

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$10,880,739	\$6,414,687	(\$4,466,052)	-41%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$24,700,330	\$26,534,856	\$1,834,526	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$803,195	\$4,781,749	\$3,978,554	495%
5	Due From Affiliates	\$419,887	\$484,258	\$64,371	15%
6	Due From Third Party Payers	\$432,832	\$3,549,365	\$3,116,533	720%
7	Inventories of Supplies	\$2,591,838	\$2,660,785	\$68,947	3%
8	Prepaid Expenses	\$1,380,570	\$2,028,449	\$647,879	47%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$41,209,391	\$46,454,149	\$5,244,758	13%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,259,163	\$8,555,283	\$5,296,120	162%
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	\$15,263,421	\$11,603,808	(\$3,659,613)	-24%
	Total Noncurrent Assets Whose Use is Limited:	\$18,522,584	\$20,159,091	\$1,636,507	9%
5	Interest in Net Assets of Foundation	\$3,872,533	\$6,199,192	\$2,326,659	60%
6	Long Term Investments	\$10,937,437	\$12,113,908	\$1,176,471	11%
7	Other Noncurrent Assets	\$21,408,045	\$33,827,422	\$12,419,377	58%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$187,641,424	\$192,484,982	\$4,843,558	3%
2	Less: Accumulated Depreciation	\$137,494,546	\$143,593,394	\$6,098,848	4%
	Property, Plant and Equipment, Net	\$50,146,878	\$48,891,588	(\$1,255,290)	-3%
3	Construction in Progress	\$1,937,620	\$2,426,034	\$488,414	25%
	Total Net Fixed Assets	\$52,084,498	\$51,317,622	(\$766,876)	-1%
	Total Assets	\$148,034,488	\$170,071,384	\$22,036,896	15%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$13,253,092	\$14,802,176	\$1,549,084	12%
2	Salaries, Wages and Payroll Taxes	\$2,445,753	\$2,900,006	\$454,253	19%
3	Due To Third Party Payers	\$1,420,022	\$1,343,126	(\$76,896)	-5%
4	Due To Affiliates	\$2,283,655	\$818,583	(\$1,465,072)	-64%
5	Current Portion of Long Term Debt	\$8,797,182	\$7,675,582	(\$1,121,600)	-13%
6	Current Portion of Notes Payable	\$1,169,961	\$2,723,177	\$1,553,216	133%
7	Other Current Liabilities	\$11,236,219	\$5,159,945	(\$6,076,274)	-54%
	Total Current Liabilities	\$40,605,884	\$35,422,595	(\$5,183,289)	-13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$43,315,158	\$42,025,800	(\$1,289,358)	-3%
2	Notes Payable (Net of Current Portion)	\$6,393,587	\$9,646,833	\$3,253,246	51%
	Total Long Term Debt	\$49,708,745	\$51,672,633	\$1,963,888	4%
3	Accrued Pension Liability	\$43,370,197	\$57,470,806	\$14,100,609	33%
4	Other Long Term Liabilities	\$2,208,020	\$10,499,577	\$8,291,557	376%
	Total Long Term Liabilities	\$95,286,962	\$119,643,016	\$24,356,054	26%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$3,473,307	\$4,925,515	\$1,452,208	42%
2	Temporarily Restricted Net Assets	\$988,702	\$1,905,069	\$916,367	93%
3	Permanently Restricted Net Assets	\$7,679,633	\$8,175,189	\$495,556	6%
	Total Net Assets	\$12,141,642	\$15,005,773	\$2,864,131	24%
	Total Liabilities and Net Assets	\$148,034,488	\$170,071,384	\$22,036,896	15%

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS 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>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$421,321,833	\$491,901,806	\$70,579,973	17%
2	Less: Allowances	\$249,881,202	\$311,730,607	\$61,849,405	25%
3	Less: Charity Care	\$4,838,371	\$4,953,633	\$115,262	2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$166,602,260	\$175,217,566	\$8,615,306	5%
5	Other Operating Revenue	\$12,669,852	\$19,545,250	\$6,875,398	54%
6	Net Assets Released from Restrictions	\$478,506	\$316,686	(\$161,820)	-34%
	Total Operating Revenue	\$179,750,618	\$195,079,502	\$15,328,884	9%
B. Operating Expenses:					
1	Salaries and Wages	\$77,581,560	\$81,549,825	\$3,968,265	5%
2	Fringe Benefits	\$21,779,464	\$24,867,252	\$3,087,788	14%
3	Physicians Fees	\$6,685,874	\$7,076,665	\$390,791	6%
4	Supplies and Drugs	\$24,878,879	\$23,608,371	(\$1,270,508)	-5%
5	Depreciation and Amortization	\$7,107,904	\$6,896,812	(\$211,092)	-3%
6	Bad Debts	\$6,164,670	\$6,382,307	\$217,637	4%
7	Interest	\$2,539,198	\$2,714,044	\$174,846	7%
8	Malpractice	\$1,786,350	\$4,762,176	\$2,975,826	167%
9	Other Operating Expenses	\$24,798,767	\$26,588,549	\$1,789,782	7%
	Total Operating Expenses	\$173,322,666	\$184,446,001	\$11,123,335	6%
	Income/(Loss) From Operations	\$6,427,952	\$10,633,501	\$4,205,549	65%
C. Non-Operating Revenue:					
1	Income from Investments	\$64,367	\$971	(\$63,396)	-98%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$428,674)	(\$869,608)	(\$440,934)	103%
	Total Non-Operating Revenue	(\$364,307)	(\$868,637)	(\$504,330)	138%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$6,063,645	\$9,764,864	\$3,701,219	61%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$6,063,645	\$9,764,864	\$3,701,219	61%
	Principal Payments	\$4,682,252	\$10,033,716	\$5,351,464	114%

