

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$3,814,847	\$3,879,223	\$64,376	2%
2	Short Term Investments	\$10,721,108	\$8,704,501	(\$2,016,607)	-19%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$14,177,591	\$17,001,631	\$2,824,040	20%
4	Current Assets Whose Use is Limited for Current Liabilities	\$450,032	\$617,399	\$167,367	37%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$438,065	\$196,080	(\$241,985)	-55%
7	Inventories of Supplies	\$0	\$0	\$0	0%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$3,076,504	\$3,091,385	\$14,881	0%
	Total Current Assets	\$32,678,147	\$33,490,219	\$812,072	2%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$3,634,818	\$3,518,834	(\$115,984)	-3%
2	Board Designated for Capital Acquisition	\$617,035	\$874,392	\$257,357	42%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$13,643,925	\$6,941,579	(\$6,702,346)	-49%
	Total Noncurrent Assets Whose Use is Limited:	\$17,895,778	\$11,334,805	(\$6,560,973)	-37%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$924,351	\$985,048	\$60,697	7%
7	Other Noncurrent Assets	\$13,659,425	\$13,960,974	\$301,549	2%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$91,158,456	\$126,150,906	\$34,992,450	38%
2	Less: Accumulated Depreciation	\$65,913,873	\$70,837,887	\$4,924,014	7%
	Property, Plant and Equipment, Net	\$25,244,583	\$55,313,019	\$30,068,436	119%
3	Construction in Progress	\$24,871,295	\$7,410,924	(\$17,460,371)	-70%
	Total Net Fixed Assets	\$50,115,878	\$62,723,943	\$12,608,065	25%
	Total Assets	\$115,273,579	\$122,494,989	\$7,221,410	6%

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$22,226,959	\$23,725,477	\$1,498,518	7%
2	Salaries, Wages and Payroll Taxes	\$0	\$0	\$0	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$2,529,889	\$440,386	(\$2,089,503)	-83%
5	Current Portion of Long Term Debt	\$2,791,843	\$5,522,347	\$2,730,504	98%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$1,352,768	\$2,058,510	\$705,742	52%
	Total Current Liabilities	\$28,901,459	\$31,746,720	\$2,845,261	10%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$53,664,215	\$50,824,548	(\$2,839,667)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$53,664,215	\$50,824,548	(\$2,839,667)	-5%
3	Accrued Pension Liability	\$8,125,092	\$31,533,528	\$23,408,436	288%
4	Other Long Term Liabilities	\$10,424,939	\$17,207,223	\$6,782,284	65%
	Total Long Term Liabilities	\$72,214,246	\$99,565,299	\$27,351,053	38%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$6,729,685	(\$16,756,232)	(\$23,485,917)	-349%
2	Temporarily Restricted Net Assets	\$1,633,110	\$2,260,107	\$626,997	38%
3	Permanently Restricted Net Assets	\$5,795,079	\$5,679,095	(\$115,984)	-2%
	Total Net Assets	\$14,157,874	(\$8,817,030)	(\$22,974,904)	-162%
	Total Liabilities and Net Assets	\$115,273,579	\$122,494,989	\$7,221,410	6%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$323,695,513	\$353,472,922	\$29,777,409	9%
2	Less: Allowances	\$206,940,557	\$228,408,004	\$21,467,447	10%
3	Less: Charity Care	\$1,748,198	\$5,752,621	\$4,004,423	229%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$115,006,758	\$119,312,297	\$4,305,539	4%
5	Other Operating Revenue	\$3,077,868	\$3,246,928	\$169,060	5%
6	Net Assets Released from Restrictions	\$15,924	\$9,006	(\$6,918)	-43%
	Total Operating Revenue	\$118,100,550	\$122,568,231	\$4,467,681	4%
B. Operating Expenses:					
1	Salaries and Wages	\$51,542,050	\$53,515,224	\$1,973,174	4%
2	Fringe Benefits	\$12,331,098	\$14,221,566	\$1,890,468	15%
3	Physicians Fees	\$1,927,501	\$1,503,328	(\$424,173)	-22%
4	Supplies and Drugs	\$13,942,034	\$13,660,425	(\$281,609)	-2%
5	Depreciation and Amortization	\$4,213,884	\$4,952,492	\$738,608	18%
6	Bad Debts	\$8,005,307	\$6,305,896	(\$1,699,411)	-21%
7	Interest	\$1,365,387	\$2,492,363	\$1,126,976	83%
8	Malpractice	\$3,230,236	\$2,668,174	(\$562,062)	-17%
9	Other Operating Expenses	\$19,606,911	\$20,439,562	\$832,651	4%
	Total Operating Expenses	\$116,164,408	\$119,759,030	\$3,594,622	3%
	Income/(Loss) From Operations	\$1,936,142	\$2,809,201	\$873,059	45%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$713,606	\$713,606	0%
2	Gifts, Contributions and Donations	\$3,000	\$0	(\$3,000)	-100%
3	Other Non-Operating Gains/(Losses)	(\$3,728,404)	\$0	\$3,728,404	-100%
	Total Non-Operating Revenue	(\$3,725,404)	\$713,606	\$4,439,010	-119%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,789,262)	\$3,522,807	\$5,312,069	-297%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	(\$2,292,123)	(\$2,292,123)	0%
	Total Other Adjustments	\$0	(\$2,292,123)	(\$2,292,123)	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$1,789,262)	\$1,230,684	\$3,019,946	-169%
	Principal Payments	\$0	\$1,305,000	\$1,305,000	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$75,720,423	\$74,358,405	(\$1,362,018)	-2%
2	MEDICARE MANAGED CARE	\$25,260,538	\$29,549,653	\$4,289,115	17%
3	MEDICAID	\$6,057,731	\$7,698,608	\$1,640,877	27%
4	MEDICAID MANAGED CARE	\$6,459,288	\$7,273,302	\$814,014	13%
5	CHAMPUS/TRICARE	\$247,629	\$84,872	(\$162,757)	-66%
6	COMMERCIAL INSURANCE	\$6,967,834	\$6,446,861	(\$520,973)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$41,970,211	\$40,502,546	(\$1,467,665)	-3%
8	WORKER'S COMPENSATION	\$1,480,898	\$1,703,386	\$222,488	15%
9	SELF- PAY/UNINSURED	\$2,820,617	\$3,534,949	\$714,332	25%
10	SAGA	\$5,418,870	\$5,952,722	\$533,852	10%
11	OTHER	\$0	\$0	\$0	0%
TOTAL INPATIENT GROSS REVENUE		\$172,404,039	\$177,105,304	\$4,701,265	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$37,742,748	\$42,336,051	\$4,593,303	12%
2	MEDICARE MANAGED CARE	\$13,323,305	\$17,213,295	\$3,889,990	29%
3	MEDICAID	\$4,087,642	\$4,818,508	\$730,866	18%
4	MEDICAID MANAGED CARE	\$9,074,734	\$11,926,957	\$2,852,223	31%
5	CHAMPUS/TRICARE	\$218,900	\$256,731	\$37,831	17%
6	COMMERCIAL INSURANCE	\$9,485,591	\$10,769,330	\$1,283,739	14%
7	NON-GOVERNMENT MANAGED CARE	\$64,731,492	\$74,769,948	\$10,038,456	16%
8	WORKER'S COMPENSATION	\$3,043,741	\$2,933,314	(\$110,427)	-4%
9	SELF- PAY/UNINSURED	\$6,198,073	\$6,987,504	\$789,431	13%
10	SAGA	\$3,385,243	\$4,355,980	\$970,737	29%
11	OTHER	\$0	\$0	\$0	0%
TOTAL OUTPATIENT GROSS REVENUE		\$151,291,469	\$176,367,618	\$25,076,149	17%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$113,463,171	\$116,694,456	\$3,231,285	3%
2	MEDICARE MANAGED CARE	\$38,583,843	\$46,762,948	\$8,179,105	21%
3	MEDICAID	\$10,145,373	\$12,517,116	\$2,371,743	23%
4	MEDICAID MANAGED CARE	\$15,534,022	\$19,200,259	\$3,666,237	24%
5	CHAMPUS/TRICARE	\$466,529	\$341,603	(\$124,926)	-27%
6	COMMERCIAL INSURANCE	\$16,453,425	\$17,216,191	\$762,766	5%
7	NON-GOVERNMENT MANAGED CARE	\$106,701,703	\$115,272,494	\$8,570,791	8%
8	WORKER'S COMPENSATION	\$4,524,639	\$4,636,700	\$112,061	2%
9	SELF- PAY/UNINSURED	\$9,018,690	\$10,522,453	\$1,503,763	17%
10	SAGA	\$8,804,113	\$10,308,702	\$1,504,589	17%
11	OTHER	\$0	\$0	\$0	0%
TOTAL GROSS REVENUE		\$323,695,508	\$353,472,922	\$29,777,414	9%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$30,585,654	\$28,737,575	(\$1,848,079)	-6%
2	MEDICARE MANAGED CARE	\$7,542,248	\$9,522,970	\$1,980,722	26%
3	MEDICAID	\$1,953,920	\$2,257,524	\$303,604	16%
4	MEDICAID MANAGED CARE	\$2,096,638	\$2,436,559	\$339,921	16%
5	CHAMPUS/TRICARE	\$76,516	\$30,178	(\$46,338)	-61%
6	COMMERCIAL INSURANCE	\$2,684,144	\$3,072,475	\$388,331	14%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$14,218,756	\$14,202,959	(\$15,797)	0%
8	WORKER'S COMPENSATION	\$1,118,366	\$1,082,112	(\$36,254)	-3%
9	SELF- PAY/UNINSURED	\$1,038,631	\$1,331,824	\$293,193	28%
10	SAGA	\$979,852	\$968,163	(\$11,689)	-1%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$62,294,725	\$63,642,339	\$1,347,614	2%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$9,322,178	\$9,199,891	(\$122,287)	-1%
2	MEDICARE MANAGED CARE	\$3,187,849	\$3,983,051	\$795,202	25%
3	MEDICAID	\$868,607	\$1,099,973	\$231,366	27%
4	MEDICAID MANAGED CARE	\$2,276,407	\$2,843,349	\$566,942	25%
5	CHAMPUS/TRICARE	\$80,548	\$84,855	\$4,307	5%
6	COMMERCIAL INSURANCE	\$3,780,276	\$4,197,625	\$417,349	11%
7	NON-GOVERNMENT MANAGED CARE	\$21,243,593	\$24,749,156	\$3,505,563	17%
8	WORKER'S COMPENSATION	\$2,099,076	\$1,657,009	(\$442,067)	-21%
9	SELF- PAY/UNINSURED	\$1,690,261	\$1,414,373	(\$275,888)	-16%
10	SAGA	\$719,350	\$994,387	\$275,037	38%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$45,268,145	\$50,223,669	\$4,955,524	11%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$39,907,832	\$37,937,466	(\$1,970,366)	-5%
2	MEDICARE MANAGED CARE	\$10,730,097	\$13,506,021	\$2,775,924	26%
3	MEDICAID	\$2,822,527	\$3,357,497	\$534,970	19%
4	MEDICAID MANAGED CARE	\$4,373,045	\$5,279,908	\$906,863	21%
5	CHAMPUS/TRICARE	\$157,064	\$115,033	(\$42,031)	-27%
6	COMMERCIAL INSURANCE	\$6,464,420	\$7,270,100	\$805,680	12%
7	NON-GOVERNMENT MANAGED CARE	\$35,462,349	\$38,952,115	\$3,489,766	10%
8	WORKER'S COMPENSATION	\$3,217,442	\$2,739,121	(\$478,321)	-15%
9	SELF- PAY/UNINSURED	\$2,728,892	\$2,746,197	\$17,305	1%
10	SAGA	\$1,699,202	\$1,962,550	\$263,348	15%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$107,562,870	\$113,866,008	\$6,303,138	6%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,717	2,635	(82)	-3%
2	MEDICARE MANAGED CARE	877	987	110	13%
3	MEDICAID	354	385	31	9%
4	MEDICAID MANAGED CARE	654	639	(15)	-2%
5	CHAMPUS/TRICARE	23	6	(17)	-74%
6	COMMERCIAL INSURANCE	333	313	(20)	-6%
7	NON-GOVERNMENT MANAGED CARE	2,368	2,287	(81)	-3%
8	WORKER'S COMPENSATION	35	38	3	9%
9	SELF- PAY/UNINSURED	85	89	4	5%
10	SAGA	171	154	(17)	-10%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	7,617	7,533	(84)	-1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	14,890	13,634	(1,256)	-8%
2	MEDICARE MANAGED CARE	4,480	5,078	598	13%
3	MEDICAID	1,689	1,975	286	17%

