

**ANNUAL REPORT
on the
Financial Status
of
Connecticut's
Short Term
Acute Care Hospitals
for Fiscal Year 2004**



**Prepared by the
State of Connecticut
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FY 2004 FINANCIAL PERFORMANCE SUMMARY

- The statewide median total margin increased from 0.4% in FY 2003 to 2.1% in FY 2004 and the statewide median operating margin increased from 0.3% in FY 2003 to 1.4% in FY 2004.
- There were 26 hospitals that had a positive total margin in FY 2004 compared to 19 in FY 2003.
- Net revenue payer mix remained the same in FY 2004 with Non-Government payers being the largest payer category at 48%.
- Operating expenses such as health insurance premiums increased 23% and fringe benefits rose 31% in FY 2004, while the number of FTE's increased by 1%.
- Outpatient net revenues increased 1% from FY 2003 to 39% of total net revenues.
- Hospitals were issued 48 CON decisions and 31 modifications for PET/CT scanning services, primary angioplasty services and general hospital renovations.

INTRODUCTION

This report highlights Connecticut's statewide hospital trends and includes individual hospital profiles of financial performance. The report contains hospital and statewide operating and total margin data, capital structure and liquidity measures, payment to cost data, uncompensated care data, net asset data, and information concerning Certificate of Need activity. The report's purpose is to provide quantitative information as well as discussions on health care issues important to the State of Connecticut and its citizens.

The first section of this report provides statewide summary data for all of Connecticut's acute care hospitals designed to be an overview within the context of questions. Following the statewide summary data, there is a section that provides financial information on each of the 31 acute care hospitals. Lastly, there is an appendix with summary data for all hospitals on various hospital statistics and ratios, CON activity, a glossary of frequently used terms, and a map of Connecticut indicating where all the hospitals are located.

In Fiscal Year 2004, the overall financial health of Connecticut's 31 acute care hospitals improved markedly over FY 2003. Twenty three hospitals reported a gain in total operating revenue, which is an increase from 18 in FY 2003. Twenty six hospitals reported a positive total margin, up from 19 in FY 2003. Statewide median total margin increased to 2.1% from 0.4% in FY 2003. Hospitals continued to be confronted by many of the same financial pressures as in FY 2003, including low reimbursements and increased operating expenses for such items as pension expenses, which rose 45%, health insurance premiums, which increased 23%, medical self insurance expense, which increased 110%, and workers compensation expense, which rose 93%.

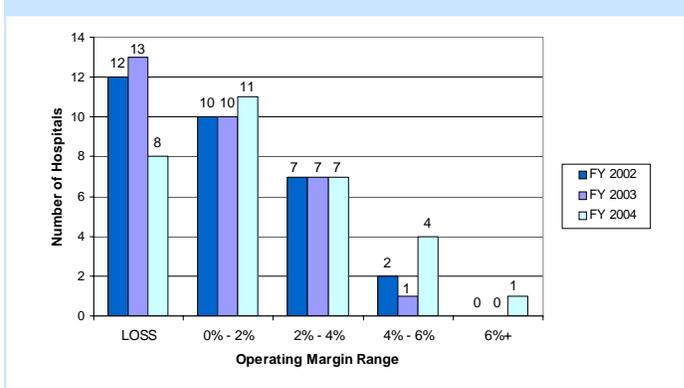
Connecticut hospitals' total gross revenues increased 15% to \$12.4 billion, while hospital net revenue increased 9% to \$5.7 billion. Outpatient net revenues increased another 1% from FY 2003 and now account for 39% of hospital revenues. Total patient days rose by 3%, discharges increased by 2% and the average length of stay remained at 5 days. Hospital full time equivalents rose by just 1% during the year. Net revenues from government payers remained constant at 51% of net revenues.

HOW PROFITABLE WERE CONNECTICUT'S ACUTE CARE HOSPITALS IN FY 2004?

Profitability

The overall financial health of Connecticut's 31 acute care hospitals improved markedly for FY 2004. The number of hospitals with a positive operating margin increased from 18 in FY 2003 to 23 in FY 2004. The number of hospitals with negative operating margins dropped from 13 in FY 2003 to eight in FY 2004. In contrast to recent years, the statewide median operating margin rose from 0.3% in FY 2003 to 1.4% in FY 2004. **Figure 1** shows the range of operating margins experienced by hospitals over the last three years. The chart indicates that in FY 2004 fewer hospitals reported an operating loss while more hospitals started to show operating margin gains.

FIGURE 1: RANGE OF HOSPITAL OPERATING MARGINS



In FY 2004, 26 hospitals reported a gain in total margin, as compared to 19 in FY 2003. The number of hospitals with a negative total margin improved over the year, dropping from 12 in 2003 to five in 2004. Nearly 40% of all hospitals had a total margin in excess of 3%. The statewide hospital median total margin increased from 0.4% in FY 2003 to 2.1% in FY 2004 due to increases in both gains from operations and other operating income. For a second year, the statewide total margin continued to increase, helped by increases in hospital investment portfolios. Hospitals rely on the added income generated from gifts and bequests as well as the appreciation in the value of their financial assets to subsidize low gains and losses from operations and continue to invest in new plant and equipment.

Profitability Indicators

The two most widely used indicators for measuring profitability are **operating margin** and **total margin**. For both measures, higher ratios imply greater profitability.

Operating margin includes a surplus or loss from operating revenue only.

Total margin includes a surplus or loss from both operating revenues and non-operating revenues.

Essent –Sharon Hospital reported the highest operating margin for FY 2004 at 7.1%.

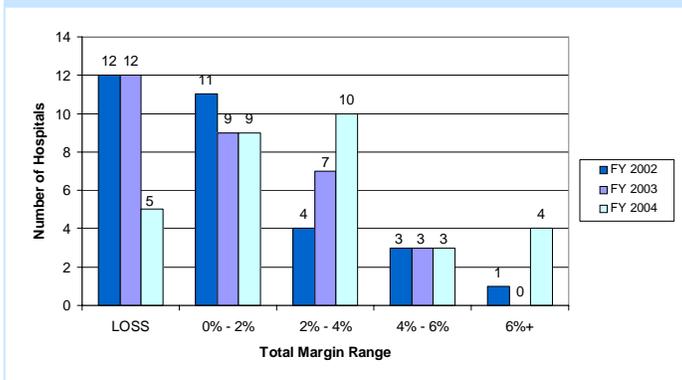
Hospitals that reported both a negative total margin and operating margin for FY 2004 were Bradley, Bristol, Manchester, Rockville, and Windham.

The reasons behind the increased operating and total margins varied by hospital. With many hospitals it was due to increases in net revenues being greater than the increases in total operating expenses, which occurred with Sharon Hospital, Waterbury Hospital, St. Mary's Hospital and Stamford Hospital.

In some cases, the increases resulted from sharp increases in non-operating income. In FY 2004, one donor gave Lawrence & Memorial Hospital a one-time \$17.2 million donation. St. Vincent's non-operating income rose from a mere \$95,000 in FY 2003 to over \$10 million in FY 2004 and New Britain Hospital saw its revenues increase by a greater percentage than its expenses and had a \$2.2 million gain in non-operating income in FY 2004, as compared with a \$3 million dollar loss in non-operating income in FY 2003.

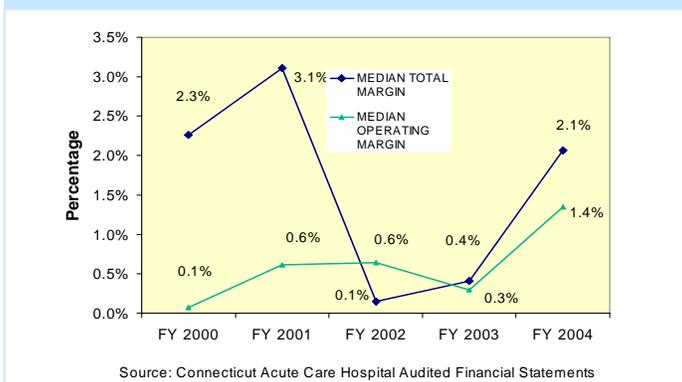
Figure 2 summarizes the statewide distribution in total margins for the last three years. The chart indicates that in FY 2004 fewer hospitals reported a loss when investments are included in total revenues. The chart also indicates more hospitals started to show gains in total margins.

FIGURE 2: RANGE OF HOSPITAL TOTAL MARGINS



For a second year, the statewide median total margin was higher than the median operating margin. **Figure 3** shows the five-year statewide trend for both median total and median operating margins and indicates an upward trend in both measures. **Appendices A** and **B** graph the range of operating and total margins and **Appendix C** reports the operating and total margin by hospital.

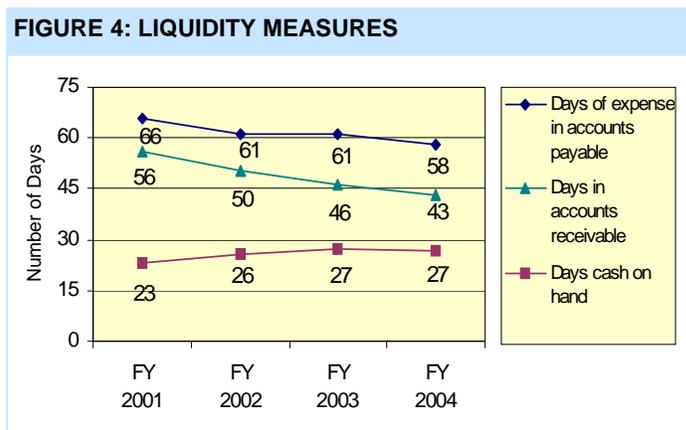
FIGURE 3: MEDIAN TOTAL AND OPERATING MARGINS



Liquidity

Connecticut hospitals continued a steady trend of improved liquidity in FY 2004, necessary to meet the increasing demands of higher costs and the lack of available capital.

Figure 4 highlights the four-year liquidity measure trends.



- The statewide days in accounts payable decreased from 61 days in FY 2003 to 58 days in FY 2004.
- Statewide average days in accounts receivable continued to decrease in FY 2004 to 43 days from 46 days in FY 2003.
- Connecticut hospitals total days cash on hand remained the same between FY 2004 and FY 2003 at 27 days.

Appendix C reports the days of expenses in accounts payable, days in accounts receivable and days cash on hand, for each of Connecticut's hospitals.

Liquidity Measures

Liquidity measures demonstrate the relative strength of a hospital's liquid assets and provide a barometer of the hospital's short-term financial condition.

Days of expenses in accounts payable measures the average number of days that elapse to meet current liabilities. Higher values are less desirable, since they may indicate liquidity problems.

Days in accounts receivable measures the average collection period. Higher values are less desirable as they indicate poor collection practices that can lead to cash flow problems and greater short term financing levels.

Days cash on hand measures the number of days in average cash expenses that the hospital maintains in cash and marketable securities. Higher values are favored as they imply a greater ability to meet obligations.

DID PAYER MIX AND REIMBURSEMENT AFFECT THE NET REVENUES RECEIVED BY CONNECTICUT HOSPITALS?

Payer mix, which had been relatively unchanged for several years, shifted slightly in FY 2003 and is beginning to show indications that Non-Government payers are paying a greater percentage of hospital net revenues.

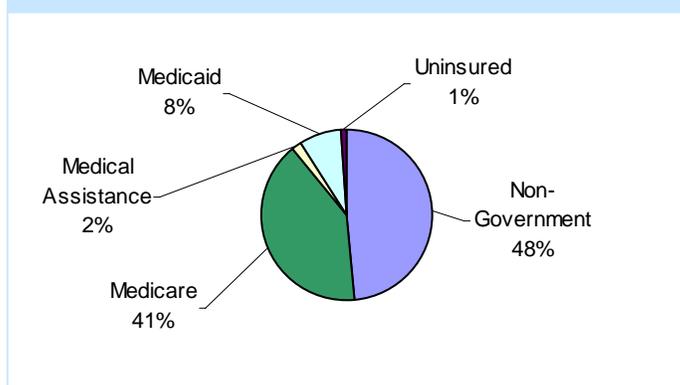
Average managed care discounts have doubled since FY 1996 to 44% in FY 2004.

The statewide average Medicaid payment to cost ratio is 0.73, for Medicare it is 0.97 and for Non-Government it is 1.18 for FY 2004.

The seventeen teaching hospitals received a total of \$57 million in GME payments from the federal government.

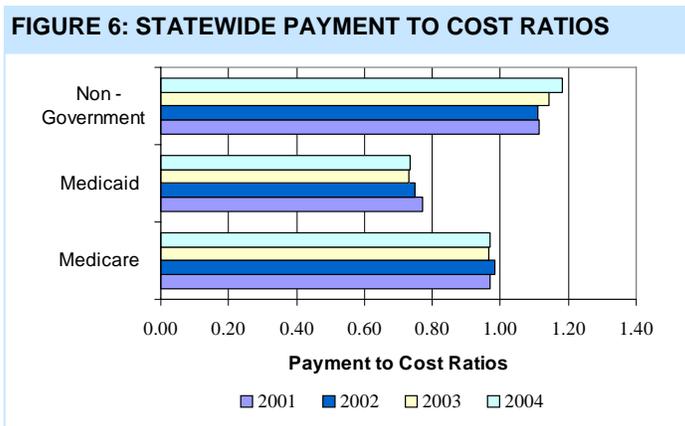
Payer mix and related reimbursement rates have a significant impact on a hospital's financial results. The major payers for hospital services are broken down into five payer mix categories consisting of Non-Government payers predominantly representing private insurers: Medicare covers the disabled and those 65 and older; Medicaid covers individuals meeting certain income and asset requirements; other medical assistance includes town and city programs; and the uninsured, which includes self-pay and individuals with no insurance coverage for the specific medical services provided. After a slight shift in payer mix in FY 2003, Connecticut acute care hospitals' total payer mix remained unchanged in FY 2004. See **Figure 5** below which shows the net revenue payer mix for Connecticut hospitals.

FIGURE 5: NET REVENUE PAYER MIX—FY 2004



Historically, hospitals have improved their bottom lines by subsidizing lower paying government payers with higher reimbursements from Non-Government or private payers. Private payment to cost ratios vary greatly between high performing and low performing hospitals, and are therefore a good indicator of financial stability. Strong hospitals generally remain strong by negotiating favorable discounts with commercial payers. The hospitals' Non-Government profit margins have been declining, as hospitals continue to offer larger discounts to gain greater market share. Connecticut hospitals' average managed care discounts rose from 41% in FY 2002 to 44% in FY 2004.

Reimbursement levels, which can be measured by the payment to cost ratios for Non-Government, Medicaid and Medicare payers, showed only minor changes from FY 2003 to FY 2004. The statewide average Medicaid payment to cost ratio is 0.73 followed by Medicare at 0.97 and Non-Government at 1.18. The FY 2004 statewide average ratio of cost to charges is the lowest ratio in recent years at 0.46, due to the substantial increase in gross patient revenue in FY 2004. Only Non-Government changed from last year rising from 1.14 to 1.18. **Appendix D** indicates by hospital, the ratio of cost to charge and payment to cost ratios for Medicare, Medicaid and Non-Government payer. **Appendix E** shows the amounts used to calculate the ratio of cost to charge and payment to cost ratios for Medicare, Medicaid and Non-Government payers, as shown in **Figure 6**.



On the government payment side, graduate medical education (GME) plays a significant role in a hospital's Medicare reimbursement level. The GME add-on increases a hospital's reimbursement per discharge to cover expenses relating to teaching programs for interns and residents. In FY 2004, 17 Connecticut hospitals received a total of \$57 million in GME payments from the federal government to help pay for their teaching programs.

As of April 2004, 9 hospitals from New Haven and Fairfield Counties were reclassified to New York, NY or Suffolk, NY for their Medicare area wage index reimbursement. The hospitals include Bridgeport, St. Mary's, St. Vincents, St. Raphael's, Griffin, Midstate, Milford, Waterbury, and Yale-New Haven. The higher wage index will provide the hospitals with added reimbursement to help them better compete with New York hospitals for health care workers. John Dempsey Hospital, was reclassified to allow the hospital to begin using its own average hourly wage index as reimbursement.

Cost Indicators

*A commonly used measure of the actual hospital cost to the charges billed is the **ratio of cost to charges**. This ratio is calculated by dividing total expenses by the total gross patient revenue plus other operating revenue. The lower the cost to charge ratio, the greater the difference between the cost of providing care and the charges billed by the hospital.*

*The **payment to cost ratio** measures the amount above or below costs that hospitals are reimbursed by a payer as compared to their average costs. The greater the ratio, the more operating gain being generated. A ratio under 1.00 indicates that reimbursement is lower than the average cost of providing the care. Payer mix is the variable that determines the degree to which a hospital is affected by a low payment to cost ratio. For example, the financial implications for a hospital with a large proportion of patients in a payer category with a payment to cost ratio under 1.00 will be significantly greater than if the hospital had very little volume with that payer.*

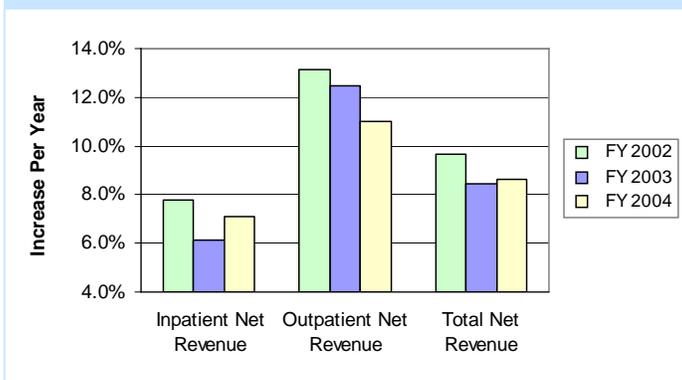
Since FY 2002, total gross revenues increased 32% to \$12.4 billion while total net revenue, the actual reimbursement the hospital receives, increased almost 18%, to \$5.6 billion. During the same time period, hospital total expenses increased by 16%.

In FY 2004, 39% of total net revenue is for outpatient services.

While statewide malpractice expense decreased by \$2.2 million in FY 2004, had it not been for Bridgeport, Greenwich, and Yale-New Haven Hospitals, whose malpractice expense decreased by \$13 million, the statewide amount would have risen by almost \$11 million.

In FY 2004 acute care hospital gross revenues totaled over \$12.4 billion, a 15% increase from FY 2003. In FY 2004, total net revenue, the actual reimbursement a hospital receives, increased almost 9% from the FY 2003 level to over \$5.6 billion. Since the trend in the marketplace is to move services to an outpatient setting, hospital outpatient net revenues have increased for the fourth consecutive year. During this same time frame, inpatient net revenue as a percentage of total net revenue has declined. In FY 2004, outpatient net revenue increased to 39% of total net revenue and inpatient net revenue decreased to 61% of total net revenue. The annual growth of outpatient net revenues has continued to exceed the annual growth of inpatient net revenues for the last several years, as seen in **Figure 7**:

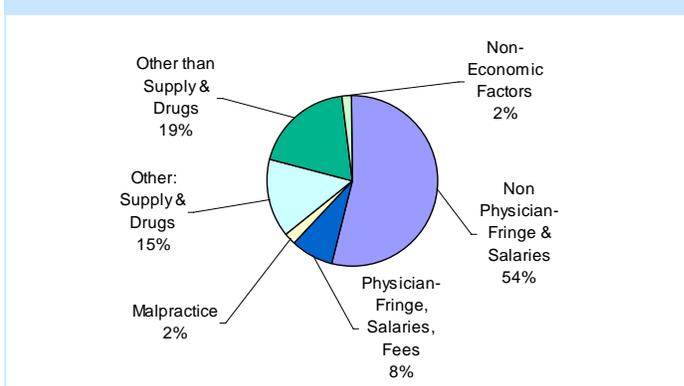
FIGURE 7: NET PATIENT REVENUES



WHAT WAS THE RATE OF INCREASE IN OPERATING EXPENSES FOR ACUTE CARE HOSPITALS IN F2004?

Overall, hospitals appear to be controlling costs as much as possible with limited ability in collecting amounts from price increases, while experiencing a steadily increasing volume of patients each year. Total operating expenses increased at a slower rate, increasing by 7% in 2004 as compared to an 8% increase in 2003. This lower rate of increase occurred despite increases in employee-related operating costs such as pension expenses, health insurance premiums, medical self-insurance expense, worker's compensation expense, and employee fringe benefits. Employee salaries and benefits are the largest expenses for hospitals as they are for most businesses. In FY 2004, salaries, benefits, and related fees accounted for 62% of hospital expenses the same amount as in FY 2003. Hospitals are also struggling with higher health insurance costs for active employees and retirees, in addition to rising pension costs. Malpractice expense, which accounts for 2% of overall hospital expenses, and had been rising dramatically in the last several years, decreased almost 2% in FY 2004 from FY 2003's level. Supply and drug costs remained the same at 15% of total expenses in 2004 and costs other than supply and drugs such as fuel, licenses, insurance premiums, electricity, leases, and interest costs accounted for 19% of total expenses. **Figure 8** shows the FY 2003 expense categories for Connecticut hospitals.

FIGURE 8: HOSPITAL EXPENSE ANALYSIS—FY 2004



One of the major expense drivers for hospitals has been the continued shortage of qualified patient care staff. The Health Resources and Services Administration (HRSA) projects that Connecticut will experience a 54.9% shortage by 2020.¹ To address the nursing shortage, in recent years, hospitals hired nurses from other countries and recruited nurses from retirement. Additional strategies of hiring bonuses, flexible work schedules, daycare services, and continued education benefits have helped retain nurses. In the long term, state government's funding of nursing programs will also help to control personnel costs in the health care industry.

¹ UNISON - Implementing Innovative Programs to Stem the Nursing Shortage, Spring 2004, Volume 7

Factors Affecting Hospital Expense Levels

Effectively managing expenses is critical to the financial health of hospitals. The major factors affecting hospital expense levels include:

- *medical specialties,*
- *technology costs,*
- *patient mix and severity of illness,*
- *geography,*
- *labor markets, and*
- *other economic factors.*

The effects of major expense increases on hospital operating margins are relative to the size of the expense category. For example, factors such as rising labor costs and increased fringe benefit expenses have a significant impact on hospital operations as salary and fringe benefits represent the majority of expenses for Connecticut hospitals.

WHAT WAS HOSPITAL UTILIZATION IN FY 2004?

In FY 2004 hospital FTEs increased to 45,754 from 45,198 in FY 2003. There were 21 hospitals that had a staffing increase while 10 hospitals had staffing reductions.

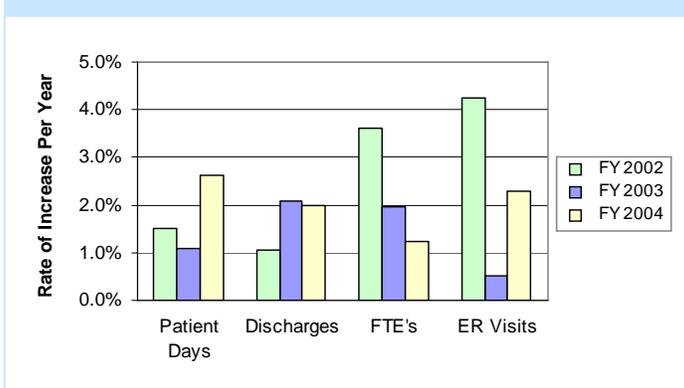
In FY 2004, total patient days increased by 3% to 2,039,000, total discharges increased by 2% to 416,000, FTE's increased by 1% to 46,000 and emergency visits increased 2% to 1,447,000.

Demand for hospital services continues to increase as measured by increases in patient days which rose by 3% and discharges which increased by 2% in FY 2004. Hospitals have also increased full time equivalents (FTE's) to meet the demand for patient services. FTEs in Connecticut hospitals had a 1% rate of increase in FY 2004.

Hospitals are licensed for a specified number of beds but may operate or "staff" fewer beds. The total number of licensed beds in FY 2004 was 9,241. The occupancy rate, which indicates the actual percentage of the licensed beds that are in use, was 60.5% in FY 2004, up slightly from the 2003 rate of 59.6%. The average number of days a patient stays in the hospital, known as the average length of stay or (ALOS), remained just below five days per patient in FY 2004.

Emergency department (ED) volume increased 2% in FY 2004 from FY 2003. Connecticut hospitals are required to treat each ED patient regardless of their ability to pay for emergency care. In turn, emergency department overcrowding is a major issue facing hospitals across the nation. Factors such as health plan coverage reductions, increased numbers of uninsured patients seeking care, increased need for psychiatric beds, the health care worker shortage, overall population growth and an aging population result in increased ED utilization. **Figure 9** below summarizes the yearly growth in patient days, discharges, FTE's and emergency room visits over the past three years.

FIGURE 9: UTILIZATION INDICATORS



DID THE LEVELS OF UNCOMPENSATED CARE, INDIGENT CARE AND FREE BED CARE INCREASE IN FY 2004?

Uncompensated Care

Uncompensated care as a percentage of total expenses was 2.9% in FY 2004, slightly more than the 2.8% in FY 2003. As hospital expenses have soared in recent years, this percentage has gradually decreased in relation to overall expenses since FY 1999 but showed a slight uptick in FY 2004. In FY 2004, total statewide uncompensated care (bad debt + free care) was \$357 million an increase from \$300 million in FY 2003. Uncompensated care cost is calculated by multiplying uncompensated care charges by the ratio of cost to charges for all payers. The actual uncompensated care cost to hospitals in FY 2004 was \$164 million, an increase from the \$148 million reported in FY 2003.

Indigent Care / Free Beds

Many hospitals administer indigent care (health services to the poor or those unable to pay) and free bed funds that are made available for patients that meet the criteria for using these types of funds. The statewide FY 2004 free bed fund ending balance for the 22 hospitals with free bed funds was almost \$118 million and the FY 2004 expenditures from these funds were \$13 million. Free bed funds for Hartford, Yale-New Haven, Waterbury, and Bridgeport Hospitals, comprised 88% of all free bed funds in the state with an ending balance of \$103.8 million. **Figure 10** on the next page, provides details of each hospital's free bed fund balances and expenditures in descending order of free bed fund balance amounts.

DSH

Connecticut hospitals also participate in the Disproportionate Share Hospital Program (DSH), a federal program, in which hospitals share in the cost of uncompensated care rather than leaving an undue burden on only a few hospitals. The program helps those hospitals that provide a disproportionate share of the care to remain financially viable. During FY 2004, over \$91 million was disbursed by the State to hospitals by way of the DSH Program.

Uncompensated Care, Indigent Care/Free Beds and the Disproportionate Share Hospital (DSH) Program

*Uncompensated care represents the level of charges for which hospitals do not receive reimbursement. The two components of uncompensated care are **free care** and **bad debt**. Free care is care which a hospital provides knowing in advance that it will not be reimbursed. Bad debt occurs when the hospital learns after providing and billing for the care that it will not be reimbursed fully for its services.*

*Patients at Connecticut's hospitals are treated regardless of their ability to pay, with the exception of non-emergency care such as elective and cosmetic surgery. While **free care programs** and eligibility requirements vary among hospitals, the following standards exist:*

- *All third party resources must be exhausted prior to completing the charity care application.*
- *Eligibility for all medical assistance is initiated with a patient application and proof of income.*

(continued from page 10)

- The basis for charity care level is the Federal Poverty Level (FPL) income guidelines published annually in the federal government's Federal Register.
- Patients up to 100% of the FPL income guidelines qualify for full charity care from all hospitals, as long as all third party resources are exhausted.
- Two thirds of Connecticut's hospitals do not place a restriction on the amount classified as charity care.

Many hospitals administer numerous funds that have very specific qualifying criteria that restrict their use for the general public. Connecticut Public Act 03-266 enacted in 2003 requires hospitals to publicly post a description of each hospital bed fund and explain how patients can apply for these funds.

In addition to reimbursement made to all hospitals for services rendered under the Medicaid and Medicare programs, the federal government created the *DSH* program to provide additional reimbursement to hospitals that serve a disproportionately high number of low-income patients. Bad debt,

FIGURE 10: INDIGENT CARE FREE BED FUNDS

	FY 2004	FY 2004
	INDIGENT CARE	INDIGENT CARE
	FREE BED FUND	FREE BED FUND
	EXPENDITURES	ENDING BALANCE
HARTFORD	\$5,499,598	\$53,904,355
YALE-NEW HAVEN	\$2,622,182	\$25,977,098
WATERBURY	\$478,822	\$13,823,176
BRIDGEPORT	\$225,324	\$10,159,135
ROCKVILLE	\$47,685	\$1,906,223
MIDDLESEX	\$29,760	\$1,738,715
BACKUS	\$557,587	\$1,617,407
BRISTOL	\$40,677	\$1,232,662
MANCHESTER	\$789,000	\$1,134,866
GREENWICH	\$1,825,000	\$1,042,000
SAINT FRANCIS	\$298,464	\$956,717
LAWRENCE MEM.	\$66,484	\$948,524
STAMFORD	\$0	\$919,115
SAINT RAPHAEL	\$148,286	\$806,000
NEW BRITAIN	\$223,023	\$632,257
HUNGERFORD	\$16,381	\$244,535
GRIFFIN	\$8,658	\$236,525
SAINT VINCENT	\$0	\$186,440
MIDSTATE	\$163,190	\$119,212
CT CHILDREN'S	\$1,627	\$76,404
WINDHAM	\$0	\$26,376
SAINT MARY	\$1,737	\$21,755
TOTAL	\$13,043,485	\$117,709,497

DID HOSPITALS REINVEST IN PROPERTY, PLANT AND EQUIPMENT IN FY 2004?

Net Assets

It is essential that hospitals carefully manage operating costs with only marginally higher net revenues to be able to finance expansion projects without the need for donations, endowments or investment funds. When operating profits are low, hospitals often look to their existing net assets to finance building improvements and to buy new equipment and fund additional programs. Total hospital net assets increased from \$3.8 billion in FY 2003 to \$4.15 billion in FY 2004. The consolidated parent corporation net assets, or net assets of each hospital's health system, increased by 10% between FY 2003 and FY 2004 as profits from entities affiliated with the hospitals helped to cushion losses from hospital operations. **Appendix F** reports hospital and hospital parent corporation net asset data for the last three years.

Capital Structure

The capital structure of a hospital represents the relative strength of its equity and its ability to meet long-term debt obligations. Connecticut's FY 2004 statewide equity financing ratio was 44%, an increase from 41% reported in FY 2003 and a multi-year low. Throughout the years, hospitals have increased their reliance on financing methods to make necessary upgrades in equipment and to make facility improvements to aging buildings to accommodate an expanding patient population.

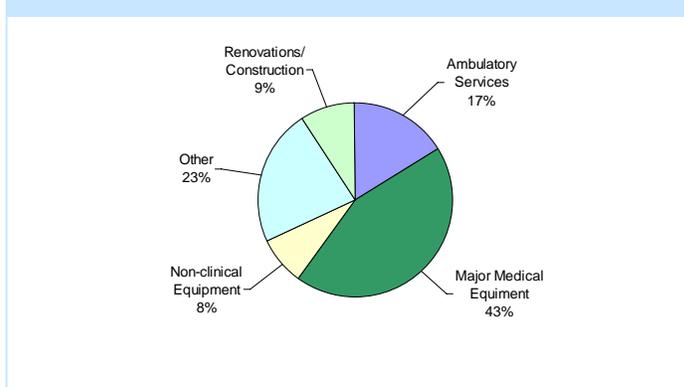
Appendix C reports the equity financing ratio for each of Connecticut's hospitals.

Certificate of Need (CON) Activity

Hospitals' fiscal limitations appear to have eased over the year, with a 7% percent increase in capital expenditures, as compared to a 7% decrease in 2003. Hospitals commitment to investing in their facilities lead to a sharp spike in CON activity in FY 2004. Total CON activity for acute care hospitals in Connecticut increased from 57 in FY 2003 to 109 in FY 2004. The increase in activity is reflected in the number of CONs which increased from 35 to 48 decisions, determinations which increased from 1 to 20, and modifications which increased from 10 to 31. The total listing of activity is presented in Appendix G.

During FY 2004 the hospitals continued to replace obsolete medical and imaging equipments such as MRI scanners, radiation therapy simulators, CT scanners and angiography and cardiac catheterization equipment. Although no major building projects were authorized by OHCA in FY 2004, hospitals continued to reinvest in the physical plant and infrastructure by enhancing and replacing information systems and undertaking renovation to clinical space and non-clinical areas. The most significant area of CON activity in FY 2004 was the establishment of new services. Several hospitals established or expanded PET and PET/CT scanning services. Three hospitals established Primary Angioplasty programs and two full service cardiac programs were authorized. **Figure 11** provides a breakdown of the different types of CON activities that were reviewed by OHCA in FY 2004.

FIGURE 11: APPROVED HOSPITAL CONS



(continued from page 11)

free care, and under-compensated care associated with Medical Assistance programs are all included in the DSH calculation. Since the inception of the DSH Program in December 1991, funds have been provided to Connecticut's acute care hospitals based upon each hospital's uncompensated and under-compensated care as a percentage of the statewide total of uncompensated and under-compensated care.

Capital Structure Ratios

The **equity financing ratio**, measures the capital structure by providing the percentage of total assets that have been financed through equity.

The higher the ratio, the more favorable the rating, as it implies that the hospital has used low debt financing in its asset acquisition programs.

Certificate of Need (CON)

Certificate of Need (CON) is a statutory mandate in Connecticut for any health care facility or physician who proposes to acquire certain imaging equipment, develop a surgical facility, establish a new or expanded service, or a reduction/termination in service. In Connecticut, hospitals must obtain a CON prior to developing, expanding or closing satellites and services or expending more than \$1 million on a capital project. Also, a CON is required if a hospital acquires major medical imaging equipment with a cost exceeding \$400,000.

CONCLUSION

Overall, the financial status of hospitals increased dramatically in FY 2004 after experiencing several difficult years. For the first time in several years, the statewide median operating margin rose to over 1%, to 1.4% and the statewide total margin increased to 2.1%, the highest level since FY 2001 when it was 3.1%. Hospitals continue to be challenged by both internal and external operational issues and face an increasingly unpredictable level of net revenues to cover rising operating expenses.

The familiar themes of Medicaid reimbursements declining as a percentage of costs, rising employee health insurance, workers compensation, and pension fund obligations, along with the continuing need to undertake necessary capital improvements and acquire advanced technology show little sign of abating. Hospitals also must adjust to changes in their reimbursement from both private and government insurers. Connecticut acute care hospitals must continue to diligently and efficiently manage their operations in a challenging and complex financial environment.

The Office of Health Care Access will continue to closely monitor the financial status of Connecticut's hospitals that serve as the basic infrastructure of the state's health care delivery system. Periodic reports and issue briefs concerning hospital performance can be found on the agency website at www.ct.gov/ohca.

