVERAGE LENGTH OF STAY	4.0	4.2	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.09074	1.07820	(0.01254)
2	MEDICARE	1.31988	1.37980	0.05992
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97274	0.99860	0.02586
4	MEDICAID	0.97274	0.99860	0.02586
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.76081	1.13590	0.37509
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01228	0.99860	(0.01368)
	TOTAL GOVERNMENT CASE MIX INDEX	1.20291	1.25068	0.04777
	TOTAL CASE MIX INDEX	1.16998	1.20017	0.03020
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$276,564,149	\$277,830,167	\$1,266,018
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$168,142,403	\$159,661,043	(\$8,481,360)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$108,421,746	\$118,169,124	\$9,747,378
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.20%	42.53%	3.33%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$7,320,406	\$7,320,406
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$7,320,406	\$7,320,406
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$17,262,086	\$6,791,581	(\$10,470,505)
9	BAD DEBTS	\$1,140,529	\$17,293,190	\$16,152,661
10	TOTAL UNCOMPENSATED CARE	\$18,402,615	\$24,084,771	\$5,682,156
11	TOTAL OTHER OPERATING REVENUE	\$276,564,149	\$277,830,167	\$1,266,018
12	TOTAL OPERATING EXPENSES	\$368,573,386	\$389,521,494	\$20,948,108

THE HOSPITAL OF CENTRAL CONNECTICUT				
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)	6,580.43442	5,762.97900	(817.45542)
2	MEDICARE	12,738.16188	11,761.41520	(976.74668)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,684.71584	4,345.90720	(338.80864)
4	MEDICAID	4,684.71584	4,345.90720	(338.80864)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	34.99726	35.21290	0.21564
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	189.29636	199.72000	10.42364
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	17,457.87498	16,142.53530	(1,315.33968)
	TOTAL CASE MIX ADJUSTED DISCHARGES	24,038.30940	21,905.51430	(2,132.79510)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,615.52314	9,964.27975	348.75661
2	MEDICARE	4,939.33128	5,434.21632	494.88504
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,710.24490	6,480.35693	770.11203
4	MEDICAID	5,710.24490	6,480.35693	770.11203
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	64.51998	52.75452	-11.76546
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	803.19357	462.53539	-340.65818
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	10,714.09617	11,967.32777	1,253.23160
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,329.61930	21,931.60751	1,601.98821
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,500.78	\$11,326.56	\$825.78
2	MEDICARE	\$8,172.65	\$8,554.27	\$381.62
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,595.91	\$5,189.13	(\$406.78)
4	MEDICAID	\$5,595.91	\$5,189.13	(\$406.78)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$7,630.31	\$6,996.64	(\$633.67)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,730.63	\$11,751.97	\$9,021.34
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,480.11	\$7,644.90	\$164.79
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,307.01	\$8,613.49	\$306.47
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,993.44	\$10,320.82	(\$672.62)
2	MEDICARE	\$6,811.64	\$7,372.52	\$560.87
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,808.09	\$5,154.53	(\$653.56)
4	MEDICAID	\$5,808.09	\$5,154.53	(\$653.56)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,052.74	\$5,082.48	\$2,029.74
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,754.00	\$4,755.34	\$1,001.33
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,254.15	\$6,161.37	(\$92.77)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,495.74	\$8,051.15	(\$444.59)

