APPENDICES

APPENDIX A
Agency Response

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

February 14, 2007

Carrie E. Vibert, Director
Legislative Program Review and
Investigations Committee
State Capitol, Room 506
Hartford, CT 06106

Dear Ms. Vibert:

Thank you for the opportunity to comment on the Committee's Funding of Hospital Care Report. I congratulate your staff and the Committee for developing a thorough review and assessment of the current hospital funding system in Connecticut and a proposed blueprint for change. The Committee Report provides valuable research and analysis that will improve future policy decisions in the critical area of state payments and support for the hospitals that serve patients eligible for health care assistance programs administered by the Department.

While we continue to review and assess the Report findings and proposals, the following presents our initial comments on recommendations related to the Department of Social Services:

1. ***Implement a prospective payment system effective October 1, 2007 that incorporates a case mix index using the Medicare base per discharge rate and the Medicare wage index. In addition, provide an allowance for Indirect Medical Education (IME).***

The Department agrees that case mix should be incorporated into the Medicaid rate setting system. Under the current cost per discharge target method, there is no direct connection between the payment made to a hospital and the resources that were needed by the hospital to care and treat Medicaid patients. That being said, we believe that additional planning and assessment is needed before making such a dramatic change to the payment system and that a revised implementation date of October 1, 2008 is advisable.

As Appendix D of the report illustrates, two hospitals would experience Medicaid payment reductions of over $8.0 million representing in excess of a 40% drop in reimbursement. Further analysis is needed before initiating such a change and consideration of a rate phase-in is warranted.

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In addition, we believe that serious consideration should be given to including a separate allowance within the rate computation for capital costs. While the operating component of Medicaid reimbursement is limited under the current system hospitals do receive annual updates for capital costs. Continuation of this practice should be considered so that the fixed costs of capital projects approved by the Office of Health Care Access (OHCA) continue to be recognized in the reimbursement system.

We also suggest that a special review be conducted with regard to reimbursement for the Connecticut Children's Medical Center (CCMC). The case mix rate for CCMC should be developed with consideration of unique costs incurred by hospitals that serve children.

2. ***DSS should require in its contracts with Managed Care Organization (MCO's) that their rates for health care providers increase by at least the same percentage as the increase in the capitation rates and that limits be imposed on MCO administrative expenses. The report also recommends that a financial penalty be imposed on MCOs ($100/visit) for clients using more than two emergency room visits in a year that are coded as non-emergency. Penalty funds would be disbursed to hospitals.***

While we share the concerns expressed in the report about trends in emergency room utilization by Medicaid recipients enrolled in the HUSKY plan, the solution proposed here of assessing a contractual penalty against the Managed Care Organizations (MCOs) is problematic on several grounds:

1. There are federal rules that prohibit the type of client copays that commercial plans use to discourage the inappropriate use of the emergency room. The MCOs aren't allowed to impose any such charges as a way of controlling the volume of patients who go to the emergency room. They can counsel the clients and contact the primary care provider, but ultimately there is no "gate-keeping" in the traditional sense.
2. Federal Medicaid regulations require the hospitals and the MCOs to treat as an emergency condition anything that meets the "prudent layperson" definition. In most cases identification of a visit as a non-emergency happens after the fact.
3. We are aware of the problems that the MCOs have meeting access standards as demonstrated recently in the Mystery Shopper Report. And it must be acknowledged that failure to provide access to primary care in the community, does contribute to inappropriate emergency room utilization. We also acknowledge that reimbursement rates have a significant impact on the participation by primary care providers. However, a recent analysis of HUSKY encounter data for Calendar Year 2005 conducted by Connecticut Voices for Children did not find any significant correlation between regular well-child care, or the lack thereof, and visits to the emergency room. The number one diagnostic group for visits to the emergency room for HUSKY children is injuries.

4. The second leading diagnostic group in the same study is respiratory conditions. The prevalence of asthma among low-income children in the largest Connecticut cities has been studied and documented for many years. The Department has made compliance with appropriate medications one of its key performance measures in the Results Based Accountability (RBA) budgeting exercise for the Early Childhood Cabinet. Each of the MCOs has made improved asthma treatment a performance improvement goal for 2007 and the MCOs will be working closely with the successful Easy Breathing program. Governor Rell has recently authorized the release of $500,000 of DSS funds to be transferred to the Department of Public Health(DPH) for statewide expansion of the Easy Breathing program. The Governor's SFY 2008 and SFY 2009 budget proposal continues this effort with the additional $500,000 built into the DPH appropriation each year.
5. We do agree with additional contractual measures to pass rate increases through to participating providers, as was done this year with the increase in rates for hospital clinics and emergency room rates. We have been contemplating a slightly different approach than the one identified here. We are interested in an approach that would set a minimum threshold for the medical loss ratios incurred by the MCOs. Any plan that did not achieve that ratio would need to refund the difference to the department. Any dollars returned could be used to address provider reimbursement. We also intend to cap profit potential for the MCOs, although the program has registered losses during two out of the past three years. We are also exploring the option of capping the percentage of premium that could be applied to administrative costs.

3. Maintain the current outpatient reimbursement structure but provide annual updates based upon the Consumer Price Index (Urban).

The Department agrees that outpatient payment rates should be reviewed and adjusted regularly but does not support an indexing provision in statute as funding decisions need to be made in the context of state budget requirements and priorities.

4. Increase monitoring of inpatient and outpatient utilization to ensure that such care is necessary and appropriate.

The Department agrees that further measures are necessary to monitor outpatient service utilization in the fee for service program, but additional controls are difficult to implement and would require prior authorization mechanism that the hospitals may find burdensome. The Department does have a contract in place to perform with Qualidigm to perform pre-admission review on all inpatient admissions.

5. Terminate application of the Medicaid DSH adjustment.

The Department agrees that the current Medicaid reimbursement adjustment for DSH (Section 17-312-107 Regulations) should be re-examined in conjunction with modifications to the rate setting method. Maintaining a DSH adjustment in the reimbursement formula provides greater assurance to hospitals that high Medicaid utilization would be recognized by the state on an ongoing basis as compared to grant appropriations that are more likely to be targeted for freezes or reductions in difficult budget periods.

6. ***Urban DSH funds ($31,550,000 in SFY 2007) should be made available to hospitals with greater percentages of Medicaid discharges rather than limiting funds to hospitals in municipalities with a combination of certain population and economic aspects. Minimally, four hospitals should be added (Danbury, Norwalk, Mid-State and Windham).***

The Department agrees that the current Urban DSH formula should be re-examined in conjunction with modifications to the rate setting method.

7. ***The distribution formula for Urban DSH should be re-configured to take into account services to patients eligible under SAGA.***

As previously stated, the Department agrees that the current Urban DSH formula should be re-examined in conjunction with modifications to the rate setting method. While SAGA payments are currently claimed under Medicaid, we do not believe that modifying Urban DSH formula to include SAGA is advisable as Federal approval would be required. In this present federal climate of attempting to rein in Medicaid costs, submitting a state plan amendment for DSH reconfiguration may be difficult.

8. ***The state should establish a disproportionate share fund available to hospitals serving large percentages of Medicaid clients on an outpatient basis.***

Given that current level of the Medicaid fixed fees for outpatient services we would recommend directing any new funds to fee increases to reimburse hospitals at a higher rate as opposed to establishing a new grant program.

9. ***Expanded OHCA reporting.***

No DSS comment.

10. ***Enhance data collection and analysis of health service utilization by Medicaid fee-for-service clients particularly with regard to psychiatric services and related provider rates and length of hospital stays.***

The Department agrees that additional analysis of utilization trends is warranted for the fee for service program and we now have a data warehouse to support such analysis. We would caution that although we have the ability to analyze the data that is received, without the staff, the technologies, and the mechanisms to control utilization

that are available in a managed program it would be difficult to translate this analysis into absolute savings.

My staff and I greatly appreciated the courtesy and cooperation extended by your staff in conducting this study. We look forward to continuing the important work set forth in this report.

Sincerely,

Michael P. Starkowski
Commissioner Designee

cc: Robert L. Genuario, Secretary, Office of Policy and Management
Christine A. Voghel, Commissioner, Office of Health Care Access
Claudette Beaulieu, Deputy Commissioner of Programs, DSS
Amalia Vazquez-Bzdyra, deputy Commissioner of Administration, DSS
Matthew Barrett, Director, Public and Government Relations
David Parrella, Director, Medical Care Administration, DSS
Gary Richter, Director, CON and Rate Setting, DSS

Appendix B

Profile Summary of Acute Care Hospitals

The following contains a snapshot summary of each of Connecticut's acute care hospitals. The information and calculations were compiled from a variety of hospital data sources. Below is a description and data source for each summary component.

