

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$2,961,001	\$5,978,582	\$3,017,581	102%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,591,444	\$9,336,815	(\$254,629)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$959,562	\$273,342	(\$686,220)	-72%
5	Due From Affiliates	\$13,432,987	\$10,587,145	(\$2,845,842)	-21%
6	Due From Third Party Payers	\$1,558,509	\$976,533	(\$581,976)	-37%
7	Inventories of Supplies	\$1,072,145	\$1,150,786	\$78,641	7%
8	Prepaid Expenses	\$731,475	\$1,181,196	\$449,721	61%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$30,307,123	\$29,484,399	(\$822,724)	-3%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$951,143	\$932,370	(\$18,773)	-2%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$19,369,698	\$17,492,451	(\$1,877,247)	-10%
	Total Noncurrent Assets Whose Use is Limited:	\$20,320,841	\$18,424,821	(\$1,896,020)	-9%
5	Interest in Net Assets of Foundation	\$2,202,523	\$2,008,301	(\$194,222)	-9%
6	Long Term Investments	\$2,080,032	\$2,503,896	\$423,864	20%
7	Other Noncurrent Assets	\$2,157,554	\$3,369,756	\$1,212,202	56%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$86,765,509	\$86,111,092	(\$654,417)	-1%
2	Less: Accumulated Depreciation	\$49,988,274	\$51,499,588	\$1,511,314	3%
	Property, Plant and Equipment, Net	\$36,777,235	\$34,611,504	(\$2,165,731)	-6%
3	Construction in Progress	\$103,207	\$498,366	\$395,159	383%
	Total Net Fixed Assets	\$36,880,442	\$35,109,870	(\$1,770,572)	-5%
	Total Assets	\$93,948,515	\$90,901,043	(\$3,047,472)	-3%

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		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$5,645,268	\$5,997,455	\$352,187	6%
2	Salaries, Wages and Payroll Taxes	\$857,661	\$776,867	(\$80,794)	-9%
3	Due To Third Party Payers	\$536,720	\$343,065	(\$193,655)	-36%
4	Due To Affiliates	\$5,197,157	\$7,047,172	\$1,850,015	36%
5	Current Portion of Long Term Debt	\$4,746,835	\$774,614	(\$3,972,221)	-84%
6	Current Portion of Notes Payable	\$478,900	\$566,800	\$87,900	18%
7	Other Current Liabilities	\$331,329	\$508,873	\$177,544	54%
	Total Current Liabilities	\$17,793,870	\$16,014,846	(\$1,779,024)	-10%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$24,352,761	\$23,781,213	(\$571,548)	-2%
2	Notes Payable (Net of Current Portion)	\$2,247,208	\$1,474,544	(\$772,664)	-34%
	Total Long Term Debt	\$26,599,969	\$25,255,757	(\$1,344,212)	-5%
3	Accrued Pension Liability	\$7,082,454	\$12,439,602	\$5,357,148	76%
4	Other Long Term Liabilities	\$710,154	\$728,623	\$18,469	3%
	Total Long Term Liabilities	\$34,392,577	\$38,423,982	\$4,031,405	12%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$36,356,992	\$31,533,927	(\$4,823,065)	-13%
2	Temporarily Restricted Net Assets	\$1,938,409	\$1,502,364	(\$436,045)	-22%
3	Permanently Restricted Net Assets	\$3,466,667	\$3,425,924	(\$40,743)	-1%
	Total Net Assets	\$41,762,068	\$36,462,215	(\$5,299,853)	-13%
	Total Liabilities and Net Assets	\$93,948,515	\$90,901,043	(\$3,047,472)	-3%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$135,988,501	\$140,926,612	\$4,938,111	4%
2	Less: Allowances	\$73,223,013	\$75,435,363	\$2,212,350	3%
3	Less: Charity Care	\$962,474	\$550,997	(\$411,477)	-43%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$61,803,014	\$64,940,252	\$3,137,238	5%
5	Other Operating Revenue	\$5,987,103	\$5,004,477	(\$982,626)	-16%
6	Net Assets Released from Restrictions	\$7,058	\$36,472	\$29,414	417%
	Total Operating Revenue	\$67,797,175	\$69,981,201	\$2,184,026	3%
B. Operating Expenses:					
1	Salaries and Wages	\$29,000,247	\$30,097,396	\$1,097,149	4%
2	Fringe Benefits	\$7,583,121	\$7,053,677	(\$529,444)	-7%
3	Physicians Fees	\$2,845,101	\$2,740,261	(\$104,840)	-4%
4	Supplies and Drugs	\$9,448,357	\$7,782,326	(\$1,666,031)	-18%
5	Depreciation and Amortization	\$4,020,822	\$3,982,798	(\$38,024)	-1%
6	Bad Debts	\$2,740,855	\$3,876,624	\$1,135,769	41%
7	Interest	\$1,464,243	\$1,275,285	(\$188,958)	-13%
8	Malpractice	\$871,901	\$1,042,082	\$170,181	20%
9	Other Operating Expenses	\$7,955,751	\$8,388,810	\$433,059	5%
	Total Operating Expenses	\$65,930,398	\$66,239,259	\$308,861	0%
	Income/(Loss) From Operations	\$1,866,777	\$3,741,942	\$1,875,165	100%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,470	(\$1,555,184)	(\$1,557,654)	-63063%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,818,841)	(\$825,613)	\$1,993,228	-71%
	Total Non-Operating Revenue	(\$2,816,371)	(\$2,380,797)	\$435,574	-15%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$949,594)	\$1,361,145	\$2,310,739	-243%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$949,594)	\$1,361,145	\$2,310,739	-243%
	Principal Payments	\$0	\$5,228,534	\$5,228,534	0%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$28,534,708	\$32,007,267	\$3,472,559	12%
2	MEDICARE MANAGED CARE	\$3,460,639	\$4,342,746	\$882,107	25%
3	MEDICAID	\$2,122,198	\$1,341,424	(\$780,774)	-37%
4	MEDICAID MANAGED CARE	\$2,520,028	\$3,277,723	\$757,695	30%
5	CHAMPUS/TRICARE	\$61,767	\$86,402	\$24,635	40%
6	COMMERCIAL INSURANCE	\$1,348,432	\$1,151,924	(\$196,508)	-15%
7	NON-GOVERNMENT MANAGED CARE	\$15,050,186	\$13,917,563	(\$1,132,623)	-8%
8	WORKER'S COMPENSATION	\$327,214	\$200,481	(\$126,733)	-39%
9	SELF- PAY/UNINSURED	\$1,325,518	\$1,260,645	(\$64,873)	-5%
10	SAGA	\$1,152,410	\$1,770,817	\$618,407	54%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$55,903,100	\$59,356,992	\$3,453,892	6%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$21,295,155	\$20,666,520	(\$628,635)	-3%
2	MEDICARE MANAGED CARE	\$2,869,596	\$4,061,027	\$1,191,431	42%
3	MEDICAID	\$2,614,668	\$2,654,472	\$39,804	2%
4	MEDICAID MANAGED CARE	\$6,102,221	\$7,680,250	\$1,578,029	26%
5	CHAMPUS/TRICARE	\$267,550	\$234,543	(\$33,007)	-12%
6	COMMERCIAL INSURANCE	\$2,475,685	\$2,387,804	(\$87,881)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$38,113,795	\$36,053,847	(\$2,059,948)	-5%
8	WORKER'S COMPENSATION	\$1,239,081	\$1,325,938	\$86,857	7%
9	SELF- PAY/UNINSURED	\$2,814,218	\$4,141,394	\$1,327,176	47%
10	SAGA	\$2,293,433	\$2,363,824	\$70,391	3%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$80,085,402	\$81,569,619	\$1,484,217	2%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$49,829,863	\$52,673,787	\$2,843,924	6%
2	MEDICARE MANAGED CARE	\$6,330,235	\$8,403,773	\$2,073,538	33%
3	MEDICAID	\$4,736,866	\$3,995,896	(\$740,970)	-16%
4	MEDICAID MANAGED CARE	\$8,622,249	\$10,957,973	\$2,335,724	27%
5	CHAMPUS/TRICARE	\$329,317	\$320,945	(\$8,372)	-3%
6	COMMERCIAL INSURANCE	\$3,824,117	\$3,539,728	(\$284,389)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$53,163,981	\$49,971,410	(\$3,192,571)	-6%
8	WORKER'S COMPENSATION	\$1,566,295	\$1,526,419	(\$39,876)	-3%
9	SELF- PAY/UNINSURED	\$4,139,736	\$5,402,039	\$1,262,303	30%
10	SAGA	\$3,445,843	\$4,134,641	\$688,798	20%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$135,988,502	\$140,926,611	\$4,938,109	4%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$12,593,184	\$13,587,303	\$994,119	8%
2	MEDICARE MANAGED CARE	\$1,549,564	\$1,831,160	\$281,596	18%
3	MEDICAID	\$754,454	\$605,294	(\$149,160)	-20%
4	MEDICAID MANAGED CARE	\$902,413	\$1,209,700	\$307,287	34%
5	CHAMPUS/TRICARE	\$38,732	\$38,372	(\$360)	-1%
6	COMMERCIAL INSURANCE	\$983,450	\$836,093	(\$147,357)	-15%
7	NON-GOVERNMENT MANAGED CARE	\$7,936,860	\$7,739,554	(\$197,306)	-2%
8	WORKER'S COMPENSATION	\$282,475	\$120,116	(\$162,359)	-57%
9	SELF- PAY/UNINSURED	\$379,929	\$345,733	(\$34,196)	-9%
10	SAGA	\$119,113	\$197,211	\$78,098	66%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$25,540,174	\$26,510,536	\$970,362	4%
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$6,184,753	\$6,742,685	\$557,932	9%
2	MEDICARE MANAGED CARE	\$875,801	\$1,224,909	\$349,108	40%

**ROCKVILLE GENERAL HOSPITAL
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FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$609,929	\$719,595	\$109,666	18%
4	MEDICAID MANAGED CARE	\$1,989,358	\$2,510,001	\$520,643	26%
5	CHAMPUS/TRICARE	\$176,385	\$145,305	(\$31,080)	-18%
6	COMMERCIAL INSURANCE	\$2,213,424	\$2,151,419	(\$62,005)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$19,442,092	\$18,840,525	(\$601,567)	-3%
8	WORKER'S COMPENSATION	\$470,547	\$460,287	(\$10,260)	-2%
9	SELF- PAY/UNINSURED	\$922,400	\$1,175,074	\$252,674	27%
10	SAGA	\$322,547	\$294,211	(\$28,336)	-9%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$33,207,236	\$34,264,011	\$1,056,775	3%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$18,777,937	\$20,329,988	\$1,552,051	8%
2	MEDICARE MANAGED CARE	\$2,425,365	\$3,056,069	\$630,704	26%
3	MEDICAID	\$1,364,383	\$1,324,889	(\$39,494)	-3%
4	MEDICAID MANAGED CARE	\$2,891,771	\$3,719,701	\$827,930	29%
5	CHAMPUS/TRICARE	\$215,117	\$183,677	(\$31,440)	-15%
6	COMMERCIAL INSURANCE	\$3,196,874	\$2,987,512	(\$209,362)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$27,378,952	\$26,580,079	(\$798,873)	-3%
8	WORKER'S COMPENSATION	\$753,022	\$580,403	(\$172,619)	-23%
9	SELF- PAY/UNINSURED	\$1,302,329	\$1,520,807	\$218,478	17%
10	SAGA	\$441,660	\$491,422	\$49,762	11%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$58,747,410	\$60,774,547	\$2,027,137	3%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,418	1,532	114	8%
2	MEDICARE MANAGED CARE	182	234	52	29%
3	MEDICAID	146	103	(43)	-29%
4	MEDICAID MANAGED CARE	340	355	15	4%
5	CHAMPUS/TRICARE	11	8	(3)	-27%
6	COMMERCIAL INSURANCE	117	103	(14)	-12%
7	NON-GOVERNMENT MANAGED CARE	1,173	1,014	(159)	-14%
8	WORKER'S COMPENSATION	20	10	(10)	-50%
9	SELF- PAY/UNINSURED	64	63	(1)	-2%
10	SAGA	68	87	19	28%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	3,539	3,509	(30)	-1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	7,585	8,327	742	10%
2	MEDICARE MANAGED CARE	949	1,077	128	13%
3	MEDICAID	691	412	(279)	-40%
4	MEDICAID MANAGED CARE	939	1,075	136	14%
5	CHAMPUS/TRICARE	24	23	(1)	-4%
6	COMMERCIAL INSURANCE	583	419	(164)	-28%
7	NON-GOVERNMENT MANAGED CARE	3,777	3,319	(458)	-12%
8	WORKER'S COMPENSATION	39	19	(20)	-51%
9	SELF- PAY/UNINSURED	334	185	(149)	-45%
10	SAGA	264	499	235	89%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	15,185	15,355	170	1%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	20,243	15,583	(4,660)	-23%
2	MEDICARE MANAGED CARE	2,451	2,998	547	22%
3	MEDICAID	2,714	2,571	(143)	-5%
4	MEDICAID MANAGED CARE	8,000	8,935	935	12%
5	CHAMPUS/TRICARE	309	331	22	7%
6	COMMERCIAL INSURANCE	3,098	2,965	(133)	-4%
7	NON-GOVERNMENT MANAGED CARE	51,978	45,220	(6,758)	-13%
8	WORKER'S COMPENSATION	1,101	1,094	(7)	-1%

