

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$16,232,769	\$17,038,903	\$806,134	5%
2	Short Term Investments	\$98,453,853	\$99,233,961	\$780,108	1%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$33,459,260	\$27,664,974	(\$5,794,286)	-17%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$6,118,853	\$20,140,708	\$14,021,855	229%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,357,049	\$3,506,113	\$149,064	4%
8	Prepaid Expenses	\$1,906,505	\$2,312,579	\$406,074	21%
9	Other Current Assets	\$5,228,326	\$7,095,774	\$1,867,448	36%
	<b>Total Current Assets</b>	<b>\$164,756,615</b>	<b>\$176,993,012</b>	<b>\$12,236,397</b>	<b>7%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$12,999,368	\$12,678,851	(\$320,517)	-2%
2	Board Designated for Capital Acquisition	\$6,127	\$6,170	\$43	1%
3	Funds Held in Escrow	\$7,341,007	\$7,159,610	(\$181,397)	-2%
4	Other Noncurrent Assets Whose Use is Limited	\$20,948,581	\$19,988,415	(\$960,166)	-5%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$41,295,083</b>	<b>\$39,833,046</b>	<b>(\$1,462,037)</b>	<b>-4%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$2,989,857	\$2,779,069	(\$210,788)	-7%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$258,904,846	\$280,813,244	\$21,908,398	8%
2	Less: Accumulated Depreciation	\$165,554,432	\$180,112,432	\$14,558,000	9%
	<b>Property, Plant and Equipment, Net</b>	<b>\$93,350,414</b>	<b>\$100,700,812</b>	<b>\$7,350,398</b>	<b>8%</b>
3	Construction in Progress	\$7,377,180	\$5,352,416	(\$2,024,764)	-27%
	<b>Total Net Fixed Assets</b>	<b>\$100,727,594</b>	<b>\$106,053,228</b>	<b>\$5,325,634</b>	<b>5%</b>
	<b>Total Assets</b>	<b>\$309,769,149</b>	<b>\$325,658,355</b>	<b>\$15,889,206</b>	<b>5%</b>

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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>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$27,415,287	\$23,692,820	(\$3,722,467)	-14%
2	Salaries, Wages and Payroll Taxes	\$3,554,835	\$3,934,850	\$380,015	11%
3	Due To Third Party Payers	\$7,993,615	\$9,089,438	\$1,095,823	14%
4	Due To Affiliates	\$573,153	\$1,682,710	\$1,109,557	194%
5	Current Portion of Long Term Debt	\$2,515,000	\$2,640,000	\$125,000	5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$42,051,890</b>	<b>\$41,039,818</b>	<b>(\$1,012,072)</b>	<b>-2%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$68,250,000	\$65,610,000	(\$2,640,000)	-4%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$68,250,000</b>	<b>\$65,610,000</b>	<b>(\$2,640,000)</b>	<b>-4%</b>
3	Accrued Pension Liability	\$20,629,212	\$43,029,547	\$22,400,335	109%
4	Other Long Term Liabilities	\$11,764,379	\$12,202,253	\$437,874	4%
	<b>Total Long Term Liabilities</b>	<b>\$100,643,591</b>	<b>\$120,841,800</b>	<b>\$20,198,209</b>	<b>20%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$153,923,993	\$141,020,827	(\$12,903,166)	-8%
2	Temporarily Restricted Net Assets	\$7,541,451	\$17,210,797	\$9,669,346	128%
3	Permanently Restricted Net Assets	\$5,608,224	\$5,545,113	(\$63,111)	-1%
	<b>Total Net Assets</b>	<b>\$167,073,668</b>	<b>\$163,776,737</b>	<b>(\$3,296,931)</b>	<b>-2%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$309,769,149</b>	<b>\$325,658,355</b>	<b>\$15,889,206</b>	<b>5%</b>

LAWRENCE AND MEMORIAL 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
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$503,933,305	\$576,860,335	\$72,927,030	14%
2	Less: Allowances	\$236,618,554	\$293,963,616	\$57,345,062	24%
3	Less: Charity Care	\$4,316,427	\$4,820,444	\$504,017	12%
4	Less: Other Deductions	(\$2,187,817)	(\$2,050,177)	\$137,640	-6%
	<b>Total Net Patient Revenue</b>	<b>\$265,186,141</b>	<b>\$280,126,452</b>	<b>\$14,940,311</b>	<b>6%</b>
5	Other Operating Revenue	\$11,202,386	\$12,473,743	\$1,271,357	11%
6	Net Assets Released from Restrictions	\$422,147	\$460,320	\$38,173	9%
	<b>Total Operating Revenue</b>	<b>\$276,810,674</b>	<b>\$293,060,515</b>	<b>\$16,249,841</b>	<b>6%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$122,607,453	\$128,119,767	\$5,512,314	4%
2	Fringe Benefits	\$32,600,475	\$35,453,540	\$2,853,065	9%
3	Physicians Fees	\$980,092	\$863,866	(\$116,226)	-12%
4	Supplies and Drugs	\$31,279,126	\$33,522,703	\$2,243,577	7%
5	Depreciation and Amortization	\$14,187,153	\$15,891,356	\$1,704,203	12%
6	Bad Debts	\$16,989,650	\$15,090,955	(\$1,898,695)	-11%
7	Interest	\$3,359,213	\$2,570,991	(\$788,222)	-23%
8	Malpractice	\$3,355,337	\$2,544,096	(\$811,241)	-24%
9	Other Operating Expenses	\$44,439,123	\$43,473,461	(\$965,662)	-2%
	<b>Total Operating Expenses</b>	<b>\$269,797,622</b>	<b>\$277,530,735</b>	<b>\$7,733,113</b>	<b>3%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$7,013,052</b>	<b>\$15,529,780</b>	<b>\$8,516,728</b>	<b>121%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$1,675,251	(\$425,131)	(\$2,100,382)	-125%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$1,675,251</b>	<b>(\$425,131)</b>	<b>(\$2,100,382)</b>	<b>-125%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$8,688,303</b>	<b>\$15,104,649</b>	<b>\$6,416,346</b>	<b>74%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$8,688,303</b>	<b>\$15,104,649</b>	<b>\$6,416,346</b>	<b>74%</b>
	Principal Payments	\$0	\$2,515,000	\$2,515,000	0%

**LAWRENCE AND MEMORIAL 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
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$102,217,461	\$121,804,695	\$19,587,234	19%
2	MEDICARE MANAGED CARE	\$5,077,006	\$7,294,621	\$2,217,615	44%
3	MEDICAID	\$13,980,627	\$15,990,628	\$2,010,001	14%
4	MEDICAID MANAGED CARE	\$12,142,186	\$12,947,679	\$805,493	7%
5	CHAMPUS/TRICARE	\$10,370,361	\$10,035,789	(\$334,572)	-3%
6	COMMERCIAL INSURANCE	\$12,680,339	\$14,507,516	\$1,827,177	14%
7	NON-GOVERNMENT MANAGED CARE	\$52,209,243	\$52,243,952	\$34,709	0%
8	WORKER'S COMPENSATION	\$2,125,952	\$2,524,265	\$398,313	19%
9	SELF- PAY/UNINSURED	\$2,812,753	\$2,748,325	(\$64,428)	-2%
10	SAGA	\$5,136,942	\$7,829,156	\$2,692,214	52%
11	OTHER	\$603,305	\$772,941	\$169,636	28%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$219,356,175</b>	<b>\$248,699,567</b>	<b>\$29,343,392</b>	<b>13%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$74,659,796	\$86,221,856	\$11,562,060	15%
2	MEDICARE MANAGED CARE	\$4,712,345	\$7,684,767	\$2,972,422	63%
3	MEDICAID	\$10,127,088	\$12,188,180	\$2,061,092	20%
4	MEDICAID MANAGED CARE	\$18,129,766	\$22,807,388	\$4,677,622	26%
5	CHAMPUS/TRICARE	\$15,123,347	\$20,869,764	\$5,746,417	38%
6	COMMERCIAL INSURANCE	\$27,150,988	\$29,558,160	\$2,407,172	9%
7	NON-GOVERNMENT MANAGED CARE	\$113,567,576	\$124,414,923	\$10,847,347	10%
8	WORKER'S COMPENSATION	\$5,457,735	\$5,301,893	(\$155,842)	-3%
9	SELF- PAY/UNINSURED	\$9,465,086	\$10,231,553	\$766,467	8%
10	SAGA	\$5,503,008	\$8,112,430	\$2,609,422	47%
11	OTHER	\$680,395	\$769,854	\$89,459	13%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$284,577,130</b>	<b>\$328,160,768</b>	<b>\$43,583,638</b>	<b>15%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$176,877,257	\$208,026,551	\$31,149,294	18%
2	MEDICARE MANAGED CARE	\$9,789,351	\$14,979,388	\$5,190,037	53%
3	MEDICAID	\$24,107,715	\$28,178,808	\$4,071,093	17%
4	MEDICAID MANAGED CARE	\$30,271,952	\$35,755,067	\$5,483,115	18%
5	CHAMPUS/TRICARE	\$25,493,708	\$30,905,553	\$5,411,845	21%
6	COMMERCIAL INSURANCE	\$39,831,327	\$44,065,676	\$4,234,349	11%
7	NON-GOVERNMENT MANAGED CARE	\$165,776,819	\$176,658,875	\$10,882,056	7%
8	WORKER'S COMPENSATION	\$7,583,687	\$7,826,158	\$242,471	3%
9	SELF- PAY/UNINSURED	\$12,277,839	\$12,979,878	\$702,039	6%
10	SAGA	\$10,639,950	\$15,941,586	\$5,301,636	50%
11	OTHER	\$1,283,700	\$1,542,795	\$259,095	20%
	<b>TOTAL GROSS REVENUE</b>	<b>\$503,933,305</b>	<b>\$576,860,335</b>	<b>\$72,927,030</b>	<b>14%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$55,480,057	\$61,830,831	\$6,350,774	11%
2	MEDICARE MANAGED CARE	\$2,302,834	\$3,311,519	\$1,008,685	44%
3	MEDICAID	\$6,769,202	\$6,375,900	(\$393,302)	-6%
4	MEDICAID MANAGED CARE	\$3,424,083	\$4,049,299	\$625,216	18%
5	CHAMPUS/TRICARE	\$4,283,609	\$3,854,008	(\$429,601)	-10%
6	COMMERCIAL INSURANCE	\$6,315,941	\$8,519,085	\$2,203,144	35%
7	NON-GOVERNMENT MANAGED CARE	\$43,170,503	\$39,634,483	(\$3,536,020)	-8%
8	WORKER'S COMPENSATION	\$1,507,787	\$1,753,739	\$245,952	16%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$1,020,855	\$1,196,115	\$175,260	17%
11	OTHER	\$191,624	\$171,892	(\$19,732)	-10%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$124,466,495</b>	<b>\$130,696,871</b>	<b>\$6,230,376</b>	<b>5%</b>
<b>B. OUTPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$23,262,018	\$22,474,010	(\$788,008)	-3%
2	MEDICARE MANAGED CARE	\$1,511,249	\$2,039,263	\$528,014	35%

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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
3	MEDICAID	\$2,882,154	\$3,394,469	\$512,315	18%
4	MEDICAID MANAGED CARE	\$6,065,117	\$7,339,714	\$1,274,597	21%
5	CHAMPUS/TRICARE	\$6,138,695	\$6,968,304	\$829,609	14%
6	COMMERCIAL INSURANCE	\$14,272,976	\$16,730,953	\$2,457,977	17%
7	NON-GOVERNMENT MANAGED CARE	\$63,897,974	\$70,819,001	\$6,921,027	11%
8	WORKER'S COMPENSATION	\$3,669,756	\$3,578,847	(\$90,909)	-2%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$994,677	\$1,300,948	\$306,271	31%
11	OTHER	\$180,169	\$132,922	(\$47,247)	-26%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$122,874,785</b>	<b>\$134,778,431</b>	<b>\$11,903,646</b>	<b>10%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$78,742,075	\$84,304,841	\$5,562,766	7%
2	MEDICARE MANAGED CARE	\$3,814,083	\$5,350,782	\$1,536,699	40%
3	MEDICAID	\$9,651,356	\$9,770,369	\$119,013	1%
4	MEDICAID MANAGED CARE	\$9,489,200	\$11,389,013	\$1,899,813	20%
5	CHAMPUS/TRICARE	\$10,422,304	\$10,822,312	\$400,008	4%
6	COMMERCIAL INSURANCE	\$20,588,917	\$25,250,038	\$4,661,121	23%
7	NON-GOVERNMENT MANAGED CARE	\$107,068,477	\$110,453,484	\$3,385,007	3%
8	WORKER'S COMPENSATION	\$5,177,543	\$5,332,586	\$155,043	3%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$2,015,532	\$2,497,063	\$481,531	24%
11	OTHER	\$371,793	\$304,814	(\$66,979)	-18%
	<b>TOTAL NET REVENUE</b>	<b>\$247,341,280</b>	<b>\$265,475,302</b>	<b>\$18,134,022</b>	<b>7%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	6,076	6,123	47	1%
2	MEDICARE MANAGED CARE	264	375	111	42%
3	MEDICAID	1,052	1,001	(51)	-5%
4	MEDICAID MANAGED CARE	1,137	1,253	116	10%
5	CHAMPUS/TRICARE	965	867	(98)	-10%
6	COMMERCIAL INSURANCE	703	927	224	32%
7	NON-GOVERNMENT MANAGED CARE	4,174	3,501	(673)	-16%
8	WORKER'S COMPENSATION	82	96	14	17%
9	SELF- PAY/UNINSURED	245	217	(28)	-11%
10	SAGA	331	443	112	34%
11	OTHER	56	54	(2)	-4%
	<b>TOTAL DISCHARGES</b>	<b>15,085</b>	<b>14,857</b>	<b>(228)</b>	<b>-2%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	35,701	34,850	(851)	-2%
2	MEDICARE MANAGED CARE	1,529	1,784	255	17%
3	MEDICAID	5,725	5,719	(6)	0%
4	MEDICAID MANAGED CARE	3,743	4,077	334	9%
5	CHAMPUS/TRICARE	3,025	2,694	(331)	-11%
6	COMMERCIAL INSURANCE	3,738	3,450	(288)	-8%
7	NON-GOVERNMENT MANAGED CARE	14,872	12,876	(1,996)	-13%
8	WORKER'S COMPENSATION	279	359	80	29%
9	SELF- PAY/UNINSURED	914	801	(113)	-12%
10	SAGA	1,807	2,232	425	24%
11	OTHER	191	183	(8)	-4%
	<b>TOTAL PATIENT DAYS</b>	<b>71,524</b>	<b>69,025</b>	<b>(2,499)</b>	<b>-3%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	160,236	153,224	(7,012)	-4%
2	MEDICARE MANAGED CARE	8,292	11,737	3,445	42%
3	MEDICAID	15,721	14,822	(899)	-6%
4	MEDICAID MANAGED CARE	27,641	30,310	2,669	10%
5	CHAMPUS/TRICARE	19,003	18,903	(100)	-1%
6	COMMERCIAL INSURANCE	39,865	36,212	(3,653)	-9%
7	NON-GOVERNMENT MANAGED CARE	185,695	168,502	(17,193)	-9%
8	WORKER'S COMPENSATION	5,610	4,876	(734)	-13%