Graph

- The graph contains three years of hospital operating margins as reported by the Office of Healthcare Access (OHCA).
- The location and primary service area were listed in OHCA's 2004 annual report on the financial status of acute care hospitals.

Top Table

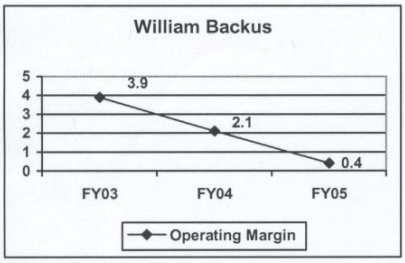
- The number of discharges, average length of stay (ALOS), and per diem payments for each program population group were determined with FY 05 data from each hospital's reporting schedule forms 200 and UCT, filed with OHCA.
- The FY 05 payment to cost ratios were provided to program review staff by OHCA. (The Medicaid payment to cost ratio includes Medicaid Managed Care, Medicaid Fee-for-Service, and SAGA.)
- Per diem and payment to cost ratio for the uninsured population is not available.

Middle Table

- The total number of emergency room visits, full-time equivalents (FTEs), and staffed beds with corresponding occupancy rates were compiled using data from OHCA schedule 500.

Bottom Table

- Net revenue refers to net revenue as defined by OHCA after reconciliation from each hospital's audited financial statements which is reported on schedule UCT.
- The cost of uncompensated care (UC) as a percentage of total operating expense was calculated from OHCA schedule UCT and S10, and reflects just uncompensated care and not the cost of medical assistance underpayments.
- The total disproportionate share (DSH) payments each hospital received for FYs 04 and 05 were obtained from the Department of Social Services.

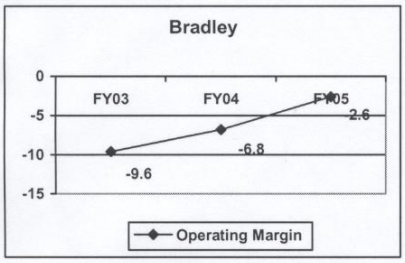


BACKUS	Discharges	ALOS	Per Diem	Payment to Cost
Private	4,843	3.5	$2,390	1.33
Medicare	4,843	5.4	$1,473	0.82
Medicaid MC	881	2.7	$874	0.60
Medicaid FFS	485	6.3	$762	
SAGA	243	6.9	$544	
Uninsured	332	5.5	*	

BACKUS	FY 04	FY 05
FTEs	1,332	1,373
Staffed Beds	197	188
Occupancy Rate	73%	77%
ER Visits	47,992	49,107

BACKUS	FY 04	FY 05
Net Revenue	$179,464,706	$182,323,112
% UC of Expense	3.56%	2.99%
Total DSH	$3,380,028	$4,082,191

Located: Norwich
Service Area: *Bozrah, Canterbury, Colchester, Franklin, Griswold, Lisbon, Montville, Norwich, Plainfield, Preston, Salem, Sprague, Voluntown*

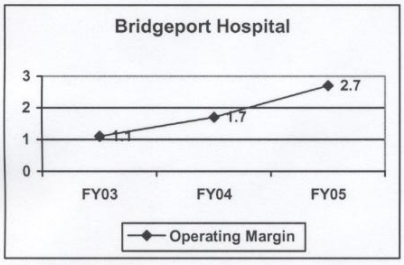


BRADLEY	Discharges	ALOS	Per Diem	Payment to Cost
Private	539	3.0	$3,179	1.18
Medicare	1,708	4.8	$1,388	0.82
Medicaid MC	18	2.9	$577	1.04
Medicaid FFS	27	5.6	$1,129	
SAGA	24	4.0	$9	
Uninsured	20	3.4	*	

BRADLEY	FY 04	FY 05
FTEs	307	314
Staffed Beds	46	46
Occupancy Rate	63%	68%
ER Visits	14,446	14,970

BRADLEY	FY 04	FY 05
Net Revenue	$34,066,308	$36,406,186
% UC of Expense	2.11%	1.05%
Total DSH	$203,202	$-0-

Located: Southington
Service Area: *Southington*

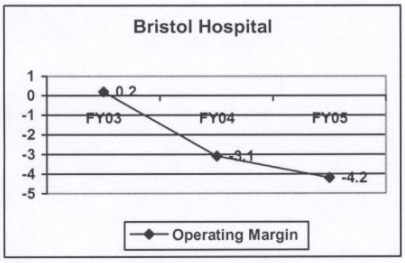


BRIDGEPORT	Discharges	ALOS	Per Diem	Payment to Cost
Private	7,804	4.1	$2,130	1.25
Medicare	6,994	6.8	$2,181	1.10
Medicaid MC	2,479	3.5	$858	0.66
Medicaid FFS	1,784	7.5	$724	
SAGA	531	7.1	$709	
Uninsured	481	4.8	*	

BRIDGEPORT	FY 04	FY 05
FTEs	1,864	1,864
Staffed Beds	334	335
Occupancy Rate	88%	88%
ER Visits	61,086	62,611

BRIDGEPORT	FY 04	FY 05
Net Revenue	$259,750,000	$274,243,830
% UC of Expense	3.35%	3.86%
Total DSH	$11,506,550	$11,488,401

Located: Bridgeport
Service Area: *Bridgeport, Easton, Fairfield, Monroe, Stratford, Trumbull*

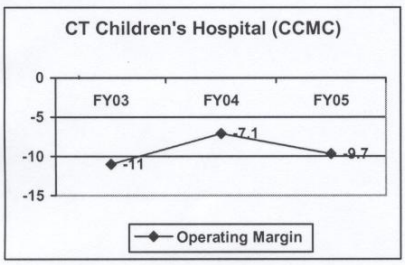


BRISTOL	Discharges	ALOS	Per Diem	Payment to Cost
Private	3,066	3.5	$1,378	1.11
Medicare	3,681	5.7	$1,262	0.91
Medicaid MC	572	3.0	$728	0.82
Medicaid FFS	386	4.9	$820	
SAGA	0	0	$0	
Uninsured	8	21	*	

BRISTOL	FY 04	FY 05
FTEs	921	915
Staffed Beds	154	154
Occupancy Rate	66%	66%
ER Visits	36,657	37,540

BRISTOL	FY 04	FY 05
Net Revenue	$101,083,285	$102,740,028
% UC of Expense	3.22%	2.95%
Total DSH	$1,948,980	$2,127,327

Located: Bristol
Service Area: *Bristol, Plymouth*

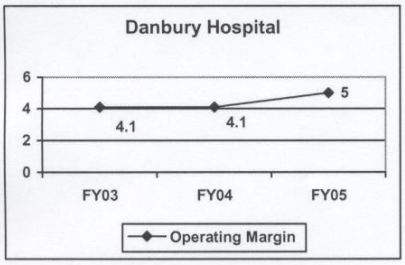


CCMC	Discharges	ALOS	Per Diem	Payment to Cost
Private	3,066	5.3	$2,010	0.90
Medicare	8	43.1	$12,807	6.24
Medicaid MC	2,082	5.11	$1,950	0.80
Medicaid FFS	318	7.36	$1,903	
SAGA	0	0	0	
Uninsured	27	3.6	*	

CCMC	FY 04	FY 05
FTEs	847	896
Staffed Beds	114	115
Occupancy Rate	74%	71%
ER Visits	37,951	40,321

CCMC	FY 04	FY 05
Net Revenue	$99,357,186	$100,715,203
% UC of Expense	1.14%	1.18%
Total DSH	$6,863,284	$6,849,924

Located: Hartford
Service Area: *Avon, Bloomfield, Bristol, East Hartford, Enfield, Farmington, Glastonbury, Hartford, Manchester, Meriden, Middletown, New Britain, Newington, Simsbury, Southington, Vernon, Waterbury, West Hartford, Wethersfield, Windsor (STATEWIDE)*

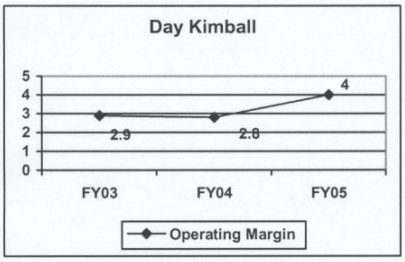


DANBURY	Discharges	ALOS	Per Diem	Payment to Cost
Private	9,122	3.4	$2,701	1.40
Medicare	7,925	5.3	$2,404	0.86
Medicaid MC	767	3.1	$966	0.66
Medicaid FFS	1,293	4.2	$1,022	
SAGA	365	4.8	$636	
Uninsured	423	3.5	*	