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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	4,150	4,569	419	10%
10	SAGA	2,239	2,492	253	11%
11	OTHER	37	38	1	3%
	TOTAL OUTPATIENT VISITS	96,320	86,796	(9,524)	-10%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$6,825,176	\$8,597,347	\$1,772,171	26%
2	MEDICARE MANAGED CARE	\$725,601	\$1,331,471	\$605,870	83%
3	MEDICAID	\$1,626,721	\$1,861,137	\$234,416	14%
4	MEDICAID MANAGED CARE	\$3,809,080	\$5,305,573	\$1,496,493	39%
5	CHAMPUS/TRICARE	\$146,506	\$143,888	(\$2,618)	-2%
6	COMMERCIAL INSURANCE	\$1,267,211	\$1,454,862	\$187,651	15%
7	NON-GOVERNMENT MANAGED CARE	\$13,311,724	\$14,484,357	\$1,172,633	9%
8	WORKER'S COMPENSATION	\$649,357	\$587,829	(\$61,528)	-9%
9	SELF- PAY/UNINSURED	\$2,413,385	\$3,071,932	\$658,547	27%
10	SAGA	\$1,607,721	\$2,035,856	\$428,135	27%
11	OTHER	\$27,358	\$63,775	\$36,417	133%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$32,409,840	\$38,938,027	\$6,528,187	20%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,888,798	\$2,194,642	\$305,844	16%
2	MEDICARE MANAGED CARE	\$206,365	\$357,172	\$150,807	73%
3	MEDICAID	\$380,333	\$455,143	\$74,810	20%
4	MEDICAID MANAGED CARE	\$1,047,572	\$1,475,864	\$428,292	41%
5	CHAMPUS/TRICARE	\$82,992	\$62,359	(\$20,633)	-25%
6	COMMERCIAL INSURANCE	\$987,741	\$1,072,166	\$84,425	9%
7	NON-GOVERNMENT MANAGED CARE	\$8,051,342	\$8,887,783	\$836,441	10%
8	WORKER'S COMPENSATION	\$484,104	\$437,629	(\$46,475)	-10%
9	SELF- PAY/UNINSURED	\$1,556,261	\$1,822,292	\$266,031	17%
10	SAGA	\$230,080	\$251,111	\$21,031	9%
11	OTHER	\$4,675	\$22,757	\$18,082	387%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$14,920,263	\$17,038,918	\$2,118,655	14%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	3,623	3,828	205	6%
2	MEDICARE MANAGED CARE	348	574	226	65%
3	MEDICAID	1,260	1,259	(1)	0%
4	MEDICAID MANAGED CARE	3,464	4,115	651	19%
5	CHAMPUS/TRICARE	105	105	0	0%
6	COMMERCIAL INSURANCE	869	773	(96)	-11%
7	NON-GOVERNMENT MANAGED CARE	9,142	8,924	(218)	-2%
8	WORKER'S COMPENSATION	609	541	(68)	-11%
9	SELF- PAY/UNINSURED	1,963	2,007	44	2%
10	SAGA	1,283	1,457	174	14%
11	OTHER	17	25	8	47%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	22,683	23,608	925	4%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$9,268,584	\$10,043,170	\$774,586	8%
2	Physician Salaries	\$1,955,370	\$2,002,782	\$47,412	2%
3	Non-Nursing, Non-Physician Salaries	\$17,776,293	\$18,051,444	\$275,151	2%
	Total Salaries & Wages	\$29,000,247	\$30,097,396	\$1,097,149	4%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$2,423,593	\$2,358,076	(\$65,517)	-3%
2	Physician Fringe Benefits	\$511,299	\$470,241	(\$41,058)	-8%
3	Non-Nursing, Non-Physician Fringe Benefits	\$4,648,229	\$4,225,360	(\$422,869)	-9%
	Total Fringe Benefits	\$7,583,121	\$7,053,677	(\$529,444)	-7%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$203,402	\$155,965	(\$47,437)	-23%
2	Physician Fees	\$2,845,101	\$2,740,261	(\$104,840)	-4%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$3,048,503	\$2,896,226	(\$152,277)	-5%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$8,145,573	\$6,504,858	(\$1,640,715)	-20%
2	Pharmaceutical Costs	\$1,302,784	\$1,277,468	(\$25,316)	-2%
	Total Medical Supplies and Pharmaceutical Cost	\$9,448,357	\$7,782,326	(\$1,666,031)	-18%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$2,725,671	\$2,522,633	(\$203,038)	-7%
2	Depreciation-Equipment	\$1,295,151	\$1,460,165	\$165,014	13%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$4,020,822	\$3,982,798	(\$38,024)	-1%
F.	Bad Debts:				
1	Bad Debts	\$2,740,855	\$3,876,624	\$1,135,769	41%
G.	Interest Expense:				
1	Interest Expense	\$1,464,243	\$1,275,285	(\$188,958)	-13%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$871,901	\$1,042,082	\$170,181	20%
I.	Utilities:				
1	Water	\$54,929	\$49,922	(\$5,007)	-9%
2	Natural Gas	\$20,858	\$234,094	\$213,236	1022%
3	Oil	\$474,252	\$105,674	(\$368,578)	-78%
4	Electricity	\$647,675	\$645,383	(\$2,292)	0%
5	Telephone	\$197,112	\$180,745	(\$16,367)	-8%
6	Other Utilities	\$28,260	\$41,125	\$12,865	46%
	Total Utilities	\$1,423,086	\$1,256,943	(\$166,143)	-12%
J.	Business Expenses:				
1	Accounting Fees	\$124,701	\$133,141	\$8,440	7%
2	Legal Fees	\$316,922	\$313,618	(\$3,304)	-1%
3	Consulting Fees	\$75,288	\$154,067	\$78,779	105%
4	Dues and Membership	\$112,274	\$117,045	\$4,771	4%
5	Equipment Leases	\$158,492	\$164,199	\$5,707	4%
6	Building Leases	\$297,787	\$270,791	(\$26,996)	-9%
7	Repairs and Maintenance	\$713,867	\$735,831	\$21,964	3%
8	Insurance	\$290,844	\$271,227	(\$19,617)	-7%
9	Travel	\$19,896	\$14,578	(\$5,318)	-27%
10	Conferences	\$5,489	\$3,006	(\$2,483)	-45%
11	Property Tax	\$20,285	\$81	(\$20,204)	-100%
12	General Supplies	\$178,184	\$177,180	(\$1,004)	-1%
13	Licenses and Subscriptions	\$105,513	\$120,212	\$14,699	14%
14	Postage and Shipping	\$8,650	\$10,414	\$1,764	20%
15	Advertising	\$183,246	\$135,483	(\$47,763)	-26%
16	Other Business Expenses	\$3,717,825	\$4,355,029	\$637,204	17%
	Total Business Expenses	\$6,329,263	\$6,975,902	\$646,639	10%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$65,930,398	\$66,239,259	\$308,861	0%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$1,899,308	\$1,941,628	\$42,320	2%
2	General Accounting	\$1,162,755	\$834,097	(\$328,658)	-28%
3	Patient Billing & Collection	\$455,034	\$445,571	(\$9,463)	-2%
4	Admitting / Registration Office	\$566,008	\$541,859	(\$24,149)	-4%
5	Data Processing	\$1,609,130	\$1,702,458	\$93,328	6%
6	Communications	\$426,472	\$761,296	\$334,824	79%
7	Personnel	\$6,137,214	\$5,561,286	(\$575,928)	-9%
8	Public Relations	\$248	\$21	(\$227)	-92%
9	Purchasing	\$216,963	\$272,559	\$55,596	26%
10	Dietary and Cafeteria	\$1,066,896	\$1,087,742	\$20,846	2%
11	Housekeeping	\$853,776	\$830,501	(\$23,275)	-3%
12	Laundry & Linen	\$271,391	\$300,958	\$29,567	11%
13	Operation of Plant	\$1,273,261	\$1,133,006	(\$140,255)	-11%
14	Security	\$446,923	\$432,070	(\$14,853)	-3%
15	Repairs and Maintenance	\$746,204	\$680,786	(\$65,418)	-9%
16	Central Sterile Supply	\$329,370	\$325,183	(\$4,187)	-1%
17	Pharmacy Department	\$1,842,073	\$1,841,710	(\$363)	0%
18	Other General Services	\$12,577,743	\$13,617,578	\$1,039,835	8%
	Total General Services	\$31,880,769	\$32,310,309	\$429,540	1%
B.	Professional Services:				
1	Medical Care Administration	\$2,371,793	\$2,299,705	(\$72,088)	-3%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$263,400	\$286,161	\$22,761	9%
4	Medical Records	\$833,109	\$830,507	(\$2,602)	0%
5	Social Service	\$40,605	\$40,257	(\$348)	-1%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$3,508,907	\$3,456,630	(\$52,277)	-1%
C.	Special Services:				
1	Operating Room	\$5,273,749	\$4,885,465	(\$388,284)	-7%
2	Recovery Room	\$438,718	\$439,216	\$498	0%
3	Anesthesiology	\$376,262	\$313,089	(\$63,173)	-17%
4	Delivery Room	\$1,074,259	\$1,035,100	(\$39,159)	-4%
5	Diagnostic Radiology	\$1,157,556	\$1,117,622	(\$39,934)	-3%
6	Diagnostic Ultrasound	\$241,163	\$276,468	\$35,305	15%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$281,082	\$237,575	(\$43,507)	-15%
9	CT Scan	\$387,425	\$398,396	\$10,971	3%
10	Laboratory	\$4,169,065	\$3,663,411	(\$505,654)	-12%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,065,382	\$1,151,604	\$86,222	8%
13	Electrocardiology	\$122,406	\$123,527	\$1,121	1%
14	Electroencephalography	\$13,584	\$25,324	\$11,740	86%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$37,754	\$45,547	\$7,793	21%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$43,079	\$39,888	(\$3,191)	-7%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$116,833	\$150,011	\$33,178	28%
24	Emergency Room	\$4,382,814	\$4,763,170	\$380,356	9%
25	MRI	\$382,570	\$194,248	(\$188,322)	-49%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$900,744	\$850,377	(\$50,367)	-6%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$29,076	\$51,856	\$22,780	78%
32	Occupational Therapy / Physical Therapy	\$1,358,345	\$1,506,680	\$148,335	11%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,133,769	\$1,216,838	\$83,069	7%
	Total Special Services	\$22,985,635	\$22,485,412	(\$500,223)	-2%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$3,788,912	\$4,042,585	\$253,673	7%
2	Intensive Care Unit	\$1,730,225	\$1,951,615	\$221,390	13%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,074,259	\$1,035,100	(\$39,159)	-4%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$491,661	\$477,139	(\$14,522)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$470,030	\$480,469	\$10,439	2%
	Total Routine Services	\$7,555,087	\$7,986,908	\$431,821	6%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$65,930,398	\$66,239,259	\$308,861	0%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