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$5,730,563	\$14,373,341	\$8,642,778
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,486,032	\$571,893	(\$2,914,139)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,216,595	\$14,945,234	\$5,728,639
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$841,847,719	\$860,748,119	\$18,900,400
2	TOTAL GOVERNMENT DEDUCTIONS	\$361,024,247	\$378,767,524	\$17,743,277
3	UNCOMPENSATED CARE	\$18,402,615	\$24,084,771	\$5,682,156
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$108,421,746	\$118,169,124	\$9,747,378
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$7,320,406	\$7,320,406
6	TOTAL ADJUSTMENTS	\$487,848,608	\$528,341,825	\$40,493,217
7	TOTAL ACCRUED PAYMENTS	\$353,999,111	\$332,406,294	(\$21,592,817)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$353,999,111	\$332,406,294	(\$21,592,817)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4205025482	0.3861830037	(0.0343195445)
11	COST OF UNCOMPENSATED CARE	\$7,738,347	\$9,301,129	\$1,562,783
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$13,029,375	\$16,752,891	\$3,723,516
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$20,767,721	\$26,054,020	\$5,286,299
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.28%	65.64%	2.36%
2	MEDICARE	40.86%	42.65%	1.79%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	33.27%	29.81%	-3.46%
4	MEDICAID	33.27%	29.81%	-3.46%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	52.05%	48.15%	-3.90%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	15.58%	33.71%	18.13%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	39.09%	39.55%	0.46%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	45.05%	45.85%	0.81%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	60.74%	55.47%	-5.27%
2	MEDICARE	25.80%	26.64%	0.84%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35.50%	29.66%	-5.85%
4	MEDICAID	35.50%	29.66%	-5.85%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	27.37%	30.79%	3.42%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21.16%	13.66%	-7.50%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.84%	27.94%	-1.90%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	43.33%	39.30%	-4.03%

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$372,401,725	\$365,257,584	(\$7,144,141)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$372,401,725	\$365,257,584	(\$7,144,141)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$10,914,736	\$28,271,399	\$17,356,663
4	CALCULATED NET REVENUE	\$383,316,461	\$393,528,983	\$10,212,522
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$383,316,464	\$393,528,986	\$10,212,522
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)	(\$3)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$841,847,719	\$860,748,119	\$18,900,400
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$8,748,112	\$9,669,512	\$921,400
	CALCULATED GROSS REVENUE	\$850,595,831	\$870,417,631	\$19,821,800
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$850,595,831	\$870,417,634	\$19,821,803
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$3)	(\$3)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$18,402,615	\$24,084,771	\$5,682,156
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,248,893	\$0	(\$1,248,893)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$19,651,508	\$24,084,771	\$4,433,263
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$19,651,508	\$24,084,771	\$4,433,263
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

THE HOSPITAL OF CENTRAL CONNECTICUT 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)	\$99,446,573
2	MEDICARE	235,878,746
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	75,640,131
4	MEDICAID	75,640,131
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	511,703
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,962,793
	TOTAL INPATIENT GOVERNMENT CHARGES	\$312,030,580
	TOTAL INPATIENT CHARGES	\$411,477,153
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$185,390,734
2	MEDICARE	150,377,303
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	112,632,134
4	MEDICAID	112,632,134
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	870,795
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16,102,691
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$263,880,232
	TOTAL OUTPATIENT CHARGES	\$449,270,966
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$284,837,307
2	TOTAL GOVERNMENT ACCRUED CHARGES	575,910,812
	TOTAL ACCRUED CHARGES	\$860,748,119
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$65,274,727
2	MEDICARE	100,610,285
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,551,461
4	MEDICAID	22,551,461
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	246,372
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,347,104
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$123,408,118
	TOTAL INPATIENT PAYMENTS	\$188,682,845
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$102,839,569
2	MEDICARE	40,063,849
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	33,403,197
4	MEDICAID	33,403,197
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	268,124
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,199,511
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$73,735,170
	TOTAL OUTPATIENT PAYMENTS	\$176,574,739
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$168,114,296
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	197,143,288
	TOTAL ACCRUED PAYMENTS	\$365,257,584

THE HOSPITAL OF CENTRAL CONNECTICUT 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)	5,345
2	MEDICARE	8,524
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,352
4	MEDICAID	4,352
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	31
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	200
	TOTAL GOVERNMENT DISCHARGES	12,907
	TOTAL DISCHARGES	18,252
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.07820
2	MEDICARE	1.37980
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.99860
4	MEDICAID	0.99860
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.13590
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.99860
	TOTAL GOVERNMENT CASE MIX INDEX	1.25068
	TOTAL CASE MIX INDEX	1.20017
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$277,830,167
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$159,661,043
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$118,169,124
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.53%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$7,320,406
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,320,406
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$6,791,581
9	BAD DEBTS	\$17,293,190
10	TOTAL UNCOMPENSATED CARE	\$24,084,771
11	TOTAL OTHER OPERATING REVENUE	\$28,114,619
12	TOTAL OPERATING EXPENSES	\$389,521,494