DANBURY	FY 04	FY 05
FTEs	2,176	2,277
Staffed Beds	237	245
Occupancy Rate	91%	95%
ER Visits	65,907	68,154

DANBURY	FY 04	FY 05
Net Revenue	$318,479,636	$346,628,373
% UC of Expense	3.20%	3.17%
Total DSH	$5,988,431	$5,481,811

Located: Danbury
Service Area: *Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, Newtown, Redding, Ridgefield, Sherman, Southbury*

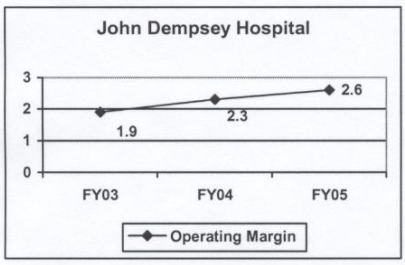


DAY KIMBALL	Discharges	ALOS	Per Diem	Payment to Cost
Private	2,501	2.6	$1,721	1.29
Medicare	2,744	4.3	$1,355	0.93
Medicaid MC	608	2.3	$1,397	0.62
Medicaid FFS	302	5.1	$870	
SAGA	179	3.6	$783	
Uninsured	97	2.3	*	

DAY KIMBALL	FY 04	FY 05
FTEs	701	725
Staffed Beds	72	72
Occupancy Rate	87%	84%
ER Visits	25,850	21,456

DAY KIMBALL	FY 04	FY 05
Net Revenue	$80,431,826	$87,843,327
% UC of Expense	2.34%	3.11%
Total DSH	$1,595,880	$1,809,545

Located: Putnam
Service Area: *Brooklyn, Eastford, Killingly, Plainfield, Pomfret, Putnam, Sterling, Thompson, Woodstock*

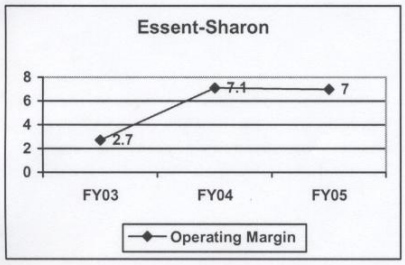


DEMPSEY	Discharges	ALOS	Per Diem	Payment to Cost
Private	3,681	5.6	$1,874	1.02
Medicare	4,117	5.7	$2,818	1.19
Medicaid MC	698	9.4	$1,265	0.93
Medicaid FFS	482	8.9	$1,488	
SAGA	330	4.6	$926	
Uninsured	80	5.1	*	

DEMPSEY	FY 04	FY 05
FTEs	1,156	1,176
Staffed Beds	224	224
Occupancy Rate	73%	74%
ER Visits	27,925	27,728

DEMPSEY	FY 04	FY 05
Net Revenue	$184,926,624	$202,632,621
% UC of Expense	1.24%	0.97%
Total DSH	$2,164,682	$1,660,073

Located: Farmington
Service Area: *Avon, Bloomfield, Bristol ,Canton, Eat Hartford, Farmington, Hartford, Manchester, New Britain, Newington, Rocky Hill, Simsbury, Southington, Torrington ,West Hartford*

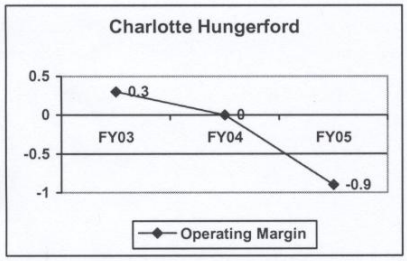


ESSENT-SHARON	Discharges	ALOS	Per Diem	Payment to Cost
Private	945	3.1	$2,176	1.29
Medicare	1,639	5.3	$1,843	0.95
Medicaid MC	136	2.7	$1,364	0.82
Medicaid FFS	28	3.4	$1,183	
SAGA	0	0	$0	
Uninsured	79	2.9	*	

ESSENT-SHARON	FY 04	FY 05
FTEs	287	291
Staffed Beds	47	47
Occupancy Rate	70%	74%
ER Visits	16,812	16,963

ESSENT-SHARON	FY 04	FY 05
Net Revenue	$49,762,306	$50,648,434
% UC of Expense	2.81%	2.63%
Total DSH	$416,300	$362,238

Located: Sharon
Service Area: *Canaan, Cornwall, Salisbury, Sharon, Warren, and some towns in New York state.*

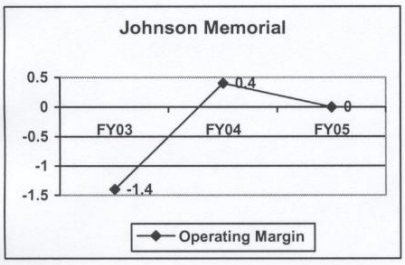


HUNGERFORD	Discharges	ALOS	Per Diem	Payment to Cost
Private	2,033	3.5	$1,548	1.04
Medicare	3,021	5.2	$1,390	0.99
Medicaid MC	483	2.7	$404	0.58
Medicaid FFS	279	5.1	$714	
SAGA	0	0	$0	
Uninsured	164	4.6	*	

HUNGERFORD	FY 04	FY 05
FTEs	697	681
Staffed Beds	114	116
Occupancy Rate	68%	64%
ER Visits	41,546	38,084

HUNGERFORD	FY 04	FY 05
Net Revenue	$77,354,317	$76,443,091
% UC of Expense	1.71%	1.43%
Total DSH	$1,532,123	$2,073,129

Located: Torrington
Service Area: *Barkhamsted, Colebrook, Goshen, Harwinton, Litchfield, Morris, New Hartford, Norfolk, Torrington, Winchester*

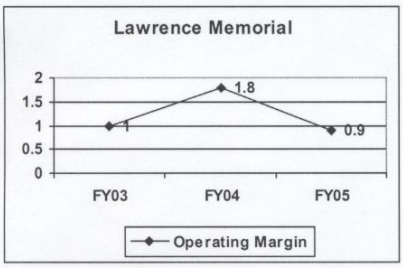


JOHNSON	Discharges	ALOS	Per Diem	Payment to Cost
Private	1,260	4.3	$1,210	1.24
Medicare	2,026	6.4	$1,054	0.80
Medicaid MC	263	4.8	$641	0.97
Medicaid FFS	151	8.1	$883	
SAGA	64	4.5	$678	
Uninsured	57	4.8	*	

JOHNSON	FY 04	FY 05
FTEs	468	478
Staffed Beds	75	83
Occupancy Rate	70%	76%
ER Visits	18,770	20,319

JOHNSON	FY 04	FY 05
Net Revenue	$52,718,177	$58,016,677
% UC of Expense	3.34%	2.67%
Total DSH	$1,066,850	$1,247,951

Located: Stafford
Service Area: *Enfield, Somers, Stafford, Union*

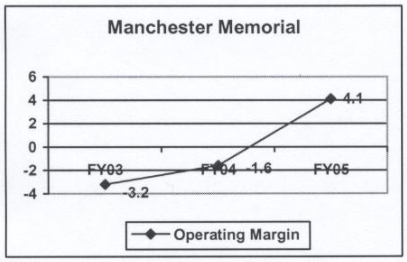


LAWRENCE	Discharges	ALOS	Per Diem	Payment to Cost
Private	5,266	3.7	$2,100	1.28
Medicare	6,273	5.9	$1,320	0.87
Medicaid MC	1,279	3.3	$842	0.65
Medicaid FFS	623	6.6	$701	
SAGA	424	5.6	$625	
Uninsured	184	4.1	*	

LAWRENCE	FY 04	FY 05
FTEs	1,769	1,822
Staffed Beds	249	249
Occupancy Rate	76%	78%
ER Visits	83,905	84,851

LAWRENCE	FY 04	FY 05
Net Revenue	$208,032,932	$220,882,819
% UC of Expense	3.54%	3.38%
Total DSH	$3,256,306	$3,973,442

Located: New London
Service Area: *East Lyme, Groton, Ledyard, Montville, New London, N Stonington, Old Lyme, Lyme, Salem, Stonington, Waterford*