The following section provides statewide and individual hospital profiles on Connecticut's 31 acute care hospitals for Fiscal Year 2004. Unless otherwise indicated, the source of data used in this report is the OHCA Hospital Budget System filings. Further information on the hospitals can also be found in the Appendices section of this report which contains the following:

- Appendix A is a chart indicating the range of hospital operating margins for each of the 31 hospitals.
- Appendix B is a chart indicating the range of hospital total margins for each of the 31 hospitals.
- Appendix C provides financial measures for each of the 31 hospitals.
- Appendix D provides payment to cost data and uncompensated care data for each of the 31 hospitals.
- Appendix E calculates the ratio of cost to charges for each of the 31 hospitals.
- Appendix F provides an analysis of hospital and health system net assets for each of the 31 hospitals.
- Appendix G shows CON activity for each of the 31 hospitals.
- Appendix H shows utilization data for each of the 31 hospitals.
- Appendix I is a glossary of terms used in this report.

This *Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals*, published annually by OHCA, provides information concerning the financial performance of Connecticut's thirty-one acute care hospitals as mandated in Section 19a-670 of the Connecticut General Statutes (CGS).

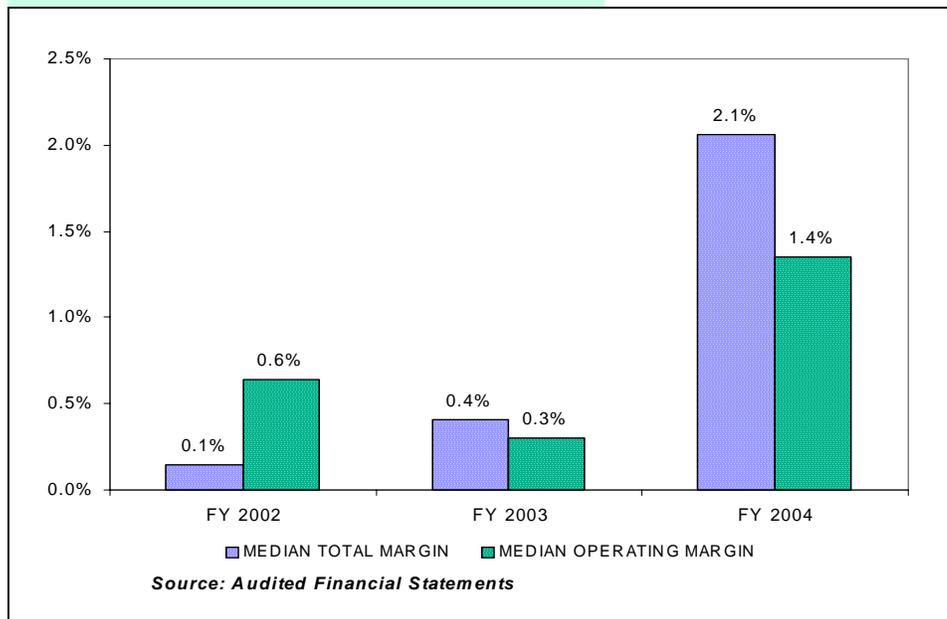


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STATEWIDE HOSPITAL PROFILE

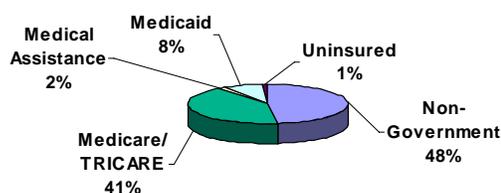
This section of the report consists of two page profiles for each Connecticut acute care hospital's financial results. The first page of each hospital profile lists the towns which the hospital primarily serves, the hospital's corporate chart, and three years of hospital total and operating margins. The second page of each profile provides a chart on the hospital's payer mix, a chart on payment to cost data, and a summary of select net asset amounts, revenue and expense summary amounts, payment to cost data amounts, financial measures, and utilization measures. The statewide profile is provided below and on the following page.

STATEWIDE HOSPITAL MARGINS (MEDIAN)



KEY RESULTS - STATEWIDE HOSPITAL PROFILE

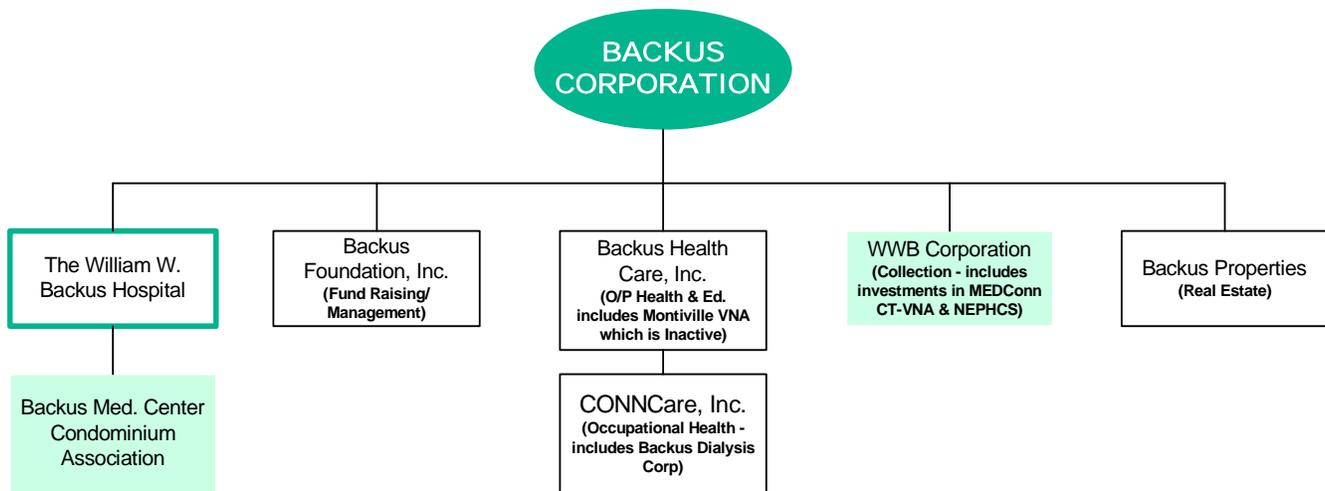
Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospitals	\$3,815,488,448	\$3,811,170,970	\$4,148,163,793
Health System	\$4,353,291,819	\$4,531,685,226	\$4,993,002,971
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$4,813,530,269	\$5,220,891,188	\$5,670,087,545
Total expenses	\$4,901,972,171	\$5,308,480,106	\$5,682,065,439
Uncompensated Care Cost	\$153,636,376	\$148,827,480	\$164,312,115
Uncompensated care % of total expenses	3.1%	2.8%	2.9%
Average Managed Care Discounts	41%	43%	44%
COST DATA			
Ratio of cost to charges	0.52	0.49	0.46
Medicare Payment to Cost	0.98	0.97	0.97
Medicaid Payment to Cost	0.75	0.73	0.73
Private Payment to Cost	1.11	1.14	1.18
FINANCIAL MEASURES			
Days of expenses in accounts payable	61	61	58
Days cash on hand	26	27	27
Days of revenue in accounts receivable	50	46	43
Equity financing ratio	43%	41%	44%
UTILIZATION MEASURES			
Patient Days	1,966,276	1,987,511	2,039,295
Discharges	399,815	408,083	416,240
ALOS	4.9	4.9	4.9
Licensed Beds	9,137	9,140	9,241
Occupancy of licensed beds	59.00%	59.60%	60.50%
FTE's	44,328	45,198	45,754

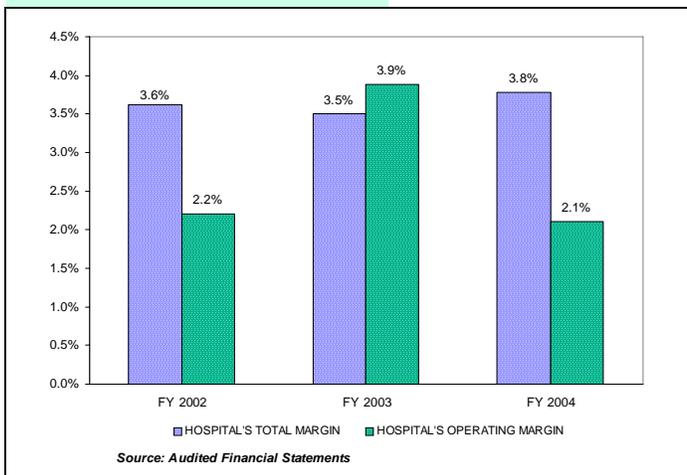
WILLIAM W. BACKUS HOSPITAL

The William W. Backus Hospital, founded in 1893, is located in Norwich and primarily serves the residents of Bozrah, Canterbury, Colchester, Franklin, Griswold, Lisbon, Montville, Norwich, Plainfield, Preston, Salem, Sprague, and Voluntown. The William W. Backus Hospital's parent corporation is Backus Corporation. Reported below is a chart indicating all of the affiliates of Backus Corporation, three years of total margins and operating margins and 2004 CON activity for the William W. Backus Hospital.



For Profit Entity

HOSPITAL MARGINS

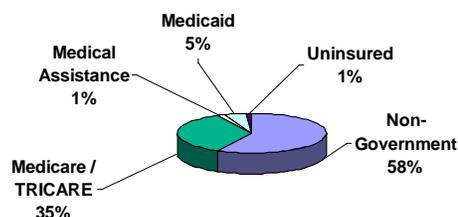


CON ACTIVITY

- Acquisition of Radiology Services from Women's Care Medical Center for \$524,534.
- Establish mobile PET scanning services at multiple locations at no cost.

KEY RESULTS - WILLIAM W. BACKUS HOSPITAL

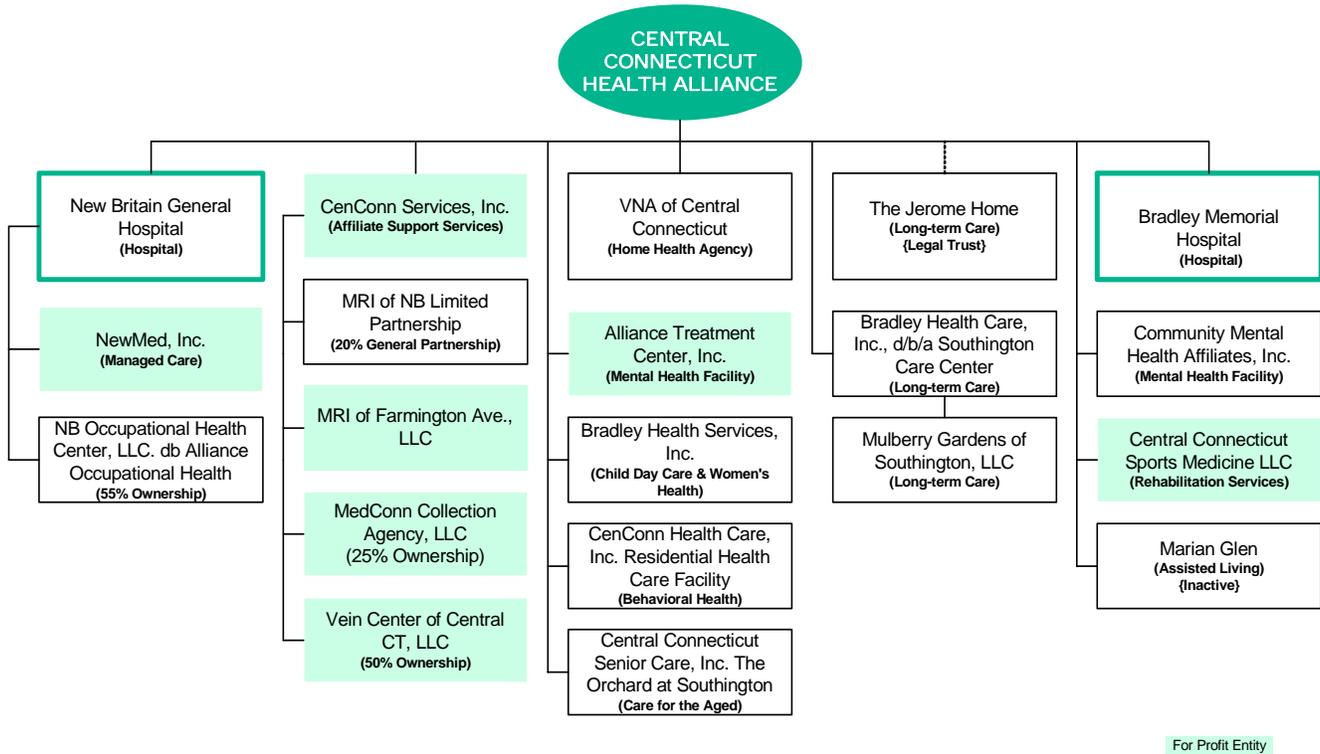
Hospital Net Revenue Payer Mix



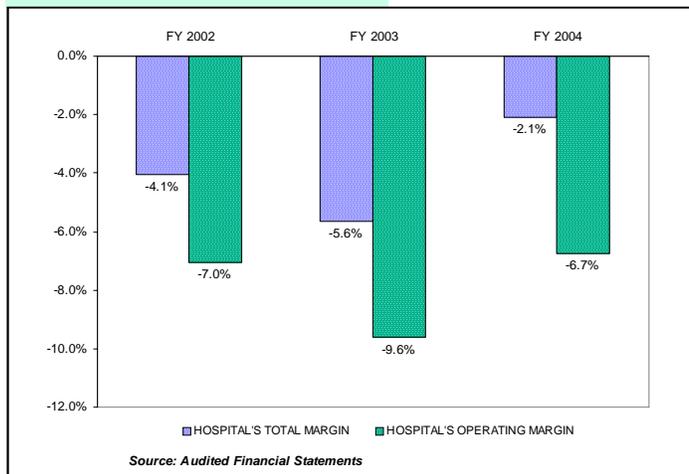
NET ASSETS	2002	2003	2004
Hospital	\$113,397,701	\$121,572,964	\$130,354,858
Health System	\$116,236,777	\$123,584,349	\$134,778,983
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$134,073,840	\$156,488,997	\$172,737,042
Total expenses	\$133,777,540	\$152,559,786	\$170,862,097
Uncompensated Care Cost	\$3,584,045	\$4,480,648	\$5,945,707
Uncompensated care % of total expenses	2.7%	2.9%	3.5%
Average Managed Care Discounts	25%	28%	23%
COST DATA			
Ratio of cost to charges	0.59	0.54	0.54
Medicare Payment to Cost	0.87	0.89	0.85
Medicaid Payment to Cost	0.50	0.51	0.57
Private Payment to Cost	1.27	1.32	1.32
FINANCIAL MEASURES			
Days of expenses in accounts payable	39	37	28
Days cash on hand	34	40	39
Days of revenue in accounts receivable	50	55	53
Equity financing ratio	58%	57%	61%
UTILIZATION MEASURES			
Patient Days	47,670	50,068	52,245
Discharges	11,445	11,563	11,935
ALOS	4.2	4.3	4.4
Licensed Beds	233	233	233
Occupancy of licensed beds	56%	59%	61%
FTE's	1,224	1,304	1,332

BRADLEY MEMORIAL HOSPITAL

Bradley Memorial Hospital, founded in 1938, is located in Southington and primarily serves the residents of Southington. Bradley Memorial Hospital's parent corporation is Central Connecticut Health Alliance which also includes New Britain General Hospital. Reported below is a chart indicating all of the affiliates of Central Connecticut Health Alliance, three years of total margins and operating margins and 2004 CON activity for Bradley Memorial Hospital.



HOSPITAL MARGINS

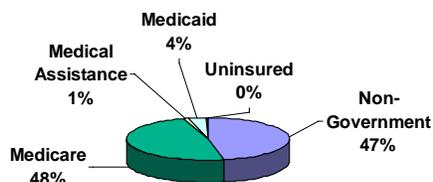


CON ACTIVITY

- Hyperbaric Oxygen Therapy Equipment for \$250,300.
- Replace mobile MRI with a fixed MRI for \$2,425,500.

KEY RESULTS - BRADLEY MEMORIAL HOSPITAL

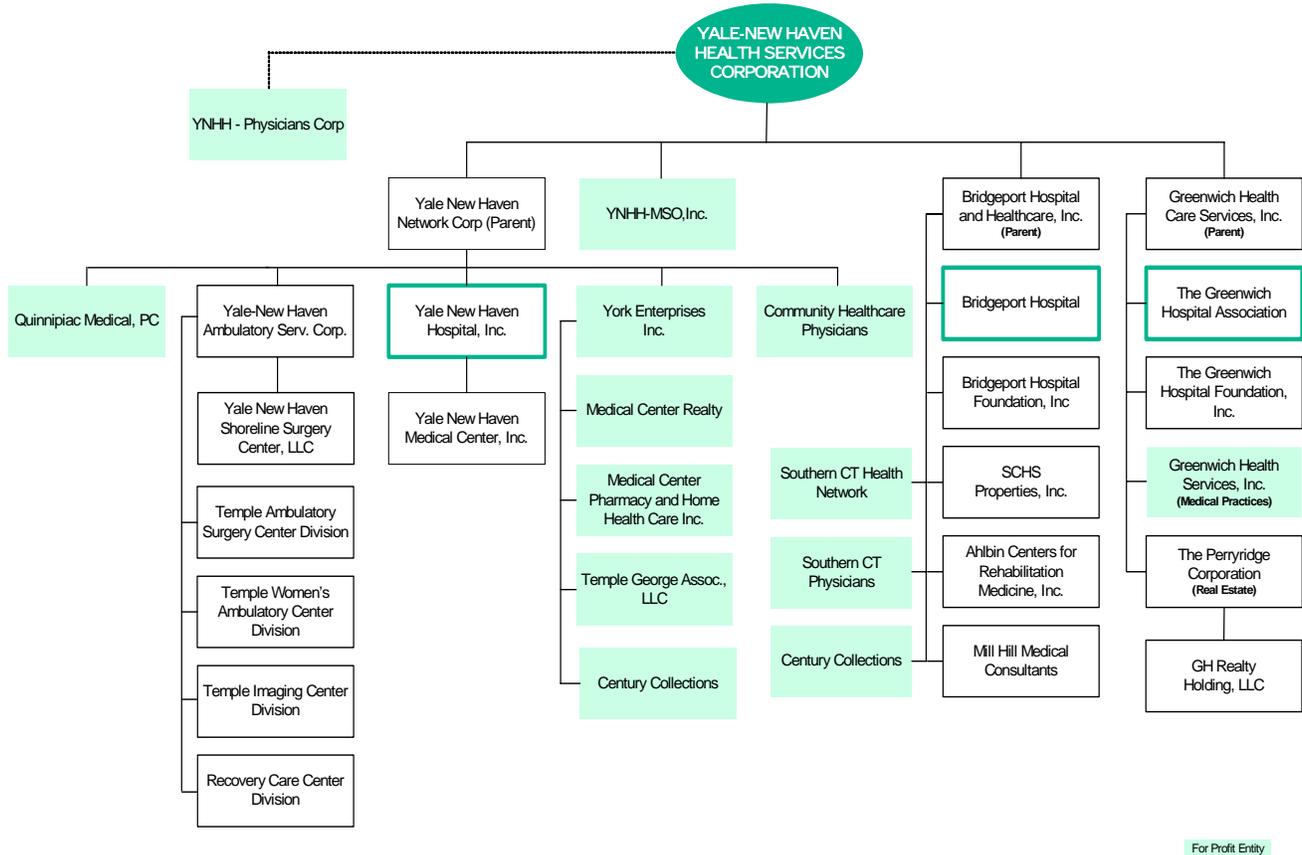
Hospital Net Revenue Payer Mix



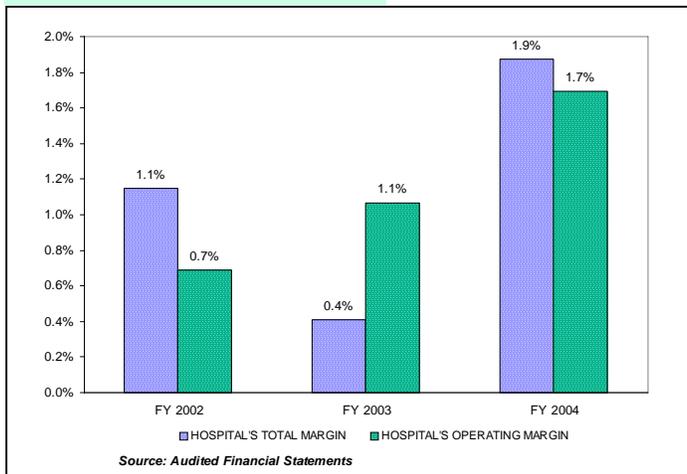
NET ASSETS	2002	2003	2004
Hospital	\$39,261,850	\$37,017,682	\$40,213,228
Health System	\$42,317,739	\$40,247,698	\$43,528,725
REVENUE & EXPENSE SUMMARY			
Net Patient Revenue	\$28,448,301	\$30,790,569	\$32,325,556
Total expenses	\$30,422,704	\$33,836,290	\$34,748,235
Uncompensated Care Cost	\$428,937	\$220,778	\$782,995
Uncompensated care % of total expenses	1.4%	0.7%	2.3%
Average Managed Care Discounts	28%	33%	46%
COST DATA			
Ratio of cost to charges	0.68	0.65	0.46
Medicare Payment to Cost	0.88	0.84	0.81
Medicaid Payment to Cost	0.71	0.76	0.98
Private Payment to Cost	1.06	1.03	1.13
FINANCIAL MEASURES			
Days of expenses in accounts payable	56	47	63
Days cash on hand	4	5	4
Days of revenue in accounts receivable	34	35	31
Equity financing ratio	40%	33%	36%
UTILIZATION MEASURES			
Patient Days	11,632	11,746	10,591
Discharges	2,536	2,543	2,329
ALOS	4.6	4.6	4.5
Licensed Beds	84	84	84
Occupancy of licensed beds	38%	38%	35%
FTE's	318	325	307

BRIDGEPORT HOSPITAL

Bridgeport Hospital, founded in 1878, is located in Bridgeport and primarily serves the residents of Bridgeport, Easton, Fairfield, Monroe, Stratford, and Trumbull. Bridgeport Hospital's parent corporation is Bridgeport Hospital and Healthcare, Incorporated, an affiliate of the larger Yale-New Haven Health Services Corporation which includes Greenwich Hospital and Yale New Haven Hospital. Reported below is a chart indicating all of the affiliates of Yale New Haven Health Services Corporation, three years of total margins and operating margins and 2004 CON activity for Bridgeport Hospital.



HOSPITAL MARGINS

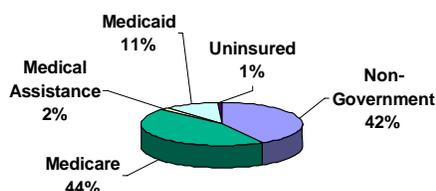


CON ACTIVITY

- Intensity Modulated Radiation Therapy System Upgrade for \$1,370,642.
- Nuclear Camera System Replacement for \$435,588.
- Establish mobile Lithotripsy Service for \$425,000.
- Use a second mobile PET scanner and upgrade both units to PET/CT capability for \$4,900,000.
- Reconfiguration of outpatient services at not cost.

KEY RESULTS - BRIDGEPORT HOSPITAL

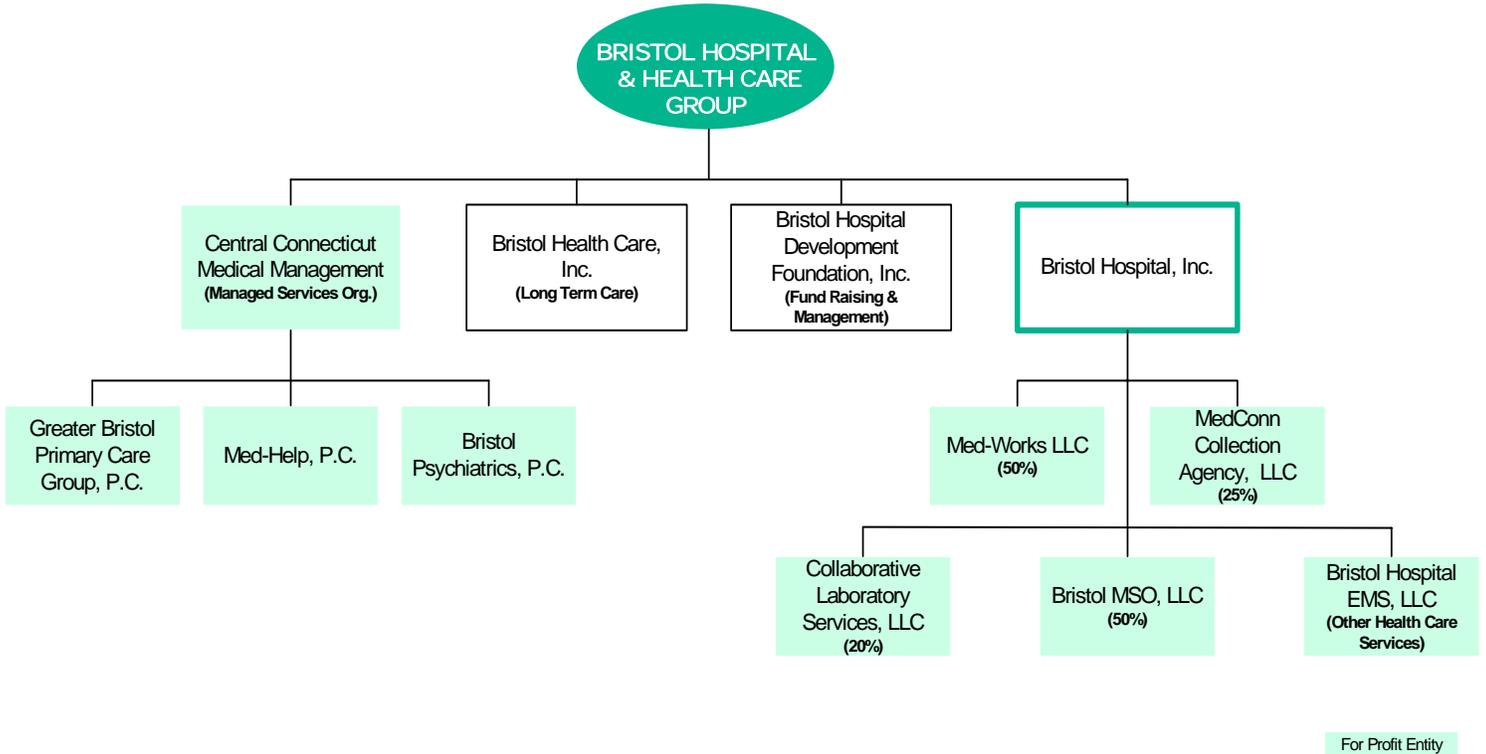
Hospital Net Revenue Payer Mix



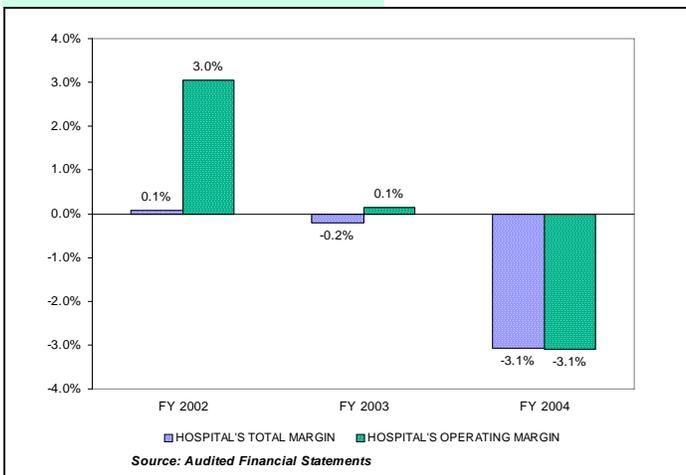
NET ASSETS	2002	2003	2004
Hospital	\$96,284,000	\$92,116,000	\$99,849,000
Health System	\$100,569,000	\$91,890,000	\$99,752,000
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$209,827,021	\$235,882,920	\$255,401,340
Total expenses	\$213,495,462	\$240,858,320	\$256,962,204
Uncompensated Care Cost	\$7,642,921	\$7,137,879	\$8,460,222
Uncompensated care % of total expenses	3.6%	3.0%	3.3%
Average Managed Care Discounts	50%	55%	55%
COST DATA			
Ratio of cost to charges	0.45	0.41	0.39
Medicare Payment to Cost	1.08	1.07	1.10
Medicaid Payment to Cost	0.68	0.68	0.64
Private Payment to Cost	1.14	1.16	1.18
FINANCIAL MEASURES			
Days of expenses in accounts payable	67	60	57
Days cash on hand	27	38	41
Days of revenue in accounts receivable	55	42	38
Equity financing ratio	29%	26%	29%
UTILIZATION MEASURES			
Patient Days	101,110	104,541	107,653
Discharges	19,464	20,014	20,091
ALOS	5.2	5.2	5.4
Licensed Beds	425	425	425
Occupancy of licensed beds	65%	67%	69%
FTE's	1,690	1,850	1,864

BRISTOL HOSPITAL

Bristol Hospital, founded in 1921, is located in Bristol and primarily serves the residents of Bristol and Plymouth. Bristol Hospital's parent corporation is Bristol Hospital and Health Care Group. Reported below is a chart indicating all of the affiliates of Bristol Hospital and Health Care Group, three years of total margins and operating margins and 2004 CON activity for Bristol Hospital.



HOSPITAL MARGINS

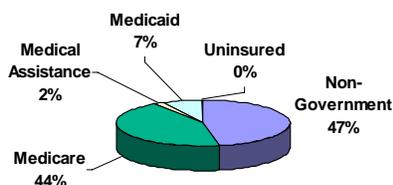


CON ACTIVITY

- Establish mobile PET scanning services at multiple hospital locations at no cost.

KEY RESULTS - BRISTOL HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$43,137,074	\$45,189,959	\$42,201,103
Health System	\$44,223,374	\$46,543,813	\$43,348,434

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$89,940,462	\$91,218,193	\$94,464,256
Total expenses	\$88,471,994	\$91,598,228	\$98,067,128
Uncompensated Care Cost	\$2,657,476	\$2,916,393	\$3,246,559
Uncompensated care % of total expenses	3.0%	3.2%	3.3%
Average Managed Care Discounts	45%	47%	48%

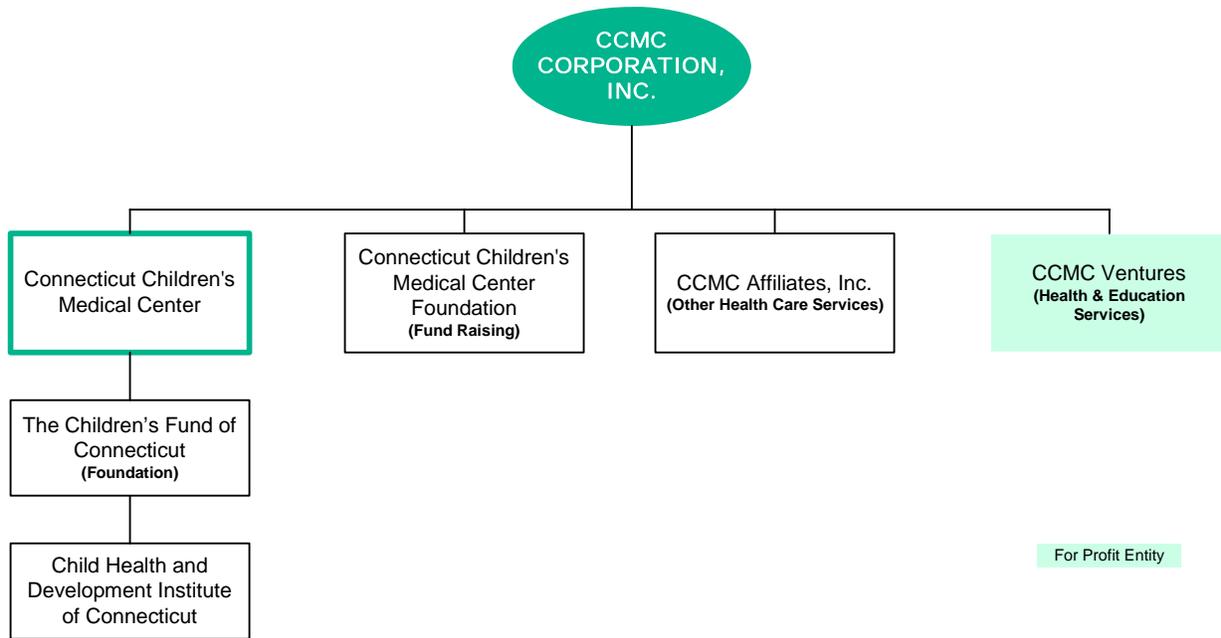
COST DATA	2002	2003	2004
Ratio of cost to charges	0.47	0.47	0.46
Medicare Payment to Cost	0.95	0.95	0.92
Medicaid Payment to Cost	0.82	0.86	0.82
Private Payment to Cost	1.17	1.13	1.11

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	69	56	55
Days cash on hand	66	52	29
Days of revenue in accounts receivable	45	43	47
Equity financing ratio	36%	39%	37%

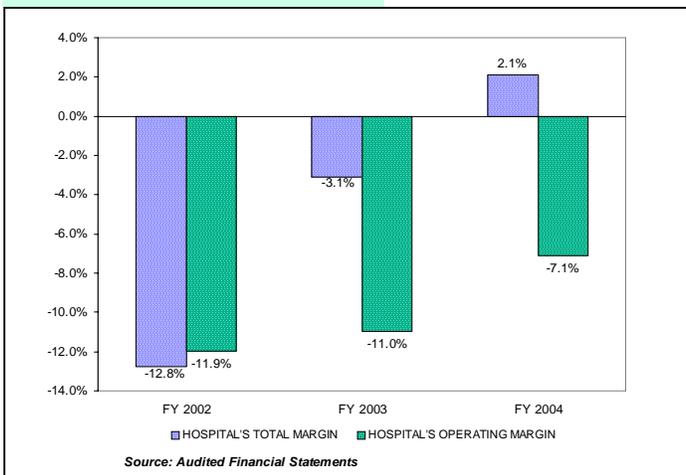
UTILIZATION MEASURES	2002	2003	2004
Patient Days	35,651	34,823	36,826
Discharges	8,350	8,187	8,375
ALOS	4.3	4.3	4.4
Licensed Beds	154	154	154
Occupancy of licensed beds	63%	62%	65%
FTE's	891	904	921

CONNECTICUT CHILDREN'S MEDICAL CENTER

Connecticut Children's Medical Center (CCMC) began operating in 1996 as the successor to Newington Children's Hospital. CCMC is a statewide referral site for pediatric care located in Hartford and primarily serves the residents of Avon, Bloomfield, Bristol, East Hartford, Enfield, Farmington, Glastonbury, Hartford, Manchester, Meriden, Middletown, New Britain, Newington, Simsbury, Southington, Vernon, Waterbury, West Hartford, Wethersfield, and Windsor. CCMC's parent corporation is the CCMC Corporation. Reported below is a chart indicating all of the affiliates of CCMC Corporation, three years of total margins and operating margins and 2004 CON activity for CCMC.