ROCKVILLE GENERAL 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
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$59,238,196	\$ 61,803,014	\$64,940,252
2	Other Operating Revenue	5,861,929	5,994,161	5,040,949
3	Total Operating Revenue	\$65,100,125	\$67,797,175	\$69,981,201
4	Total Operating Expenses	64,216,399	65,930,398	66,239,259
5	Income/(Loss) From Operations	\$883,726	\$1,866,777	\$3,741,942
6	Total Non-Operating Revenue	(57,629)	(2,816,371)	(2,380,797)
7	Excess/(Deficiency) of Revenue Over Expenses	\$826,097	(\$949,594)	\$1,361,145
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	1.36%	2.87%	5.54%
2	Hospital Non Operating Margin	-0.09%	-4.33%	-3.52%
3	Hospital Total Margin	1.27%	-1.46%	2.01%
4	Income/(Loss) From Operations	\$883,726	\$1,866,777	\$3,741,942
5	Total Operating Revenue	\$65,100,125	\$67,797,175	\$69,981,201
6	Total Non-Operating Revenue	(\$57,629)	(\$2,816,371)	(\$2,380,797)
7	Total Revenue	\$65,042,496	\$64,980,804	\$67,600,404
8	Excess/(Deficiency) of Revenue Over Expenses	\$826,097	(\$949,594)	\$1,361,145
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$42,159,714	\$36,356,992	\$31,533,927
2	Hospital Total Net Assets	\$48,003,762	\$41,762,068	\$36,462,215
3	Hospital Change in Total Net Assets	\$48,003,762	(\$6,241,694)	(\$5,299,853)
4	Hospital Change in Total Net Assets %	0.0%	-13.0%	-12.7%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.46	0.45	0.45
2	Total Operating Expenses	\$61,563,159	\$63,189,543	\$66,239,259
3	Total Gross Revenue	\$126,695,137	\$135,988,502	\$140,926,612
4	Total Other Operating Revenue	\$5,847,708	\$5,987,103	\$5,040,949
5	<u>Private Payment to Cost Ratio</u>	1.18	1.20	1.21
6	Total Non-Government Payments	\$30,922,901	\$32,631,177	\$31,668,801

ROCKVILLE GENERAL 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
7	Total Uninsured Payments	\$2,216,110	\$1,302,329	\$1,520,807
8	Total Non-Government Charges	\$58,028,018	\$62,694,129	\$60,439,596
9	Total Uninsured Charges	\$5,523,320	\$4,139,736	\$5,402,039
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.85	0.84
11	Total Medicare Payments	\$20,932,719	\$21,203,302	\$23,386,057
12	Total Medicare Charges	\$54,333,240	\$56,160,098	\$61,077,560
13	<u>Medicaid Payment to Cost Ratio</u>	0.71	0.72	0.74
14	Total Medicaid Payments	\$3,794,817	\$4,256,154	\$5,044,590
15	Total Medicaid Charges	\$11,485,686	\$13,359,115	\$14,953,869
16	<u>Uncompensated Care Cost</u>	\$1,511,074	\$1,632,207	\$2,009,230
17	Charity Care	\$600,038	\$926,423	\$550,997
18	Bad Debts	\$2,653,240	\$2,740,855	\$3,876,624
19	Total Uncompensated Care	\$3,253,278	\$3,667,278	\$4,427,621
20	<u>Uncompensated Care % of Total Expenses</u>	2.5%	2.6%	3.0%
21	Total Operating Expenses	\$61,563,159	\$63,189,543	\$66,239,259
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.01	1.70	1.84
2	Total Current Assets	\$10,869,399	\$30,307,123	\$29,484,399
3	Total Current Liabilities	\$10,801,274	\$17,793,870	\$16,014,846
4	<u>Days Cash on Hand</u>	2	17	35
5	Cash and Cash Equivalents	\$280,888	\$2,961,001	\$5,978,582
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$280,888	\$2,961,001	\$5,978,582
8	Total Operating Expenses	\$64,216,399	\$65,930,398	\$66,239,259
9	Depreciation Expense	\$3,362,870	\$4,020,822	\$3,982,798
10	Operating Expenses less Depreciation Expense	\$60,853,529	\$61,909,576	\$62,256,461
11	<u>Days Revenue in Patient Accounts Receivable</u>	53.98	62.68	56.04

ROCKVILLE GENERAL 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
12	Net Patient Accounts Receivable	\$ 8,760,592	\$ 9,591,444	\$ 9,336,815
13	Due From Third Party Payers	\$0	\$1,558,509	\$976,533
14	Due To Third Party Payers	\$0	\$536,720	\$343,065
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 8,760,592	\$ 10,613,233	\$ 9,970,283
16	Total Net Patient Revenue	\$59,238,196	\$ 61,803,014	\$ 64,940,252
17	Average Payment Period	64.79	104.91	93.89
18	Total Current Liabilities	\$10,801,274	\$17,793,870	\$16,014,846
19	Total Operating Expenses	\$64,216,399	\$65,930,398	\$66,239,259
20	Depreciation Expense	\$3,362,870	\$4,020,822	\$3,982,798
21	Total Operating Expenses less Depreciation Expense	\$60,853,529	\$61,909,576	\$62,256,461
F. Solvency Measures Summary				
1	Equity Financing Ratio	52.6	44.5	40.1
2	Total Net Assets	\$48,003,762	\$41,762,068	\$36,462,215
3	Total Assets	\$91,213,658	\$93,948,515	\$90,901,043
4	Cash Flow to Total Debt Ratio	11.5	6.9	12.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$826,097	(\$949,594)	\$1,361,145
6	Depreciation Expense	\$3,362,870	\$4,020,822	\$3,982,798
7	Excess of Revenues Over Expenses and Depreciation Expense	\$4,188,967	\$3,071,228	\$5,343,943
8	Total Current Liabilities	\$10,801,274	\$17,793,870	\$16,014,846
9	Total Long Term Debt	\$25,724,055	\$26,599,969	\$25,255,757
10	Total Current Liabilities and Total Long Term Debt	\$36,525,329	\$44,393,839	\$41,270,603
11	Long Term Debt to Capitalization Ratio	34.9	38.9	40.9
12	Total Long Term Debt	\$25,724,055	\$26,599,969	\$25,255,757
13	Total Net Assets	\$48,003,762	\$41,762,068	\$36,462,215
14	Total Long Term Debt and Total Net Assets	\$73,727,817	\$68,362,037	\$61,717,972
15	Debt Service Coverage Ratio	4.4	3.1	1.0
16	Excess Revenues over Expenses	\$826,097	(\$949,594)	\$1,361,145
17	Interest Expense	\$1,219,045	\$1,464,243	\$1,275,285
18	Depreciation and Amortization Expense	\$3,362,870	\$4,020,822	\$3,982,798

ROCKVILLE GENERAL 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
19	Principal Payments	\$0	\$0	\$5,228,534
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	13.8	12.4	12.9
21	Accumulated Depreciation	\$46,448,507	\$49,988,274	\$51,499,588
22	Depreciation and Amortization Expense	\$3,362,870	\$4,020,822	\$3,982,798
H. <u>Utilization Measures Summary</u>				
1	Patient Days	14,828	15,185	15,355
2	Discharges	3,589	3,539	3,510
3	ALOS	4.1	4.3	4.4
4	Staffed Beds	66	66	66
5	Available Beds	-	-	118
6	Licensed Beds	118	118	118
6	Occupancy of Staffed Beds	61.6%	63.0%	63.7%
7	Occupancy of Available Beds	34.4%	35.3%	35.7%
8	Full Time Equivalent Employees	444.2	443.2	444.0
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	41.4%	43.1%	39.1%
2	Medicare Gross Revenue Payer Mix Percentage	42.9%	41.3%	43.3%
3	Medicaid Gross Revenue Payer Mix Percentage	9.1%	9.8%	10.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.1%	2.5%	2.9%
5	Uninsured Gross Revenue Payer Mix Percentage	4.4%	3.0%	3.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$52,504,698	\$58,554,393	\$55,037,557
9	Medicare Gross Revenue (Charges)	\$54,333,240	\$56,160,098	\$61,077,560
10	Medicaid Gross Revenue (Charges)	\$11,485,686	\$13,359,115	\$14,953,869
11	Other Medical Assistance Gross Revenue (Charges)	\$2,600,328	\$3,445,843	\$4,134,642
12	Uninsured Gross Revenue (Charges)	\$5,523,320	\$4,139,736	\$5,402,039
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$247,865	\$329,317	\$320,945
14	Total Gross Revenue (Charges)	\$126,695,137	\$135,988,502	\$140,926,612
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	51.0%	53.3%	49.6%

ROCKVILLE GENERAL 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
2	Medicare Net Revenue Payer Mix Percentage	37.2%	36.1%	38.5%
3	Medicaid Net Revenue Payer Mix Percentage	6.7%	7.2%	8.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.9%	0.8%	0.8%
5	Uninsured Net Revenue Payer Mix Percentage	3.9%	2.2%	2.5%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.4%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$28,706,791	\$31,328,848	\$30,147,994
9	Medicare Net Revenue (Payments)	\$20,932,719	\$21,203,302	\$23,386,057
10	Medicaid Net Revenue (Payments)	\$3,794,817	\$4,256,154	\$5,044,590
11	Other Medical Assistance Net Revenue (Payments)	\$517,607	\$441,660	\$491,421
12	Uninsured Net Revenue (Payments)	\$2,216,110	\$1,302,329	\$1,520,807
13	CHAMPUS / TRICARE Net Revenue Payments)	\$102,249	\$215,117	\$183,677
14	Total Net Revenue (Payments)	\$56,270,293	\$58,747,410	\$60,774,546
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	1,336	1,374	1,190
2	Medicare	1,607	1,600	1,766
3	Medical Assistance	641	554	546
4	Medicaid	574	486	458
5	Other Medical Assistance	67	68	88
6	CHAMPUS / TRICARE	5	11	8
7	Uninsured (Included In Non-Government)	65	64	63
8	Total	3,589	3,539	3,510
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	0.992070	1.077520	1.026770
2	Medicare	1.407820	1.394830	1.464480
3	Medical Assistance	0.673762	0.807325	0.883824
4	Medicaid	0.615470	0.763920	0.805490
5	Other Medical Assistance	1.173160	1.117550	1.291520
6	CHAMPUS / TRICARE	0.718800	0.617650	0.959670
7	Uninsured (Included In Non-Government)	1.115930	1.473070	1.004200
8	Total Case Mix Index	1.120994	1.177251	1.224607
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	2,137	2,245	2,337
2	Emergency Room - Treated and Discharged	21,510	22,683	23,608
3	Total Emergency Room Visits	23,647	24,928	25,945