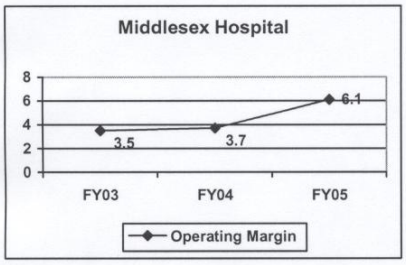


MANCHESTER	Discharges	ALOS	Per Diem	Payment to Cost
Private	3,993	3.7	$1,433	1.22
Medicare	3,635	5.1	$1,309	0.87
Medicaid MC	620	3.5	$694	0.76
Medicaid FFS	333	6.8	$562	
SAGA	249	7.1	$442	
Uninsured	118	4.9	*	

MANCHESTER	FY 04	FY 05
FTEs	1,099	1,143
Staffed Beds	140	140
Occupancy Rate	80%	84%
ER Visits	30,183	32,009

Located: Manchester
Service Area: *Bolton, East Hartford, Manchester, South Windsor, Vernon*

MANCHESTER	FY 04	FY 05
Net Revenue	$121,226,643	$130,018,439
% UC of Expense	1.95%	1.78%
Total DSH	$1,811,703	$2,528,811

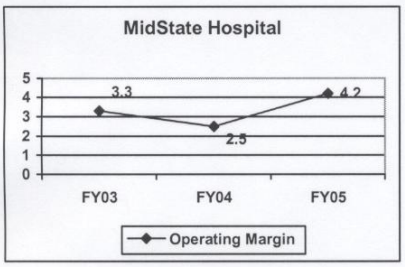


MIDDLESEX	Discharges	ALOS	Per Diem	Payment to Cost
Private	4,889	3.4	$2,138	1.28
Medicare	5,992	5.1	$1,734	0.96
Medicaid MC	689	3.0	$904	0.73
Medicaid FFS	414	6.0	$774	
SAGA	234	5.7	$638	
Uninsured	270	4.5	*	

MIDDLESEX	FY 04	FY 05
FTEs	1,700	1,739
Staffed Beds	159	175
Occupancy Rate	90%	85%
ER Visits	83,231	84,044

Located: Middletown
Service Area: *Chester, Clinton, Cromwell, Deep River, Durham, East Haddam, East Hampton Essex, Haddam, Killingworth, Lyme, Middlefield, Middletown, Old Saybrook, Portland, Westbrook*

MIDDLESEX	FY 04	FY 05
Net Revenue	$212,757,000	$234,690,352
% UC of Expense	3.54%	2.67%
Total DSH	$3,058,542	$3,622,308

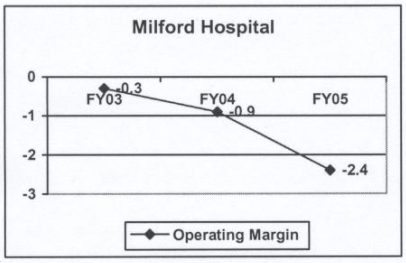


MIDSTATE	Discharges	ALOS	Per Diem	Payment to Cost
Private	3,402	3.5	$2,036	1.45
Medicare	4,660	5.2	$1,539	0.88
Medicaid MC	788	2.7	$885	0.73
Medicaid FFS	531	4.5	$954	
SAGA	219	5.5	$678	
Uninsured	257	6.6	*	

MIDSTATE	FY 04	FY 05
FTEs	832	852
Staffed Beds	136	136
Occupancy Rate	83%	86%
ER Visits	63,505	67,222

Located: Meriden
Service Area: *Meriden, Wallingford*

MIDSTATE	FY 04	FY 05
Net Revenue	$129,645,809	$141,008,139
% UC of Expense	2.98%	3.32%
Total DSH	$2,633,234	$2,816,332

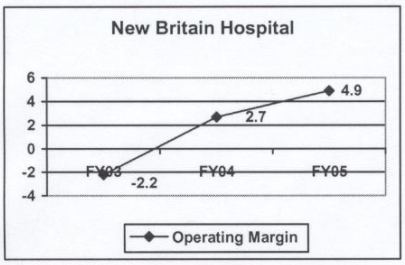


MILFORD	Discharges	ALOS	Per Diem	Payment to Cost
Private	2,058	3.4	$1,985	1.21
Medicare	2,525	5.6	$1,574	0.82
Medicaid MC	232	3.1	$979	0.68
Medicaid FFS	147	6.5	$554	
SAGA	0	0	$0	
Uninsured	80	2.9	*	

MILFORD	FY 04	FY 05
FTEs	524	536
Staffed Beds	66	68
Occupancy Rate	94%	94%
ER Visits	31,548	31,019

Located: Milford
Service Area: *Milford, West Haven*

MILFORD	FY 04	FY 05
Net Revenue	$66,092,321	$70,232,933
% UC of Expense	2.08%	1.73%
Total DSH	$900,666	$665,118

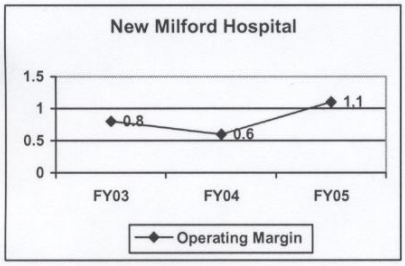


NEW BRITAIN	Discharges	ALOS	Per Diem	Payment to Cost
Private	6,372	3.4	$1,928	1.35
Medicare	7,421	5.3	$1,633	0.86
Medicaid MC	2,103	2.9	$832	0.88
Medicaid FFS	963	5.3	$1,050	
SAGA	421	3.7	$607	
Uninsured	312	3.6	*	

NEW BRITAIN	FY 04	FY 05
FTEs	1,733	1,692
Staffed Beds	272	290
Occupancy Rate	69%	71%
ER Visits	58,083	63,585

Located: New Britain
Service Area: *Berlin, New Britain, Newington, Plainville, Southington*

NEW BRITAIN	FY 04	FY 05
Net Revenue	$217,629,031	$246,700,099
% UC of Expense	2.11%	2.32%
Total DSH	$6,908,432	$6,814,938

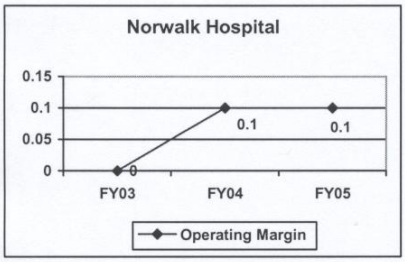


NEW MILFORD	Discharges	ALOS	Per Diem	Payment to Cost
Private	1,570	3.3	$2,729	1.29
Medicare	1,525	5.6	$1,584	0.74
Medicaid MC	154	2.3	$932	0.77
Medicaid FFS	74	5.4	$830	
SAGA	0	0	$0	
Uninsured	57	3.9	*	

NEW MILFORD	FY 04	FY 05
FTEs	463	487
Staffed Beds	72	72
Occupancy Rate	55%	56%
ER Visits	19,049	19,533

Located: New Milford
Service Area: *Bridgewater, Kent, New Milford, Roxbury, Sherman, Washington, some towns in New York*

NEW MILFORD	FY 04	FY 05
Net Revenue	$64,114,770	$74,063,342
% UC of Expense	1.35%	1.99%
Total DSH	$549,851	$688,830

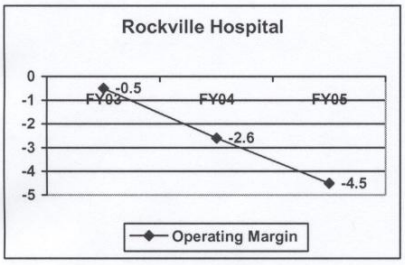


NORWALK	Discharges	ALOS	Per Diem	Payment to Cost
Private	6,706	3.8	$2,106	1.30
Medicare	6,188	7.2	$1,635	0.87
Medicaid MC	707	3.4	$1,013	0.71
Medicaid FFS	1,041	5.9	$966	
SAGA	404	6.0	$652	
Uninsured	427	3.6	*	

NORWALK	FY 04	FY 05
FTEs	1,559	1,581
Staffed Beds	229	230
Occupancy Rate	98%	98%
ER Visits	44,097	45,015

Located: Norwalk
Service Area: *New Canaan, Norwalk, Weston, Westport, Wilton*

NORWALK	FY 04	FY 05
Net Revenue	$226,003,347	$238,311,189
% UC of Expense	3.94%	3.81%
Total DSH	$4,493,220	$4,606,004