THE HOSPITAL OF CENTRAL CONNECTICUT 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	\$365,257,584
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$365,257,584
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$28,271,399
	CALCULATED NET REVENUE	\$393,528,983
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$393,528,986
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$860,748,119
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$9,669,512
	CALCULATED GROSS REVENUE	\$870,417,631
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$870,417,634
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,084,771
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,084,771
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$24,084,771
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

THE HOSPITAL OF CENTRAL CONNECTICUT 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	1,747	990	(757)	-43%
2	Number of Approved Applicants	933	501	(432)	-46%
3	Total Charges (A)	\$17,262,086	\$6,791,581	(\$10,470,505)	-61%
4	Average Charges	\$18,502	\$13,556	(\$4,946)	-27%
5	Ratio of Cost to Charges (RCC)	0.462882	0.427021	(0.035861)	-8%
6	Total Cost	\$7,990,309	\$2,900,148	(\$5,090,161)	-64%
7	Average Cost	\$8,564	\$5,789	(\$2,775)	-32%
8	Charity Care - Inpatient Charges	\$4,669,888	\$1,545,993	(\$3,123,895)	-67%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	9,203,021	3,768,729	(5,434,292)	-59%
10	Charity Care - Emergency Department Charges	3,389,177	1,476,859	(1,912,318)	-56%
11	Total Charges (A)	\$17,262,086	\$6,791,581	(\$10,470,505)	-61%
12	Charity Care - Number of Patient Days	9,495	3,167	(6,328)	-67%
13	Charity Care - Number of Discharges	1,896	568	(1,328)	-70%
14	Charity Care - Number of Outpatient ED Visits	13,685	4,217	(9,468)	-69%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	9,709	2,587	(7,122)	-73%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$503,663	\$3,743,976	\$3,240,313	643%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	443,241	6,862,858	6,419,617	1448%
3	Bad Debts - Emergency Department	193,625	6,686,356	6,492,731	3353%
4	Total Bad Debts (A)	\$1,140,529	\$17,293,190	\$16,152,661	1416%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$17,262,086	\$6,791,581	(\$10,470,505)	-61%
2	Bad Debts (A)	1,140,529	17,293,190	16,152,661	1416%
3	Total Uncompensated Care (A)	\$18,402,615	\$24,084,771	\$5,682,156	31%
4	Uncompensated Care - Inpatient Services	\$5,173,551	\$5,289,969	\$116,418	2%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	9,646,262	10,631,587	985,325	10%
6	Uncompensated Care - Emergency Department	3,582,802	8,163,215	4,580,413	128%
7	Total Uncompensated Care (A)	\$18,402,615	\$24,084,771	\$5,682,156	31%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$416,962,565	\$443,279,640	\$411,477,153
2	Outpatient Gross Revenue	\$383,777,484	\$398,568,079	\$449,270,966
3	Total Gross Patient Revenue	\$800,740,049	\$841,847,719	\$860,748,119
4	Net Patient Revenue	\$364,911,931	\$383,316,464	\$393,528,986
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$381,476,536	\$368,573,386	\$389,521,494
C. <u>Utilization Statistics</u>				
1	Patient Days	81,872	83,137	76,771
2	Discharges	19,517	20,546	18,252
3	Average Length of Stay	4.2	4.0	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	157,228	157,888	160,593
0	Equivalent (Adjusted) Discharges (ED)	37,481	39,020	38,180
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.18640	1.16998	1.20017
2	Case Mix Adjusted Patient Days (CMAPD)	97,133	97,268	92,138
3	Case Mix Adjusted Discharges (CMAD)	23,155	24,038	21,906
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	186,536	184,725	192,739
5	Case Mix Adjusted Equivalent Discharges (CMAED)	44,467	45,652	45,823
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,780	\$10,126	\$11,212
2	Total Gross Revenue per Discharge	\$41,028	\$40,974	\$47,159
3	Total Gross Revenue per EPD	\$5,093	\$5,332	\$5,360
4	Total Gross Revenue per ED	\$21,364	\$21,575	\$22,544
5	Total Gross Revenue per CMAEPD	\$4,293	\$4,557	\$4,466
6	Total Gross Revenue per CMAED	\$18,007	\$18,441	\$18,784
7	Inpatient Gross Revenue per EPD	\$2,652	\$2,808	\$2,562
8	Inpatient Gross Revenue per ED	\$11,125	\$11,360	\$10,777