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$39,233	\$8,962	(\$30,271)	-77%
2	Inpatient Payments	\$26,498	\$8,541	(\$17,957)	-68%
3	Outpatient Charges	\$8,263	\$68,647	\$60,384	731%
4	Outpatient Payments	\$2,739	\$25,476	\$22,737	830%
5	Discharges	1	1	0	0%
6	Patient Days	6	2	(4)	-67%
7	Outpatient Visits (Excludes ED Visits)	16	41	25	156%
8	Emergency Department Outpatient Visits	0	12	12	0%
9	Emergency Department Inpatient Admissions	2	1	(1)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$47,496	\$77,609	\$30,113	63%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$29,237	\$34,017	\$4,780	16%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$229,741	\$1,123,520	\$893,779	389%
2	Inpatient Payments	\$92,629	\$461,360	\$368,731	398%
3	Outpatient Charges	\$150,101	\$851,907	\$701,806	468%
4	Outpatient Payments	\$61,470	\$249,450	\$187,980	306%
5	Discharges	7	48	41	586%
6	Patient Days	53	242	189	357%
7	Outpatient Visits (Excludes ED Visits)	92	559	467	508%
8	Emergency Department Outpatient Visits	17	102	85	500%
9	Emergency Department Inpatient Admissions	7	38	31	443%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$379,842	\$1,975,427	\$1,595,585	420%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$154,099	\$710,810	\$556,711	361%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$2,480,732	\$2,119,643	(\$361,089)	-15%
2	Inpatient Payments	\$1,120,383	\$913,265	(\$207,118)	-18%
3	Outpatient Charges	\$2,122,527	\$2,142,498	\$19,971	1%
4	Outpatient Payments	\$619,485	\$614,957	(\$4,528)	-1%
5	Discharges	136	130	(6)	-4%
6	Patient Days	680	542	(138)	-20%
7	Outpatient Visits (Excludes ED Visits)	1,505	1,263	(242)	-16%
8	Emergency Department Outpatient Visits	239	281	42	18%
9	Emergency Department Inpatient Admissions	100	101	1	1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,603,259	\$4,262,141	(\$341,118)	-7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,739,868	\$1,528,222	(\$211,646)	-12%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$163,168	\$438,253	\$275,085	169%
2	Inpatient Payments	\$73,426	\$197,214	\$123,788	169%
3	Outpatient Charges	\$156,938	\$274,206	\$117,268	75%
4	Outpatient Payments	\$45,857	\$89,320	\$43,463	95%
5	Discharges	13	23	10	77%
6	Patient Days	66	118	52	79%
7	Outpatient Visits (Excludes ED Visits)	138	142	4	3%
8	Emergency Department Outpatient Visits	28	56	28	100%
9	Emergency Department Inpatient Admissions	11	18	7	64%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$320,106	\$712,459	\$392,353	123%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$119,283	\$286,534	\$167,251	140%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$66,287	\$179,042	\$112,755	170%
2	Inpatient Payments	\$25,811	\$62,326	\$36,515	141%
3	Outpatient Charges	\$24,616	\$232,559	\$207,943	845%
4	Outpatient Payments	\$8,291	\$79,825	\$71,534	863%
5	Discharges	4	9	5	125%
6	Patient Days	18	50	32	178%
7	Outpatient Visits (Excludes ED Visits)	19	110	91	479%
8	Emergency Department Outpatient Visits	11	52	41	373%
9	Emergency Department Inpatient Admissions	4	9	5	125%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$90,903	\$411,601	\$320,698	353%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$34,102	\$142,151	\$108,049	317%
I. AETNA					
1	Inpatient Charges	\$414,084	\$429,826	\$15,742	4%
2	Inpatient Payments	\$191,790	\$167,802	(\$23,988)	-13%
3	Outpatient Charges	\$368,690	\$457,775	\$89,085	24%
4	Outpatient Payments	\$125,793	\$154,346	\$28,553	23%
5	Discharges	18	21	3	17%
6	Patient Days	100	119	19	19%
7	Outpatient Visits (Excludes ED Visits)	314	289	(25)	-8%
8	Emergency Department Outpatient Visits	43	60	17	40%
9	Emergency Department Inpatient Admissions	12	18	6	50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$782,774	\$887,601	\$104,827	13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$317,583	\$322,148	\$4,565	1%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$67,394	\$43,500	(\$23,894)	-35%
2	Inpatient Payments	\$19,027	\$20,652	\$1,625	9%
3	Outpatient Charges	\$38,461	\$33,435	(\$5,026)	-13%
4	Outpatient Payments	\$12,166	\$11,535	(\$631)	-5%
5	Discharges	3	2	(1)	-33%
6	Patient Days	26	4	(22)	-85%
7	Outpatient Visits (Excludes ED Visits)	19	20	1	5%
8	Emergency Department Outpatient Visits	10	11	1	10%
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$105,855	\$76,935	(\$28,920)	-27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$31,193	\$32,187	\$994	3%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$3,460,639	\$4,342,746	\$882,107	25%
	TOTAL INPATIENT PAYMENTS	\$1,549,564	\$1,831,160	\$281,596	18%
	TOTAL OUTPATIENT CHARGES	\$2,869,596	\$4,061,027	\$1,191,431	42%
	TOTAL OUTPATIENT PAYMENTS	\$875,801	\$1,224,909	\$349,108	40%
	TOTAL DISCHARGES	182	234	52	29%
	TOTAL PATIENT DAYS	949	1,077	128	13%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,103	2,424	321	15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	348	574	226	65%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	139	185	46	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,330,235	\$8,403,773	\$2,073,538	33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,425,365	\$3,056,069	\$630,704	26%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$1,446,313	\$579,549	(\$866,764)	-60%
2	Inpatient Payments	\$584,616	\$149,923	(\$434,693)	-74%
3	Outpatient Charges	\$4,254,536	\$1,498,519	(\$2,756,017)	-65%
4	Outpatient Payments	\$1,447,084	\$259,846	(\$1,187,238)	-82%
5	Discharges	194	66	(128)	-66%
6	Patient Days	519	182	(337)	-65%
7	Outpatient Visits (Excludes ED Visits)	3,213	987	(2,226)	-69%
8	Emergency Department Outpatient Visits	2,426	780	(1,646)	-68%
9	Emergency Department Inpatient Admissions	35	19	(16)	-46%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,700,849	\$2,078,068	(\$3,622,781)	-64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,031,700	\$409,769	(\$1,621,931)	-80%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$583,212	\$1,719,016	\$1,135,804	195%
2	Inpatient Payments	\$223,210	\$492,929	\$269,719	121%
3	Outpatient Charges	\$762,904	\$3,310,377	\$2,547,473	334%
4	Outpatient Payments	\$245,948	\$1,033,833	\$787,885	320%
5	Discharges	66	164	98	148%
6	Patient Days	219	519	300	137%
7	Outpatient Visits (Excludes ED Visits)	497	2,180	1,683	339%
8	Emergency Department Outpatient Visits	476	1,757	1,281	269%
9	Emergency Department Inpatient Admissions	3	23	20	667%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,346,116	\$5,029,393	\$3,683,277	274%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$469,158	\$1,526,762	\$1,057,604	225%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$370,647	\$383,850	\$13,203	4%
2	Inpatient Payments	\$48,289	\$326,872	\$278,583	577%
3	Outpatient Charges	\$933,120	\$732,877	(\$200,243)	-21%
4	Outpatient Payments	\$252,811	\$493,342	\$240,531	95%
5	Discharges	60	33	(27)	-45%
6	Patient Days	147	126	(21)	-14%
7	Outpatient Visits (Excludes ED Visits)	722	488	(234)	-32%
8	Emergency Department Outpatient Visits	492	401	(91)	-18%
9	Emergency Department Inpatient Admissions	10	7	(3)	-30%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,303,767	\$1,116,727	(\$187,040)	-14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$301,100	\$820,214	\$519,114	172%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$119,856	\$0	(\$119,856)	-100%
2	Inpatient Payments	\$46,298	\$0	(\$46,298)	-100%
3	Outpatient Charges	\$151,661	\$0	(\$151,661)	-100%
4	Outpatient Payments	\$43,515	\$0	(\$43,515)	-100%
5	Discharges	20	0	(20)	-100%
6	Patient Days	54	0	(54)	-100%
7	Outpatient Visits (Excludes ED Visits)	104	0	(104)	-100%
8	Emergency Department Outpatient Visits	70	0	(70)	-100%

**ROCKVILLE GENERAL 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	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$271,517	\$0	(\$271,517)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$89,813	\$0	(\$89,813)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$237,653	\$237,653	0%
2	Inpatient Payments	\$0	\$79,890	\$79,890	0%
3	Outpatient Charges	\$0	\$536,212	\$536,212	0%
4	Outpatient Payments	\$0	\$151,308	\$151,308	0%
5	Discharges	0	25	25	0%
6	Patient Days	0	86	86	0%
7	Outpatient Visits (Excludes ED Visits)	0	296	296	0%
8	Emergency Department Outpatient Visits	0	345	345	0%
9	Emergency Department Inpatient Admissions	0	6	6	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$773,865	\$773,865	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$231,198	\$231,198	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$357,655	\$357,655	0%
2	Inpatient Payments	\$0	\$160,086	\$160,086	0%
3	Outpatient Charges	\$0	\$1,602,265	\$1,602,265	0%
4	Outpatient Payments	\$0	\$571,672	\$571,672	0%
5	Discharges	0	67	67	0%
6	Patient Days	0	162	162	0%
7	Outpatient Visits (Excludes ED Visits)	0	869	869	0%
8	Emergency Department Outpatient Visits	0	832	832	0%
9	Emergency Department Inpatient Admissions	0	3	3	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$1,959,920	\$1,959,920	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$731,758	\$731,758	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$2,520,028	\$3,277,723	\$757,695	30%
	TOTAL INPATIENT PAYMENTS	\$902,413	\$1,209,700	\$307,287	34%
	TOTAL OUTPATIENT CHARGES	\$6,102,221	\$7,680,250	\$1,578,029	26%
	TOTAL OUTPATIENT PAYMENTS	\$1,989,358	\$2,510,001	\$520,643	26%
	TOTAL DISCHARGES	340	355	15	4%
	TOTAL PATIENT DAYS	939	1,075	136	14%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	4,536	4,820	284	6%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,464	4,115	651	19%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	48	58	10	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,622,249	\$10,957,973	\$2,335,724	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,891,771	\$3,719,701	\$827,930	29%

**ROCKVILLE GENERAL 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

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$19,069,672	\$28,001,547	\$8,931,875	47%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,388,331	\$38,270,688	(\$1,117,643)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$2,856,556	\$1,277,330	(\$1,579,226)	-55%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$2,439,694	\$1,491,255	(\$948,439)	-39%
7	Inventories of Supplies	\$3,127,974	\$3,421,510	\$293,536	9%
8	Prepaid Expenses	\$551,522	\$1,138,714	\$587,192	106%
9	Other Current Assets	\$3,173,332	\$4,663,853	\$1,490,521	47%
	Total Current Assets	\$70,607,081	\$78,264,897	\$7,657,816	11%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$6,957,588	\$6,793,869	(\$163,719)	-2%
2	Board Designated for Capital Acquisition	\$5,061,160	\$4,947,207	(\$113,953)	-2%
3	Funds Held in Escrow	\$8,174,965	\$8,243,340	\$68,375	1%
4	Other Noncurrent Assets Whose Use is Limited	\$29,312,758	\$29,370,191	\$57,433	0%
	Total Noncurrent Assets Whose Use is Limited:	\$49,506,471	\$49,354,607	(\$151,864)	0%
5	Interest in Net Assets of Foundation	\$10,850,323	\$9,872,146	(\$978,177)	-9%
6	Long Term Investments	\$13,074,537	\$14,014,738	\$940,201	7%
7	Other Noncurrent Assets	\$8,995,618	\$8,819,270	(\$176,348)	-2%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$278,207,525	\$282,927,246	\$4,719,721	2%
2	Less: Accumulated Depreciation	\$185,468,884	\$182,579,690	(\$2,889,194)	(\$0)
	Property, Plant and Equipment, Net	\$92,738,641	\$100,347,556	\$7,608,915	8%
3	Construction in Progress	\$6,062,959	\$959,544	(\$5,103,415)	-84%
	Total Net Fixed Assets	\$98,801,600	\$101,307,100	\$2,505,500	3%
	Total Assets	\$251,835,630	\$261,632,758	\$9,797,128	4%

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	<u>Current Liabilities:</u>				
1	Accounts Payable and Accrued Expenses	\$28,686,257	\$24,041,903	(\$4,644,354)	-16%
2	Salaries, Wages and Payroll Taxes	\$4,076,943	\$3,564,050	(\$512,893)	-13%
3	Due To Third Party Payers	\$2,464,561	\$885,738	(\$1,578,823)	-64%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$7,396,824	\$7,569,914	\$173,090	2%
6	Current Portion of Notes Payable	\$1,745,000	\$2,159,000	\$414,000	24%
7	Other Current Liabilities	\$3,481,863	\$5,325,724	\$1,843,861	53%
	Total Current Liabilities	\$47,851,448	\$43,546,329	(\$4,305,119)	-9%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$66,501,560	\$79,850,623	\$13,349,063	20%
2	Notes Payable (Net of Current Portion)	\$8,302,614	\$5,449,948	(\$2,852,666)	-34%
	Total Long Term Debt	\$74,804,174	\$85,300,571	\$10,496,397	14%
3	Accrued Pension Liability	\$26,559,471	\$49,853,992	\$23,294,521	88%
4	Other Long Term Liabilities	\$7,121,955	\$7,498,190	\$376,235	5%
	Total Long Term Liabilities	\$108,485,600	\$142,652,753	\$34,167,153	31%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$77,487,476	\$59,586,141	(\$17,901,335)	-23%
2	Temporarily Restricted Net Assets	\$6,655,414	\$4,654,617	(\$2,000,797)	-30%
3	Permanently Restricted Net Assets	\$11,355,692	\$11,192,918	(\$162,774)	-1%
	Total Net Assets	\$95,498,582	\$75,433,676	(\$20,064,906)	-21%
	Total Liabilities and Net Assets	\$251,835,630	\$261,632,758	\$9,797,128	4%