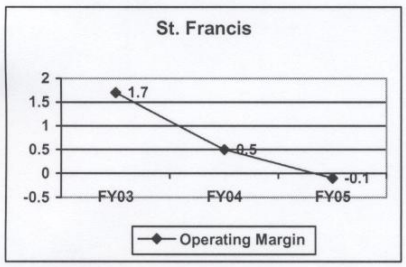


ROCKVILLE	Discharges	ALOS	Per Diem	Payment to Cost
Private	1,484	2.9	$1,628	1.20
Medicare	1,758	4.9	$1,228	0.76
Medicaid MC	403	2.6	$999	0.72
Medicaid FFS	162	5.8	$627	
SAGA	81	4.4	$578	
Uninsured	76	3.8	*	

ROCKVILLE	FY 04	FY 05
FTEs	626	441
Staffed Beds	66	66
Occupancy Rate	67%	65%
ER Visits	14,306	15,160

Located: Vernon
Service Area: *Ellington, Tolland, Vernon*

ROCKVILLE	FY 04	FY 05
Net Revenue	$52,751,339	$52,958,061
% UC of Expense	1.86%	2.12%
Total DSH	$699,221	$836,663

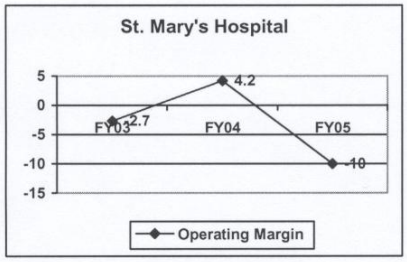


ST. FRANCIS	Discharges	ALOS	Per Diem	Payment to Cost
Private	12,330	4.0	$1,851	1.08
Medicare	12,999	5.8	$2,177	1.09
Medicaid MC	3,012	5.0	$839	0.69
Medicaid FFS	1,819	6.7	$649	
SAGA	1,555	5.4	$678	
Uninsured	370	3.5	*	

ST. FRANCIS	FY 04	FY 05
FTEs	3,162	3,304
Staffed Beds	576	564
Occupancy Rate	78%	79%
ER Visits	60,309	60,637

Located: Hartford
Service Area: *Bloomfield, Bristol, E Granby, E Hartford, E Windsor, Enfield, Granby, Hartford, Hartland, Manchester, New Britain, Newington, Simsbury, S Windsor, Suffield, W Hartford, Wethersfield, Windsor, Windsor Locks*

ST. FRANCIS	FY 04	FY 05
Net Revenue	$421,959,521	$439,562,604
% UC of Expense	2.31%	2.32%
Total DSH	$13,786,812	$13,612,859

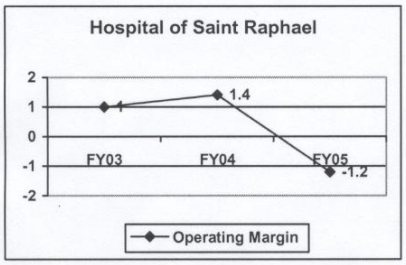


ST. MARY	Discharges	ALOS	Per Diem	Payment to Cost
Private	3,960	3.5	$1,742	0.96
Medicare	5,295	5.7	$1,599	1.03
Medicaid MC	1,493	2.7	$516	0.47
Medicaid FFS	834	5.2	$837	
SAGA	416	4.4	$575	
Uninsured	184	3.0	*	

ST. MARY	FY 04	FY 05
FTEs	1,232	1,196
Staffed Beds	168	169
Occupancy Rate	89%	89%
ER Visits	59,625	63,342

ST. MARY	FY 04	FY 05
Net Revenue	$147,053,429	$139,435,155
% UC of Expense	2.79%	2.80%
Total DSH	$5,726,292	$5,141,626

Located: Waterbury
Service Area: *Naugatuck, Prospect, Waterbury, Wolcott*

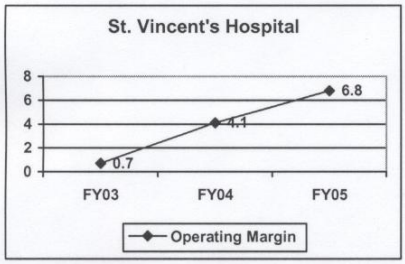


ST. RAPHAEL	Discharges	ALOS	Per Diem	Payment to Cost
Private	7,855	4.1	$2,183	1.11
Medicare	13,301	6.1	$2,143	1.03
Medicaid MC	1,568	5.5	$751	0.70
Medicaid FFS	1,204	6.6	$1,030	
SAGA	619	5.0	$939	
Uninsured	274	4.3	*	

ST. RAPHAEL	FY 04	FY 05
FTEs	2,697	2,825
Staffed Beds	474	474
Occupancy Rate	82%	78%
ER Visits	50,263	53,295

ST. RAPHAEL	FY 04	FY 05
Net Revenue	$363,557,308	$380,575,148
% UC of Expense	2.02%	1.92%
Total DSH	$10,144,765	$8,425,206

Located: New Haven
Service Area: B*ranford, East Haven, Hamden, New Haven, North Branford, North Haven, Orange, West Haven, Woodbridge*

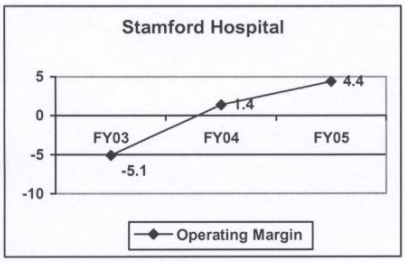


ST. VINCENT	Discharges	ALOS	Per Diem	Payment to Cost
Private	6,581	3.9	$2,362	1.29
Medicare	9,083	6.5	$1,744	1.04
Medicaid MC	1,257	2.9	$897	0.75
Medicaid FFS	1,485	6.2	$905	
SAGA	267	6.4	$621	
Uninsured	689	3.4	*	

ST. VINCENT	FY 04	FY 05
FTEs	1,566	1,629
Staffed Beds	337	348
Occupancy Rate	81%	82%
ER Visits	55,718	58,470

ST. VINCENT	FY 04	FY 05
Net Revenue	$238,862,576	$263,500,016
% UC of Expense	4.45%	4.25%
Total DSH	$8,078,692	$7,542,597

Located: Bridgeport
Service Area: *Bridgeport, Easton, Fairfield, Monroe, Trumbull*

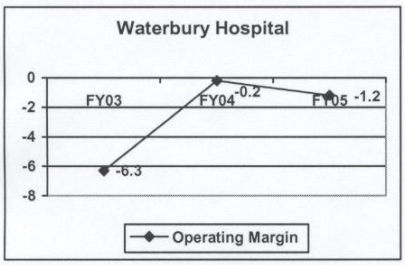


STAMFORD	Discharges	ALOS	Per Diem	Payment to Cost
Private	8,156	3.6	$1,974	1.35
Medicare	6,017	6.1	$1,697	0.84
Medicaid MC	889	3.2	$1,020	0.74
Medicaid FFS	1,228	4.4	$1,164	
SAGA	341	6.3	$464	
Uninsured	830	4.3	*	

STAMFORD	FY 04	FY 05
FTEs	1,704	1,755
Staffed Beds	321	319
Occupancy Rate	67%	68%
ER Visits	41,977	43,208

STAMFORD	FY 04	FY 05
Net Revenue	$232,395,479	$283,767,000
% UC of Expense	5.82%	6.08%
Total DSH	$8,679,874	$8,125,590

Located: Stamford
Service Area: *Darien, Stamford*

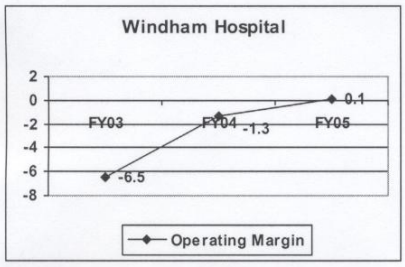


WATERBURY	Discharges	ALOS	Per Diem	Payment to Cost
Private	5,459	3.3	$2,041	1.06
Medicare	6,623	5.8	$1,732	0.96
Medicaid MC	1,785	3.0	$936	0.79
Medicaid FFS	811	6.4	$979	
SAGA	459	5.0	$445	
Uninsured	375	3.8	*	

WATERBURY	FY 04	FY 05
FTEs	1,607	1,637
Staffed Beds	300	288
Occupancy Rate	63%	67%
ER Visits	55,689	57,032

WATERBURY	FY 04	FY 05
Net Revenue	$185,229,177	$196,575,476
% UC of Expense	2.81%	2.38%
Total DSH	$5,305,666	$6,070,574