**MANCHESTER MEMORIAL HOSPITAL
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	\$68,002,706	\$86,041,069	\$18,038,363	27%
2	MEDICARE MANAGED CARE	\$13,437,063	\$19,115,336	\$5,678,273	42%
3	MEDICAID	\$15,458,737	\$27,489,510	\$12,030,773	78%
4	MEDICAID MANAGED CARE	\$8,681,588	\$2,354,241	(\$6,327,347)	-73%
5	CHAMPUS/TRICARE	\$493,077	\$530,908	\$37,831	8%
6	COMMERCIAL INSURANCE	\$3,217,791	\$3,339,944	\$122,153	4%
7	NON-GOVERNMENT MANAGED CARE	\$37,865,823	\$43,707,418	\$5,841,595	15%
8	WORKER'S COMPENSATION	\$600,319	\$289,114	(\$311,205)	-52%
9	SELF- PAY/UNINSURED	\$2,596,225	\$2,434,687	(\$161,538)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$150,353,329	\$185,302,227	\$34,948,898	23%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$72,291,459	\$83,269,315	\$10,977,856	15%
2	MEDICARE MANAGED CARE	\$18,435,526	\$23,470,530	\$5,035,004	27%
3	MEDICAID	\$22,454,059	\$49,383,932	\$26,929,873	120%
4	MEDICAID MANAGED CARE	\$25,225,151	\$6,428,533	(\$18,796,618)	-75%
5	CHAMPUS/TRICARE	\$1,306,300	\$1,152,920	(\$153,380)	-12%
6	COMMERCIAL INSURANCE	\$6,972,343	\$5,997,376	(\$974,967)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$111,669,081	\$123,055,037	\$11,385,956	10%
8	WORKER'S COMPENSATION	\$3,856,331	\$4,690,862	\$834,531	22%
9	SELF- PAY/UNINSURED	\$8,757,284	\$9,151,074	\$393,790	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$270,967,534	\$306,599,579	\$35,632,045	13%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$140,294,165	\$169,310,384	\$29,016,219	21%
2	MEDICARE MANAGED CARE	\$31,872,589	\$42,585,866	\$10,713,277	34%
3	MEDICAID	\$37,912,796	\$76,873,442	\$38,960,646	103%
4	MEDICAID MANAGED CARE	\$33,906,739	\$8,782,774	(\$25,123,965)	-74%
5	CHAMPUS/TRICARE	\$1,799,377	\$1,683,828	(\$115,549)	-6%
6	COMMERCIAL INSURANCE	\$10,190,134	\$9,337,320	(\$852,814)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$149,534,904	\$166,762,455	\$17,227,551	12%
8	WORKER'S COMPENSATION	\$4,456,650	\$4,979,976	\$523,326	12%
9	SELF- PAY/UNINSURED	\$11,353,509	\$11,585,761	\$232,252	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$421,320,863	\$491,901,806	\$70,580,943	17%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$25,053,392	\$27,429,266	\$2,375,874	9%
2	MEDICARE MANAGED CARE	\$5,616,787	\$5,894,811	\$278,024	5%
3	MEDICAID	\$5,049,155	\$9,731,632	\$4,682,477	93%
4	MEDICAID MANAGED CARE	\$3,657,093	\$828,149	(\$2,828,944)	-77%
5	CHAMPUS/TRICARE	\$240,067	\$209,708	(\$30,359)	-13%
6	COMMERCIAL INSURANCE	\$2,590,213	\$2,029,792	(\$560,421)	-22%
7	NON-GOVERNMENT MANAGED CARE	\$22,853,876	\$24,719,356	\$1,865,480	8%
8	WORKER'S COMPENSATION	\$339,460	\$210,170	(\$129,290)	-38%
9	SELF- PAY/UNINSURED	\$37,680	\$25,557	(\$12,123)	-32%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
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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	\$65,437,723	\$71,078,441	\$5,640,718	9%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$19,759,226	\$20,600,599	\$841,373	4%
2	MEDICARE MANAGED CARE	\$4,571,857	\$5,489,687	\$917,830	20%
3	MEDICAID	\$4,188,813	\$9,637,442	\$5,448,629	130%
4	MEDICAID MANAGED CARE	\$5,628,932	\$1,231,883	(\$4,397,049)	-78%
5	CHAMPUS/TRICARE	\$1,014,912	\$799,526	(\$215,386)	-21%
6	COMMERCIAL INSURANCE	\$2,028,892	\$1,080,248	(\$948,644)	-47%
7	NON-GOVERNMENT MANAGED CARE	\$55,559,920	\$57,946,401	\$2,386,481	4%
8	WORKER'S COMPENSATION	\$1,368,680	\$1,352,662	(\$16,018)	-1%
9	SELF- PAY/UNINSURED	\$312,777	\$329,737	\$16,960	5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$94,434,009	\$98,468,185	\$4,034,176	4%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$44,812,618	\$48,029,865	\$3,217,247	7%
2	MEDICARE MANAGED CARE	\$10,188,644	\$11,384,498	\$1,195,854	12%
3	MEDICAID	\$9,237,968	\$19,369,074	\$10,131,106	110%
4	MEDICAID MANAGED CARE	\$9,286,025	\$2,060,032	(\$7,225,993)	-78%
5	CHAMPUS/TRICARE	\$1,254,979	\$1,009,234	(\$245,745)	-20%
6	COMMERCIAL INSURANCE	\$4,619,105	\$3,110,040	(\$1,509,065)	-33%
7	NON-GOVERNMENT MANAGED CARE	\$78,413,796	\$82,665,757	\$4,251,961	5%
8	WORKER'S COMPENSATION	\$1,708,140	\$1,562,832	(\$145,308)	-9%
9	SELF- PAY/UNINSURED	\$350,457	\$355,294	\$4,837	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$159,871,732	\$169,546,626	\$9,674,894	6%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,051	2,898	(153)	-5%
2	MEDICARE MANAGED CARE	575	639	64	11%
3	MEDICAID	894	1,753	859	96%
4	MEDICAID MANAGED CARE	960	204	(756)	-79%
5	CHAMPUS/TRICARE	47	41	(6)	-13%
6	COMMERCIAL INSURANCE	342	228	(114)	-33%
7	NON-GOVERNMENT MANAGED CARE	3,174	2,875	(299)	-9%
8	WORKER'S COMPENSATION	22	11	(11)	-50%
9	SELF- PAY/UNINSURED	216	182	(34)	-16%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	9,281	8,831	(450)	-5%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	17,820	18,666	846	5%
2	MEDICARE MANAGED CARE	3,101	4,076	975	31%
3	MEDICAID	5,501	8,643	3,142	57%
4	MEDICAID MANAGED CARE	3,466	840	(2,626)	-76%
5	CHAMPUS/TRICARE	190	141	(49)	-26%
6	COMMERCIAL INSURANCE	1,091	946	(145)	-13%
7	NON-GOVERNMENT MANAGED CARE	10,984	11,213	229	2%
8	WORKER'S COMPENSATION	76	45	(31)	-41%
9	SELF- PAY/UNINSURED	1,246	975	(271)	-22%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	43,475	45,545	2,070	5%
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	79,269	81,022	1,753	2%
2	MEDICARE MANAGED CARE	19,037	22,493	3,456	18%
3	MEDICAID	13,016	30,963	17,947	138%
4	MEDICAID MANAGED CARE	19,628	5,049	(14,579)	-74%
5	CHAMPUS/TRICARE	1,006	887	(119)	-12%
6	COMMERCIAL INSURANCE	5,111	4,149	(962)	-19%
7	NON-GOVERNMENT MANAGED CARE	98,396	96,613	(1,783)	-2%
8	WORKER'S COMPENSATION	1,546	1,668	122	8%
9	SELF- PAY/UNINSURED	7,852	8,796	944	12%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	244,861	251,640	6,779	3%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$16,725,882	\$20,167,266	\$3,441,384	21%
2	MEDICARE MANAGED CARE	\$3,611,374	\$4,604,924	\$993,550	28%
3	MEDICAID	\$11,121,111	\$26,740,327	\$15,619,216	140%
4	MEDICAID MANAGED CARE	\$13,428,610	\$3,220,817	(\$10,207,793)	-76%
5	CHAMPUS/TRICARE	\$522,598	\$413,329	(\$109,269)	-21%
6	COMMERCIAL INSURANCE	\$2,475,403	\$2,262,593	(\$212,810)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$25,478,372	\$30,305,357	\$4,826,985	19%
8	WORKER'S COMPENSATION	\$1,410,919	\$1,714,544	\$303,625	22%
9	SELF- PAY/UNINSURED	\$6,684,084	\$7,198,806	\$514,722	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$81,458,353	\$96,627,963	\$15,169,610	19%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$3,786,659	\$3,898,772	\$112,113	3%
2	MEDICARE MANAGED CARE	\$823,984	\$930,685	\$106,701	13%
3	MEDICAID	\$1,941,603	\$3,983,521	\$2,041,918	105%
4	MEDICAID MANAGED CARE	\$2,875,673	\$625,629	(\$2,250,044)	-78%
5	CHAMPUS/TRICARE	\$140,244	\$86,529	(\$53,715)	-38%
6	COMMERCIAL INSURANCE	\$1,659,359	\$1,446,375	(\$212,984)	-13%
7	NON-GOVERNMENT MANAGED CARE	\$17,165,474	\$15,748,626	(\$1,416,848)	-8%
8	WORKER'S COMPENSATION	\$990,955	\$1,159,396	\$168,441	17%
9	SELF- PAY/UNINSURED	\$126,903	\$146,670	\$19,767	16%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$29,510,854	\$28,026,203	(\$1,484,651)	-5%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,113	6,923	(190)	-3%
2	MEDICARE MANAGED CARE	1,406	1,507	101	7%
3	MEDICAID	6,164	13,136	6,972	113%
4	MEDICAID MANAGED CARE	8,974	2,089	(6,885)	-77%
5	CHAMPUS/TRICARE	277	184	(93)	-34%
6	COMMERCIAL INSURANCE	1,217	974	(243)	-20%
7	NON-GOVERNMENT MANAGED CARE	12,328	11,686	(642)	-5%
8	WORKER'S COMPENSATION	1,014	978	(36)	-4%
9	SELF- PAY/UNINSURED	4,009	3,998	(11)	0%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	42,502	41,475	(1,027)	-2%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 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	\$26,184,283	\$27,483,799	\$1,299,516	5%
2	Physician Salaries	\$5,856,368	\$7,064,262	\$1,207,894	21%
3	Non-Nursing, Non-Physician Salaries	\$45,540,909	\$47,001,764	\$1,460,855	3%
	Total Salaries & Wages	\$77,581,560	\$81,549,825	\$3,968,265	5%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$8,134,838	\$9,278,681	\$1,143,843	14%
2	Physician Fringe Benefits	\$1,698,577	\$2,196,063	\$497,486	29%
3	Non-Nursing, Non-Physician Fringe Benefits	\$11,946,049	\$13,392,508	\$1,446,459	12%
	Total Fringe Benefits	\$21,779,464	\$24,867,252	\$3,087,788	14%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$6,685,874	\$7,076,665	\$390,791	6%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$6,685,874	\$7,076,665	\$390,791	6%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$20,212,082	\$18,642,097	(\$1,569,985)	-8%
2	Pharmaceutical Costs	\$4,666,797	\$4,966,274	\$299,477	6%
	Total Medical Supplies and Pharmaceutical Cost	\$24,878,879	\$23,608,371	(\$1,270,508)	-5%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,507,682	\$3,205,524	(\$302,158)	-9%
2	Depreciation-Equipment	\$3,600,222	\$3,599,495	(\$727)	0%
3	Amortization	\$0	\$91,793	\$91,793	0%
	Total Depreciation and Amortization	\$7,107,904	\$6,896,812	(\$211,092)	-3%
F. Bad Debts:					
1	Bad Debts	\$6,164,670	\$6,382,307	\$217,637	4%
G. Interest Expense:					
1	Interest Expense	\$2,539,198	\$2,714,044	\$174,846	7%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,786,350	\$4,762,176	\$2,975,826	167%
I. Utilities:					
1	Water	\$186,654	\$175,926	(\$10,728)	-6%
2	Natural Gas	\$778,801	\$599,005	(\$179,796)	-23%
3	Oil	\$104,052	\$38,513	(\$65,539)	-63%
4	Electricity	\$1,619,181	\$1,527,183	(\$91,998)	-6%
5	Telephone	\$566,451	\$517,870	(\$48,581)	-9%
6	Other Utilities	\$3,097	\$25,215	\$22,118	714%
	Total Utilities	\$3,258,236	\$2,883,712	(\$374,524)	-11%
J. Business Expenses:					
1	Accounting Fees	\$119,311	\$116,430	(\$2,881)	-2%
2	Legal Fees	\$717,065	\$857,464	\$140,399	20%
3	Consulting Fees	\$493,555	\$799,681	\$306,126	62%
4	Dues and Membership	\$292,333	\$302,882	\$10,549	4%
5	Equipment Leases	\$446,125	\$508,365	\$62,240	14%
6	Building Leases	\$1,301,432	\$1,407,014	\$105,582	8%
7	Repairs and Maintenance	\$2,441,052	\$486,288	(\$1,954,764)	-80%
8	Insurance	\$660,129	\$673,739	\$13,610	2%

**MANCHESTER MEMORIAL HOSPITAL
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	\$103,143	\$133,188	\$30,045	29%
10	Conferences	\$12,010	\$12,364	\$354	3%
11	Property Tax	\$10,571	\$0	(\$10,571)	-100%
12	General Supplies	\$492,085	\$1,106,240	\$614,155	125%
13	Licenses and Subscriptions	\$349,296	\$127,645	(\$221,651)	-63%
14	Postage and Shipping	\$181,283	\$181,531	\$248	0%
15	Advertising	\$1,083,720	\$1,079,854	(\$3,866)	0%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$2,461,228	\$2,461,228	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$1,868,920	\$1,868,920	0%
20	Lab Fees / Red Cross charges	\$0	\$1,216,556	\$1,216,556	0%
21	Billing & Collection / Bank Fees	\$0	\$553,774	\$553,774	0%
22	Recruiting / Employee Education & Recognition	\$0	\$590,280	\$590,280	0%
23	Laundry / Linen	\$0	\$778,391	\$778,391	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$162,916	\$162,916	0%
26	Purchased Services - Medical	\$0	\$2,321,266	\$2,321,266	0%
27	Purchased Services - Non Medical	\$0	\$3,509,024	\$3,509,024	0%
28	Other Business Expenses	\$12,837,421	\$2,206,403	(\$10,631,018)	-83%
	Total Business Expenses	\$21,540,531	\$23,461,443	\$1,920,912	9%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$243,394	\$243,394	0%
	Total Operating Expenses - All Expense Categories*	\$173,322,666	\$184,446,001	\$11,123,335	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	\$4,203,805	\$4,103,402	(\$100,403)	-2%
2	General Accounting	\$1,750,207	\$1,981,884	\$231,677	13%
3	Patient Billing & Collection	\$1,734,569	\$1,666,354	(\$68,215)	-4%
4	Admitting / Registration Office	\$1,669,664	\$1,599,080	(\$70,584)	-4%
5	Data Processing	\$4,601,371	\$4,700,982	\$99,611	2%
6	Communications	\$1,564,098	\$1,518,914	(\$45,184)	-3%
7	Personnel	\$16,848,079	\$18,962,912	\$2,114,833	13%
8	Public Relations	\$285,449	\$364,464	\$79,015	28%
9	Purchasing	\$1,331,330	\$1,572,918	\$241,588	18%
10	Dietary and Cafeteria	\$3,312,347	\$3,441,424	\$129,077	4%
11	Housekeeping	\$1,865,988	\$1,982,561	\$116,573	6%
12	Laundry & Linen	\$850,483	\$904,358	\$53,875	6%
13	Operation of Plant	\$2,646,007	\$2,371,552	(\$274,455)	-10%
14	Security	\$854,551	\$892,989	\$38,438	4%
15	Repairs and Maintenance	\$1,271,247	\$1,289,518	\$18,271	1%
16	Central Sterile Supply	\$1,034,580	\$1,055,032	\$20,452	2%
17	Pharmacy Department	\$6,166,867	\$6,554,124	\$387,257	6%
18	Other General Services	\$27,893,205	\$32,376,620	\$4,483,415	16%
	Total General Services	\$79,883,847	\$87,339,088	\$7,455,241	9%
B.	Professional Services:				
1	Medical Care Administration	\$6,685,581	\$7,152,739	\$467,158	7%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,840,454	\$1,814,184	(\$26,270)	-1%
4	Medical Records	\$1,743,218	\$1,700,454	(\$42,764)	-2%

**MANCHESTER MEMORIAL HOSPITAL
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	\$369,372	\$258,241	(\$111,131)	-30%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$10,638,625	\$10,925,618	\$286,993	3%
C.	<u>Special Services:</u>				
1	Operating Room	\$11,940,513	\$11,994,151	\$53,638	0%
2	Recovery Room	\$1,111,554	\$1,129,181	\$17,627	2%
3	Anesthesiology	\$495,185	\$454,972	(\$40,213)	-8%
4	Delivery Room	\$3,716,232	\$3,853,356	\$137,124	4%
5	Diagnostic Radiology	\$2,677,872	\$2,590,875	(\$86,997)	-3%
6	Diagnostic Ultrasound	\$651,729	\$723,956	\$72,227	11%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$626,616	\$607,171	(\$19,445)	-3%
9	CT Scan	\$857,473	\$824,965	(\$32,508)	-4%
10	Laboratory	\$11,956,198	\$11,859,292	(\$96,906)	-1%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,643,596	\$1,728,338	\$84,742	5%
13	Electrocardiology	\$198,535	\$193,514	(\$5,021)	-3%
14	Electroencephalography	\$82,771	\$199,096	\$116,325	141%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$67,049	\$73,648	\$6,599	10%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$4,534,568	\$4,782,585	\$248,017	5%
23	Renal Dialysis	\$181,157	\$141,787	(\$39,370)	-22%
24	Emergency Room	\$9,425,925	\$9,794,772	\$368,847	4%
25	MRI	\$301,714	\$259,352	(\$42,362)	-14%
26	PET Scan	\$453,650	\$480,968	\$27,318	6%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,191,726	\$2,222,124	\$30,398	1%
29	Sleep Center	\$864,162	\$907,990	\$43,828	5%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,746,537	\$1,791,743	\$45,206	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$6,416,241	\$7,082,136	\$665,895	10%
	Total Special Services	\$62,141,003	\$63,695,972	\$1,554,969	3%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$6,476,320	\$7,029,820	\$553,500	9%
2	Intensive Care Unit	\$6,439,869	\$7,133,021	\$693,152	11%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$4,007,282	\$4,118,629	\$111,347	3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,251,677	\$1,511,004	\$259,327	21%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,448,660	\$1,372,247	(\$76,413)	-5%
11	Home Care	\$0	\$0	\$0	0%