**GRIFFIN HOSPITAL
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FISCAL YEAR 2009**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	2,289	2,164	(125)	-5%
5	CHAMPUS/TRICARE	71	16	(55)	-77%
6	COMMERCIAL INSURANCE	1,259	1,241	(18)	-1%
7	NON-GOVERNMENT MANAGED CARE	8,843	8,069	(774)	-9%
8	WORKER'S COMPENSATION	96	98	2	2%
9	SELF- PAY/UNINSURED	353	459	106	30%
10	SAGA	847	847	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	34,817	33,581	(1,236)	-4%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	25,832	29,089	3,257	13%
2	MEDICARE MANAGED CARE	8,455	11,049	2,594	31%
3	MEDICAID	4,325	4,695	370	9%
4	MEDICAID MANAGED CARE	9,462	10,489	1,027	11%
5	CHAMPUS/TRICARE	139	145	6	4%
6	COMMERCIAL INSURANCE	5,856	6,548	692	12%
7	NON-GOVERNMENT MANAGED CARE	42,782	45,185	2,403	6%
8	WORKER'S COMPENSATION	2,516	2,064	(452)	-18%
9	SELF- PAY/UNINSURED	6,163	5,781	(382)	-6%
10	SAGA	2,621	2,739	118	5%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	108,151	117,784	9,633	9%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$6,295,586	\$7,220,866	\$925,280	15%
2	MEDICARE MANAGED CARE	\$1,849,678	\$2,532,373	\$682,695	37%
3	MEDICAID	\$1,784,298	\$2,297,230	\$512,932	29%
4	MEDICAID MANAGED CARE	\$4,060,181	\$6,313,063	\$2,252,882	55%
5	CHAMPUS/TRICARE	\$81,450	\$107,167	\$25,717	32%
6	COMMERCIAL INSURANCE	\$1,659,426	\$2,312,745	\$653,319	39%
7	NON-GOVERNMENT MANAGED CARE	\$12,956,651	\$16,315,229	\$3,358,578	26%
8	WORKER'S COMPENSATION	\$780,644	\$835,610	\$54,966	7%
9	SELF- PAY/UNINSURED	\$3,305,066	\$4,114,255	\$809,189	24%
10	SAGA	\$1,394,719	\$1,972,276	\$577,557	41%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$34,167,699	\$44,020,814	\$9,853,115	29%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,654,297	\$1,848,976	\$194,679	12%
2	MEDICARE MANAGED CARE	\$529,785	\$665,059	\$135,274	26%
3	MEDICAID	\$364,800	\$375,311	\$10,511	3%
4	MEDICAID MANAGED CARE	\$920,779	\$1,520,132	\$599,353	65%
5	CHAMPUS/TRICARE	\$37,493	\$37,030	(\$463)	-1%
6	COMMERCIAL INSURANCE	\$704,528	\$876,283	\$171,755	24%
7	NON-GOVERNMENT MANAGED CARE	\$4,755,457	\$6,316,288	\$1,560,831	33%
8	WORKER'S COMPENSATION	\$545,107	\$526,669	(\$18,438)	-3%
9	SELF- PAY/UNINSURED	\$252,375	\$218,754	(\$33,621)	-13%
10	SAGA	\$190,345	\$186,862	(\$3,483)	-2%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$9,954,966	\$12,571,364	\$2,616,398	26%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	4,435	4,254	(181)	-4%
2	MEDICARE MANAGED CARE	1,132	1,390	258	23%
3	MEDICAID	1,805	1,631	(174)	-10%
4	MEDICAID MANAGED CARE	5,483	6,189	706	13%
5	CHAMPUS/TRICARE	92	100	8	9%
6	COMMERCIAL INSURANCE	1,655	1,773	118	7%
7	NON-GOVERNMENT MANAGED CARE	12,509	12,231	(278)	-2%
8	WORKER'S COMPENSATION	1,084	899	(185)	-17%
9	SELF- PAY/UNINSURED	3,811	3,648	(163)	-4%
10	SAGA	1,477	1,674	197	13%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	33,483	33,789	306	1%

**GRIFFIN HOSPITAL
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FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$15,864,900	\$17,033,289	\$1,168,389	7%
2	Physician Salaries	\$6,979,406	\$6,156,928	(\$822,478)	-12%
3	Non-Nursing, Non-Physician Salaries	\$28,697,744	\$30,325,007	\$1,627,263	6%
	Total Salaries & Wages	\$51,542,050	\$53,515,224	\$1,973,174	4%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$3,795,573	\$4,526,561	\$730,988	19%
2	Physician Fringe Benefits	\$1,669,777	\$1,636,192	(\$33,585)	-2%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,865,748	\$8,058,813	\$1,193,065	17%
	Total Fringe Benefits	\$12,331,098	\$14,221,566	\$1,890,468	15%
C. Contractual Labor Fees:					
1	Nursing Fees	\$365,177	\$102,852	(\$262,325)	-72%
2	Physician Fees	\$1,927,501	\$1,503,328	(\$424,173)	-22%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$2,292,678	\$1,606,180	(\$686,498)	-30%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$10,951,933	\$10,664,781	(\$287,152)	-3%
2	Pharmaceutical Costs	\$2,990,101	\$2,995,644	\$5,543	0%
	Total Medical Supplies and Pharmaceutical Cost	\$13,942,034	\$13,660,425	(\$281,609)	-2%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,322,671	\$2,486,389	\$163,718	7%
2	Depreciation-Equipment	\$1,891,213	\$2,466,103	\$574,890	30%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$4,213,884	\$4,952,492	\$738,608	18%
F. Bad Debts:					
1	Bad Debts	\$8,005,307	\$6,305,896	(\$1,699,411)	-21%
G. Interest Expense:					
1	Interest Expense	\$1,365,387	\$2,492,363	\$1,126,976	83%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,230,236	\$2,668,174	(\$562,062)	-17%
I. Utilities:					
1	Water	\$308,397	\$266,842	(\$41,555)	-13%
2	Natural Gas	\$993,095	\$1,246,610	\$253,515	26%
3	Oil	\$127,613	\$53,722	(\$73,891)	-58%
4	Electricity	\$1,925,598	\$2,019,081	\$93,483	5%
5	Telephone	\$263,919	\$297,738	\$33,819	13%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$3,618,622	\$3,883,993	\$265,371	7%
J. Business Expenses:					
1	Accounting Fees	\$279,900	\$267,804	(\$12,096)	-4%
2	Legal Fees	\$228,405	\$215,020	(\$13,385)	-6%
3	Consulting Fees	\$276,849	\$246,955	(\$29,894)	-11%
4	Dues and Membership	\$320,313	\$300,979	(\$19,334)	-6%
5	Equipment Leases	\$282,396	\$1,081,950	\$799,554	283%
6	Building Leases	\$359,041	\$271,628	(\$87,413)	-24%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	Repairs and Maintenance	\$1,770,766	\$1,850,446	\$79,680	4%
8	Insurance	\$308,995	\$341,928	\$32,933	11%
9	Travel	\$254,270	\$158,044	(\$96,226)	-38%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$76,440	\$9,602	(\$66,838)	-87%
12	General Supplies	\$1,918,319	\$1,901,236	(\$17,083)	-1%
13	Licenses and Subscriptions	\$335,517	\$351,014	\$15,497	5%
14	Postage and Shipping	\$182,305	\$210,812	\$28,507	16%
15	Advertising	\$349,920	\$527,653	\$177,733	51%
16	Other Business Expenses	\$8,679,676	\$8,717,646	\$37,970	0%
	Total Business Expenses	\$15,623,112	\$16,452,717	\$829,605	5%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$116,164,408	\$119,759,030	\$3,594,622	3%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$3,296,903	\$3,173,042	(\$123,861)	-4%
2	General Accounting	\$1,069,807	\$1,074,297	\$4,490	0%
3	Patient Billing & Collection	\$1,779,802	\$1,683,287	(\$96,515)	-5%
4	Admitting / Registration Office	\$785,823	\$887,555	\$101,732	13%
5	Data Processing	\$1,259,764	\$1,397,646	\$137,882	11%
6	Communications	\$300,208	\$310,262	\$10,054	3%
7	Personnel	\$1,491,837	\$1,316,631	(\$175,206)	-12%
8	Public Relations	\$866,743	\$1,076,442	\$209,699	24%
9	Purchasing	\$330,109	\$318,872	(\$11,237)	-3%
10	Dietary and Cafeteria	\$2,963,754	\$3,101,327	\$137,573	5%
11	Housekeeping	\$1,738,343	\$1,942,471	\$204,128	12%
12	Laundry & Linen	\$486,297	\$478,940	(\$7,357)	-2%
13	Operation of Plant	\$4,897,735	\$5,111,230	\$213,495	4%
14	Security	\$276,966	\$313,584	\$36,618	13%
15	Repairs and Maintenance	\$302,145	\$323,475	\$21,330	7%
16	Central Sterile Supply	\$456,106	\$443,503	(\$12,603)	-3%
17	Pharmacy Department	\$4,096,161	\$4,185,852	\$89,691	2%
18	Other General Services	\$24,473,171	\$27,157,629	\$2,684,458	11%
	Total General Services	\$50,871,674	\$54,296,045	\$3,424,371	7%
B.	Professional Services:				
1	Medical Care Administration	\$543,719	\$537,944	(\$5,775)	-1%
2	Residency Program	\$2,403,097	\$2,405,807	\$2,710	0%
3	Nursing Services Administration	\$780,026	\$729,346	(\$50,680)	-6%
4	Medical Records	\$1,407,670	\$1,545,598	\$137,928	10%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$779,121	\$1,712,498	\$933,377	120%
	Total Professional Services	\$5,913,633	\$6,931,193	\$1,017,560	17%
C.	Special Services:				
1	Operating Room	\$8,486,555	\$8,083,973	(\$402,582)	-5%
2	Recovery Room	\$513,702	\$498,338	(\$15,364)	-3%
3	Anesthesiology	\$305,810	\$324,337	\$18,527	6%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	Delivery Room	\$90,477	\$73,399	(\$17,078)	-19%
5	Diagnostic Radiology	\$2,666,743	\$2,712,215	\$45,472	2%
6	Diagnostic Ultrasound	\$448,054	\$530,216	\$82,162	18%
7	Radiation Therapy	\$0	\$973,699	\$973,699	0%
8	Radioisotopes	\$514,596	\$439,268	(\$75,328)	-15%
9	CT Scan	\$823,131	\$861,635	\$38,504	5%
10	Laboratory	\$7,516,236	\$7,639,513	\$123,277	2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$772,446	\$768,997	(\$3,449)	0%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$67,585	\$58,301	(\$9,284)	-14%
15	Occupational Therapy	\$1,060,775	\$1,056,709	(\$4,066)	0%
16	Speech Pathology	\$65,523	\$93,007	\$27,484	42%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$913,124	\$926,125	\$13,001	1%
19	Pulmonary Function	\$143,781	\$146,621	\$2,840	2%
20	Intravenous Therapy	\$87,067	\$89,350	\$2,283	3%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,486,357	\$1,594,880	\$108,523	7%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,534,468	\$6,025,241	\$490,773	9%
25	MRI	\$1,101,435	\$1,065,344	(\$36,091)	-3%
26	PET Scan	\$353,393	\$315,548	(\$37,845)	-11%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,149,908	\$1,161,417	\$11,509	1%
29	Sleep Center	\$410,399	\$437,686	\$27,287	7%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$917,020	\$1,062,638	\$145,618	16%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,305,410	\$1,294,412	(\$10,998)	-1%
	Total Special Services	\$36,733,995	\$38,232,869	\$1,498,874	4%
D.	Routine Services:				
1	Medical & Surgical Units	\$7,342,299	\$7,435,309	\$93,010	1%
2	Intensive Care Unit	\$2,323,246	\$2,459,599	\$136,353	6%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,023,135	\$1,010,289	(\$12,846)	-1%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,920,787	\$1,722,257	(\$198,530)	-10%
7	Newborn Nursery Unit	\$113,549	\$119,437	\$5,888	5%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$563,476	\$576,246	\$12,770	2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$281,337	\$278,308	(\$3,029)	-1%
13	Other Routine Services	\$1,071,975	\$391,588	(\$680,387)	-63%
	Total Routine Services	\$14,639,804	\$13,993,033	(\$646,771)	-4%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$8,005,302	\$6,305,890	(\$1,699,412)	-21%
	Total Operating Expenses - All Departments*	\$116,164,408	\$119,759,030	\$3,594,622	3%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$110,728,364	\$ 115,006,758	\$119,312,297
2	Other Operating Revenue	3,137,450	3,093,792	3,255,934
3	Total Operating Revenue	\$113,865,814	\$118,100,550	\$122,568,231
4	Total Operating Expenses	113,390,230	116,164,408	119,759,030
5	Income/(Loss) From Operations	\$475,584	\$1,936,142	\$2,809,201
6	Total Non-Operating Revenue	229,504	(3,725,404)	(1,578,517)
7	Excess/(Deficiency) of Revenue Over Expenses	\$705,088	(\$1,789,262)	\$1,230,684
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.42%	1.69%	2.32%
2	Hospital Non Operating Margin	0.20%	-3.26%	-1.30%
3	Hospital Total Margin	0.62%	-1.56%	1.02%
4	Income/(Loss) From Operations	\$475,584	\$1,936,142	\$2,809,201
5	Total Operating Revenue	\$113,865,814	\$118,100,550	\$122,568,231
6	Total Non-Operating Revenue	\$229,504	(\$3,725,404)	(\$1,578,517)
7	Total Revenue	\$114,095,318	\$114,375,146	\$120,989,714
8	Excess/(Deficiency) of Revenue Over Expenses	\$705,088	(\$1,789,262)	\$1,230,684
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$11,510,321	\$6,729,685	(\$16,756,232)
2	Hospital Total Net Assets	\$20,226,342	\$14,157,874	(\$8,817,030)
3	Hospital Change in Total Net Assets	\$20,226,342	(\$6,068,468)	(\$22,974,904)
4	Hospital Change in Total Net Assets %	0.0%	-30.0%	-162.3%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.37	0.36	0.34
2	Total Operating Expenses	\$113,390,230	\$116,164,408	\$119,759,030
3	Total Gross Revenue	\$306,643,497	\$323,695,508	\$353,472,922
4	Total Other Operating Revenue	\$3,137,450	\$3,093,792	\$3,255,934
5	<u>Private Payment to Cost Ratio</u>	0.95	0.99	1.06
6	Total Non-Government Payments	\$45,391,392	\$47,873,103	\$51,707,533