Located: Waterbury
Service Area: *Bethlehem, Middlebury, Naugatuck, Prospect, Southbury, Thomaston, Waterbury, Watertown, Wolcott, Woodbury*

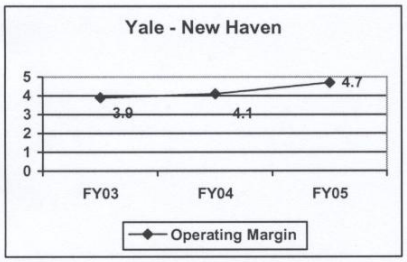


WINDHAM	Discharges	ALOS	Per Diem	Payment to Cost
Private	1,666	2.9	$1,741	1.14
Medicare	2,372	4.3	$1,586	0.96
Medicaid MC	593	2.4	$998	0.83
Medicaid FFS	328	4.5	$911	
SAGA	151	5.3	$860	
Uninsured	71	3.3	*	

WINDHAM	FY 04	FY 05
FTEs	560	539
Staffed Beds	92	87
Occupancy Rate	63%	64%
ER Visits	20,345	21,343

WINDHAM	FY 04	FY 05
Net Revenue	$66,381,405	$67,151,794
% UC of Expense	3.23%	3.00%
Total DSH	$1,454,103	$1,733,221

Located: Willimantic
Service Area: *Ashford, Chaplin, Columbia, Coventry, Hampton, Lebanon, Mansfield, Scotland, Windham*



YALE	Discharges	ALOS	Per Diem	Payment to Cost
Private	21,726	4.4	$2,447	1.19
Medicare	13,901	6.4	$2,589	1.11
Medicaid MC	6,198	4.9	$1,041	0.68
Medicaid FFS	3,633	7.2	$980	
SAGA	1,768	5.9	$810	
Uninsured	1,077	3.5	*	

YALE	FY 04	FY 05
FTEs	4,968	5,333
Staffed Beds	859	866
Occupancy Rate	79%	82%
ER Visits	96,557	107,481

Located: New Haven
Service Area: *Bethany, Branford, Bridgeport, Clinton, East Haven, Guilford, Hamden, Killingworth, Madison, Milford, New Haven, North Branford, North Haven, Orange, Wallingford, West Haven, Westbrook, Woodbridge, and portions of Rhode Island*

YALE	FY 04	FY 05
Net Revenue	$702,789,000	$780,514,000
% UC of Expense	2.06%	2.02%
Total DSH	$24,629,763	$26,088,784

Appendix C. Base Medicaid Target Rates Per Discharge FY 06 and Current Year		
HOSPITAL	**RATE FYE 9/30/06**	**RATE Eff. 10/01/06**
Backus Hospital	$3,750.00	$4,000.00
Bradley Memorial Hospital	$6,896.04	$6,896.04
Bridgeport Hospital	$5,350.00	$5,350.00
Bristol Hospital	$3,750.00	$4,000.00
Danbury Hospital	$3,750.00	$4,000.00
Day Kimball Hospital	$3,750.00	$4,000.00
UCONN Health Center/John Dempsey	$7,797.36	$7,797.36
Greenwich Hospital Association	$4,527.33	$4,527.33
Griffin Hospital	$3,860.24	$4,000.00
Hartford Hospital	$4,216.46*	$5,350.00
Charlotte Hungerford Hospital	$3,750.00	$4,000.00
Johnson Memorial Hospital	$3,750.00	$4,000.00
Lawrence & Memorial Hospital	$3,906.48	$4,000.00
Manchester Memorial Hospital	$4,490.96	$4,490.96
Midstate Med Center	$3,750.00	$4,000.00
Middlesex Memorial Hospital	$3,750.00	$4,000.00
Milford Hospital	$3,750.00	$4,000.00
New Britain General Hospital	$4,000.00	$4,000.00
New Milford Hospital	$4,146.23	$4,146.23
Norwalk Hospital	$4,750.00	$5,100.00
Rockville General Hospital	$3,750.00	$4,000.00
St. Francis Hospital	$3,438.12	$4,000.00
St. Mary's Hospital	$4,690.00	$4,690.00
St. Raphael	$3,784.35	$4,000.00
St. Vincent's Medical Center	$3,904.57	$4,000.00
Sharon Hospital	$3,750.00	$4,000.00
Stamford Hospital	$3,750.00	$4,000.00
Waterbury Hospital	$4,900.00	$4,900.00
Windham Community Memorial	$4,600.00	$4,600.00
Yale-New Haven Hospital	$5,151.04	$5,151.04
Source: Department of Social Services *The current rate of $5,350 was retroactive to 10/1/05 per exception request		

APPENDIX D. Comparison of Medicaid Payments Under Current Inpatient Reimbursement System and New Reimbursement System.								
HOSPITAL	Proposed Reimbursement System				2005 Medicaid Discharges	New Payments= (New Weighted Rate * Discharges)	Current Medical Assistance Inpatient Payments	Difference b/w New Payments and Current Payments
	06 Current Medicare Base Rate	New Rate = Current Base Rate + ($ IME * % of Inpatient Medicaid)	Medicaid Case Mix Index	New Weighted Rate = (New Rate * Medicaid Case Mix Index)				
Backus	$5,301	5301.00	0.88	4,664.88	1682	$7,846,328	$5,587,224	$2,259,104
Bradley	$5,301	5301.00	1.05	5,566.05	66	$367,359	$203,094	$164,265
Bridgeport	$5,785	6003.97	0.92	5,523.65	4767	$26,331,256	$19,862,511	$6,468,745
Bristol	$5,301	5301.00	0.78	4,134.78	1181	$4,883,175	$3,589,427	$1,293,748
CCMC	$5,301	5757.65	1.24	7,139.48	2368	$16,906,297	$25,187,188	-($8,280,891)
Danbury	$5,785	5860.15	0.75	4,395.11	2378	$10,451,571	$9,016,193	$1,435,378
Day Kimball	$5,301	5301.00	0.64	3,392.64	1102	$3,738,689	$3,893,196	-($154,507)
Greenwich	$5,785	5793.57	1.00	5,793.57	276	$1,599,024	$1,933,185	-($334,161)
Griffin	$5,635	5715.18	0.67	3,829.17	1094	$4,189,116	$3,642,437	$546,679
Hartford	$5,301	5474.52	1.05	5,748.25	6540	$37,593,543	$36,524,518	$1,069,025
Hungerford	$5,301	5301.00	0.74	3,922.74	995	$3,903,126	$1,876,762	$2,026,364
John Dempsey	$5,692	6151.65	1.24	7,628.05	1466	$11,182,716	$20,613,055	-($9,430,339)
Johnson Memorial	$5,301	5301.00	0.73	3,869.73	462	$1,787,815	$2,190,496	-($402,681)
Lawrence Memorial	$5,301	5303.02	0.80	4,242.41	2329	$9,880,578	$7,996,976	$1,883,602
Manchester	$5,301	5301.00	0.75	3,975.75	1122	$4,460,792	$3,544,238	$916,554
Middlesex	$5,325	5360.12	0.80	4,288.10	1309	$5,613,117	$4,632,485	$980,632
MidState	$5,635	5635.00	0.82	4,620.70	1476	$6,820,153	$4,971,477	$1,848,676
Milford	$5,635	5635.00	0.76	4,282.60	337	$1,443,236	$1,230,090	$213,146
New Britain	$5,301	5391.45	0.79	4,259.24	3433	$14,621,977	$11,452,067	$3,169,910
New Milford	$5,785	5785.00	0.81	4,685.85	232	$1,087,117	$727,621	$359,496
Norwalk	$5,785	5838.76	0.81	4,729.40	1398	$6,611,695	$10,227,178	-($3,615,483)
Rockville	$5,301	5301.00	0.69	3,657.69	590	$2,158,037	$1,828,516	$329,521
Sharon	$5,301	5301.00	0.85	4,505.85	293	$1,320,214	$1,075,495	$244,719
St. Francis	$5,301	5459.44	0.93	5,077.28	6410	$32,545,381	$26,292,191	$6,253,190
St. Mary's	$5,635	5763.75	0.83	4,783.91	2524	$12,074,599	$6,842,636	$5,231,963
St. Raphael	$5,635	5748.71	1.01	5,806.20	3062	$17,778,587	$17,622,266	$156,321
St. Vincent's	$5,785	5867.49	0.93	5,456.77	2816	$15,366,252	$12,651,702	$2,714,550
Stamford	$5,785	5878.75	0.80	4,703.00	2805	$13,191,919	$10,179,648	$3,012,271
Waterbury	$5,635	5749.00	0.79	4,541.71	3108	$14,115,623	$11,060,318	$3,055,305
Windham	$5,301	5301.00	0.88	4,664.88	851	$3,969,813	$3,536,556	$433,257
Yale-New Haven	$5,635	6241.96	1.00	6,241.96	11,669	$72,837,431	$65,837,444	$6,999,987
TOTAL						$366,676,538	$335,828,190	**$30,848,348**
Source: LPR&IC Staff Analysis								