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$578,228,100	\$609,586,123	\$31,358,023	5%
2	Less: Allowances	\$328,109,638	\$346,213,373	\$18,103,735	6%
3	Less: Charity Care	\$2,848,553	\$1,969,726	(\$878,827)	-31%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$247,269,909	\$261,403,024	\$14,133,115	6%
5	Other Operating Revenue	\$19,672,145	\$16,628,943	(\$3,043,202)	-15%
6	Net Assets Released from Restrictions	\$152,165	\$283,705	\$131,540	86%
	Total Operating Revenue	\$267,094,219	\$278,315,672	\$11,221,453	4%
B. Operating Expenses:					
1	Salaries and Wages	\$122,401,216	\$129,751,717	\$7,350,501	6%
2	Fringe Benefits	\$29,880,729	\$32,090,035	\$2,209,306	7%
3	Physicians Fees	\$7,898,219	\$8,097,250	\$199,031	3%
4	Supplies and Drugs	\$72,765,995	\$72,387,201	(\$378,794)	-1%
5	Depreciation and Amortization	\$11,906,435	\$12,231,958	\$325,523	3%
6	Bad Debts	\$9,783,192	\$12,652,590	\$2,869,398	29%
7	Interest	\$4,024,321	\$3,985,420	(\$38,901)	-1%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses	\$258,660,107	\$271,196,171	\$12,536,064	5%
	Income/(Loss) From Operations	\$8,434,112	\$7,119,501	(\$1,314,611)	-16%
C. Non-Operating Revenue:					
1	Income from Investments	\$91,630	(\$1,799,355)	(\$1,890,985)	-2064%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$3,550,919)	(\$2,104,093)	\$1,446,826	-41%
	Total Non-Operating Revenue	(\$3,459,289)	(\$3,903,448)	(\$444,159)	13%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$4,974,823	\$3,216,053	(\$1,758,770)	-35%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$4,974,823	\$3,216,053	(\$1,758,770)	-35%

EASTERN CT HEALTH NETWORK , INC

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2009

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$231,789,348	\$247,269,909	\$261,403,024
2	Other Operating Revenue	18,358,969	19,824,310	16,912,648
3	Total Operating Revenue	\$250,148,317	\$267,094,219	\$278,315,672
4	Total Operating Expenses	250,711,344	258,660,107	271,196,171
5	Income/(Loss) From Operations	(\$563,027)	\$8,434,112	\$7,119,501
6	Total Non-Operating Revenue	251,470	(3,459,289)	(3,903,448)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$311,557)	\$4,974,823	\$3,216,053
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-0.22%	3.20%	2.59%
2	Parent Corporation Non-Operating Margin	0.10%	-1.31%	-1.42%
3	Parent Corporation Total Margin	-0.12%	1.89%	1.17%
4	Income/(Loss) From Operations	(\$563,027)	\$8,434,112	\$7,119,501
5	Total Operating Revenue	\$250,148,317	\$267,094,219	\$278,315,672
6	Total Non-Operating Revenue	\$251,470	(\$3,459,289)	(\$3,903,448)
7	Total Revenue	\$250,399,787	\$263,634,930	\$274,412,224
8	Excess/(Deficiency) of Revenue Over Expenses	(\$311,557)	\$4,974,823	\$3,216,053
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$81,442,382	\$77,487,476	\$59,586,141
2	Parent Corporation Total Net Assets	\$100,092,554	\$95,498,582	\$75,433,676
3	Parent Corporation Change in Total Net Assets	\$100,092,554	(\$4,593,972)	(\$20,064,906)
4	Parent Corporation Change in Total Net Assets %	0.0%	-4.6%	-21.0%

EASTERN CT HEALTH NETWORK , INC				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.20	1.48	1.80
2	Total Current Assets	\$46,399,323	\$70,607,081	\$78,264,897
3	Total Current Liabilities	\$38,763,802	\$47,851,448	\$43,546,329
4	<u>Days Cash on Hand</u>	7	28	39
5	Cash and Cash Equivalents	\$4,267,583	\$19,069,672	\$28,001,547
6	Short Term Investments	1,780	0	0
7	Total Cash and Short Term Investments	\$4,269,363	\$19,069,672	\$28,001,547
8	Total Operating Expenses	\$250,711,344	\$258,660,107	\$271,196,171
9	Depreciation Expense	\$11,734,998	\$11,906,435	\$12,231,958
10	Operating Expenses less Depreciation Expense	\$238,976,346	\$246,753,672	\$258,964,213
11	<u>Days Revenue in Patient Accounts Receivable</u>	57	58	54
12	Net Patient Accounts Receivable	\$ 36,552,254	\$ 39,388,331	\$ 38,270,688
13	Due From Third Party Payers	\$0	\$2,439,694	\$1,491,255
14	Due To Third Party Payers	\$280,615	\$2,464,561	\$885,738
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 36,271,639	\$ 39,363,464	\$ 38,876,205
16	Total Net Patient Revenue	\$231,789,348	\$247,269,909	\$261,403,024
17	<u>Average Payment Period</u>	59	71	61
18	Total Current Liabilities	\$38,763,802	\$47,851,448	\$43,546,329
19	Total Operating Expenses	\$250,711,344	\$258,660,107	\$271,196,171
20	Depreciation Expense	\$11,734,998	\$11,906,435	\$12,231,958
21	Total Operating Expenses less Depreciation Expense	\$238,976,346	\$246,753,672	\$258,964,213

EASTERN CT HEALTH NETWORK , INC				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	40.6	37.9	28.8
2	Total Net Assets	\$100,092,554	\$95,498,582	\$75,433,676
3	Total Assets	\$246,311,959	\$251,835,630	\$261,632,758
4	<u>Cash Flow to Total Debt Ratio</u>	10.2	13.8	12.0
5	Excess/(Deficiency) of Revenues Over Expenses	(\$311,557)	\$4,974,823	\$3,216,053
6	Depreciation Expense	\$11,734,998	\$11,906,435	\$12,231,958
7	Excess of Revenues Over Expenses and Depreciation Expense	\$11,423,441	\$16,881,258	\$15,448,011
8	Total Current Liabilities	\$38,763,802	\$47,851,448	\$43,546,329
9	Total Long Term Debt	\$73,610,299	\$74,804,174	\$85,300,571
10	Total Current Liabilities and Total Long Term Debt	\$112,374,101	\$122,655,622	\$128,846,900
11	<u>Long Term Debt to Capitalization Ratio</u>	42.4	43.9	53.1
12	Total Long Term Debt	\$73,610,299	\$74,804,174	\$85,300,571
13	Total Net Assets	\$100,092,554	\$95,498,582	\$75,433,676
14	Total Long Term Debt and Total Net Assets	\$173,702,853	\$170,302,756	\$160,734,247

ROCKVILLE GENERAL 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	11,867	46	81	70.7%	40.1%
2	ICU/CCU (Excludes Neonatal ICU)	1,683	6	9	76.8%	51.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	961	6	12	43.9%	21.9%
7	Newborn	844	8	16	28.9%	14.5%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	14,511	58	102	68.5%	39.0%
	TOTAL INPATIENT BED UTILIZATION	15,355	66	118	63.7%	35.7%
	TOTAL INPATIENT REPORTED YEAR	15,355	66	118	63.7%	35.7%
	TOTAL INPATIENT PRIOR YEAR	15,185	66	118	63.0%	35.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	170	0	0	0.7%	0.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	1%	0%	0%	1%	1%
	Total Licensed Beds and Bassinets	118				
(A) This number may not exceed the number of available beds for each department or in total.						

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	2,204	2,558	354	16%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,266	5,482	216	4%
3	Emergency Department Scans	2,054	2,138	84	4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	9,524	10,178	654	7%
B. MRI Scans (A)					
1	Inpatient Scans	281	297	16	6%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,813	1,721	-92	-5%
3	Emergency Department Scans	24	23	-1	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,118	2,041	-77	-4%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	20	15	-5	-25%
	Total Cardiac Catheterization Procedures	20	15	-5	-25%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	885	795	-90	-10%
2	Outpatient Surgical Procedures	1,998	1,706	-292	-15%
	Total Surgical Procedures	2,883	2,501	-382	-13%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	302	269	-33	-11%
2	Outpatient Endoscopy Procedures	3,805	3,034	-771	-20%
	Total Endoscopy Procedures	4,107	3,303	-804	-20%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	2,245	2,337	92	4%
2	Emergency Room Visits: Treated and Discharged	22,683	23,608	925	4%
	Total Emergency Room Visits	24,928	25,945	1,017	4%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	1,799	1,718	-81	-5%
	Total Hospital Clinic Visits	1,799	1,718	-81	-5%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	36,601	31,626	-4,975	-14%
2	Cardiology	7,612	7,899	287	4%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	3,805	3,034	-771	-20%
5	Other Outpatient Visits	21,574	16,574	-5,000	-23%
	Total Other Hospital Outpatient Visits	69,592	59,133	-10,459	-15%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	114.1	135.8	21.7	19%
2	Total Physician FTEs	6.4	6.9	0.5	8%
3	Total Non-Nursing and Non-Physician FTEs	322.7	301.3	-21.4	-7%
	Total Hospital Full Time Equivalent Employees	443.2	444.0	0.8	0%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital Operating Room	1,998	1,706	-292	-15%
	Total Outpatient Surgical Procedures(A)	1,998	1,706	-292	-15%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	3,805	3,034	-771	-20%
	Total Outpatient Endoscopy Procedures(B)	3,805	3,034	-771	-20%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	22,683	23,608	925	4%
	Total Outpatient Hospital Emergency Room Visits(C)	22,683	23,608	925	4%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$31,995,347	\$36,350,013	\$4,354,666	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,142,748	\$15,418,463	\$1,275,715	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.20%	42.42%	-1.79%	-4%
4	DISCHARGES	1,600	1,766	166	10%
5	CASE MIX INDEX (CMI)	1.39483	1.46448	0.06965	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,231.72800	2,586.27168	354.54368	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,337.13	\$5,961.66	(\$375.47)	-6%
8	PATIENT DAYS	8,534	9,404	870	10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,657.22	\$1,639.56	(\$17.66)	-1%
10	AVERAGE LENGTH OF STAY	5.3	5.3	(0.0)	0%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$24,164,751	\$24,727,547	\$562,796	2%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,060,554	\$7,967,594	\$907,040	13%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.22%	32.22%	3.00%	10%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	75.53%	68.03%	-7.50%	-10%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,208.41326	1,201.34339	(7.06987)	-1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,842.83	\$6,632.24	\$789.41	14%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$56,160,098	\$61,077,560	\$4,917,462	9%
18	TOTAL ACCRUED PAYMENTS	\$21,203,302	\$23,386,057	\$2,182,755	10%
19	TOTAL ALLOWANCES	\$34,956,796	\$37,691,503	\$2,734,707	8%

ROCKVILLE GENERAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$18,051,350	\$16,530,613	(\$1,520,737)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,582,714	\$9,041,496	(\$541,218)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	53.09%	54.70%	1.61%	3%
4	DISCHARGES	1,374	1,190	(184)	-13%
5	CASE MIX INDEX (CMI)	1.07752	1.02677	(0.05075)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,480.51248	1,221.85630	(258.65618)	-17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,472.57	\$7,399.80	\$927.24	14%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$135.44)	(\$1,438.15)	(\$1,302.71)	962%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$200,516)	(\$1,757,209)	(\$1,556,693)	776%
10	PATIENT DAYS	4,733	3,942	(791)	-17%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,024.66	\$2,293.63	\$268.97	13%
12	AVERAGE LENGTH OF STAY	3.4	3.3	(0.1)	-4%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$44,642,779	\$43,908,983	(\$733,796)	-2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,048,463	\$22,627,305	(\$421,158)	-2%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.63%	51.53%	-0.10%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	247.31%	265.62%	18.31%	7%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,398.03828	3,160.90455	(237.13374)	-7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,782.87	\$7,158.49	\$375.62	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$940.04)	(\$526.25)	\$413.79	-44%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,194,301)	(\$1,663,437)	\$1,530,864	-48%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$62,694,129	\$60,439,596	(\$2,254,533)	-4%
22	TOTAL ACCRUED PAYMENTS	\$32,631,177	\$31,668,801	(\$962,376)	-3%
23	TOTAL ALLOWANCES	\$30,062,952	\$28,770,795	(\$1,292,157)	-4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$3,394,816)	(\$3,420,646)	(\$25,829)	1%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$62,694,128	\$60,439,596	(\$2,254,532)	-4%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,631,177	\$32,092,333	(\$538,844)	-2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,062,951	\$28,347,263	(\$1,715,688)	-6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.95%	46.90%	-1.05%	