MANCHESTER MEMORIAL HOSPITAL				
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. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$166,310,748	\$ 166,602,260	\$175,217,566
2	Other Operating Revenue	10,448,262	13,148,358	19,861,936
3	Total Operating Revenue	\$176,759,010	\$179,750,618	\$195,079,502
4	Total Operating Expenses	170,234,748	173,322,666	184,446,001
5	Income/(Loss) From Operations	\$6,524,262	\$6,427,952	\$10,633,501
6	Total Non-Operating Revenue	(842,128)	(364,307)	(868,637)
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,682,134	\$6,063,645	\$9,764,864
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.71%	3.58%	5.48%
2	Hospital Non Operating Margin	-0.48%	-0.20%	-0.45%
3	Hospital Total Margin	3.23%	3.38%	5.03%
4	Income/(Loss) From Operations	\$6,524,262	\$6,427,952	\$10,633,501
5	Total Operating Revenue	\$176,759,010	\$179,750,618	\$195,079,502
6	Total Non-Operating Revenue	(\$842,128)	(\$364,307)	(\$868,637)
7	Total Revenue	\$175,916,882	\$179,386,311	\$194,210,865
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,682,134	\$6,063,645	\$9,764,864
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$5,363,698	\$3,473,307	\$4,925,515
2	Hospital Total Net Assets	\$15,191,387	\$12,141,642	\$15,005,773
3	Hospital Change in Total Net Assets	(\$6,736,480)	(\$3,049,745)	\$2,864,131
4	Hospital Change in Total Net Assets %	69.3%	-20.1%	23.6%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.40	0.40	0.36
2	Total Operating Expenses	\$170,234,748	\$173,322,666	\$184,446,001
3	Total Gross Revenue	\$419,195,373	\$421,320,863	\$491,901,806
4	Total Other Operating Revenue	\$10,448,262	\$13,148,358	\$19,861,936
5	<u>Private Payment to Cost Ratio</u>	1.19	1.29	1.34
6	Total Non-Government Payments	\$80,684,016	\$85,091,498	\$87,693,923

MANCHESTER MEMORIAL HOSPITAL				
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	\$3,423,922	\$350,457	\$355,294
8	Total Non-Government Charges	\$175,831,222	\$175,535,197	\$192,665,512
9	Total Uninsured Charges	\$12,372,982	\$11,353,509	\$11,585,761
10	<u>Medicare Payment to Cost Ratio</u>	0.86	0.80	0.78
11	Total Medicare Payments	\$61,571,207	\$55,001,262	\$59,414,363
12	Total Medicare Charges	\$179,677,507	\$172,166,754	\$211,896,250
13	<u>Medicaid Payment to Cost Ratio</u>	0.67	0.65	0.69
14	Total Medicaid Payments	\$12,838,356	\$18,523,993	\$21,429,106
15	Total Medicaid Charges	\$48,052,093	\$71,819,535	\$85,656,216
16	<u>Uncompensated Care Cost</u>	\$3,545,885	\$4,389,440	\$4,085,613
17	Charity Care	\$2,236,613	\$4,838,371	\$4,953,633
18	Bad Debts	\$6,712,599	\$6,164,670	\$6,382,307
19	Total Uncompensated Care	\$8,949,212	\$11,003,041	\$11,335,940
20	<u>Uncompensated Care % of Total Expenses</u>	2.1%	2.5%	2.2%
21	Total Operating Expenses	\$170,234,748	\$173,322,666	\$184,446,001
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	0.98	1.01	1.31
2	Total Current Assets	\$45,777,884	\$41,209,391	\$46,454,149
3	Total Current Liabilities	\$46,660,061	\$40,605,884	\$35,422,595
4	<u>Days Cash on Hand</u>	16	24	13
5	Cash and Cash Equivalents	\$6,996,083	\$10,880,739	\$6,414,687
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$6,996,083	\$10,880,739	\$6,414,687
8	Total Operating Expenses	\$170,234,748	\$173,322,666	\$184,446,001
9	Depreciation Expense	\$7,666,028	\$7,107,904	\$6,896,812
10	Operating Expenses less Depreciation Expense	\$162,568,720	\$166,214,762	\$177,549,189
11	<u>Days Revenue in Patient Accounts Receivable</u>	53.96	51.95	59.87

MANCHESTER MEMORIAL HOSPITAL				
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	\$ 24,506,769	\$ 24,700,330	\$ 26,534,856
13	Due From Third Party Payers	\$359,760	\$432,832	\$3,549,365
14	Due To Third Party Payers	\$281,399	\$1,420,022	\$1,343,126
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 24,585,130	\$ 23,713,140	\$ 28,741,095
16	Total Net Patient Revenue	\$166,310,748	\$ 166,602,260	\$ 175,217,566
17	<u>Average Payment Period</u>	104.76	89.17	72.82
18	Total Current Liabilities	\$46,660,061	\$40,605,884	\$35,422,595
19	Total Operating Expenses	\$170,234,748	\$173,322,666	\$184,446,001
20	Depreciation Expense	\$7,666,028	\$7,107,904	\$6,896,812
21	Total Operating Expenses less Depreciation Expense	\$162,568,720	\$166,214,762	\$177,549,189
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	10.1	8.2	8.8
2	Total Net Assets	\$15,191,387	\$12,141,642	\$15,005,773
3	Total Assets	\$150,642,268	\$148,034,488	\$170,071,384
4	<u>Cash Flow to Total Debt Ratio</u>	14.3	14.6	19.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,682,134	\$6,063,645	\$9,764,864
6	Depreciation Expense	\$7,666,028	\$7,107,904	\$6,896,812
7	Excess of Revenues Over Expenses and Depreciation Expense	\$13,348,162	\$13,171,549	\$16,661,676
8	Total Current Liabilities	\$46,660,061	\$40,605,884	\$35,422,595
9	Total Long Term Debt	\$46,420,675	\$49,708,745	\$51,672,633
10	Total Current Liabilities and Total Long Term Debt	\$93,080,736	\$90,314,629	\$87,095,228
11	<u>Long Term Debt to Capitalization Ratio</u>	75.3	80.4	77.5
12	Total Long Term Debt	\$46,420,675	\$49,708,745	\$51,672,633
13	Total Net Assets	\$15,191,387	\$12,141,642	\$15,005,773
14	Total Long Term Debt and Total Net Assets	\$61,612,062	\$61,850,387	\$66,678,406
15	<u>Debt Service Coverage Ratio</u>	3.0	2.2	1.5
16	Excess Revenues over Expenses	\$5,682,134	\$6,063,645	\$9,764,864
17	Interest Expense	\$2,528,633	\$2,539,198	\$2,714,044
18	Depreciation and Amortization Expense	\$7,666,028	\$7,107,904	\$6,896,812

MANCHESTER MEMORIAL HOSPITAL				
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	\$2,778,793	\$4,682,252	\$10,033,716
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	17.1	19.3	20.8
21	Accumulated Depreciation	\$130,971,357	\$137,494,546	\$143,593,394
22	Depreciation and Amortization Expense	\$7,666,028	\$7,107,904	\$6,896,812
H. <u>Utilization Measures Summary</u>				
1	Patient Days	44,935	43,475	45,545
2	Discharges	9,109	9,281	8,831
3	ALOS	4.9	4.7	5.2
4	Staffed Beds	140	171	171
5	Available Beds	-	283	283
6	Licensed Beds	283	283	283
6	Occupancy of Staffed Beds	87.9%	69.7%	73.0%
7	Occupancy of Available Beds	43.5%	42.1%	44.1%
8	Full Time Equivalent Employees	1,146.9	1,138.9	1,075.8
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.0%	39.0%	36.8%
2	Medicare Gross Revenue Payer Mix Percentage	42.9%	40.9%	43.1%
3	Medicaid Gross Revenue Payer Mix Percentage	11.5%	17.0%	17.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.4%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.0%	2.7%	2.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.4%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$163,458,240	\$164,181,688	\$181,079,751
9	Medicare Gross Revenue (Charges)	\$179,677,507	\$172,166,754	\$211,896,250
10	Medicaid Gross Revenue (Charges)	\$48,052,093	\$71,819,535	\$85,656,216
11	Other Medical Assistance Gross Revenue (Charges)	\$14,153,709	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$12,372,982	\$11,353,509	\$11,585,761
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,480,842	\$1,799,377	\$1,683,828
14	Total Gross Revenue (Charges)	\$419,195,373	\$421,320,863	\$491,901,806
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	48.6%	53.0%	51.5%

MANCHESTER MEMORIAL HOSPITAL				
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
2	Medicare Net Revenue Payer Mix Percentage	38.7%	34.4%	35.0%
3	Medicaid Net Revenue Payer Mix Percentage	8.1%	11.6%	12.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.9%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	2.2%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.8%	0.6%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$77,260,094	\$84,741,041	\$87,338,629
9	Medicare Net Revenue (Payments)	\$61,571,207	\$55,001,262	\$59,414,363
10	Medicaid Net Revenue (Payments)	\$12,838,356	\$18,523,993	\$21,429,106
11	Other Medical Assistance Net Revenue (Payments)	\$3,053,421	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$3,423,922	\$350,457	\$355,294
13	CHAMPUS / TRICARE Net Revenue Payments)	\$801,684	\$1,254,979	\$1,009,234
14	Total Net Revenue (Payments)	\$158,948,684	\$159,871,732	\$169,546,626
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,650	3,754	3,296
2	Medicare	3,774	3,626	3,537
3	Medical Assistance	1,651	1,854	1,957
4	Medicaid	1,295	1,854	1,957
5	Other Medical Assistance	356	-	-
6	CHAMPUS / TRICARE	34	47	41
7	Uninsured (Included In Non-Government)	185	216	182
8	Total	9,109	9,281	8,831
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.010370	0.981600	0.989350
2	Medicare	1.459010	1.367300	1.435630
3	Medical Assistance	0.931606	0.927500	0.922630
4	Medicaid	0.916310	0.927500	0.922630
5	Other Medical Assistance	0.987250	0.000000	0.000000
6	CHAMPUS / TRICARE	0.899830	0.845700	0.902510
7	Uninsured (Included In Non-Government)	1.097630	1.031100	1.010530
8	Total Case Mix Index	1.181560	1.120793	1.152905
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	5,340	5,332	5,028
2	Emergency Room - Treated and Discharged	40,946	42,502	41,475
3	Total Emergency Room Visits	46,286	47,834	46,503