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
7	Total Uninsured Payments	\$3,266,958	\$2,728,892	\$2,746,197
8	Total Non-Government Charges	\$130,334,189	\$136,698,457	\$147,647,838
9	Total Uninsured Charges	\$9,660,817	\$9,018,690	\$10,522,453
10	<u>Medicare Payment to Cost Ratio</u>	0.95	0.94	0.94
11	Total Medicare Payments	\$49,946,847	\$50,637,929	\$51,443,487
12	Total Medicare Charges	\$144,349,364	\$152,047,014	\$163,457,404
13	<u>Medicaid Payment to Cost Ratio</u>	0.75	0.79	0.81
14	Total Medicaid Payments	\$6,827,271	\$7,195,572	\$8,637,405
15	Total Medicaid Charges	\$24,908,274	\$25,679,395	\$31,717,375
16	<u>Uncompensated Care Cost</u>	\$3,629,172	\$3,467,095	\$4,048,218
17	Charity Care	\$2,135,179	\$1,748,198	\$5,752,621
18	Bad Debts	\$7,779,681	\$8,005,302	\$6,305,896
19	Total Uncompensated Care	\$9,914,860	\$9,753,500	\$12,058,517
20	<u>Uncompensated Care % of Total Expenses</u>	3.2%	3.0%	3.4%
21	Total Operating Expenses	\$113,390,230	\$116,164,408	\$119,759,030
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.58	1.13	1.05
2	Total Current Assets	\$34,815,672	\$32,678,147	\$33,490,219
3	Total Current Liabilities	\$21,978,196	\$28,901,459	\$31,746,720
4	<u>Days Cash on Hand</u>	59	47	40
5	Cash and Cash Equivalents	\$1,995,748	\$3,814,847	\$3,879,223
6	Short Term Investments	15,603,731	10,721,108	8,704,501
7	Total Cash and Short Term Investments	\$17,599,479	\$14,535,955	\$12,583,724
8	Total Operating Expenses	\$113,390,230	\$116,164,408	\$119,759,030
9	Depreciation Expense	\$4,182,100	\$4,213,884	\$4,952,492
10	Operating Expenses less Depreciation Expense	\$109,208,130	\$111,950,524	\$114,806,538
11	<u>Days Revenue in Patient Accounts Receivable</u>	48.65	46.39	52.61

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
12	Net Patient Accounts Receivable	\$13,652,601	\$14,177,591	\$17,001,631
13	Due From Third Party Payers	\$1,106,243	\$438,065	\$196,080
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$14,758,844	\$14,615,656	\$17,197,711
16	Total Net Patient Revenue	\$110,728,364	\$ 115,006,758	\$ 119,312,297
17	<u>Average Payment Period</u>	73.46	94.23	100.93
18	Total Current Liabilities	\$21,978,196	\$28,901,459	\$31,746,720
19	Total Operating Expenses	\$113,390,230	\$116,164,408	\$119,759,030
20	Depreciation Expense	\$4,182,100	\$4,213,884	\$4,952,492
21	Total Operating Expenses less Depreciation Expense	\$109,208,130	\$111,950,524	\$114,806,538
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	17.6	12.3	(7.2)
2	Total Net Assets	\$20,226,342	\$14,157,874	(\$8,817,030)
3	Total Assets	\$115,020,099	\$115,273,579	\$122,494,989
4	<u>Cash Flow to Total Debt Ratio</u>	6.2	2.9	7.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$705,088	(\$1,789,262)	\$1,230,684
6	Depreciation Expense	\$4,182,100	\$4,213,884	\$4,952,492
7	Excess of Revenues Over Expenses and Depreciation Expense	\$4,887,188	\$2,424,622	\$6,183,176
8	Total Current Liabilities	\$21,978,196	\$28,901,459	\$31,746,720
9	Total Long Term Debt	\$56,342,426	\$53,664,215	\$50,824,548
10	Total Current Liabilities and Total Long Term Debt	\$78,320,622	\$82,565,674	\$82,571,268
11	<u>Long Term Debt to Capitalization Ratio</u>	73.6	79.1	121.0
12	Total Long Term Debt	\$56,342,426	\$53,664,215	\$50,824,548
13	Total Net Assets	\$20,226,342	\$14,157,874	(\$8,817,030)
14	Total Long Term Debt and Total Net Assets	\$76,568,768	\$67,822,089	\$42,007,518
15	<u>Debt Service Coverage Ratio</u>	4.1	2.8	2.3
16	Excess Revenues over Expenses	\$705,088	(\$1,789,262)	\$1,230,684
17	Interest Expense	\$1,586,250	\$1,365,387	\$2,492,363
18	Depreciation and Amortization Expense	\$4,182,100	\$4,213,884	\$4,952,492

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
19	Principal Payments	\$0	\$0	\$1,305,000
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	14.8	15.6	14.3
21	Accumulated Depreciation	\$61,852,966	\$65,913,873	\$70,837,887
22	Depreciation and Amortization Expense	\$4,182,100	\$4,213,884	\$4,952,492
H. <u>Utilization Measures Summary</u>				
1	Patient Days	33,992	34,817	33,581
2	Discharges	7,817	7,617	7,533
3	ALOS	4.3	4.6	4.5
4	Staffed Beds	96	97	95
5	Available Beds	-	-	180
6	Licensed Beds	180	180	180
6	Occupancy of Staffed Beds	97.0%	98.3%	96.8%
7	Occupancy of Available Beds	51.7%	53.0%	51.1%
8	Full Time Equivalent Employees	891.0	895.0	929.1
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.4%	39.4%	38.8%
2	Medicare Gross Revenue Payer Mix Percentage	47.1%	47.0%	46.2%
3	Medicaid Gross Revenue Payer Mix Percentage	8.1%	7.9%	9.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.2%	2.7%	2.9%
5	Uninsured Gross Revenue Payer Mix Percentage	3.2%	2.8%	3.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$120,673,372	\$127,679,767	\$137,125,385
9	Medicare Gross Revenue (Charges)	\$144,349,364	\$152,047,014	\$163,457,404
10	Medicaid Gross Revenue (Charges)	\$24,908,274	\$25,679,395	\$31,717,375
11	Other Medical Assistance Gross Revenue (Charges)	\$6,620,326	\$8,804,113	\$10,308,702
12	Uninsured Gross Revenue (Charges)	\$9,660,817	\$9,018,690	\$10,522,453
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$431,344	\$466,529	\$341,603
14	Total Gross Revenue (Charges)	\$306,643,497	\$323,695,508	\$353,472,922
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	40.8%	42.0%	43.0%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
2	Medicare Net Revenue Payer Mix Percentage	48.3%	47.1%	45.2%
3	Medicaid Net Revenue Payer Mix Percentage	6.6%	6.7%	7.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	1.6%	1.7%
5	Uninsured Net Revenue Payer Mix Percentage	3.2%	2.5%	2.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$42,124,434	\$45,144,211	\$48,961,336
9	Medicare Net Revenue (Payments)	\$49,946,847	\$50,637,929	\$51,443,487
10	Medicaid Net Revenue (Payments)	\$6,827,271	\$7,195,572	\$8,637,405
11	Other Medical Assistance Net Revenue (Payments)	\$1,079,056	\$1,699,202	\$1,962,550
12	Uninsured Net Revenue (Payments)	\$3,266,958	\$2,728,892	\$2,746,197
13	CHAMPUS / TRICARE Net Revenue Payments)	\$127,872	\$157,064	\$115,033
14	Total Net Revenue (Payments)	\$103,372,438	\$107,562,870	\$113,866,008
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	2,872	2,821	2,727
2	Medicare	3,673	3,594	3,622
3	Medical Assistance	1,248	1,179	1,178
4	Medicaid	1,111	1,008	1,024
5	Other Medical Assistance	137	171	154
6	CHAMPUS / TRICARE	24	23	6
7	Uninsured (Included In Non-Government)	109	85	89
8	Total	7,817	7,617	7,533
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	0.866290	0.939150	0.954310
2	Medicare	1.274400	1.323940	1.337620
3	Medical Assistance	0.670712	0.748295	0.811608
4	Medicaid	0.641600	0.714480	0.768560
5	Other Medical Assistance	0.906800	0.947630	1.097850
6	CHAMPUS / TRICARE	0.626700	0.650980	0.472250
7	Uninsured (Included In Non-Government)	0.787900	0.982490	0.974390
8	Total Case Mix Index	1.026090	1.090297	1.115912
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	5,274	5,413	5,426
2	Emergency Room - Treated and Discharged	32,857	33,483	33,789
3	Total Emergency Room Visits	38,131	38,896	39,215