ROCKVILLE GENERAL HOSPITAL					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$1,325,518	\$1,260,645	(\$64,873)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$379,929	\$345,733	(\$34,196)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.66%	27.43%	-1.24%	-4%
4	DISCHARGES	64	63	(1)	-2%
5	CASE MIX INDEX (CMI)	1.47307	1.00420	(0.46887)	-32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	94.27648	63.26460	(31.01188)	-33%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,029.94	\$5,464.87	\$1,434.93	36%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$2,442.62	\$1,934.93	(\$507.69)	-21%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$2,307.18	\$496.78	(\$1,810.40)	-78%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$217,513	\$31,429	(\$186,084)	-86%
11	PATIENT DAYS	334	185	(149)	-45%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,137.51	\$1,868.83	\$731.32	64%
13	AVERAGE LENGTH OF STAY	5.2	2.9	(2.3)	-44%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,814,218	\$4,141,394	\$1,327,176	47%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$922,400	\$1,175,074	\$252,674	27%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.78%	28.37%	-4.40%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	212.31%	328.51%	116.20%	55%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	135.87892	206.96375	71.08484	52%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,788.40	\$5,677.68	(\$1,110.72)	-16%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	(\$5.52)	\$1,480.81	\$1,486.33	-26910%
21	MEDICARE - UNINSURED OP PMT / OPED	(\$945.57)	\$954.56	\$1,900.12	-201%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$128,482)	\$197,559	\$326,041	-254%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$4,139,736	\$5,402,039	\$1,262,303	30%
24	TOTAL ACCRUED PAYMENTS	\$1,302,329	\$1,520,807	\$218,478	17%
25	TOTAL ALLOWANCES	\$2,837,407	\$3,881,232	\$1,043,825	37%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$89,031	\$228,987	\$139,957	157%

ROCKVILLE GENERAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,642,226	\$4,619,147	(\$23,079)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,656,867	\$1,814,994	\$158,127	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.69%	39.29%	3.60%	10%
4	DISCHARGES	486	458	(28)	-6%
5	CASE MIX INDEX (CMI)	0.76392	0.80549	0.04157	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	371.26512	368.91442	(2.35070)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,462.76	\$4,919.82	\$457.06	10%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,009.81	\$2,479.98	\$470.17	23%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,874.37	\$1,041.83	(\$832.54)	-44%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$695,888	\$384,347	(\$311,541)	-45%
11	PATIENT DAYS	1,630	1,487	(143)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,016.48	\$1,220.57	\$204.09	20%
13	AVERAGE LENGTH OF STAY	3.4	3.2	(0.1)	-3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,716,889	\$10,334,722	\$1,617,833	19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,599,287	\$3,229,596	\$630,309	24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.82%	31.25%	1.43%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	187.77%	223.74%	35.96%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	912.58117	1,024.71358	112.13241	12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,848.28	\$3,151.71	\$303.43	11%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,934.59	\$4,006.78	\$72.19	2%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,994.55	\$3,480.53	\$485.98	16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,732,770	\$3,566,547	\$833,777	31%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$13,359,115	\$14,953,869	\$1,594,754	12%
24	TOTAL ACCRUED PAYMENTS	\$4,256,154	\$5,044,590	\$788,436	19%
25	TOTAL ALLOWANCES	\$9,102,961	\$9,909,279	\$806,318	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,428,658	\$3,950,894	\$522,236	15%

ROCKVILLE GENERAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$1,152,410	\$1,770,818	\$618,408	54%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$119,113	\$197,210	\$78,097	66%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.34%	11.14%	0.80%	8%
4	DISCHARGES	68	88	20	29%
5	CASE MIX INDEX (CMI)	1.11755	1.29152	0.17397	16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	75.99340	113.65376	37.66036	50%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,567.41	\$1,735.18	\$167.77	11%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,905.15	\$5,664.62	\$759.47	15%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,769.72	\$4,226.47	(\$543.24)	-11%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$362,467	\$480,355	\$117,888	33%
11	PATIENT DAYS	264	499	235	89%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$451.19	\$395.21	(\$55.98)	-12%
13	AVERAGE LENGTH OF STAY	3.9	5.7	1.8	46%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,293,433	\$2,363,824	\$70,391	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$322,547	\$294,211	(\$28,336)	-9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.06%	12.45%	-1.62%	-12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	199.01%	133.49%	-65.52%	-33%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	135.32809	117.46917	(17.85892)	-13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,383.44	\$2,504.58	\$121.14	5%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,399.43	\$4,653.91	\$254.48	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,459.39	\$4,127.66	\$668.27	19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$468,152	\$484,872	\$16,720	4%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$3,445,843	\$4,134,642	\$688,799	20%
24	TOTAL ACCRUED PAYMENTS	\$441,660	\$491,421	\$49,761	11%
25	TOTAL ALLOWANCES	\$3,004,183	\$3,643,221	\$639,038	21%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$830,619	\$965,227	\$134,608	16%

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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
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$5,794,636	\$6,389,965	\$595,329	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,775,980	\$2,012,204	\$236,224	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.65%	31.49%	0.84%	3%
4	DISCHARGES	554	546	(8)	-1%
5	CASE MIX INDEX (CMI)	0.80733	0.88382	0.07650	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	447.25852	482.56818	35.30966	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,970.81	\$4,169.78	\$198.97	5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,501.75	\$3,230.02	\$728.27	29%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,366.32	\$1,791.87	(\$574.44)	-24%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,058,355	\$864,702	(\$193,653)	-18%
11	PATIENT DAYS	1,894	1,986	92	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$937.69	\$1,013.19	\$75.51	8%
13	AVERAGE LENGTH OF STAY	3.4	3.6	0.2	6%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$11,010,322	\$12,698,546	\$1,688,224	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,921,834	\$3,523,807	\$601,973	21%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.54%	27.75%	1.21%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	190.01%	198.73%	8.72%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,047.90926	1,142.18275	94.27348	9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,788.25	\$3,085.15	\$296.90	11%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,994.62	\$4,073.34	\$78.72	2%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,054.58	\$3,547.09	\$492.51	16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,200,922	\$4,051,420	\$850,497	27%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$16,804,958	\$19,088,511	\$2,283,553	14%
24	TOTAL ACCRUED PAYMENTS	\$4,697,814	\$5,536,011	\$838,197	18%
25	TOTAL ALLOWANCES	\$12,107,144	\$13,552,500	\$1,445,356	12%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$61,767	\$86,402	\$24,635	40%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,732	\$38,372	(\$360)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	62.71%	44.41%	-18.30%	-29%
4	DISCHARGES	11	8	(3)	-27%
5	CASE MIX INDEX (CMI)	0.61765	0.95967	0.34202	55%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6.79415	7.67736	0.88321	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,700.79	\$4,998.07	(\$702.71)	-12%
8	PATIENT DAYS	24	23	(1)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,613.83	\$1,668.35	\$54.51	3%
10	AVERAGE LENGTH OF STAY	2.2	2.9	0.7	32%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$267,550	\$234,543	(\$33,007)	-12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$176,385	\$145,305	(\$31,080)	-18%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$329,317	\$320,945	(\$8,372)	-3%
14	TOTAL ACCRUED PAYMENTS	\$215,117	\$183,677	(\$31,440)	-15%
15	TOTAL ALLOWANCES	\$114,200	\$137,268	\$23,068	20%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$5,987,103	\$5,040,949	(\$946,154)	-16%
2	TOTAL OPERATING EXPENSES	\$63,189,543	\$66,239,259	\$3,049,716	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$314,747	\$289,083	(\$25,664)	-8%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$926,423	\$550,997	(\$375,426)	-41%
5	BAD DEBTS (CHARGES)	\$2,740,855	\$3,876,624	\$1,135,769	41%
6	UNCOMPENSATED CARE (CHARGES)	\$3,667,278	\$4,427,621	\$760,343	21%
7	COST OF UNCOMPENSATED CARE	\$1,493,865	\$1,792,692	\$298,827	20%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$16,804,958	\$19,088,511	\$2,283,553	14%
9	TOTAL ACCRUED PAYMENTS	\$4,697,814	\$5,536,011	\$838,197	18%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$6,845,495	\$7,728,715	\$883,220	13%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,147,681	\$2,192,704	\$45,023	2%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$55,903,100	\$59,356,993	\$3,453,893	6%
2	TOTAL INPATIENT PAYMENTS	\$25,540,174	\$26,510,535	\$970,361	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	45.69%	44.66%	-1.02%	-2%
4	TOTAL DISCHARGES	3,539	3,510	(29)	-1%
5	TOTAL CASE MIX INDEX	1.17725	1.22461	0.04736	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,166,29315	4,298,37352	132,08037	3%
7	TOTAL OUTPATIENT CHARGES	\$80,085,402	\$81,569,619	\$1,484,217	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	143.26%	137.42%	-5.84%	-4%
9	TOTAL OUTPATIENT PAYMENTS	\$33,207,236	\$34,264,011	\$1,056,775	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.46%	42.01%	0.54%	1%
11	TOTAL CHARGES	\$135,988,502	\$140,926,612	\$4,938,110	4%
12	TOTAL PAYMENTS	\$58,747,410	\$60,774,546	\$2,027,136	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	43.20%	43.12%	-0.08%	0%
14	PATIENT DAYS	15,185	15,355	170	1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$37,851,750	\$42,826,380	\$4,974,630	13%
2	INPATIENT PAYMENTS	\$15,957,460	\$17,469,039	\$1,511,579	9%
3	GOVT. INPATIENT PAYMENTS / CHARGES	42.16%	40.79%	-1.37%	-3%
4	DISCHARGES	2,165	2,320	155	7%
5	CASE MIX INDEX	1.24055	1.32609	0.08554	7%
6	CASE MIX ADJUSTED DISCHARGES	2,685.78067	3,076.51722	390.73655	15%
7	OUTPATIENT CHARGES	\$35,442,623	\$37,660,636	\$2,218,013	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	93.64%	87.94%	-5.70%	-6%
9	OUTPATIENT PAYMENTS	\$10,158,773	\$11,636,706	\$1,477,933	15%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.66%	30.90%	2.24%	8%
11	TOTAL CHARGES	\$73,294,373	\$80,487,016	\$7,192,643	10%
12	TOTAL PAYMENTS	\$26,116,233	\$29,105,745	\$2,989,512	11%
13	TOTAL PAYMENTS / CHARGES	35.63%	36.16%	0.53%	1%
14	PATIENT DAYS	10,452	11,413	961	9%
15	TOTAL GOVERNMENT DEDUCTIONS	\$47,178,140	\$51,381,271	\$4,203,131	9%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.3	5.3	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.3	(0.1)	-4%
3	UNINSURED	5.2	2.9	(2.3)	-44%
4	MEDICAID	3.4	3.2	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	3.9	5.7	1.8	46%
6	CHAMPUS / TRICARE	2.2	2.9	0.7	32%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.4	0.1	2%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$135,988,502	\$140,926,612	\$4,938,110	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$47,178,140	\$51,381,271	\$4,203,131	9%
3	UNCOMPENSATED CARE	\$3,667,278	\$4,427,621	\$760,343	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,062,951	\$28,347,263	(\$1,715,688)	-6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$80,908,369	\$84,156,155	\$3,247,786	4%
7	TOTAL ACCRUED PAYMENTS	\$55,080,133	\$56,770,457	\$1,690,324	3%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$314,747	\$289,083	(\$25,664)	-8%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$55,394,880	\$57,059,540	\$1,664,660	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4073497331	0.4048883258	(0.0024614073)	-1%
11	COST OF UNCOMPENSATED CARE	\$1,493,865	\$1,792,692	\$298,827	20%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,147,681	\$2,192,704	\$45,023	2%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,641,546	\$3,985,396	\$343,850	9%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$2,732,770	\$3,566,547	\$833,777	31%
2	OTHER MEDICAL ASSISTANCE	\$830,619	\$965,227	\$134,608	16%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$89,031	\$228,987	\$139,957	157%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,652,420	\$4,760,762	\$1,108,342	30%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$2,740,855	\$3,876,624	\$1,135,769	41.44%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$61,803,014	\$64,940,252	\$3,137,238	5.08%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$135,988,501	\$140,926,612	\$4,938,111	3.63%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,667,278	\$4,427,621	\$760,343	20.73%