**MANCHESTER MEMORIAL HOSPITAL
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	\$260,985	\$760,024	\$499,039	191%
2	Inpatient Payments	\$114,065	\$275,046	\$160,981	141%
3	Outpatient Charges	\$632,208	\$875,716	\$243,508	39%
4	Outpatient Payments	\$143,451	\$269,865	\$126,414	88%
5	Discharges	17	28	11	65%
6	Patient Days	63	136	73	116%
7	Outpatient Visits (Excludes ED Visits)	476	815	339	71%
8	Emergency Department Outpatient Visits	39	63	24	62%
9	Emergency Department Inpatient Admissions	24	23	(1)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$893,193	\$1,635,740	\$742,547	83%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$257,516	\$544,911	\$287,395	112%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$43,031	\$0	(\$43,031)	-100%
2	Inpatient Payments	\$21,277	\$0	(\$21,277)	-100%
3	Outpatient Charges	\$52,331	\$1,034	(\$51,297)	-98%
4	Outpatient Payments	\$15,024	\$242	(\$14,782)	-98%
5	Discharges	2	0	(2)	-100%
6	Patient Days	13	0	(13)	-100%
7	Outpatient Visits (Excludes ED Visits)	42	1	(41)	-98%
8	Emergency Department Outpatient Visits	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$95,362	\$1,034	(\$94,328)	-99%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$36,301	\$242	(\$36,059)	-99%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$5,718,172	\$8,959,933	\$3,241,761	57%
2	Inpatient Payments	\$2,328,626	\$2,951,065	\$622,439	27%
3	Outpatient Charges	\$8,498,899	\$13,145,518	\$4,646,619	55%
4	Outpatient Payments	\$2,344,339	\$3,052,339	\$708,000	30%
5	Discharges	229	333	104	45%
6	Patient Days	1,235	1,828	593	48%
7	Outpatient Visits (Excludes ED Visits)	8,532	12,288	3,756	44%
8	Emergency Department Outpatient Visits	520	657	137	26%
9	Emergency Department Inpatient Admissions	275	255	(20)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,217,071	\$22,105,451	\$7,888,380	55%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,672,965	\$6,003,404	\$1,330,439	28%

**MANCHESTER MEMORIAL HOSPITAL
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	\$2,000,376	\$0	(\$2,000,376)	-100%
2	Inpatient Payments	\$417,050	\$0	(\$417,050)	-100%
3	Outpatient Charges	\$2,058,689	\$0	(\$2,058,689)	-100%
4	Outpatient Payments	\$356,407	\$0	(\$356,407)	-100%
5	Discharges	79	0	(79)	-100%
6	Patient Days	482	0	(482)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,196	0	(2,196)	-100%
8	Emergency Department Outpatient Visits	115	0	(115)	-100%
9	Emergency Department Inpatient Admissions	86	0	(86)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,059,065	\$0	(\$4,059,065)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$773,457	\$0	(\$773,457)	-100%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$772,212	\$165,955	(\$606,257)	-79%
2	Inpatient Payments	\$772,212	\$165,955	(\$606,257)	-79%
3	Outpatient Charges	\$908,865	\$106,317	(\$802,548)	-88%
4	Outpatient Payments	\$237,329	\$106,317	(\$131,012)	-55%
5	Discharges	41	4	(37)	-90%
6	Patient Days	181	38	(143)	-79%
7	Outpatient Visits (Excludes ED Visits)	972	38	(934)	-96%
8	Emergency Department Outpatient Visits	127	13	(114)	-90%
9	Emergency Department Inpatient Admissions	39	4	(35)	-90%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,681,077	\$272,272	(\$1,408,805)	-84%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,009,541	\$272,272	(\$737,269)	-73%
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%

**MANCHESTER MEMORIAL HOSPITAL
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	\$2,560,771	\$6,154,510	\$3,593,739	140%
2	Inpatient Payments	\$1,123,492	\$1,646,183	\$522,691	47%
3	Outpatient Charges	\$3,434,883	\$5,536,276	\$2,101,393	61%
4	Outpatient Payments	\$845,939	\$1,216,757	\$370,818	44%
5	Discharges	115	178	63	55%
6	Patient Days	649	1,451	802	124%
7	Outpatient Visits (Excludes ED Visits)	2,636	4,476	1,840	70%
8	Emergency Department Outpatient Visits	364	490	126	35%
9	Emergency Department Inpatient Admissions	130	166	36	28%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,995,654	\$11,690,786	\$5,695,132	95%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,969,431	\$2,862,940	\$893,509	45%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$766,378	\$1,012,762	\$246,384	32%
2	Inpatient Payments	\$255,980	\$285,860	\$29,880	12%
3	Outpatient Charges	\$772,307	\$1,332,743	\$560,436	73%
4	Outpatient Payments	\$157,662	\$299,577	\$141,915	90%
5	Discharges	28	33	5	18%
6	Patient Days	175	207	32	18%
7	Outpatient Visits (Excludes ED Visits)	599	982	383	64%
8	Emergency Department Outpatient Visits	108	137	29	27%
9	Emergency Department Inpatient Admissions	33	22	(11)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,538,685	\$2,345,505	\$806,820	52%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$413,642	\$585,437	\$171,795	42%
I. AETNA					
1	Inpatient Charges	\$1,233,728	\$2,044,325	\$810,597	66%
2	Inpatient Payments	\$554,943	\$565,355	\$10,412	2%
3	Outpatient Charges	\$1,978,122	\$2,406,541	\$428,419	22%
4	Outpatient Payments	\$445,926	\$528,935	\$83,009	19%
5	Discharges	58	62	4	7%
6	Patient Days	282	408	126	45%
7	Outpatient Visits (Excludes ED Visits)	2,082	2,277	195	9%
8	Emergency Department Outpatient Visits	115	139	24	21%
9	Emergency Department Inpatient Admissions	59	54	(5)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,211,850	\$4,450,866	\$1,239,016	39%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,000,869	\$1,094,290	\$93,421	9%

**MANCHESTER MEMORIAL HOSPITAL
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	\$81,410	\$17,827	(\$63,583)	-78%
2	Inpatient Payments	\$29,142	\$5,347	(\$23,795)	-82%
3	Outpatient Charges	\$99,222	\$66,385	(\$32,837)	-33%
4	Outpatient Payments	\$25,780	\$15,655	(\$10,125)	-39%
5	Discharges	6	1	(5)	-83%
6	Patient Days	21	8	(13)	-62%
7	Outpatient Visits (Excludes ED Visits)	96	109	13	14%
8	Emergency Department Outpatient Visits	17	8	(9)	-53%
9	Emergency Department Inpatient Admissions	6	1	(5)	-83%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$180,632	\$84,212	(\$96,420)	-53%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$54,922	\$21,002	(\$33,920)	-62%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**MANCHESTER MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$13,437,063	\$19,115,336	\$5,678,273	42%
	TOTAL INPATIENT PAYMENTS	\$5,616,787	\$5,894,811	\$278,024	5%
	TOTAL OUTPATIENT CHARGES	\$18,435,526	\$23,470,530	\$5,035,004	27%
	TOTAL OUTPATIENT PAYMENTS	\$4,571,857	\$5,489,687	\$917,830	20%
	TOTAL DISCHARGES	575	639	64	11%
	TOTAL PATIENT DAYS	3,101	4,076	975	31%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	17,631	20,986	3,355	19%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,406	1,507	101	7%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	653	525	(128)	-20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,872,589	\$42,585,866	\$10,713,277	34%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,188,644	\$11,384,498	\$1,195,854	12%

**MANCHESTER MEMORIAL HOSPITAL
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	\$4,683,026	\$1,167,676	(\$3,515,350)	-75%
2	Inpatient Payments	\$2,101,485	\$436,970	(\$1,664,515)	-79%
3	Outpatient Charges	\$13,095,155	\$3,327,813	(\$9,767,342)	-75%
4	Outpatient Payments	\$2,922,337	\$616,177	(\$2,306,160)	-79%
5	Discharges	482	108	(374)	-78%
6	Patient Days	1,897	441	(1,456)	-77%
7	Outpatient Visits (Excludes ED Visits)	5,450	1,455	(3,995)	-73%
8	Emergency Department Outpatient Visits	4,787	1,127	(3,660)	-76%
9	Emergency Department Inpatient Admissions	146	34	(112)	-77%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$17,778,181	\$4,495,489	(\$13,282,692)	-75%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$5,023,822	\$1,053,147	(\$3,970,675)	-79%
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%

**MANCHESTER MEMORIAL HOSPITAL
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%

**MANCHESTER MEMORIAL HOSPITAL
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	\$1,160,787	\$290,131	(\$870,656)	-75%
2	Inpatient Payments	\$456,881	\$85,131	(\$371,750)	-81%
3	Outpatient Charges	\$3,398,568	\$933,972	(\$2,464,596)	-73%
4	Outpatient Payments	\$795,673	\$158,972	(\$636,701)	-80%
5	Discharges	143	23	(120)	-84%
6	Patient Days	477	90	(387)	-81%
7	Outpatient Visits (Excludes ED Visits)	1,318	394	(924)	-70%
8	Emergency Department Outpatient Visits	1,228	307	(921)	-75%
9	Emergency Department Inpatient Admissions	36	9	(27)	-75%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,559,355	\$1,224,103	(\$3,335,252)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,252,554	\$244,103	(\$1,008,451)	-81%
	H. AETNA				
1	Inpatient Charges	\$2,837,775	\$896,434	(\$1,941,341)	-68%
2	Inpatient Payments	\$1,098,727	\$306,048	(\$792,679)	-72%
3	Outpatient Charges	\$8,731,428	\$2,166,748	(\$6,564,680)	-75%
4	Outpatient Payments	\$1,910,922	\$456,734	(\$1,454,188)	-76%
5	Discharges	335	73	(262)	-78%
6	Patient Days	1,092	309	(783)	-72%
7	Outpatient Visits (Excludes ED Visits)	3,886	1,111	(2,775)	-71%
8	Emergency Department Outpatient Visits	2,959	655	(2,304)	-78%
9	Emergency Department Inpatient Admissions	98	26	(72)	-73%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,569,203	\$3,063,182	(\$8,506,021)	-74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,009,649	\$762,782	(\$2,246,867)	-75%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$8,681,588	\$2,354,241	(\$6,327,347)	-73%
	TOTAL INPATIENT PAYMENTS	\$3,657,093	\$828,149	(\$2,828,944)	-77%
	TOTAL OUTPATIENT CHARGES	\$25,225,151	\$6,428,533	(\$18,796,618)	-75%
	TOTAL OUTPATIENT PAYMENTS	\$5,628,932	\$1,231,883	(\$4,397,049)	-78%
	TOTAL DISCHARGES	960	204	(756)	-79%
	TOTAL PATIENT DAYS	3,466	840	(2,626)	-76%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	10,654	2,960	(7,694)	-72%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	8,974	2,089	(6,885)	-77%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	280	69	(211)	-75%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$33,906,739	\$8,782,774	(\$25,123,965)	-74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,286,025	\$2,060,032	(\$7,225,993)	-78%