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$144,774	\$370,873	\$226,099	156%
2	Inpatient Payments	\$43,226	\$143,710	\$100,484	232%
3	Outpatient Charges	\$97,518	\$324,943	\$227,425	233%
4	Outpatient Payments	\$23,333	\$73,456	\$50,123	215%
5	Discharges	8	9	1	13%
6	Patient Days	27	57	30	111%
7	Outpatient Visits (Excludes ED Visits)	56	250	194	346%
8	Emergency Department Outpatient Visits	0	22	22	0%
9	Emergency Department Inpatient Admissions	7	6	(1)	-14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$242,292	\$695,816	\$453,524	187%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$66,559	\$217,166	\$150,607	226%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$384,067	\$1,463,333	\$1,079,266	281%
2	Inpatient Payments	\$114,674	\$500,251	\$385,577	336%
3	Outpatient Charges	\$179,359	\$1,258,193	\$1,078,834	601%
4	Outpatient Payments	\$42,915	\$346,678	\$303,763	708%
5	Discharges	12	54	42	350%
6	Patient Days	87	240	153	176%
7	Outpatient Visits (Excludes ED Visits)	64	708	644	1006%
8	Emergency Department Outpatient Visits	0	80	80	0%
9	Emergency Department Inpatient Admissions	12	45	33	275%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$563,426	\$2,721,526	\$2,158,100	383%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$157,589	\$846,929	\$689,340	437%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$23,341,161	\$26,423,383	\$3,082,222	13%
2	Inpatient Payments	\$6,969,164	\$8,397,882	\$1,428,718	21%
3	Outpatient Charges	\$12,175,420	\$14,055,147	\$1,879,727	15%
4	Outpatient Payments	\$2,913,196	\$3,171,178	\$257,982	9%
5	Discharges	813	874	61	8%
6	Patient Days	4,097	4,548	451	11%
7	Outpatient Visits (Excludes ED Visits)	6,944	8,114	1,170	17%
8	Emergency Department Outpatient Visits	1,085	1,177	92	8%
9	Emergency Department Inpatient Admissions	717	781	64	9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$35,516,581	\$40,478,530	\$4,961,949	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,882,360	\$11,569,060	\$1,686,700	17%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$888,990	\$668,048	(\$220,942)	-25%
2	Inpatient Payments	\$265,433	\$280,656	\$15,223	6%
3	Outpatient Charges	\$365,409	\$492,704	\$127,295	35%
4	Outpatient Payments	\$87,431	\$108,729	\$21,298	24%
5	Discharges	32	28	(4)	-13%
6	Patient Days	173	129	(44)	-25%
7	Outpatient Visits (Excludes ED Visits)	228	229	1	0%
8	Emergency Department Outpatient Visits	38	47	9	24%
9	Emergency Department Inpatient Admissions	30	24	(6)	-20%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,254,399	\$1,160,752	(\$93,647)	-7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$352,864	\$389,385	\$36,521	10%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$45,703	\$336,220	\$290,517	636%
2	Inpatient Payments	\$13,646	\$132,614	\$118,968	872%
3	Outpatient Charges	\$437,287	\$747,615	\$310,328	71%
4	Outpatient Payments	\$104,629	\$224,130	\$119,501	114%
5	Discharges	3	13	10	333%
6	Patient Days	11	58	47	427%
7	Outpatient Visits (Excludes ED Visits)	26	162	136	523%
8	Emergency Department Outpatient Visits	9	33	24	267%
9	Emergency Department Inpatient Admissions	3	13	10	333%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$482,990	\$1,083,835	\$600,845	124%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$118,275	\$356,744	\$238,469	202%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$455,843	\$287,796	(\$168,047)	-37%
2	Inpatient Payments	\$136,105	\$67,857	(\$68,248)	-50%
3	Outpatient Charges	\$68,312	\$334,693	\$266,381	390%
4	Outpatient Payments	\$16,345	\$58,880	\$42,535	260%
5	Discharges	9	9	0	0%
6	Patient Days	85	46	(39)	-46%
7	Outpatient Visits (Excludes ED Visits)	5	196	191	3820%
8	Emergency Department Outpatient Visits	0	31	31	0%
9	Emergency Department Inpatient Admissions	9	7	(2)	-22%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$524,155	\$622,489	\$98,334	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$152,450	\$126,737	(\$25,713)	-17%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$25,260,538	\$29,549,653	\$4,289,115	17%
	TOTAL INPATIENT PAYMENTS	\$7,542,248	\$9,522,970	\$1,980,722	26%
	TOTAL OUTPATIENT CHARGES	\$13,323,305	\$17,213,295	\$3,889,990	29%
	TOTAL OUTPATIENT PAYMENTS	\$3,187,849	\$3,983,051	\$795,202	25%
	TOTAL DISCHARGES	877	987	110	13%
	TOTAL PATIENT DAYS	4,480	5,078	598	13%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	7,323	9,659	2,336	32%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,132	1,390	258	23%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	778	876	98	13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$38,583,843	\$46,762,948	\$8,179,105	21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,730,097	\$13,506,021	\$2,775,924	26%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$2,113,697	\$967,214	(\$1,146,483)	-54%
2	Inpatient Payments	\$686,091	\$324,017	(\$362,074)	-53%
3	Outpatient Charges	\$4,005,076	\$1,663,328	(\$2,341,748)	-58%
4	Outpatient Payments	\$1,004,678	\$396,532	(\$608,146)	-61%
5	Discharges	213	98	(115)	-54%
6	Patient Days	567	255	(312)	-55%
7	Outpatient Visits (Excludes ED Visits)	2,586	525	(2,061)	-80%
8	Emergency Department Outpatient Visits	2,422	832	(1,590)	-66%
9	Emergency Department Inpatient Admissions	40	19	(21)	-53%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,118,773	\$2,630,542	(\$3,488,231)	-57%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,690,769	\$720,549	(\$970,220)	-57%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$1,077,568	\$3,832,742	\$2,755,174	256%
2	Inpatient Payments	\$349,770	\$1,283,970	\$934,200	267%
3	Outpatient Charges	\$1,531,124	\$5,356,251	\$3,825,127	250%
4	Outpatient Payments	\$384,084	\$1,276,913	\$892,829	232%
5	Discharges	113	339	226	200%
6	Patient Days	294	1,131	837	285%
7	Outpatient Visits (Excludes ED Visits)	636	2,744	2,108	331%
8	Emergency Department Outpatient Visits	1,188	3,094	1,906	160%
9	Emergency Department Inpatient Admissions	17	140	123	724%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,608,692	\$9,188,993	\$6,580,301	252%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$733,854	\$2,560,883	\$1,827,029	249%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$3,066,895	\$0	(\$3,066,895)	-100%
2	Inpatient Payments	\$995,492	\$0	(\$995,492)	-100%
3	Outpatient Charges	\$3,065,025	\$0	(\$3,065,025)	-100%
4	Outpatient Payments	\$768,865	\$0	(\$768,865)	-100%
5	Discharges	304	0	(304)	-100%
6	Patient Days	1,366	0	(1,366)	-100%
7	Outpatient Visits (Excludes ED Visits)	679	0	(679)	-100%
8	Emergency Department Outpatient Visits	1,457	0	(1,457)	-100%
9	Emergency Department Inpatient Admissions	135	0	(135)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,131,920	\$0	(\$6,131,920)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,764,357	\$0	(\$1,764,357)	-100%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$201,128	\$0	(\$201,128)	-100%
2	Inpatient Payments	\$65,285	\$0	(\$65,285)	-100%
3	Outpatient Charges	\$473,509	\$0	(\$473,509)	-100%
4	Outpatient Payments	\$118,780	\$0	(\$118,780)	-100%
5	Discharges	24	0	(24)	-100%
6	Patient Days	62	0	(62)	-100%
7	Outpatient Visits (Excludes ED Visits)	78	0	(78)	-100%
8	Emergency Department Outpatient Visits	416	0	(416)	-100%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$674,637	\$0	(\$674,637)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$184,065	\$0	(\$184,065)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$710,269	\$710,269	0%
2	Inpatient Payments	\$0	\$237,940	\$237,940	0%
3	Outpatient Charges	\$0	\$1,391,373	\$1,391,373	0%
4	Outpatient Payments	\$0	\$331,699	\$331,699	0%
5	Discharges	0	53	53	0%
6	Patient Days	0	139	139	0%
7	Outpatient Visits (Excludes ED Visits)	0	386	386	0%
8	Emergency Department Outpatient Visits	0	842	842	0%
9	Emergency Department Inpatient Admissions	0	14	14	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$2,101,642	\$2,101,642	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$569,639	\$569,639	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$1,763,077	\$1,763,077	0%
2	Inpatient Payments	\$0	\$590,632	\$590,632	0%
3	Outpatient Charges	\$0	\$3,516,005	\$3,516,005	0%
4	Outpatient Payments	\$0	\$838,205	\$838,205	0%
5	Discharges	0	149	149	0%
6	Patient Days	0	639	639	0%
7	Outpatient Visits (Excludes ED Visits)	0	645	645	0%
8	Emergency Department Outpatient Visits	0	1,421	1,421	0%
9	Emergency Department Inpatient Admissions	0	19	19	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$5,279,082	\$5,279,082	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,428,837	\$1,428,837	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$6,459,288	\$7,273,302	\$814,014	13%
	TOTAL INPATIENT PAYMENTS	\$2,096,638	\$2,436,559	\$339,921	16%
	TOTAL OUTPATIENT CHARGES	\$9,074,734	\$11,926,957	\$2,852,223	31%
	TOTAL OUTPATIENT PAYMENTS	\$2,276,407	\$2,843,349	\$566,942	25%
	TOTAL DISCHARGES	654	639	(15)	-2%
	TOTAL PATIENT DAYS	2,289	2,164	(125)	-5%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,979	4,300	321	8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	5,483	6,189	706	13%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	195	192	(3)	-2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,534,022	\$19,200,259	\$3,666,237	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,373,045	\$5,279,908	\$906,863	21%

**GRIFFIN HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$9,128,704	\$9,064,634	(\$64,070)	-1%
2	Short Term Investments	\$29,182,296	\$33,771,653	\$4,589,357	16%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$14,398,367	\$17,201,535	\$2,803,168	19%
4	Current Assets Whose Use is Limited for Current Liabilities	\$450,032	\$617,399	\$167,367	37%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$438,065	\$196,080	(\$241,985)	-55%
7	Inventories of Supplies	\$0	\$0	\$0	0%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$6,507,503	\$5,303,584	(\$1,203,919)	-19%
	Total Current Assets	\$60,104,967	\$66,154,885	\$6,049,918	10%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$3,634,818	\$3,518,834	(\$115,984)	-3%
2	Board Designated for Capital Acquisition	\$883,773	\$1,301,469	\$417,696	47%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$15,208,847	\$8,806,083	(\$6,402,764)	-42%
	Total Noncurrent Assets Whose Use is Limited:	\$19,727,438	\$13,626,386	(\$6,101,052)	-31%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,940,017	\$2,269,873	\$329,856	17%
7	Other Noncurrent Assets	\$11,711,535	\$10,970,768	(\$740,767)	-6%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$98,199,393	\$133,421,910	\$35,222,517	36%
2	Less: Accumulated Depreciation	\$68,637,932	\$73,686,871	\$5,048,939	\$0
	Property, Plant and Equipment, Net	\$29,561,461	\$59,735,039	\$30,173,578	102%
3	Construction in Progress	\$25,079,244	\$7,410,646	(\$17,668,598)	-70%
	Total Net Fixed Assets	\$54,640,705	\$67,145,685	\$12,504,980	23%
	Total Assets	\$148,124,662	\$160,167,597	\$12,042,935	8%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$24,076,780	\$18,636,239	(\$5,440,541)	-23%
2	Salaries, Wages and Payroll Taxes	\$0	\$0	\$0	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,864,596	\$5,594,145	\$2,729,549	95%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$7,965,413	\$11,055,709	\$3,090,296	39%
	Total Current Liabilities	\$34,906,789	\$35,286,093	\$379,304	1%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$56,988,702	\$54,070,257	(\$2,918,445)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$56,988,702	\$54,070,257	(\$2,918,445)	-5%
3	Accrued Pension Liability	\$8,125,092	\$31,533,528	\$23,408,436	288%
4	Other Long Term Liabilities	\$32,628,348	\$48,260,281	\$15,631,933	48%
	Total Long Term Liabilities	\$97,742,142	\$133,864,066	\$36,121,924	37%
5	Interest in Net Assets of Affiliates or Joint	\$240,000	\$434,394	\$194,394	81%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$7,705,061	(\$17,448,476)	(\$25,153,537)	-326%
2	Temporarily Restricted Net Assets	\$1,735,591	\$2,352,425	\$616,834	36%
3	Permanently Restricted Net Assets	\$5,795,079	\$5,679,095	(\$115,984)	-2%
	Total Net Assets	\$15,235,731	(\$9,416,956)	(\$24,652,687)	-162%
	Total Liabilities and Net Assets	\$148,124,662	\$160,167,597	\$12,042,935	8%