**LAWRENCE AND MEMORIAL HOSPITAL  
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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
9	SELF- PAY/UNINSURED	13,445	12,706	(739)	-5%
10	SAGA	6,751	7,924	1,173	17%
11	OTHER	2,079	1,532	(547)	-26%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>484,338</b>	<b>460,748</b>	<b>(23,590)</b>	<b>-5%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$10,866,763	\$12,664,802	\$1,798,039	17%
2	MEDICARE MANAGED CARE	\$492,061	\$842,139	\$350,078	71%
3	MEDICAID	\$3,649,901	\$4,654,308	\$1,004,407	28%
4	MEDICAID MANAGED CARE	\$7,359,754	\$10,037,429	\$2,677,675	36%
5	CHAMPUS/TRICARE	\$5,315,471	\$6,374,639	\$1,059,168	20%
6	COMMERCIAL INSURANCE	\$6,817,527	\$6,683,807	(\$133,720)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$19,587,011	\$21,573,595	\$1,986,584	10%
8	WORKER'S COMPENSATION	\$1,234,355	\$1,259,085	\$24,730	2%
9	SELF- PAY/UNINSURED	\$5,379,086	\$5,838,505	\$459,419	9%
10	SAGA	\$2,187,332	\$3,329,381	\$1,142,049	52%
11	OTHER	\$232,055	\$351,109	\$119,054	51%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$63,121,316</b>	<b>\$73,608,799</b>	<b>\$10,487,483</b>	<b>17%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$2,907,833	\$3,031,304	\$123,471	4%
2	MEDICARE MANAGED CARE	\$152,543	\$235,833	\$83,290	55%
3	MEDICAID	\$876,123	\$1,155,581	\$279,458	32%
4	MEDICAID MANAGED CARE	\$2,132,129	\$3,259,200	\$1,127,071	53%
5	CHAMPUS/TRICARE	\$2,658,645	\$2,908,502	\$249,857	9%
6	COMMERCIAL INSURANCE	\$3,548,890	\$3,791,929	\$243,039	7%
7	NON-GOVERNMENT MANAGED CARE	\$10,598,899	\$12,592,191	\$1,993,292	19%
8	WORKER'S COMPENSATION	\$842,942	\$965,995	\$123,053	15%
9	SELF- PAY/UNINSURED	\$0	\$194,798	\$194,798	0%
10	SAGA	\$352,664	\$475,376	\$122,712	35%
11	OTHER	\$61,311	\$90,162	\$28,851	47%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$24,131,979</b>	<b>\$28,700,871</b>	<b>\$4,568,892</b>	<b>19%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	10,281	9,954	(327)	-3%
2	MEDICARE MANAGED CARE	447	627	180	40%
3	MEDICAID	4,194	4,475	281	7%
4	MEDICAID MANAGED CARE	10,611	12,256	1,645	16%
5	CHAMPUS/TRICARE	6,604	6,786	182	3%
6	COMMERCIAL INSURANCE	7,224	6,196	(1,028)	-14%
7	NON-GOVERNMENT MANAGED CARE	22,239	20,307	(1,932)	-9%
8	WORKER'S COMPENSATION	1,686	1,515	(171)	-10%
9	SELF- PAY/UNINSURED	6,816	6,229	(587)	-9%
10	SAGA	2,752	3,424	672	24%
11	OTHER	234	325	91	39%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>73,088</b>	<b>72,094</b>	<b>(994)</b>	<b>-1%</b>

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$41,840,424	\$43,478,209	\$1,637,785	4%
2	Physician Salaries	\$3,783,245	\$2,902,131	(\$881,114)	-23%
3	Non-Nursing, Non-Physician Salaries	\$76,983,784	\$81,739,427	\$4,755,643	6%
	<b>Total Salaries &amp; Wages</b>	<b>\$122,607,453</b>	<b>\$128,119,767</b>	<b>\$5,512,314</b>	<b>4%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$11,125,080	\$12,031,371	\$906,291	8%
2	Physician Fringe Benefits	\$1,005,939	\$803,083	(\$202,856)	-20%
3	Non-Nursing, Non-Physician Fringe Benefits	\$20,469,456	\$22,619,086	\$2,149,630	11%
	<b>Total Fringe Benefits</b>	<b>\$32,600,475</b>	<b>\$35,453,540</b>	<b>\$2,853,065</b>	<b>9%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$496,614	\$401,231	(\$95,383)	-19%
2	Physician Fees	\$980,092	\$863,866	(\$116,226)	-12%
3	Non-Nursing, Non-Physician Fees	\$3,475,720	\$4,690,447	\$1,214,727	35%
	<b>Total Contractual Labor Fees</b>	<b>\$4,952,426</b>	<b>\$5,955,544</b>	<b>\$1,003,118</b>	<b>20%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$22,442,880	\$24,181,421	\$1,738,541	8%
2	Pharmaceutical Costs	\$8,836,246	\$9,341,282	\$505,036	6%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$31,279,126</b>	<b>\$33,522,703</b>	<b>\$2,243,577</b>	<b>7%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$3,411,947	\$3,729,180	\$317,233	9%
2	Depreciation-Equipment	\$10,446,656	\$11,761,730	\$1,315,074	13%
3	Amortization	\$328,550	\$400,446	\$71,896	22%
	<b>Total Depreciation and Amortization</b>	<b>\$14,187,153</b>	<b>\$15,891,356</b>	<b>\$1,704,203</b>	<b>12%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$16,989,650	\$15,090,955	(\$1,898,695)	-11%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$3,359,213	\$2,570,991	(\$788,222)	-23%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$3,355,337	\$2,544,096	(\$811,241)	-24%
<b>I. Utilities:</b>					
1	Water	\$126,554	\$157,325	\$30,771	24%
2	Natural Gas	\$1,307,283	\$1,401,057	\$93,774	7%
3	Oil	\$23,939	\$53,073	\$29,134	122%
4	Electricity	\$2,988,399	\$3,149,302	\$160,903	5%
5	Telephone	\$542,740	\$532,605	(\$10,135)	-2%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$4,988,915</b>	<b>\$5,293,362</b>	<b>\$304,447</b>	<b>6%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$173,967	\$726,293	\$552,326	317%
2	Legal Fees	\$1,238,406	\$1,123,633	(\$114,773)	-9%
3	Consulting Fees	\$2,346,385	\$1,797,955	(\$548,430)	-23%
4	Dues and Membership	\$371,467	\$445,281	\$73,814	20%
5	Equipment Leases	\$1,199,538	\$1,383,126	\$183,588	15%
6	Building Leases	\$888,671	\$1,104,550	\$215,879	24%
7	Repairs and Maintenance	\$5,191,940	\$5,876,593	\$684,653	13%
8	Insurance	\$402,381	\$414,145	\$11,764	3%
9	Travel	\$430,621	\$442,095	\$11,474	3%
10	Conferences	\$276,245	\$194,737	(\$81,508)	-30%
11	Property Tax	\$95,123	\$37,194	(\$57,929)	-61%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
12	General Supplies	\$2,385,264	\$2,392,113	\$6,849	0%
13	Licenses and Subscriptions	\$290,315	\$340,730	\$50,415	17%
14	Postage and Shipping	\$280,412	\$315,560	\$35,148	13%
15	Advertising	\$1,416,691	\$1,573,554	\$156,863	11%
16	Other Business Expenses	\$18,068,301	\$14,432,552	(\$3,635,749)	-20%
	<b>Total Business Expenses</b>	<b>\$35,055,727</b>	<b>\$32,600,111</b>	<b>(\$2,455,616)</b>	<b>-7%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$422,147	\$488,310	\$66,163	16%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$269,797,622</b>	<b>\$277,530,735</b>	<b>\$7,733,113</b>	<b>3%</b>
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$14,554,478	\$13,072,669	(\$1,481,809)	-10%
2	General Accounting	\$1,184,279	\$1,242,612	\$58,333	5%
3	Patient Billing & Collection	\$2,524,913	\$2,574,083	\$49,170	2%
4	Admitting / Registration Office	\$3,227,778	\$3,497,011	\$269,233	8%
5	Data Processing	\$5,317,680	\$6,716,114	\$1,398,434	26%
6	Communications	\$432,725	\$514,466	\$81,741	19%
7	Personnel	\$35,565,984	\$37,566,917	\$2,000,933	6%
8	Public Relations	\$1,459,106	\$1,030,571	(\$428,535)	-29%
9	Purchasing	\$1,267,029	\$1,413,633	\$146,604	12%
10	Dietary and Cafeteria	\$5,340,756	\$5,324,894	(\$15,862)	0%
11	Housekeeping	\$3,896,159	\$3,954,586	\$58,427	1%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$4,513,776	\$5,557,525	\$1,043,749	23%
14	Security	\$1,156,694	\$1,287,180	\$130,486	11%
15	Repairs and Maintenance	\$3,845,738	\$3,859,979	\$14,241	0%
16	Central Sterile Supply	\$1,806,485	\$1,822,330	\$15,845	1%
17	Pharmacy Department	\$11,378,966	\$12,105,920	\$726,954	6%
18	Other General Services	\$3,409,081	\$4,367,873	\$958,792	28%
	<b>Total General Services</b>	<b>\$100,881,627</b>	<b>\$105,908,363</b>	<b>\$5,026,736</b>	<b>5%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$401,925	\$172,313	(\$229,612)	-57%
2	Residency Program	\$99,036	\$102,648	\$3,612	4%
3	Nursing Services Administration	\$2,187,716	\$2,019,522	(\$168,194)	-8%
4	Medical Records	\$4,196,447	\$4,441,765	\$245,318	6%
5	Social Service	\$1,907,383	\$2,051,568	\$144,185	8%
6	Other Professional Services	\$1,514,496	\$1,540,450	\$25,954	2%
	<b>Total Professional Services</b>	<b>\$10,307,003</b>	<b>\$10,328,266</b>	<b>\$21,263</b>	<b>0%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$14,927,148	\$15,251,486	\$324,338	2%
2	Recovery Room	\$898,945	\$970,484	\$71,539	8%
3	Anesthesiology	\$526,727	\$442,146	(\$84,581)	-16%
4	Delivery Room	\$112,188	\$118,200	\$6,012	5%
5	Diagnostic Radiology	\$4,140,855	\$4,058,592	(\$82,263)	-2%
6	Diagnostic Ultrasound	\$2,130,444	\$2,230,157	\$99,713	5%
7	Radiation Therapy	\$2,038,639	\$2,218,926	\$180,287	9%
8	Radioisotopes	\$2,025,125	\$1,812,688	(\$212,437)	-10%
9	CT Scan	\$1,990,750	\$2,028,639	\$37,889	2%
10	Laboratory	\$13,994,978	\$14,316,508	\$321,530	2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$396,559	\$409,793	\$13,234	3%
13	Electrocardiology	\$49,432	\$55,470	\$6,038	12%
14	Electroencephalography	\$257,724	\$233,833	(\$23,891)	-9%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
15	Occupational Therapy	\$1,455,533	\$1,525,759	\$70,226	5%
16	Speech Pathology	\$863,644	\$922,252	\$58,608	7%
17	Audiology	\$613,493	\$669,480	\$55,987	9%
18	Respiratory Therapy	\$2,757,706	\$2,788,621	\$30,915	1%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$1,636,824	\$1,921,307	\$284,483	17%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,826,547	\$1,259,240	(\$567,307)	-31%
23	Renal Dialysis	\$582,312	\$623,743	\$41,431	7%
24	Emergency Room	\$11,335,671	\$13,035,266	\$1,699,595	15%
25	MRI	\$1,265,666	\$1,210,942	(\$54,724)	-4%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$896,508	\$950,387	\$53,879	6%
29	Sleep Center	\$498,568	\$525,022	\$26,454	5%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$3,940,339	\$4,811,390	\$871,051	22%
32	Occupational Therapy / Physical Therapy	\$3,808,046	\$3,916,646	\$108,600	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$7,063,982	\$6,828,386	(\$235,596)	-3%
	<b>Total Special Services</b>	<b>\$82,034,353</b>	<b>\$85,135,363</b>	<b>\$3,101,010</b>	<b>4%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$18,268,636	\$19,173,658	\$905,022	5%
2	Intensive Care Unit	\$2,630,183	\$2,868,657	\$238,474	9%
3	Coronary Care Unit	\$2,745,848	\$2,866,209	\$120,361	4%
4	Psychiatric Unit	\$2,519,479	\$2,387,032	(\$132,447)	-5%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$5,492,255	\$5,559,654	\$67,399	1%
7	Newborn Nursery Unit	\$13	\$0	(\$13)	-100%
8	Neonatal ICU	\$2,680,385	\$1,961,045	(\$719,340)	-27%
9	Rehabilitation Unit	\$2,434,750	\$2,383,296	(\$51,454)	-2%
10	Ambulatory Surgery	\$2,022,110	\$2,049,635	\$27,525	1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$2,317,918	\$2,811,558	\$493,640	21%
	<b>Total Routine Services</b>	<b>\$41,111,577</b>	<b>\$42,060,744</b>	<b>\$949,167</b>	<b>2%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$35,463,062	\$34,097,999	(\$1,365,063)	-4%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$269,797,622</b>	<b>\$277,530,735</b>	<b>\$7,733,113</b>	<b>3%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