THE HOSPITAL OF CENTRAL CONNECTICUT				
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	\$4,457	\$4,611	\$5,126
2	Net Patient Revenue per Discharge	\$18,697	\$18,657	\$21,561
3	Net Patient Revenue per EPD	\$2,321	\$2,428	\$2,450
4	Net Patient Revenue per ED	\$9,736	\$9,824	\$10,307
5	Net Patient Revenue per CMAEPD	\$1,956	\$2,075	\$2,042
6	Net Patient Revenue per CMAED	\$8,206	\$8,396	\$8,588
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,659	\$4,433	\$5,074
2	Total Operating Expense per Discharge	\$19,546	\$17,939	\$21,341
3	Total Operating Expense per EPD	\$2,426	\$2,334	\$2,426
4	Total Operating Expense per ED	\$10,178	\$9,446	\$10,202
5	Total Operating Expense per CMAEPD	\$2,045	\$1,995	\$2,021
6	Total Operating Expense per CMAED	\$8,579	\$8,074	\$8,501
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$50,879,413	\$51,622,907	\$60,308,808
2	Nursing Fringe Benefits Expense	\$18,188,771	\$17,765,212	\$15,653,134
3	Total Nursing Salary and Fringe Benefits Expense	\$69,068,184	\$69,388,119	\$75,961,942
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$22,602,893	\$22,878,615	\$27,064,007
2	Physician Fringe Benefits Expense	\$8,080,259	\$7,724,018	\$7,024,455
3	Total Physician Salary and Fringe Benefits Expense	\$30,683,152	\$30,602,633	\$34,088,462
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$71,923,201	\$78,660,567	\$77,920,320
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$25,711,669	\$26,670,431	\$20,224,197
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$97,634,870	\$105,330,998	\$98,144,517
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$145,405,507	\$153,162,089	\$165,293,135
2	Total Fringe Benefits Expense	\$51,980,699	\$52,159,661	\$42,901,786
3	Total Salary and Fringe Benefits Expense	\$197,386,206	\$205,321,750	\$208,194,921

THE HOSPITAL OF CENTRAL CONNECTICUT				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>	<u>ACTUAL FY 2012</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	634.3	627.5	617.4
2	Total Physician FTEs	111.0	109.6	122.2
3	Total Non-Nursing, Non-Physician FTEs	1420.8	1434.9	1559.9
4	Total Full Time Equivalent Employees (FTEs)	2,166.1	2,172.0	2,299.5
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$80,213	\$82,268	\$97,682
2	Nursing Fringe Benefits Expense per FTE	\$28,675	\$28,311	\$25,353
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$108,889	\$110,579	\$123,035
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$203,630	\$208,746	\$221,473
2	Physician Fringe Benefits Expense per FTE	\$72,795	\$70,475	\$57,483
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$276,425	\$279,221	\$278,956
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$50,622	\$54,820	\$49,952
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,097	\$18,587	\$12,965
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$68,718	\$73,407	\$62,917
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$67,128	\$70,517	\$71,882
2	Total Fringe Benefits Expense per FTE	\$23,997	\$24,015	\$18,657
3	Total Salary and Fringe Benefits Expense per FTE	\$91,125	\$94,531	\$90,539
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,411	\$2,470	\$2,712
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,114	\$9,993	\$11,407
3	Total Salary and Fringe Benefits Expense per EPD	\$1,255	\$1,300	\$1,296
4	Total Salary and Fringe Benefits Expense per ED	\$5,266	\$5,262	\$5,453
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,058	\$1,111	\$1,080
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,439	\$4,498	\$4,543