HOSPITAL MARGINS

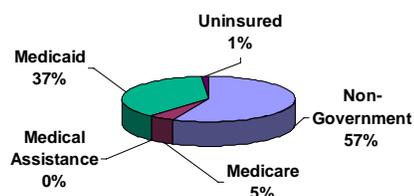


CON ACTIVITY

- Addition of an MRI, replacement of CT Scan equipment and radiology renovation for \$3,750,000.
- Upgrade of emergency department for \$1,500,000.

KEY RESULTS - CONNECTICUT CHILDREN'S MEDICAL CENTER

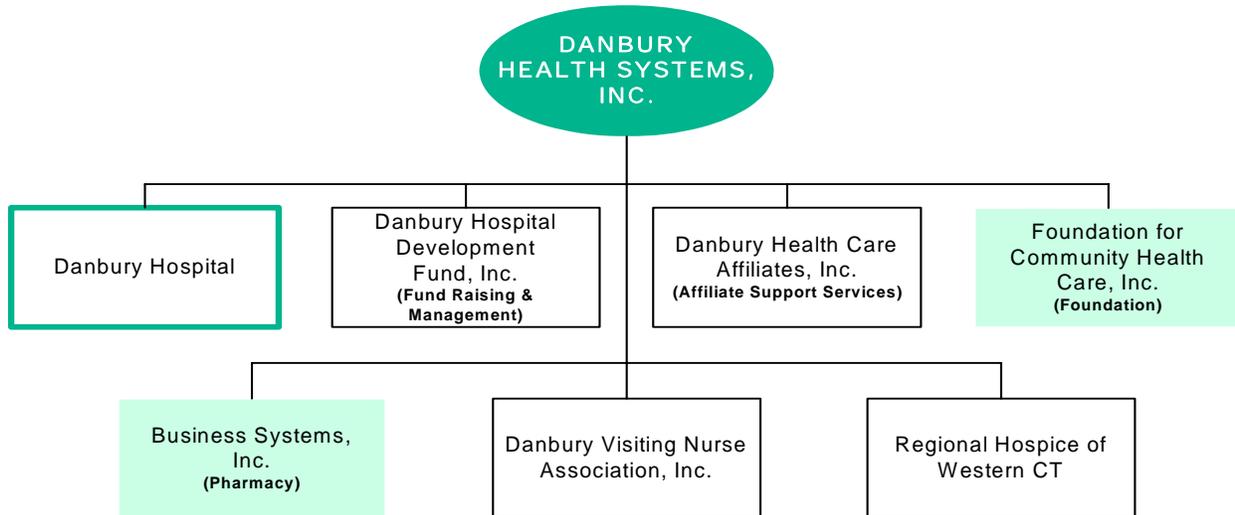
Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$174,524,293	\$184,218,309	\$204,581,050
Health System	\$184,314,923	\$194,025,215	\$207,972,821
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$85,002,579	\$90,619,799	\$97,996,803
Total expenses	\$98,601,301	\$103,673,770	\$107,655,334
Uncompensated Care Cost	\$1,914,397	\$2,341,918	\$1,325,745
Uncompensated care % of total expenses	1.9%	2.3%	1.2%
Average Managed Care Discounts	54%	48%	47%
COST DATA			
Ratio of cost to charges	0.66	0.64	0.61
Medicare Payment to Cost*	64.22	56.50	28.02
Medicaid Payment to Cost	0.92	0.94	0.87
Private Payment to Cost	0.78	0.80	0.90
FINANCIAL MEASURES			
Days of expenses in accounts payable	84	75	69
Days cash on hand	9	10	9
Days of revenue in accounts receivable	43	38	36
Equity financing ratio	42%	42%	45%
UTILIZATION MEASURES			
Patient Days	31,446	31,821	30,857
Discharges	4,954	5,223	5,521
ALOS	6.4	6.1	5.6
Licensed Beds	123	123	123
Occupancy of licensed beds	70%	71%	68%
FTE's	794	833	847
(*Calculation includes Graduate Medical Education Payments)			

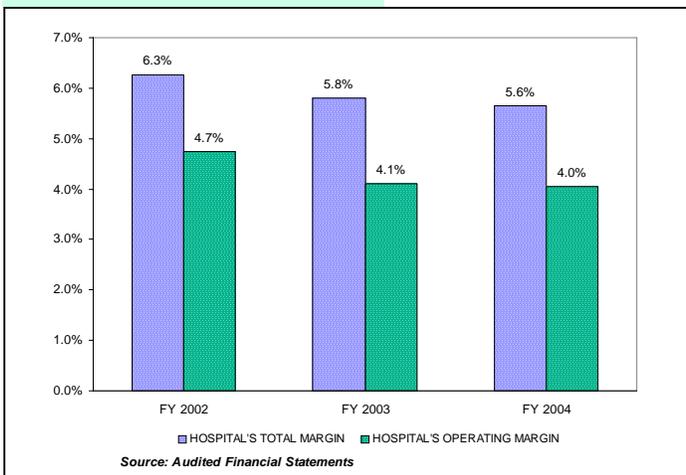
DANBURY HOSPITAL

The Danbury Hospital, founded in 1885, is located in Danbury and primarily serves the residents of Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, Newtown, Redding, Ridgefield, Sherman, and Southbury. Danbury Hospital's parent corporation is Danbury Health Systems, Incorporated. Reported below is a chart indicating all of the affiliates of Danbury Health Systems Incorporated, three years of total margins and operating margins and 2004 CON activity for Danbury Hospital.



For Profit Entity

HOSPITAL MARGINS

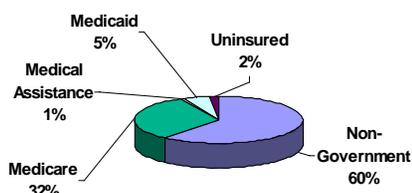


CON ACTIVITY

- Termination of Hospital's outpatient detoxification program at no cost.
- Acquisition of a new 3.0 Tesla MRI unit for \$3,778,462.
- Purchase of monitors for \$2,700,000.
- Establish regional primary and elective angiography and open heart surgery program for \$5,691,866.
- Use a second mobile PET scanner and upgrade both units to PET/CT capability at no cost.

KEY RESULTS - DANBURY HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$196,573,806	\$226,683,985	\$250,866,741
Health System	\$171,754,905	\$171,646,582	\$215,986,721

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$246,911,982	\$278,531,574	\$306,005,239
Total expenses	\$236,705,895	\$266,073,794	\$288,820,415
Uncompensated Care Cost	\$7,488,225	\$7,377,156	\$8,646,656
Uncompensated care % of total expenses	3.2%	2.8%	3.0%
Average Managed Care Discounts	33%	32%	31%

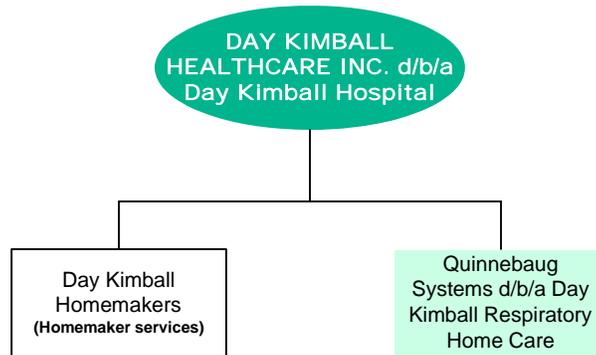
COST DATA	2002	2003	2004
Ratio of cost to charges	0.52	0.52	0.50
Medicare Payment to Cost	0.96	0.88	0.85
Medicaid Payment to Cost	0.46	0.67	0.77
Private Payment to Cost	1.24	1.28	1.33

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	50	46	41
Days cash on hand	58	63	65
Days of revenue in accounts receivable	51	44	41
Equity financing ratio	54%	57%	59%

UTILIZATION MEASURES	2002	2003	2004
Patient Days	76,162	78,184	78,921
Discharges	18,628	19,008	19,548
ALOS	4.1	4.1	4.0
Licensed Beds	371	371	371
Occupancy of licensed beds	56%	58%	58%
FTE's	1,995	2,103	2,176

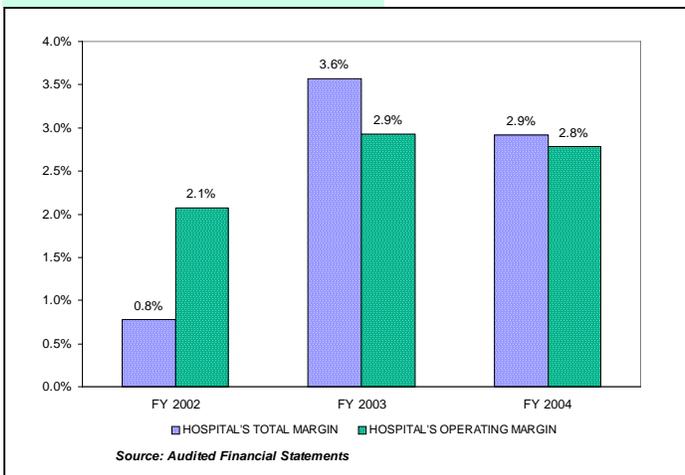
DAY KIMBALL HOSPITAL

Day Kimball Hospital, founded in 1894, is located in Putnam and primarily serves the residents of Brooklyn, Eastford, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, and Woodstock. Day Kimball Hospital's parent corporation is Day Kimball Health Care Inc. Reported below is a chart indicating all of the affiliates of Day Kimball Health Care Inc., three years of total margins and operating margins and 2004 CON activity for Day Kimball Hospital.



For-profit Entity

HOSPITAL MARGINS

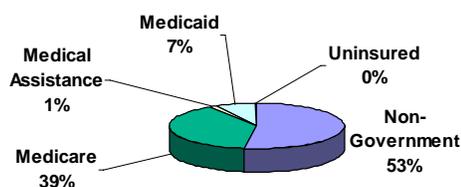


CON ACTIVITY

- Fee for service arrangement with Anesthesiologists at no cost.
- Mobile PET service at Hospital by Alliance Imaging, Inc. for \$1,695,000.
- Picture Archiving and Communications System (PACS) for \$1,757,511.

KEY RESULTS - DAY KIMBALL HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$37,029,303	\$41,510,746	\$46,172,036
Health System	\$39,197,071	\$42,234,244	\$46,559,766

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$73,018,348	\$74,844,295	\$77,633,154
Total expenses	\$73,607,702	\$74,717,274	\$77,747,689
Uncompensated Care Cost	\$1,377,165	\$2,050,859	\$1,781,698
Uncompensated care % of total expenses	1.9%	2.7%	2.3%
Average Managed Care Discounts	23%	24%	27%

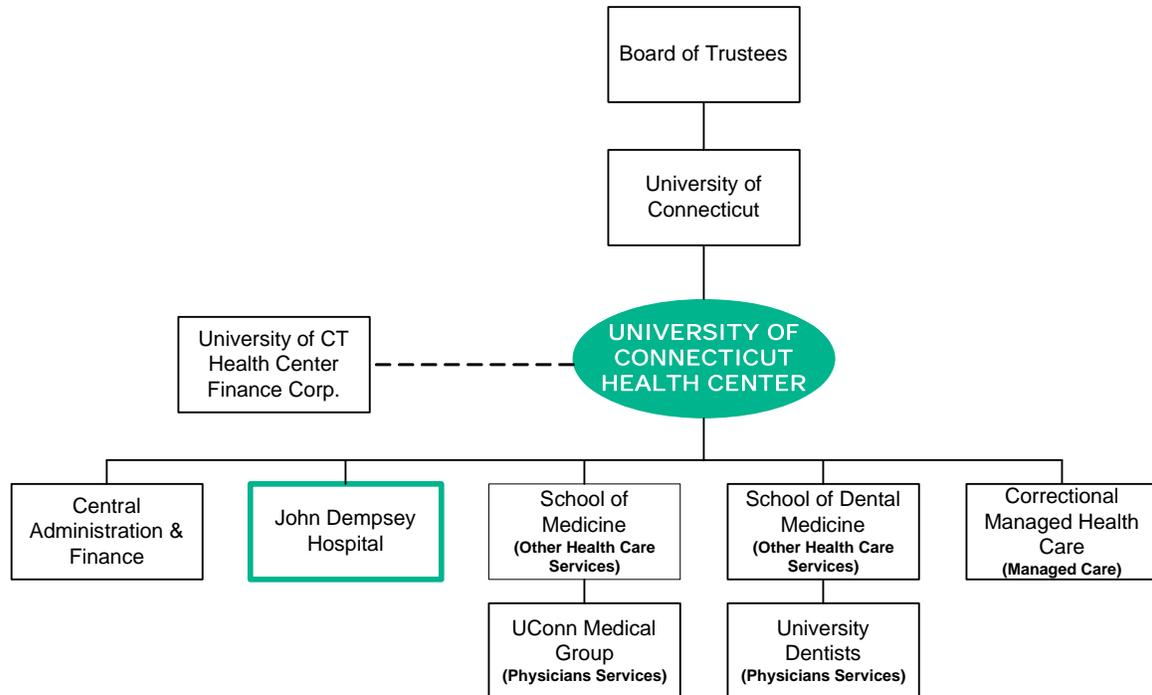
COST DATA	2002	2003	2004
Ratio of cost to charges	0.62	0.59	0.57
Medicare Payment to Cost	0.91	0.93	0.94
Medicaid Payment to Cost	0.67	0.66	0.63
Private Payment to Cost	1.23	1.24	1.25

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	64	53	65
Days cash on hand	103	59	54
Days of revenue in accounts receivable	48	53	48
Equity financing ratio	39%	43%	50%

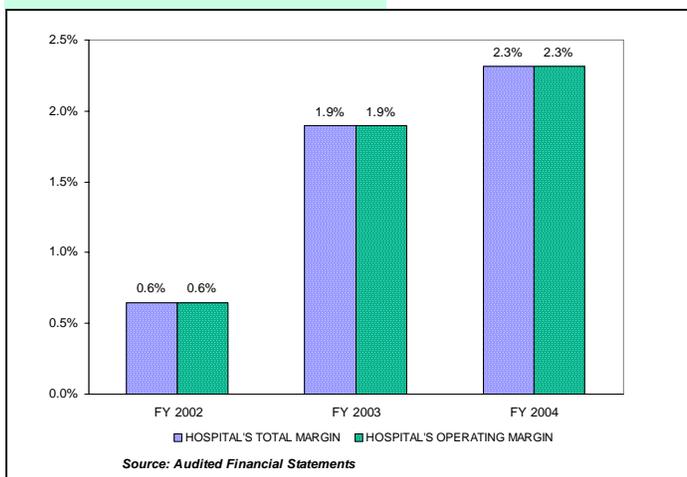
UTILIZATION MEASURES	2002	2003	2004
Patient Days	22,208	23,032	22,892
Discharges	5,904	6,430	6,480
ALOS	3.8	3.6	3.5
Licensed Beds	122	122	122
Occupancy of licensed beds	50%	52%	51%
FTE's	702	708	701

JOHN DEMPSEY HOSPITAL

John Dempsey Hospital, located in Farmington, was founded in 1975 as the teaching hospital of the University of Connecticut Health Center and is also a statewide referral site for tertiary care. John Dempsey Hospital primarily serves the residents of Avon, Bloomfield, Bristol, Canton, East Hartford, Farmington, Hartford, Manchester, New Britain, Newington, Rocky Hill, Simsbury, Southington, Torrington, and West Hartford. John Dempsey Hospital's parent corporation is the University of Connecticut Health Center. Reported below is a chart indicating all of the affiliates of the University of Connecticut Health Center, three years of total margins and operating margins and 2004 CON activity for John Dempsey Hospital.



HOSPITAL MARGINS

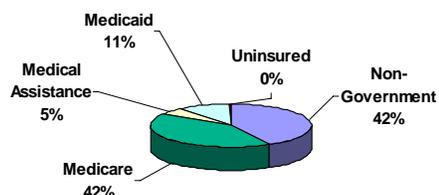


CON ACTIVITY

- Acquisition of a multi-slice CT scanner for \$1,996,941.
- Relocation of ambulatory radiology services and related replacement equipment for \$924,000.
- Termination of Bone Marrow Transplant services at no cost.
- Replacement of CT Scanner for \$965,272.
- Joint venture ambulatory surgery center with Health Resources International, LLC for \$300,000.

KEY RESULTS - JOHN DEMPSEY HOSPITAL

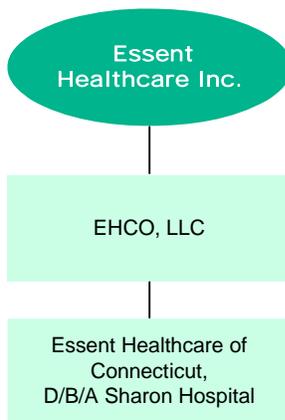
Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$52,014,258	\$55,446,577	\$53,816,541
Health System	\$215,365,776	\$225,766,144	\$230,569,010
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$141,667,074	\$158,105,861	\$181,546,897
Total expenses	\$142,447,811	\$156,507,358	\$178,719,164
Uncompensated Care Cost	\$1,747,457	\$2,224,672	\$2,173,298
Uncompensated care % of total expenses	1.2%	1.4%	1.2%
Average Managed Care Discounts	45%	46%	47%
COST DATA			
Ratio of cost to charges	0.56	0.52	0.52
Medicare Payment to Cost	1.19	1.17	1.20
Medicaid Payment to Cost	0.88	0.91	0.87
Private Payment to Cost	0.98	1.03	1.00
FINANCIAL MEASURES			
Days of expenses in accounts payable	73	69	69
Days cash on hand	0	0	23
Days of revenue in accounts receivable	61	52	43
Equity financing ratio	59%	58%	54%
UTILIZATION MEASURES			
Patient Days	54,547	55,174	59,283
Discharges	8,711	8,953	9,563
ALOS	6.3	6.2	6.2
Licensed Beds	224	224	224
Occupancy of licensed beds	67%	67%	72%
FTE's	1,000	1,046	1,156

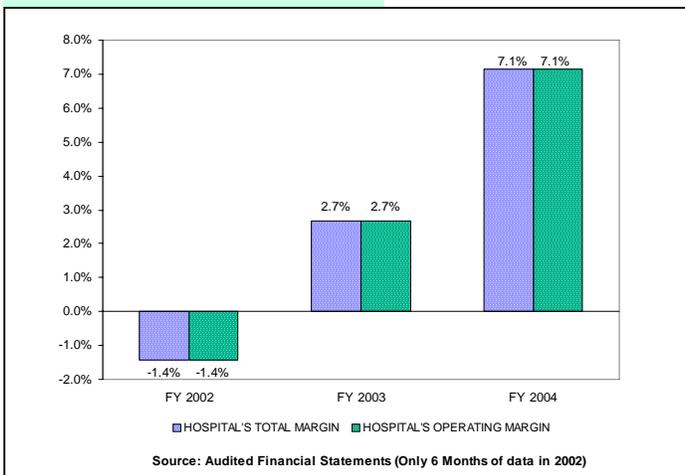
ESSENT-SHARON HOSPITAL

Sharon Hospital, founded in 1909, is located in Sharon and primarily serves the residents of Canaan, Cornwall, Salisbury, Sharon, Warren and some towns in New York State. In April of 2002, Sharon Hospital became the state's first for-profit acute care hospital when it was purchased by Essent Healthcare Incorporated of Nashville Tennessee. Sharon Hospital's parent corporation is Essent Healthcare Incorporated. Reported below is a chart indicating all of the Connecticut affiliates of Essent Healthcare Incorporated, three years of total margins and operating margins and 2004 CON activity for Sharon Hospital.



For Profit Entity

HOSPITAL MARGINS

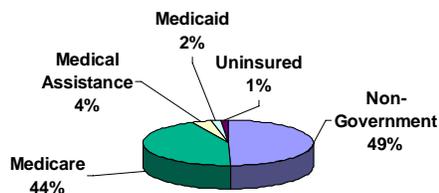


CON ACTIVITY

- No activity to report.

KEY RESULTS - ESSENT SHARON HOSPITAL

Hospital Net Revenue Payer Mix

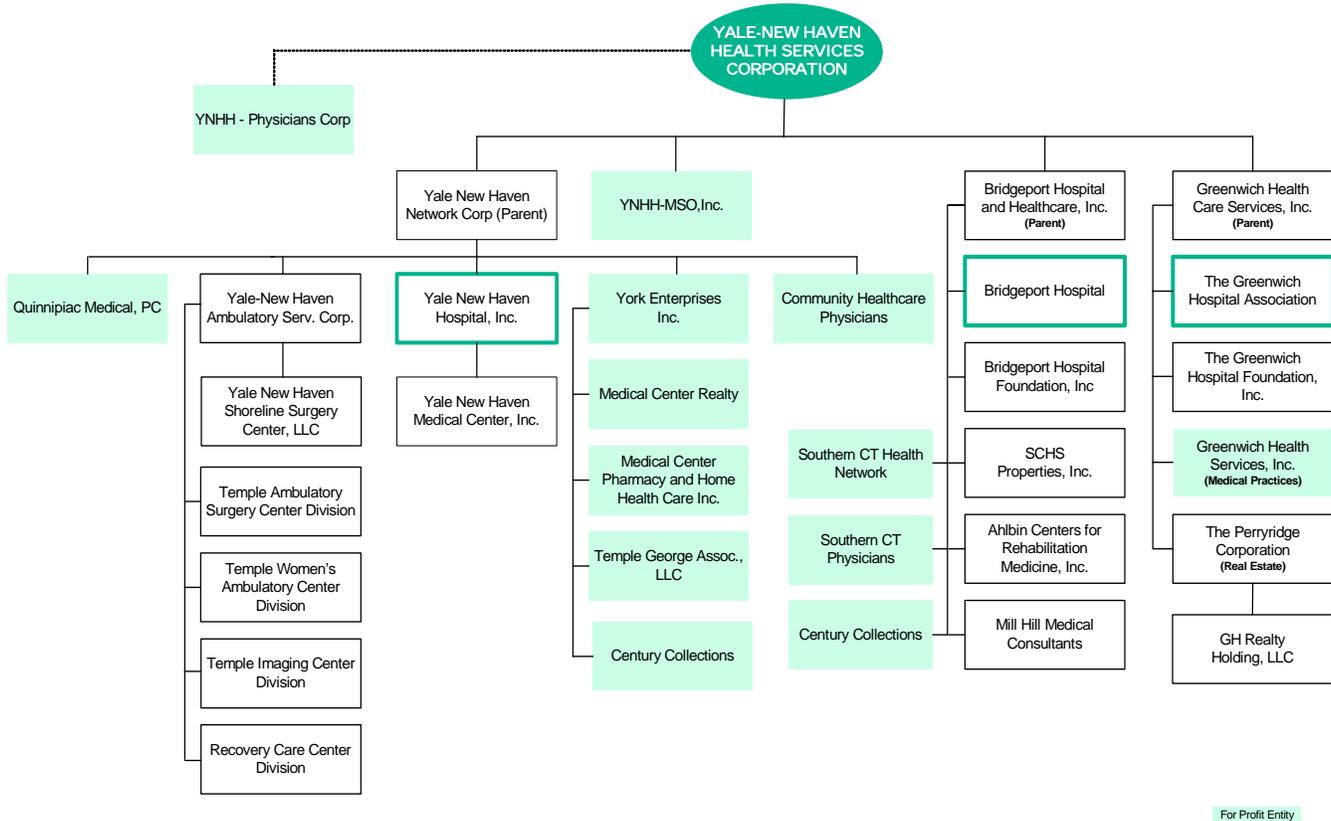


NET ASSETS	2002*	2003	2004
Hospital	-\$146,985	\$992,235	\$4,603,005
Health System	\$12,345,745	\$27,335,646	\$103,489,848
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$17,035,839	\$40,240,114	\$47,999,779
Total expenses	\$17,702,683	\$39,746,410	\$44,911,247
Uncompensated Care Cost	\$858,975	\$1,099,655	\$1,172,322
Uncompensated care % of total expenses	4.9%	2.8%	2.6%
Average Managed Care Discounts	36%	38%	34%
COST DATA			
Ratio of cost to charges	0.53	0.48	0.49
Medicare Payment to Cost	0.78	0.87	0.96
Medicaid Payment to Cost	1.15	0.91	0.77
Private Payment to Cost	1.16	1.20	1.25
FINANCIAL MEASURES			
Days of expenses in accounts payable	119	115	86
Days cash on hand	19	5	4
Days of revenue in accounts receivable	49	43	36
Equity financing ratio	0%	0%	0%
UTILIZATION MEASURES			
Patient Days	5,544	12,083	12,733
Discharges	1,369	2,808	3,041
ALOS	4.1	4.3	4.2
Licensed Beds	94	86	94
Occupancy of licensed beds	16%	38%	35%
FTE's	280	269	287

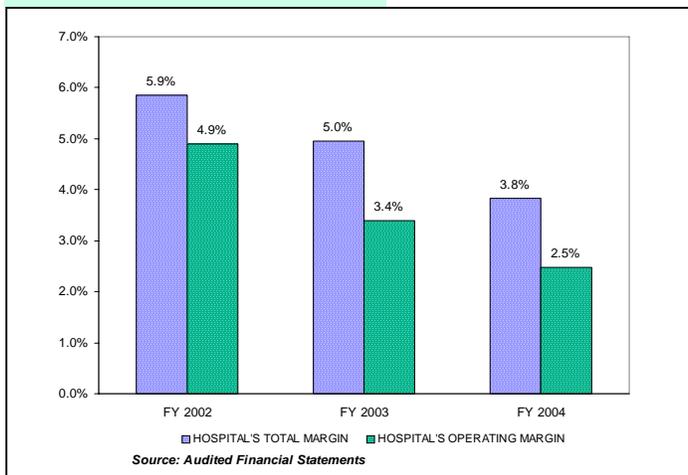
(*Financial data is based on 6 months of activity for FY 2002)

GREENWICH HOSPITAL

Greenwich Hospital, founded in 1903, is located in Greenwich and primarily serves the residents of Greenwich and Westchester County New York. Greenwich Hospital's parent corporation is Greenwich Health Care Services Incorporated, an affiliate of the larger Yale-New Haven Health Services Corporation which includes Bridgeport Hospital and Yale New Haven Hospital. Reported below is a chart indicating all of the affiliates of Yale New Haven Health Services Corporation, three years of total margins and operating margins and 2004 CON activity for Greenwich Hospital.



HOSPITAL MARGINS

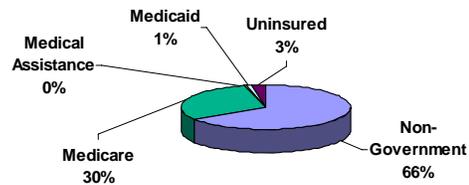


CON ACTIVITY

- Establish lithotripsy services for \$425,000.
- Acquire and install a standby emergency generator for \$1,580,000.
- Use a second mobile PET scanner and upgrade both units to PET/CT capability at no cost.
- Acquisition of an MRI scanner for \$2,874,932.

KEY RESULTS - GREENWICH HOSPITAL

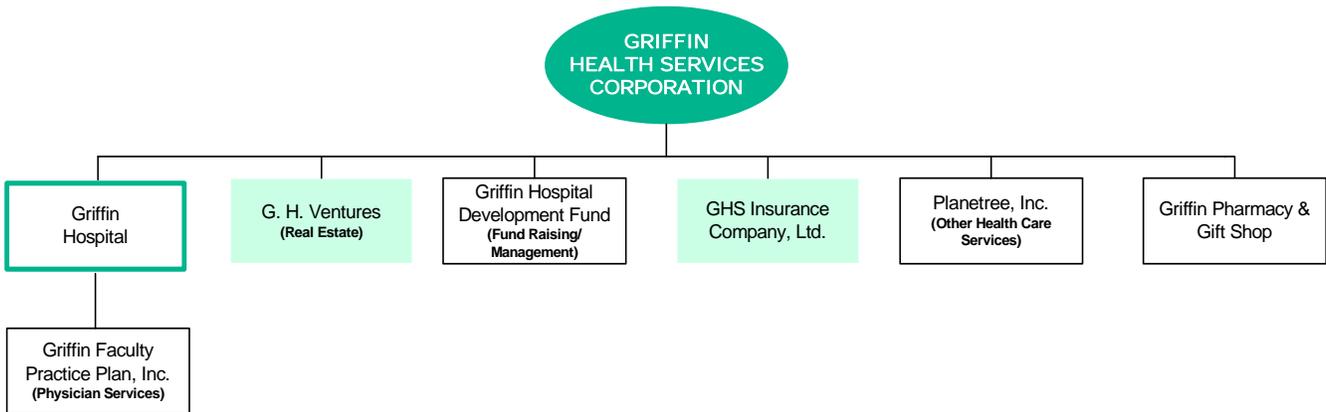
Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$260,766,247	\$286,758,000	\$314,461,000
Health System	\$275,914,936	\$302,712,000	\$331,745,000
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$164,777,029	\$181,900,587	\$201,316,972
Total expenses	\$159,673,556	\$178,834,838	\$198,741,419
Uncompensated Care Cost	\$4,896,486	\$5,869,399	\$7,237,286
Uncompensated care % of total expenses	3.1%	3.3%	3.6%
Average Managed Care Discounts	37%	42%	46%
COST DATA			
Ratio of cost to charges	0.52	0.48	0.45
Medicare Payment to Cost	0.82	0.77	0.81
Medicaid Payment to Cost	0.48	0.61	0.68
Private Payment to Cost	1.25	1.24	1.21
FINANCIAL MEASURES			
Days of expenses in accounts payable	73	66	67
Days cash on hand	48	43	24
Days of revenue in accounts receivable	55	48	45
Equity financing ratio	51%	55%	58%
UTILIZATION MEASURES			
Patient Days	45,690	45,327	47,534
Discharges	10,931	11,088	11,394
ALOS	4.2	4.1	4.2
Licensed Beds	178	178	206
Occupancy of licensed beds	70%	70%	63%
FTE's	1,252	1,306	1,345

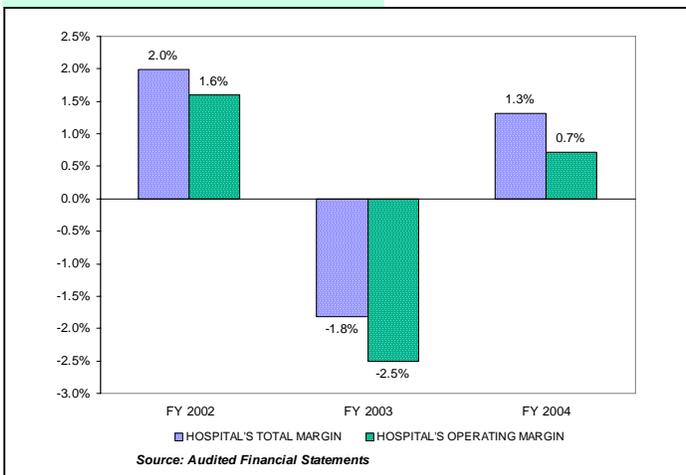
GRIFFIN HOSPITAL

Griffin Hospital was founded in 1909 as Derby Hospital and primarily serves the residents of Ansonia, Beacon Falls, Derby, Oxford, Seymour, and Shelton. Griffin Hospital's parent corporation is Griffin Health Services Corporation. Reported below is a chart indicating all of the affiliates of Griffin Health Services Corporation, three years of total margins and operating margins and 2004 CON activity for Griffin Hospital.



For Profit Entity

HOSPITAL MARGINS

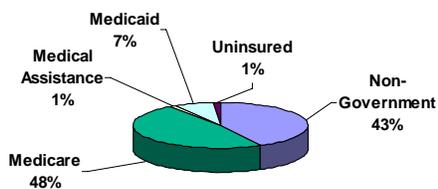


CON ACTIVITY

- Kitchen and cafeteria renovation project for \$1,381,872.
- Merger of Hospital and Valley Mental Health Center related to outpatient psych services for \$500,000.
- Establish mobile PET scanning services at multiple hospital locations for \$0.

KEY RESULTS - GRIFFIN HOSPITAL

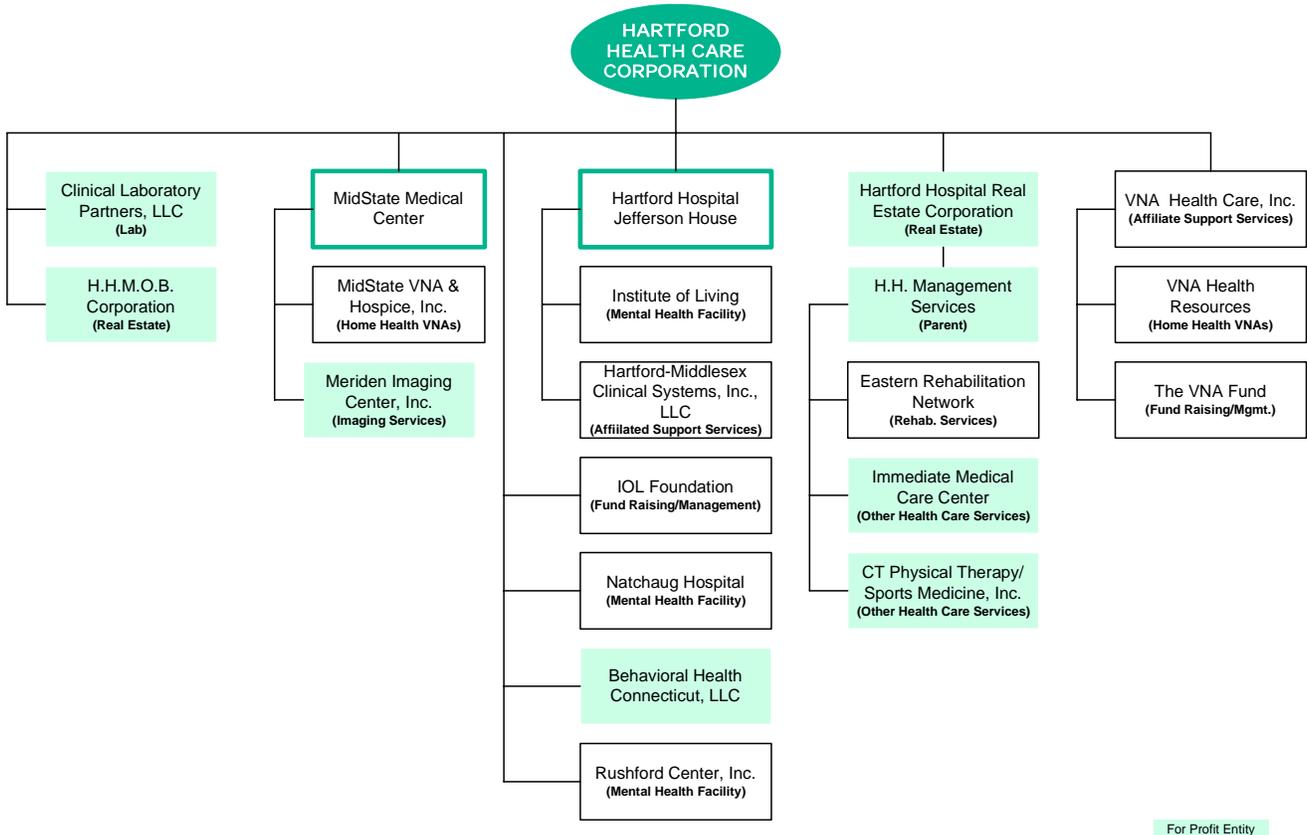
Hospital Net Revenue Payer Mix



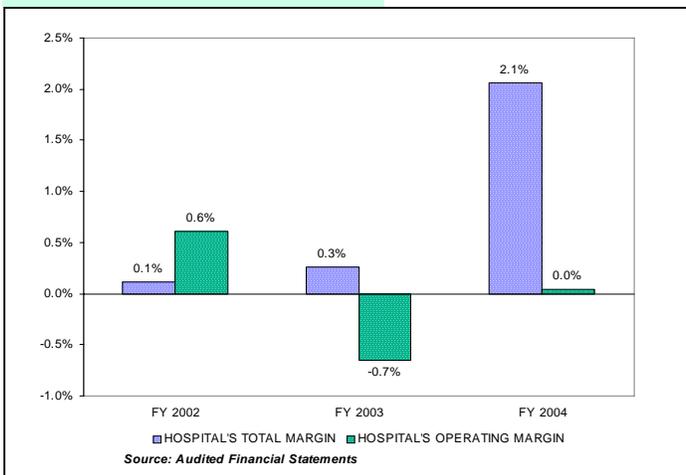
NET ASSETS	2002	2003	2004
Hospital	\$12,338,213	\$9,916,590	\$9,029,316
Health System	\$14,008,990	\$12,029,714	\$11,238,692
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$76,068,445	\$76,395,528	\$84,878,189
Total expenses	\$75,518,264	\$79,376,092	\$84,394,953
Uncompensated Care Cost	\$1,713,382	\$1,790,694	\$2,994,165
Uncompensated care % of total expenses	2.3%	2.3%	3.5%
Average Managed Care Discounts	56%	56%	59%
COST DATA			
Ratio of cost to charges	0.38	0.40	0.35
Medicare Payment to Cost	0.98	0.92	1.04
Medicaid Payment to Cost	0.89	0.77	0.82
Private Payment to Cost	1.02	0.98	1.07
FINANCIAL MEASURES			
Days of expenses in accounts payable	46	53	47
Days cash on hand	31	30	34
Days of revenue in accounts receivable	47	48	39
Equity financing ratio	12%	9%	7%
UTILIZATION MEASURES			
Patient Days	30,777	28,694	32,304
Discharges	7,468	7,215	7,348
ALOS	4.1	4.0	4.4
Licensed Beds	175	175	180
Occupancy of licensed beds	48%	45%	49%
FTE's	761	777	810

HARTFORD HOSPITAL

Hartford Hospital, founded in 1854, is located in Hartford and primarily serves the residents of Avon, Berlin, Bloomfield, Canton, Colebrook, East Granby, East Hartford, Ellington, Glastonbury, Granby, Hartford, Hartland, Hebron, Marlborough, Newington, Rocky Hill, Simsbury, Tolland, Wallingford, West Hartford, Wethersfield, and Windsor. Hartford Hospital's parent corporation is Hartford Health Care Corporation which also includes Midstate Medical Center. Reported below is a chart indicating all of the affiliates of Hartford Health Care Corporation, three years of total margins and operating margins and 2004 CON activity for Hartford Hospital.