**MANCHESTER MEMORIAL HOSPITAL
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

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$20,991,180	\$20,052,067	(\$939,113)	-4%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,643,428	\$46,711,256	\$7,067,828	18%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,504,988	\$5,435,445	\$3,930,457	261%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$432,832	\$4,402,920	\$3,970,088	917%
7	Inventories of Supplies	\$4,228,568	\$4,253,600	\$25,032	1%
8	Prepaid Expenses	\$4,345,929	\$5,020,607	\$674,678	16%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$71,146,925	\$85,875,895	\$14,728,970	21%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$6,688,165	\$12,342,602	\$5,654,437	85%
2	Board Designated for Capital Acquisition	\$5,900,811	\$0	(\$5,900,811)	-100%
3	Funds Held in Escrow	\$8,891,170	\$0	(\$8,891,170)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$25,643,372	\$42,086,540	\$16,443,168	64%
	Total Noncurrent Assets Whose Use is Limited:	\$47,123,518	\$54,429,142	\$7,305,624	16%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$33,914,265	\$35,011,140	\$1,096,875	3%
7	Other Noncurrent Assets	\$13,915,384	\$11,678,494	(\$2,236,890)	-16%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$298,818,948	\$313,325,973	\$14,507,025	5%
2	Less: Accumulated Depreciation	\$205,118,802	\$219,601,454	\$14,482,652	\$0
	Property, Plant and Equipment, Net	\$93,700,146	\$93,724,519	\$24,373	0%
3	Construction in Progress	\$2,489,451	\$2,570,935	\$81,484	3%
	Total Net Fixed Assets	\$96,189,597	\$96,295,454	\$105,857	0%
	Total Assets	\$262,289,689	\$283,290,125	\$21,000,436	8%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$20,356,213	\$25,121,249	\$4,765,036	23%
2	Salaries, Wages and Payroll Taxes	\$3,261,932	\$5,609,427	\$2,347,495	72%
3	Due To Third Party Payers	\$2,104,534	\$2,793,775	\$689,241	33%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$10,595,265	\$8,831,469	(\$1,763,796)	-17%
6	Current Portion of Notes Payable	\$3,329,824	\$4,572,885	\$1,243,061	37%
7	Other Current Liabilities	\$17,030,017	\$12,050,537	(\$4,979,480)	-29%
	Total Current Liabilities	\$56,677,785	\$58,979,342	\$2,301,557	4%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$78,175,743	\$74,496,875	(\$3,678,868)	-5%
2	Notes Payable (Net of Current Portion)	\$8,459,422	\$13,044,874	\$4,585,452	54%
	Total Long Term Debt	\$86,635,165	\$87,541,749	\$906,584	1%
3	Accrued Pension Liability	\$56,772,305	\$74,618,608	\$17,846,303	31%
4	Other Long Term Liabilities	\$7,042,777	\$10,549,165	\$3,506,388	50%
	Total Long Term Liabilities	\$150,450,247	\$172,709,522	\$22,259,275	15%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$41,815,956	\$36,549,384	(\$5,266,572)	-13%
2	Temporarily Restricted Net Assets	\$2,249,963	\$3,243,522	\$993,559	44%
3	Permanently Restricted Net Assets	\$11,095,738	\$11,808,355	\$712,617	6%
	Total Net Assets	\$55,161,657	\$51,601,261	(\$3,560,396)	-6%
	Total Liabilities and Net Assets	\$262,289,689	\$283,290,125	\$21,000,436	8%

EASTERN CONNECTICUT HEALTH NETWORK, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$638,835,375	\$754,864,642	\$116,029,267	18%
2	Less: Allowances	\$371,826,407	\$470,675,259	\$98,848,852	27%
3	Less: Charity Care	\$5,660,092	\$7,146,386	\$1,486,294	26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$261,348,876	\$277,042,997	\$15,694,121	6%
5	Other Operating Revenue	\$18,840,186	\$28,201,071	\$9,360,885	50%
6	Net Assets Released from Restrictions	\$801,123	\$638,113	(\$163,010)	-20%
	Total Operating Revenue	\$280,990,185	\$305,882,181	\$24,891,996	9%
B. Operating Expenses:					
1	Salaries and Wages	\$134,218,139	\$139,915,729	\$5,697,590	4%
2	Fringe Benefits	\$35,696,855	\$40,155,469	\$4,458,614	12%
3	Physicians Fees	\$10,277,908	\$10,398,896	\$120,988	1%
4	Supplies and Drugs	\$35,184,525	\$36,089,404	\$904,879	3%
5	Depreciation and Amortization	\$11,898,918	\$11,811,633	(\$87,285)	-1%
6	Bad Debts	\$11,106,480	\$11,285,210	\$178,730	2%
7	Interest	\$4,224,420	\$3,981,831	(\$242,589)	-6%
8	Malpractice	\$2,961,029	\$6,669,181	\$3,708,152	125%
9	Other Operating Expenses	\$35,379,234	\$40,647,136	\$5,267,902	15%
	Total Operating Expenses	\$280,947,508	\$300,954,489	\$20,006,981	7%
	Income/(Loss) From Operations	\$42,677	\$4,927,692	\$4,885,015	11446%
C. Non-Operating Revenue:					
1	Income from Investments	\$64,607	\$1,190	(\$63,417)	-98%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,406,203)	(\$1,201,726)	\$204,477	-15%
	Total Non-Operating Revenue	(\$1,341,596)	(\$1,200,536)	\$141,060	-11%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,298,919)	\$3,727,156	\$5,026,075	-387%
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	(\$1,298,919)	\$3,727,156	\$5,026,075	-387%

EASTERN CONNECTICUT HEALTH NETWORK, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$262,817,891	\$261,348,876	\$277,042,997
2	Other Operating Revenue	17,826,849	19,641,309	28,839,184
3	Total Operating Revenue	\$280,644,740	\$280,990,185	\$305,882,181
4	Total Operating Expenses	274,106,412	280,947,508	300,954,489
5	Income/(Loss) From Operations	\$6,538,328	\$42,677	\$4,927,692
6	Total Non-Operating Revenue	(1,785,503)	(1,341,596)	(1,200,536)
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,752,825	(\$1,298,919)	\$3,727,156
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	2.34%	0.02%	1.62%
2	Parent Corporation Non-Operating Margin	-0.64%	-0.48%	-0.39%
3	Parent Corporation Total Margin	1.70%	-0.46%	1.22%
4	Income/(Loss) From Operations	\$6,538,328	\$42,677	\$4,927,692
5	Total Operating Revenue	\$280,644,740	\$280,990,185	\$305,882,181
6	Total Non-Operating Revenue	(\$1,785,503)	(\$1,341,596)	(\$1,200,536)
7	Total Revenue	\$278,859,237	\$279,648,589	\$304,681,645
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,752,825	(\$1,298,919)	\$3,727,156
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$54,654,325	\$41,815,956	\$36,549,384
2	Parent Corporation Total Net Assets	\$71,476,482	\$55,161,657	\$51,601,261
3	Parent Corporation Change in Total Net Assets	(\$3,957,194)	(\$16,314,825)	(\$3,560,396)
4	Parent Corporation Change in Total Net Assets %	94.8%	-22.8%	-6.5%

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
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.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.39	1.26	1.46
2	Total Current Assets	\$69,908,525	\$71,146,925	\$85,875,895
3	Total Current Liabilities	\$50,340,567	\$56,677,785	\$58,979,342
4	<u>Days Cash on Hand</u>	27	28	25
5	Cash and Cash Equivalents	\$19,538,406	\$20,991,180	\$20,052,067
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$19,538,406	\$20,991,180	\$20,052,067
8	Total Operating Expenses	\$274,106,412	\$280,947,508	\$300,954,489
9	Depreciation Expense	\$12,555,983	\$11,898,918	\$11,811,633
10	Operating Expenses less Depreciation Expense	\$261,550,429	\$269,048,590	\$289,142,856
11	<u>Days Revenue in Patient Accounts Receivable</u>	55	53	64
12	Net Patient Accounts Receivable	\$ 39,411,447	\$ 39,643,428	\$ 46,711,256
13	Due From Third Party Payers	\$721,274	\$432,832	\$4,402,920
14	Due To Third Party Payers	\$423,893	\$2,104,534	\$2,793,775
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,708,828	\$ 37,971,726	\$ 48,320,401
16	Total Net Patient Revenue	\$262,817,891	\$261,348,876	\$277,042,997
17	<u>Average Payment Period</u>	70	77	74
18	Total Current Liabilities	\$50,340,567	\$56,677,785	\$58,979,342
19	Total Operating Expenses	\$274,106,412	\$280,947,508	\$300,954,489
20	Depreciation Expense	\$12,555,983	\$11,898,918	\$11,811,633
21	Total Operating Expenses less Depreciation Expense	\$261,550,429	\$269,048,590	\$289,142,856

EASTERN CONNECTICUT HEALTH NETWORK, INC.				
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>	27.1	21.0	18.2
2	Total Net Assets	\$71,476,482	\$55,161,657	\$51,601,261
3	Total Assets	\$263,336,722	\$262,289,689	\$283,290,125
4	<u>Cash Flow to Total Debt Ratio</u>	13.1	7.4	10.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,752,825	(\$1,298,919)	\$3,727,156
6	Depreciation Expense	\$12,555,983	\$11,898,918	\$11,811,633
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,308,808	\$10,599,999	\$15,538,789
8	Total Current Liabilities	\$50,340,567	\$56,677,785	\$58,979,342
9	Total Long Term Debt	\$81,733,082	\$86,635,165	\$87,541,749
10	Total Current Liabilities and Total Long Term Debt	\$132,073,649	\$143,312,950	\$146,521,091
11	<u>Long Term Debt to Capitalization Ratio</u>	53.3	61.1	62.9
12	Total Long Term Debt	\$81,733,082	\$86,635,165	\$87,541,749
13	Total Net Assets	\$71,476,482	\$55,161,657	\$51,601,261
14	Total Long Term Debt and Total Net Assets	\$153,209,564	\$141,796,822	\$139,143,010

MANCHESTER MEMORIAL HOSPITAL								
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	22,399	5,123	4,862	82	158	74.8%	38.8%
2	ICU/CCU (Excludes Neonatal ICU)	6,059	761	0	22	25	75.5%	66.4%
3	Psychiatric: Ages 0 to 17	1,318	223	220	5	10	72.2%	36.1%
4	Psychiatric: Ages 18+	8,095	1,170	1,152	26	26	85.3%	85.3%
	TOTAL PSYCHIATRIC	9,413	1,393	1,372	31	36	83.2%	71.6%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	3,453	1,261	1,261	15	30	63.1%	31.5%
7	Newborn	4,221	1,054	1,248	21	34	55.1%	34.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	41,324	7,777	7,495	150	249	75.5%	45.5%
	TOTAL INPATIENT BED UTILIZATION	45,545	8,831	8,743	171	283	73.0%	44.1%
	TOTAL INPATIENT REPORTED YEAR	45,545	8,831	8,743	171	283	73.0%	44.1%
	TOTAL INPATIENT PRIOR YEAR	43,475	9,281	9,092	171	283	69.7%	42.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	2,070	-450	-349	0	0	3.3%	2.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	5%	-5%	-4%	0%	0%	5%	5%
	Total Licensed Beds and Bassinets	283						
(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.								

MANCHESTER MEMORIAL HOSPITAL					
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	4,253	3,821	-432	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,204	9,033	-1,171	-11%
3	Emergency Department Scans	3,695	3,270	-425	-12%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	18,152	16,124	-2,028	-11%
B. MRI Scans (A)					
1	Inpatient Scans	524	520	-4	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,143	2,714	-429	-14%
3	Emergency Department Scans	64	56	-8	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,731	3,290	-441	-12%
C. PET Scans (A)					
1	Inpatient Scans	2	0	-2	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	2	1	-1	-50%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	4	1	-3	-75%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	1	1	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	409	468	59	14%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	409	469	60	15%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	2	0	-2	-100%
2	Outpatient Studies	98	86	-12	-12%
	Total Electrophysiology Studies	100	86	-14	-14%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,596	1,283	-313	-20%
2	Outpatient Surgical Procedures	5,099	5,274	175	3%
	Total Surgical Procedures	6,695	6,557	-138	-2%
J. Endoscopy Procedures					

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	520	500	-20	-4%
2	Outpatient Endoscopy Procedures	6,418	6,043	-375	-6%
	Total Endoscopy Procedures	6,938	6,543	-395	-6%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	5,332	5,028	-304	-6%
2	Emergency Room Visits: Treated and Discharged	42,502	41,475	-1,027	-2%
	Total Emergency Room Visits	47,834	46,503	-1,331	-3%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	75,062	79,870	4,808	6%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	75,062	79,870	4,808	6%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	67,913	70,415	2,502	4%
2	Cardiology	7,230	6,788	-442	-6%
3	Chemotherapy	538	611	73	14%
4	Gastroenterology	6,418	6,043	-375	-6%
5	Other Outpatient Visits	39,867	41,412	1,545	4%
	Total Other Hospital Outpatient Visits	121,966	125,269	3,303	3%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	321.0	325.0	4.0	1%
2	Total Physician FTEs	16.7	14.6	-2.1	-13%
3	Total Non-Nursing and Non-Physician FTEs	801.2	736.2	-65.0	-8%
	Total Hospital Full Time Equivalent Employees	1,138.9	1,075.8	-63.1	-6%

MANCHESTER MEMORIAL HOSPITAL					
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	Hospital Operating Room	5,099	5,274	175	3%
	Total Outpatient Surgical Procedures(A)	5,099	5,274	175	3%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	6,418	6,043	-375	-6%
	Total Outpatient Endoscopy Procedures(B)	6,418	6,043	-375	-6%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	42,502	41,475	-1,027	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	42,502	41,475	-1,027	-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.					