GRIFFIN HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$326,268,494	\$358,002,884	\$31,734,390	10%
2	Less: Allowances	\$207,794,839	\$230,660,534	\$22,865,695	11%
3	Less: Charity Care	\$1,748,198	\$5,752,621	\$4,004,423	229%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$116,725,457	\$121,589,729	\$4,864,272	4%
5	Other Operating Revenue	\$13,910,312	\$13,516,375	(\$393,937)	-3%
6	Net Assets Released from Restrictions	\$786,055	\$399,666	(\$386,389)	-49%
	Total Operating Revenue	\$131,421,824	\$135,505,770	\$4,083,946	3%
B. Operating Expenses:					
1	Salaries and Wages	\$55,277,800	\$57,326,998	\$2,049,198	4%
2	Fringe Benefits	\$13,026,361	\$15,049,653	\$2,023,292	16%
3	Physicians Fees	\$2,332,201	\$3,046,267	\$714,066	31%
4	Supplies and Drugs	\$16,429,424	\$16,410,526	(\$18,898)	0%
5	Depreciation and Amortization	\$4,379,814	\$5,148,785	\$768,971	18%
6	Bad Debts	\$8,202,911	\$6,428,103	(\$1,774,808)	-22%
7	Interest	\$1,624,773	\$2,727,005	\$1,102,232	68%
8	Malpractice	\$3,239,336	\$3,339,970	\$100,634	3%
9	Other Operating Expenses	\$26,374,117	\$25,862,349	(\$511,768)	-2%
	Total Operating Expenses	\$130,886,737	\$135,339,656	\$4,452,919	3%
	Income/(Loss) From Operations	\$535,087	\$166,114	(\$368,973)	-69%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,501,096)	\$1,507,706	\$3,008,802	-200%
2	Gifts, Contributions and Donations	\$221,047	\$265,932	\$44,885	20%
3	Other Non-Operating Gains/(Losses)	(\$3,676,063)	(\$188,227)	\$3,487,836	-95%
	Total Non-Operating Revenue	(\$4,956,112)	\$1,585,411	\$6,541,523	-132%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$4,421,025)	\$1,751,525	\$6,172,550	-140%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	(\$5,856,428)	(\$5,856,428)	0%
	Total Other Adjustments	\$0	(\$5,856,428)	(\$5,856,428)	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$4,421,025)	(\$4,104,903)	\$316,122	-7%

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$111,776,850	\$116,725,457	\$121,589,729
2	Other Operating Revenue	14,770,934	14,696,367	13,916,041
3	Total Operating Revenue	\$126,547,784	\$131,421,824	\$135,505,770
4	Total Operating Expenses	126,227,574	130,886,737	135,339,656
5	Income/(Loss) From Operations	\$320,210	\$535,087	\$166,114
6	Total Non-Operating Revenue	602,380	(4,956,112)	(4,271,017)
7	Excess/(Deficiency) of Revenue Over Expenses	\$922,590	(\$4,421,025)	(\$4,104,903)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.25%	0.42%	0.13%
2	Parent Corporation Non-Operating Margin	0.47%	-3.92%	-3.25%
3	Parent Corporation Total Margin	0.73%	-3.50%	-3.13%
4	Income/(Loss) From Operations	\$320,210	\$535,087	\$166,114
5	Total Operating Revenue	\$126,547,784	\$131,421,824	\$135,505,770
6	Total Non-Operating Revenue	\$602,380	(\$4,956,112)	(\$4,271,017)
7	Total Revenue	\$127,150,164	\$126,465,712	\$131,234,753
8	Excess/(Deficiency) of Revenue Over Expenses	\$922,590	(\$4,421,025)	(\$4,104,903)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$14,505,387	\$7,705,061	-\$17,448,476
2	Parent Corporation Total Net Assets	\$23,221,408	\$15,235,731	(\$9,416,956)
3	Parent Corporation Change in Total Net Assets	\$23,221,408	(\$7,985,677)	(\$24,652,687)
4	Parent Corporation Change in Total Net Assets %	0.0%	-34.4%	-161.8%

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.10	1.72	1.87
2	Total Current Assets	\$52,786,614	\$60,104,967	\$66,154,885
3	Total Current Liabilities	\$25,146,969	\$34,906,789	\$35,286,093
4	<u>Days Cash on Hand</u>	101	111	120
5	Cash and Cash Equivalents	\$5,467,452	\$9,128,704	\$9,064,634
6	Short Term Investments	28,131,045	29,182,296	33,771,653
7	Total Cash and Short Term Investments	\$33,598,497	\$38,311,000	\$42,836,287
8	Total Operating Expenses	\$126,227,574	\$130,886,737	\$135,339,656
9	Depreciation Expense	\$4,269,277	\$4,379,814	\$5,148,785
10	Operating Expenses less Depreciation Expense	\$121,958,297	\$126,506,923	\$130,190,871
11	<u>Days Revenue in Patient Accounts Receivable</u>	49	46	52
12	Net Patient Accounts Receivable	\$ 13,890,772	\$ 14,398,367	\$ 17,201,535
13	Due From Third Party Payers	\$1,106,243	\$438,065	\$196,080
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,997,015	\$ 14,836,432	\$ 17,397,615
16	Total Net Patient Revenue	\$111,776,850	\$116,725,457	\$121,589,729
17	<u>Average Payment Period</u>	75	101	99
18	Total Current Liabilities	\$25,146,969	\$34,906,789	\$35,286,093
19	Total Operating Expenses	\$126,227,574	\$130,886,737	\$135,339,656
20	Depreciation Expense	\$4,269,277	\$4,379,814	\$5,148,785
21	Total Operating Expenses less Depreciation Expense	\$121,958,297	\$126,506,923	\$130,190,871

GRIFFIN HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	16.7	10.3	(5.9)
2	Total Net Assets	\$23,221,408	\$15,235,731	(\$9,416,956)
3	Total Assets	\$139,118,969	\$148,124,662	\$160,167,597
4	<u>Cash Flow to Total Debt Ratio</u>	6.1	(0.0)	1.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$922,590	(\$4,421,025)	(\$4,104,903)
6	Depreciation Expense	\$4,269,277	\$4,379,814	\$5,148,785
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,191,867	(\$41,211)	\$1,043,882
8	Total Current Liabilities	\$25,146,969	\$34,906,789	\$35,286,093
9	Total Long Term Debt	\$59,507,994	\$56,988,702	\$54,070,257
10	Total Current Liabilities and Total Long Term Debt	\$84,654,963	\$91,895,491	\$89,356,350
11	<u>Long Term Debt to Capitalization Ratio</u>	71.9	78.9	121.1
12	Total Long Term Debt	\$59,507,994	\$56,988,702	\$54,070,257
13	Total Net Assets	\$23,221,408	\$15,235,731	(\$9,416,956)
14	Total Long Term Debt and Total Net Assets	\$82,729,402	\$72,224,433	\$44,653,301

GRIFFIN HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	22,930	63	118	99.7%	53.2%
2	ICU/CCU (Excludes Neonatal ICU)	3,312	10	14	90.7%	64.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,836	11	16	95.5%	65.7%
	TOTAL PSYCHIATRIC	3,836	11	16	95.5%	65.7%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	1,857	6	12	84.8%	42.4%
7	Newborn	1,646	5	20	90.2%	22.5%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	31,935	90	160	97.2%	54.7%
	TOTAL INPATIENT BED UTILIZATION	33,581	95	180	96.8%	51.1%
	TOTAL INPATIENT REPORTED YEAR	33,581	95	180	96.8%	51.1%
	TOTAL INPATIENT PRIOR YEAR	34,817	97	180	98.3%	53.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,236	-2	0	-1.5%	-1.9%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-4%	-2%	0%	-2%	-4%
	Total Licensed Beds and Bassinets	180				
(A) This number may not exceed the number of available beds for each department or in total.						

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	5,288	5,438	150	3%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,565	5,757	192	3%
3	Emergency Department Scans	5,063	5,887	824	16%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	15,916	17,082	1,166	7%
B. MRI Scans (A)					
1	Inpatient Scans	551	468	-83	-15%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,169	3,328	159	5%
3	Emergency Department Scans	26	45	19	73%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,746	3,841	95	3%
C. PET Scans (A)					
1	Inpatient Scans	1	2	1	100%
2	Outpatient Scans (Excluding Emergency Department Scans)	269	249	-20	-7%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	270	251	-19	-7%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	133	133	0%
2	Outpatient Procedures	0	4,107	4,107	0%
	Total Linear Accelerator Procedures	0	4,240	4,240	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,333	1,279	-54	-4%
2	Outpatient Surgical Procedures	2,919	2,857	-62	-2%
	Total Surgical Procedures	4,252	4,136	-116	-3%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	369	367	-2	-1%
2	Outpatient Endoscopy Procedures	2,929	2,982	53	2%
	Total Endoscopy Procedures	3,298	3,349	51	2%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	5,413	5,426	13	0%
2	Emergency Room Visits: Treated and Discharged	33,483	33,789	306	1%
	Total Emergency Room Visits	38,896	39,215	319	1%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	6,620	6,397	-223	-3%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	5,596	5,674	78	1%
4	Medical Clinic Visits	350	129	-221	-63%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	12,566	12,200	-366	-3%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	10,002	10,828	826	8%
2	Cardiology	2,497	2,961	464	19%
3	Chemotherapy	955	990	35	4%
4	Gastroenterology	0	0	0	0%
5	Other Outpatient Visits	48,648	49,253	605	1%
	Total Other Hospital Outpatient Visits	62,102	64,032	1,930	3%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	248.0	278.3	30.3	12%
2	Total Physician FTEs	68.0	63.1	-4.9	-7%
3	Total Non-Nursing and Non-Physician FTEs	579.0	587.7	8.7	2%
	Total Hospital Full Time Equivalent Employees	895.0	929.1	34.1	4%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	GRIFFIN HOSPITAL	2,919	2,857	-62	-2%
	Total Outpatient Surgical Procedures(A)	2,919	2,857	-62	-2%
B. Outpatient Endoscopy Procedures					
1	GRIFFIN HOSPITAL	2,929	2,982	53	2%
	Total Outpatient Endoscopy Procedures(B)	2,929	2,982	53	2%
C. Outpatient Hospital Emergency Room Visits					
1	GRIFFIN HOSPITAL	33,483	33,789	306	1%
	Total Outpatient Hospital Emergency Room Visits(C)	33,483	33,789	306	1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$100,980,961	\$103,908,058	\$2,927,097	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,127,902	\$38,260,545	\$132,643	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.76%	36.82%	-0.94%	-2%
4	DISCHARGES	3,594	3,622	28	1%
5	CASE MIX INDEX (CMI)	1.32394	1.33762	0.01368	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,758,24036	4,844,85964	86,61928	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,013.03	\$7,897.14	(\$115.88)	-1%
8	PATIENT DAYS	19,370	18,712	(658)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,968.40	\$2,044.71	\$76.31	4%
10	AVERAGE LENGTH OF STAY	5.4	5.2	(0.2)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$51,066,053	\$59,549,346	\$8,483,293	17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,510,027	\$13,182,942	\$672,915	5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.50%	22.14%	-2.36%	-10%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	50.57%	57.31%	6.74%	13%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,817,48512	2,075,75558	258,27046	14%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,883.15	\$6,350.91	(\$532.24)	-8%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$152,047,014	\$163,457,404	\$11,410,390	8%
18	TOTAL ACCRUED PAYMENTS	\$50,637,929	\$51,443,487	\$805,558	2%
19	TOTAL ALLOWANCES	\$101,409,085	\$112,013,917	\$10,604,832	10%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$53,239,560	\$52,187,742	(\$1,051,818)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,059,897	\$19,689,370	\$629,473	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.80%	37.73%	1.93%	5%
4	DISCHARGES	2,821	2,727	(94)	-3%
5	CASE MIX INDEX (CMI)	0.93915	0.95431	0.01516	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,649.34215	2,602.40337	(46.93878)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,194.20	\$7,565.84	\$371.64	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$818.83	\$331.30	(\$487.52)	-60%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,169,350	\$862,179	(\$1,307,170)	-60%
10	PATIENT DAYS	10,551	9,867	(684)	-6%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,806.45	\$1,995.48	\$189.02	10%
12	AVERAGE LENGTH OF STAY	3.7	3.6	(0.1)	-3%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$83,458,897	\$95,460,096	\$12,001,199	14%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$28,813,206	\$32,018,163	\$3,204,957	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.52%	33.54%	-0.98%	-3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	156.76%	182.92%	26.16%	17%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,422.22942	4,988.13844	565.90902	13%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,515.54	\$6,418.86	(\$96.68)	-1%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$367.61	(\$67.95)	(\$435.56)	-118%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,625,673	(\$338,932)	(\$1,964,605)	-121%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$136,698,457	\$147,647,838	\$10,949,381	8%
22	TOTAL ACCRUED PAYMENTS	\$47,873,103	\$51,707,533	\$3,834,430	8%
23	TOTAL ALLOWANCES	\$88,825,354	\$95,940,305	\$7,114,951	8%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,795,022	\$523,247	(\$3,271,776)	-86%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$127,679,767	\$137,125,385	\$9,445,618	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$48,607,907	\$53,243,598	\$4,635,691	10%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$79,071,860	\$83,881,787	\$4,809,927	6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.93%	61.17%	-0.76%	