HOSPITAL MARGINS

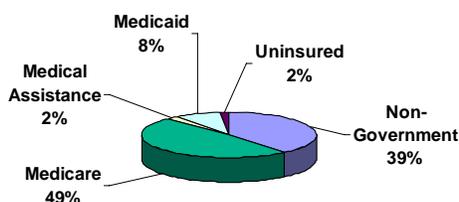


CON ACTIVITY

- Acquisition of da Vinci Surgical System for \$1,159,276.
- Replacement of two cardiac catheterization labs and associated renovations for \$3,416,712.
- Transfer/change ownership or control of Behavioral Health Partial Hospital and Outpatient Programs for \$750,000.
- Refurbish Donnelly Building patient rooms for \$639,257.

KEY RESULTS - HARTFORD HOSPITAL

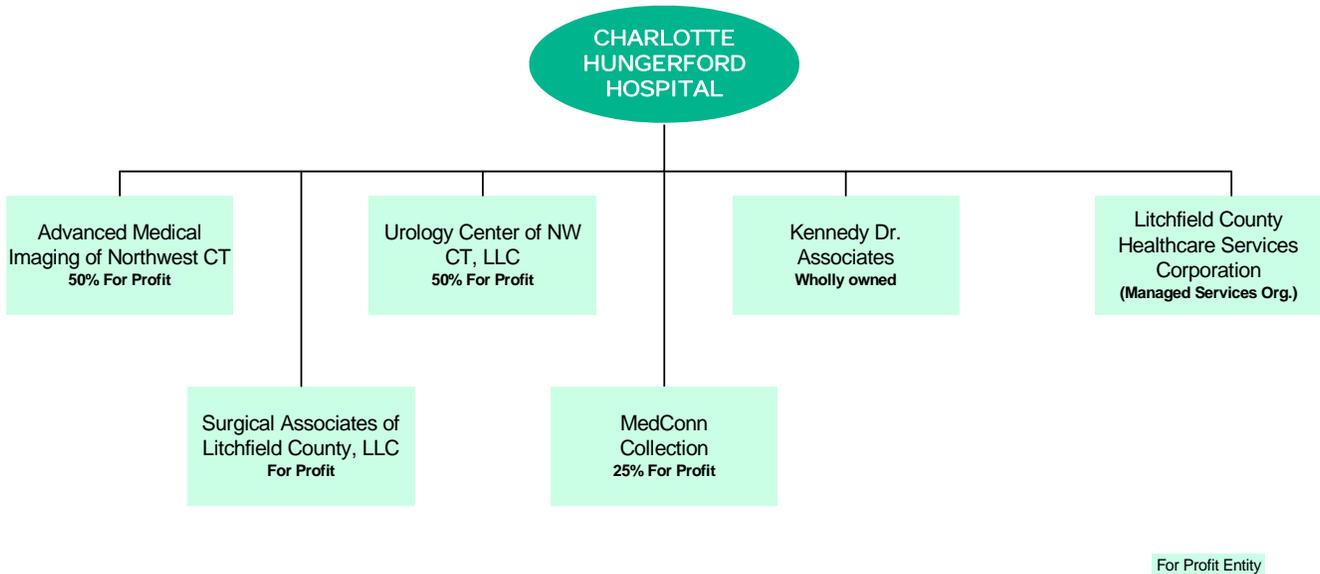
Hospital Net Revenue Payer Mix



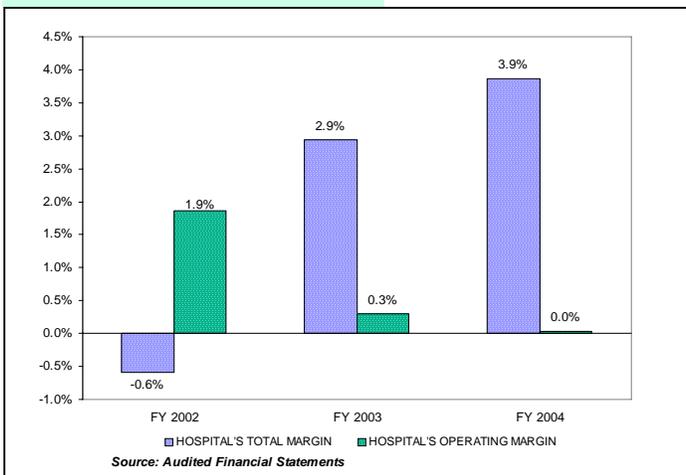
NET ASSETS	2002	2003	2004
Hospital	\$769,390,305	\$671,554,562	\$703,473,280
Health System	\$807,935,021	\$861,111,893	\$907,597,630
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$448,641,783	\$475,231,245	\$513,463,501
Total expenses	\$452,366,512	\$487,026,318	\$521,342,927
Uncompensated Care Cost	\$20,538,823	\$18,221,337	\$18,944,057
Uncompensated care % of total expenses	4.5%	3.7%	3.6%
Average Managed Care Discounts	41%	43%	45%
COST DATA			
Ratio of cost to charges	0.60	0.57	0.52
Medicare Payment to Cost	1.12	1.06	1.06
Medicaid Payment to Cost	0.78	0.69	0.71
Private Payment to Cost	0.98	1.03	1.09
FINANCIAL MEASURES			
Days of expenses in accounts payable	50	46	43
Days cash on hand	-1	5	12
Days of revenue in accounts receivable	54	48	46
Equity financing ratio	48%	49%	49%
UTILIZATION MEASURES			
Patient Days	210,432	212,886	219,452
Discharges	37,561	36,806	37,446
ALOS	5.6	5.8	5.9
Licensed Beds	867	867	867
Occupancy of licensed beds	66%	67%	69%
FTE's	4,859	4,995	5,029

CHARLOTTE HUNGERFORD HOSPITAL

The Charlotte Hungerford Hospital, founded in 1916, is located in Torrington and primarily serves the residents of Barkhamsted, Colebrook, Goshen, Harwinton, Litchfield, Morris, New Hartford, Norfolk, Torrington, and Winchester. Charlotte Hungerford Hospital does not have a parent corporation. Reported below is a chart indicating all of the affiliates of Charlotte Hungerford Hospital, three years of total margins and operating margins and 2004 CON activity for Charlotte Hungerford Hospital.



HOSPITAL MARGINS

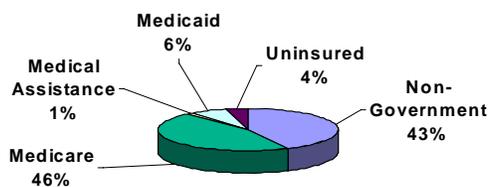


CON ACTIVITY

- Acquire and implement a Picture Archiving and Communications System (PACS) for \$1,596,811.
- Mobile MRI services for \$300,000.
- Add an additional day for Mobile PET scanning services at the Winsted Campus for \$1,695,000.
- Establish mobile PET scanning services at multiple hospital locations at no cost.

KEY RESULTS - CHARLOTTE HUNGERFORD HOSPITAL

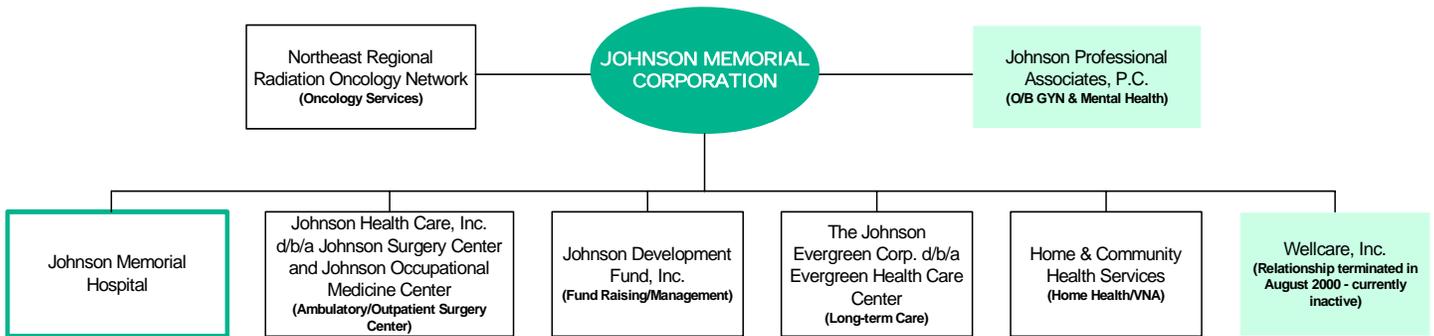
Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$70,446,961	\$75,361,528	\$81,132,600
Health System	\$70,446,961	\$75,383,906	\$81,239,353
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$68,569,434	\$72,668,396	\$74,802,449
Total expenses	\$69,956,878	\$73,278,574	\$75,702,140
Uncompensated Care Cost	\$1,370,949	\$1,141,603	\$1,295,506
Uncompensated care % of total expenses	2.0%	1.6%	1.7%
Average Managed Care Discounts	30%	34%	38%
COST DATA			
Ratio of cost to charges	0.62	0.60	0.57
Medicare Payment to Cost	0.94	1.00	0.99
Medicaid Payment to Cost	0.60	0.55	0.67
Private Payment to Cost	1.14	1.11	1.09
FINANCIAL MEASURES			
Days of expenses in accounts payable	49	49	54
Days cash on hand	15	13	9
Days of revenue in accounts receivable	36	33	37
Equity financing ratio	55%	57%	59%
UTILIZATION MEASURES			
Patient Days	28,917	29,271	28,359
Discharges	6,162	6,432	6,328
ALOS	4.7	4.6	4.5
Licensed Beds	122	124	122
Occupancy of licensed beds	65%	65%	63%
FTE's	661	687	697

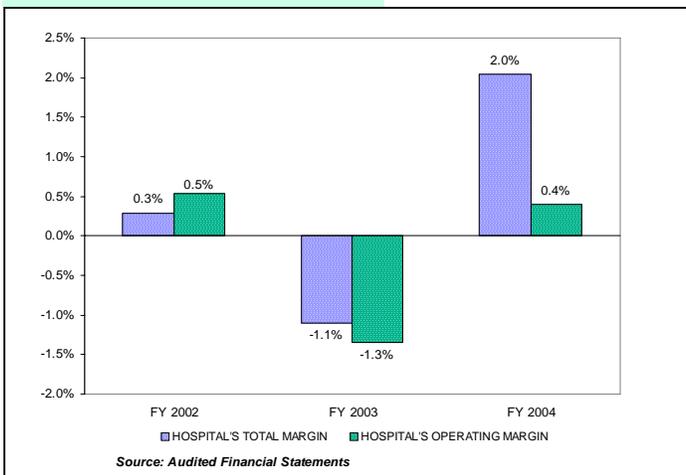
JOHNSON MEMORIAL HOSPITAL

Johnson Memorial Hospital, founded in 1912, is located in Stafford and primarily serves the towns of Enfield, Somers, Stafford, and Union. Johnson Memorial Hospital's parent corporation is Johnson Memorial Corporation. Reported below is a chart indicating all of the affiliates of Johnson Memorial Corporation, three years of total margins and operating margins and 2004 CON activity for the Johnson Memorial Hospital.



For Profit Entity

HOSPITAL MARGINS

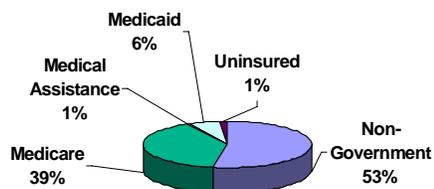


CON ACTIVITY

- Establish Lithotripsy services for \$600,000.

KEY RESULTS - JOHNSON MEMORIAL HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$26,532,575	\$24,417,302	\$22,099,417
Health System	\$25,359,411	\$23,475,152	\$19,647,604

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$39,003,235	\$42,577,914	\$47,677,541
Total expenses	\$40,074,036	\$43,904,300	\$48,142,330
Uncompensated Care Cost	\$2,211,272	\$1,502,712	\$1,604,252
Uncompensated care % of total expenses	5.5%	3.4%	3.3%
Average Managed Care Discounts	53%	63%	56%

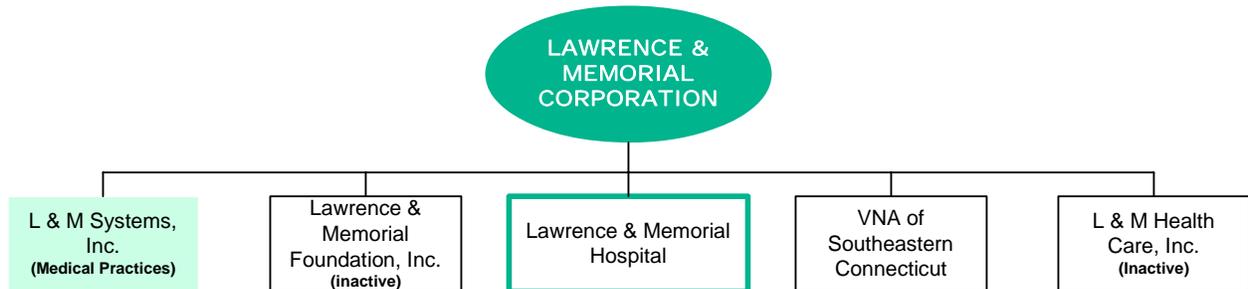
COST DATA	2002	2003	2004
Ratio of cost to charges	0.41	0.39	0.34
Medicare Payment to Cost	0.86	0.96	0.84
Medicaid Payment to Cost	0.73	0.75	0.88
Private Payment to Cost	1.18	1.06	1.21

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	50	85	64
Days cash on hand	3	2	5
Days of revenue in accounts receivable	69	70	60
Equity financing ratio	59%	51%	45%

UTILIZATION MEASURES	2002	2003	2004
Patient Days	16,272	17,560	19,052
Discharges	3,641	3,711	3,634
ALOS	4.5	4.7	5.2
Licensed Beds	98	98	98
Occupancy of licensed beds	45%	49%	53%
FTE's	445	456	468

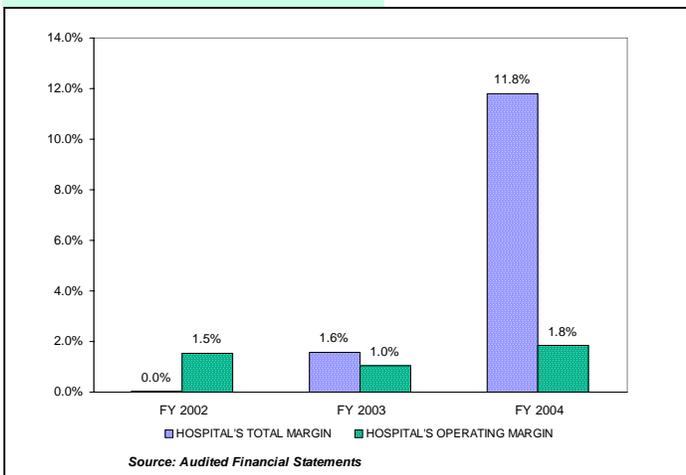
LAWRENCE & MEMORIAL HOSPITAL

Lawrence and Memorial Hospital, founded 1912, is located in New London and primarily serves the residents of East Lyme, Groton, Ledyard, Montville, New London, North Stonington, Old Lyme & Lyme, Salem, Stonington, and Waterford. Lawrence & Memorial Hospital's parent corporation is Lawrence & Memorial Corporation. Reported below is a chart indicating all of the affiliates of Lawrence & Memorial Corporation, three years of total margins and operating margins and 2004 CON activity for the Lawrence & Memorial Hospital.



For Profit Entity

HOSPITAL MARGINS

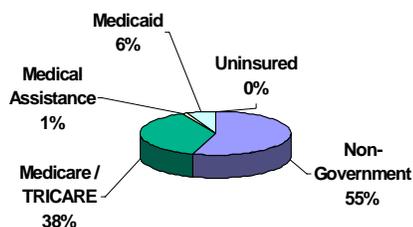


CON ACTIVITY

- Expansion of Pequot Medical Center to include ASC and MRI for \$2,097,410.
- Relocation of Post-Rehabilitation personal training fitness program for \$201,000.

KEY RESULTS - LAWRENCE & MEMORIAL HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$97,998,502	\$105,017,709	\$139,507,538
Health System	\$135,301,887	\$150,405,371	\$185,712,507

REVENUE & EXPENSE SUMMARY

Net patient revenue	\$172,821,140	\$191,053,452	\$195,579,391
Total expenses	\$174,455,680	\$191,442,995	\$192,685,674
Uncompensated Care Cost	\$5,992,742	\$7,033,201	\$6,646,309
Uncompensated care % of total expenses	3.4%	3.7%	3.4%
Average Managed Care Discounts	26%	28%	30%

COST DATA

Ratio of cost to charges	0.53	0.53	0.52
Medicare Payment to Cost	0.82	0.88	0.90
Medicaid Payment to Cost	0.79	0.69	0.69
Private Payment to Cost	1.30	1.26	1.27

FINANCIAL MEASURES

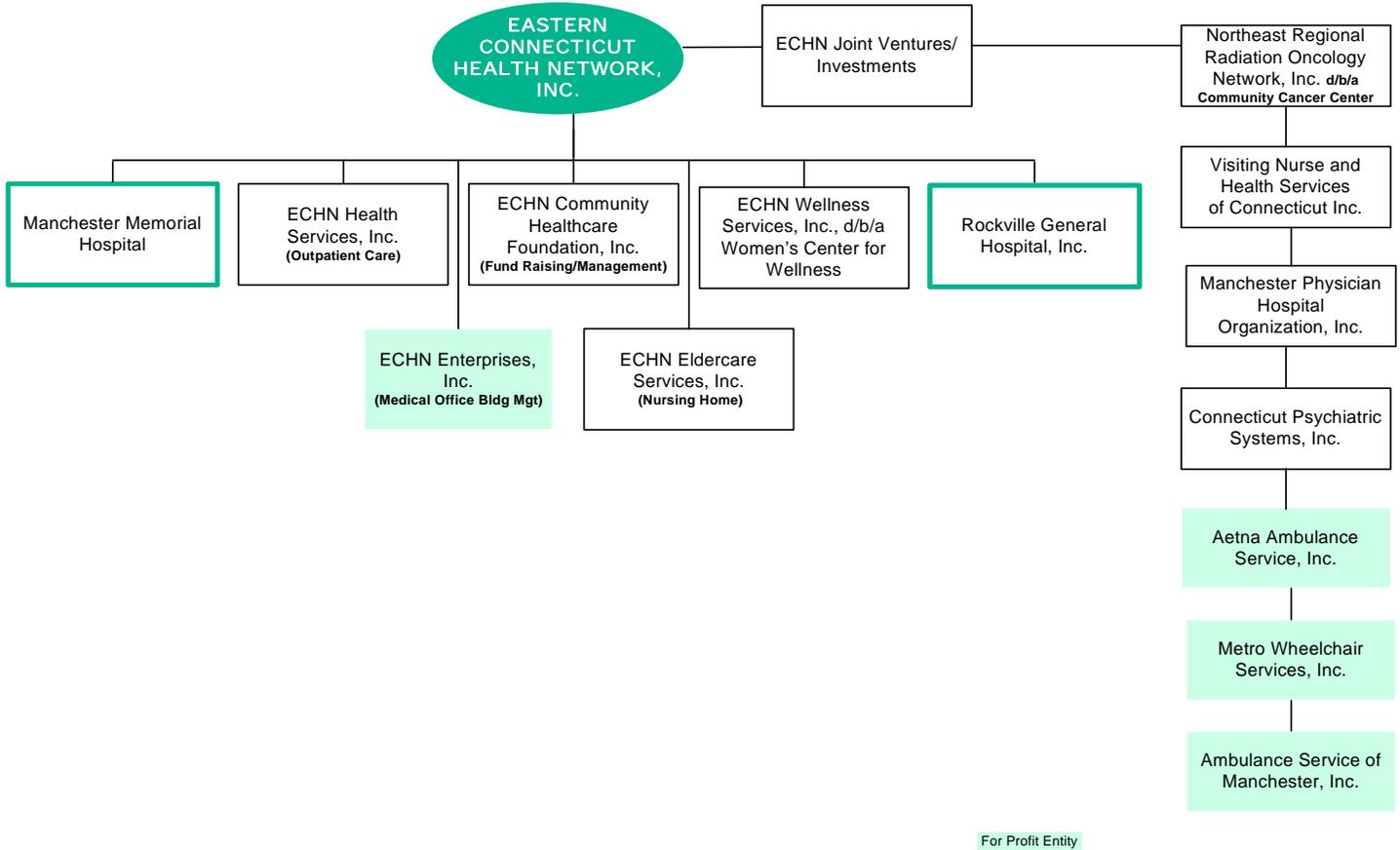
Days of expenses in accounts payable	72	64	68
Days cash on hand	56	44	15
Days of revenue in accounts receivable	45	48	45
Equity financing ratio	38%	38%	45%

UTILIZATION MEASURES

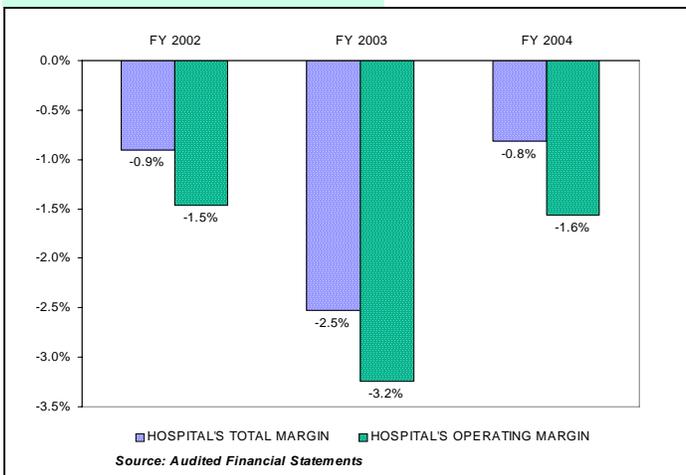
Patient Days	71,971	72,583	68,730
Discharges	15,108	15,382	14,868
ALOS	4.8	4.7	4.6
Licensed Beds	308	308	308
Occupancy of licensed beds	64%	64%	61%
FTE's	1,677	1,737	1,769

MANCHESTER MEMORIAL HOSPITAL

Manchester Memorial Hospital (MMH), founded in 1919, is located in Manchester and primarily serves the residents of Bolton, East Hartford, Manchester, South Windsor, and Vernon. Manchester Memorial Hospital's parent corporation is Eastern Connecticut Health Network Incorporated (ECHN) which is also the parent corporation of Rockville General Hospital. Reported below is a chart indicating all of the affiliates of Eastern Connecticut Health Network Incorporated, three years of total margins and operating margins and 2004 CON activity for the Manchester Memorial Hospital.



HOSPITAL MARGINS

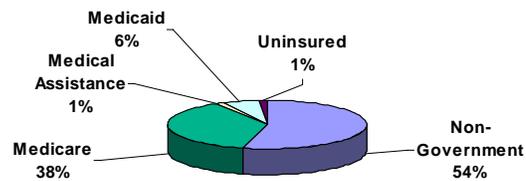


CON ACTIVITY

- Closure of satellite urgent care facility at no cost.
- Conversion of GI procedure rooms to operating rooms for \$900,000.

KEY RESULTS - MANCHESTER MEMORIAL HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$41,560,847	\$40,143,763	\$34,078,205
Health System	\$49,164,019	\$49,236,854	\$44,099,565

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$101,595,818	\$110,904,176	\$116,541,378
Total expenses	\$110,755,870	\$118,731,596	\$123,289,732
Uncompensated Care Cost	\$1,954,638	\$2,403,677	\$2,489,984
Uncompensated care % of total expenses	1.8%	2.0%	2.0%
Average Managed Care Discounts	47%	48%	45%

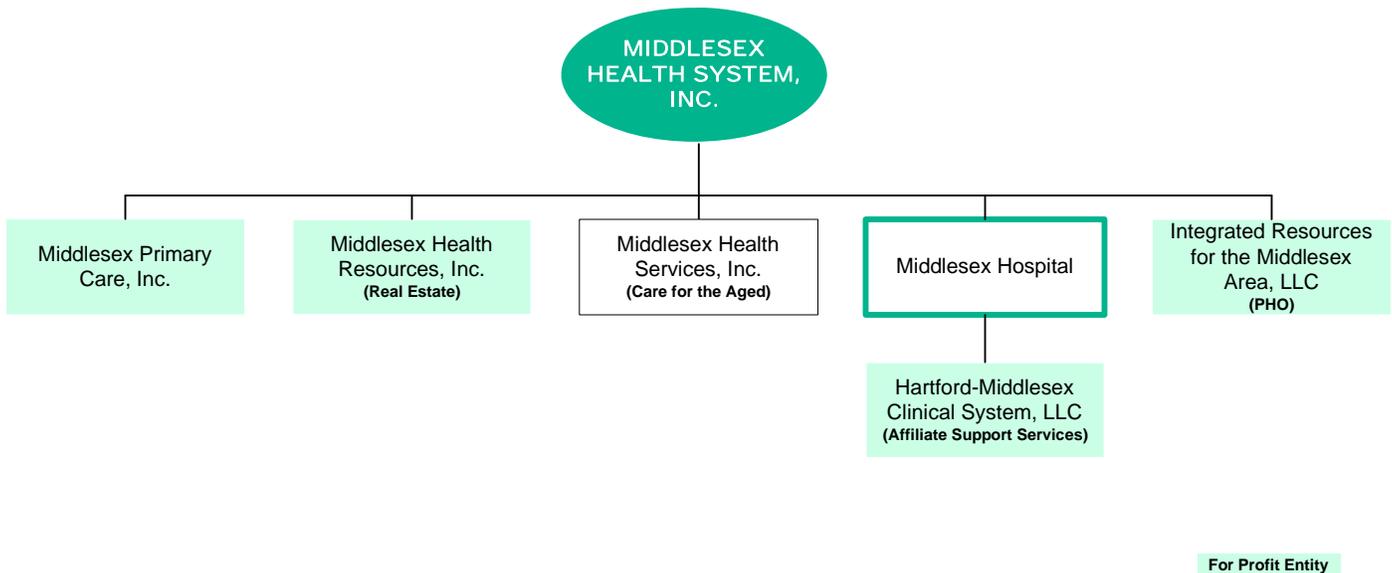
COST DATA	2002	2003	2004
Ratio of cost to charges	0.47	0.47	0.46
Medicare Payment to Cost	0.84	0.88	0.86
Medicaid Payment to Cost	0.73	0.69	0.75
Private Payment to Cost	1.13	1.11	1.13

LIQUIDITY MEASURES	2002	2003	2004
Days of expenses in accounts payable	73	73	116
Days cash on hand	2	8	53
Days of revenue in accounts receivable	58	58	52
Equity financing ratio	30%	24%	18%

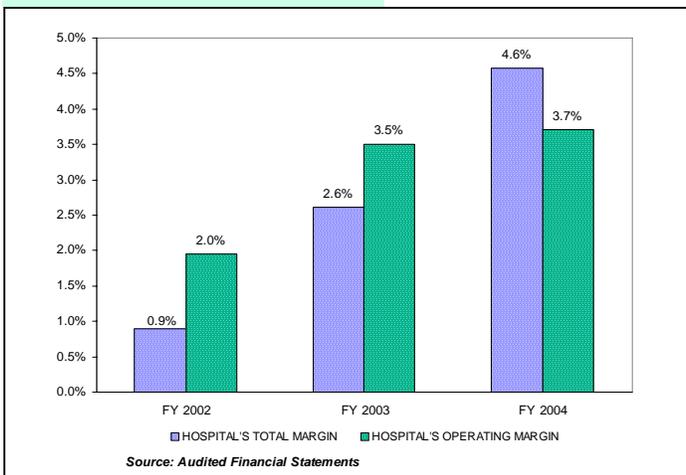
UTILIZATION MEASURES	2002	2003	2004
Patient Days	39,963	40,123	40,812
Discharges	8,274	8,389	8,826
ALOS	4.8	4.8	4.6
Licensed Beds	283	283	283
Occupancy of licensed beds	39%	39%	39%
FTE's	1,050	1,056	1,099

MIDDLESEX HOSPITAL

Middlesex Hospital, founded in 1904, is located in Middletown and primarily serves the residents of Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton, Essex, Haddam, Killingworth, Lyme, Middlefield, Middletown, Old Saybrook, Portland, and Westbrook. Middlesex Hospital's parent corporation is Middlesex Health System, Incorporated. Reported below is a chart indicating all of the affiliates of Middlesex Health System, Incorporated, three years of total margins and operating margins and 2004 CON activity for the Middlesex Hospital.



HOSPITAL MARGINS

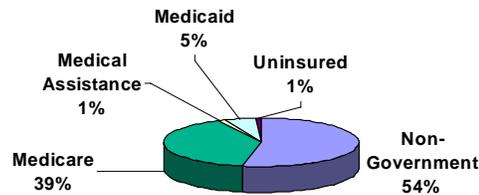


CON ACTIVITY

- Modification vacating the reporting requirements for the cardiac catheterization lab at no cost.
- Modifications extending the CON completion date for PET scanning services to Marlborough at no cost.
- MRI services expansion at the Middlesex Outpatient Center for \$2,500,000.