APPENDIX E. DSS Calculation of 2006 Medicaid DSH Adjustment.			
Hospital	**Total Inpatient Medicaid Days (Fee for Service + Medicaid Managed Care)**	**Total Days**	**Utilization Rate**
Backus	5,799	46,215	12.5479
Bradley	226	10,591	2.1339
Bridgeport	21,638	107,649	***20.1005**
Bristol	3,473	36,280	9.5728
Danbury	7,282	78,729	9.2495
Day Kimball	3,301	22,709	14.5361
Dempsey	12,476	57,940	***21.5326**
Essent/Sharon	306	12,671	2.4150
Greenwich	929	47,534	1.9544
Griffin	4,406	32,304	13.6392
Hartford	33,544	219,452	15.2853
Hungerford	3,436	28,350	12.1199
Johnson Memorial	2,113	19,052	11.0907
Lawrence Memorial	7,001	68,083	10.2830
Manchester	3,950	40,812	9.6785
Mid State	4,468	41,260	10.8289
Middlesex	4,599	49,709	9.2518
Milford	1,205	22,611	5.3293
New Britain General	10,992	68,122	16.1358
New Milford	733	14,352	5.1073
Norwalk	7,370	81,123	9.0850
Rockville	1,928	16,097	11.9774
St. Francis	27,739	163,640	16.9512
St. Mary's	8,846	54,510	16.2282
St. Raphael	19,083	142,069	13.4322
St. Vincent's	12,153	99,386	12.2281
Stamford	8,428	77,981	10.8078
Waterbury	10,832	68,955	15.7088
Windham	3,315	21,127	15.6908
Yale-New Haven	54,304	219,217	***24.7718**
		Standard Deviation	5.4216
		(Average) Mean	11.9891
		Qualifying Level	*17.4107
Source: Department of Social Services			

APPENDIX F. Total Uncompensated Care (FYs 03-05)				
HOSPITAL	FY 03 Uncompensated Care	FY 04 Uncompensated Care	FY 05 Uncompensated Care	% Change FYs 03-05
CCMC	$3,644,349	$2,171,171	$2,445,934	(33)
Dempsey	$4,272,895	$4,185,950	$3,476,379	(19)
Windham	$5,432,116	$5,155,032	$4,990,522	(8)
Lawrence Memorial	$13,347,968	$12,874,803	$13,395,464	0
St. Raphael	$18,083,726	$17,663,866	$18,199,402	1
Hungerford	$1,894,826	$2,278,201	$1,947,497	3
Essent/Sharon	$2,295,048	$2,410,228	$2,419,280	5
Manchester	$5,152,707	$5,413,279	$5,451,532	6
Yale-New Haven	$32,253,433	$33,664,340	$36,964,963	15
Milford	$2,801,121	$3,683,683	$3,241,441	16
St. Vincent's	$17,156,028	$19,059,573	$19,866,424	16
Backus	$8,239,313	$10,977,791	$10,011,674	22
Bristol	$6,233,713	$7,122,372	$7,584,934	22
Mid State	$6,520,245	$6,807,303	$7,998,165	23
Johnson Memorial	$3,866,601	$4,704,822	$4,848,034	25
Day Kimball	$3,477,747	$3,132,414	$4,423,014	27
Middlesex	$9,903,749	$14,498,715	$12,614,782	27
Hartford	$31,856,407	$36,657,229	$41,985,236	32
Waterbury	$10,473,974	$14,339,518	$14,068,249	34
Greenwich	$12,306,998	$16,053,277	$16,553,803	35
Danbury	$14,271,520	$17,237,050	$19,468,850	36
Stamford	$24,624,041	$30,032,611	$35,442,287	44
Norwalk	$10,907,959	$14,885,278	$15,763,727	45
Rockville	$2,084,207	$2,453,416	$3,014,577	45
St. Mary's	$6,454,340	$8,135,112	$9,845,637	53
St. Francis	$12,736,606	$18,084,399	$19,654,497	54
Bridgeport	$17,570,047	$21,719,413	$27,409,489	56
Griffin	$4,525,854	$8,449,356	$8,509,881	88
New Britain General	$6,217,635	$10,136,906	$12,362,379	99
New Milford	$1,490,032	$1,852,956	$3,269,087	119
Bradley	$338,127	$1,713,647	$910,635	169
TOTAL	**$300,433,332**	**$357,553,711**	**$388,137,775**	**29%**
Source of Data: OHCA Schedule 202				

APPENDIX G. Total Free Care (FYs 03-05)				
HOSPITAL	FY 03 Free Care	FY 04 Free Care	FY 05 Free Care	% Change FYs 03-05
Bristol	$732,469	$816,487	$688,672	(6)
St. Mary's	$1,050,982	$890,352	$1,175,197	12
Lawrence Memorial	$1,552,625	$1,188,480	$1,898,766	22
St. Raphael	$3,024,726	$4,363,864	$3,901,407	29
Greenwich	$8,307,388	$12,463,363	$11,932,073	44
Waterbury	$1,097,262	$1,377,666	$1,620,443	48
Johnson Memorial	$273,603	$183,885	$431,525	58
Stamford	$4,110,096	$5,691,530	$6,566,676	60
Yale-New Haven	$7,780,683	$11,977,918	$12,560,367	61
Windham	$923,778	$1,525,814	$1,625,369	76
Hartford	$9,633,009	$13,804,234	$17,123,304	78
Bradley	$16,864	$15,593	$32,174	91
Norwalk	$2,674,891	$3,743,284	$5,122,306	91
Mid State	$472,777	$573,899	$917,479	94
Danbury	$4,078,391	$6,205,087	$8,121,149	99
CCMC	$202,553	$248,655	$420,544	108
St. Vincent's	$2,066,171	$3,029,728	$5,231,883	153
Middlesex	$884,788	$1,294,206	$2,253,481	155
Manchester	$458,636	$1,495,089	$1,281,564	179
Day Kimball	$268,687	$313,884	$759,601	183
Hungerford	$197,281	$461,199	$566,431	187
Bridgeport	$3,079,342	$5,637,217	$8,920,434	190
Essent/Sharon	$190,132	$314,346	$600,122	216
Rockville	$193,609	$705,733	$715,770	270
Backus	$621,678	$1,703,843	$2,535,009	308
Milford	$63,667	$115,089	$371,489	483
St. Francis	$1,087,791	$4,490,813	$7,030,166	546
Dempsey	$103,943	$806,223	$752,944	624
Griffin	$170,529	$439,853	$2,094,321	1128
New Britain General	$25,846	$0	$327,997	1169
New Milford	$70,521	$419,455	$1,173,949	1565
TOTAL	**$55,414,718**	**$86,296,789**	**$108,752,612**	**96%**
Source of Data: OHCA Schedule 202				