GRIFFIN HOSPITAL					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,820,617	\$3,534,949	\$714,332	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,038,631	\$1,331,824	\$293,193	28%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.82%	37.68%	0.85%	2%
4	DISCHARGES	85	89	4	5%
5	CASE MIX INDEX (CMI)	0.98249	0.97439	(0.00810)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	83.51165	86.72071	3.20906	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,436.96	\$15,357.62	\$2,920.66	23%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	(\$5,242.76)	(\$7,791.78)	(\$2,549.02)	49%
9	MEDICARE - UNINSURED IP PMT / CMAD	(\$4,423.93)	(\$7,460.48)	(\$3,036.55)	69%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$369,450)	(\$646,978)	(\$277,528)	75%
11	PATIENT DAYS	353	459	106	30%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,942.30	\$2,901.58	(\$40.72)	-1%
13	AVERAGE LENGTH OF STAY	4.2	5.2	1.0	24%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,198,073	\$6,987,504	\$789,431	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,690,261	\$1,414,373	(\$275,888)	-16%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.27%	20.24%	-7.03%	-26%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	219.74%	197.67%	-22.07%	-10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	186.78048	175.92555	(10.85493)	-6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,049.45	\$8,039.61	(\$1,009.84)	-11%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	(\$2,533.91)	(\$1,620.75)	\$913.16	-36%
21	MEDICARE - UNINSURED OP PMT / OPED	(\$2,166.30)	(\$1,688.70)	\$477.60	-22%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$404,622)	(\$297,085)	\$107,537	-27%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$9,018,690	\$10,522,453	\$1,503,763	17%
24	TOTAL ACCRUED PAYMENTS	\$2,728,892	\$2,746,197	\$17,305	1%
25	TOTAL ALLOWANCES	\$6,289,798	\$7,776,256	\$1,486,458	24%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$774,072)	(\$944,063)	(\$169,991)	22%

GRIFFIN HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$12,517,019	\$14,971,910	\$2,454,891	20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,050,558	\$4,694,083	\$643,525	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.36%	31.35%	-1.01%	-3%
4	DISCHARGES	1,008	1,024	16	2%
5	CASE MIX INDEX (CMI)	0.71448	0.76856	0.05408	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	720.19584	787.00544	66.80960	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,624.25	\$5,964.49	\$340.24	6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,569.95	\$1,601.35	\$31.40	2%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,388.78	\$1,932.66	(\$456.12)	-19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,720,390	\$1,521,011	(\$199,379)	-12%
11	PATIENT DAYS	3,978	4,139	161	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,018.24	\$1,134.11	\$115.87	11%
13	AVERAGE LENGTH OF STAY	3.9	4.0	0.1	2%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$13,162,376	\$16,745,465	\$3,583,089	27%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,145,014	\$3,943,322	\$798,308	25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.89%	23.55%	-0.35%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	105.16%	111.85%	6.69%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,059.97083	1,145.30185	85.33102	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,967.08	\$3,443.04	\$475.97	16%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,548.46	\$2,975.82	(\$572.64)	-16%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,916.08	\$2,907.87	(\$1,008.21)	-26%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,150,927	\$3,330,390	(\$820,537)	-20%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$25,679,395	\$31,717,375	\$6,037,980	24%
24	TOTAL ACCRUED PAYMENTS	\$7,195,572	\$8,637,405	\$1,441,833	20%
25	TOTAL ALLOWANCES	\$18,483,823	\$23,079,970	\$4,596,147	25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,871,316	\$4,851,401	(\$1,019,916)	-17%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$5,418,870	\$5,952,722	\$533,852	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$979,852	\$968,163	(\$11,689)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.08%	16.26%	-1.82%	-10%
4	DISCHARGES	171	154	(17)	-10%
5	CASE MIX INDEX (CMI)	0.94763	1.09785	0.15022	16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	162.04473	169.06890	7.02417	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,046.80	\$5,726.44	(\$320.36)	-5%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$1,147.40	\$1,839.40	\$692.00	60%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,966.23	\$2,170.70	\$204.48	10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$318,617	\$366,998	\$48,382	15%
11	PATIENT DAYS	847	847	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,156.85	\$1,143.05	(\$13.80)	-1%
13	AVERAGE LENGTH OF STAY	5.0	5.5	0.5	11%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,385,243	\$4,355,980	\$970,737	29%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$719,350	\$994,387	\$275,037	38%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.25%	22.83%	1.58%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	62.47%	73.18%	10.70%	17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	106.82606	112.69146	5.86539	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,733.84	\$8,823.98	\$2,090.13	31%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	(\$218.31)	(\$2,405.12)	(\$2,186.81)	1002%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$149.31	(\$2,473.07)	(\$2,622.37)	-1756%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,950	(\$278,693)	(\$294,643)	-1847%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$8,804,113	\$10,308,702	\$1,504,589	17%
24	TOTAL ACCRUED PAYMENTS	\$1,699,202	\$1,962,550	\$263,348	15%
25	TOTAL ALLOWANCES	\$7,104,911	\$8,346,152	\$1,241,241	17%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$334,567	\$88,305	(\$246,262)	-74%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$17,935,889	\$20,924,632	\$2,988,743	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,030,410	\$5,662,246	\$631,836	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.05%	27.06%	-0.99%	-4%
4	DISCHARGES	1,179	1,178	(1)	0%
5	CASE MIX INDEX (CMI)	0.74830	0.81161	0.06331	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	882.24057	956.07434	73.83377	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,701.86	\$5,922.39	\$220.53	4%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,492.34	\$1,643.45	\$151.11	10%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,311.17	\$1,974.75	(\$336.42)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,039,006	\$1,888,009	(\$150,997)	-7%
11	PATIENT DAYS	4,825	4,986	161	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,042.57	\$1,135.63	\$93.06	9%
13	AVERAGE LENGTH OF STAY	4.1	4.2	0.1	3%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$16,547,619	\$21,101,445	\$4,553,826	28%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,864,364	\$4,937,709	\$1,073,345	28%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.35%	23.40%	0.05%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	92.26%	100.84%	8.59%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,166.79689	1,257.99330	91.19641	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,311.94	\$3,925.07	\$613.13	19%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,203.60	\$2,493.79	(\$709.80)	-22%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,571.21	\$2,425.84	(\$1,145.37)	-32%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,166,877	\$3,051,696	(\$1,115,180)	-27%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$34,483,508	\$42,026,077	\$7,542,569	22%
24	TOTAL ACCRUED PAYMENTS	\$8,894,774	\$10,599,955	\$1,705,181	19%
25	TOTAL ALLOWANCES	\$25,588,734	\$31,426,122	\$5,837,388	23%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$247,629	\$84,872	(\$162,757)	-66%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$76,516	\$30,178	(\$46,338)	-61%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.90%	35.56%	4.66%	15%
4	DISCHARGES	23	6	(17)	-74%
5	CASE MIX INDEX (CMI)	0.65098	0.47225	(0.17873)	-27%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14.97254	2.83350	(12.13904)	-81%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,110.42	\$10,650.43	\$5,540.01	108%
8	PATIENT DAYS	71	16	(55)	-77%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,077.69	\$1,886.13	\$808.43	75%
10	AVERAGE LENGTH OF STAY	3.1	2.7	(0.4)	-14%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$218,900	\$256,731	\$37,831	17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$80,548	\$84,855	\$4,307	5%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$466,529	\$341,603	(\$124,926)	-27%
14	TOTAL ACCRUED PAYMENTS	\$157,064	\$115,033	(\$42,031)	-27%
15	TOTAL ALLOWANCES	\$309,465	\$226,570	(\$82,895)	-27%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$3,093,792	\$3,255,934	\$162,142	5%
2	TOTAL OPERATING EXPENSES	\$116,164,408	\$119,759,030	\$3,594,622	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$591,966	\$595,446	\$3,480	1%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,748,198	\$5,752,621	\$4,004,423	229%
5	BAD DEBTS (CHARGES)	\$8,005,302	\$6,305,896	(\$1,699,406)	-21%
6	UNCOMPENSATED CARE (CHARGES)	\$9,753,500	\$12,058,517	\$2,305,017	24%
7	COST OF UNCOMPENSATED CARE	\$3,258,890	\$3,904,784	\$645,894	20%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$34,483,508	\$42,026,077	\$7,542,569	22%
9	TOTAL ACCRUED PAYMENTS	\$8,894,774	\$10,599,955	\$1,705,181	19%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$11,521,809	\$13,608,867	\$2,087,057	18%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,627,035	\$3,008,912	\$381,876	15%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$172,404,039	\$177,105,304	\$4,701,265	3%
2	TOTAL INPATIENT PAYMENTS	\$62,294,725	\$63,642,339	\$1,347,614	2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	36.13%	35.93%	-0.20%	-1%
4	TOTAL DISCHARGES	7,617	7,533	(84)	-1%
5	TOTAL CASE MIX INDEX	1.09030	1.11591	0.02562	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,304.79562	8,406.17085	101.37523	1%
7	TOTAL OUTPATIENT CHARGES	\$151,291,469	\$176,367,618	\$25,076,149	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	87.75%	99.58%	11.83%	13%
9	TOTAL OUTPATIENT PAYMENTS	\$45,268,145	\$50,223,669	\$4,955,524	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.92%	28.48%	-1.44%	-5%
11	TOTAL CHARGES	\$323,695,508	\$353,472,922	\$29,777,414	9%
12	TOTAL PAYMENTS	\$107,562,870	\$113,866,008	\$6,303,138	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	33.23%	32.21%	-1.02%	-3%
14	PATIENT DAYS	34,817	33,581	(1,236)	-4%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$119,164,479	\$124,917,562	\$5,753,083	5%
2	INPATIENT PAYMENTS	\$43,234,828	\$43,952,969	\$718,141	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	36.28%	35.19%	-1.10%	-3%
4	DISCHARGES	4,796	4,806	10	0%
5	CASE MIX INDEX	1.17920	1.20761	0.02841	2%
6	CASE MIX ADJUSTED DISCHARGES	5,655.45347	5,803.76748	148.31401	3%
7	OUTPATIENT CHARGES	\$67,832,572	\$80,907,522	\$13,074,950	19%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	56.92%	64.77%	7.85%	14%
9	OUTPATIENT PAYMENTS	\$16,454,939	\$18,205,506	\$1,750,567	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.26%	22.50%	-1.76%	-7%
11	TOTAL CHARGES	\$186,997,051	\$205,825,084	\$18,828,033	10%
12	TOTAL PAYMENTS	\$59,689,767	\$62,158,475	\$2,468,708	4%
13	TOTAL PAYMENTS / CHARGES	31.92%	30.20%	-1.72%	-5%
14	PATIENT DAYS	24,266	23,714	(552)	-2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$127,307,284	\$143,666,609	\$16,359,325	13%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.4	5.2	(0.2)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.6	(0.1)	-3%
3	UNINSURED	4.2	5.2	1.0	24%
4	MEDICAID	3.9	4.0	0.1	2%
5	OTHER MEDICAL ASSISTANCE	5.0	5.5	0.5	11%
6	CHAMPUS / TRICARE	3.1	2.7	(0.4)	-14%
7	TOTAL AVERAGE LENGTH OF STAY	4.6	4.5	(0.1)	-2%