KEY RESULTS - MIDDLESEX HOSPITAL

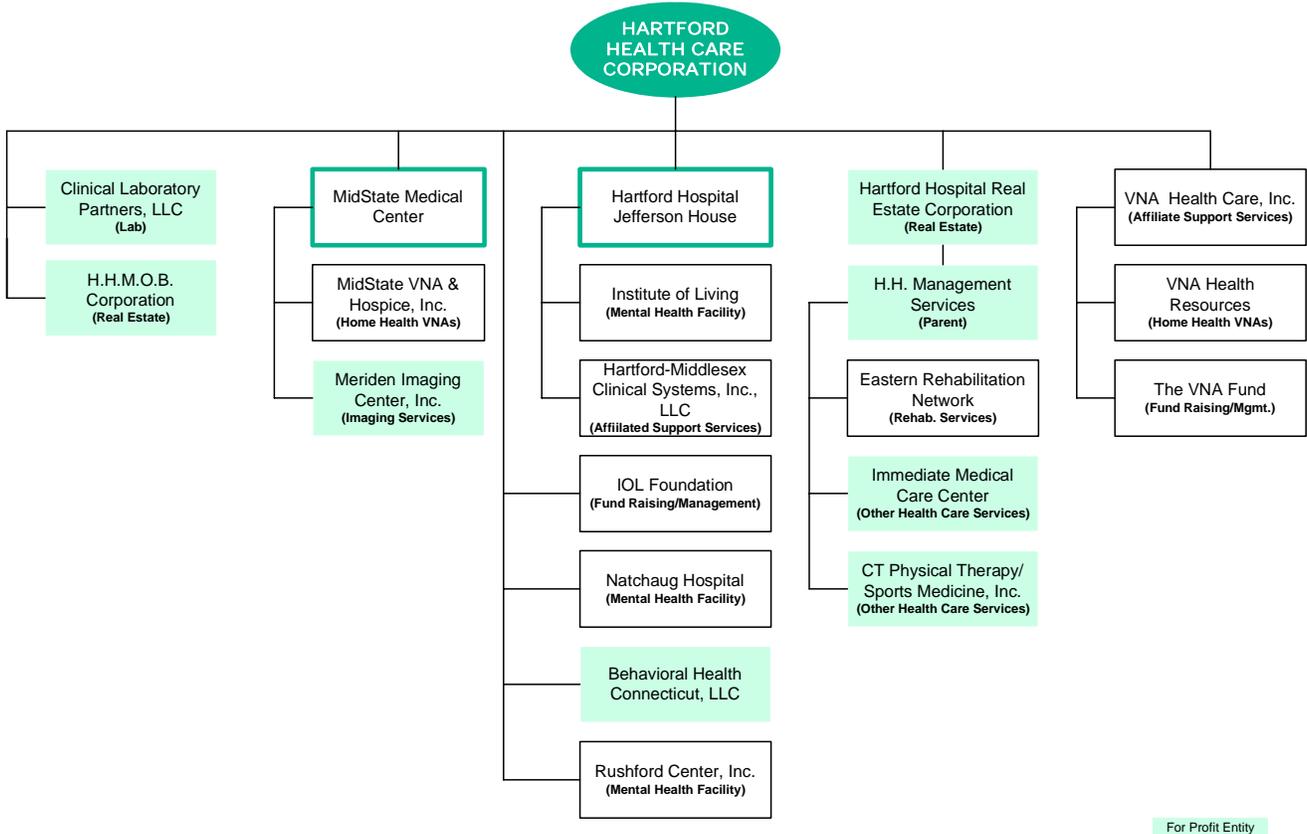
Hospital Net Revenue Payer Mix



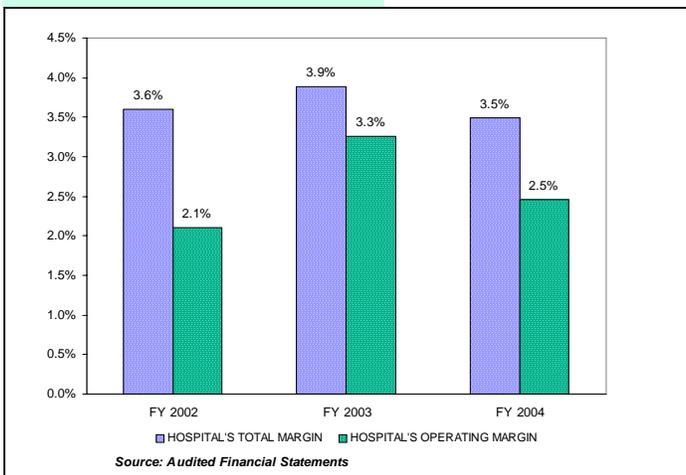
NET ASSETS	2002	2003	2004
Hospital	\$97,195,000	\$117,857,000	\$133,609,000
Health System	\$99,348,000	\$120,480,000	\$136,752,000
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$171,510,582	\$193,062,231	\$201,495,758
Total expenses	\$169,754,070	\$185,722,732	\$195,150,706
Uncompensated Care Cost	\$3,974,168	\$5,338,080	\$6,629,830
Uncompensated care % of total expenses	2.3%	2.9%	3.4%
Average Managed Care Discounts	32%	37%	44%
COST DATA			
Ratio of cost to charges	0.60	0.54	0.46
Medicare Payment to Cost	0.97	1.02	0.96
Medicaid Payment to Cost	0.83	0.79	0.77
Private Payment to Cost	1.12	1.16	1.21
FINANCIAL MEASURES			
Days of expenses in accounts payable	65	72	55
Days cash on hand	35	43	41
Days of revenue in accounts receivable	58	56	51
Equity financing ratio	40%	43%	47%
UTILIZATION MEASURES			
Patient Days	50,923	52,062	51,927
Discharges	12,048	12,720	12,207
ALOS	4.2	4.1	4.3
Licensed Beds	297	297	297
Occupancy of licensed beds	47%	48%	48%
FTE's	1,654	1,691	1,700

MIDSTATE MEDICAL CENTER

MidState Medical Center opened in 1998 as the successor to Veterans Memorial Medical Center in a new facility that is located in Meriden. Midstate Medical Center primarily serves the residents of Meriden and Wallingford. MidState Medical Center's parent corporation is Hartford Health Care Corporation which also includes Hartford Hospital. Reported below is a chart indicating all of the affiliates of Hartford Health Care Corporation, three years of total margins and operating margins and 2004 CON activity for the Midstate Medical Center.



HOSPITAL MARGINS

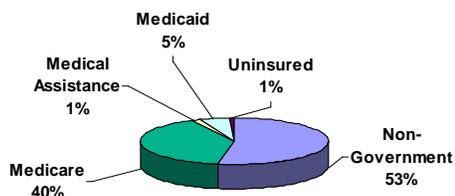


CON ACTIVITY

- Replacement of Radiation Oncology Simulator with a CT Simulator for \$75,000.

KEY RESULTS - MIDSTATE MEDICAL CENTER

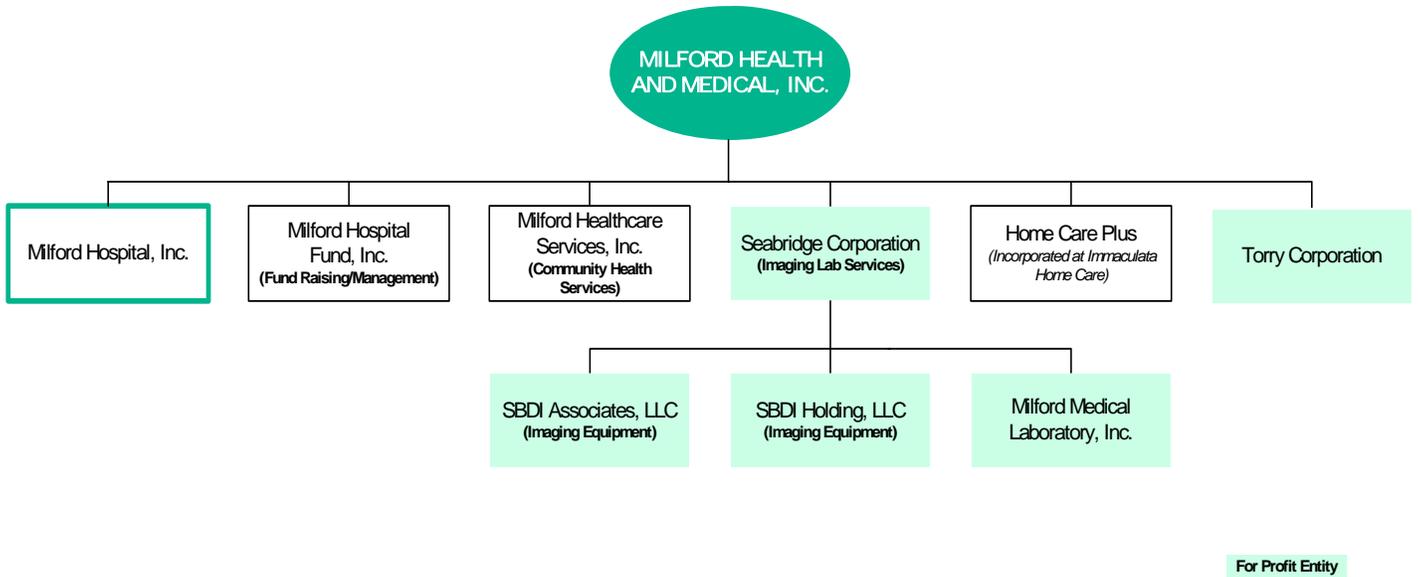
Hospital Net Revenue Payer Mix



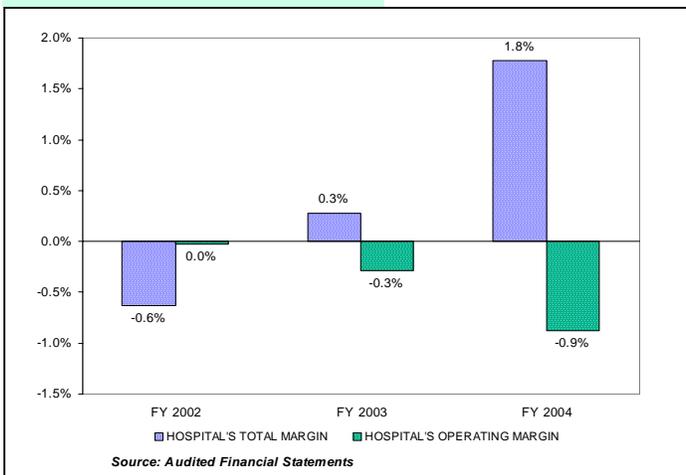
NET ASSETS	2002	2003	2004
Hospital	\$52,029,979	\$49,212,865	\$57,411,392
Health System	\$52,029,979	\$51,966,107	\$61,494,370
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$111,217,370	\$117,797,097	\$125,372,288
Total expenses	\$106,277,960	\$110,764,010	\$121,388,812
Uncompensated Care Cost	\$3,611,907	\$3,316,283	\$3,459,632
Uncompensated care % of total expenses	3.4%	3.0%	2.9%
Average Managed Care Discounts	28%	28%	27%
COST DATA			
Ratio of cost to charges	0.53	0.51	0.51
Medicare Payment to Cost	0.87	0.87	0.85
Medicaid Payment to Cost	0.78	0.72	0.68
Private Payment to Cost	1.39	1.44	1.43
FINANCIAL MEASURES			
Days of expenses in accounts payable	39	45	38
Days cash on hand	73	99	99
Days of revenue in accounts receivable	45	39	44
Equity financing ratio	29%	27%	32%
UTILIZATION MEASURES			
Patient Days	36,095	36,900	41,260
Discharges	8,613	8,765	9,045
ALOS	4.2	4.2	4.6
Licensed Beds	106	109	142
Occupancy of licensed beds	93%	93%	79%
FTE's	752	768	832

MILFORD HOSPITAL

Milford Hospital, founded in 1920, is located in Milford and primarily serves the residents of Milford and West Haven. Milford Hospital's parent corporation is Milford Health & Medical, Incorporated. Reported below is a chart indicating all of the affiliates of Milford Health and Medical Incorporated, three years of total margins and operating margins and 2004 CON activity for the Milford Hospital.



HOSPITAL MARGINS

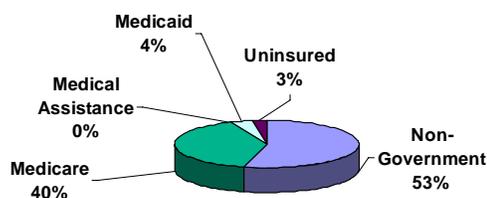


CON ACTIVITY

- Replacement of integrated clinical and financial information system for \$4,000.
- Establish mobile PET scanning services at multiple hospital locations at no cost.

KEY RESULTS - MILFORD HOSPITAL

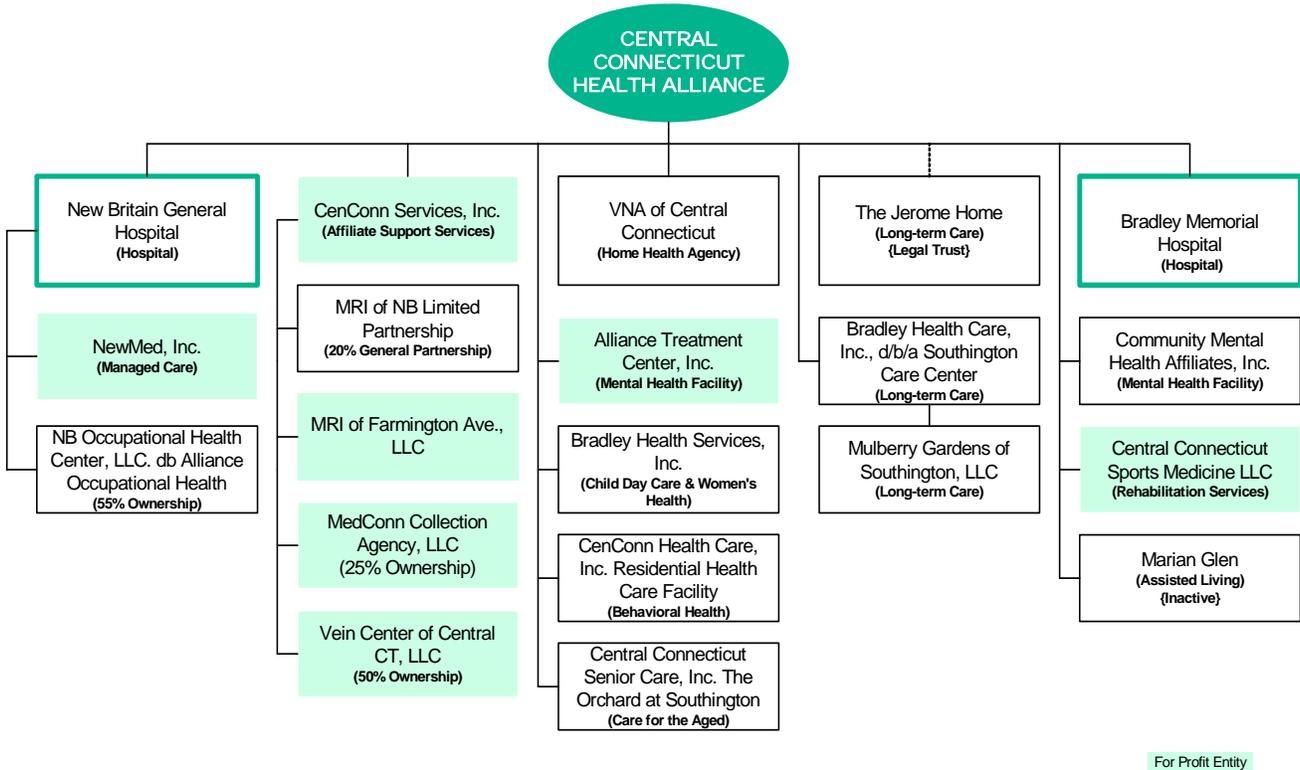
Hospital Net Revenue Payer Mix



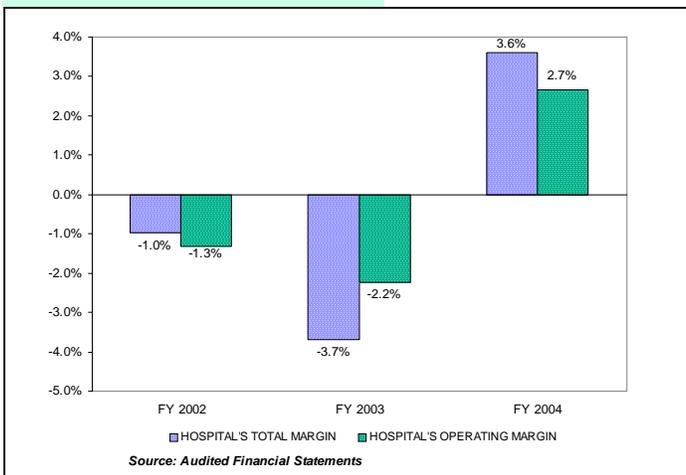
NET ASSETS	2002	2003	2004
Hospital	\$62,968,367	\$65,558,489	\$66,497,537
Health System	\$64,686,649	\$67,441,508	\$69,189,625
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$55,492,856	\$57,737,766	\$60,738,063
Total expenses	\$56,249,979	\$58,676,867	\$61,817,119
Uncompensated Care Cost	\$1,562,544	\$1,092,224	\$1,298,229
Uncompensated care % of total expenses	2.8%	1.9%	2.1%
Average Managed Care Discounts	48%	52%	55%
COST DATA			
Ratio of cost to charges	0.39	0.39	0.35
Medicare Payment to Cost	0.77	0.80	0.80
Medicaid Payment to Cost	0.87	0.90	0.63
Private Payment to Cost	1.28	1.22	1.25
FINANCIAL MEASURES			
Days of expenses in accounts payable	98	77	76
Days cash on hand	143	118	103
Days of revenue in accounts receivable	56	43	36
Equity financing ratio	66%	69%	69%
UTILIZATION MEASURES			
Patient Days	22,386	21,941	22,664
Discharges	4,823	4,700	4,986
ALOS	4.6	4.7	4.5
Licensed Beds	112	118	118
Occupancy of licensed beds	55%	51%	53%
FTE's	497	505	524

NEW BRITAIN GENERAL HOSPITAL

New Britain General Hospital, founded in 1893, is located in New Britain and primarily serves the residents of Berlin, New Britain, Newington, Plainville, and Southington. New Britain General Hospital's parent corporation is Central Connecticut Health Alliance which also includes Bradley Memorial Hospital. Reported below is a chart indicating all of the affiliates of Central Connecticut Health Alliance, three years of total margins and operating margins and 2004 CON activity for the New Britain General Hospital.



HOSPITAL MARGINS

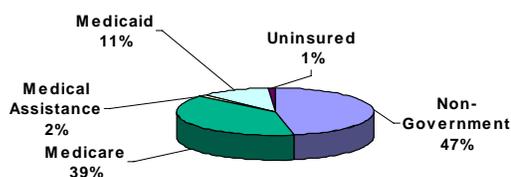


CON ACTIVITY

- Change in reimbursement status of exempt psych service at no cost.

KEY RESULTS - NEW BRITAIN GENERAL HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$119,541,474	\$118,889,530	\$133,469,150
Health System	\$167,942,730	\$166,342,618	\$141,419,517
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$165,229,843	\$176,121,256	\$199,920,519
Total expenses	\$173,842,554	\$185,808,402	\$199,005,990
Uncompensated Care Cost	\$3,575,668	\$3,481,502	\$4,124,844
Uncompensated care % of total expenses	2.1%	1.9%	2.1%
Average Managed Care Discounts	31%	34%	44%
COST DATA			
Ratio of cost to charges	0.61	0.56	0.41
Medicare Payment to Cost	0.93	0.89	0.86
Medicaid Payment to Cost	0.73	0.75	0.86
Private Payment to Cost	1.11	1.14	1.29
FINANCIAL MEASURES			
Days of expenses in accounts payable	56	70	70
Days cash on hand	12	21	42
Days of revenue in accounts receivable	37	38	37
Equity financing ratio	43%	39%	42%
UTILIZATION MEASURES			
Patient Days	66,945	66,712	68,618
Discharges	16,094	16,172	16,702
ALOS	4.2	4.1	4.1
Licensed Beds	362	362	362
Occupancy of licensed beds	50%	50%	52%
FTE's	1,844	1,820	1,733

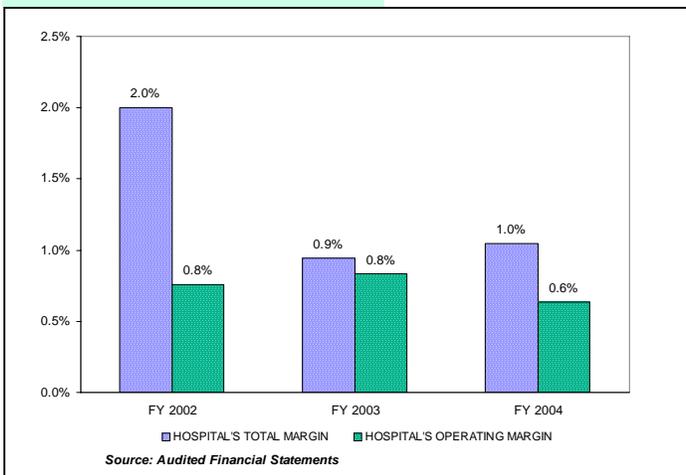
NEW MILFORD HOSPITAL

New Milford Hospital, founded in 1921, is located in New Milford and primarily serves the residents of Bridgewater, Kent, New Milford, Roxbury, Sherman, Washington and some towns in New York State. New Milford Hospital's parent corporation is New Milford Hospital Holding Corporation. The Hospital is also an affiliate of the New York Presbyterian Healthcare System. Reported below is a chart indicating all of the affiliates of New Milford Hospital Holding Corporation, three years of total margins and operating margins and 2004 CON activity for New Milford Hospital.



For Profit Entity

HOSPITAL MARGINS

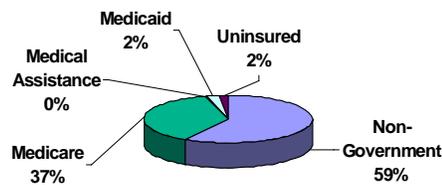


CON ACTIVITY

- Establish mobile PET scanning services at multiple hospital locations at no cost.
- Establish a diagnostic interventional cardiac cath lab for \$3,063,900.

KEY RESULTS - NEW MILFORD HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$47,083,844	\$49,642,464	\$49,426,530
Health System	\$47,083,844	\$49,642,464	\$50,923,607

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$52,726,268	\$57,046,998	\$62,775,301
Total expenses	\$52,559,052	\$57,081,916	\$62,707,293
Uncompensated Care Cost	\$961,599	\$682,612	\$843,207
Uncompensated care % of total expenses	1.8%	1.2%	1.3%
Average Managed Care Discounts	39%	40%	41%

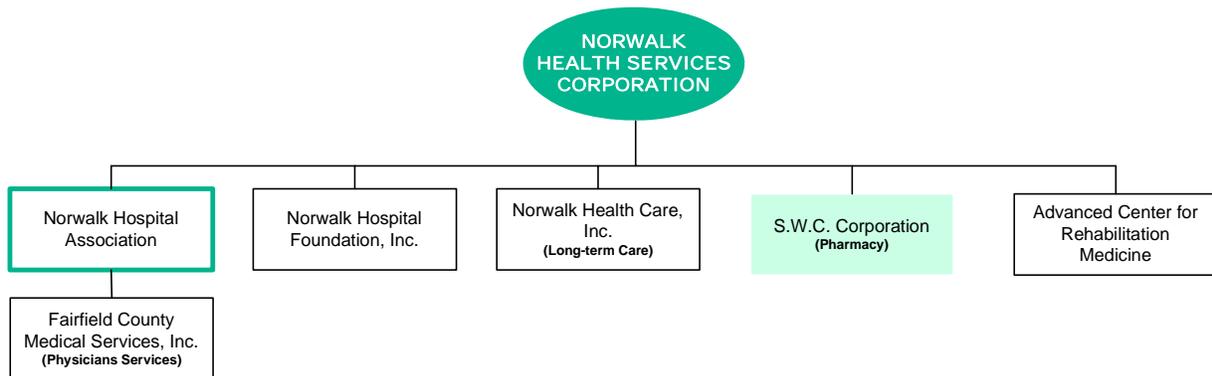
COST DATA	2002	2003	2004
Ratio of cost to charges	0.47	0.46	0.46
Medicare Payment to Cost	0.77	0.76	0.79
Medicaid Payment to Cost	0.66	0.58	0.56
Private Payment to Cost	1.29	1.28	1.26

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	67	65	63
Days cash on hand	16	6	9
Days of revenue in accounts receivable	41	45	45
Equity financing ratio	68%	68%	62%

UTILIZATION MEASURES	2002	2003	2004
Patient Days	14,713	14,194	14,352
Discharges	3,275	3,221	3,339
ALOS	4.5	4.4	4.3
Licensed Beds	95	95	95
Occupancy of licensed beds	42%	41%	41%
FTE's	420	443	463

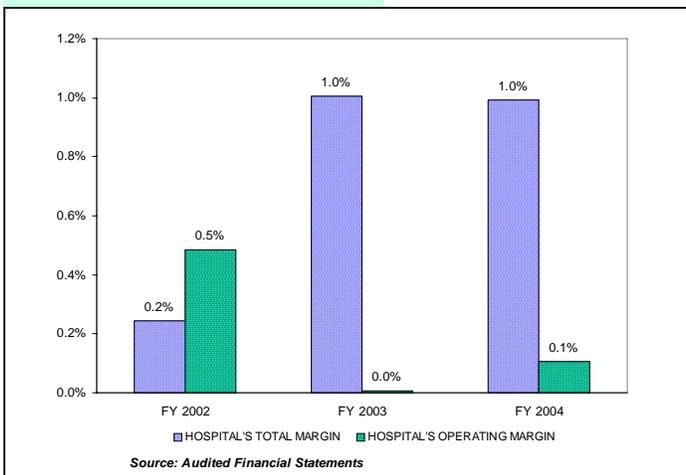
NORWALK HOSPITAL

Norwalk Hospital, founded in 1893, is located in Norwalk and primarily serves the residents of New Canaan, Norwalk, Weston, Westport, and Wilton. Norwalk Hospital's parent corporation is Norwalk Health Services Corporation. Reported below is a chart indicating all of the affiliates of Norwalk Health Services Corporation, three years of total margins and operating margins and 2004 CON activity for Norwalk Hospital.



For Profit Entity

HOSPITAL MARGINS

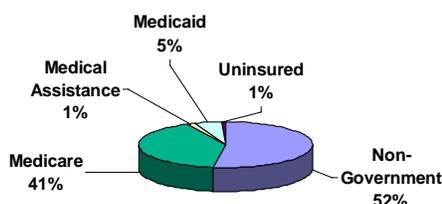


CON ACTIVITY

- Renovations to Radiology department and acquisition of equipment for \$336,000.
- Replacement and purchase of open MRI unit for \$1,200,000.
- Acquire a replacement linear accelerator with IMRT technology for \$4,100,000.
- Mammography equipment replacement for \$510,000.
- Modification to renovations of radiology department and acquisition of equipment for (\$1,070,000).
- Renovations to Obstetrical unit for \$800,000.
- Use a second mobile PET scanner and upgrade both units to PET / CT capability at no cost.

KEY RESULTS - NORWALK HOSPITAL

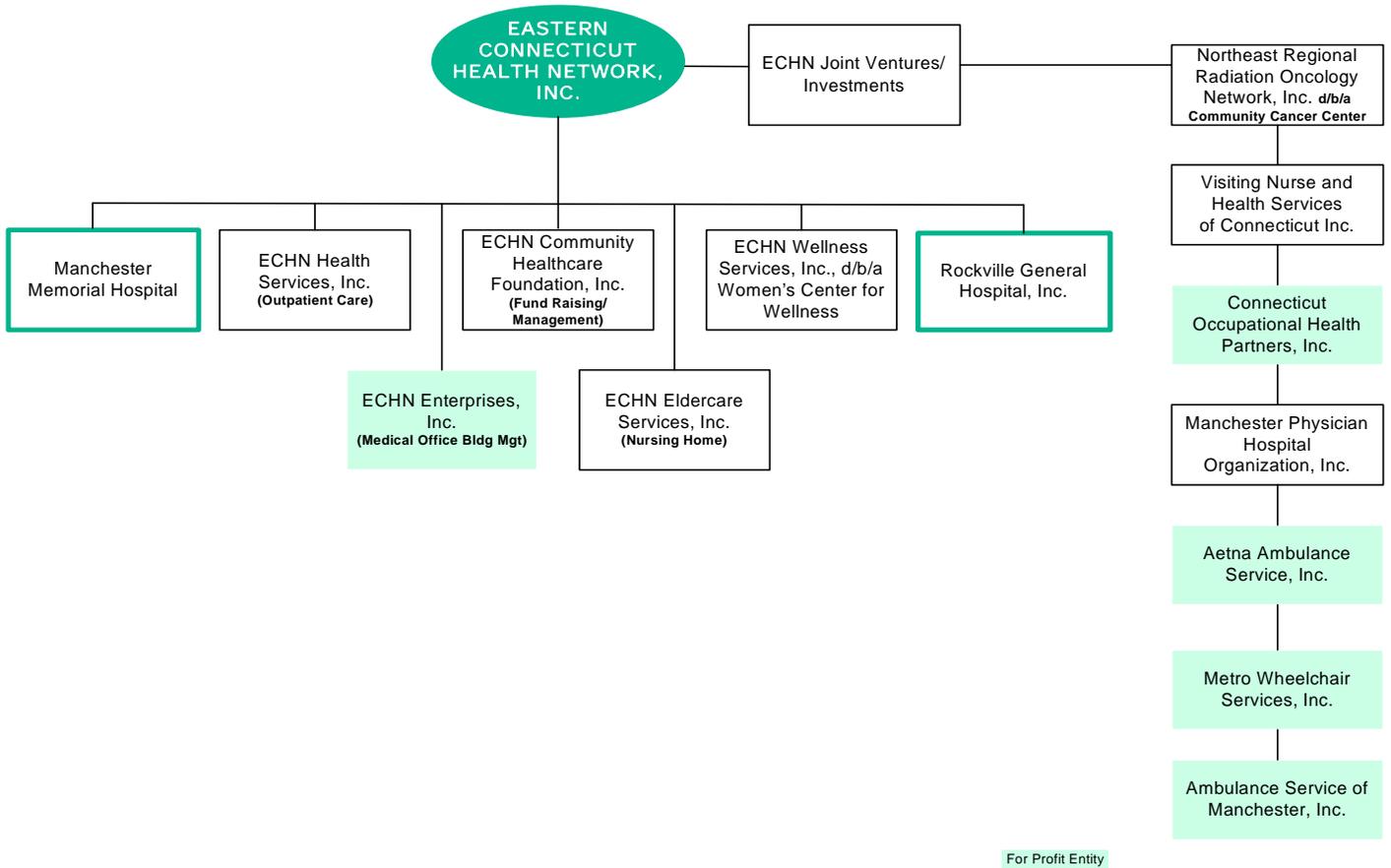
Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$129,885,619	\$133,696,897	\$143,518,697
Health System	\$157,819,491	\$164,381,510	\$176,345,808
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$181,830,921	\$195,396,000	\$210,451,295
Total expenses	\$187,464,698	\$199,703,823	\$214,611,202
Uncompensated Care Cost	\$5,885,005	\$6,382,526	\$8,486,001
Uncompensated care % of total expenses	3.1%	3.2%	4.0%
Average Managed Care Discounts	28%	28%	26%
COST DATA			
Ratio of cost to charges	0.59	0.59	0.57
Medicare Payment to Cost	0.90	0.92	0.87
Medicaid Payment to Cost	0.72	0.67	0.71
Private Payment to Cost	1.19	1.21	1.25
FINANCIAL MEASURES			
Days of expenses in accounts payable	83	89	74
Days cash on hand	24	11	17
Days of revenue in accounts receivable	35	44	37
Equity financing ratio	48%	46%	48%
UTILIZATION MEASURES			
Patient Days	79,730	83,123	81,868
Discharges	14,468	15,296	15,729
ALOS	5.5	5.4	5.2
Licensed Beds	366	366	366
Occupancy of licensed beds	59%	62%	61%
FTE's	1,516	1,556	1,559

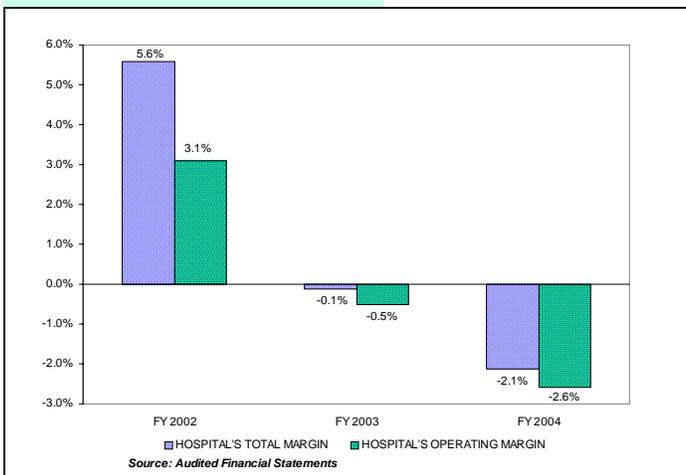
ROCKVILLE GENERAL HOSPITAL

Rockville General Hospital, founded in 1921, is located in Vernon and primarily serves the residents of Ellington, Tolland, and Vernon. Rockville General Hospital's parent corporation is Eastern Connecticut Health Network Incorporated (ECHN) which is also the parent corporation of Manchester Memorial Hospital. Reported below is a chart indicating all of the affiliates of Eastern Connecticut Health Network Incorporated, three years of total margins and operating margins and 2004 CON activity for the Rockville General Hospital.



For Profit Entity

HOSPITAL MARGINS

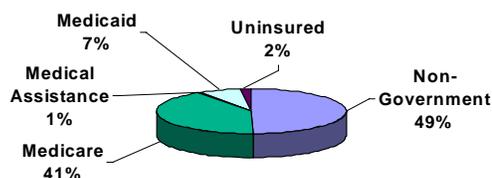


CON ACTIVITY

- Replacement of existing mobile MRI unit for \$1,845,778.

KEY RESULTS - ROCKVILLE GENERAL HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$44,753,419	\$50,359,916	\$48,498,503
Health System	\$45,896,157	\$51,600,791	\$50,121,091

REVENUE & EXPENSE SUMMARY

Net patient revenue	\$51,927,049	\$54,438,264	\$50,753,034
Total expenses	\$53,395,635	\$56,704,557	\$55,557,059
Uncompensated Care Cost	\$848,841	\$938,700	\$1,098,526
Uncompensated care % of total expenses	1.6%	1.7%	2.0%
Average Managed Care Discounts	45%	49%	44%

COST DATA

Ratio of cost to charges	0.44	0.45	0.45
Medicare Payment to Cost	0.81	0.91	0.80
Medicaid Payment to Cost	0.86	0.71	0.74
Private Payment to Cost	1.25	1.13	1.17

FINANCIAL MEASURES

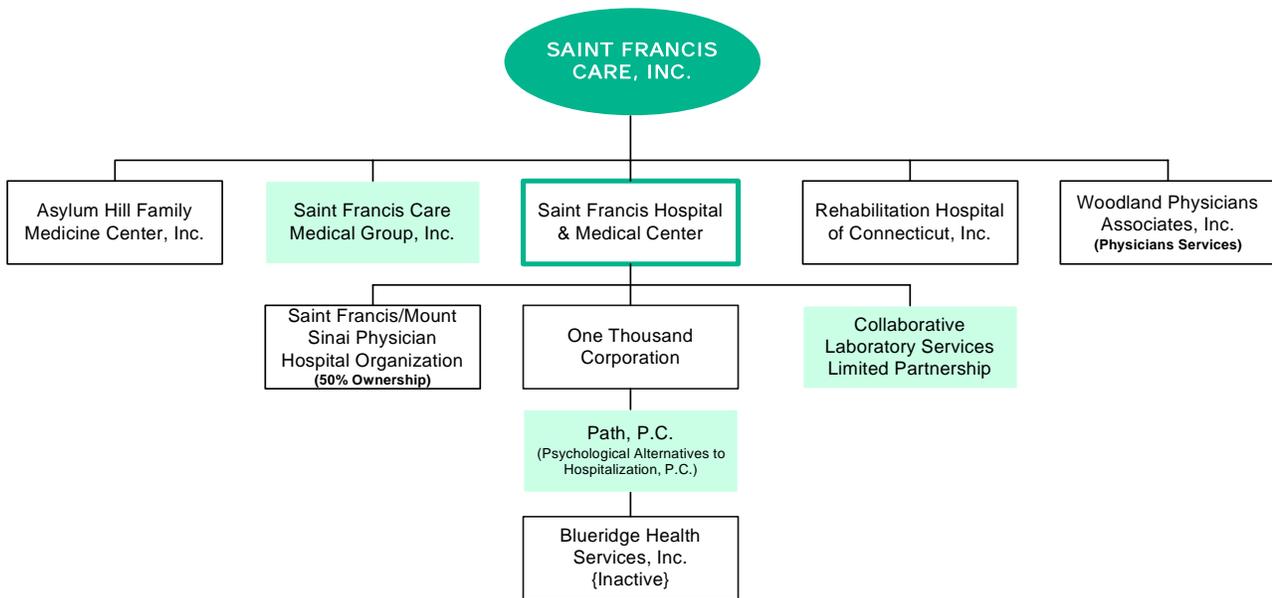
Days of expenses in accounts payable	81	89	70
Days cash on hand	30	12	4
Days of revenue in accounts receivable	60	59	53
Equity financing ratio	61%	56%	45%

UTILIZATION MEASURES

Patient Days	18,660	17,567	16,097
Discharges	4,772	4,648	4,137
ALOS	3.9	3.8	3.9
Licensed Beds	118	118	118
Occupancy of licensed beds	43%	41%	37%
FTE's	536	537	626

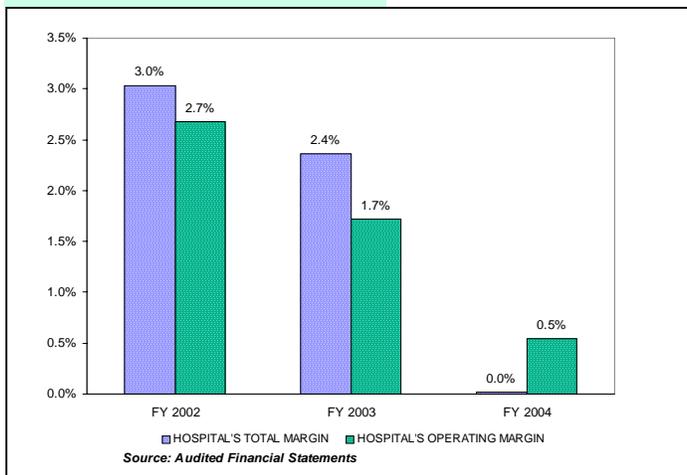
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

St. Francis Hospital and Medical Center, founded in 1897, is located in Hartford and primarily serves the residents of Bloomfield, Bristol, East Granby, East Hartford, East Windsor, Enfield, Granby, Hartford, Hartland, Manchester, New Britain, Newington, Simsbury, South Windsor, Suffield, West Hartford, Wethersfield, Windsor, and Windsor Locks. It is the largest Catholic hospital in New England. St. Francis Hospital and Medical Center's parent corporation is St. Francis Care. Reported below is a chart indicating all of the affiliates of St. Francis Care, three years of total margins and operating margins and 2004 CON activity for St. Francis Hospital and Medical Center.