LAWRENCE AND MEMORIAL 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
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$253,783,432	\$ 265,186,141	\$280,126,452
2	Other Operating Revenue	9,007,840	11,624,533	12,934,063
3	Total Operating Revenue	\$262,791,272	\$276,810,674	\$293,060,515
4	Total Operating Expenses	258,602,461	269,797,622	277,530,735
5	Income/(Loss) From Operations	\$4,188,811	\$7,013,052	\$15,529,780
6	Total Non-Operating Revenue	5,832,708	1,675,251	(425,131)
7	Excess/(Deficiency) of Revenue Over Expenses	\$10,021,519	\$8,688,303	\$15,104,649
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	1.56%	2.52%	5.31%
2	Hospital Non Operating Margin	2.17%	0.60%	-0.15%
3	Hospital Total Margin	3.73%	3.12%	5.16%
4	Income/(Loss) From Operations	\$4,188,811	\$7,013,052	\$15,529,780
5	Total Operating Revenue	\$262,791,272	\$276,810,674	\$293,060,515
6	Total Non-Operating Revenue	\$5,832,708	\$1,675,251	(\$425,131)
7	Total Revenue	\$268,623,980	\$278,485,925	\$292,635,384
8	Excess/(Deficiency) of Revenue Over Expenses	\$10,021,519	\$8,688,303	\$15,104,649
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	\$169,267,768	\$153,923,993	\$141,020,827
2	Hospital Total Net Assets	\$184,346,636	\$167,073,668	\$163,776,737
3	Hospital Change in Total Net Assets	\$184,346,636	(\$17,272,968)	(\$3,296,931)
4	Hospital Change in Total Net Assets %	0.0%	-9.4%	-2.0%
<b>D. Cost Data Summary</b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.55</b>	<b>0.52</b>	<b>0.47</b>
2	Total Operating Expenses	\$258,602,461	\$269,797,622	\$277,530,735
3	Total Gross Revenue	\$462,862,108	\$503,933,306	\$576,860,336
4	Total Other Operating Revenue	\$8,687,106	\$11,202,386	\$12,473,743
5	<b>Private Payment to Cost Ratio</b>	<b>1.17</b>	<b>1.19</b>	<b>1.31</b>
6	Total Non-Government Payments	\$129,581,612	\$132,834,937	\$141,036,108
7	Total Uninsured Payments	\$0	\$0	\$0
8	Total Non-Government Charges	\$213,099,738	\$225,469,672	\$241,530,587
9	Total Uninsured Charges	\$11,768,380	\$12,277,839	\$12,979,878
10	<b>Medicare Payment to Cost Ratio</b>	<b>0.89</b>	<b>0.84</b>	<b>0.85</b>
11	Total Medicare Payments	\$82,050,383	\$82,556,158	\$89,655,623

LAWRENCE AND MEMORIAL 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	Total Medicare Charges	\$168,007,624	\$186,666,608	\$223,005,939
<b>13</b>	<b>Medicaid Payment to Cost Ratio</b>	<b>0.57</b>	<b>0.67</b>	<b>0.70</b>
14	Total Medicaid Payments	\$14,473,288	\$19,140,556	\$21,159,382
15	Total Medicaid Charges	\$46,003,218	\$54,379,667	\$63,933,875
<b>16</b>	<b>Uncompensated Care Cost</b>	<b>\$8,722,241</b>	<b>\$10,460,923</b>	<b>\$8,239,436</b>
17	Charity Care	\$2,064,407	\$2,983,821	\$2,405,415
18	Bad Debts	\$13,840,182	\$16,989,650	\$15,090,956
19	Total Uncompensated Care	\$15,904,589	\$19,973,471	\$17,496,371
<b>20</b>	<b>Uncompensated Care % of Total Expenses</b>	<b>3.4%</b>	<b>3.9%</b>	<b>3.0%</b>
21	Total Operating Expenses	\$258,602,461	\$269,797,622	\$277,530,735
<b>E.</b>	<b>Liquidity Measures Summary</b>			
<b>1</b>	<b>Current Ratio</b>	<b>5.33</b>	<b>3.92</b>	<b>4.31</b>
2	Total Current Assets	\$177,561,974	\$164,756,615	\$176,993,012
3	Total Current Liabilities	\$33,327,474	\$42,051,890	\$41,039,818
<b>4</b>	<b>Days Cash on Hand</b>	<b>190</b>	<b>164</b>	<b>162</b>
5	Cash and Cash Equivalents	\$16,894,344	\$16,232,769	\$17,038,903
6	Short Term Investments	110,533,351	98,453,853	99,233,961
7	Total Cash and Short Term Investments	\$127,427,695	\$114,686,622	\$116,272,864
8	Total Operating Expenses	\$258,602,461	\$269,797,622	\$277,530,735
9	Depreciation Expense	\$13,372,758	\$14,187,153	\$15,891,356
10	Operating Expenses less Depreciation Expense	\$245,229,703	\$255,610,469	\$261,639,379
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>50.47</b>	<b>35.05</b>	<b>24.20</b>
12	Net Patient Accounts Receivable	\$ 39,768,431	\$ 33,459,260	\$ 27,664,974
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,675,712	\$7,993,615	\$9,089,438
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 35,092,719	\$ 25,465,645	\$ 18,575,536
16	Total Net Patient Revenue	\$253,783,432	\$ 265,186,141	\$ 280,126,452
<b>17</b>	<b>Average Payment Period</b>	<b>49.60</b>	<b>60.05</b>	<b>57.25</b>
18	Total Current Liabilities	\$33,327,474	\$42,051,890	\$41,039,818
19	Total Operating Expenses	\$258,602,461	\$269,797,622	\$277,530,735
20	Depreciation Expense	\$13,372,758	\$14,187,153	\$15,891,356
21	Total Operating Expenses less Depreciation Expense	\$245,229,703	\$255,610,469	\$261,639,379

LAWRENCE AND MEMORIAL 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
<b>F. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>58.3</b>	<b>53.9</b>	<b>50.3</b>
2	Total Net Assets	\$184,346,636	\$167,073,668	\$163,776,737
3	Total Assets	\$315,942,250	\$309,769,149	\$325,658,355
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>22.5</b>	<b>20.7</b>	<b>29.1</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$10,021,519	\$8,688,303	\$15,104,649
6	Depreciation Expense	\$13,372,758	\$14,187,153	\$15,891,356
7	Excess of Revenues Over Expenses and Depreciation Expense	\$23,394,277	\$22,875,456	\$30,996,005
8	Total Current Liabilities	\$33,327,474	\$42,051,890	\$41,039,818
9	Total Long Term Debt	\$70,765,000	\$68,250,000	\$65,610,000
10	Total Current Liabilities and Total Long Term Debt	\$104,092,474	\$110,301,890	\$106,649,818
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>27.7</b>	<b>29.0</b>	<b>28.6</b>
12	Total Long Term Debt	\$70,765,000	\$68,250,000	\$65,610,000
13	Total Net Assets	\$184,346,636	\$167,073,668	\$163,776,737
14	Total Long Term Debt and Total Net Assets	\$255,111,636	\$235,323,668	\$229,386,737
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>7.7</b>	<b>7.8</b>	<b>6.6</b>
16	Excess Revenues over Expenses	\$10,021,519	\$8,688,303	\$15,104,649
17	Interest Expense	\$3,516,337	\$3,359,213	\$2,570,991
18	Depreciation and Amortization Expense	\$13,372,758	\$14,187,153	\$15,891,356
19	Principal Payments	\$0	\$0	\$2,515,000
<b>G. Other Financial Ratios</b>				
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>11.4</b>	<b>11.7</b>	<b>11.3</b>
21	Accumulated Depreciation	\$152,802,674	\$165,554,432	\$180,112,432
22	Depreciation and Amortization Expense	\$13,372,758	\$14,187,153	\$15,891,356
<b>H. Utilization Measures Summary</b>				
1	Patient Days	69,509	71,524	69,025
2	Discharges	14,553	15,085	14,857
3	ALOS	4.8	4.7	4.6
4	Staffed Beds	252	252	252
5	Available Beds	-	-	252
6	Licensed Beds	308	252	308
6	Occupancy of Staffed Beds	75.6%	77.8%	75.0%
7	Occupancy of Available Beds	61.8%	77.8%	75.0%
8	Full Time Equivalent Employees	1,874.0	1,856.5	1,889.3

LAWRENCE AND MEMORIAL 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
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	43.5%	42.3%	39.6%
2	Medicare Gross Revenue Payer Mix Percentage	36.3%	37.0%	38.7%
3	Medicaid Gross Revenue Payer Mix Percentage	9.9%	10.8%	11.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.5%	2.4%	3.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.5%	2.4%	2.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	5.2%	5.1%	5.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$201,331,358	\$213,191,833	\$228,550,709
9	Medicare Gross Revenue (Charges)	\$168,007,624	\$186,666,608	\$223,005,939
10	Medicaid Gross Revenue (Charges)	\$46,003,218	\$54,379,667	\$63,933,875
11	Other Medical Assistance Gross Revenue (Charges)	\$11,486,952	\$11,923,651	\$17,484,382
12	Uninsured Gross Revenue (Charges)	\$11,768,380	\$12,277,839	\$12,979,878
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$24,264,576	\$25,493,708	\$30,905,553
14	Total Gross Revenue (Charges)	\$462,862,108	\$503,933,306	\$576,860,336
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	54.2%	53.7%	53.1%
2	Medicare Net Revenue Payer Mix Percentage	34.3%	33.4%	33.8%
3	Medicaid Net Revenue Payer Mix Percentage	6.1%	7.7%	8.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.1%	1.0%	1.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	4.4%	4.2%	4.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$129,581,612	\$132,834,937	\$141,036,108
9	Medicare Net Revenue (Payments)	\$82,050,383	\$82,556,158	\$89,655,623
10	Medicaid Net Revenue (Payments)	\$14,473,288	\$19,140,556	\$21,159,382
11	Other Medical Assistance Net Revenue (Payments)	\$2,596,315	\$2,387,326	\$2,726,924
12	Uninsured Net Revenue (Payments)	\$0	\$0	\$0
13	CHAMPUS / TRICARE Net Revenue Payments)	\$10,520,032	\$10,422,304	\$10,822,312
14	Total Net Revenue (Payments)	\$239,221,630	\$247,341,281	\$265,400,349
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	5,121	5,204	4,741
2	Medicare	6,103	6,340	6,498
3	Medical Assistance	2,330	2,576	2,751
4	Medicaid	1,885	2,189	2,254
5	Other Medical Assistance	445	387	497
6	CHAMPUS / TRICARE	999	965	867
7	Uninsured (Included In Non-Government)	278	245	217
8	Total	14,553	15,085	14,857
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	0.971900	0.981700	0.978500
2	Medicare	1.252400	1.307000	1.394800
3	Medical Assistance	0.813807	0.857362	0.883171
4	Medicaid	0.780900	0.820000	0.851700

LAWRENCE AND MEMORIAL 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
5	Other Medical Assistance	0.953200	1.068700	1.025900
6	CHAMPUS / TRICARE	0.694600	0.706900	0.833900
7	Uninsured (Included In Non-Government)	0.919900	0.924700	0.897400
8	Total Case Mix Index	1.045184	1.079607	1.134487
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	6,787	7,398	6,855
2	Emergency Room - Treated and Discharged	75,904	73,088	72,094
3	Total Emergency Room Visits	82,691	80,486	78,949

**LAWRENCE AND MEMORIAL 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
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$616,008	\$1,247,729	\$631,721	103%
2	Inpatient Payments	\$320,213	\$576,064	\$255,851	80%
3	Outpatient Charges	\$865,180	\$1,259,498	\$394,318	46%
4	Outpatient Payments	\$246,737	\$336,703	\$89,966	36%
5	Discharges	35	62	27	77%
6	Patient Days	173	316	143	83%
7	Outpatient Visits (Excludes ED Visits)	1,489	1,953	464	31%
8	Emergency Department Outpatient Visits	75	92	17	23%
9	Emergency Department Inpatient Admissions	13	26	13	100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,481,188</b>	<b>\$2,507,227</b>	<b>\$1,026,039</b>	<b>69%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$566,950</b>	<b>\$912,767</b>	<b>\$345,817</b>	<b>61%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$30,077	\$30,077	0%
2	Inpatient Payments	\$0	\$12,142	\$12,142	0%
3	Outpatient Charges	\$0	\$18,362	\$18,362	0%
4	Outpatient Payments	\$0	\$5,611	\$5,611	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	6	6	0%
7	Outpatient Visits (Excludes ED Visits)	0	28	28	0%
8	Emergency Department Outpatient Visits	0	6	6	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$48,439</b>	<b>\$48,439</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$17,753</b>	<b>\$17,753</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$21,409	\$424,676	\$403,267	1884%
2	Inpatient Payments	\$8,690	\$202,942	\$194,252	2235%
3	Outpatient Charges	\$25,670	\$187,002	\$161,332	628%
4	Outpatient Payments	\$11,569	\$68,532	\$56,963	492%
5	Discharges	1	20	19	1900%
6	Patient Days	9	100	91	1011%
7	Outpatient Visits (Excludes ED Visits)	72	363	291	404%
8	Emergency Department Outpatient Visits	6	35	29	483%
9	Emergency Department Inpatient Admissions	1	11	10	1000%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$47,079</b>	<b>\$611,678</b>	<b>\$564,599</b>	<b>1199%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$20,259</b>	<b>\$271,474</b>	<b>\$251,215</b>	<b>1240%</b>