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,051,350	\$16,530,613	(\$1,520,737)
2	MEDICARE	\$31,995,347	36,350,013	\$4,354,666
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,794,636	6,389,965	\$595,329
4	MEDICAID	\$4,642,226	4,619,147	(\$23,079)
5	OTHER MEDICAL ASSISTANCE	\$1,152,410	1,770,818	\$618,408
6	CHAMPUS / TRICARE	\$61,767	86,402	\$24,635
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,325,518	1,260,645	(\$64,873)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$37,851,750	\$42,826,380	\$4,974,630
	TOTAL INPATIENT CHARGES	\$55,903,100	\$59,356,993	\$3,453,893
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,642,779	\$43,908,983	(\$733,796)
2	MEDICARE	\$24,164,751	24,727,547	\$562,796
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,010,322	12,698,546	\$1,688,224
4	MEDICAID	\$8,716,889	10,334,722	\$1,617,833
5	OTHER MEDICAL ASSISTANCE	\$2,293,433	2,363,824	\$70,391
6	CHAMPUS / TRICARE	\$267,550	234,543	(\$33,007)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,814,218	4,141,394	\$1,327,176
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$35,442,623	\$37,660,636	\$2,218,013
	TOTAL OUTPATIENT CHARGES	\$80,085,402	\$81,569,619	\$1,484,217
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$62,694,129	\$60,439,596	(\$2,254,533)
2	TOTAL MEDICARE	\$56,160,098	\$61,077,560	\$4,917,462
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,804,958	\$19,088,511	\$2,283,553
4	TOTAL MEDICAID	\$13,359,115	\$14,953,869	\$1,594,754
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,445,843	\$4,134,642	\$688,799
6	TOTAL CHAMPUS / TRICARE	\$329,317	\$320,945	(\$8,372)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,139,736	\$5,402,039	\$1,262,303
	TOTAL GOVERNMENT CHARGES	\$73,294,373	\$80,487,016	\$7,192,643
	TOTAL CHARGES	\$135,988,502	\$140,926,612	\$4,938,110
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,582,714	\$9,041,496	(\$541,218)
2	MEDICARE	\$14,142,748	15,418,463	\$1,275,715
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,775,980	2,012,204	\$236,224
4	MEDICAID	\$1,656,867	1,814,994	\$158,127
5	OTHER MEDICAL ASSISTANCE	\$119,113	197,210	\$78,097
6	CHAMPUS / TRICARE	\$38,732	38,372	(\$360)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$379,929	345,733	(\$34,196)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$15,957,460	\$17,469,039	\$1,511,579
	TOTAL INPATIENT PAYMENTS	\$25,540,174	\$26,510,535	\$970,361
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,048,463	\$22,627,305	(\$421,158)
2	MEDICARE	\$7,060,554	7,967,594	\$907,040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,921,834	3,523,807	\$601,973
4	MEDICAID	\$2,599,287	3,229,596	\$630,309
5	OTHER MEDICAL ASSISTANCE	\$322,547	294,211	(\$28,336)
6	CHAMPUS / TRICARE	\$176,385	145,305	(\$31,080)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$922,400	1,175,074	\$252,674
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$10,158,773	\$11,636,706	\$1,477,933
	TOTAL OUTPATIENT PAYMENTS	\$33,207,236	\$34,264,011	\$1,056,775
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$32,631,177	\$31,668,801	(\$962,376)
2	TOTAL MEDICARE	\$21,203,302	\$23,386,057	\$2,182,755
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,697,814	\$5,536,011	\$838,197
4	TOTAL MEDICAID	\$4,256,154	\$5,044,590	\$788,436
5	TOTAL OTHER MEDICAL ASSISTANCE	\$441,660	\$491,421	\$49,761
6	TOTAL CHAMPUS / TRICARE	\$215,117	\$183,677	(\$31,440)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,302,329	\$1,520,807	\$218,478
	TOTAL GOVERNMENT PAYMENTS	\$26,116,233	\$29,105,745	\$2,989,512
	TOTAL PAYMENTS	\$58,747,410	\$60,774,546	\$2,027,136

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.27%	11.73%	-1.54%
2	MEDICARE	23.53%	25.79%	2.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.26%	4.53%	0.27%
4	MEDICAID	3.41%	3.28%	-0.14%
5	OTHER MEDICAL ASSISTANCE	0.85%	1.26%	0.41%
6	CHAMPUS / TRICARE	0.05%	0.06%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97%	0.89%	-0.08%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.83%	30.39%	2.55%
	TOTAL INPATIENT PAYER MIX	41.11%	42.12%	1.01%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.83%	31.16%	-1.67%
2	MEDICARE	17.77%	17.55%	-0.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.10%	9.01%	0.91%
4	MEDICAID	6.41%	7.33%	0.92%
5	OTHER MEDICAL ASSISTANCE	1.69%	1.68%	-0.01%
6	CHAMPUS / TRICARE	0.20%	0.17%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.07%	2.94%	0.87%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.06%	26.72%	0.66%
	TOTAL OUTPATIENT PAYER MIX	58.89%	57.88%	-1.01%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.31%	14.88%	-1.43%
2	MEDICARE	24.07%	25.37%	1.30%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.02%	3.31%	0.29%
4	MEDICAID	2.82%	2.99%	0.17%
5	OTHER MEDICAL ASSISTANCE	0.20%	0.32%	0.12%
6	CHAMPUS / TRICARE	0.07%	0.06%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.65%	0.57%	-0.08%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.16%	28.74%	1.58%
	TOTAL INPATIENT PAYER MIX	43.47%	43.62%	0.15%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.23%	37.23%	-2.00%
2	MEDICARE	12.02%	13.11%	1.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.97%	5.80%	0.82%
4	MEDICAID	4.42%	5.31%	0.89%
5	OTHER MEDICAL ASSISTANCE	0.55%	0.48%	-0.06%
6	CHAMPUS / TRICARE	0.30%	0.24%	-0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.57%	1.93%	0.36%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	17.29%	19.15%	1.86%
	TOTAL OUTPATIENT PAYER MIX	56.53%	56.38%	-0.15%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,374	1,190	(184)
2	MEDICARE	1,600	1,766	166
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	554	546	(8)
4	MEDICAID	486	458	(28)
5	OTHER MEDICAL ASSISTANCE	68	88	20
6	CHAMPUS / TRICARE	11	8	(3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	64	63	(1)
	TOTAL GOVERNMENT DISCHARGES	2,165	2,320	155
	TOTAL DISCHARGES	3,539	3,510	(29)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,733	3,942	(791)
2	MEDICARE	8,534	9,404	870
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,894	1,986	92
4	MEDICAID	1,630	1,487	(143)
5	OTHER MEDICAL ASSISTANCE	264	499	235
6	CHAMPUS / TRICARE	24	23	(1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	334	185	(149)
	TOTAL GOVERNMENT PATIENT DAYS	10,452	11,413	961
	TOTAL PATIENT DAYS	15,185	15,355	170
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.3	(0.1)
2	MEDICARE	5.3	5.3	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.4	3.6	0.2
4	MEDICAID	3.4	3.2	(0.1)
5	OTHER MEDICAL ASSISTANCE	3.9	5.7	1.8
6	CHAMPUS / TRICARE	2.2	2.9	0.7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.2	2.9	(2.3)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.8	4.9	0.1
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.4	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.07752	1.02677	(0.05075)
2	MEDICARE	1.39483	1.46448	0.06965
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.80733	0.88382	0.07650
4	MEDICAID	0.76392	0.80549	0.04157
5	OTHER MEDICAL ASSISTANCE	1.11755	1.29152	0.17397
6	CHAMPUS / TRICARE	0.61765	0.95967	0.34202
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.47307	1.00420	(0.46887)
	TOTAL GOVERNMENT CASE MIX INDEX	1.24055	1.32609	0.08554
	TOTAL CASE MIX INDEX	1.17725	1.22461	0.04736
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$62,694,128	\$60,439,596	(\$2,254,532)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$32,631,177	\$32,092,333	(\$538,844)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,062,951	\$28,347,263	(\$1,715,688)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.95%	46.90%	-1.05%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$314,747	\$289,083	(\$25,664)
8	CHARITY CARE	\$926,423	\$550,997	(\$375,426)
9	BAD DEBTS	\$2,740,855	\$3,876,624	\$1,135,769
10	TOTAL UNCOMPENSATED CARE	\$3,667,278	\$4,427,621	\$760,343
11	TOTAL OTHER OPERATING REVENUE	\$62,694,128	\$60,439,596	(\$2,254,532)
12	TOTAL OPERATING EXPENSES	\$63,189,543	\$66,239,259	\$3,049,716

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

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,480.51248	1,221.85630	(258.65618)
2	MEDICARE	2,231.72800	2,586.27168	354.54368
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	447.25852	482.56818	35.30966
4	MEDICAID	371.26512	368.91442	(2.35070)
5	OTHER MEDICAL ASSISTANCE	75.99340	113.65376	37.66036
6	CHAMPUS / TRICARE	6.79415	7.67736	0.88321
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	94.27648	63.26460	(31.01188)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,685.78067	3,076.51722	390.73655
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,166.29315	4,298.37352	132.08037
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,398.03828	3,160.90455	-237.13374
2	MEDICARE	1,208.41326	1,201.34339	-7.06987
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,047.90926	1,142.18275	94.27348
4	MEDICAID	912.58117	1,024.71358	112.13241
5	OTHER MEDICAL ASSISTANCE	135.32809	117.46917	-17.85892
6	CHAMPUS / TRICARE	47.64761	21.71644	-25.93117
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	135.87892	206.96375	71.08484
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,303.97014	2,365.24258	61.27245
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	5,702.00842	5,526.14713	-175.86129
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,472.57	\$7,399.80	\$927.24
2	MEDICARE	\$6,337.13	\$5,961.66	(\$375.47)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,970.81	\$4,169.78	\$198.97
4	MEDICAID	\$4,462.76	\$4,919.82	\$457.06
5	OTHER MEDICAL ASSISTANCE	\$1,567.41	\$1,735.18	\$167.77
6	CHAMPUS / TRICARE	\$5,700.79	\$4,998.07	(\$702.71)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,029.94	\$5,464.87	\$1,434.93
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$5,941.46	\$5,678.19	(\$263.27)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,130.19	\$6,167.57	\$37.38
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,782.87	\$7,158.49	\$375.62
2	MEDICARE	\$5,842.83	\$6,632.24	\$789.41
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,788.25	\$3,085.15	\$296.90
4	MEDICAID	\$2,848.28	\$3,151.71	\$303.43
5	OTHER MEDICAL ASSISTANCE	\$2,383.44	\$2,504.58	\$121.14
6	CHAMPUS / TRICARE	\$3,701.86	\$6,691.01	\$2,989.15
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,788.40	\$5,677.68	(\$1,110.72)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,409.25	\$4,919.88	\$510.63
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,823.78	\$6,200.34	\$376.56