APPENDIX H. Total Bad Debt (FYs 03-05)				
HOSPITAL	FY 03 Bad Debt	FY 04 Bad Debt	FY 05 Bad Debt	% Change FYs 03-05
CCMC	$3,441,796	$1,922,516	$2,025,390	(41)
Dempsey	$4,168,952	$3,379,727	$2,723,435	(35)
Windham	$4,508,338	$3,629,218	$3,365,153	(25)
Hungerford	$1,697,545	$1,817,002	$1,381,066	(19)
Essent/Sharon	$2,104,916	$2,095,882	$1,819,158	(14)
Manchester	$4,694,071	$3,918,190	$4,169,968	(11)
St. Raphael	$15,059,000	$13,300,002	$14,297,995	(5)
St. Vincent's	$15,089,857	$16,029,845	$14,634,541	(3)
Lawrence Memorial	$11,795,343	$11,686,323	$11,496,698	(3)
Backus	$7,617,635	$9,273,948	$7,476,665	(2)
Yale-New Haven	$24,472,750	$21,686,422	$24,404,596	(0)
Milford	$2,737,454	$3,568,594	$2,869,952	5
St. Francis	$11,648,815	$13,593,586	$12,624,331	8
Danbury	$10,193,129	$11,031,963	$11,347,701	11
Hartford	$22,223,398	$22,852,995	$24,861,932	12
Day Kimball	$3,209,060	$2,818,530	$3,663,413	14
Middlesex	$9,018,961	$13,204,509	$10,361,301	15
Greenwich	$3,999,610	$3,589,914	$4,621,730	16
Mid State	$6,047,468	$6,233,404	$7,080,686	17
Rockville	$1,890,598	$1,747,683	$2,298,807	22
Johnson Memorial	$3,592,998	$4,520,937	$4,416,509	23
Bristol	$5,501,244	$6,305,885	$6,896,262	25
Bridgeport	$14,490,705	$16,082,196	$18,489,055	28
Norwalk	$8,233,068	$11,141,994	$10,641,421	29
Waterbury	$9,376,712	$12,961,852	$12,447,806	33
Stamford	$20,513,945	$24,341,081	$28,875,611	41
Griffin	$4,355,325	$8,009,503	$6,415,560	47
New Milford	$1,419,511	$1,433,501	$2,095,138	48
St. Mary's	$5,403,358	$7,244,760	$8,670,440	60
New Britain General	$6,191,789	$10,136,906	$12,034,382	94
Bradley	$321,263	$1,698,054	$878,461	173
TOTAL	**$245,018,614**	**$271,256,922**	**$279,385,163**	**14%**
Source of Data: OHCA Schedule 202				

Appendix I. Available Services in CT Acute Care Hospitals

Hospital Abbreviations

BAC	Backus
BDL	Bradley
BDP	Bridgeport
BRI	Bristol
DAN	Danbury
DAY	Day Kimball
GRE	Greenwich
GRI	Griffin
HFT	Hartford
HUN	Hungerford
DEM	John Dempsey
JHM	Johnson Memorial
LAM	Lawrence and Memorial
MNC	Manchester
MDS	Middlesex
MID	Mid-State
MIL	Milford
NBT	New Britain
NMI	New Milford
NOR	Norwalk
RCV	Rockville
STF	St. Francis
SHA	Sharon-Essent
STA	Stamford
STM	St. Mary
STR	St. Raphael
STV	St. Vincent
WAT	Waterbury
WIN	Windham
YAL	Yale
CCMC	Connecticut Children's

Services	BAC	BDL	BDP	BRI	DAN	DAY	GRE	GRI	HFT	HUN	DEM	JHM	LAM	MNC
Addiction-Opiod Treatment					Y									
Addictions		Y	Y	Y	Y		Y	Y	Y	Y		Y	Y	
Allergy								Y						
Audiology							Y	Y	Y	Y			Y	
Cancer-Oncology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	
Cardiac Catheterization	Y		Y		Y		Y		Y		Y		Y	
Cardiology	Y	Y	Y		Y		Y	Y	Y		Y		Y	
Dentistry	Y				Y		Y		Y		Y		Y	
Dermatology	Y	Y	Y	Y		Y		Y	Y			Y	Y	
Developmental Disability			Y						Y					
Diagnostic Imaging	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Diagnostic Tests	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Dialysis	Y		Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	
Emergency Medicine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Endocrinology	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y		Y	
Endoscopy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Family Practice	Y		Y	Y			Y	Y	Y			Y	Y	
Gastroenterology	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	
General Practice	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Home Health Care				Y		Y								
Hospice				Y		Y								
Hospital	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Infectious Diseases	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	
Infusion Therapy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	
Intensive Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Intensive Care-Neonatal			Y		Y		Y				Y		Y	
Internal Medicine	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y	
Lithotripsy	Y		Y		Y	Y	Y	Y	Y	Y			Y	
Mental Health	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health for														
Adolescent/Child			Y						Y	Y				Y
Nephrology	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y	
Neurology		Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	
Nuclear Medicine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Obstetrics/Gynecology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Occupational Health	Y		Y	Y	Y	Y	Y	Y	Y				Y	

Services	MDS	MID	MIL	NBT	NMI	NOR	RCV	STF	SHA	STA	STM	STR	STV	WAT	WIN	YAL	CCMC
Addiction-Opiod Treatment																	
Addictions				Y		Y						Y	Y	Y		Y	
Allergy						Y		Y									
Audiology					Y	Y		Y									Y
Cancer-Oncology	Y	Y		Y	Y	Y		Y		Y		Y	Y	Y		Y	Y
Cardiac Catheterization	Y			Y	Y	Y	Y	Y		Y	Y	Y	Y	Y		Y	Y
Cardiology	Y	Y		Y	Y			Y	Y	Y	Y	Y	Y	Y		Y	Y
Dentistry	Y					Y		Y			Y	Y				Y	
Dermatology		Y			Y			Y		Y		Y					
Developmental Disability																	Y
DiagnostIc Imaging	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Diagnostic Tests	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Dialysis		Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y		Y	Y	Y
Emergency Medicine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Endocrinology	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y	Y	Y
Endoscopy	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Family Practice	Y	Y			Y	Y		Y		Y		Y	Y	Y	Y		
Gastroenterology	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	Y	Y	Y	Y	Y
General Practice	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
Home Health Care																	
Hospice								Y									
Hospital	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Infectious Diseases	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y		Y
Infusion Therapy	Y	Y	Y	Y	Y	Y		Y		Y	Y	Y	Y	Y		Y	Y
Intensive Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Intensive Care-Neonatal				Y		Y		Y		Y	Y	Y	Y	Y		Y	Y
Internal Medicine	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	
Lithotripsy	Y	Y		Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	
Mental Health	Y	Y		Y	Y	Y			Y	Y	Y	Y	Y	Y		Y	
Mental Health for Adolescent/Child												Y		Y		Y	
Nephrology	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y	Y	Y
Neurology	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y	Y	Y
Nuclear Medicine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Obstetrics/Gynecology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Occupational Health	Y			Y		Y		Y		Y		Y	Y			Y	

Services	BAC	BDL	BDP	BRI	DAN	DAY	GRE	GRI	HFT	HUN	DEM	JHM	LAM	MNC
Ophthalmology-Optometry	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	
Otolaryngology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	
Pain Management	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	
Pediatric Medicine	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y
Physician Office						Y			Y					
Pulmonary Medicine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rehabilitation and Physical Medicine	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y		Y	Y
Respiratory Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Respite Care	Y											Y		
Rheumatology	Y	Y	Y	Y		Y		Y	Y				Y	
Short Stay Recovery-Infirmary	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sleep Studies		Y	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Surgery-Cardiac			Y						Y		Y			
Surgery-General	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Surgery-Neurosurgery	Y	Y	Y	Y	Y		Y	Y	Y		Y		Y	
Surgery-Oral Maxillofacial	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y	
Surgery-Orthopedic	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Surgery-Plastic	Y	Y	Y	Y	Y		Y	Y	Y		Y		Y	
Surgery-Podiatric	Y	Y	Y	Y	Y	Y		Y	Y		Y	Y	Y	
Telemetry	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Trauma/Burn Unit			Y											
Urology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Vascular Medicine	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y	

Services	MDS	MID	MIL	NBT	NMI	NOR	RCV	STF	SHA	STA	STM	STR	STV	WAT	WIN	YAL	CCMC
Ophthalmology-Optometry	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y	Y	Y
Otolaryngology	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y	Y	Y
Pain Management	Y	Y		Y	Y	Y		Y	Y	Y		Y	Y		Y		Y
Pediatric Medicine	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
Physician Office				Y													
Pulmonary Medicine	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y	Y	Y
Rehabilitation and																	
Physical Medicine	Y	Y		Y		Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Respiratory Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	Y	Y
Respite Care					Y								Y				
Rheumatology	Y	Y	Y			Y		Y		Y		Y	Y	Y		Y	Y
Short Stay																	
Recovery-Infirmary	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sleep Studies	Y	Y		Y	Y	Y		Y		Y			Y	Y	Y		
Surgery-Cardiac								Y				Y	Y	Y		Y	Y
Surgery-General	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Surgery-Neurosurgery	Y		Y	Y		Y		Y		Y		Y	Y	Y		Y	Y
Surgery-Oral Maxillofacial	Y	Y	Y	Y	Y	Y		Y		Y		Y		Y		Y	Y
Surgery-Orthopedic	Y	Y	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y	Y	Y	Y
Surgery-Plastic	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y		Y	Y
Surgery-Podiatric	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y	Y	
Telemetry	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Trauma/Burn Unit																Y	
Urology	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y	Y	Y
Vascular Medicine	Y	Y	Y	Y	Y	Y		Y		Y		Y	Y	Y	Y	Y	Y