For Profit Services

HOSPITAL MARGINS

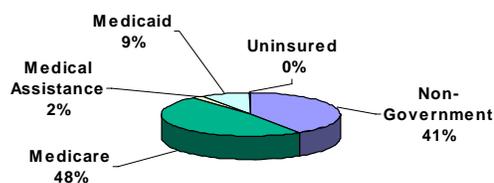


CON ACTIVITY

- Replacement of cardiac catheterization laboratory for \$1,190,741.
- Establish a 28 bed Long Term Acute care hospital for \$2,102,718.
- Replacement of clinical information system at no cost.
- Expansion and renovation of Cancer Center at \$5,430,459.
- Transfer/Change of ownership of Behavioral health Partial Hospital and Outpatient Programs for \$750,000.
- Establish mobile PET scanning at multiple hospital locations at no cost.
- Replacement of angiography lab equipment for \$1,636,830.

KEY RESULTS - SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$254,801,230	\$257,103,887	\$264,166,481
Health System	\$277,298,316	\$278,085,084	\$285,130,146

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$360,217,496	\$373,811,844	\$409,563,434
Total expenses	\$352,604,113	\$372,625,163	\$409,501,999
Uncompensated Care Cost	\$7,461,781	\$7,186,572	\$9,384,359
Uncompensated care % of total expenses	2.1%	1.9%	2.3%
Average Managed Care Discounts	42%	43%	46%

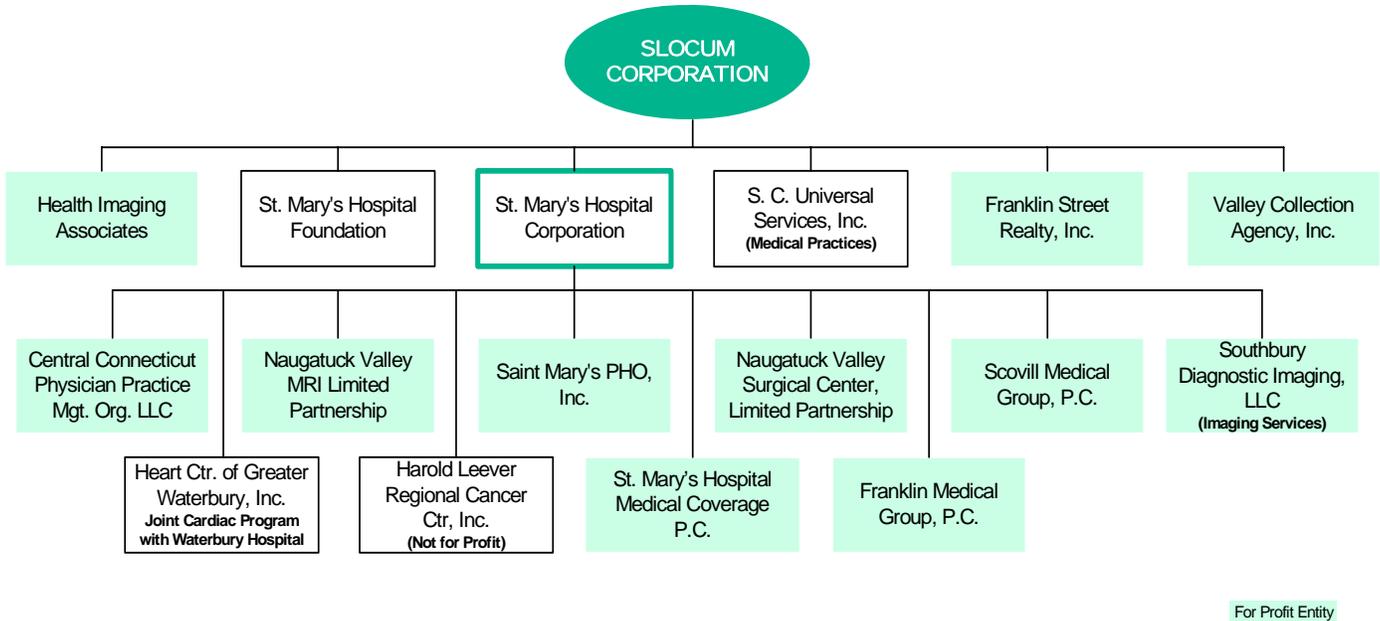
COST DATA	2002	2003	2004
Ratio of cost to charges	0.60	0.56	0.52
Medicare Payment to Cost	1.17	1.13	1.09
Medicaid Payment to Cost	0.81	0.75	0.74
Private Payment to Cost	1.00	1.04	1.06

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	32	36	29
Days cash on hand	14	10	16
Days of revenue in accounts receivable	39	43	43
Equity financing ratio	42%	38%	39%

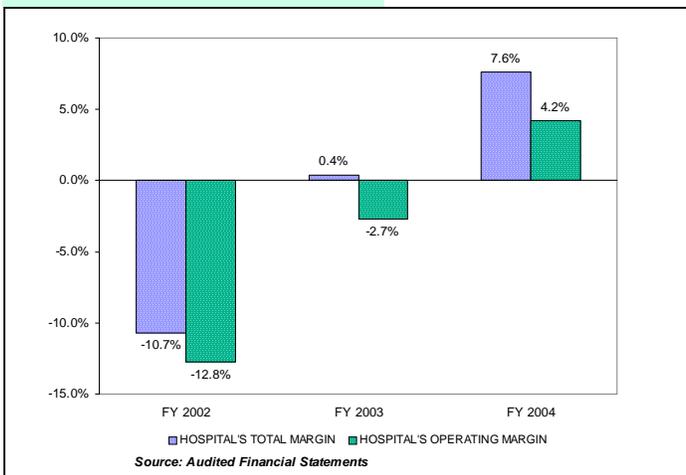
UTILIZATION MEASURES	2002	2003	2004
Patient Days	156,665	157,253	163,640
Discharges	31,139	31,554	32,520
ALOS	5.0	5.0	5.0
Licensed Beds	682	682	682
Occupancy of licensed beds	63%	63%	65%
FTE's	3,175	3,181	3,162

SAINT MARY'S HOSPITAL

Saint Mary's Hospital, founded in 1907, is located in Waterbury and primarily serves the residents of Naugatuck, Prospect, Waterbury, and Wolcott. St. Mary's Hospital's parent corporation is Slocum Corporation. Reported below is a chart indicating all of the affiliates of Slocum Corporation, three years of total margins and operating margins and 2004 CON activity for St. Mary's Hospital.



HOSPITAL MARGINS

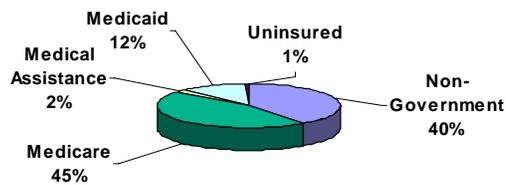


CON ACTIVITY

- Support services partnership with Sodexo Healthcare Services at no cost.
- Transition of child abuse prevention program to Child Guidance Clinic at no cost.
- Establish long term acute care hospital at Hospital for \$4,063,000.
- Joint cardiac services program with Waterbury Hospital for \$745,166.
- Emergency department staffing model at no cost.
- Disposal of linear accelerator at no cost.
- Establish a walk in medical center in Wolcott at no cost.

KEY RESULTS - SAINT MARY'S HOSPITAL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$33,095,000	\$12,850,629	\$26,430,000
Health System	\$35,040,806	\$10,146,000	\$16,197,000

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$121,885,187	\$125,352,263	\$133,804,283
Total expenses	\$144,285,237	\$134,206,036	\$131,826,649
Uncompensated Care Cost	\$5,146,940	\$2,850,150	\$3,342,956
Uncompensated care % of total expenses	3.6%	2.1%	2.5%
Average Managed Care Discounts	59%	56%	50%

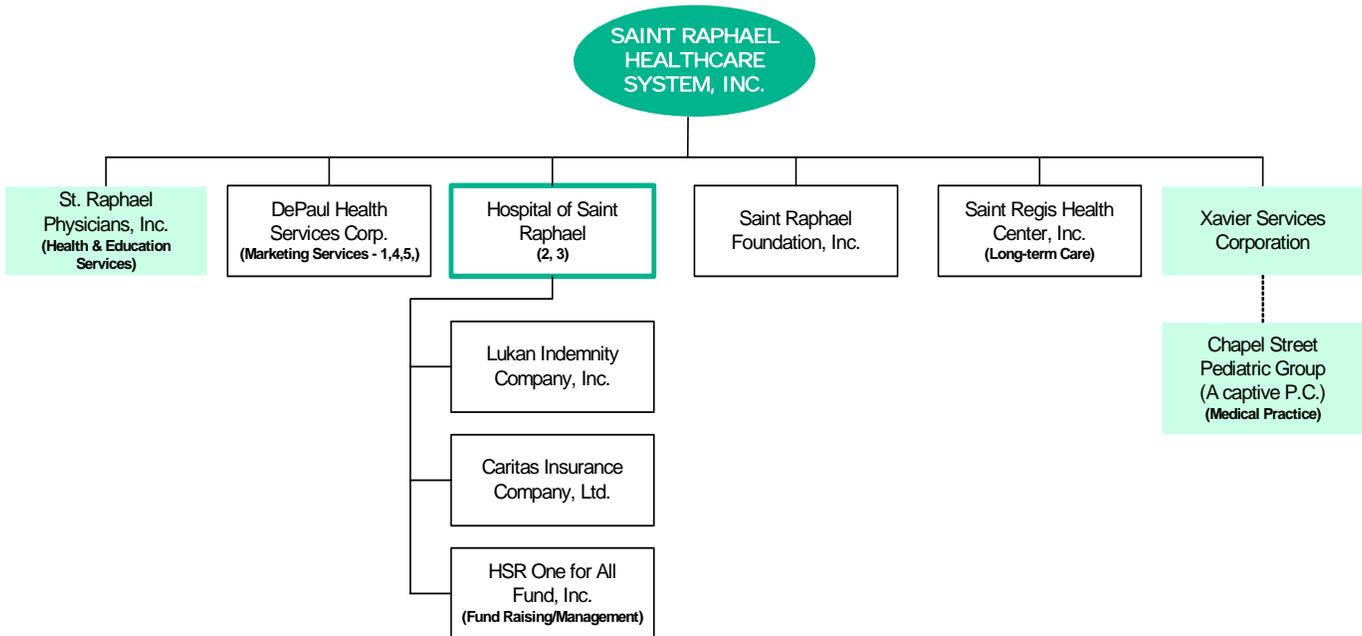
COST DATA	2002	2003	2004
Ratio of cost to charges	0.47	0.44	0.44
Medicare Payment to Cost	0.94	1.03	1.12
Medicaid Payment to Cost	0.74	0.85	0.80
Private Payment to Cost	0.86	0.95	1.08

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	65	76	69
Days cash on hand	3	5	5
Days of revenue in accounts receivable	57	56	60
Equity financing ratio	28%	-2%	7%

UTILIZATION MEASURES	2002	2003	2004
Patient Days	52,983	53,009	54,510
Discharges	11,412	12,123	12,097
ALOS	4.6	4.4	4.5
Licensed Beds	379	379	379
Occupancy of licensed beds	38%	38%	39%
FTE's	1,366	1,290	1,232

HOSPITAL OF SAINT RAPHAEL

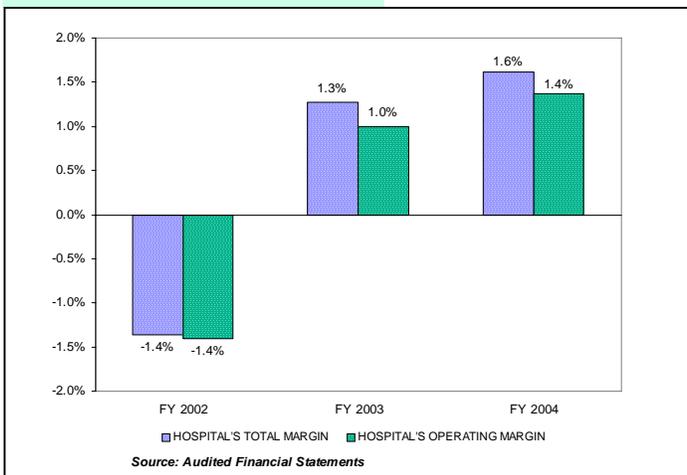
The Hospital of Saint Raphael, founded in 1907, is located in New Haven and primarily serves the residents of Branford, East Haven, Hamden, New Haven, North Branford, North Haven, Orange, West Haven, and Woodbridge. The Hospital of St. Raphael's parent corporation is St. Raphael's Health Care System Incorporated. Reported below is a chart indicating all of the affiliates of the St. Raphael's Health Care System Incorporated, three years of total margins and operating margins and 2004 CON activity for the Hospital of St. Raphael.



Key
 1 - MRI Partnership
 2 - St. Raphael Physician Hospital Organization - For Profit
 3 - CT Hospital Laboratory Network, LLC - For Profit
 4 - Dialysis Venture
 5 - Hamden Surgery Center

For Profit Entity

HOSPITAL MARGINS

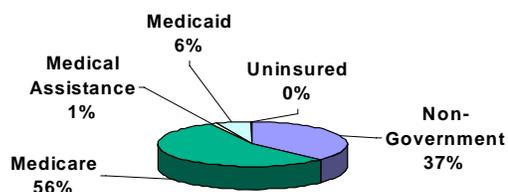


CON ACTIVITY

- Relocation of ambulatory clinics for \$3,900,000.
- Replacement of cardiac cath lab equipment for \$1,983,257.
- Re-establishment of sleep diagnostic center for \$29,240.
- Replace radiation therapy simulator with a new CT Simulator for \$989,073.
- Replacement of BiPlane Angio System for \$2,205,040.

KEY RESULTS - HOSPITAL OF SAINT RAPHAEL

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$61,209,000	\$46,424,296	\$57,012,214
Health System	\$73,089,000	\$67,283,000	\$83,604,000

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$294,457,379	\$322,223,417	\$350,335,904
Total expenses	\$296,688,200	\$318,705,692	\$345,057,886
Uncompensated Care Cost	\$7,399,741	\$7,262,583	\$6,767,499
Uncompensated care % of total expenses	2.5%	2.3%	2.0%
Average Managed Care Discounts	50%	50%	49%

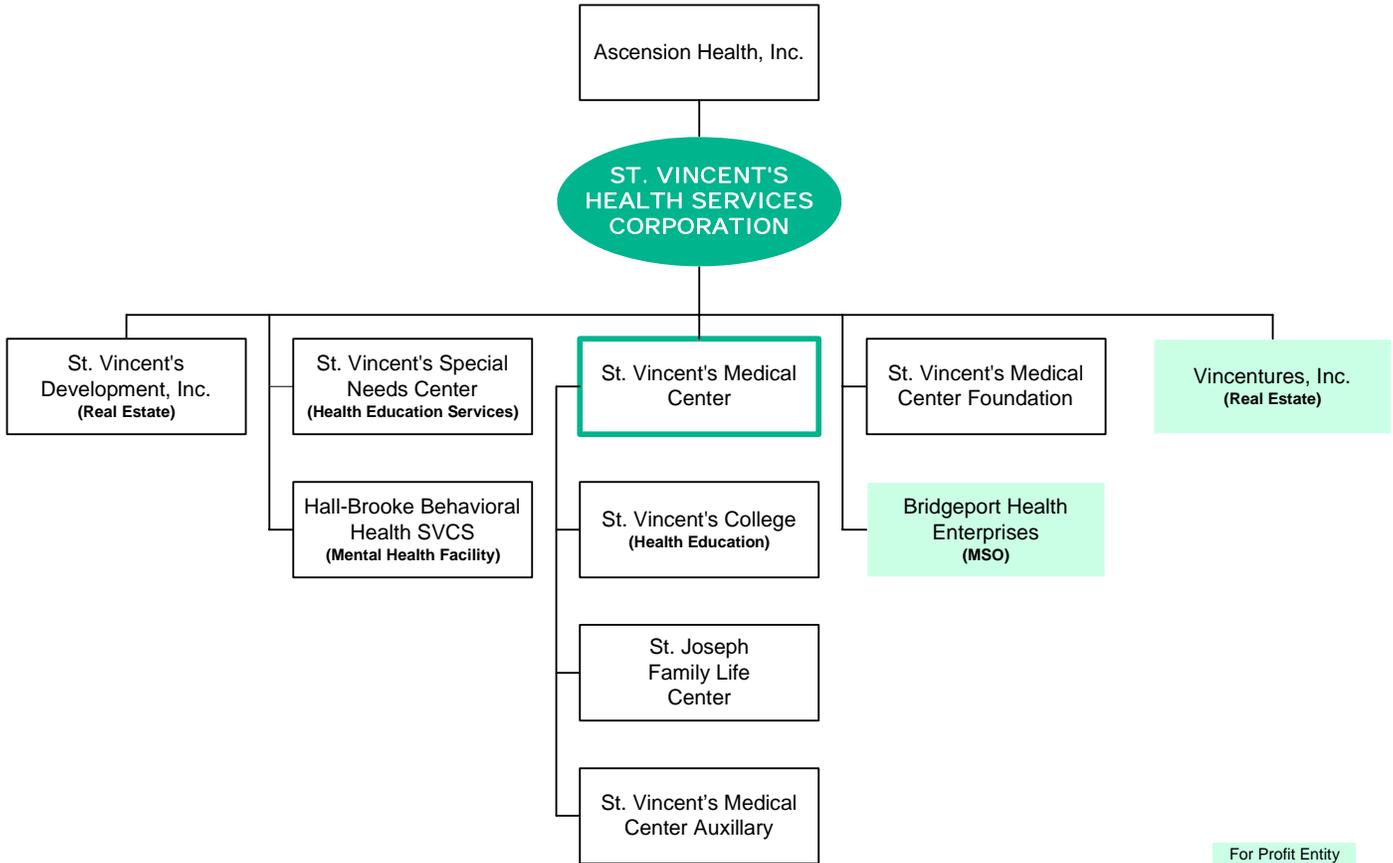
COST DATA	2002	2003	2004
Ratio of cost to charges	0.42	0.40	0.38
Medicare Payment to Cost	1.01	0.98	1.02
Medicaid Payment to Cost	0.61	0.86	0.67
Private Payment to Cost	1.12	1.19	1.24

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	66	80	79
Days cash on hand	36	58	43
Days of revenue in accounts receivable	46	37	38
Equity financing ratio	16%	11%	14%

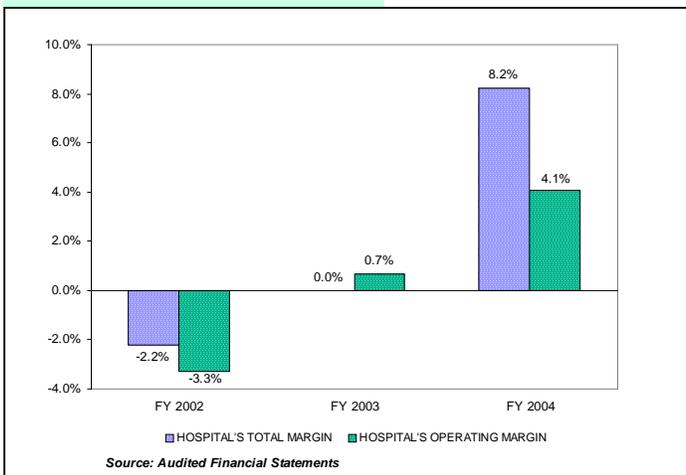
UTILIZATION MEASURES	2002	2003	2004
Patient Days	131,209	131,171	142,413
Discharges	24,108	24,548	25,090
ALOS	5.4	5.3	5.7
Licensed Beds	533	533	533
Occupancy of licensed beds	67%	67%	73%
FTE's	2,473	2,562	2,697

SAINT VINCENT'S MEDICAL CENTER

Saint Vincent's Medical Center, founded in 1903, is located in Bridgeport and primarily serves the residents of Bridgeport, Easton, Fairfield, Monroe, and Trumbull. St. Vincent's Medical Center's parent corporation is St. Vincent's Health Services Corporation. Saint Vincent's is also a member of Ascension Health System, a nationally based Catholic health system. Reported below is a chart indicating all of the affiliates of St. Vincent's Health Services Corporation, three years of total margins and operating margins and 2004 CON activity for St. Vincent's Hospital.



HOSPITAL MARGINS

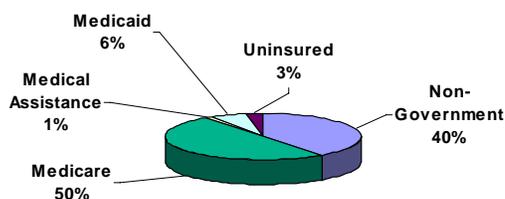


CON ACTIVITY

- Reconfigure and reconstruction of healthcare services in Stamford for \$6,629,598.
- Replacement of interventional suite radiology equipment for \$1,537,973.
- Replacement of CT Scanner #1 for \$1,757,008.
- Replacement of CT Scanner #2 for \$1,084,008.
- New ambulatory building and renovations/expansion of Intensive Care Units for \$16,575,000.
- Use a 2nd mobile PET scanner and upgrade both units to PET/CT capability for \$4,900,000.

KEY RESULTS - SAINT VINCENT'S MEDICAL CENTER

Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$218,642,000	\$212,254,000	\$245,161,000
Health System	\$256,818,898	\$244,476,000	\$286,643,000

REVENUE & EXPENSE SUMMARY	2002	2003	2004
Net patient revenue	\$179,605,715	\$202,973,161	\$222,832,910
Total expenses	\$186,234,693	\$203,156,948	\$218,456,043
Uncompensated Care Cost	\$12,334,363	\$8,858,193	\$9,329,837
Uncompensated care % of total expenses	6.6%	4.4%	4.3%
Average Managed Care Discounts	44%	43%	34%

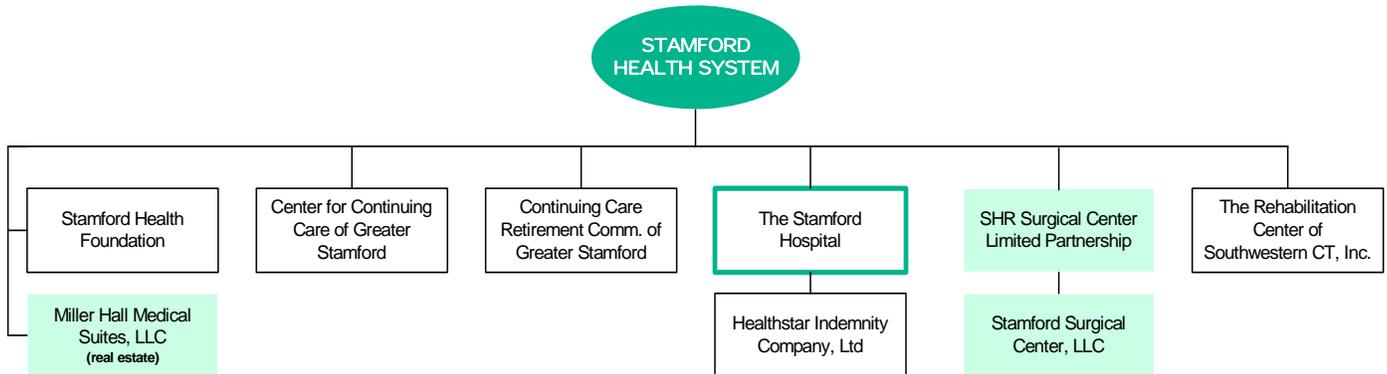
COST DATA	2002	2003	2004
Ratio of cost to charges	0.55	0.52	0.49
Medicare Payment to Cost	1.04	1.02	1.05
Medicaid Payment to Cost	0.92	0.67	0.67
Private Payment to Cost	1.01	1.12	1.18

FINANCIAL MEASURES	2002	2003	2004
Days of expenses in accounts payable	42	48	71
Days cash on hand	20	34	8
Days of revenue in accounts receivable	51	44	37
Equity financing ratio	72%	62%	66%

UTILIZATION MEASURES	2002	2003	2004
Patient Days	96,705	94,790	99,386
Discharges	18,105	18,237	19,199
ALOS	5.3	5.2	5.2
Licensed Beds	429	429	444
Occupancy of licensed beds	62%	60%	61%
FTE's	1,641	1,625	1,566

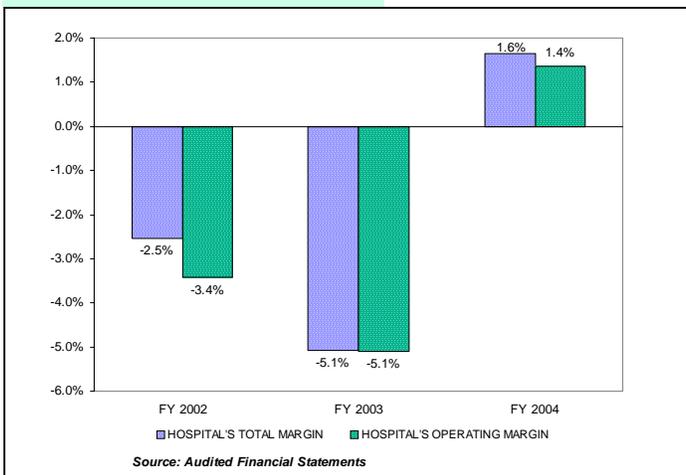
STAMFORD HOSPITAL

The Stamford Hospital, founded in 1896, is located in Stamford and primarily serves the residents of Darien and Stamford. Stamford Hospital's parent corporation is the Stamford Health System. Reported below is a chart indicating all of the affiliates of the Stamford Health System, three years of total margins and operating margins and 2004 CON activity for Stamford Hospital.



For Profit Entity

HOSPITAL MARGINS

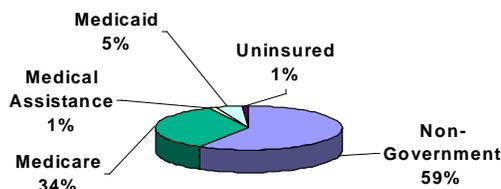


CON ACTIVITY

- Intercompany transfer of ownership at no cost.
- Reconfiguration and reconstruction of healthcare services in Stamford for \$6,629,598.
- Use a 2nd mobile PET scanner and upgrade both units to PET/CT capability at no cost.
- Establishment of PAMI program at no cost.
- Time extension for MRI replacement at Darien Imaging Center at no cost.
- Acquisition of a PACS system for \$2,934,592.

KEY RESULTS - STAMFORD HOSPITAL

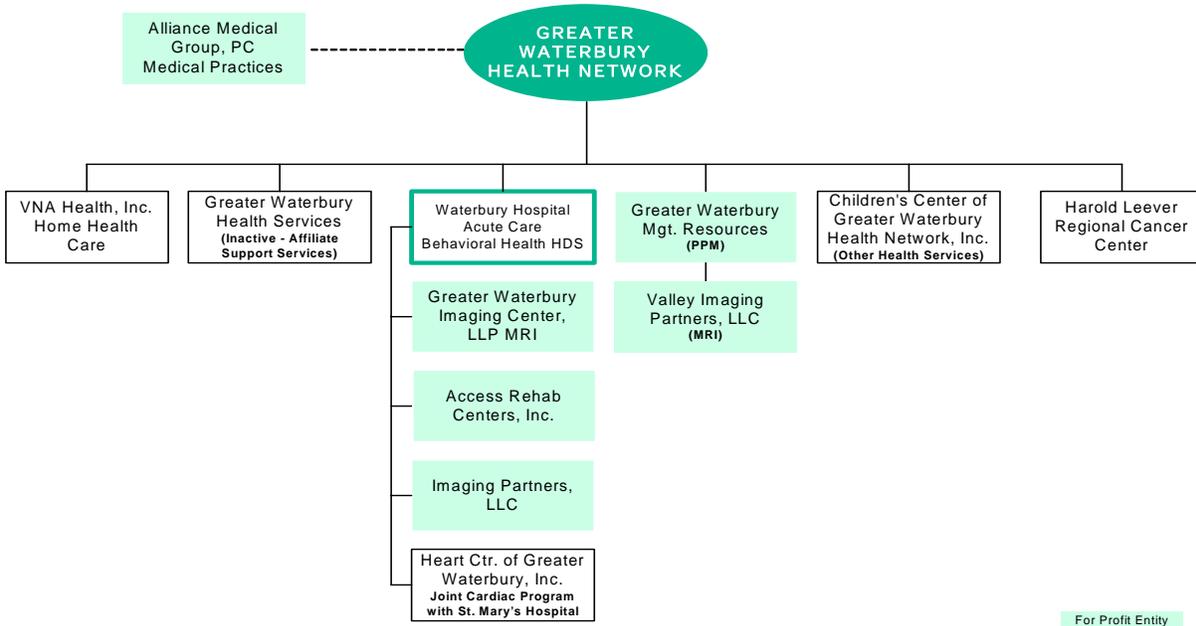
Hospital Net Revenue Payer Mix



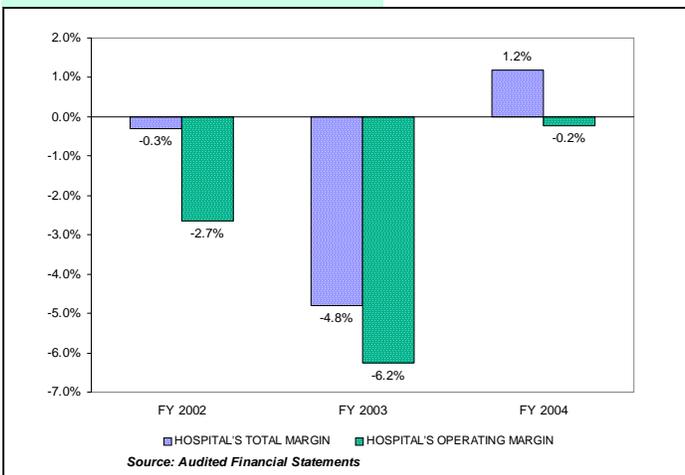
NET ASSETS	2002	2003	2004
Hospital	\$80,448,629	\$73,924,288	\$100,609,937
Health System	\$140,967,106	\$128,522,530	\$140,714,945
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$186,669,694	\$197,179,653	\$228,814,614
Total expenses	\$200,068,812	\$219,930,184	\$234,225,160
Uncompensated Care Cost	\$12,151,485	\$13,064,179	\$13,645,098
Uncompensated care % of total expenses	6.1%	5.9%	5.8%
Average Managed Care Discounts	38%	33%	38%
COST DATA			
Ratio of cost to charges	0.52	0.53	0.45
Medicare Payment to Cost	0.93	0.81	0.85
Medicaid Payment to Cost	0.53	0.53	0.59
Private Payment to Cost	1.13	1.17	1.29
FINANCIAL MEASURES			
Days of expenses in accounts payable	62	71	45
Days cash on hand	1	0	13
Days of revenue in accounts receivable	51	53	42
Equity financing ratio	24%	21%	29%
UTILIZATION MEASURES			
Patient Days	82,473	83,131	78,681
Discharges	17,549	17,789	17,281
ALOS	4.7	4.7	4.6
Licensed Beds	330	330	330
Occupancy of licensed beds	68%	69%	65%
FTE's	1,860	1,708	1,704

WATERBURY HOSPITAL

The Waterbury Hospital, opened in 1890, is located in Waterbury and primarily serves the residents of Bethlehem, Middlebury, Naugatuck, Prospect, Southbury, Thomaston, Waterbury, Watertown, Wolcott, and Woodbury. Waterbury Hospital's parent corporation is the Greater Waterbury Health Network. Reported below is a chart indicating all of the affiliates of the Greater Waterbury Health Network, three years of total margins and operating margins, and 2004 CON activity for Waterbury Hospital.



HOSPITAL MARGINS

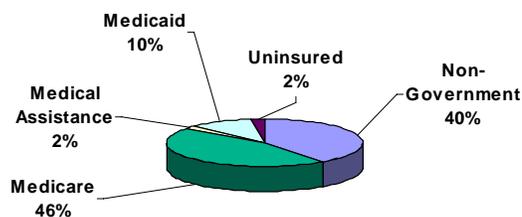


CON ACTIVITY

- Replacement of Hospital Information System for \$10,925,881.
- Closure of Dental Clinic at no cost.
- Joint cardiac services program with St. Mary's Hospital for \$745,166.
- Disposal of Linear Accelerator at no cost.