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

(1) LINE	(2) DESCRIPTION	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$4,083,659	\$4,705,377	\$621,718	15%
2	Inpatient Payments	\$1,869,624	\$2,182,396	\$312,772	17%
3	Outpatient Charges	\$3,592,171	\$5,806,926	\$2,214,755	62%
4	Outpatient Payments	\$1,153,605	\$1,512,387	\$358,782	31%
5	Discharges	214	252	38	18%
6	Patient Days	1,253	1,124	(129)	-10%
7	Outpatient Visits (Excludes ED Visits)	5,917	8,030	2,113	36%
8	Emergency Department Outpatient Visits	337	411	74	22%
9	Emergency Department Inpatient Admissions	127	122	(5)	-4%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,675,830</b>	<b>\$10,512,303</b>	<b>\$2,836,473</b>	<b>37%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,023,229</b>	<b>\$3,694,783</b>	<b>\$671,554</b>	<b>22%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$22,314	\$317,142	\$294,828	1321%
2	Inpatient Payments	\$9,354	\$108,779	\$99,425	1063%
3	Outpatient Charges	\$87,940	\$55,604	(\$32,336)	-37%
4	Outpatient Payments	\$29,886	\$13,513	(\$16,373)	-55%
5	Discharges	2	12	10	500%
6	Patient Days	8	93	85	1063%
7	Outpatient Visits (Excludes ED Visits)	205	156	(49)	-24%
8	Emergency Department Outpatient Visits	16	14	(2)	-13%
9	Emergency Department Inpatient Admissions	1	4	3	300%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$110,254</b>	<b>\$372,746</b>	<b>\$262,492</b>	<b>238%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$39,240</b>	<b>\$122,292</b>	<b>\$83,052</b>	<b>212%</b>

**LAWRENCE AND MEMORIAL 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
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$196,268	\$230,160	\$33,892	17%
2	Inpatient Payments	\$36,098	\$73,967	\$37,869	105%
3	Outpatient Charges	\$80,002	\$138,342	\$58,340	73%
4	Outpatient Payments	\$52,001	\$41,926	(\$10,075)	-19%
5	Discharges	4	9	5	125%
6	Patient Days	53	48	(5)	-9%
7	Outpatient Visits (Excludes ED Visits)	59	145	86	146%
8	Emergency Department Outpatient Visits	4	30	26	650%
9	Emergency Department Inpatient Admissions	2	3	1	50%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$276,270</b>	<b>\$368,502</b>	<b>\$92,232</b>	<b>33%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$88,099</b>	<b>\$115,893</b>	<b>\$27,794</b>	<b>32%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$137,348	\$229,745	\$92,397	67%
2	Inpatient Payments	\$58,855	\$103,284	\$44,429	75%
3	Outpatient Charges	\$61,382	\$135,881	\$74,499	121%
4	Outpatient Payments	\$17,451	\$40,098	\$22,647	130%
5	Discharges	8	12	4	50%
6	Patient Days	33	73	40	121%
7	Outpatient Visits (Excludes ED Visits)	103	301	198	192%
8	Emergency Department Outpatient Visits	9	19	10	111%
9	Emergency Department Inpatient Admissions	4	9	5	125%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$198,730</b>	<b>\$365,626</b>	<b>\$166,896</b>	<b>84%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$76,306</b>	<b>\$143,382</b>	<b>\$67,076</b>	<b>88%</b>

**LAWRENCE AND MEMORIAL 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
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$82,581	\$82,581	0%
2	Inpatient Payments	\$0	\$42,956	\$42,956	0%
3	Outpatient Charges	\$0	\$20,588	\$20,588	0%
4	Outpatient Payments	\$0	\$5,425	\$5,425	0%
5	Discharges	0	5	5	0%
6	Patient Days	0	22	22	0%
7	Outpatient Visits (Excludes ED Visits)	0	39	39	0%
8	Emergency Department Outpatient Visits	0	8	8	0%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$103,169</b>	<b>\$103,169</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$48,381</b>	<b>\$48,381</b>	<b>0%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$27,134	\$27,134	0%
2	Inpatient Payments	\$0	\$8,989	\$8,989	0%
3	Outpatient Charges	\$0	\$62,564	\$62,564	0%
4	Outpatient Payments	\$0	\$15,068	\$15,068	0%
5	Discharges	0	2	2	0%
6	Patient Days	0	2	2	0%
7	Outpatient Visits (Excludes ED Visits)	0	95	95	0%
8	Emergency Department Outpatient Visits	0	12	12	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$89,698</b>	<b>\$89,698</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$24,057</b>	<b>\$24,057</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**LAWRENCE AND MEMORIAL 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
<b>M. UNIVERSAL AMERICAN</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$5,077,006</b>	<b>\$7,294,621</b>	<b>\$2,217,615</b>	<b>44%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$2,302,834</b>	<b>\$3,311,519</b>	<b>\$1,008,685</b>	<b>44%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$4,712,345</b>	<b>\$7,684,767</b>	<b>\$2,972,422</b>	<b>63%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,511,249</b>	<b>\$2,039,263</b>	<b>\$528,014</b>	<b>35%</b>
	<b>TOTAL DISCHARGES</b>	<b>264</b>	<b>375</b>	<b>111</b>	<b>42%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,529</b>	<b>1,784</b>	<b>255</b>	<b>17%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>7,845</b>	<b>11,110</b>	<b>3,265</b>	<b>42%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>447</b>	<b>627</b>	<b>180</b>	<b>40%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>148</b>	<b>180</b>	<b>32</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,789,351</b>	<b>\$14,979,388</b>	<b>\$5,190,037</b>	<b>53%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,814,083</b>	<b>\$5,350,782</b>	<b>\$1,536,699</b>	<b>40%</b>

**LAWRENCE AND MEMORIAL 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
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$4,425,094	\$1,940,784	(\$2,484,310)	-56%
2	Inpatient Payments	\$1,376,339	\$594,373	(\$781,966)	-57%
3	Outpatient Charges	\$8,165,994	\$3,169,188	(\$4,996,806)	-61%
4	Outpatient Payments	\$2,765,511	\$986,465	(\$1,779,046)	-64%
5	Discharges	477	183	(294)	-62%
6	Patient Days	1,423	623	(800)	-56%
7	Outpatient Visits (Excludes ED Visits)	7,857	2,502	(5,355)	-68%
8	Emergency Department Outpatient Visits	4,681	1,513	(3,168)	-68%
9	Emergency Department Inpatient Admissions	75	30	(45)	-60%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$12,591,088</b>	<b>\$5,109,972</b>	<b>(\$7,481,116)</b>	<b>-59%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,141,850</b>	<b>\$1,580,838</b>	<b>(\$2,561,012)</b>	<b>-62%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$3,557,671	\$8,238,649	\$4,680,978	132%
2	Inpatient Payments	\$925,560	\$2,613,896	\$1,688,336	182%
3	Outpatient Charges	\$4,977,122	\$15,382,461	\$10,405,339	209%
4	Outpatient Payments	\$1,531,808	\$4,923,041	\$3,391,233	221%
5	Discharges	328	805	477	145%
6	Patient Days	1,122	2,570	1,448	129%
7	Outpatient Visits (Excludes ED Visits)	4,913	12,568	7,655	156%
8	Emergency Department Outpatient Visits	2,979	8,257	5,278	177%
9	Emergency Department Inpatient Admissions	63	118	55	87%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,534,793</b>	<b>\$23,621,110</b>	<b>\$15,086,317</b>	<b>177%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,457,368</b>	<b>\$7,536,937</b>	<b>\$5,079,569</b>	<b>207%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$3,831,543	\$0	(\$3,831,543)	-100%
2	Inpatient Payments	\$1,039,342	\$0	(\$1,039,342)	-100%
3	Outpatient Charges	\$4,673,270	\$0	(\$4,673,270)	-100%
4	Outpatient Payments	\$1,668,926	\$0	(\$1,668,926)	-100%
5	Discharges	307	0	(307)	-100%
6	Patient Days	1,089	0	(1,089)	-100%
7	Outpatient Visits (Excludes ED Visits)	3,973	0	(3,973)	-100%
8	Emergency Department Outpatient Visits	2,729	0	(2,729)	-100%
9	Emergency Department Inpatient Admissions	66	0	(66)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,504,813</b>	<b>\$0</b>	<b>(\$8,504,813)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,708,268</b>	<b>\$0</b>	<b>(\$2,708,268)</b>	<b>-100%</b>

**LAWRENCE AND MEMORIAL 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
<b>D. OTHER MEDICAID MANAGED CARE</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
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%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$327,878	\$0	(\$327,878)	-100%
2	Inpatient Payments	\$82,842	\$0	(\$82,842)	-100%
3	Outpatient Charges	\$313,380	\$0	(\$313,380)	-100%
4	Outpatient Payments	\$98,872	\$0	(\$98,872)	-100%
5	Discharges	25	0	(25)	-100%
6	Patient Days	109	0	(109)	-100%
7	Outpatient Visits (Excludes ED Visits)	287	0	(287)	-100%
8	Emergency Department Outpatient Visits	222	0	(222)	-100%

**LAWRENCE AND MEMORIAL 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	6	0	(6)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$641,258</b>	<b>\$0</b>	<b>(\$641,258)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$181,714</b>	<b>\$0</b>	<b>(\$181,714)</b>	<b>-100%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$1,448,429	\$1,448,429	0%
2	Inpatient Payments	\$0	\$454,658	\$454,658	0%
3	Outpatient Charges	\$0	\$1,685,649	\$1,685,649	0%
4	Outpatient Payments	\$0	\$561,146	\$561,146	0%
5	Discharges	0	124	124	0%
6	Patient Days	0	465	465	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,152	1,152	0%
8	Emergency Department Outpatient Visits	0	917	917	0%
9	Emergency Department Inpatient Admissions	0	21	21	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$3,134,078</b>	<b>\$3,134,078</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$1,015,804</b>	<b>\$1,015,804</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$1,319,817	\$1,319,817	0%
2	Inpatient Payments	\$0	\$386,372	\$386,372	0%
3	Outpatient Charges	\$0	\$2,570,090	\$2,570,090	0%
4	Outpatient Payments	\$0	\$869,062	\$869,062	0%
5	Discharges	0	141	141	0%
6	Patient Days	0	419	419	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,832	1,832	0%
8	Emergency Department Outpatient Visits	0	1,569	1,569	0%
9	Emergency Department Inpatient Admissions	0	28	28	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$3,889,907</b>	<b>\$3,889,907</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$1,255,434</b>	<b>\$1,255,434</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$12,142,186</b>	<b>\$12,947,679</b>	<b>\$805,493</b>	<b>7%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$3,424,083</b>	<b>\$4,049,299</b>	<b>\$625,216</b>	<b>18%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$18,129,766</b>	<b>\$22,807,388</b>	<b>\$4,677,622</b>	<b>26%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$6,065,117</b>	<b>\$7,339,714</b>	<b>\$1,274,597</b>	<b>21%</b>
	<b>TOTAL DISCHARGES</b>	<b>1,137</b>	<b>1,253</b>	<b>116</b>	<b>10%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>3,743</b>	<b>4,077</b>	<b>334</b>	<b>9%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>17,030</b>	<b>18,054</b>	<b>1,024</b>	<b>6%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>10,611</b>	<b>12,256</b>	<b>1,645</b>	<b>16%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>210</b>	<b>197</b>	<b>(13)</b>	<b>-6%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$30,271,952</b>	<b>\$35,755,067</b>	<b>\$5,483,115</b>	<b>18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,489,200</b>	<b>\$11,389,013</b>	<b>\$1,899,813</b>	<b>20%</b>

**LAWRENCE AND MEMORIAL 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

<b>L&amp;M CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008 ACTUAL</b>	<b>FY 2009 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$25,182,706	\$30,049,949	\$4,867,243	19%
2	Short Term Investments	\$138,861,705	\$141,225,546	\$2,363,841	2%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$36,586,333	\$29,961,635	(\$6,624,698)	-18%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$24,501	\$24,500	(\$1)	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,357,049	\$3,506,113	\$149,064	4%
8	Prepaid Expenses	\$2,026,185	\$2,538,001	\$511,816	25%
9	Other Current Assets	\$5,982,454	\$7,838,504	\$1,856,050	31%
	<b>Total Current Assets</b>	<b>\$212,020,933</b>	<b>\$215,144,248</b>	<b>\$3,123,315</b>	<b>1%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$12,999,368	\$12,678,851	(\$320,517)	-2%
2	Board Designated for Capital Acquisition	\$6,127	\$6,170	\$43	1%
3	Funds Held in Escrow	\$7,341,007	\$7,159,610	(\$181,397)	-2%
4	Other Noncurrent Assets Whose Use is Limited	\$28,214,503	\$27,605,098	(\$609,405)	-2%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$48,561,005</b>	<b>\$47,449,729</b>	<b>(\$1,111,276)</b>	<b>-2%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$2,989,857	\$2,779,069	(\$210,788)	-7%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$265,800,264	\$287,943,107	\$22,142,843	8%
2	Less: Accumulated Depreciation	\$168,487,889	\$183,553,654	\$15,065,765	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$97,312,375</b>	<b>\$104,389,453</b>	<b>\$7,077,078</b>	<b>7%</b>
3	Construction in Progress	\$7,377,180	\$5,352,416	(\$2,024,764)	-27%
	<b>Total Net Fixed Assets</b>	<b>\$104,689,555</b>	<b>\$109,741,869</b>	<b>\$5,052,314</b>	<b>5%</b>
	<b>Total Assets</b>	<b>\$368,261,350</b>	<b>\$375,114,915</b>	<b>\$6,853,565</b>	<b>2%</b>