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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	\$81,439,769	\$105,156,405	\$23,716,636	29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$30,670,179	\$33,324,077	\$2,653,898	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.66%	31.69%	-5.97%	-16%
4	DISCHARGES	3,626	3,537	(89)	-2%
5	CASE MIX INDEX (CMI)	1.36730	1.43563	0.06833	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,957.82980	5,077.82331	119.99351	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,186.21	\$6,562.67	\$376.46	6%
8	PATIENT DAYS	20,921	22,742	1,821	9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,466.00	\$1,465.31	(\$0.69)	0%
10	AVERAGE LENGTH OF STAY	5.8	6.4	0.7	11%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$90,726,985	\$106,739,845	\$16,012,860	18%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,331,083	\$26,090,286	\$1,759,203	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.82%	24.44%	-2.38%	-9%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	111.40%	101.51%	-9.90%	-9%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,039.50124	3,590.25997	(449.24126)	-11%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,023.29	\$7,266.96	\$1,243.67	21%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$172,166,754	\$211,896,250	\$39,729,496	23%
18	TOTAL ACCRUED PAYMENTS	\$55,001,262	\$59,414,363	\$4,413,101	8%
19	TOTAL ALLOWANCES	\$117,165,492	\$152,481,887	\$35,316,395	30%

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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
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$44,280,158	\$49,771,163	\$5,491,005	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$25,821,229	\$26,984,875	\$1,163,646	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.31%	54.22%	-4.10%	-7%
4	DISCHARGES	3,754	3,296	(458)	-12%
5	CASE MIX INDEX (CMI)	0.98160	0.98935	0.00775	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,684.92640	3,260.89760	(424.02880)	-12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,007.26	\$8,275.29	\$1,268.03	18%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$821.05)	(\$1,712.62)	(\$891.57)	109%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,025,498)	(\$5,584,681)	(\$2,559,183)	85%
10	PATIENT DAYS	13,397	13,179	(218)	-2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,927.39	\$2,047.57	\$120.18	6%
12	AVERAGE LENGTH OF STAY	3.6	4.0	0.4	12%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$131,255,039	\$142,894,349	\$11,639,310	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$59,270,269	\$60,709,048	\$1,438,779	2%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.16%	42.49%	-2.67%	-6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	296.42%	287.10%	-9.32%	-3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	11,127.58939	9,462.90474	(1,664.68465)	-15%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,326.42	\$6,415.48	\$1,089.05	20%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$696.86	\$851.49	\$154.62	22%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,754,417	\$8,057,530	\$303,113	4%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$175,535,197	\$192,665,512	\$17,130,315	10%
22	TOTAL ACCRUED PAYMENTS	\$85,091,498	\$87,693,923	\$2,602,425	3%
23	TOTAL ALLOWANCES	\$90,443,699	\$104,971,589	\$14,527,890	16%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,728,918	\$2,472,848	(\$2,256,070)	-48%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$175,535,197	\$192,665,512	\$17,130,315	10%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$85,091,498	\$87,693,923	\$2,602,425	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,443,699	\$104,971,589	\$14,527,890	16%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.52%	54.48%	2.96%	

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$2,596,225	\$2,434,687	(\$161,538)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,680	\$25,557	(\$12,123)	-32%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.45%	1.05%	-0.40%	-28%
4	DISCHARGES	216	182	(34)	-16%
5	CASE MIX INDEX (CMI)	1.03110	1.01053	(0.02057)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	222.71760	183.91646	(38.80114)	-17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$169.18	\$138.96	(\$30.22)	-18%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,838.07	\$8,136.33	\$1,298.26	19%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,017.03	\$6,423.71	\$406.68	7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,340,098	\$1,181,426	(\$158,672)	-12%
11	PATIENT DAYS	1,246	975	(271)	-22%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$30.24	\$26.21	(\$4.03)	-13%
13	AVERAGE LENGTH OF STAY	5.8	5.4	(0.4)	-7%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,757,284	\$9,151,074	\$393,790	4%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$312,777	\$329,737	\$16,960	5%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	3.57%	3.60%	0.03%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	337.31%	375.86%	38.55%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	728.58606	684.06964	(44.51642)	-6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$429.29	\$482.02	\$52.73	12%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,897.13	\$5,933.45	\$1,036.32	21%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,594.00	\$6,784.94	\$1,190.94	21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,075,707	\$4,641,372	\$565,664	14%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$11,353,509	\$11,585,761	\$232,252	2%
24	TOTAL ACCRUED PAYMENTS	\$350,457	\$355,294	\$4,837	1%
25	TOTAL ALLOWANCES	\$11,003,052	\$11,230,467	\$227,415	2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,415,805	\$5,822,798	\$406,992	8%

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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	\$24,140,325	\$29,843,751	\$5,703,426	24%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,706,248	\$10,559,781	\$1,853,533	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.07%	35.38%	-0.68%	-2%
4	DISCHARGES	1,854	1,957	103	6%
5	CASE MIX INDEX (CMI)	0.92750	0.92263	(0.00487)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,719,58500	1,805,58691	86,00191	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,062.99	\$5,848.39	\$785.40	16%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,944.26	\$2,426.90	\$482.63	25%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,123.22	\$714.28	(\$408.94)	-36%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,931,467	\$1,289,689	(\$641,777)	-33%
11	PATIENT DAYS	8,967	9,483	516	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$970.92	\$1,113.55	\$142.63	15%
13	AVERAGE LENGTH OF STAY	4.8	4.8	0.0	0%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$47,679,210	\$55,812,465	\$8,133,255	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,817,745	\$10,869,325	\$1,051,580	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.59%	19.47%	-1.12%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.51%	187.02%	-10.49%	-5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,661,80883	3,659,89496	(1,91387)	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,681.12	\$2,969.85	\$288.73	11%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,645.31	\$3,445.63	\$800.32	30%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,342.17	\$4,297.12	\$954.95	29%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,238,388	\$15,726,996	\$3,488,608	29%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$71,819,535	\$85,656,216	\$13,836,681	19%
24	TOTAL ACCRUED PAYMENTS	\$18,523,993	\$21,429,106	\$2,905,113	16%
25	TOTAL ALLOWANCES	\$53,295,542	\$64,227,110	\$10,931,568	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$14,169,854	\$17,016,685	\$2,846,831	20%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
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	\$7,007.26	\$8,275.29	\$1,268.03	18%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,186.21	\$6,562.67	\$376.46	6%
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%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
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	\$5,326.42	\$6,415.48	\$1,089.05	20%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,023.29	\$7,266.96	\$1,243.67	21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$24,140,325	\$29,843,751	\$5,703,426	24%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,706,248	\$10,559,781	\$1,853,533	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.07%	35.38%	-0.68%	-2%
4	DISCHARGES	1,854	1,957	103	6%
5	CASE MIX INDEX (CMI)	0.92750	0.92263	(0.00487)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,719,58500	1,805,58691	86,00191	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,062.99	\$5,848.39	\$785.40	16%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,944.26	\$2,426.90	\$482.63	25%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,123.22	\$714.28	(\$408.94)	-36%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,931,467	\$1,289,689	(\$641,777)	-33%
11	PATIENT DAYS	8,967	9,483	516	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$970.92	\$1,113.55	\$142.63	15%
13	AVERAGE LENGTH OF STAY	4.8	4.8	0.0	0%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$47,679,210	\$55,812,465	\$8,133,255	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,817,745	\$10,869,325	\$1,051,580	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.59%	19.47%	-1.12%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.51%	187.02%	-10.49%	-5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,661,80883	3,659,89496	(1,91387)	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,681.12	\$2,969.85	\$288.73	11%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,645.31	\$3,445.63	\$800.32	30%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,342.17	\$4,297.12	\$954.95	29%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,238,388	\$15,726,996	\$3,488,608	29%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$71,819,535	\$85,656,216	\$13,836,681	19%
24	TOTAL ACCRUED PAYMENTS	\$18,523,993	\$21,429,106	\$2,905,113	16%
25	TOTAL ALLOWANCES	\$53,295,542	\$64,227,110	\$10,931,568	21%

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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	\$493,077	\$530,908	\$37,831	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$240,067	\$209,708	(\$30,359)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	48.69%	39.50%	-9.19%	-19%
4	DISCHARGES	47	41	(6)	-13%
5	CASE MIX INDEX (CMI)	0.84570	0.90251	0.05681	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	39.74790	37.00291	(2.74499)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,039.74	\$5,667.34	(\$372.40)	-6%
8	PATIENT DAYS	190	141	(49)	-26%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,263.51	\$1,487.29	\$223.78	18%
10	AVERAGE LENGTH OF STAY	4.0	3.4	(0.6)	-15%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,306,300	\$1,152,920	(\$153,380)	-12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,014,912	\$799,526	(\$215,386)	-21%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,799,377	\$1,683,828	(\$115,549)	-6%
14	TOTAL ACCRUED PAYMENTS	\$1,254,979	\$1,009,234	(\$245,745)	-20%
15	TOTAL ALLOWANCES	\$544,398	\$674,594	\$130,196	24%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$13,148,358	\$19,861,936	\$6,713,578	51%
2	TOTAL OPERATING EXPENSES	\$173,322,666	\$184,446,001	\$11,123,335	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)	\$4,838,371	\$4,953,633	\$115,262	2%
5	BAD DEBTS (CHARGES)	\$6,164,670	\$6,382,307	\$217,637	4%
6	UNCOMPENSATED CARE (CHARGES)	\$11,003,041	\$11,335,940	\$332,899	3%
7	COST OF UNCOMPENSATED CARE	\$3,887,793	\$3,645,985	(\$241,808)	-6%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$71,819,535	\$85,656,216	\$13,836,681	19%
9	TOTAL ACCRUED PAYMENTS	\$18,523,993	\$21,429,106	\$2,905,113	16%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$25,376,574	\$27,549,662	\$2,173,088	9%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,852,581	\$6,120,556	(\$732,025)	-11%

MANCHESTER MEMORIAL HOSPITAL					
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	\$150,353,329	\$185,302,227	\$34,948,898	23%
2	TOTAL INPATIENT PAYMENTS	\$65,437,723	\$71,078,441	\$5,640,718	9%
3	TOTAL INPATIENT PAYMENTS / CHARGES	43.52%	38.36%	-5.16%	-12%
4	TOTAL DISCHARGES	9,281	8,831	(450)	-5%
5	TOTAL CASE MIX INDEX	1.12079	1.15291	0.03211	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	10,402.08910	10,181.31073	(220.77837)	-2%
7	TOTAL OUTPATIENT CHARGES	\$270,967,534	\$306,599,579	\$35,632,045	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	180.22%	165.46%	-14.76%	-8%
9	TOTAL OUTPATIENT PAYMENTS	\$94,434,009	\$98,468,185	\$4,034,176	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.85%	32.12%	-2.73%	-8%
11	TOTAL CHARGES	\$421,320,863	\$491,901,806	\$70,580,943	17%
12	TOTAL PAYMENTS	\$159,871,732	\$169,546,626	\$9,674,894	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	37.95%	34.47%	-3.48%	-9%
14	PATIENT DAYS	43,475	45,545	2,070	5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$106,073,171	\$135,531,064	\$29,457,893	28%
2	INPATIENT PAYMENTS	\$39,616,494	\$44,093,566	\$4,477,072	11%
3	GOVT. INPATIENT PAYMENTS / CHARGES	37.35%	32.53%	-4.81%	-13%
4	DISCHARGES	5,527	5,535	8	0%
5	CASE MIX INDEX	1.21534	1.25030	0.03496	3%
6	CASE MIX ADJUSTED DISCHARGES	6,717.16270	6,920.41313	203.25043	3%
7	OUTPATIENT CHARGES	\$139,712,495	\$163,705,230	\$23,992,735	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	131.71%	120.79%	-10.93%	-8%
9	OUTPATIENT PAYMENTS	\$35,163,740	\$37,759,137	\$2,595,397	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.17%	23.07%	-2.10%	-8%
11	TOTAL CHARGES	\$245,785,666	\$299,236,294	\$53,450,628	22%
12	TOTAL PAYMENTS	\$74,780,234	\$81,852,703	\$7,072,469	9%
13	TOTAL PAYMENTS / CHARGES	30.42%	27.35%	-3.07%	-10%
14	PATIENT DAYS	30,078	32,366	2,288	8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$171,005,432	\$217,383,591	\$46,378,159	27%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.8	6.4	0.7	11%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	4.0	0.4	12%
3	UNINSURED	5.8	5.4	(0.4)	-7%
4	MEDICAID	4.8	4.8	0.0	0%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.0	3.4	(0.6)	-15%
7	TOTAL AVERAGE LENGTH OF STAY	4.7	5.2	0.5	10%