KEY RESULTS – WATERBURY HOSPITAL

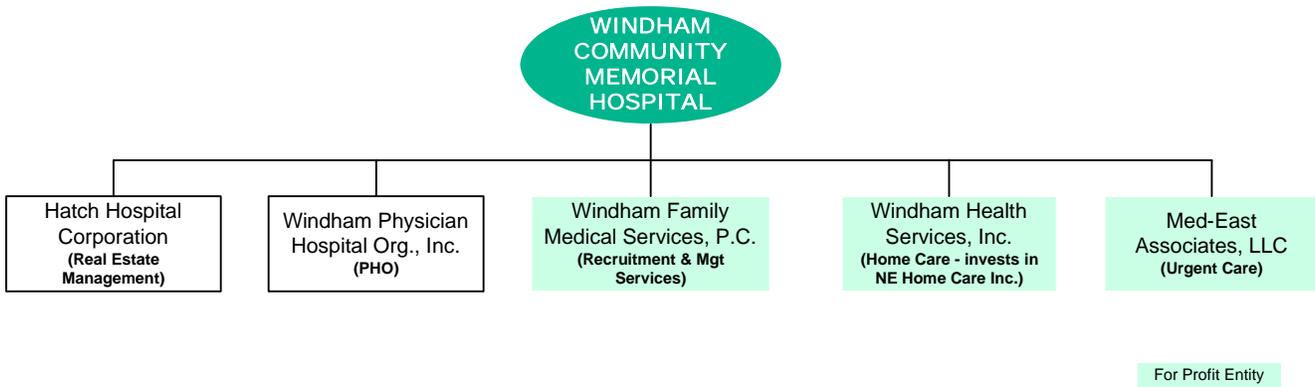
Hospital Net Revenue Payer Mix



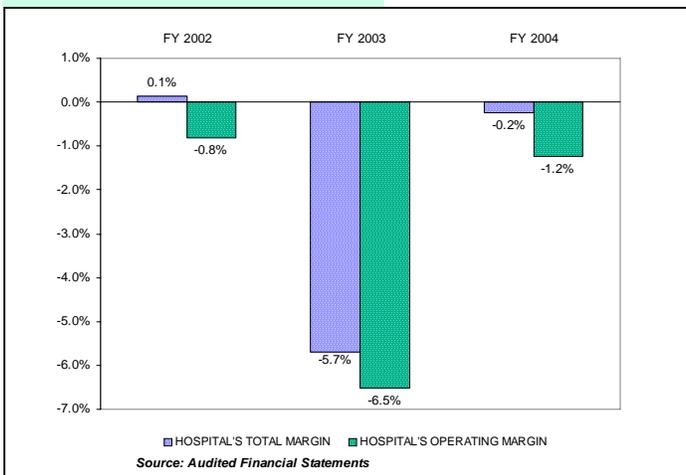
NET ASSETS	2002	2003	2004
Hospital	\$123,016,743	\$108,928,359	\$119,504,105
Health System	\$156,165,789	\$147,842,292	\$158,400,874
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$150,806,679	\$157,738,658	\$169,536,389
Total expenses	\$165,239,052	\$175,875,432	\$177,640,137
Uncompensated Care Cost	\$4,499,921	\$4,391,352	\$5,125,486
Uncompensated care % of total expenses	2.7%	2.5%	2.9%
Average Managed Care Discounts	46%	60%	54%
COST DATA			
Ratio of cost to charges	0.55	0.42	0.36
Medicare Payment to Cost	0.96	0.89	0.95
Medicaid Payment to Cost	0.76	0.68	0.82
Private Payment to Cost	1.00	1.02	1.07
FINANCIAL MEASURES			
Days of expenses in accounts payable	48	49	56
Days cash on hand	56	41	42
Days of revenue in accounts receivable	42	37	37
Equity financing ratio	37%	33%	36%
UTILIZATION MEASURES			
Patient Days	70,544	68,736	68,955
Discharges	14,925	14,770	15,113
ALOS	4.7	4.7	4.6
Licensed Beds	393	393	393
Occupancy of licensed beds	49%	48%	48%
FTE's	1,540	1,623	1,607

WINDHAM COMMUNITY MEMORIAL HOSPITAL

Windham Community Memorial Hospital, founded in 1908, is located in Willimantic and primarily serves the residents of Ashford, Chaplin, Columbia, Coventry, Hampton, Lebanon, Mansfield, Scotland, and Windham. Reported below is a chart indicating all of the affiliates of the Windham Community Memorial Hospital, three years of total margins and operating margins and 2004 CON activity for the Windham Community Memorial Hospital.



HOSPITAL MARGINS

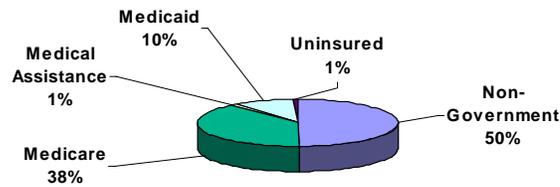


CON ACTIVITY

- Establish hospital based paramedic intercept program for \$189,000.

KEY RESULTS - WINDHAM COMMUNITY MEMORIAL HOSPITAL

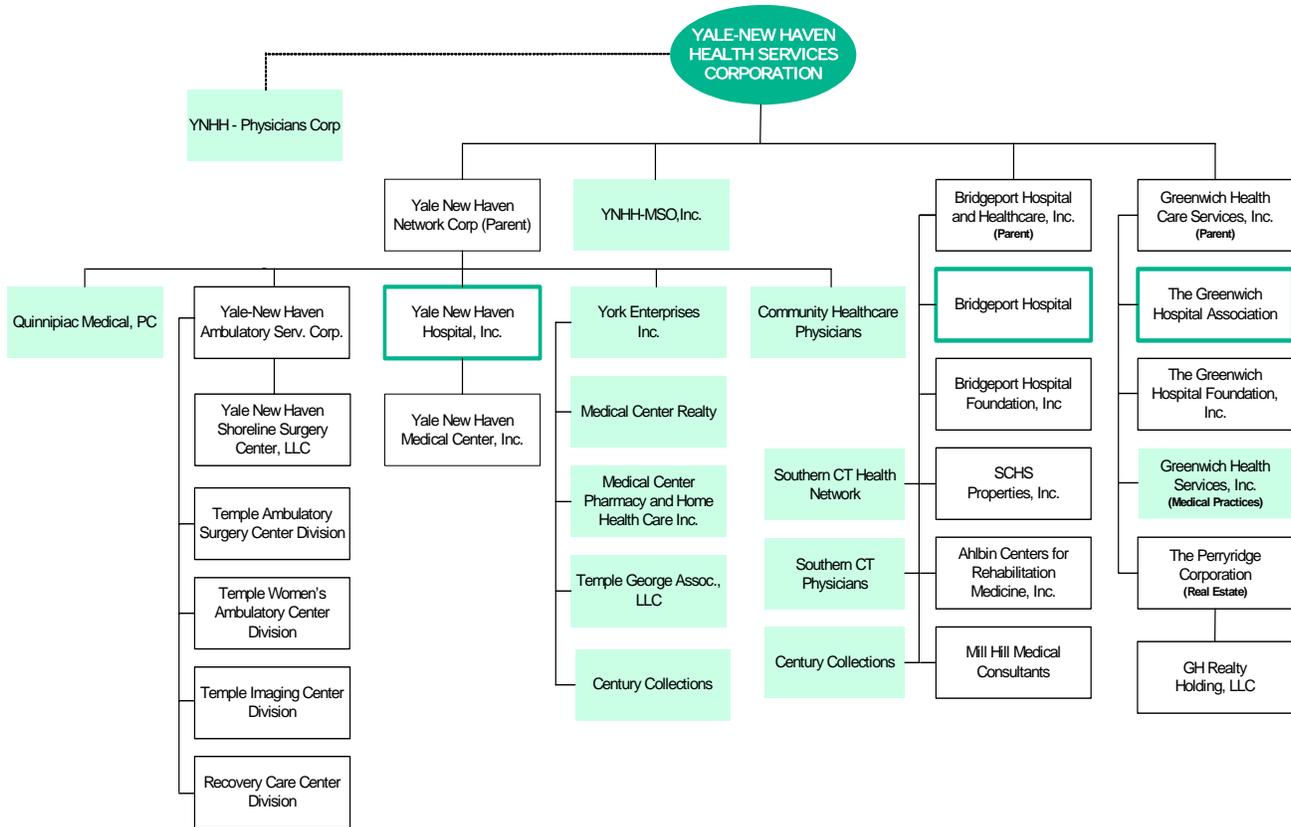
Hospital Net Revenue Payer Mix



NET ASSETS	2002	2003	2004
Hospital	\$22,828,194	\$14,590,439	\$12,634,329
Health System	\$22,828,194	\$14,590,439	\$12,634,329
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$58,424,795	\$56,986,572	\$62,459,244
Total expenses	\$60,416,073	\$61,734,401	\$63,867,156
Uncompensated Care Cost	\$1,987,320	\$2,359,354	\$2,089,675
Uncompensated care % of total expenses	3.3%	3.8%	3.3%
Average Managed Care Discounts	47%	54%	51%
COST DATA			
Ratio of cost to charges	0.48	0.43	0.41
Medicare Payment to Cost	0.86	0.89	0.95
Medicaid Payment to Cost	0.77	0.75	0.78
Private Payment to Cost	1.17	1.04	1.11
FINANCIAL MEASURES			
Days of expenses in accounts payable	51	68	59
Days cash on hand	35	46	48
Days of revenue in accounts receivable	81	65	49
Equity financing ratio	27%	14%	11%
Utilization Measures			
Patient Days	20,789	19,822	20,988
Discharges	5,146	5,170	5,093
ALOS	4.0	3.8	4.1
Licensed Beds	130	130	144
Occupancy of licensed beds	44%	42%	40%
FTE's	573	566	560

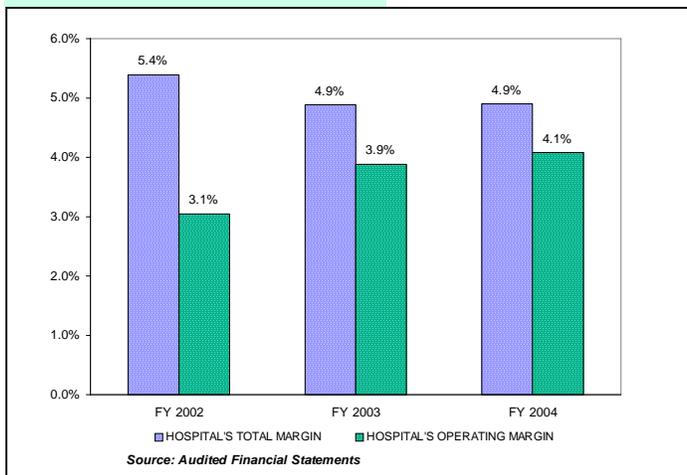
YALE-NEW HAVEN HOSPITAL

Yale-New Haven Hospital, founded in 1826, is located in New Haven and primarily serves the residents of Bethany, Branford, Bridgeport, Clinton, East Haven, Guilford, Hamden, Killingworth, Madison, Milford, New Haven, North Branford, North Haven, Orange, Wallingford, West Haven, West brook and Woodbridge and portions of Rhode Island. Yale-New Haven Hospital's parent corporation is Yale New Haven Network Corporation an affiliate of the larger Yale-New Haven Health Services Corporation which includes Greenwich Hospital and Bridgeport Hospital. Reported below is a chart indicating all of the affiliates of Yale New Haven Health Services Corporation, three years of total margins and operating margins and 2004 CON activity for Yale New Haven Hospital.



For Profit Entity

HOSPITAL MARGINS

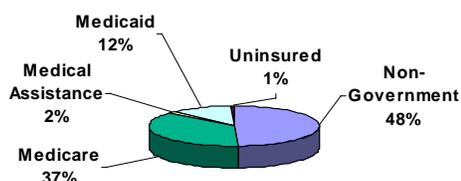


CON ACTIVITY

- Acquire a PACS for Health System for \$10,675,044.
- Acquire a CT Simulator for \$1,398,847.
- Whole body PET/CT scanner for \$2,574,018.
- Acquire Computed Radiography Equipment for \$2,400,000.
- Reconsideration of Liver Transplant Service Suspension at no cost.
- Shoreline Medical Center for \$710,000.
- Replace MRI unit for \$760,000.
- North Pavillion Enabling Project for \$3,500,000.
- Acquire a 3.0 Tesla MRI for \$4,574,775.
- Acquire stand-up MRI for \$90,000.

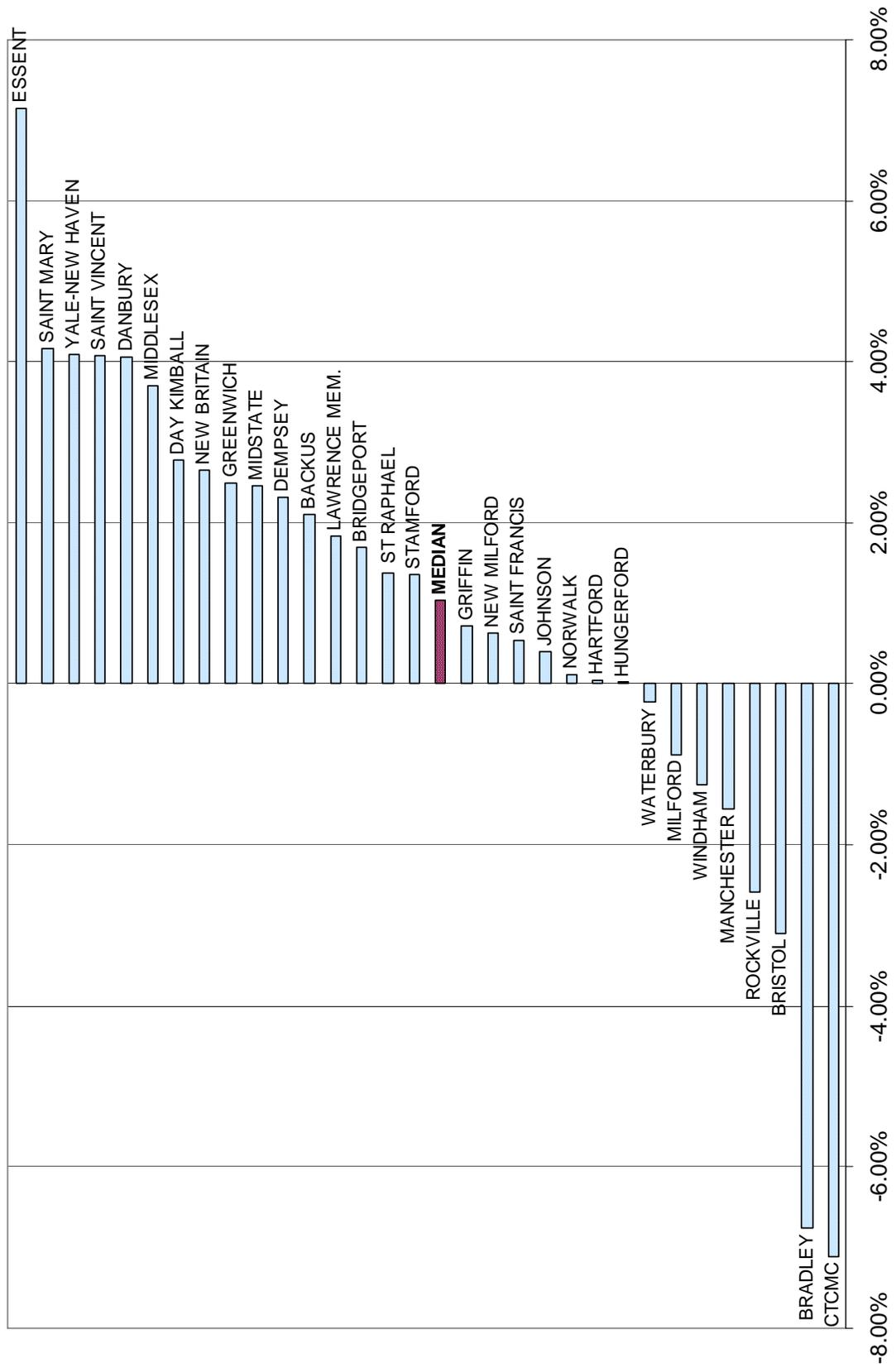
KEY RESULTS - YALE-NEW HAVEN HOSPITAL

Hospital Net Revenue Payer Mix

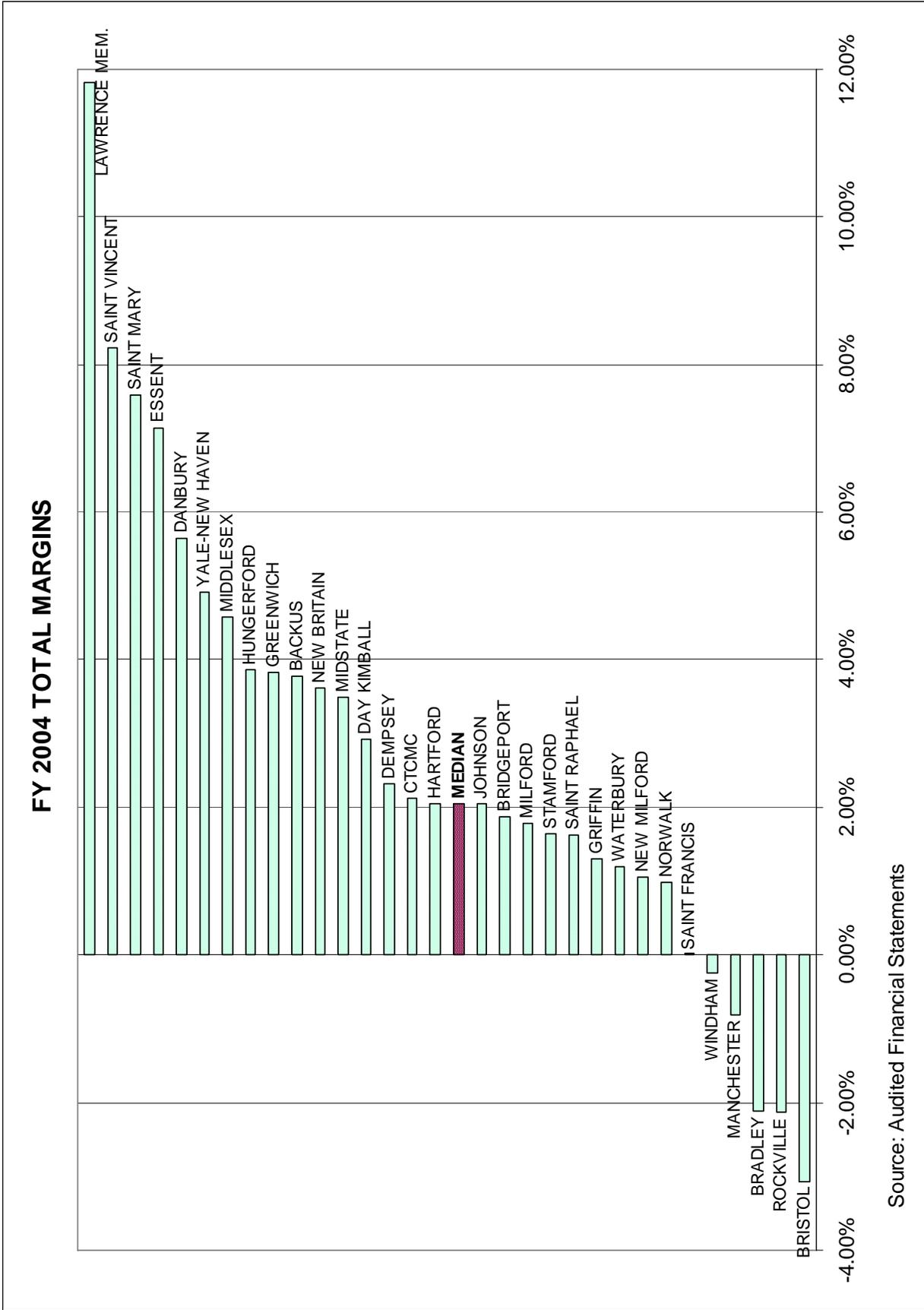


NET ASSETS	2002	2003	2004
Hospital	\$436,881,000	\$481,960,000	\$513,776,000
Health System	\$494,138,064	\$573,414,000	\$616,166,000
REVENUE & EXPENSE SUMMARY			
Net patient revenue	\$557,089,600	\$625,572,389	\$680,865,022
Total expenses	\$559,974,000	\$635,618,000	\$688,459,540
Uncompensated Care Cost	\$14,999,933	\$13,810,590	\$13,940,176
Uncompensated care % of total expenses	2.7%	2.2%	2.0%
Average Managed Care Discounts	45%	49%	50%
COST DATA			
Ratio of cost to charges	0.48	0.43	0.41
Medicare Payment to Cost	1.11	1.05	1.05
Medicaid Payment to Cost	0.71	0.70	0.72
Private Payment to Cost	1.08	1.14	1.14
FINANCIAL MEASURES			
Days of expenses in accounts payable	79	68	62
Days cash on hand	10	13	8
Days of revenue in accounts receivable	58	46	44
Equity financing ratio	43%	43%	45%
UTILIZATION MEASURES			
Patient Days	235,464	239,184	246,848
Discharges	42,832	44,618	46,961
ALOS	5.5	5.4	5.3
Licensed Beds	944	944	944
Occupancy of licensed beds	68%	69%	72%
FTE's	4,884	4,970	4,968

FY 2004 OPERATING MARGINS



Source: Audited Financial Statements



APPENDIX C: FY 2004 FINANCIAL MEASURES

FY 2004	MARGINS		CAPITAL STRUCTURE RATIO		LIQUIDITY MEASURES		
	Ratio:	Total Margin	Operating Margin	Equity Financing Ratio	Days in Accts Pay.	Days Cash on Hand	Days in Accts Rec.
		Net Income/(Operating Rev + Non Oper Rev)	Operating Income/ (Operating Rev + Non Operating Rev)	Unrestricted Assets/Total Assets	Current Liabilities/(Total Expense - Depr)/365	Cash/(Total Expense - Depr)/365	Net Accts Rec/(Net Pt Rev)/365
		Hospital Budget System - AFS Inputs	Hospital Budget System - AFS Inputs	Hospital Budget System - AFS Inputs	Hospital Budget System - AFS Inputs	Hospital Budget System - AFS Inputs	Hospital Budget System - AFS Inputs
Calculation:							
Source:							
BCKLUS	3.78%	2.10%	60.8%	28	39	53	
BRDLY	-2.11%	-6.75%	36.0%	63	4	31	
BRGPT	1.88%	1.70%	29.4%	57	41	38	
BRSTL	-3.07%	-3.09%	36.6%	55	29	47	
CTCMC	2.13%	-7.12%	45.4%	69	9	36	
DANBY	5.65%	4.05%	59.3%	41	65	41	
DAYKM	2.92%	2.78%	49.8%	65	54	48	
DMPSY	2.32%	2.32%	54.0%	69	23	43	
ESSN / (SHARN)	7.14%	7.14%	0.0%	86	4	36	
GRNH	3.83%	2.49%	58.1%	67	24	45	
GRFN	1.31%	0.72%	7.2%	47	34	39	
HARTF	2.06%	0.04%	49.3%	43	12	46	
HGRFD	3.87%	0.03%	59.1%	54	9	37	
JNSON	2.05%	0.40%	44.5%	64	5	60	
LAMEM	11.82%	1.84%	45.4%	68	15	45	
MANCH	-0.81%	-1.56%	18.2%	116	53	52	
MIDST	3.49%	2.46%	32.0%	38	99	44	
MDSX	4.57%	3.70%	47.0%	55	41	51	
MILFD	1.78%	-0.88%	68.9%	76	103	36	
NBRTN	3.61%	2.66%	41.6%	70	42	37	
NMILF	1.05%	0.63%	62.2%	63	9	45	
NRMLK	0.99%	0.11%	47.8%	74	17	37	
RKVLK	-2.13%	-2.59%	45.3%	70	4	53	
SAFNS	0.02%	0.54%	38.5%	29	16	43	
SAMRY	7.58%	4.16%	6.6%	69	5	60	
SARPH	1.62%	1.37%	13.8%	79	43	38	
SAVCT	8.23%	4.07%	66.0%	71	8	37	
STMFD	1.65%	1.35%	29.2%	45	13	42	
WATBY	1.19%	-0.23%	36.2%	56	42	37	
WNDHM	-0.24%	-1.25%	10.5%	59	48	49	
YNHAV	4.91%	4.09%	44.7%	62	8	44	
STATEWIDE	3.13%	1.57%	43.80%	58	27	43	
MEDIAN	2.06%	1.35%	44.7%	63	23	43	

APPENDIX D: FY 2004 PAYMENT TO COST & UNCOMPENSATED CARE

FY 2004	Ratio:	Costs to Charges (RCC)	Medicare Payments to Costs	Medicaid Payments to Costs	Private Payments to Costs	Total Uncompensated Care	Uncompensated Care Costs	Total Hospital Expenses	Uncomp Care % of Total Expenses
	Calculation:	Total Oper Exp/(Gross Rev + Other Oper Rev)	Medicare Payments/(Medicare Charges * RCC)	Medicaid Payments/(Medicaid Charges * RCC)	Non-Govt Pymts - Uninsrd Pymts/(Non-Govt Chrgs-Uninsrd Chrgs)*RCC	(Bad Debts + Free Care)	(Bad Debts + Free Care)* RCC	N/A	Uncomp Care/Total Expenses
	Source:	HBS Sched 300	HBS Sched 300 & UCA	HBS Sched 300 & UCA	HBS Sched 300 & UCA	HBS Sched UCA	HBS Sched 300 & UCA	HBS Sched 300	HBS Sched 300 & UCA
BACKUS		0.54	0.85	0.57	1.32	\$10,977,791	\$5,945,707	\$170,862,097	3.48%
BRADLEY		0.46	0.81	0.98	1.13	\$1,713,646	\$782,995	\$34,748,235	2.25%
BRIDGEPORT		0.39	1.10	0.64	1.18	\$21,719,413	\$8,460,222	\$256,962,204	3.29%
BRISTOL		0.46	0.92	0.82	1.11	\$7,122,372	\$3,246,559	\$98,067,128	3.31%
CT CHILDRENS		0.61	28.02	0.87	0.90	\$2,171,171	\$1,325,745	\$107,655,334	1.23%
DANBURY		0.50	0.85	0.77	1.33	\$17,237,050	\$8,646,656	\$288,820,415	2.99%
DAY KIMBALL		0.57	0.94	0.63	1.25	\$3,132,414	\$1,781,698	\$77,747,689	2.29%
DEMPESEY		0.52	1.20	0.87	1.00	\$4,185,950	\$2,173,298	\$178,719,164	1.22%
ESSENT SHARON		0.49	0.96	0.77	1.25	\$2,410,228	\$1,172,322	\$44,911,247	2.61%
GREENWICH		0.45	0.81	0.68	1.21	\$16,053,277	\$7,237,286	\$198,741,419	3.64%
GRIFFIN		0.35	1.04	0.82	1.07	\$8,449,356	\$2,994,165	\$84,394,953	3.55%
HARTFORD		0.52	1.06	0.71	1.09	\$36,657,229	\$18,944,057	\$521,342,927	3.63%
HUNGERFORD		0.57	0.99	0.67	1.09	\$2,278,201	\$1,295,506	\$75,702,140	1.71%
JOHNSON		0.34	0.84	0.88	1.21	\$4,704,823	\$1,604,252	\$48,142,330	3.33%
LAWRENCE		0.52	0.90	0.69	1.27	\$12,874,803	\$6,646,309	\$192,685,674	3.45%
MANCHESTER		0.46	0.86	0.75	1.13	\$5,413,279	\$2,489,984	\$123,289,732	2.02%
MIDSTATE		0.51	0.85	0.68	1.43	\$6,807,303	\$3,459,632	\$121,388,812	2.85%
MIDDLESEX		0.46	0.96	0.77	1.21	\$14,498,715	\$6,629,830	\$195,150,706	3.40%
MILFORD		0.35	0.80	0.63	1.25	\$3,683,683	\$1,298,229	\$61,817,119	2.10%
NEW BRITAIN		0.41	0.86	0.86	1.29	\$10,136,906	\$4,124,844	\$199,005,990	2.07%
NEW MILFORD		0.46	0.79	0.56	1.26	\$1,852,956	\$843,207	\$62,707,293	1.34%
NORWALK		0.57	0.87	0.71	1.25	\$14,885,278	\$8,486,001	\$214,611,202	3.95%
ROCKVILLE		0.45	0.80	0.74	1.17	\$2,453,416	\$1,098,526	\$55,557,059	1.98%
ST. FRANCIS		0.52	1.09	0.74	1.06	\$18,084,399	\$9,384,359	\$409,501,999	2.29%
ST. MARYS		0.44	1.12	0.80	1.08	\$7,658,948	\$3,342,956	\$131,826,649	2.54%
ST. RAPHAEL		0.38	1.02	0.67	1.24	\$17,663,866	\$6,767,499	\$345,057,886	1.96%
ST. VINCENTS		0.49	1.05	0.67	1.18	\$19,059,573	\$9,329,837	\$218,456,043	4.27%
STAMFORD		0.45	0.85	0.59	1.29	\$30,032,611	\$13,645,098	\$234,225,160	5.83%
WATERBURY		0.36	0.95	0.82	1.07	\$14,339,521	\$5,125,486	\$177,640,137	2.89%
WINDHAM		0.41	0.95	0.78	1.11	\$5,155,032	\$2,089,675	\$63,867,156	3.27%
YALE-NEW HAVEN		0.41	1.05	0.72	1.14	\$33,664,340	\$13,940,176	\$688,459,540	2.02%
STATEWIDE		0.46	0.97	0.73	1.18	\$357,077,550	\$164,312,115	\$5,682,065,439	2.89%
MEDIAN		0.46	0.94	0.74	1.18				2.85%

APPENDIX E: RATIO OF COST TO CHARGE DATA

FY 2004	Medicaid Charges	Medicaid Payments	Medicaid Payment to Cost Data <i>Medicaid Payments/ (Medicaid Charges * RCC)</i>	Total Non Govt Charges	Total Non Govt Payments	Total Uninsured Charges	Total Uninsured Payments	Private Payment to Cost Data <i>Non-Govt Pymts - Uninsrd Pymts/(Non-Govt Chrgs-Uninsrd Chrgs)*RCC</i>
Ratio:	Medicaid Charges	Medicaid Payments	Medicaid Payment to Cost Data	Total Non Govt Charges	Total Non Govt Payments	Total Uninsured Charges	Total Uninsured Payments	Private Payment to Cost Data
Calculation:			<i>Medicaid Payments/ (Medicaid Charges * RCC)</i>					<i>Non-Govt Pymts - Uninsrd Pymts/(Non-Govt Chrgs-Uninsrd Chrgs)*RCC</i>
Source:	OHCA's HBS Schedule UCA	OHCA's HBS Schedule UCA	OHCA's HBS Schedule UCA	OHCA's HBS Schedule UCA	OHCA's HBS Schedule UCA	OHCA's HBS Schedule UCA	OHCA's HBS Schedule UCA	OHCA's HBS Schedule UCA
BACKUS	\$26,792,075	\$8,220,642	0.57	\$147,509,509	\$101,604,095	\$8,300,522	\$2,075,130	1.32
BRADLEY	\$2,533,977	\$1,131,730	0.98	\$30,310,928	\$15,314,690	\$1,041,243	\$138,754	1.13
BRIDGEPORT	\$110,747,834	\$27,689,807	0.64	\$254,335,577	\$108,512,727	\$22,425,021	\$1,868,083	1.18
BRISTOL	\$18,104,957	\$6,785,874	0.82	\$91,356,196	\$44,665,541	\$3,958,693	\$389,169	1.11
CT CHILDREN'S	\$68,761,034	\$36,474,166	0.87	\$103,827,091	\$56,844,900	\$2,281,176	\$1,254,645	0.90
DANBURY	\$38,250,201	\$14,733,149	0.77	\$297,759,282	\$191,767,888	\$17,886,433	\$5,365,930	1.33
DAY KIMBALL	\$15,870,769	\$5,694,101	0.63	\$59,514,944	\$40,889,157	\$2,491,463	\$217,757	1.25
DEMPSEY	\$43,283,388	\$19,604,364	0.87	\$150,957,582	\$77,253,805	\$4,163,869	\$677,687	1.00
ESSENT SHARON	\$2,283,442	\$856,845	0.77	\$41,281,649	\$24,335,715	\$2,306,700	\$688,993	1.25
GREENWICH	\$7,127,641	\$2,195,153	0.68	\$265,814,097	\$138,530,903	\$21,918,438	\$5,865,161	1.21
GRIFFIN	\$21,380,759	\$6,238,734	0.82	\$102,032,888	\$37,287,684	\$6,552,379	\$1,103,587	1.07
HARTFORD	\$114,494,455	\$41,887,932	0.71	\$398,089,952	\$210,354,862	\$38,709,075	\$8,762,517	1.09
HUNGERFORD	\$12,161,105	\$4,638,631	0.67	\$56,249,898	\$34,774,368	\$4,963,130	\$2,957,479	1.09
JOHNSON	\$9,510,381	\$2,856,880	0.88	\$65,045,406	\$25,858,147	\$4,157,472	\$674,828	1.21
LAWRENCE	\$32,875,150	\$11,697,878	0.69	\$170,055,998	\$106,786,206	\$7,724,218	\$0	1.27
MANCHESTER	\$19,573,780	\$6,749,938	0.75	\$127,822,735	\$64,358,871	\$6,886,255	\$1,472,976	1.13
MIDSTATE	\$19,424,241	\$6,674,181	0.68	\$98,806,402	\$67,203,154	\$7,908,418	\$1,101,115	1.43
MIDDLESEX	\$30,050,782	\$10,602,660	0.77	\$206,450,535	\$108,468,667	\$12,357,314	\$1,334,768	1.21
MILFORD	\$10,743,975	\$2,397,550	0.63	\$79,220,106	\$34,298,180	\$4,796,661	\$1,517,656	1.25
NEW BRITAIN	\$63,219,152	\$22,233,319	0.86	\$187,651,618	\$96,090,892	\$8,403,280	\$2,147,664	1.29
NEW MILFORD	\$5,995,960	\$1,540,718	0.56	\$66,404,346	\$37,858,842	\$2,270,495	\$1,062,615	1.26
NORWALK	\$26,364,625	\$10,675,774	0.71	\$168,664,855	\$111,735,030	\$14,220,206	\$1,583,716	1.25
ROCKVILLE	\$10,396,092	\$3,428,005	0.74	\$51,569,276	\$26,189,328	\$3,476,056	\$1,022,640	1.17
ST. FRANCIS	\$92,313,465	\$35,564,641	0.74	\$319,975,028	\$168,670,651	\$15,791,516	\$1,370,747	1.06
ST. MARY'S	\$44,091,440	\$15,331,015	0.80	\$118,936,650	\$53,819,221	\$6,760,868	\$804,618	1.08
ST. RAPHAEL	\$81,561,055	\$20,872,939	0.67	\$292,441,225	\$131,381,742	\$16,553,162	\$701,330	1.24
ST. VINCENT'S	\$39,743,389	\$12,953,915	0.67	\$175,559,245	\$94,956,733	\$21,619,732	\$6,326,641	1.18
STAMFORD	\$40,344,818	\$10,789,907	0.59	\$258,190,477	\$137,701,525	\$28,290,316	\$2,831,241	1.29
WATERBURY	\$60,386,762	\$17,596,011	0.82	\$188,409,475	\$71,397,149	\$11,582,902	\$3,977,933	1.07
WINDHAM	\$19,075,581	\$6,035,436	0.78	\$72,782,870	\$31,514,010	\$3,810,184	\$417,443	1.11
YALE-NEW HAVEN	\$266,814,127	\$79,722,285	0.72	\$743,059,000	\$337,167,000	\$37,112,388	\$3,448,048	1.14
STATEWIDE	\$1,354,276,412	\$453,874,180	0.73	\$5,390,084,841	\$2,787,591,683	\$350,719,585	\$63,160,871	1.18
MEDIAN			0.74					1.18

APPENDIX F: ANALYSIS OF HOSPITAL AND PARENT NET ASSETS

Hospital Name	Change in	Hospital	Hospital	Hospital	Hospital	Hospital		
	Unrestricted Net Assets Or Equity 9/30/2004	Total Net Assets Or Equity 9/30/2004	Total Net Assets Or Equity 9/30/2003	Total Net Assets Or Equity 9/30/2002	Total Net Assets Or Equity 9/30/2004	Total Net Assets Or Equity 9/30/2002		
						Change	Change	
BACKUS	\$8,978,127	\$130,354,858	\$121,572,964	\$113,397,701		7.2%	15.0%	
BRADLEY	\$2,232,433	\$40,213,228	\$37,017,682	\$39,261,850		8.6%	2.4%	
BRIDGEPORT	\$8,677,000	\$99,849,000	\$92,116,000	\$96,284,000		8.4%	3.7%	
BRISTOL	(\$3,124,918)	\$42,201,103	\$45,189,959	\$43,137,074		-6.6%	-2.2%	
CTCMC	\$16,104,943	\$204,581,050	\$184,218,309	\$174,524,293		11.1%	17.2%	
DANBURY	\$22,115,162	\$250,866,741	\$226,683,985	\$196,573,806		10.7%	27.6%	
DAY KIMBALL	\$6,111,729	\$46,172,036	\$41,510,746	\$37,029,303		11.2%	24.7%	
DEMPSEY	\$3,615,039	\$53,816,541	\$55,446,577	\$52,014,258		-2.9%	3.5%	
ESSENT-SHARON*	\$3,610,770	\$4,603,005	\$992,235	-\$146,985		363.9%	3231.6%	
GREENWICH	\$34,493,000	\$314,461,000	\$286,758,000	\$260,766,247		9.7%	20.6%	
GRIFFIN	(\$982,869)	\$9,029,316	\$9,916,590	\$12,338,213		-8.9%	-26.8%	
HARTFORD	\$21,617,220	\$703,473,280	\$671,554,562	\$769,390,305		4.8%	-8.6%	
HUNGERFORD	\$4,942,154	\$81,132,600	\$75,361,528	\$70,446,961		7.7%	15.2%	
JOHNSON	(\$2,399,621)	\$22,099,417	\$24,417,302	\$26,532,575		-9.5%	-16.7%	
LAWRENCE MEM.	\$41,178,957	\$139,507,538	\$105,017,709	\$97,998,502		32.8%	42.4%	
MANCHESTER	(\$5,453,111)	\$34,078,205	\$40,143,763	\$41,560,847		-15.1%	-18.0%	
MIDSTATE	\$7,926,085	\$57,411,392	\$49,212,865	\$52,029,979		16.7%	10.3%	
MIDDLESEX	\$17,994,000	\$133,609,000	\$117,857,000	\$97,195,000		13.4%	37.5%	
MILFORD	\$934,048	\$66,497,537	\$65,558,489	\$62,968,367		1.4%	5.6%	
NEW BRITAIN	\$14,216,126	\$133,469,150	\$118,889,530	\$119,541,474		12.3%	11.7%	
NEW MILFORD**	(\$3,718,503)	\$49,426,530	\$49,642,464	\$47,083,844		-0.4%	5.0%	
NORWALK	\$6,396,312	\$143,518,697	\$133,696,897	\$129,885,619		7.3%	10.5%	
ROCKVILLE	(\$1,593,218)	\$48,498,503	\$50,359,916	\$44,753,419		-3.7%	8.4%	
SAINTE FRANCIS	\$5,168,547	\$264,166,481	\$257,103,887	\$254,801,230		2.7%	3.7%	
SAINTE MARY'S (See Note B)	\$12,343,868	\$26,430,000	\$12,850,629	\$33,095,000		105.7%	-20.1%	
SAINTE RAPHAEL	\$8,803,564	\$57,012,214	\$46,424,296	\$61,209,000		22.8%	-6.9%	
SAINTE VINCENT	\$36,046,000	\$245,161,000	\$212,254,000	\$218,642,000		15.5%	12.1%	
STAMFORD	\$23,689,046	\$100,609,937	\$73,924,288	\$80,448,629		36.1%	25.1%	
WATERBURY	\$9,133,265	\$119,504,105	\$108,928,359	\$123,016,743		9.7%	-2.9%	
WINDHAM	(\$2,476,596)	\$12,634,329	\$14,590,439	\$22,828,194		-13.4%	-44.7%	
YALE-NEW HAVEN	\$26,927,000	\$513,776,000	\$481,960,000	\$436,881,000		6.6%	17.6%	
STATEWIDE TOTAL	\$323,505,559	\$4,148,163,793	\$3,811,170,970	\$3,815,488,448		8.8%	8.7%	
Source: FY 2004 Audited Financial Statements Change in Net Assets and Balance Sheets								
Note A - Sharon Hospital was acquired by Essent Healthcare, Inc., a Nashville, TN on April 12, 2002 to become Essent-Sharon Hospital, Inc.								
Note B - FY 2002 Includes System wide restated Net Assets amount for St. Mary's Hospital Corporation comprised of St. Mary's and its six affiliates.								