<b>L&amp;M CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$29,533,933	\$26,118,494	(\$3,415,439)	-12%
2	Salaries, Wages and Payroll Taxes	\$3,700,920	\$4,184,333	\$483,413	13%
3	Due To Third Party Payers	\$8,126,913	\$9,222,736	\$1,095,823	13%
4	Due To Affiliates	\$422,911	\$718,757	\$295,846	70%
5	Current Portion of Long Term Debt	\$2,548,684	\$2,674,572	\$125,888	5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$398,376	\$364,053	(\$34,323)	-9%
	<b>Total Current Liabilities</b>	<b>\$44,731,737</b>	<b>\$43,282,945</b>	<b>(\$1,448,792)</b>	<b>-3%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$68,601,321	\$65,938,421	(\$2,662,900)	-4%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$68,601,321</b>	<b>\$65,938,421</b>	<b>(\$2,662,900)</b>	<b>-4%</b>
3	Accrued Pension Liability	\$20,631,280	\$43,035,284	\$22,404,004	109%
4	Other Long Term Liabilities	\$11,764,379	\$12,202,253	\$437,874	4%
	<b>Total Long Term Liabilities</b>	<b>\$100,996,980</b>	<b>\$121,175,958</b>	<b>\$20,178,978</b>	<b>20%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$209,086,112	\$187,324,944	(\$21,761,168)	-10%
2	Temporarily Restricted Net Assets	\$7,811,297	\$17,758,955	\$9,947,658	127%
3	Permanently Restricted Net Assets	\$5,635,224	\$5,572,113	(\$63,111)	-1%
	<b>Total Net Assets</b>	<b>\$222,532,633</b>	<b>\$210,656,012</b>	<b>(\$11,876,621)</b>	<b>-5%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$368,261,350</b>	<b>\$375,114,915</b>	<b>\$6,853,565</b>	<b>2%</b>

<b>L&amp;M CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2009</b>					
<b>REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008 ACTUAL</b>	<b>FY 2009 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$521,130,208	\$604,305,691	\$83,175,483	16%
2	Less: Allowances	\$237,704,547	\$304,330,257	\$66,625,710	28%
3	Less: Charity Care	\$4,316,427	\$4,820,444	\$504,017	12%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$279,109,234</b>	<b>\$295,154,990</b>	<b>\$16,045,756</b>	<b>6%</b>
5	Other Operating Revenue	\$19,822,014	\$17,579,868	(\$2,242,146)	-11%
6	Net Assets Released from Restrictions	\$422,147	\$460,320	\$38,173	9%
	<b>Total Operating Revenue</b>	<b>\$299,353,395</b>	<b>\$313,195,178</b>	<b>\$13,841,783</b>	<b>5%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$138,981,242	\$146,830,700	\$7,849,458	6%
2	Fringe Benefits	\$35,795,053	\$38,489,945	\$2,694,892	8%
3	Physicians Fees	\$1,571,283	\$1,864,923	\$293,640	19%
4	Supplies and Drugs	\$38,953,573	\$41,621,398	\$2,667,825	7%
5	Depreciation and Amortization	\$14,667,108	\$16,403,646	\$1,736,538	12%
6	Bad Debts	\$18,131,375	\$17,657,789	(\$473,586)	-3%
7	Interest	\$3,480,601	\$2,673,379	(\$807,222)	-23%
8	Malpractice	\$3,355,336	\$2,544,096	(\$811,240)	-24%
9	Other Operating Expenses	\$38,805,188	\$38,590,896	(\$214,292)	-1%
	<b>Total Operating Expenses</b>	<b>\$293,740,759</b>	<b>\$306,676,772</b>	<b>\$12,936,013</b>	<b>4%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$5,612,636</b>	<b>\$6,518,406</b>	<b>\$905,770</b>	<b>16%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$1,454,613	(\$1,628,574)	(\$3,083,187)	-212%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$322,958	\$266,039	(\$56,919)	-18%
	<b>Total Non-Operating Revenue</b>	<b>\$1,777,571</b>	<b>(\$1,362,535)</b>	<b>(\$3,140,106)</b>	<b>-177%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$7,390,207</b>	<b>\$5,155,871</b>	<b>(\$2,234,336)</b>	<b>-30%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$7,390,207</b>	<b>\$5,155,871</b>	<b>(\$2,234,336)</b>	<b>-30%</b>

<b>L&amp;M CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$264,607,887	\$279,109,234	\$295,154,990
2	Other Operating Revenue	18,719,217	20,244,161	18,040,188
3	Total Operating Revenue	\$283,327,104	\$299,353,395	\$313,195,178
4	Total Operating Expenses	277,997,293	293,740,759	306,676,772
5	Income/(Loss) From Operations	\$5,329,811	\$5,612,636	\$6,518,406
6	Total Non-Operating Revenue	6,433,070	1,777,571	(1,362,535)
7	Excess/(Deficiency) of Revenue Over Expenses	\$11,762,881	\$7,390,207	\$5,155,871
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	1.84%	1.86%	2.09%
2	Parent Corporation Non-Operating Margin	2.22%	0.59%	-0.44%
3	Parent Corporation Total Margin	4.06%	2.45%	1.65%
4	Income/(Loss) From Operations	\$5,329,811	\$5,612,636	\$6,518,406
5	Total Operating Revenue	\$283,327,104	\$299,353,395	\$313,195,178
6	Total Non-Operating Revenue	\$6,433,070	\$1,777,571	(\$1,362,535)
7	Total Revenue	\$289,760,174	\$301,130,966	\$311,832,643
8	Excess/(Deficiency) of Revenue Over Expenses	\$11,762,881	\$7,390,207	\$5,155,871
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	\$230,195,738	\$209,086,112	\$187,324,944
2	Parent Corporation Total Net Assets	\$246,576,134	\$222,532,633	\$210,656,012
3	Parent Corporation Change in Total Net Assets	\$246,576,134	(\$24,043,501)	(\$11,876,621)
4	Parent Corporation Change in Total Net Assets %	0.0%	-9.8%	-5.3%

<b>L&amp;M CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>D. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>6.65</b>	<b>4.74</b>	<b>4.97</b>
2	Total Current Assets	\$230,484,436	\$212,020,933	\$215,144,248
3	Total Current Liabilities	\$34,672,235	\$44,731,737	\$43,282,945
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>245</b>	<b>215</b>	<b>215</b>
5	Cash and Cash Equivalents	\$27,261,811	\$25,182,706	\$30,049,949
6	Short Term Investments	149,903,697	138,861,705	141,225,546
7	Total Cash and Short Term Investments	\$177,165,508	\$164,044,411	\$171,275,495
8	Total Operating Expenses	\$277,997,293	\$293,740,759	\$306,676,772
9	Depreciation Expense	\$13,771,194	\$14,667,108	\$16,403,646
10	Operating Expenses less Depreciation Expense	\$264,226,099	\$279,073,651	\$290,273,126
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>51</b>	<b>37</b>	<b>26</b>
12	Net Patient Accounts Receivable	\$ 41,728,670	\$ 36,586,333	\$ 29,961,635
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,809,010	\$8,126,913	\$9,222,736
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 36,919,660	\$ 28,459,420	\$ 20,738,899
16	Total Net Patient Revenue	\$264,607,887	\$279,109,234	\$295,154,990
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>48</b>	<b>59</b>	<b>54</b>
18	Total Current Liabilities	\$34,672,235	\$44,731,737	\$43,282,945
19	Total Operating Expenses	\$277,997,293	\$293,740,759	\$306,676,772
20	Depreciation Expense	\$13,771,194	\$14,667,108	\$16,403,646
21	Total Operating Expenses less Depreciation Expense	\$264,226,099	\$279,073,651	\$290,273,126

<b>L&amp;M CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>E. <u>Solvency Measures Summary</u></b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>64.9</b>	<b>60.4</b>	<b>56.2</b>
2	Total Net Assets	\$246,576,134	\$222,532,633	\$210,656,012
3	Total Assets	\$379,889,186	\$368,261,350	\$375,114,915
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>24.1</b>	<b>19.5</b>	<b>19.7</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$11,762,881	\$7,390,207	\$5,155,871
6	Depreciation Expense	\$13,771,194	\$14,667,108	\$16,403,646
7	Excess of Revenues Over Expenses and Depreciation Expense	\$25,534,075	\$22,057,315	\$21,559,517
8	Total Current Liabilities	\$34,672,235	\$44,731,737	\$43,282,945
9	Total Long Term Debt	\$71,135,156	\$68,601,321	\$65,938,421
10	Total Current Liabilities and Total Long Term Debt	\$105,807,391	\$113,333,058	\$109,221,366
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>22.4</b>	<b>23.6</b>	<b>23.8</b>
12	Total Long Term Debt	\$71,135,156	\$68,601,321	\$65,938,421
13	Total Net Assets	\$246,576,134	\$222,532,633	\$210,656,012
14	Total Long Term Debt and Total Net Assets	\$317,711,290	\$291,133,954	\$276,594,433

LAWRENCE AND MEMORIAL 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	42,845	144	144	81.5%	81.5%
2	ICU/CCU (Excludes Neonatal ICU)	5,341	20	20	73.2%	73.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,126	18	18	78.0%	78.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>5,126</b>	<b>18</b>	<b>18</b>	<b>78.0%</b>	<b>78.0%</b>
5	Rehabilitation	4,329	16	16	74.1%	74.1%
6	Maternity	4,667	24	24	53.3%	53.3%
7	Newborn	3,444	14	14	67.4%	67.4%
8	Neonatal ICU	2,111	10	10	57.8%	57.8%
9	Pediatric	1,162	6	6	53.1%	53.1%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>65,581</b>	<b>238</b>	<b>238</b>	<b>75.5%</b>	<b>75.5%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>69,025</b>	<b>252</b>	<b>252</b>	<b>75.0%</b>	<b>75.0%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>69,025</b>	<b>252</b>	<b>252</b>	<b>75.0%</b>	<b>75.0%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>71,524</b>	<b>252</b>	<b>252</b>	<b>77.8%</b>	<b>77.8%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-2,499</b>	<b>0</b>	<b>0</b>	<b>-2.7%</b>	<b>-2.7%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-3%</b>	<b>0%</b>	<b>0%</b>	<b>-3%</b>	<b>-3%</b>
	Total Licensed Beds and Bassinets	308				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

LAWRENCE AND MEMORIAL 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
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	8,609	8,779	170	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	11,274	11,554	280	2%
3	Emergency Department Scans	9,692	9,423	-269	-3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>29,575</b>	<b>29,756</b>	<b>181</b>	<b>1%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,147	1,145	-2	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,381	9,411	1,030	12%
3	Emergency Department Scans	101	118	17	17%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>9,629</b>	<b>10,674</b>	<b>1,045</b>	<b>11%</b>
<b>C. PET Scans (A)</b>					
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%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	6	3	-3	-50%
2	Outpatient Scans (Excluding Emergency Department Scans)	666	542	-124	-19%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>672</b>	<b>545</b>	<b>-127</b>	<b>-19%</b>
<b>(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.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	231	241	10	4%
2	Outpatient Procedures	9,916	9,586	-330	-3%
	<b>Total Linear Accelerator Procedures</b>	<b>10,147</b>	<b>9,827</b>	<b>-320</b>	<b>-3%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	334	432	98	29%
2	Outpatient Procedures	343	299	-44	-13%
	<b>Total Cardiac Catheterization Procedures</b>	<b>677</b>	<b>731</b>	<b>54</b>	<b>8%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	29	77	48	166%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>29</b>	<b>77</b>	<b>48</b>	<b>166%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,749	2,682	-67	-2%
2	Outpatient Surgical Procedures	10,298	10,082	-216	-2%
	<b>Total Surgical Procedures</b>	<b>13,047</b>	<b>12,764</b>	<b>-283</b>	<b>-2%</b>

LAWRENCE AND MEMORIAL 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
<b>J.</b>	<b><u>Endoscopy Procedures</u></b>				
1	Inpatient Endoscopy Procedures	939	943	4	0%
2	Outpatient Endoscopy Procedures	2,608	2,395	-213	-8%
	<b>Total Endoscopy Procedures</b>	<b>3,547</b>	<b>3,338</b>	<b>-209</b>	<b>-6%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	7,398	6,855	-543	-7%
2	Emergency Room Visits: Treated and Discharged	73,088	72,094	-994	-1%
	<b>Total Emergency Room Visits</b>	<b>80,486</b>	<b>78,949</b>	<b>-1,537</b>	<b>-2%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	25,000	24,920	-80	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	7,641	19,212	11,571	151%
	<b>Total Hospital Clinic Visits</b>	<b>32,641</b>	<b>44,132</b>	<b>11,491</b>	<b>35%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	73,576	63,966	-9,610	-13%
2	Cardiology	4,508	4,571	63	1%
3	Chemotherapy	1,327	1,634	307	23%
4	Gastroenterology	1,030	1,006	-24	-2%
5	Other Outpatient Visits	330,809	316,667	-14,142	-4%
	<b>Total Other Hospital Outpatient Visits</b>	<b>411,250</b>	<b>387,844</b>	<b>-23,406</b>	<b>-6%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	492.9	496.6	3.7	1%
2	Total Physician FTEs	18.7	8.0	-10.7	-57%
3	Total Non-Nursing and Non-Physician FTEs	1,344.9	1,384.7	39.8	3%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,856.5</b>	<b>1,889.3</b>	<b>32.8</b>	<b>2%</b>

LAWRENCE AND MEMORIAL 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
<b>A. Outpatient Surgical Procedures</b>					
1	L&M 365 Montauk Hospital	7,387	7,548	161	2%
2	Pequot Health Center Groton	2,911	2,534	-377	-13%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>10,298</b>	<b>10,082</b>	<b>-216</b>	<b>-2%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	L&M 365 Montauk Ave Hospital	2,608	2,395	-213	-8%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,608</b>	<b>2,395</b>	<b>-213</b>	<b>-8%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	L&M 365 Montauk Ave Hospital	34,455	36,831	2,376	7%
2	Pequot Health Center Groton	38,633	35,263	-3,370	-9%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>73,088</b>	<b>72,094</b>	<b>-994</b>	<b>-1%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