MANCHESTER MEMORIAL HOSPITAL					
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	\$421,320,863	\$491,901,806	\$70,580,943	17%
2	TOTAL GOVERNMENT DEDUCTIONS	\$171,005,432	\$217,383,591	\$46,378,159	27%
3	UNCOMPENSATED CARE	\$11,003,041	\$11,335,940	\$332,899	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,443,699	\$104,971,589	\$14,527,890	16%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$272,452,172	\$333,691,120	\$61,238,948	22%
7	TOTAL ACCRUED PAYMENTS	\$148,868,691	\$158,210,686	\$9,341,995	6%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$148,868,691	\$158,210,686	\$9,341,995	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3533380473	0.3216306264	(0.0317074208)	-9%
11	COST OF UNCOMPENSATED CARE	\$3,887,793	\$3,645,985	(\$241,808)	-6%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$6,852,581	\$6,120,556	(\$732,025)	-11%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,740,374	\$9,766,542	(\$973,832)	-9%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$12,238,388	\$15,726,996	\$3,488,608	29%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,415,805	\$5,822,798	\$406,992	8%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$17,654,193	\$21,549,794	\$3,895,601	22%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6,730,528	\$5,670,938	(\$1,059,590)	-15.74%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$166,602,260	\$175,217,566	\$8,615,306	5.17%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$421,320,863	\$491,901,806	\$70,580,943	16.75%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$11,003,044	\$11,335,940	\$332,896	3.03%

MANCHESTER MEMORIAL HOSPITAL				
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)	\$44,280,158	\$49,771,163	\$5,491,005
2	MEDICARE	\$81,439,769	105,156,405	\$23,716,636
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,140,325	29,843,751	\$5,703,426
4	MEDICAID	\$24,140,325	29,843,751	\$5,703,426
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$493,077	530,908	\$37,831
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,596,225	2,434,687	(\$161,538)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$106,073,171	\$135,531,064	\$29,457,893
	TOTAL INPATIENT CHARGES	\$150,353,329	\$185,302,227	\$34,948,898
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$131,255,039	\$142,894,349	\$11,639,310
2	MEDICARE	\$90,726,985	106,739,845	\$16,012,860
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$47,679,210	55,812,465	\$8,133,255
4	MEDICAID	\$47,679,210	55,812,465	\$8,133,255
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,306,300	1,152,920	(\$153,380)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,757,284	9,151,074	\$393,790
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$139,712,495	\$163,705,230	\$23,992,735
	TOTAL OUTPATIENT CHARGES	\$270,967,534	\$306,599,579	\$35,632,045
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$175,535,197	\$192,665,512	\$17,130,315
2	TOTAL MEDICARE	\$172,166,754	\$211,896,250	\$39,729,496
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$71,819,535	\$85,656,216	\$13,836,681
4	TOTAL MEDICAID	\$71,819,535	\$85,656,216	\$13,836,681
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,799,377	\$1,683,828	(\$115,549)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,353,509	\$11,585,761	\$232,252
	TOTAL GOVERNMENT CHARGES	\$245,785,666	\$299,236,294	\$53,450,628
	TOTAL CHARGES	\$421,320,863	\$491,901,806	\$70,580,943
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$25,821,229	\$26,984,875	\$1,163,646
2	MEDICARE	\$30,670,179	33,324,077	\$2,653,898
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,706,248	10,559,781	\$1,853,533
4	MEDICAID	\$8,706,248	10,559,781	\$1,853,533
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$240,067	209,708	(\$30,359)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$37,680	25,557	(\$12,123)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$39,616,494	\$44,093,566	\$4,477,072
	TOTAL INPATIENT PAYMENTS	\$65,437,723	\$71,078,441	\$5,640,718
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,270,269	\$60,709,048	\$1,438,779
2	MEDICARE	\$24,331,083	26,090,286	\$1,759,203
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,817,745	10,869,325	\$1,051,580
4	MEDICAID	\$9,817,745	10,869,325	\$1,051,580
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,014,912	799,526	(\$215,386)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$312,777	329,737	\$16,960
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$35,163,740	\$37,759,137	\$2,595,397
	TOTAL OUTPATIENT PAYMENTS	\$94,434,009	\$98,468,185	\$4,034,176
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$85,091,498	\$87,693,923	\$2,602,425
2	TOTAL MEDICARE	\$55,001,262	\$59,414,363	\$4,413,101
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,523,993	\$21,429,106	\$2,905,113
4	TOTAL MEDICAID	\$18,523,993	\$21,429,106	\$2,905,113
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,254,979	\$1,009,234	(\$245,745)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$350,457	\$355,294	\$4,837
	TOTAL GOVERNMENT PAYMENTS	\$74,780,234	\$81,852,703	\$7,072,469
	TOTAL PAYMENTS	\$159,871,732	\$169,546,626	\$9,674,894

MANCHESTER MEMORIAL HOSPITAL				
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)	10.51%	10.12%	-0.39%
2	MEDICARE	19.33%	21.38%	2.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.73%	6.07%	0.34%
4	MEDICAID	5.73%	6.07%	0.34%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.12%	0.11%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.62%	0.49%	-0.12%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	25.18%	27.55%	2.38%
	TOTAL INPATIENT PAYER MIX	35.69%	37.67%	1.98%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31.15%	29.05%	-2.10%
2	MEDICARE	21.53%	21.70%	0.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.32%	11.35%	0.03%
4	MEDICAID	11.32%	11.35%	0.03%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.31%	0.23%	-0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.08%	1.86%	-0.22%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	33.16%	33.28%	0.12%
	TOTAL OUTPATIENT PAYER MIX	64.31%	62.33%	-1.98%
	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)	16.15%	15.92%	-0.24%
2	MEDICARE	19.18%	19.65%	0.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.45%	6.23%	0.78%
4	MEDICAID	5.45%	6.23%	0.78%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.15%	0.12%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.02%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	24.78%	26.01%	1.23%
	TOTAL INPATIENT PAYER MIX	40.93%	41.92%	0.99%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.07%	35.81%	-1.27%
2	MEDICARE	15.22%	15.39%	0.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.14%	6.41%	0.27%
4	MEDICAID	6.14%	6.41%	0.27%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.63%	0.47%	-0.16%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.20%	0.19%	0.00%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.99%	22.27%	0.28%
	TOTAL OUTPATIENT PAYER MIX	59.07%	58.08%	-0.99%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

MANCHESTER MEMORIAL HOSPITAL				
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)	3,754	3,296	(458)
2	MEDICARE	3,626	3,537	(89)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,854	1,957	103
4	MEDICAID	1,854	1,957	103
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	47	41	(6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	216	182	(34)
	TOTAL GOVERNMENT DISCHARGES	5,527	5,535	8
	TOTAL DISCHARGES	9,281	8,831	(450)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,397	13,179	(218)
2	MEDICARE	20,921	22,742	1,821
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,967	9,483	516
4	MEDICAID	8,967	9,483	516
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	190	141	(49)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,246	975	(271)
	TOTAL GOVERNMENT PATIENT DAYS	30,078	32,366	2,288
	TOTAL PATIENT DAYS	43,475	45,545	2,070
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	4.0	0.4
2	MEDICARE	5.8	6.4	0.7
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.8	4.8	0.0
4	MEDICAID	4.8	4.8	0.0
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	4.0	3.4	(0.6)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.8	5.4	(0.4)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.4	5.8	0.4
	TOTAL AVERAGE LENGTH OF STAY	4.7	5.2	0.5
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.98160	0.98935	0.00775
2	MEDICARE	1.36730	1.43563	0.06833
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92750	0.92263	(0.00487)
4	MEDICAID	0.92750	0.92263	(0.00487)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.84570	0.90251	0.05681
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03110	1.01053	(0.02057)
	TOTAL GOVERNMENT CASE MIX INDEX	1.21534	1.25030	0.03496
	TOTAL CASE MIX INDEX	1.12079	1.15291	0.03211
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$175,535,197	\$192,665,512	\$17,130,315
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$85,091,498	\$87,693,923	\$2,602,425
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,443,699	\$104,971,589	\$14,527,890
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.52%	54.48%	2.96%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$4,838,371	\$4,953,633	\$115,262
9	BAD DEBTS	\$6,164,670	\$6,382,307	\$217,637
10	TOTAL UNCOMPENSATED CARE	\$11,003,041	\$11,335,940	\$332,899
11	TOTAL OTHER OPERATING REVENUE	\$175,535,197	\$192,665,512	\$17,130,315
12	TOTAL OPERATING EXPENSES	\$173,322,666	\$184,446,001	\$11,123,335

MANCHESTER MEMORIAL HOSPITAL				
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)	3,684.92640	3,260.89760	(424.02880)
2	MEDICARE	4,957.82980	5,077.82331	119.99351
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,719.58500	1,805.58691	86.00191
4	MEDICAID	1,719.58500	1,805.58691	86.00191
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	39.74790	37.00291	(2.74499)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	222.71760	183.91646	(38.80114)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	6,717.16270	6,920.41313	203.25043
	TOTAL CASE MIX ADJUSTED DISCHARGES	10,402.08910	10,181.31073	(220.77837)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,127.58939	9,462.90474	-1,664.68465
2	MEDICARE	4,039.50124	3,590.25997	-449.24126
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,661.80883	3,659.89496	-1.91387
4	MEDICAID	3,661.80883	3,659.89496	-1.91387
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	124.51625	89.03561	-35.48064
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	728.58606	684.06964	-44.51642
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	7,825.82632	7,339.19055	-486.63577
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	18,953.41571	16,802.09529	-2,151.32042
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,007.26	\$8,275.29	\$1,268.03
2	MEDICARE	\$6,186.21	\$6,562.67	\$376.46
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,062.99	\$5,848.39	\$785.40
4	MEDICAID	\$5,062.99	\$5,848.39	\$785.40
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,039.74	\$5,667.34	(\$372.40)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$169.18	\$138.96	(\$30.22)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$5,897.80	\$6,371.52	\$473.72
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,290.83	\$6,981.27	\$690.44
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,326.42	\$6,415.48	\$1,089.05
2	MEDICARE	\$6,023.29	\$7,266.96	\$1,243.67
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,681.12	\$2,969.85	\$288.73
4	MEDICAID	\$2,681.12	\$2,969.85	\$288.73
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,150.84	\$8,979.84	\$829.01
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$429.29	\$482.02	\$52.73
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,493.29	\$5,144.86	\$651.57
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,982.43	\$5,860.47	\$878.04