APPENDIX F: ANALYSIS OF HOSPITAL AND PARENT NET ASSETS

Parent Name	Change in Unrestricted Net Assets Or Equity 9/30/2004	Consolidated Parent		Consolidated Parent		Consolidated Parent		Consolidated Parent 2002-2004 Change
		Total Net Assets Or Equity 9/30/2004	Total Net Assets Or Equity 9/30/2003	Total Net Assets Or Equity 9/30/2003	Total Net Assets Or Equity 9/30/2002	Total Net Assets Or Equity 9/30/2003	Total Net Assets Or Equity 9/30/2002	
Backus Corporation	\$9,705,311	\$134,778,983	\$123,584,349	\$116,236,777	\$116,236,777	\$116,236,777	9.1%	16.0%
Central Connecticut Health Alliance (See Notes A & B)	\$2,310,466	\$43,528,725	\$40,247,698	\$42,317,739	\$42,317,739	\$42,317,739	8.2%	2.9%
Bridgeport Hosp.& Healthcare Serv., Inc.(See Note A)	\$8,832,000	\$99,752,000	\$91,890,000	\$100,569,000	\$100,569,000	\$100,569,000	8.6%	-0.8%
Bristol Hospital and Health Care Group	(\$3,817,028)	\$43,348,434	\$46,543,813	\$44,223,374	\$44,223,374	\$44,223,374	-6.9%	-2.0%
CCMC Corporation	\$16,104,943	\$207,972,821	\$194,025,215	\$184,314,923	\$184,314,923	\$184,314,923	7.2%	12.8%
Danbury Health Systems, Inc.	\$42,897,917	\$215,986,721	\$171,646,582	\$171,754,905	\$171,754,905	\$171,754,905	25.8%	25.8%
Health Network of New England, Inc.	\$5,775,961	\$46,559,766	\$42,234,244	\$39,197,071	\$39,197,071	\$39,197,071	10.2%	18.8%
University of Connecticut Health Center	\$3,519,425	\$230,569,010	\$225,766,144	\$215,365,776	\$215,365,776	\$215,365,776	2.1%	7.1%
Essent Healthcare, Inc.(See Notes C & D)	\$76,154,202	\$103,489,848	\$27,335,646	\$12,345,745	\$12,345,745	\$12,345,745	278.6%	738.3%
Greenwich HealthCare Services, Inc.(See Note A)	\$35,823,000	\$331,745,000	\$302,712,000	\$275,914,936	\$275,914,936	\$275,914,936	9.6%	20.2%
Griffin Health Services Corporation	(\$886,617)	\$11,238,692	\$12,029,714	\$14,008,990	\$14,008,990	\$14,008,990	-6.6%	-19.8%
Hartford Health Care Corporation (See Note A)	\$2,176,647	\$907,597,630	\$861,111,893	\$807,935,021	\$807,935,021	\$807,935,021	5.4%	12.3%
No Corporate Parent or Holding Company	\$4,942,154	\$81,239,353	\$75,383,906	\$70,446,961	\$70,446,961	\$70,446,961	7.8%	15.3%
Johnson Memorial Corporation	(\$3,842,936)	\$19,647,604	\$23,475,152	\$25,359,411	\$25,359,411	\$25,359,411	-16.3%	-22.5%
Lawrence & Memorial Corporation	\$37,174,783	\$185,712,507	\$150,405,371	\$135,301,887	\$135,301,887	\$135,301,887	23.5%	37.3%
Eastern Connecticut Health Network (See Notes A & E)	\$5,177,146)	\$44,099,565	\$49,236,854	\$49,164,019	\$49,164,019	\$49,164,019	-10.4%	-10.3%
Hartford Health Care Corporation (See Note A)	\$9,225,353	\$61,494,370	\$51,966,107	\$52,029,979	\$52,029,979	\$52,029,979	18.3%	18.2%
Middlesex Health System, Inc.	\$18,514,000	\$136,752,000	\$120,480,000	\$99,348,000	\$99,348,000	\$99,348,000	13.5%	37.6%
Milford Health & Medical, Inc.	\$2,329,227	\$69,189,625	\$67,441,508	\$64,686,649	\$64,686,649	\$64,686,649	2.6%	7.0%
Central Connecticut Health Alliance	\$13,808,124	\$141,419,517	\$126,094,920	\$125,624,991	\$125,624,991	\$125,624,991	12.2%	12.6%
New Milford Hospital Holding Corp.(See Note F)	(\$3,670,863)	\$50,923,607	\$49,642,464	\$47,083,844	\$47,083,844	\$47,083,844	2.6%	8.2%
Norwalk Health Services Corporation	\$8,179,193	\$176,345,808	\$164,381,510	\$157,819,491	\$157,819,491	\$157,819,491	7.3%	11.7%
Eastern Connecticut Health Network (See Notes A & E)	(\$1,283,020)	\$50,121,091	\$51,600,791	\$45,896,157	\$45,896,157	\$45,896,157	-2.9%	9.2%
Saint Francis Care, Inc.	\$5,150,254	\$285,130,146	\$278,085,084	\$277,298,316	\$277,298,316	\$277,298,316	2.5%	2.8%
Stocum Corporation (See Note G)	\$6,932,000	\$16,197,000	\$8,236,000	\$35,040,806	\$35,040,806	\$35,040,806	96.7%	-53.8%
St. Raphael Health Care System, Inc.	\$12,269,000	\$83,604,000	\$67,283,000	\$73,089,000	\$73,089,000	\$73,089,000	24.3%	14.4%
St. Vincent's Health Services	\$38,727,000	\$286,643,000	\$244,476,000	\$256,818,898	\$256,818,898	\$256,818,898	17.2%	11.6%
Stamford Health System	\$11,844,757	\$140,714,945	\$128,522,530	\$140,967,106	\$140,967,106	\$140,967,106	9.5%	-0.2%
Greater Waterbury Health Network, Inc.	\$9,116,101	\$158,400,874	\$147,842,292	\$156,165,789	\$156,165,789	\$156,165,789	7.1%	1.4%
Windham Comm. Memorial Hosp, Inc.	(\$2,476,596)	\$12,634,329	\$14,590,439	\$22,828,194	\$22,828,194	\$22,828,194	-13.4%	-44.7%
Yale-New Health Services Corporation (See Note A)	\$37,863,000	\$616,166,000	\$573,414,000	\$494,138,064	\$494,138,064	\$494,138,064	7.5%	24.7%
Statewide Total	\$428,220,612	\$4,993,002,971	\$4,531,685,226	\$4,353,291,819	\$4,353,291,819	\$4,353,291,819	10.2%	14.7%
Source: FY 2004 Audited Financial Statements Change in Net Assets and Balance Sheets								
Note A - Central Connecticut Health Alliance, Hartford Health Care Corporation, Eastern Connecticut Health Network and Yale-New Haven Health Services Corp								
Subsidiary Parent Corporation Net Assets deducted from the Sole Member Parent Corporation Net Assets FY 2002 - FY 2004								
Note B - For subsidiary Parent Corporation Bradley Memorial Hospital & Health Center Net Assets include Unrestricted and Restricted Funds from								
Bradley Memorial Hosp., Bradley Health Care, Inc. and Bradley Health Services FY 2002 - 2004								
Note C - Sharon Hospital was acquired by Essent Healthcare, Inc., a Nashville, TN on April 12, 2002 to become Essent-Sharon Hospital, Inc.								
Note D - Essent Healthcare, Inc., acquired Paris Regional Medical Center formerly Christus St. Joseph Hospital located in Paris, Texas - Purchase Price \$117,605,351								
Note E - For entities formerly affiliated with Rockville General Net Assets include Unrestricted and Restricted Funds from								
Rockville General Hospital and ECHN Eldercare Services (known formerly as Tolland County Health Care, Inc.)								
Note F - FY 2004 New Milford Hospital Holding Company (NMMHC) includes Unrestricted Net assets from T twenty One Elm Street & New Milford Hospital Health Care, Inc.								
Note G - Includes Stocum Corporation and St Mary's Hospital Corporation which includes the Hospital and its six affiliates.								

APPENDIX G: FY 2004 CON ACTIVITY

Hospital Name	Docket Number	Activity Approved or Modified in FY 2004	Capital Cost
Backus	04-22704-MDF	Establish mobile PET scanning services at multiple hospital locations.	\$0
	04-30281-CON	Acquisition of Radiology Services from Women's Care Medical Center in Groton.	\$524,534
Bradley	03-30168-CON	Hyperbaric Oxygen Therapy Equipment.	\$250,300
	03-30184-CON	Replaced Mobile MRI Services With Fixed MRI.	\$2,425,500
Bridgeport	03-30096-CON	Intensity Modulation Radiation Therapy (IMRT) System Upgrade.	\$1,370,642
	03-30138-CON	Nuclear Camera System Replacement.	\$435,588
	30-30181-CON	Establish Mobile Lithotripsy Service under Bridgeport Hospital's License.	\$425,000
	04-22953-MDF	Use second Mobile Pet Scanner & upgrade both units used to PET/CT capability.	\$4,900,000
	04-30366-DTR	Reconfiguration of Outpatient Services.	\$0
Bristol	04-22704-MDF	Establish Mobile Pet scanning services at multiple hospital locations.	\$0
CT Children's	03-30090-CON	MRI addition, CT Scan replacement, Radiology Renovation .	\$3,750,000
	03-30225-DTR	Upgrade of Emergency Department.	\$1,500,000
Danbury	03-30063-CON	Termination of Hospital's Outpatient Detoxification Program.	\$0
	03-30139-CON	Acquisition of a New 3.0 Tesla MRI Unit.	\$3,778,462
	04-30253-DTR	Draeger Medical, Inc. Purchase of Monitors.	\$2,700,000
	03-30143-CON	Establish Regional Primary and Elective Angioplasty and Open Heart Surgery Program.	\$5,691,866
	04-22953-MDF	Use second Mobile Pet Scanner & upgrade both units used to PET/CT capability.	\$0
Day Kimball	03-30022-DTR	Fee-for-service Arrangement with Anesthesiologists.	\$0
	03-30173-CON	Mobile Pet Service at Day Kimball Hospital by Alliance Imaging, Inc.	\$1,695,000
	03-30213-CON	Picture Archiving Communication System (PACS).	\$1,757,511
Dempsey	03-30088-CON	Request to Acquire a Multi-Slice CT Scanner.	\$1,996,941
	04-30306-DTR	Relocation of ambulatory radiology services and related replacement equipment.	\$924,000
	04-30272-CON	Termination of Bone Marrow Transplant Services.	\$0
	04-30343-WVR	CT Scanner Replacement.	\$965,272
	04-22847-MDF	Joint Venture Ambulatory Surgery Center w/ Health Resources International, LLC.	\$300,000
Essent-Sharon	----	No activity to report.	n/a

APPENDIX G: FY 2004 CON ACTIVITY

Hospital Name	Docket Number	Activity Approved or Modified in FY 2004	Capital Cost
Greenwich	03-30201-CON	Establish Lithotripsy Service Under Greenwich Hospital's License.	\$425,000
	04-30295-CON	Acquire and Install a Standby Emergency Center.	\$1,580,000
	04-22953-MDF	Use a second Mobile Pet Scanner & upgrade both units used to PET/CT capability.	\$0
	04-30269-CON	Greenwich Hospital MRI Scanner.	\$2,874,932
Griffin	04-22709-MDF	Kitchen & Cafeteria Renovation Project.	\$1,381,872
	04-30196-CON	Merger of Griffin Hospital and Valley Mental Health Center related to outpatient psych services.	\$500,000
	04-22704-MDF	Establish mobile Pet scanning services at multiple hospital locations.	\$0
Hartford	03-30049-CON	Acquisition of da Vinci Surgical System.	\$1,159,276
	03-30206-CON	Replacement of two Cardiac Catheterization Laboratories and associated renovations.	\$3,416,712
	03-30166-CON	Transfer/Change of Ownership or Control of Behavioral Health Partial Hospital and Outpatient Programs.	\$750,000
	04-30276-CON	Refurbishment of Donnelly Building Patient Rooms.	\$639,257
Hungerford	03-30149-CON	Acquire and Implement a Picture Archiving and Communication System (PACS).	\$1,596,811
	03-30202-DTR	Mobile MRI Services.	\$300,000
	03-30189-CON	Add an additional Day for Mobile Pet Scanning Services at Winsted Campus.	\$1,695,000
	04-22704-MDF	Establish Mobile PET Scanning services at multiple hospital locations.	\$0
Johnson	03-30186-CON	Establish Lithotripsy Services.	\$600,000
Lawrence	03-22863-MDF	Lawrence & Memorial Hospital expansion of Pequot Medical Center to include a ASC and MRI.	\$2,097,410
	04-30238-DTR	Relocation of Post-Rehabilitation Personal Training Fitness Program.	\$201,000
Manchester	03-30192-DTR	Closure of Satellite Urgent Care Facility.	\$0
	03-30214-DTR	Conversion of GI Procedure Rooms to Operating Rooms.	\$900,000
Middlesex	03-22492-MDF	Modification vacating the reporting requirement for the cardiac catheterization lab.	\$0
	03-22914-MDF	Modification extending the completion date for PET-Scanning Services in Marlborough.	\$0
	04-30230-CON	MRI expansion at Middlesex Outpatient Center.	\$2,500,000
	04-22914-MDF	Modification extending the completion date for PET-Scanning Services in Marlborough.	\$0
Midstate	04-30222-CON	Replacement of Radiation Oncology Simulator with a CT Simulator.	\$75,000

APPENDIX G: FY 2004 CON ACTIVITY

Hospital Name	Docket Number	Activity Approved or Modified in FY 2004	Capital Cost
Milford	03-30155-CON	Integrated Clinical and Financial Information System Replacement.	\$4,000
	04-22704-MDF	Establish mobile PET scanning services at multiple hospital locations.	\$0
New Britain	03-30208-DTR	Change in reimbursement status of exempt psych service.	\$0
New Milford	04-22704-MDF	Establish mobile PET scanning services at multiple hospital locations.	\$0
	03-30089-CON	Establish a Diagnostic/Interventional Cardiac Cath lab.	\$3,063,900
Norwalk	03-25552-MDF	Renovations to Radiology Department and Acquisition of Replacement Equipment.	\$336,000
	04-30229-CON	Replacement and Purchase of Open MRI Unit.	\$1,200,000
	04-30245-CON	Acquire a Replacement Linear Accelerator with IMRT Technology.	\$4,100,000
	04-30319-DTR	Mammography Equipment Replacement.	\$510,000
	04-25552-MDF	Renovations to Radiology Department and Acquisition of Replacement Equipment.	(\$1,070,000)
	04-30294-CON 04-22953-MDF	Renovation of the Obstetrical Unit at Norwalk Hospital Use a second Mobile PET Scanner & upgrade both units used to PET/CT capability.	\$800,000 \$0
Rockville	04-30375-WVR	Replacement of Existing Mobile MRI.	\$1,845,778
St. Francis	03-30219-WVR	Replace Cardiac Catheterization Laboratory.	\$1,190,741
	03-30150-CON	Establish a 28 Bed Long Term Acute Care Hospital (LTAC) at Saint Francis Hospital.	\$2,102,718
	04-22852-MDF	Clinical Information System Replacement.	\$0
	03-30197-CON	Expansion and Renovation of Cancer Center.	\$5,430,459
	03-30166-CON	Transfer/Change of Ownership or Control of Behavioral Health Partial Hospital and Outpatient Programs.	\$750,000
	04-22704-MDF	Establish mobile PET scanning services at multiple hospital locations.	\$0
	04-30368-WVR	Angiography Laboratory Equipment Replacement.	\$1,636,830
St. Mary's	04-30345-DTR	St. Mary's Hospital and Sodexho Healthcare Services Support Services Partnership.	\$0
	04-30279-DTR	Transition of Child Abuse Prevention Program to Child Guidance Clinic.	\$0
	03-30218-CON	Establish a 25 Bed Long Term Acute Care Hospital (LTAC) at St. Mary's Hospital.	\$4,063,000
	03-30167-CON	St. Mary's Hospital Corp. and Waterbury Hospital Joint Cardiac Services Program.	\$745,166
	04-30300-DTR	St. Mary's Hospital Emergency Department Staffing Model.	\$0
	04-30346-DTR 04-30339-DTR	Disposal of a Linear Accelerator. Establish a Walk-In Medical Center in Wolcott.	\$0 \$0

APPENDIX G: FY 2004 CON ACTIVITY

Hospital Name	Docket Number	Activity Approved or Modified in FY 2004	Capital Cost
St. Raphael	03-30145-CON	Relocation of HSR Ambulatory Clinics.	\$3,900,000
	03-22894-MDF	Hospital of St. Raphael Cardiac Catheterization Laboratory Equipment Replacement.	\$1,983,257
	04-30287-DTR	Re-establishment of Sleep Diagnostic Center.	\$29,240
	04-30270-CON	Replace Radiation Therapy Simulator with a new CT Simulator.	\$989,073
	04-30342-WVR	Replacement of BiPlane Angio System.	\$2,205,040
St. Vincent's	03-25508-MDF	Reconfiguration and reconstruction of healthcare services in Stamford.	\$6,629,598
	04-30291-WVR	Replacement of Interventional Suite Radiology Equipment.	\$1,537,973
	04-30292-WVR	Replacement of CT Scanner #1.	\$1,757,008
	04-30293-WVR	Replacement of CT Scanner #2.	\$1,084,008
	04-22667-MDF	New ambulatory building and renovations/expansion of Intensive Care Units.	\$16,575,000
04-22953-MDF	Use a second Mobile PET Scanner & upgrade both units to PET/CT capability.	\$4,900,000	
Stamford	03-30217-DTR	Inter-company Transfer of Ownership.	\$0
	03-25508-MDF	Reconfiguration and reconstruction of healthcare services in Stamford.	\$6,629,598
	04-22953-MDF	Use a second Mobile PET Scanner & upgrade both units used to PET/CT capability.	\$0
	03-30176-CON	Establishment of PAMI program.	\$0
	04-30369-WVR	Time extension for Darien Imaging Center MRI Replacement.	\$0
04-22912-MDF	Acquisition of PACS.	\$2,934,592	
Waterbury	03-30135-CON	Replacement of Hospital Information System.	\$10,925,881
	04-30210-CON	Dental Clinic Closure.	\$0
	03-30167-CON	St. Mary's Hospital Corp. and Waterbury Hospital Joint Cardiac Services Program.	\$745,166
	04-30324-DTR	Disposal of Linear Accelerator.	\$0
Windham	04-25297-MDF	Establish Hospital-based Paramedic Intercept Program.	\$189,000
Yale	03-25542-MDF	YNH Hospital & YNHASC acquire (PACS).	\$10,675,044
	03-30083-CON	Acquire a CT Simulator.	\$1,398,847
	03-30120-CON	Yale-New Haven Hospital Request for Whole Body PET-CT Scanner.	\$2,574,018
	04-22954-MDF	YNH Hospital/YNHASC Acquire Stand-Up MRI Unit	\$90,000
	03-30171-CON	Acquire Computed Radiography Equipment.	\$2,400,000
	04-23013-DTR	Yale-New Haven Hospital request to reconsider Report #02-O3 re: Liver Transplant Service Suspension.	\$0
	04-22924-MDF	Yale New Haven Shoreline Medical Center.	\$710,000
	04-30284-WVR	Replacement MRI Unit.	\$760,000
	04-30244-CON	YNHH North Pavilion Enabling Project.	\$3,500,000
	04-30283-CON	Acquire a 3.0 Tesla MRI Unit.	\$4,574,775

APPENDIX H: UTILIZATION MEASURES

<i>FY 2004</i>						
<i>Utilization Measure</i>	<i>Patient Days</i>	<i>Discharges</i>	<i>Average Length of Stay</i>	<i>Licensed Beds</i>	<i>Occupancy of Licensed Beds</i>	<i>Full Time Equivalents</i>
<i>Source:</i>	<i>HBS Sched 500</i>	<i>HBS Sched 500</i>	<i>HBS Sched 500</i>	<i>HBS Sched 500</i>	<i>HBS Sched 500</i>	<i>HBS Sched 500</i>
BACKUS	52,245	11,935	4.37	233	61%	1,332
BRADLEY	10,591	2,329	4.54	84	35%	307
BRIDGEPORT	107,653	20,091	5.35	425	69%	1,864
BRISTOL	36,826	8,375	4.39	154	65%	921
CT CHILDREN'S	30,857	5,521	5.58	123	68%	847
DANBURY	78,921	19,548	4.03	371	58%	2,176
DAY KIMBALL	22,892	6,480	3.53	122	51%	701
DEMPSEY	59,283	9,563	6.19	224	72%	1,156
ESSENT SHARON	12,733	3,041	4.18	94	35%	287
GREENWICH	47,534	11,394	4.17	206	63%	1,345
GRIFFIN	32,304	7,348	4.39	180	49%	810
HARTFORD	219,452	37,446	5.86	867	69%	5,029
HUNGERFORD	28,359	6,328	4.48	122	63%	697
JOHNSON	19,052	3,634	5.24	98	53%	468
LAWRENCE	68,730	14,868	4.62	308	61%	1,769
MANCHESTER	40,812	8,826	4.62	283	39%	1,099
MIDSTATE	41,260	9,045	4.56	142	79%	832
MIDDLESEX	51,927	12,207	4.25	297	48%	1,700
MILFORD	22,664	4,986	4.54	118	53%	524
NEW BRITAIN	68,618	16,702	4.10	362	52%	1,733
NEW MILFORD	14,352	3,339	4.29	95	41%	463
NORWALK	81,868	15,729	5.20	366	61%	1,559
ROCKVILLE	16,097	4,137	3.89	118	37%	626
ST. FRANCIS	163,640	32,520	5.03	682	65%	3,162
ST. MARY'S	54,510	12,097	4.50	379	39%	1,232
ST. RAPHAEL	142,413	25,090	5.67	533	73%	2,697
ST. VINCENT'S	99,386	19,199	5.17	444	61%	1,566
STAMFORD	78,681	17,281	4.55	330	65%	1,704
WATERBURY	68,955	15,113	4.56	393	48%	1,607
WINDHAM	20,988	5,093	4.12	144	40%	560
YALE-NEW HAVEN	246,848	46,961	5.25	944	72%	4,968
STATEWIDE	2,039,295	416,240	4.90	9,241	61%	45,754

APPENDIX I: GLOSSARY OF TERMS

Bad Debts: the income lost to a hospital because patients who were billed and from whom payment was expected did not pay amounts owed the hospital for services provided. Bad debts net of recoveries will become bad debt expense, if after reasonable collection efforts are made, the hospital determines that the accounts are uncollectible.

Days Cash on Hand: the average number of days of cash available to pay for expenses that the hospital maintains in its cash accounts. A higher number is favorable, since it indicates a greater ability of the hospital to meet its outstanding obligations.

Days of Expenses in Accounts Payable: the average number of days that are required for the hospital to meet its current liabilities. A lower number is favorable, since it indicates a more favorable liquidity position.

Days of Revenue in Accounts Receivable: the average number of days in collection that accounts receivable remains outstanding. A lower number is favorable, since it indicates good collection practices that result in sufficient cash flow and infrequent short-term financing.

Disproportionate Share Hospital (DSH) Program Payments: the payments provided to Connecticut's acute care hospitals based on each hospital's cost of uncompensated care and medical assistance underpayment as a percentage of the statewide total of hospital uncompensated care and medical assistance underpayment.

Equity Financing Ratio: the ratio related to the hospital's capital structure that indicates the percentage of total assets that have been financed from equity sources. A higher ratio is more favorable, since it indicates that the hospital has utilized a higher level of equity and a lower level of debt financing in acquiring plant and equipment assets.

Free Care: the difference between the hospital's published charges and the amount of reimbursement received for services provided to patients from whom reimbursement was not expected.

Health System: the hospital's parent corporation that controls both the hospital and other hospital affiliates.

Hospital Operating Margin: the ratio related to the hospital's profitability indicating the percentage of a total operating surplus or loss to the hospital's total operating revenue. A higher positive ratio indicates more favorable operating results.

Hospital Total Margin: the ratio related to the hospital's profitability indicating the percentage of a total operating and non-operating surplus or loss to the hospital's total operating revenue. A higher positive ratio indicates more favorable operating results.

Operating Revenue: the total of net patient revenue from the reimbursement of patient services from government and nongovernment payers plus other operating revenue.

Non-Operating Revenue: the unrestricted revenue not directly derived from providing patient services but obtained from either philanthropic or non-philanthropic sources.

Payer Mix: the proportion of each government or nongovernment payer's reimbursement to the hospital's total reimbursement for patient services. Payer mix is derived from the amount of net patient revenue that the hospital receives from each government and nongovernment payer.

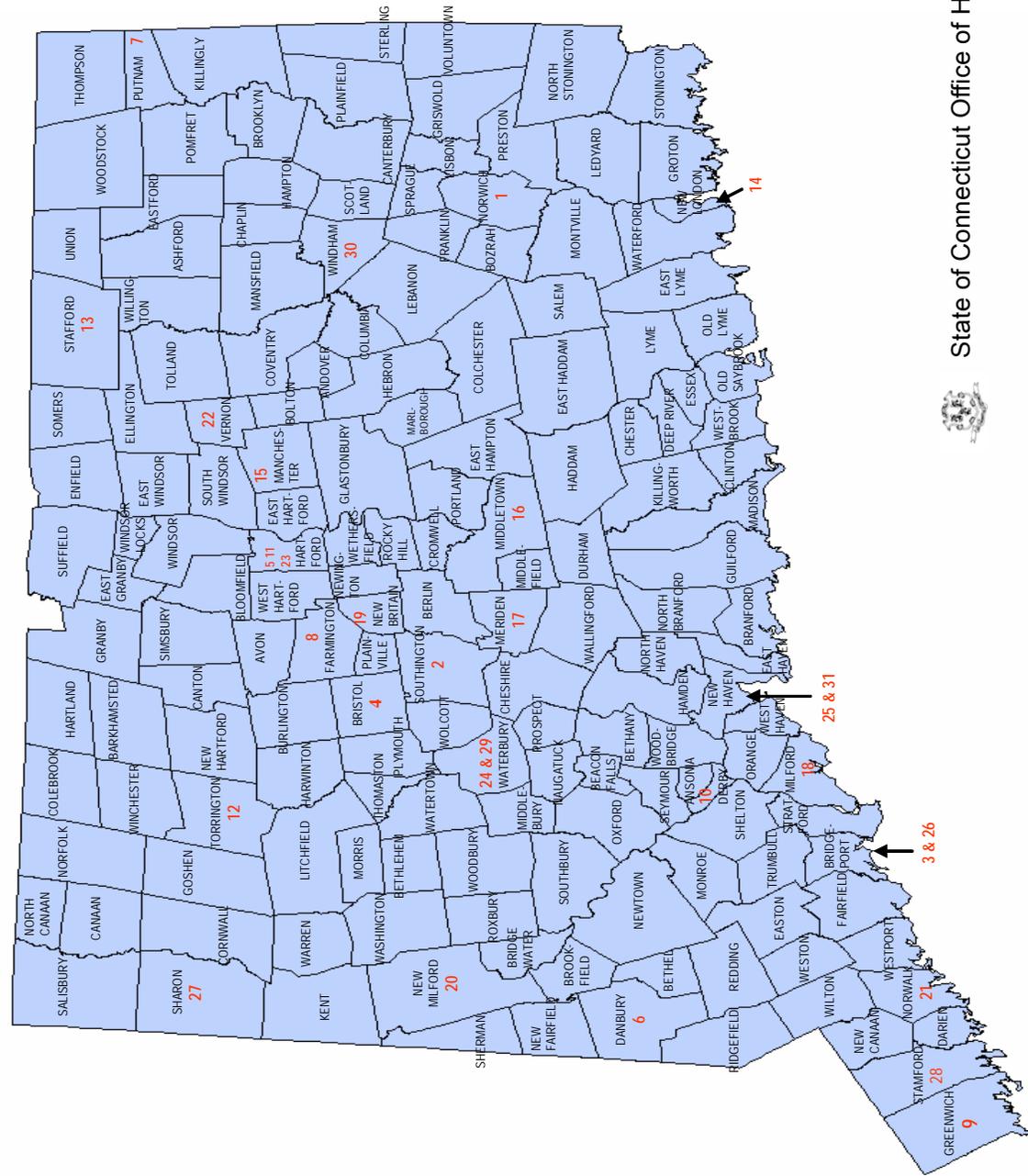
Payment to Cost Ratio: the ratio that indicates the percentage above or below cost that a hospital is reimbursed by a government or nongovernment payer. A ratio that is higher than 1.00 is favorable, since it indicates reimbursement by a payor that is greater than the cost of providing patient services. A ratio that is less than 1.00 is unfavorable, since it indicates reimbursement by a payer that is less than the cost of providing patient services.

Ratio of Cost to Charges: the ratio that indicates the percentage of total operating expense to the total of gross patient charges plus other operating revenue. A lower ratio is more favorable, since it indicates a greater difference between the cost and charges billed for providing patient services.

Uncompensated Care: the total amount of a hospital's free care and bad debts resulting from unreimbursed patient services.

Connecticut Acute Care Hospitals and Medical Centers

1. William W. Backus Hospital
2. Bradley Memorial Hospital & Medical Center
3. Bridgeport Hospital
4. Bristol Hospital
5. Connecticut Children's Medical Center
6. Danbury Hospital
7. Day Kimball Hospital
8. John Dempsey Hospital
9. Greenwich Hospital
10. Griffin Hospital
11. Hartford Hospital
12. Charlotte Hungerford Hospital
13. Johnson Memorial Hospital
14. Lawrence & Memorial Hospital
15. Manchester Memorial Hospital
16. Middlesex Memorial Hospital
17. MidState Medical Center
18. Milford Hospital
19. New Britain General Hospital
20. New Milford Hospital
21. Norwalk Hospital
22. Rockville General Hospital
23. Saint Francis Hospital & Medical Center
24. Saint Mary's Hospital
25. Hospital of Saint Raphael
26. Saint Vincent's Medical Center
27. Essent-Sharon Hospital
28. Stamford Hospital
29. Waterbury Hospital
30. Windham Community Memorial Hospital
31. Yale-New Haven Hospital



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