LAWRENCE AND MEMORIAL 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
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$107,294,467	\$129,099,316	\$21,804,849	20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$57,782,891	\$65,142,350	\$7,359,459	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	53.85%	50.46%	-3.40%	-6%
4	DISCHARGES	6,340	6,498	158	2%
5	CASE MIX INDEX (CMI)	1.30700	1.39480	0.08780	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,286.38000	9,063.41040	777.03040	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,973.24	\$7,187.40	\$214.16	3%
8	PATIENT DAYS	37,230	36,634	(596)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,552.05	\$1,778.19	\$226.14	15%
10	AVERAGE LENGTH OF STAY	5.9	5.6	(0.2)	-4%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$79,372,141	\$93,906,623	\$14,534,482	18%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,773,267	\$24,513,273	(\$259,994)	-1%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.21%	26.10%	-5.11%	-16%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	73.98%	72.74%	-1.24%	-2%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,690.07758	4,726.63415	36.55658	1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,282.06	\$5,186.20	(\$95.86)	-2%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$186,666,608	\$223,005,939	\$36,339,331	19%
18	TOTAL ACCRUED PAYMENTS	\$82,556,158	\$89,655,623	\$7,099,465	9%
19	TOTAL ALLOWANCES	\$104,110,450	\$133,350,316	\$29,239,866	28%

LAWRENCE AND MEMORIAL 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
<b>B.</b>	<b>NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>				
	<b>NON-GOVERNMENT INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$69,828,287	\$72,024,058	\$2,195,771	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$50,994,231	\$49,907,307	(\$1,086,924)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	73.03%	69.29%	-3.74%	-5%
4	DISCHARGES	5,204	4,741	(463)	-9%
5	CASE MIX INDEX (CMI)	0.98170	0.97850	(0.00320)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,108.76680	4,639.06850	(469.69830)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,981.71	\$10,758.04	\$776.33	8%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,008.47)	(\$3,570.65)	(\$562.17)	19%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$15,369,590)	(\$16,564,469)	(\$1,194,879)	8%
10	PATIENT DAYS	19,803	17,486	(2,317)	-12%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,575.08	\$2,854.13	\$279.05	11%
12	AVERAGE LENGTH OF STAY	3.8	3.7	(0.1)	-3%
	<b>NON-GOVERNMENT OUTPATIENT</b>				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$155,641,385	\$169,506,529	\$13,865,144	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$81,840,706	\$91,128,801	\$9,288,095	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	52.58%	53.76%	1.18%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	222.89%	235.35%	12.46%	6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	11,599.27878	11,157.80583	(441.47295)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,055.67	\$8,167.27	\$1,111.60	16%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,773.61)	(\$2,981.07)	(\$1,207.46)	68%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$20,572,630)	(\$33,262,181)	(\$12,689,552)	62%
	<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>				
21	TOTAL ACCRUED CHARGES	\$225,469,672	\$241,530,587	\$16,060,915	7%
22	TOTAL ACCRUED PAYMENTS	\$132,834,937	\$141,036,108	\$8,201,171	6%
23	TOTAL ALLOWANCES	\$92,634,735	\$100,494,479	\$7,859,744	8%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$35,942,220)	(\$49,826,651)	(\$13,884,431)	39%
	<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$201,993,948	\$215,729,277	\$13,735,329	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$133,717,429	\$139,606,510	\$5,889,081	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,276,519	\$76,122,767	\$7,846,248	11%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	33.80%	35.29%	1.48%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$2,812,753	\$2,748,325	(\$64,428)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	245	217	(28)	-11%
5	CASE MIX INDEX (CMI)	0.92470	0.89740	(0.02730)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	226.55150	194.73580	(31.81570)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,981.71	\$10,758.04	\$776.33	8%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,973.24	\$7,187.40	\$214.16	3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,579,797	\$1,399,644	(\$180,153)	-11%
11	PATIENT DAYS	914	801	(113)	-12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	3.7	3.7	(0.0)	-1%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$9,465,086	\$10,231,553	\$766,467	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	336.51%	372.28%	35.78%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	824.44000	807.85460	(16.58539)	-2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,055.67	\$8,167.27	\$1,111.60	16%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,282.06	\$5,186.20	(\$95.86)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,354,741	\$4,189,696	(\$165,045)	-4%
	<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$12,277,839	\$12,979,878	\$702,039	6%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$12,277,839	\$12,979,878	\$702,039	6%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,934,538	\$5,589,340	(\$345,198)	-6%

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LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$26,122,813	\$28,938,307	\$2,815,494	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,193,285	\$10,425,199	\$231,914	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.02%	36.03%	-3.00%	-8%
4	DISCHARGES	2,189	2,254	65	3%
5	CASE MIX INDEX (CMI)	0.82000	0.85170	0.03170	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,794.98000	1,919.73180	124.75180	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,678.77	\$5,430.55	(\$248.22)	-4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,302.94	\$5,327.50	\$1,024.56	24%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,294.46	\$1,756.85	\$462.39	36%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,323,536	\$3,372,680	\$1,049,144	45%
11	PATIENT DAYS	9,468	9,796	328	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,076.60	\$1,064.23	(\$12.37)	-1%
13	AVERAGE LENGTH OF STAY	4.3	4.3	0.0	0%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$28,256,854	\$34,995,568	\$6,738,714	24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,947,271	\$10,734,183	\$1,786,912	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.66%	30.67%	-0.99%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	108.17%	120.93%	12.76%	12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,367.82514	2,725.79907	357.97393	15%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,778.69	\$3,937.99	\$159.31	4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,276.98	\$4,229.27	\$952.29	29%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,503.37	\$1,248.21	(\$255.17)	-17%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,559,721	\$3,402,358	(\$157,364)	-4%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$54,379,667	\$63,933,875	\$9,554,208	18%
24	TOTAL ACCRUED PAYMENTS	\$19,140,556	\$21,159,382	\$2,018,826	11%
25	TOTAL ALLOWANCES	\$35,239,111	\$42,774,493	\$7,535,382	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,883,257	\$6,775,038	\$891,781	15%

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LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b>OTHER MEDICAL ASSISTANCE (O.M.A.)</b>				
	<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$5,740,248	\$8,602,097	\$2,861,849	50%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,212,480	\$1,293,053	\$80,573	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.12%	15.03%	-6.09%	-29%
4	DISCHARGES	387	497	110	28%
5	CASE MIX INDEX (CMI)	1.06870	1.02590	(0.04280)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	413.58690	509.87230	96.28540	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,931.62	\$2,536.03	(\$395.59)	-13%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,050.09	\$8,222.01	\$1,171.92	17%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,041.62	\$4,651.37	\$609.75	15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,671,559	\$2,371,603	\$700,043	42%
11	PATIENT DAYS	1,998	2,415	417	21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$606.85	\$535.43	(\$71.42)	-12%
13	AVERAGE LENGTH OF STAY	5.2	4.9	(0.3)	-6%
	<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,183,403	\$8,882,285	\$2,698,882	44%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,174,846	\$1,433,871	\$259,025	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.00%	16.14%	-2.86%	-15%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	107.72%	103.26%	-4.46%	-4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	416.87693	513.18831	96.31138	23%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,818.21	\$2,794.04	(\$24.16)	-1%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,237.46	\$5,373.22	\$1,135.76	27%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,463.85	\$2,392.16	(\$71.69)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,027,123	\$1,227,627	\$200,504	20%
	<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$11,923,651	\$17,484,382	\$5,560,731	47%
24	TOTAL ACCRUED PAYMENTS	\$2,387,326	\$2,726,924	\$339,598	14%
25	TOTAL ALLOWANCES	\$9,536,325	\$14,757,458	\$5,221,133	55%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,698,682	\$3,599,229	\$900,547	33%

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LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>F.</b>	<b>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>				
	<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$31,863,061	\$37,540,404	\$5,677,343	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,405,765	\$11,718,252	\$312,487	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.80%	31.22%	-4.58%	-13%
4	DISCHARGES	2,576	2,751	175	7%
5	CASE MIX INDEX (CMI)	0.85736	0.88317	0.02581	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,208.56690	2,429.60410	221.03720	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,164.33	\$4,823.11	(\$341.22)	-7%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,817.38	\$5,934.93	\$1,117.55	23%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,808.91	\$2,364.29	\$555.38	31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,995,095	\$5,744,283	\$1,749,188	44%
11	PATIENT DAYS	11,466	12,211	745	6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$994.75	\$959.65	(\$35.10)	-4%
13	AVERAGE LENGTH OF STAY	4.5	4.4	(0.0)	0%
	<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,440,257	\$43,877,853	\$9,437,596	27%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,122,117	\$12,168,054	\$2,045,937	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.39%	27.73%	-1.66%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	108.09%	116.88%	8.79%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,784.70207	3,238.98738	454.28531	16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,634.90	\$3,756.75	\$121.85	3%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,420.77	\$4,410.52	\$989.75	29%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,647.16	\$1,429.45	(\$217.70)	-13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,586,844	\$4,629,984	\$43,140	1%
	<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$66,303,318	\$81,418,257	\$15,114,939	23%
24	TOTAL ACCRUED PAYMENTS	\$21,527,882	\$23,886,306	\$2,358,424	11%
25	TOTAL ALLOWANCES	\$44,775,436	\$57,531,951	\$12,756,515	28%

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LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$10,370,361	\$10,035,789	(\$334,572)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,283,609	\$3,854,008	(\$429,601)	-10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.31%	38.40%	-2.90%	-7%
4	DISCHARGES	965	867	(98)	-10%
5	CASE MIX INDEX (CMI)	0.70690	0.83390	0.12700	18%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	682.15850	722.99130	40.83280	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,279.49	\$5,330.64	(\$948.85)	-15%
8	PATIENT DAYS	3,025	2,694	(331)	-11%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,416.07	\$1,430.59	\$14.52	1%
10	AVERAGE LENGTH OF STAY	3.1	3.1	(0.0)	-1%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,123,347	\$20,869,764	\$5,746,417	38%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,138,695	\$6,968,304	\$829,609	14%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$25,493,708	\$30,905,553	\$5,411,845	21%
14	TOTAL ACCRUED PAYMENTS	\$10,422,304	\$10,822,312	\$400,008	4%
15	TOTAL ALLOWANCES	\$15,071,404	\$20,083,241	\$5,011,837	33%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$11,202,386	\$12,473,743	\$1,271,357	11%
2	TOTAL OPERATING EXPENSES	\$269,797,622	\$277,530,735	\$7,733,113	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,187,817	\$2,050,177	(\$137,640)	-6%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$2,983,821	\$2,405,415	(\$578,406)	-19%
5	BAD DEBTS (CHARGES)	\$16,989,650	\$15,090,956	(\$1,898,694)	-11%
6	UNCOMPENSATED CARE (CHARGES)	\$19,973,471	\$17,496,371	(\$2,477,100)	-12%
7	COST OF UNCOMPENSATED CARE	\$9,890,123	\$8,124,353	(\$1,765,769)	-18%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$66,303,318	\$81,418,257	\$15,114,939	23%
9	TOTAL ACCRUED PAYMENTS	\$21,527,882	\$23,886,306	\$2,358,424	11%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$32,830,946	\$37,806,165	\$4,975,219	15%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$11,303,064	\$13,919,859	\$2,616,795	23%

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<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$219,356,176	\$248,699,567	\$29,343,391	13%
2	TOTAL INPATIENT PAYMENTS	\$124,466,496	\$130,621,917	\$6,155,421	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	56.74%	52.52%	-4.22%	-7%
4	TOTAL DISCHARGES	15,085	14,857	(228)	-2%
5	TOTAL CASE MIX INDEX	1.07961	1.13449	0.05488	5%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	16,285.87220	16,855.07430	569.20210	3%
7	TOTAL OUTPATIENT CHARGES	\$284,577,130	\$328,160,769	\$43,583,639	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	129.73%	131.95%	2.22%	2%
9	TOTAL OUTPATIENT PAYMENTS	\$122,874,785	\$134,778,432	\$11,903,647	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.18%	41.07%	-2.11%	-5%
11	TOTAL CHARGES	\$503,933,306	\$576,860,336	\$72,927,030	14%
12	TOTAL PAYMENTS	\$247,341,281	\$265,400,349	\$18,059,068	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	49.08%	46.01%	-3.07%	-6%
14	PATIENT DAYS	71,524	69,025	(2,499)	-3%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$149,527,889	\$176,675,509	\$27,147,620	18%
2	INPATIENT PAYMENTS	\$73,472,265	\$80,714,610	\$7,242,345	10%
3	GOVT. INPATIENT PAYMENTS / CHARGES	49.14%	45.69%	-3.45%	-7%
4	DISCHARGES	9,881	10,116	235	2%
5	CASE MIX INDEX	1.13117	1.20759	0.07642	7%
6	CASE MIX ADJUSTED DISCHARGES	11,177.10540	12,216.00580	1,038.90040	9%
7	OUTPATIENT CHARGES	\$128,935,745	\$158,654,240	\$29,718,495	23%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	86.23%	89.80%	3.57%	4%
9	OUTPATIENT PAYMENTS	\$41,034,079	\$43,649,631	\$2,615,552	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.83%	27.51%	-4.31%	-14%
11	TOTAL CHARGES	\$278,463,634	\$335,329,749	\$56,866,115	20%
12	TOTAL PAYMENTS	\$114,506,344	\$124,364,241	\$9,857,897	9%
13	TOTAL PAYMENTS / CHARGES	41.12%	37.09%	-4.03%	-10%
14	PATIENT DAYS	51,721	51,539	(182)	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$163,957,290	\$210,965,508	\$47,008,218	29%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.9	5.6	(0.2)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.7	(0.1)	-3%
3	UNINSURED	3.7	3.7	(0.0)	-1%
4	MEDICAID	4.3	4.3	0.0	0%
5	OTHER MEDICAL ASSISTANCE	5.2	4.9	(0.3)	-6%
6	CHAMPUS / TRICARE	3.1	3.1	(0.0)	-1%
7	TOTAL AVERAGE LENGTH OF STAY	4.7	4.6	(0.1)	-2%