MANCHESTER MEMORIAL HOSPITAL				
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	\$12,238,388	\$15,726,996	\$3,488,608
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,415,805	\$5,822,798	\$406,992
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$17,654,193	\$21,549,794	\$3,895,601
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$421,320,863	\$491,901,806	\$70,580,943
2	TOTAL GOVERNMENT DEDUCTIONS	\$171,005,432	\$217,383,591	\$46,378,159
3	UNCOMPENSATED CARE	\$11,003,041	\$11,335,940	\$332,899
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,443,699	\$104,971,589	\$14,527,890
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$272,452,172	\$333,691,120	\$61,238,948
7	TOTAL ACCRUED PAYMENTS	\$148,868,691	\$158,210,686	\$9,341,995
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$148,868,691	\$158,210,686	\$9,341,995
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3533380473	0.3216306264	(0.0317074208)
11	COST OF UNCOMPENSATED CARE	\$3,887,793	\$3,645,985	(\$241,808)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$6,852,581	\$6,120,556	(\$732,025)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,740,374	\$9,766,542	(\$973,832)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	58.31%	54.22%	-4.10%
2	MEDICARE	37.66%	31.69%	-5.97%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36.07%	35.38%	-0.68%
4	MEDICAID	36.07%	35.38%	-0.68%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	48.69%	39.50%	-9.19%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.45%	1.05%	-0.40%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.35%	32.53%	-4.81%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	43.52%	38.36%	-5.16%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.16%	42.49%	-2.67%
2	MEDICARE	26.82%	24.44%	-2.38%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.59%	19.47%	-1.12%
4	MEDICAID	20.59%	19.47%	-1.12%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	77.69%	69.35%	-8.35%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.57%	3.60%	0.03%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	25.17%	23.07%	-2.10%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.85%	32.12%	-2.73%

MANCHESTER MEMORIAL HOSPITAL				
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	\$159,871,732	\$169,546,626	\$9,674,894
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$159,871,732	\$169,546,626	\$9,674,894
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,730,528	\$5,670,938	(\$1,059,590)
4	CALCULATED NET REVENUE	\$166,602,260	\$175,217,564	\$8,615,304
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$166,602,260	\$175,217,566	\$8,615,306
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$2)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$421,320,863	\$491,901,806	\$70,580,943
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$421,320,863	\$491,901,806	\$70,580,943
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$421,320,863	\$491,901,806	\$70,580,943
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,003,041	\$11,335,940	\$332,899
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,003,041	\$11,335,940	\$332,899
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,003,044	\$11,335,940	\$332,896
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)	\$0	\$3

MANCHESTER MEMORIAL HOSPITAL 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)	\$49,771,163
2	MEDICARE	105,156,405
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,843,751
4	MEDICAID	29,843,751
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	530,908
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,434,687
	TOTAL INPATIENT GOVERNMENT CHARGES	\$135,531,064
	TOTAL INPATIENT CHARGES	\$185,302,227
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$142,894,349
2	MEDICARE	106,739,845
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	55,812,465
4	MEDICAID	55,812,465
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,152,920
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,151,074
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$163,705,230
	TOTAL OUTPATIENT CHARGES	\$306,599,579
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$192,665,512
2	TOTAL GOVERNMENT ACCRUED CHARGES	299,236,294
	TOTAL ACCRUED CHARGES	\$491,901,806
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,984,875
2	MEDICARE	33,324,077
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,559,781
4	MEDICAID	10,559,781
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	209,708
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25,557
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$44,093,566
	TOTAL INPATIENT PAYMENTS	\$71,078,441
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$60,709,048
2	MEDICARE	26,090,286
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,869,325
4	MEDICAID	10,869,325
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	799,526
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	329,737
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$37,759,137
	TOTAL OUTPATIENT PAYMENTS	\$98,468,185
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$87,693,923
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	81,852,703
	TOTAL ACCRUED PAYMENTS	\$169,546,626

MANCHESTER MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,296
2	MEDICARE	3,537
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,957
4	MEDICAID	1,957
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	41
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	182
	TOTAL GOVERNMENT DISCHARGES	5,535
	TOTAL DISCHARGES	8,831
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.98935
2	MEDICARE	1.43563
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92263
4	MEDICAID	0.92263
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.90251
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01053
	TOTAL GOVERNMENT CASE MIX INDEX	1.25030
	TOTAL CASE MIX INDEX	1.15291
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$192,665,512
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$87,693,923
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,971,589
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	54.48%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$4,953,633
9	BAD DEBTS	\$6,382,307
10	TOTAL UNCOMPENSATED CARE	\$11,335,940
11	TOTAL OTHER OPERATING REVENUE	\$19,861,936
12	TOTAL OPERATING EXPENSES	\$184,446,001

MANCHESTER MEMORIAL HOSPITAL 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	\$169,546,626
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$169,546,626
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$5,670,938
	CALCULATED NET REVENUE	\$175,217,564
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$175,217,566
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$491,901,806
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$491,901,806
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$491,901,806
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,335,940
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,335,940
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,335,940
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

MANCHESTER MEMORIAL HOSPITAL 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	2,613	2,746	133	5%
2	Number of Approved Applicants	2,478	2,467	(11)	0%
3	Total Charges (A)	\$4,838,371	\$4,953,633	\$115,262	2%
4	Average Charges	\$1,953	\$2,008	\$55	3%
5	Ratio of Cost to Charges (RCC)	0.396223	0.398930	0.002707	1%
6	Total Cost	\$1,917,074	\$1,976,153	\$59,079	3%
7	Average Cost	\$774	\$801	\$27	4%
8	Charity Care - Inpatient Charges	\$831,297	\$951,484	\$120,187	14%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,204,601	1,261,318	56,717	5%
10	Charity Care - Emergency Department Charges	2,802,473	2,740,831	(61,642)	-2%
11	Total Charges (A)	\$4,838,371	\$4,953,633	\$115,262	2%
12	Charity Care - Number of Patient Days	746	754	8	1%
13	Charity Care - Number of Discharges	140	158	18	13%
14	Charity Care - Number of Outpatient ED Visits	2,413	2,288	(125)	-5%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,026	1,273	247	24%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$1,475,620	\$1,651,887	\$176,267	12%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,279,431	3,239,580	(39,851)	-1%
3	Bad Debts - Emergency Department	1,409,619	1,490,840	81,221	6%
4	Total Bad Debts (A)	\$6,164,670	\$6,382,307	\$217,637	4%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$4,838,371	\$4,953,633	\$115,262	2%
2	Bad Debts (A)	6,164,670	6,382,307	217,637	4%
3	Total Uncompensated Care (A)	\$11,003,041	\$11,335,940	\$332,899	3%
4	Uncompensated Care - Inpatient Services	\$2,306,917	\$2,603,371	\$296,454	13%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,484,032	4,500,898	16,866	0%
6	Uncompensated Care - Emergency Department	4,212,092	4,231,671	19,579	0%
7	Total Uncompensated Care (A)	\$11,003,041	\$11,335,940	\$332,899	3%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

MANCHESTER MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,					
ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$175,535,197	\$192,665,512	\$17,130,315	10%
2	Total Contractual Allowances	\$90,443,699	\$104,971,589	\$14,527,890	16%
	Total Accrued Payments (A)	\$85,091,498	\$87,693,923	\$2,602,425	3%
	Total Discount Percentage	51.52%	54.48%	2.96%	6%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$160,519,223	\$150,353,329	\$185,302,227
2	Outpatient Gross Revenue	\$258,676,150	\$270,967,534	\$306,599,579
3	Total Gross Patient Revenue	\$419,195,373	\$421,320,863	\$491,901,806
4	Net Patient Revenue	\$166,310,748	\$166,602,260	\$175,217,566
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$170,234,748	\$173,322,666	\$184,446,001
C. <u>Utilization Statistics</u>				
1	Patient Days	44,935	43,475	45,545
2	Discharges	9,109	9,281	8,831
3	Average Length of Stay	4.9	4.7	5.2
4	Equivalent (Adjusted) Patient Days (EPD)	117,348	121,826	120,903
0	Equivalent (Adjusted) Discharges (ED)	23,788	26,007	23,443
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.18156	1.12079	1.15291
2	Case Mix Adjusted Patient Days (CMAPD)	53,093	48,727	52,509
3	Case Mix Adjusted Discharges (CMAD)	10,763	10,402	10,181
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	138,653	136,542	139,390
5	Case Mix Adjusted Equivalent Discharges (CMAED)	28,107	29,149	27,027
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,329	\$9,691	\$10,800
2	Total Gross Revenue per Discharge	\$46,020	\$45,396	\$55,702
3	Total Gross Revenue per EPD	\$3,572	\$3,458	\$4,069
4	Total Gross Revenue per ED	\$17,622	\$16,200	\$20,983
5	Total Gross Revenue per CMAEPD	\$3,023	\$3,086	\$3,529
6	Total Gross Revenue per CMAED	\$14,914	\$14,454	\$18,200
7	Inpatient Gross Revenue per EPD	\$1,368	\$1,234	\$1,533
8	Inpatient Gross Revenue per ED	\$6,748	\$5,781	\$7,904

MANCHESTER MEMORIAL HOSPITAL				
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	\$3,701	\$3,832	\$3,847
2	Net Patient Revenue per Discharge	\$18,258	\$17,951	\$19,841
3	Net Patient Revenue per EPD	\$1,417	\$1,368	\$1,449
4	Net Patient Revenue per ED	\$6,991	\$6,406	\$7,474
5	Net Patient Revenue per CMAEPD	\$1,199	\$1,220	\$1,257
6	Net Patient Revenue per CMAED	\$5,917	\$5,716	\$6,483
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,788	\$3,987	\$4,050
2	Total Operating Expense per Discharge	\$18,689	\$18,675	\$20,886
3	Total Operating Expense per EPD	\$1,451	\$1,423	\$1,526
4	Total Operating Expense per ED	\$7,156	\$6,664	\$7,868
5	Total Operating Expense per CMAEPD	\$1,228	\$1,269	\$1,323
6	Total Operating Expense per CMAED	\$6,057	\$5,946	\$6,824
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$25,806,971	\$26,184,283	\$27,483,799
2	Nursing Fringe Benefits Expense	\$7,915,769	\$8,134,838	\$9,278,681
3	Total Nursing Salary and Fringe Benefits Expense	\$33,722,740	\$34,319,121	\$36,762,480
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$5,482,881	\$5,856,368	\$7,064,262
2	Physician Fringe Benefits Expense	\$1,592,038	\$1,698,577	\$2,196,063
3	Total Physician Salary and Fringe Benefits Expense	\$7,074,919	\$7,554,945	\$9,260,325
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$43,826,502	\$45,540,909	\$47,001,764
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$11,482,677	\$11,946,049	\$13,392,508
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$55,309,179	\$57,486,958	\$60,394,272
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$75,116,354	\$77,581,560	\$81,549,825
2	Total Fringe Benefits Expense	\$20,990,484	\$21,779,464	\$24,867,252
3	Total Salary and Fringe Benefits Expense	\$96,106,838	\$99,361,024	\$106,417,077

MANCHESTER MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	340.4	321.0	325.0
2	Total Physician FTEs	13.3	16.7	14.6
3	Total Non-Nursing, Non-Physician FTEs	793.2	801.2	736.2
4	Total Full Time Equivalent Employees (FTEs)	1,146.9	1,138.9	1,075.8
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$75,814	\$81,571	\$84,566
2	Nursing Fringe Benefits Expense per FTE	\$23,254	\$25,342	\$28,550
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$99,068	\$106,913	\$113,115
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$412,247	\$350,681	\$483,854
2	Physician Fringe Benefits Expense per FTE	\$119,702	\$101,711	\$150,415
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$531,949	\$452,392	\$634,269
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,253	\$56,841	\$63,844
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,476	\$14,910	\$18,191
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$69,729	\$71,751	\$82,035
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$65,495	\$68,120	\$75,804
2	Total Fringe Benefits Expense per FTE	\$18,302	\$19,123	\$23,115
3	Total Salary and Fringe Benefits Expense per FTE	\$83,797	\$87,243	\$98,919
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,139	\$2,285	\$2,337
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,551	\$10,706	\$12,050
3	Total Salary and Fringe Benefits Expense per EPD	\$819	\$816	\$880
4	Total Salary and Fringe Benefits Expense per ED	\$4,040	\$3,821	\$4,539
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$693	\$728	\$763
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,419	\$3,409	\$3,937