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$2,732,770	\$3,566,547	\$833,777
2	OTHER MEDICAL ASSISTANCE	\$830,619	\$965,227	\$134,608
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$89,031	\$228,987	\$139,957
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,652,420	\$4,760,762	\$1,108,342
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$135,988,502	\$140,926,612	\$4,938,110
2	TOTAL GOVERNMENT DEDUCTIONS	\$47,178,140	\$51,381,271	\$4,203,131
3	UNCOMPENSATED CARE	\$3,667,278	\$4,427,621	\$760,343
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,062,951	\$28,347,263	(\$1,715,688)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$80,908,369	\$84,156,155	\$3,247,786
7	TOTAL ACCRUED PAYMENTS	\$55,080,133	\$56,770,457	\$1,690,324
8	UCP DSH PAYMENTS (OHCA INPUT)	\$314,747	\$289,083	(\$25,664)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$55,394,880	\$57,059,540	\$1,664,660
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4073497331	0.4048883258	(0.0024614073)
11	COST OF UNCOMPENSATED CARE	\$1,493,865	\$1,792,692	\$298,827
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,147,681	\$2,192,704	\$45,023
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$3,641,546	\$3,985,396	\$343,850
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.09%	54.70%	1.61%
2	MEDICARE	44.20%	42.42%	-1.79%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.65%	31.49%	0.84%
4	MEDICAID	35.69%	39.29%	3.60%
5	OTHER MEDICAL ASSISTANCE	10.34%	11.14%	0.80%
6	CHAMPUS / TRICARE	62.71%	44.41%	-18.30%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	28.66%	27.43%	-1.24%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	42.16%	40.79%	-1.37%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	45.69%	44.66%	-1.02%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.63%	51.53%	-0.10%
2	MEDICARE	29.22%	32.22%	3.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.54%	27.75%	1.21%
4	MEDICAID	29.82%	31.25%	1.43%
5	OTHER MEDICAL ASSISTANCE	14.06%	12.45%	-1.62%
6	CHAMPUS / TRICARE	65.93%	61.95%	-3.97%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	32.78%	28.37%	-4.40%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.66%	30.90%	2.24%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	41.46%	42.01%	0.54%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$58,747,410	\$60,774,546	\$2,027,136
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$314,747	\$289,083	(\$25,664)
	OHCA DEFINED NET REVENUE	\$59,062,157	\$61,063,629	\$2,001,472
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,740,855	\$3,876,624	\$1,135,769
4	CALCULATED NET REVENUE	\$64,543,867	\$64,940,253	\$396,386
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$61,803,014	\$64,940,252	\$3,137,238
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2,740,853	\$1	(\$2,740,852)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$135,988,502	\$140,926,612	\$4,938,110
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$135,988,502	\$140,926,612	\$4,938,110
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$135,988,501	\$140,926,612	\$4,938,111
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,667,278	\$4,427,621	\$760,343
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,667,278	\$4,427,621	\$760,343
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,667,278	\$4,427,621	\$760,343
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,530,613
2	MEDICARE	36,350,013
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,389,965
4	MEDICAID	4,619,147
5	OTHER MEDICAL ASSISTANCE	1,770,818
6	CHAMPUS / TRICARE	86,402
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,260,645
	TOTAL INPATIENT GOVERNMENT CHARGES	\$42,826,380
	TOTAL INPATIENT CHARGES	\$59,356,993
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,908,983
2	MEDICARE	24,727,547
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,698,546
4	MEDICAID	10,334,722
5	OTHER MEDICAL ASSISTANCE	2,363,824
6	CHAMPUS / TRICARE	234,543
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,141,394
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$37,660,636
	TOTAL OUTPATIENT CHARGES	\$81,569,619
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$60,439,596
2	TOTAL GOVERNMENT ACCRUED CHARGES	80,487,016
	TOTAL ACCRUED CHARGES	\$140,926,612
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,041,496
2	MEDICARE	15,418,463
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,012,204
4	MEDICAID	1,814,994
5	OTHER MEDICAL ASSISTANCE	197,210
6	CHAMPUS / TRICARE	38,372
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	345,733
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$17,469,039
	TOTAL INPATIENT PAYMENTS	\$26,510,535
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,627,305
2	MEDICARE	7,967,594
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,523,807
4	MEDICAID	3,229,596
5	OTHER MEDICAL ASSISTANCE	294,211
6	CHAMPUS / TRICARE	145,305
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,175,074
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$11,636,706
	TOTAL OUTPATIENT PAYMENTS	\$34,264,011
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$31,668,801
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	29,105,745
	TOTAL ACCRUED PAYMENTS	\$60,774,546

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,190
2	MEDICARE	1,766
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	546
4	MEDICAID	458
5	OTHER MEDICAL ASSISTANCE	88
6	CHAMPUS / TRICARE	8
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	63
	TOTAL GOVERNMENT DISCHARGES	2,320
	TOTAL DISCHARGES	3,510
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.02677
2	MEDICARE	1.46448
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.88382
4	MEDICAID	0.80549
5	OTHER MEDICAL ASSISTANCE	1.29152
6	CHAMPUS / TRICARE	0.95967
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00420
	TOTAL GOVERNMENT CASE MIX INDEX	1.32609
	TOTAL CASE MIX INDEX	1.22461
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$60,439,596
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$32,092,333
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$28,347,263
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	46.90%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$289,083
8	CHARITY CARE	\$550,997
9	BAD DEBTS	\$3,876,624
10	TOTAL UNCOMPENSATED CARE	\$4,427,621
11	TOTAL OTHER OPERATING REVENUE	\$5,040,949
12	TOTAL OPERATING EXPENSES	\$66,239,259

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$60,774,546
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$289,083
	OHCA DEFINED NET REVENUE	\$61,063,629
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,876,624
	CALCULATED NET REVENUE	\$64,940,253
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$64,940,252
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$140,926,612
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$140,926,612
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$140,926,612
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,427,621
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,427,621
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,427,621
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	269	214	(55)	-20%
2	Number of Approved Applicants	254	197	(57)	-22%
3	Total Charges (A)	\$926,423	\$550,997	(\$375,426)	-41%
4	Average Charges	\$3,647	\$2,797	(\$850)	-23%
5	Ratio of Cost to Charges (RCC)	0.464477	0.445073	(0.019404)	-4%
6	Total Cost	\$430,302	\$245,234	(\$185,068)	-43%
7	Average Cost	\$1,694	\$1,245	(\$449)	-27%
8	Charity Care - Inpatient Charges	\$489,979	\$244,842	(\$245,137)	-50%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	259,817	160,009	(99,808)	-38%
10	Charity Care - Emergency Department Charges	176,627	146,146	(30,481)	-17%
11	Total Charges (A)	\$926,423	\$550,997	(\$375,426)	-41%
12	Charity Care - Number of Patient Days	246	214	(32)	-13%
13	Charity Care - Number of Discharges	47	58	11	23%
14	Charity Care - Number of Outpatient ED Visits	228	251	23	10%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	145	142	(3)	-2%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$785,860	\$1,079,620	\$293,760	37%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,163,819	1,461,824	298,005	26%
3	Bad Debts - Emergency Department	791,176	1,335,180	544,004	69%
4	Total Bad Debts (A)	\$2,740,855	\$3,876,624	\$1,135,769	41%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$926,423	\$550,997	(\$375,426)	-41%
2	Bad Debts (A)	2,740,855	3,876,624	1,135,769	41%
3	Total Uncompensated Care (A)	\$3,667,278	\$4,427,621	\$760,343	21%
4	Uncompensated Care - Inpatient Services	\$1,275,839	\$1,324,462	\$48,623	4%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,423,636	1,621,833	198,197	14%
6	Uncompensated Care - Emergency Department	967,803	1,481,326	513,523	53%
7	Total Uncompensated Care (A)	\$3,667,278	\$4,427,621	\$760,343	21%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$51,849,061	\$55,903,100	\$59,356,993
2	Outpatient Gross Revenue	\$74,846,076	\$80,085,402	\$81,569,619
3	Total Gross Patient Revenue	\$126,695,137	\$135,988,502	\$140,926,612
4	Net Patient Revenue	\$59,238,196	\$61,803,014	\$64,940,252
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$64,216,399	\$65,930,398	\$66,239,259
C. <u>Utilization Statistics</u>				
1	Patient Days	14,828	15,185	15,355
2	Discharges	3,589	3,539	3,510
3	Average Length of Stay	4.1	4.3	4.4
4	Equivalent (Adjusted) Patient Days (EPD)	36,233	36,939	36,456
0	Equivalent (Adjusted) Discharges (ED)	8,770	8,609	8,334
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.12099	1.17725	1.22461
2	Case Mix Adjusted Patient Days (CMAPD)	16,622	17,877	18,804
3	Case Mix Adjusted Discharges (CMAD)	4,023	4,166	4,298
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	40,617	43,486	44,645
5	Case Mix Adjusted Equivalent Discharges (CMAED)	9,831	10,135	10,205
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,544	\$8,955	\$9,178
2	Total Gross Revenue per Discharge	\$35,301	\$38,426	\$40,150
3	Total Gross Revenue per EPD	\$3,497	\$3,681	\$3,866
4	Total Gross Revenue per ED	\$14,447	\$15,796	\$16,911
5	Total Gross Revenue per CMAEPD	\$3,119	\$3,127	\$3,157
6	Total Gross Revenue per CMAED	\$12,887	\$13,418	\$13,809
7	Inpatient Gross Revenue per EPD	\$1,431	\$1,513	\$1,628
8	Inpatient Gross Revenue per ED	\$5,912	\$6,494	\$7,123

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. <u>Net Revenue Per Statistic</u>				
1	Net Patient Revenue per Patient Day	\$3,995	\$4,070	\$4,229
2	Net Patient Revenue per Discharge	\$16,505	\$17,463	\$18,501
3	Net Patient Revenue per EPD	\$1,635	\$1,673	\$1,781
4	Net Patient Revenue per ED	\$6,755	\$7,179	\$7,793
5	Net Patient Revenue per CMAEPD	\$1,458	\$1,421	\$1,455
6	Net Patient Revenue per CMAED	\$6,026	\$6,098	\$6,363
G. <u>Operating Expense Per Statistic</u>				
1	Total Operating Expense per Patient Day	\$4,331	\$4,342	\$4,314
2	Total Operating Expense per Discharge	\$17,893	\$18,630	\$18,872
3	Total Operating Expense per EPD	\$1,772	\$1,785	\$1,817
4	Total Operating Expense per ED	\$7,322	\$7,658	\$7,949
5	Total Operating Expense per CMAEPD	\$1,581	\$1,516	\$1,484
6	Total Operating Expense per CMAED	\$6,532	\$6,505	\$6,491
H. <u>Nursing Salary and Fringe Benefits Expense</u>				
1	Nursing Salary Expense	\$8,622,484	\$9,268,584	\$10,043,170
2	Nursing Fringe Benefits Expense	\$2,340,501	\$2,423,593	\$2,358,076
3	Total Nursing Salary and Fringe Benefits Expense	\$10,962,985	\$11,692,177	\$12,401,246
I. <u>Physician Salary and Fringe Expense</u>				
1	Physician Salary Expense	\$3,764,572	\$1,955,370	\$2,002,782
2	Physician Fringe Benefits Expense	\$1,021,861	\$511,299	\$470,241
3	Total Physician Salary and Fringe Benefits Expense	\$4,786,433	\$2,466,669	\$2,473,023
J. <u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>				
1	Non-Nursing, Non-Physician Salary Expense	\$16,715,053	\$17,776,293	\$18,051,444
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$4,537,160	\$4,648,229	\$4,225,360
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$21,252,213	\$22,424,522	\$22,276,804
K. <u>Total Salary and Fringe Benefits Expense</u>				
1	Total Salary Expense	\$29,102,109	\$29,000,247	\$30,097,396
2	Total Fringe Benefits Expense	\$7,899,522	\$7,583,121	\$7,053,677
3	Total Salary and Fringe Benefits Expense	\$37,001,631	\$36,583,368	\$37,151,073

ROCKVILLE GENERAL 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
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	109.5	114.1	135.8
2	Total Physician FTEs	8.5	6.4	6.9
3	Total Non-Nursing, Non-Physician FTEs	326.2	322.7	301.3
4	Total Full Time Equivalent Employees (FTEs)	444.2	443.2	444.0
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$78,744	\$81,232	\$73,956
2	Nursing Fringe Benefits Expense per FTE	\$21,374	\$21,241	\$17,364
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$100,119	\$102,473	\$91,320
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$442,891	\$305,527	\$290,258
2	Physician Fringe Benefits Expense per FTE	\$120,219	\$79,890	\$68,151
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$563,110	\$385,417	\$358,409
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,242	\$55,086	\$59,912
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,909	\$14,404	\$14,024
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$65,151	\$69,490	\$73,936
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$65,516	\$65,434	\$67,787
2	Total Fringe Benefits Expense per FTE	\$17,784	\$17,110	\$15,887
3	Total Salary and Fringe Benefits Expense per FTE	\$83,299	\$82,544	\$83,674
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,495	\$2,409	\$2,419
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,310	\$10,337	\$10,584
3	Total Salary and Fringe Benefits Expense per EPD	\$1,021	\$990	\$1,019
4	Total Salary and Fringe Benefits Expense per ED	\$4,219	\$4,249	\$4,458
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$911	\$841	\$832
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,764	\$3,610	\$3,640