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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
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$503,933,306	\$576,860,336	\$72,927,030	14%
2	TOTAL GOVERNMENT DEDUCTIONS	\$163,957,290	\$210,965,508	\$47,008,218	29%
3	UNCOMPENSATED CARE	\$19,973,471	\$17,496,371	(\$2,477,100)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,276,519	\$76,122,767	\$7,846,248	11%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$4,384,745	\$6,463,620	\$2,078,875	47%
6	TOTAL ADJUSTMENTS	\$256,592,025	\$311,048,266	\$54,456,241	21%
7	TOTAL ACCRUED PAYMENTS	\$247,341,281	\$265,812,070	\$18,470,789	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$2,187,817	\$2,050,177	(\$137,640)	-6%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$249,529,098	\$267,862,247	\$18,333,149	7%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4951629413	0.4643450594	(0.0308178818)	-6%
11	COST OF UNCOMPENSATED CARE	\$9,890,123	\$8,124,353	(\$1,765,769)	-18%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$11,303,064	\$13,919,859	\$2,616,795	23%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	(\$28,196)	(\$28,196)	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$21,193,187	\$22,016,017	\$822,830	4%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$3,559,721	\$3,402,358	(\$157,364)	-4%
2	OTHER MEDICAL ASSISTANCE	\$2,698,682	\$3,599,229	\$900,547	33%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,934,538	\$5,589,340	(\$345,198)	-6%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$12,192,941	\$12,590,927	\$397,986	3%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$11,197,885	\$12,821,432	\$1,623,547	14.50%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$15,657,043	\$12,675,926	(\$2,981,117)	-19.04%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$265,186,141	\$280,126,452	\$14,940,311	5.63%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$503,933,305	\$576,860,335	\$72,927,030	14.47%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$1,332,607	\$2,415,030	\$1,082,423	81.23%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$21,306,077	\$19,911,401	(\$1,394,676)	-6.55%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,828,287	\$72,024,058	\$2,195,771
2	MEDICARE	\$107,294,467	129,099,316	\$21,804,849
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$31,863,061	37,540,404	\$5,677,343
4	MEDICAID	\$26,122,813	28,938,307	\$2,815,494
5	OTHER MEDICAL ASSISTANCE	\$5,740,248	8,602,097	\$2,861,849
6	CHAMPUS / TRICARE	\$10,370,361	10,035,789	(\$334,572)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,812,753	2,748,325	(\$64,428)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$149,527,889</b>	<b>\$176,675,509</b>	<b>\$27,147,620</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$219,356,176</b>	<b>\$248,699,567</b>	<b>\$29,343,391</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$155,641,385	\$169,506,529	\$13,865,144
2	MEDICARE	\$79,372,141	93,906,623	\$14,534,482
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,440,257	43,877,853	\$9,437,596
4	MEDICAID	\$28,256,854	34,995,568	\$6,738,714
5	OTHER MEDICAL ASSISTANCE	\$6,183,403	8,882,285	\$2,698,882
6	CHAMPUS / TRICARE	\$15,123,347	20,869,764	\$5,746,417
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,465,086	10,231,553	\$766,467
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$128,935,745</b>	<b>\$158,654,240</b>	<b>\$29,718,495</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$284,577,130</b>	<b>\$328,160,769</b>	<b>\$43,583,639</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$225,469,672	\$241,530,587	\$16,060,915
2	TOTAL MEDICARE	\$186,666,608	\$223,005,939	\$36,339,331
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$66,303,318	\$81,418,257	\$15,114,939
4	TOTAL MEDICAID	\$54,379,667	\$63,933,875	\$9,554,208
5	TOTAL OTHER MEDICAL ASSISTANCE	\$11,923,651	\$17,484,382	\$5,560,731
6	TOTAL CHAMPUS / TRICARE	\$25,493,708	\$30,905,553	\$5,411,845
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,277,839	\$12,979,878	\$702,039
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$278,463,634</b>	<b>\$335,329,749</b>	<b>\$56,866,115</b>
	<b>TOTAL CHARGES</b>	<b>\$503,933,306</b>	<b>\$576,860,336</b>	<b>\$72,927,030</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$50,994,231	\$49,907,307	(\$1,086,924)
2	MEDICARE	\$57,782,891	65,142,350	\$7,359,459
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,405,765	11,718,252	\$312,487
4	MEDICAID	\$10,193,285	10,425,199	\$231,914
5	OTHER MEDICAL ASSISTANCE	\$1,212,480	1,293,053	\$80,573
6	CHAMPUS / TRICARE	\$4,283,609	3,854,008	(\$429,601)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$73,472,265</b>	<b>\$80,714,610</b>	<b>\$7,242,345</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$124,466,496</b>	<b>\$130,621,917</b>	<b>\$6,155,421</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,840,706	\$91,128,801	\$9,288,095
2	MEDICARE	\$24,773,267	24,513,273	(\$259,994)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,122,117	12,168,054	\$2,045,937
4	MEDICAID	\$8,947,271	10,734,183	\$1,786,912
5	OTHER MEDICAL ASSISTANCE	\$1,174,846	1,433,871	\$259,025
6	CHAMPUS / TRICARE	\$6,138,695	6,968,304	\$829,609
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$41,034,079</b>	<b>\$43,649,631</b>	<b>\$2,615,552</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$122,874,785</b>	<b>\$134,778,432</b>	<b>\$11,903,647</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$132,834,937	\$141,036,108	\$8,201,171
2	TOTAL MEDICARE	\$82,556,158	\$89,655,623	\$7,099,465
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,527,882	\$23,886,306	\$2,358,424
4	TOTAL MEDICAID	\$19,140,556	\$21,159,382	\$2,018,826
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,387,326	\$2,726,924	\$339,598
6	TOTAL CHAMPUS / TRICARE	\$10,422,304	\$10,822,312	\$400,008
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$114,506,344</b>	<b>\$124,364,241</b>	<b>\$9,857,897</b>
	<b>TOTAL PAYMENTS</b>	<b>\$247,341,281</b>	<b>\$265,400,349</b>	<b>\$18,059,068</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.86%	12.49%	-1.37%
2	MEDICARE	21.29%	22.38%	1.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.32%	6.51%	0.18%
4	MEDICAID	5.18%	5.02%	-0.17%
5	OTHER MEDICAL ASSISTANCE	1.14%	1.49%	0.35%
6	CHAMPUS / TRICARE	2.06%	1.74%	-0.32%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.56%	0.48%	-0.08%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>29.67%</b>	<b>30.63%</b>	<b>0.95%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>43.53%</b>	<b>43.11%</b>	<b>-0.42%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.89%	29.38%	-1.50%
2	MEDICARE	15.75%	16.28%	0.53%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.83%	7.61%	0.77%
4	MEDICAID	5.61%	6.07%	0.46%
5	OTHER MEDICAL ASSISTANCE	1.23%	1.54%	0.31%
6	CHAMPUS / TRICARE	3.00%	3.62%	0.62%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.88%	1.77%	-0.10%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>25.59%</b>	<b>27.50%</b>	<b>1.92%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>56.47%</b>	<b>56.89%</b>	<b>0.42%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.62%	18.80%	-1.81%
2	MEDICARE	23.36%	24.54%	1.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.61%	4.42%	-0.20%
4	MEDICAID	4.12%	3.93%	-0.19%
5	OTHER MEDICAL ASSISTANCE	0.49%	0.49%	0.00%
6	CHAMPUS / TRICARE	1.73%	1.45%	-0.28%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>29.70%</b>	<b>30.41%</b>	<b>0.71%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>50.32%</b>	<b>49.22%</b>	<b>-1.10%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.09%	34.34%	1.25%
2	MEDICARE	10.02%	9.24%	-0.78%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.09%	4.58%	0.49%
4	MEDICAID	3.62%	4.04%	0.43%
5	OTHER MEDICAL ASSISTANCE	0.47%	0.54%	0.07%
6	CHAMPUS / TRICARE	2.48%	2.63%	0.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>16.59%</b>	<b>16.45%</b>	<b>-0.14%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>49.68%</b>	<b>50.78%</b>	<b>1.10%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

LAWRENCE AND MEMORIAL 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
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,204	4,741	(463)
2	MEDICARE	6,340	6,498	158
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,576	2,751	175
4	MEDICAID	2,189	2,254	65
5	OTHER MEDICAL ASSISTANCE	387	497	110
6	CHAMPUS / TRICARE	965	867	(98)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	245	217	(28)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>9,881</b>	<b>10,116</b>	<b>235</b>
	<b>TOTAL DISCHARGES</b>	<b>15,085</b>	<b>14,857</b>	<b>(228)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19,803	17,486	(2,317)
2	MEDICARE	37,230	36,634	(596)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,466	12,211	745
4	MEDICAID	9,468	9,796	328
5	OTHER MEDICAL ASSISTANCE	1,998	2,415	417
6	CHAMPUS / TRICARE	3,025	2,694	(331)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	914	801	(113)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>51,721</b>	<b>51,539</b>	<b>(182)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>71,524</b>	<b>69,025</b>	<b>(2,499)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.7	(0.1)
2	MEDICARE	5.9	5.6	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	4.4	(0.0)
4	MEDICAID	4.3	4.3	0.0
5	OTHER MEDICAL ASSISTANCE	5.2	4.9	(0.3)
6	CHAMPUS / TRICARE	3.1	3.1	(0.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	3.7	(0.0)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.2</b>	<b>5.1</b>	<b>(0.1)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.7</b>	<b>4.6</b>	<b>(0.1)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.98170	0.97850	(0.00320)
2	MEDICARE	1.30700	1.39480	0.08780
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.85736	0.88317	0.02581
4	MEDICAID	0.82000	0.85170	0.03170
5	OTHER MEDICAL ASSISTANCE	1.06870	1.02590	(0.04280)
6	CHAMPUS / TRICARE	0.70690	0.83390	0.12700
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.92470	0.89740	(0.02730)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.13117</b>	<b>1.20759</b>	<b>0.07642</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.07961</b>	<b>1.13449</b>	<b>0.05488</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$201,993,948	\$215,729,277	\$13,735,329
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$133,717,429	\$139,606,510	\$5,889,081
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,276,519	\$76,122,767	\$7,846,248
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	33.80%	35.29%	1.48%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$11,197,885	\$12,821,432	\$1,623,547
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$4,384,745	\$6,463,620	\$2,078,875
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT <b>OHCA INPUT</b> )	\$2,187,817	\$2,050,177	(\$137,640)
8	CHARITY CARE	\$2,983,821	\$2,405,415	(\$578,406)
9	BAD DEBTS	\$16,989,650	\$15,090,956	(\$1,898,694)
10	TOTAL UNCOMPENSATED CARE	\$19,973,471	\$17,496,371	(\$2,477,100)
11	TOTAL OTHER OPERATING REVENUE	\$201,993,948	\$215,729,277	\$13,735,329
12	TOTAL OPERATING EXPENSES	\$269,797,622	\$277,530,735	\$7,733,113

LAWRENCE AND MEMORIAL 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</u> <u>FY 2008</u>	<u>ACTUAL</u> <u>FY 2009</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,108.76680	4,639.06850	(469.69830)
2	MEDICARE	8,286.38000	9,063.41040	777.03040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,208.56690	2,429.60410	221.03720
4	MEDICAID	1,794.98000	1,919.73180	124.75180
5	OTHER MEDICAL ASSISTANCE	413.58690	509.87230	96.28540
6	CHAMPUS / TRICARE	682.15850	722.99130	40.83280
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	226.55150	194.73580	(31.81570)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>11,177.10540</b>	<b>12,216.00580</b>	<b>1,038.90040</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>16,285.87220</b>	<b>16,855.07430</b>	<b>569.20210</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,599.27878	11,157.80583	-441.47295
2	MEDICARE	4,690.07758	4,726.63415	36.55658
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,784.70207	3,238.98738	454.28531
4	MEDICAID	2,367.82514	2,725.79907	357.97393
5	OTHER MEDICAL ASSISTANCE	416.87693	513.18831	96.31138
6	CHAMPUS / TRICARE	1,407.28272	1,802.95594	395.67322
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	824.44000	807.85460	-16.58539
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>8,882.06237</b>	<b>9,768.57748</b>	<b>886.51510</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>20,481.34115</b>	<b>20,926.38330</b>	<b>445.04215</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,981.71	\$10,758.04	\$776.33
2	MEDICARE	\$6,973.24	\$7,187.40	\$214.16
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,164.33	\$4,823.11	(\$341.22)
4	MEDICAID	\$5,678.77	\$5,430.55	(\$248.22)
5	OTHER MEDICAL ASSISTANCE	\$2,931.62	\$2,536.03	(\$395.59)
6	CHAMPUS / TRICARE	\$6,279.49	\$5,330.64	(\$948.85)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,573.46</b>	<b>\$6,607.28</b>	<b>\$33.82</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,642.61</b>	<b>\$7,749.71</b>	<b>\$107.10</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,055.67	\$8,167.27	\$1,111.60
2	MEDICARE	\$5,282.06	\$5,186.20	(\$95.86)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,634.90	\$3,756.75	\$121.85
4	MEDICAID	\$3,778.69	\$3,937.99	\$159.31
5	OTHER MEDICAL ASSISTANCE	\$2,818.21	\$2,794.04	(\$24.16)
6	CHAMPUS / TRICARE	\$4,362.09	\$3,864.93	(\$497.16)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,619.88</b>	<b>\$4,468.37</b>	<b>(\$151.51)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,999.35</b>	<b>\$6,440.60</b>	<b>\$441.25</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$3,559,721	\$3,402,358	(\$157,364)
2	OTHER MEDICAL ASSISTANCE	\$2,698,682	\$3,599,229	\$900,547
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$6,258,403</b>	<b>\$7,001,587</b>	<b>\$743,184</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$503,933,306	\$576,860,336	\$72,927,030
2	TOTAL GOVERNMENT DEDUCTIONS	\$163,957,290	\$210,965,508	\$47,008,218
3	UNCOMPENSATED CARE	\$19,973,471	\$17,496,371	(\$2,477,100)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,276,519	\$76,122,767	\$7,846,248
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$4,384,745	\$6,463,620	\$2,078,875
6	TOTAL ADJUSTMENTS	\$256,592,025	\$311,048,266	\$54,456,241
7	TOTAL ACCRUED PAYMENTS	\$247,341,281	\$265,812,070	\$18,470,789
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,187,817	\$2,050,177	(\$137,640)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$249,529,098	\$267,862,247	\$18,333,149
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4951629413	0.4643450594	(0.0308178818)
11	COST OF UNCOMPENSATED CARE	\$9,890,123	\$8,124,353	(\$1,765,769)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$11,303,064	\$13,919,859	\$2,616,795
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	(\$28,196)	(\$28,196)
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$21,193,187	\$22,016,017	\$822,830
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	73.03%	69.29%	-3.74%
2	MEDICARE	53.85%	50.46%	-3.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35.80%	31.22%	-4.58%
4	MEDICAID	39.02%	36.03%	-3.00%
5	OTHER MEDICAL ASSISTANCE	21.12%	15.03%	-6.09%
6	CHAMPUS / TRICARE	41.31%	38.40%	-2.90%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>49.14%</b>	<b>45.69%</b>	<b>-3.45%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>56.74%</b>	<b>52.52%</b>	<b>-4.22%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.58%	53.76%	1.18%
2	MEDICARE	31.21%	26.10%	-5.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.39%	27.73%	-1.66%
4	MEDICAID	31.66%	30.67%	-0.99%
5	OTHER MEDICAL ASSISTANCE	19.00%	16.14%	-2.86%
6	CHAMPUS / TRICARE	40.59%	33.39%	-7.20%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>31.83%</b>	<b>27.51%</b>	<b>-4.31%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>43.18%</b>	<b>41.07%</b>	<b>-2.11%</b>