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$323,695,508	\$353,472,922	\$29,777,414	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$127,307,284	\$143,666,609	\$16,359,325	13%
3	UNCOMPENSATED CARE	\$9,753,500	\$12,058,517	\$2,305,017	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$79,071,860	\$83,881,787	\$4,809,927	6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$216,132,644	\$239,606,913	\$23,474,269	11%
7	TOTAL ACCRUED PAYMENTS	\$107,562,864	\$113,866,009	\$6,303,145	6%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$591,966	\$595,446	\$3,480	1%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$108,154,830	\$114,461,455	\$6,306,625	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3341252113	0.3238195853	(0.0103056260)	-3%
11	COST OF UNCOMPENSATED CARE	\$3,258,890	\$3,904,784	\$645,894	20%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,627,035	\$3,008,912	\$381,876	15%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,885,926	\$6,913,696	\$1,027,770	17%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$4,150,927	\$3,330,390	(\$820,537)	-20%
2	OTHER MEDICAL ASSISTANCE	\$334,567	\$88,305	(\$246,262)	-74%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$774,072)	(\$944,063)	(\$169,991)	22%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,711,421	\$2,474,631	(\$1,236,790)	-33%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$6,851,922	\$4,850,843	(\$2,001,079)	-29.20%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$115,006,758	\$119,312,297	\$4,305,539	3.74%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$323,695,513	\$353,472,922	\$29,777,409	9.20%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$9,753,500	\$12,058,517	\$2,305,017	23.63%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$53,239,560	\$52,187,742	(\$1,051,818)
2	MEDICARE	\$100,980,961	103,908,058	\$2,927,097
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,935,889	20,924,632	\$2,988,743
4	MEDICAID	\$12,517,019	14,971,910	\$2,454,891
5	OTHER MEDICAL ASSISTANCE	\$5,418,870	5,952,722	\$533,852
6	CHAMPUS / TRICARE	\$247,629	84,872	(\$162,757)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,820,617	3,534,949	\$714,332
	TOTAL INPATIENT GOVERNMENT CHARGES	\$119,164,479	\$124,917,562	\$5,753,083
	TOTAL INPATIENT CHARGES	\$172,404,039	\$177,105,304	\$4,701,265
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$83,458,897	\$95,460,096	\$12,001,199
2	MEDICARE	\$51,066,053	59,549,346	\$8,483,293
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,547,619	21,101,445	\$4,553,826
4	MEDICAID	\$13,162,376	16,745,465	\$3,583,089
5	OTHER MEDICAL ASSISTANCE	\$3,385,243	4,355,980	\$970,737
6	CHAMPUS / TRICARE	\$218,900	256,731	\$37,831
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,198,073	6,987,504	\$789,431
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$67,832,572	\$80,907,522	\$13,074,950
	TOTAL OUTPATIENT CHARGES	\$151,291,469	\$176,367,618	\$25,076,149
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$136,698,457	\$147,647,838	\$10,949,381
2	TOTAL MEDICARE	\$152,047,014	\$163,457,404	\$11,410,390
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,483,508	\$42,026,077	\$7,542,569
4	TOTAL MEDICAID	\$25,679,395	\$31,717,375	\$6,037,980
5	TOTAL OTHER MEDICAL ASSISTANCE	\$8,804,113	\$10,308,702	\$1,504,589
6	TOTAL CHAMPUS / TRICARE	\$466,529	\$341,603	(\$124,926)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,018,690	\$10,522,453	\$1,503,763
	TOTAL GOVERNMENT CHARGES	\$186,997,051	\$205,825,084	\$18,828,033
	TOTAL CHARGES	\$323,695,508	\$353,472,922	\$29,777,414
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,059,897	\$19,689,370	\$629,473
2	MEDICARE	\$38,127,902	38,260,545	\$132,643
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,030,410	5,662,246	\$631,836
4	MEDICAID	\$4,050,558	4,694,083	\$643,525
5	OTHER MEDICAL ASSISTANCE	\$979,852	968,163	(\$11,689)
6	CHAMPUS / TRICARE	\$76,516	30,178	(\$46,338)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,038,631	1,331,824	\$293,193
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$43,234,828	\$43,952,969	\$718,141
	TOTAL INPATIENT PAYMENTS	\$62,294,725	\$63,642,339	\$1,347,614
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$28,813,206	\$32,018,163	\$3,204,957
2	MEDICARE	\$12,510,027	13,182,942	\$672,915
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,864,364	4,937,709	\$1,073,345
4	MEDICAID	\$3,145,014	3,943,322	\$798,308
5	OTHER MEDICAL ASSISTANCE	\$719,350	994,387	\$275,037
6	CHAMPUS / TRICARE	\$80,548	84,855	\$4,307
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,690,261	1,414,373	(\$275,888)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$16,454,939	\$18,205,506	\$1,750,567
	TOTAL OUTPATIENT PAYMENTS	\$45,268,145	\$50,223,669	\$4,955,524
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$47,873,103	\$51,707,533	\$3,834,430
2	TOTAL MEDICARE	\$50,637,929	\$51,443,487	\$805,558
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,894,774	\$10,599,955	\$1,705,181
4	TOTAL MEDICAID	\$7,195,572	\$8,637,405	\$1,441,833
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,699,202	\$1,962,550	\$263,348
6	TOTAL CHAMPUS / TRICARE	\$157,064	\$115,033	(\$42,031)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,728,892	\$2,746,197	\$17,305
	TOTAL GOVERNMENT PAYMENTS	\$59,689,767	\$62,158,475	\$2,468,708
	TOTAL PAYMENTS	\$107,562,870	\$113,866,008	\$6,303,138

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.45%	14.76%	-1.68%
2	MEDICARE	31.20%	29.40%	-1.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.54%	5.92%	0.38%
4	MEDICAID	3.87%	4.24%	0.37%
5	OTHER MEDICAL ASSISTANCE	1.67%	1.68%	0.01%
6	CHAMPUS / TRICARE	0.08%	0.02%	-0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.87%	1.00%	0.13%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	36.81%	35.34%	-1.47%
	TOTAL INPATIENT PAYER MIX	53.26%	50.10%	-3.16%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.78%	27.01%	1.22%
2	MEDICARE	15.78%	16.85%	1.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.11%	5.97%	0.86%
4	MEDICAID	4.07%	4.74%	0.67%
5	OTHER MEDICAL ASSISTANCE	1.05%	1.23%	0.19%
6	CHAMPUS / TRICARE	0.07%	0.07%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.91%	1.98%	0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.96%	22.89%	1.93%
	TOTAL OUTPATIENT PAYER MIX	46.74%	49.90%	3.16%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.72%	17.29%	-0.43%
2	MEDICARE	35.45%	33.60%	-1.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.68%	4.97%	0.30%
4	MEDICAID	3.77%	4.12%	0.36%
5	OTHER MEDICAL ASSISTANCE	0.91%	0.85%	-0.06%
6	CHAMPUS / TRICARE	0.07%	0.03%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97%	1.17%	0.20%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	40.19%	38.60%	-1.59%
	TOTAL INPATIENT PAYER MIX	57.91%	55.89%	-2.02%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.79%	28.12%	1.33%
2	MEDICARE	11.63%	11.58%	-0.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.59%	4.34%	0.74%
4	MEDICAID	2.92%	3.46%	0.54%
5	OTHER MEDICAL ASSISTANCE	0.67%	0.87%	0.20%
6	CHAMPUS / TRICARE	0.07%	0.07%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.57%	1.24%	-0.33%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.30%	15.99%	0.69%
	TOTAL OUTPATIENT PAYER MIX	42.09%	44.11%	2.02%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,821	2,727	(94)
2	MEDICARE	3,594	3,622	28
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,179	1,178	(1)
4	MEDICAID	1,008	1,024	16
5	OTHER MEDICAL ASSISTANCE	171	154	(17)
6	CHAMPUS / TRICARE	23	6	(17)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	85	89	4
	TOTAL GOVERNMENT DISCHARGES	4,796	4,806	10
	TOTAL DISCHARGES	7,617	7,533	(84)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,551	9,867	(684)
2	MEDICARE	19,370	18,712	(658)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,825	4,986	161
4	MEDICAID	3,978	4,139	161
5	OTHER MEDICAL ASSISTANCE	847	847	-
6	CHAMPUS / TRICARE	71	16	(55)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	353	459	106
	TOTAL GOVERNMENT PATIENT DAYS	24,266	23,714	(552)
	TOTAL PATIENT DAYS	34,817	33,581	(1,236)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.6	(0.1)
2	MEDICARE	5.4	5.2	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.1	4.2	0.1
4	MEDICAID	3.9	4.0	0.1
5	OTHER MEDICAL ASSISTANCE	5.0	5.5	0.5
6	CHAMPUS / TRICARE	3.1	2.7	(0.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.2	5.2	1.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.1	4.9	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.6	4.5	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.93915	0.95431	0.01516
2	MEDICARE	1.32394	1.33762	0.01368
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.74830	0.81161	0.06331
4	MEDICAID	0.71448	0.76856	0.05408
5	OTHER MEDICAL ASSISTANCE	0.94763	1.09785	0.15022
6	CHAMPUS / TRICARE	0.65098	0.47225	(0.17873)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98249	0.97439	(0.00810)
	TOTAL GOVERNMENT CASE MIX INDEX	1.17920	1.20761	0.02841
	TOTAL CASE MIX INDEX	1.09030	1.11591	0.02562
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$127,679,767	\$137,125,385	\$9,445,618
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$48,607,907	\$53,243,598	\$4,635,691
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$79,071,860	\$83,881,787	\$4,809,927
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.93%	61.17%	-0.76%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$591,966	\$595,446	\$3,480
8	CHARITY CARE	\$1,748,198	\$5,752,621	\$4,004,423
9	BAD DEBTS	\$8,005,302	\$6,305,896	(\$1,699,406)
10	TOTAL UNCOMPENSATED CARE	\$9,753,500	\$12,058,517	\$2,305,017
11	TOTAL OTHER OPERATING REVENUE	\$127,679,767	\$137,125,385	\$9,445,618
12	TOTAL OPERATING EXPENSES	\$116,164,408	\$119,759,030	\$3,594,622

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>	<u>AMOUNT DIFFERENCE</u>

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,649.34215	2,602.40337	(46.93878)
2	MEDICARE	4,758.24036	4,844.85964	86.61928
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	882.24057	956.07434	73.83377
4	MEDICAID	720.19584	787.00544	66.80960
5	OTHER MEDICAL ASSISTANCE	162.04473	169.06890	7.02417
6	CHAMPUS / TRICARE	14.97254	2.83350	(12.13904)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	83.51165	86.72071	3.20906
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,655.45347	5,803.76748	148.31401
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,304.79562	8,406.17085	101.37523
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,422.22942	4,988.13844	565.90902
2	MEDICARE	1,817.48512	2,075.75558	258.27046
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,166.79689	1,257.99330	91.19641
4	MEDICAID	1,059.97083	1,145.30185	85.33102
5	OTHER MEDICAL ASSISTANCE	106.82606	112.69146	5.86539
6	CHAMPUS / TRICARE	20.33163	18.14952	-2.18211
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	186.78048	175.92555	-10.85493
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	3,004.61364	3,351.89840	347.28476
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	7,426.84306	8,340.03684	913.19378
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,194.20	\$7,565.84	\$371.64
2	MEDICARE	\$8,013.03	\$7,897.14	(\$115.88)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,701.86	\$5,922.39	\$220.53
4	MEDICAID	\$5,624.25	\$5,964.49	\$340.24
5	OTHER MEDICAL ASSISTANCE	\$6,046.80	\$5,726.44	(\$320.36)
6	CHAMPUS / TRICARE	\$5,110.42	\$10,650.43	\$5,540.01
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,436.96	\$15,357.62	\$2,920.66
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,644.80	\$7,573.18	(\$71.62)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,501.05	\$7,570.91	\$69.85
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,515.54	\$6,418.86	(\$96.68)
2	MEDICARE	\$6,883.15	\$6,350.91	(\$532.24)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,311.94	\$3,925.07	\$613.13
4	MEDICAID	\$2,967.08	\$3,443.04	\$475.97
5	OTHER MEDICAL ASSISTANCE	\$6,733.84	\$8,823.98	\$2,090.13
6	CHAMPUS / TRICARE	\$3,961.71	\$4,675.33	\$713.62
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,049.45	\$8,039.61	(\$1,009.84)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,476.56	\$5,431.40	(\$45.16)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,095.21	\$6,022.00	(\$73.21)