LAWRENCE AND MEMORIAL 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
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$247,341,281	\$265,400,349	\$18,059,068
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,187,817	\$2,050,177	(\$137,640)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$249,529,098</b>	<b>\$267,450,526</b>	<b>\$17,921,428</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$15,657,043	\$12,675,926	(\$2,981,117)
4	<b>CALCULATED NET REVENUE</b>	<b>\$288,988,931</b>	<b>\$280,126,452</b>	<b>(\$8,862,479)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$265,186,141	\$280,126,452	\$14,940,311
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$23,802,790</b>	<b>\$0</b>	<b>(\$23,802,790)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$503,933,306	\$576,860,336	\$72,927,030
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$503,933,306</b>	<b>\$576,860,336</b>	<b>\$72,927,030</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$503,933,305	\$576,860,335	\$72,927,030
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$1</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$19,973,471	\$17,496,371	(\$2,477,100)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,332,607	\$2,415,030	\$1,082,423
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$21,306,078</b>	<b>\$19,911,401</b>	<b>(\$1,394,677)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$21,306,077	\$19,911,401	(\$1,394,676)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$0</b>	<b>(\$1)</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$72,024,058
2	MEDICARE	129,099,316
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,540,404
4	MEDICAID	28,938,307
5	OTHER MEDICAL ASSISTANCE	8,602,097
6	CHAMPUS / TRICARE	10,035,789
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,748,325
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$176,675,509</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$248,699,567</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$169,506,529
2	MEDICARE	93,906,623
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	43,877,853
4	MEDICAID	34,995,568
5	OTHER MEDICAL ASSISTANCE	8,882,285
6	CHAMPUS / TRICARE	20,869,764
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10,231,553
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$158,654,240</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$328,160,769</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$241,530,587
2	TOTAL GOVERNMENT ACCRUED CHARGES	335,329,749
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$576,860,336</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,907,307
2	MEDICARE	65,142,350
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,718,252
4	MEDICAID	10,425,199
5	OTHER MEDICAL ASSISTANCE	1,293,053
6	CHAMPUS / TRICARE	3,854,008
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$80,714,610</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$130,621,917</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,128,801
2	MEDICARE	24,513,273
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,168,054
4	MEDICAID	10,734,183
5	OTHER MEDICAL ASSISTANCE	1,433,871
6	CHAMPUS / TRICARE	6,968,304
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$43,649,631</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$134,778,432</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$141,036,108
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	124,364,241
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$265,400,349</b>

LAWRENCE AND MEMORIAL 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>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,741
2	MEDICARE	6,498
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,751
4	MEDICAID	2,254
5	OTHER MEDICAL ASSISTANCE	497
6	CHAMPUS / TRICARE	867
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	217
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>10,116</b>
	<b>TOTAL DISCHARGES</b>	<b>14,857</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.97850
2	MEDICARE	1.39480
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.88317
4	MEDICAID	0.85170
5	OTHER MEDICAL ASSISTANCE	1.02590
6	CHAMPUS / TRICARE	0.83390
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89740
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.20759</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.13449</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$215,729,277
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$139,606,510
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$76,122,767
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.29%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$12,821,432
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,463,620
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,050,177
8	CHARITY CARE	\$2,405,415
9	BAD DEBTS	\$15,090,956
10	TOTAL UNCOMPENSATED CARE	\$17,496,371
11	TOTAL OTHER OPERATING REVENUE	\$12,473,743
12	TOTAL OPERATING EXPENSES	\$277,530,735

<b>LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$265,400,349
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,050,177
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$267,450,526</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,675,926
	<b>CALCULATED NET REVENUE</b>	<b>\$280,126,452</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$280,126,452
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$576,860,336
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$576,860,336</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$576,860,335
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$17,496,371
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,415,030
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$19,911,401</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$19,911,401
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

LAWRENCE AND MEMORIAL 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
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	1,823	1,523	(300)	-16%
2	Number of Approved Applicants	1,764	1,190	(574)	-33%
3	<b>Total Charges (A)</b>	<b>\$2,983,821</b>	<b>\$2,405,415</b>	<b>(\$578,406)</b>	<b>-19%</b>
4	<b>Average Charges</b>	<b>\$1,692</b>	<b>\$2,021</b>	<b>\$330</b>	<b>20%</b>
5	Ratio of Cost to Charges (RCC)	0.548410	0.523741	(0.024669)	-4%
6	<b>Total Cost</b>	<b>\$1,636,357</b>	<b>\$1,259,814</b>	<b>(\$376,543)</b>	<b>-23%</b>
7	<b>Average Cost</b>	<b>\$928</b>	<b>\$1,059</b>	<b>\$131</b>	<b>14%</b>
8	Charity Care - Inpatient Charges	\$657,478	\$798,139	\$140,661	21%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,696,898	1,054,449	(642,449)	-38%
10	Charity Care - Emergency Department Charges	629,445	552,827	(76,618)	-12%
11	<b>Total Charges (A)</b>	<b>\$2,983,821</b>	<b>\$2,405,415</b>	<b>(\$578,406)</b>	<b>-19%</b>
12	Charity Care - Number of Patient Days	225	292	67	30%
13	Charity Care - Number of Discharges	49	52	3	6%
14	Charity Care - Number of Outpatient ED Visits	830	534	(296)	-36%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,561	1,452	(1,109)	-43%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$4,503,824	\$3,201,870	(\$1,301,954)	-29%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,488,181	4,176,166	(312,015)	-7%
3	Bad Debts - Emergency Department	7,997,645	7,712,920	(284,725)	-4%
4	<b>Total Bad Debts (A)</b>	<b>\$16,989,650</b>	<b>\$15,090,956</b>	<b>(\$1,898,694)</b>	<b>-11%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$2,983,821	\$2,405,415	(\$578,406)	-19%
2	Bad Debts (A)	16,989,650	15,090,956	(1,898,694)	-11%
3	<b>Total Uncompensated Care (A)</b>	<b>\$19,973,471</b>	<b>\$17,496,371</b>	<b>(\$2,477,100)</b>	<b>-12%</b>
4	Uncompensated Care - Inpatient Services	\$5,161,302	\$4,000,009	(\$1,161,293)	-23%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	6,185,079	5,230,615	(954,464)	-15%
6	Uncompensated Care - Emergency Department	8,627,090	8,265,747	(361,343)	-4%
7	<b>Total Uncompensated Care (A)</b>	<b>\$19,973,471</b>	<b>\$17,496,371</b>	<b>(\$2,477,100)</b>	<b>-12%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					



LAWRENCE AND MEMORIAL 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
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$200,666,611	\$219,356,176	\$248,699,567
2	Outpatient Gross Revenue	\$262,195,497	\$284,577,130	\$328,160,769
3	Total Gross Patient Revenue	\$462,862,108	\$503,933,306	\$576,860,336
4	Net Patient Revenue	\$253,783,432	\$265,186,141	\$280,126,452
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$258,602,461	\$269,797,622	\$277,530,735
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	69,509	71,524	69,025
2	Discharges	14,553	15,085	14,857
3	Average Length of Stay	4.8	4.7	4.6
4	Equivalent (Adjusted) Patient Days (EPD)	160,331	164,314	160,104
0	Equivalent (Adjusted) Discharges (ED)	33,568	34,655	34,461
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.04518	1.07961	1.13449
2	Case Mix Adjusted Patient Days (CMAPD)	72,650	77,218	78,308
3	Case Mix Adjusted Discharges (CMAD)	15,211	16,286	16,855
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	167,576	177,395	181,636
5	Case Mix Adjusted Equivalent Discharges (CMAED)	35,085	37,414	39,095
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$6,659	\$7,046	\$8,357
2	Total Gross Revenue per Discharge	\$31,805	\$33,406	\$38,828
3	Total Gross Revenue per EPD	\$2,887	\$3,067	\$3,603
4	Total Gross Revenue per ED	\$13,789	\$14,541	\$16,740
5	Total Gross Revenue per CMAEPD	\$2,762	\$2,841	\$3,176
6	Total Gross Revenue per CMAED	\$13,193	\$13,469	\$14,755
7	Inpatient Gross Revenue per EPD	\$1,252	\$1,335	\$1,553
8	Inpatient Gross Revenue per ED	\$5,978	\$6,330	\$7,217

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>F.</b>	<b><u>Net Revenue Per Statistic</u></b>			
1	Net Patient Revenue per Patient Day	\$3,651	\$3,708	\$4,058
2	Net Patient Revenue per Discharge	\$17,439	\$17,579	\$18,855
3	Net Patient Revenue per EPD	\$1,583	\$1,614	\$1,750
4	Net Patient Revenue per ED	\$7,560	\$7,652	\$8,129
5	Net Patient Revenue per CMAEPD	\$1,514	\$1,495	\$1,542
6	Net Patient Revenue per CMAED	\$7,233	\$7,088	\$7,165
<b>G.</b>	<b><u>Operating Expense Per Statistic</u></b>			
1	Total Operating Expense per Patient Day	\$3,720	\$3,772	\$4,021
2	Total Operating Expense per Discharge	\$17,770	\$17,885	\$18,680
3	Total Operating Expense per EPD	\$1,613	\$1,642	\$1,733
4	Total Operating Expense per ED	\$7,704	\$7,785	\$8,053
5	Total Operating Expense per CMAEPD	\$1,543	\$1,521	\$1,528
6	Total Operating Expense per CMAED	\$7,371	\$7,211	\$7,099
<b>H.</b>	<b><u>Nursing Salary and Fringe Benefits Expense</u></b>			
1	Nursing Salary Expense	\$40,127,856	\$41,840,424	\$43,478,209
2	Nursing Fringe Benefits Expense	\$10,147,740	\$11,125,080	\$12,031,371
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$50,275,596</b>	<b>\$52,965,504</b>	<b>\$55,509,580</b>
<b>I.</b>	<b><u>Physician Salary and Fringe Expense</u></b>			
1	Physician Salary Expense	\$7,977,135	\$3,783,245	\$2,902,131
2	Physician Fringe Benefits Expense	\$2,017,299	\$1,005,939	\$803,083
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$9,994,434</b>	<b>\$4,789,184</b>	<b>\$3,705,214</b>
<b>J.</b>	<b><u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>			
1	Non-Nursing, Non-Physician Salary Expense	\$73,854,595	\$76,983,784	\$81,739,427
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$18,676,734	\$20,469,456	\$22,619,086
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$92,531,329</b>	<b>\$97,453,240</b>	<b>\$104,358,513</b>
<b>K.</b>	<b><u>Total Salary and Fringe Benefits Expense</u></b>			
1	Total Salary Expense	\$121,959,586	\$122,607,453	\$128,119,767
2	Total Fringe Benefits Expense	\$30,841,773	\$32,600,475	\$35,453,540
<b>3</b>	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$152,801,359</b>	<b>\$155,207,928</b>	<b>\$163,573,307</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
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<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	503.3	492.9	496.6
2	Total Physician FTEs	39.8	18.7	8.0
3	Total Non-Nursing, Non-Physician FTEs	1330.9	1344.9	1384.7
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,874.0</b>	<b>1,856.5</b>	<b>1,889.3</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$79,729	\$84,886	\$87,552
2	Nursing Fringe Benefits Expense per FTE	\$20,162	\$22,571	\$24,227
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$99,892</b>	<b>\$107,457</b>	<b>\$111,779</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$200,431	\$202,313	\$362,766
2	Physician Fringe Benefits Expense per FTE	\$50,686	\$53,794	\$100,385
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$251,116</b>	<b>\$256,106</b>	<b>\$463,152</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,492	\$57,241	\$59,030
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,033	\$15,220	\$16,335
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$69,525</b>	<b>\$72,461</b>	<b>\$75,365</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$65,080	\$66,042	\$67,813
2	Total Fringe Benefits Expense per FTE	\$16,458	\$17,560	\$18,765
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$81,538</b>	<b>\$83,602</b>	<b>\$86,579</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,198	\$2,170	\$2,370
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,500	\$10,289	\$11,010
3	Total Salary and Fringe Benefits Expense per EPD	\$953	\$945	\$1,022
4	Total Salary and Fringe Benefits Expense per ED	\$4,552	\$4,479	\$4,747
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$912	\$875	\$901
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,355	\$4,148	\$4,184