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$4,150,927	\$3,330,390	(\$820,537)
2	OTHER MEDICAL ASSISTANCE	\$334,567	\$88,305	(\$246,262)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	(\$774,072)	(\$944,063)	(\$169,991)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,711,421	\$2,474,631	(\$1,236,790)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$323,695,508	\$353,472,922	\$29,777,414
2	TOTAL GOVERNMENT DEDUCTIONS	\$127,307,284	\$143,666,609	\$16,359,325
3	UNCOMPENSATED CARE	\$9,753,500	\$12,058,517	\$2,305,017
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$79,071,860	\$83,881,787	\$4,809,927
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$216,132,644	\$239,606,913	\$23,474,269
7	TOTAL ACCRUED PAYMENTS	\$107,562,864	\$113,866,009	\$6,303,145
8	UCP DSH PAYMENTS (OHCA INPUT)	\$591,966	\$595,446	\$3,480
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$108,154,830	\$114,461,455	\$6,306,625
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3341252113	0.3238195853	(0.0103056260)
11	COST OF UNCOMPENSATED CARE	\$3,258,890	\$3,904,784	\$645,894
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,627,035	\$3,008,912	\$381,876
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,885,926	\$6,913,696	\$1,027,770
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.80%	37.73%	1.93%
2	MEDICARE	37.76%	36.82%	-0.94%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.05%	27.06%	-0.99%
4	MEDICAID	32.36%	31.35%	-1.01%
5	OTHER MEDICAL ASSISTANCE	18.08%	16.26%	-1.82%
6	CHAMPUS / TRICARE	30.90%	35.56%	4.66%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	36.82%	37.68%	0.85%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	36.28%	35.19%	-1.10%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	36.13%	35.93%	-0.20%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.52%	33.54%	-0.98%
2	MEDICARE	24.50%	22.14%	-2.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.35%	23.40%	0.05%
4	MEDICAID	23.89%	23.55%	-0.35%
5	OTHER MEDICAL ASSISTANCE	21.25%	22.83%	1.58%
6	CHAMPUS / TRICARE	36.80%	33.05%	-3.74%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	27.27%	20.24%	-7.03%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	24.26%	22.50%	-1.76%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.92%	28.48%	-1.44%

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$107,562,870	\$113,866,008	\$6,303,138
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$591,966	\$595,446	\$3,480
	OHCA DEFINED NET REVENUE	\$108,154,836	\$114,461,454	\$6,306,618
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,851,922	\$4,850,843	(\$2,001,079)
4	CALCULATED NET REVENUE	\$123,012,060	\$119,312,297	(\$3,699,763)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$115,006,758	\$119,312,297	\$4,305,539
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$8,005,302	\$0	(\$8,005,302)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$323,695,508	\$353,472,922	\$29,777,414
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$323,695,508	\$353,472,922	\$29,777,414
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$323,695,513	\$353,472,922	\$29,777,409
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$5)	\$0	\$5
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,753,500	\$12,058,517	\$2,305,017
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$9,753,500	\$12,058,517	\$2,305,017
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$9,753,500	\$12,058,517	\$2,305,017
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,187,742
2	MEDICARE	103,908,058
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,924,632
4	MEDICAID	14,971,910
5	OTHER MEDICAL ASSISTANCE	5,952,722
6	CHAMPUS / TRICARE	84,872
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,534,949
	TOTAL INPATIENT GOVERNMENT CHARGES	\$124,917,562
	TOTAL INPATIENT CHARGES	\$177,105,304
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$95,460,096
2	MEDICARE	59,549,346
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,101,445
4	MEDICAID	16,745,465
5	OTHER MEDICAL ASSISTANCE	4,355,980
6	CHAMPUS / TRICARE	256,731
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,987,504
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$80,907,522
	TOTAL OUTPATIENT CHARGES	\$176,367,618
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$147,647,838
2	TOTAL GOVERNMENT ACCRUED CHARGES	205,825,084
	TOTAL ACCRUED CHARGES	\$353,472,922
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$19,689,370
2	MEDICARE	38,260,545
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,662,246
4	MEDICAID	4,694,083
5	OTHER MEDICAL ASSISTANCE	968,163
6	CHAMPUS / TRICARE	30,178
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,331,824
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$43,952,969
	TOTAL INPATIENT PAYMENTS	\$63,642,339
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$32,018,163
2	MEDICARE	13,182,942
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,937,709
4	MEDICAID	3,943,322
5	OTHER MEDICAL ASSISTANCE	994,387
6	CHAMPUS / TRICARE	84,855
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,414,373
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$18,205,506
	TOTAL OUTPATIENT PAYMENTS	\$50,223,669
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$51,707,533
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	62,158,475
	TOTAL ACCRUED PAYMENTS	\$113,866,008

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,727
2	MEDICARE	3,622
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,178
4	MEDICAID	1,024
5	OTHER MEDICAL ASSISTANCE	154
6	CHAMPUS / TRICARE	6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	89
	TOTAL GOVERNMENT DISCHARGES	4,806
	TOTAL DISCHARGES	7,533
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.95431
2	MEDICARE	1.33762
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.81161
4	MEDICAID	0.76856
5	OTHER MEDICAL ASSISTANCE	1.09785
6	CHAMPUS / TRICARE	0.47225
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97439
	TOTAL GOVERNMENT CASE MIX INDEX	1.20761
	TOTAL CASE MIX INDEX	1.11591
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$137,125,385
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$53,243,598
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$83,881,787
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.17%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$595,446
8	CHARITY CARE	\$5,752,621
9	BAD DEBTS	\$6,305,896
10	TOTAL UNCOMPENSATED CARE	\$12,058,517
11	TOTAL OTHER OPERATING REVENUE	\$3,255,934
12	TOTAL OPERATING EXPENSES	\$119,759,030

GRIFFIN HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$113,866,008
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$595,446
	OHCA DEFINED NET REVENUE	\$114,461,454
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,850,843
	CALCULATED NET REVENUE	\$119,312,297
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$119,312,297
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$353,472,922
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$353,472,922
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$353,472,922
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,058,517
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,058,517
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,058,517
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

GRIFFIN HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	388	376	(12)	-3%
2	Number of Approved Applicants	359	311	(48)	-13%
3	Total Charges (A)	\$1,748,198	\$5,752,621	\$4,004,423	229%
4	Average Charges	\$4,870	\$18,497	\$13,628	280%
5	Ratio of Cost to Charges (RCC)	0.366034	0.355472	(0.010562)	-3%
6	Total Cost	\$639,900	\$2,044,896	\$1,404,996	220%
7	Average Cost	\$1,782	\$6,575	\$4,793	269%
8	Charity Care - Inpatient Charges	\$1,018,300	\$3,315,250	\$2,296,950	226%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	460,345	884,035	423,690	92%
10	Charity Care - Emergency Department Charges	269,553	1,553,336	1,283,783	476%
11	Total Charges (A)	\$1,748,198	\$5,752,621	\$4,004,423	229%
12	Charity Care - Number of Patient Days	1,635	4,105	2,470	151%
13	Charity Care - Number of Discharges	174	390	216	124%
14	Charity Care - Number of Outpatient ED Visits	579	1,995	1,416	245%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	882	1,720	838	95%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$4,268,964	\$2,506,445	(\$1,762,519)	-41%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	2,362,315	907,245	(1,455,070)	-62%
3	Bad Debts - Emergency Department	1,374,023	2,892,206	1,518,183	110%
4	Total Bad Debts (A)	\$8,005,302	\$6,305,896	(\$1,699,406)	-21%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,748,198	\$5,752,621	\$4,004,423	229%
2	Bad Debts (A)	8,005,302	6,305,896	(1,699,406)	-21%
3	Total Uncompensated Care (A)	\$9,753,500	\$12,058,517	\$2,305,017	24%
4	Uncompensated Care - Inpatient Services	\$5,287,264	\$5,821,695	\$534,431	10%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,822,660	1,791,280	(1,031,380)	-37%
6	Uncompensated Care - Emergency Department	1,643,576	4,445,542	2,801,966	170%
7	Total Uncompensated Care (A)	\$9,753,500	\$12,058,517	\$2,305,017	24%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$163,998,258	\$172,404,039	\$177,105,304
2	Outpatient Gross Revenue	\$142,645,239	\$151,291,469	\$176,367,618
3	Total Gross Patient Revenue	\$306,643,497	\$323,695,508	\$353,472,922
4	Net Patient Revenue	\$110,728,364	\$115,006,758	\$119,312,297
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$113,390,230	\$116,164,408	\$119,759,030
C. <u>Utilization Statistics</u>				
1	Patient Days	33,992	34,817	33,581
2	Discharges	7,817	7,617	7,533
3	Average Length of Stay	4.3	4.6	4.5
4	Equivalent (Adjusted) Patient Days (EPD)	63,558	65,370	67,022
0	Equivalent (Adjusted) Discharges (ED)	14,616	14,301	15,035
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.02609	1.09030	1.11591
2	Case Mix Adjusted Patient Days (CMAPD)	34,879	37,961	37,473
3	Case Mix Adjusted Discharges (CMAD)	8,021	8,305	8,406
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	65,216	71,273	74,791
5	Case Mix Adjusted Equivalent Discharges (CMAED)	14,998	15,593	16,777
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,021	\$9,297	\$10,526
2	Total Gross Revenue per Discharge	\$39,228	\$42,496	\$46,923
3	Total Gross Revenue per EPD	\$4,825	\$4,952	\$5,274
4	Total Gross Revenue per ED	\$20,980	\$22,634	\$23,511
5	Total Gross Revenue per CMAEPD	\$4,702	\$4,542	\$4,726
6	Total Gross Revenue per CMAED	\$20,446	\$20,760	\$21,068
7	Inpatient Gross Revenue per EPD	\$2,580	\$2,637	\$2,642
8	Inpatient Gross Revenue per ED	\$11,220	\$12,055	\$11,780

GRIFFIN HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,257	\$3,303	\$3,553
2	Net Patient Revenue per Discharge	\$14,165	\$15,099	\$15,839
3	Net Patient Revenue per EPD	\$1,742	\$1,759	\$1,780
4	Net Patient Revenue per ED	\$7,576	\$8,042	\$7,936
5	Net Patient Revenue per CMAEPD	\$1,698	\$1,614	\$1,595
6	Net Patient Revenue per CMAED	\$7,383	\$7,376	\$7,112
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,336	\$3,336	\$3,566
2	Total Operating Expense per Discharge	\$14,506	\$15,251	\$15,898
3	Total Operating Expense per EPD	\$1,784	\$1,777	\$1,787
4	Total Operating Expense per ED	\$7,758	\$8,123	\$7,966
5	Total Operating Expense per CMAEPD	\$1,739	\$1,630	\$1,601
6	Total Operating Expense per CMAED	\$7,561	\$7,450	\$7,138
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$15,593,503	\$15,864,900	\$17,033,289
2	Nursing Fringe Benefits Expense	\$3,965,294	\$3,795,573	\$4,526,561
3	Total Nursing Salary and Fringe Benefits Expense	\$19,558,797	\$19,660,473	\$21,559,850
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$5,477,453	\$6,979,406	\$6,156,928
2	Physician Fringe Benefits Expense	\$1,392,869	\$1,669,777	\$1,636,192
3	Total Physician Salary and Fringe Benefits Expense	\$6,870,322	\$8,649,183	\$7,793,120
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$28,663,065	\$28,697,744	\$30,325,007
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$7,288,771	\$6,865,748	\$8,058,813
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$35,951,836	\$35,563,492	\$38,383,820
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$49,734,021	\$51,542,050	\$53,515,224
2	Total Fringe Benefits Expense	\$12,646,934	\$12,331,098	\$14,221,566
3	Total Salary and Fringe Benefits Expense	\$62,380,955	\$63,873,148	\$67,736,790