

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$11,377,324	\$21,036,479	\$9,659,155	85%
2	Short Term Investments	\$3,934,783	\$0	(\$3,934,783)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$50,102,278	\$53,665,511	\$3,563,233	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,339,073	\$1,902,924	\$563,851	42%
5	Due From Affiliates	\$7,872,036	\$8,129,611	\$257,575	3%
6	Due From Third Party Payers	\$5,227,305	\$3,545,193	(\$1,682,112)	-32%
7	Inventories of Supplies	\$7,964,003	\$7,866,687	(\$97,316)	-1%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,394,466	\$2,485,717	\$91,251	4%
	Total Current Assets	\$90,211,268	\$98,632,122	\$8,420,854	9%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$8,677,607	\$7,328,119	(\$1,349,488)	-16%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$8,776,538	\$8,179,135	(\$597,403)	-7%
4	Other Noncurrent Assets Whose Use is Limited	\$43,486,610	\$39,703,652	(\$3,782,958)	-9%
	Total Noncurrent Assets Whose Use is Limited:	\$60,940,755	\$55,210,906	(\$5,729,849)	-9%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$6,005,589	\$1,499,158	(\$4,506,431)	-75%
7	Other Noncurrent Assets	\$6,249,280	\$2,870,895	(\$3,378,385)	-54%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$411,047,792	\$425,909,354	\$14,861,562	4%
2	Less: Accumulated Depreciation	\$308,919,397	\$325,836,594	\$16,917,197	5%
	Property, Plant and Equipment, Net	\$102,128,395	\$100,072,760	(\$2,055,635)	-2%
3	Construction in Progress	\$3,878,997	\$44,132	(\$3,834,865)	-99%
	Total Net Fixed Assets	\$106,007,392	\$100,116,892	(\$5,890,500)	-6%
	Total Assets	\$269,414,284	\$258,329,973	(\$11,084,311)	-4%

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LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$48,169,142	\$50,572,025	\$2,402,883	5%
2	Salaries, Wages and Payroll Taxes	\$5,473,900	\$6,565,712	\$1,091,812	20%
3	Due To Third Party Payers	\$1,666,550	\$1,493,867	(\$172,683)	-10%
4	Due To Affiliates	\$69,929	\$68,854	(\$1,075)	-2%
5	Current Portion of Long Term Debt	\$77,802,246	\$74,364,506	(\$3,437,740)	-4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,435,778	\$11,457,426	\$21,648	0%
	Total Current Liabilities	\$144,617,545	\$144,522,390	(\$95,155)	0%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$4,383,614	\$3,187,103	(\$1,196,511)	-27%
	Total Long Term Debt	\$4,383,614	\$3,187,103	(\$1,196,511)	-27%
3	Accrued Pension Liability	\$69,918,815	\$122,776,211	\$52,857,396	76%
4	Other Long Term Liabilities	\$21,375,433	\$18,574,588	(\$2,800,845)	-13%
	Total Long Term Liabilities	\$95,677,862	\$144,537,902	\$48,860,040	51%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$2,505,487)	(\$59,114,372)	(\$56,608,885)	2259%
2	Temporarily Restricted Net Assets	\$18,909,112	\$15,697,218	(\$3,211,894)	-17%
3	Permanently Restricted Net Assets	\$12,715,252	\$12,686,835	(\$28,417)	0%
	Total Net Assets	\$29,118,877	(\$30,730,319)	(\$59,849,196)	-206%
	Total Liabilities and Net Assets	\$269,414,284	\$258,329,973	(\$11,084,311)	-4%

HOSPITAL OF SAINT RAPHAEL					
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	\$1,133,034,711	\$1,237,132,944	\$104,098,233	9%
2	Less: Allowances	\$707,850,196	\$776,267,152	\$68,416,956	10%
3	Less: Charity Care	\$4,657,486	\$4,656,971	(\$515)	0%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$420,527,029	\$456,208,821	\$35,681,792	8%
5	Other Operating Revenue	\$22,707,437	\$17,535,770	(\$5,171,667)	-23%
6	Net Assets Released from Restrictions	\$3,410,772	\$3,971,403	\$560,631	16%
	Total Operating Revenue	\$446,645,238	\$477,715,994	\$31,070,756	7%
B. Operating Expenses:					
1	Salaries and Wages	\$205,102,583	\$215,091,888	\$9,989,305	5%
2	Fringe Benefits	\$53,083,414	\$57,437,546	\$4,354,132	8%
3	Physicians Fees	\$6,283,049	\$6,262,461	(\$20,588)	0%
4	Supplies and Drugs	\$74,176,201	\$74,394,623	\$218,422	0%
5	Depreciation and Amortization	\$18,558,543	\$17,180,941	(\$1,377,602)	-7%
6	Bad Debts	\$21,668,504	\$20,632,999	(\$1,035,505)	-5%
7	Interest	\$4,984,686	\$4,184,261	(\$800,425)	-16%
8	Malpractice	\$1,761,487	\$3,865,667	\$2,104,180	119%
9	Other Operating Expenses	\$78,106,374	\$84,889,739	\$6,783,365	9%
	Total Operating Expenses	\$463,724,841	\$483,940,125	\$20,215,284	4%
	Income/(Loss) From Operations	(\$17,079,603)	(\$6,224,131)	\$10,855,472	-64%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$287,397)	(\$752,848)	(\$465,451)	162%
	Total Non-Operating Revenue	(\$287,397)	(\$752,848)	(\$465,451)	162%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$17,367,000)	(\$6,976,979)	\$10,390,021	-60%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$772,913	\$772,913	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$772,913	\$772,913	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$17,367,000)	(\$6,204,066)	\$11,162,934	-64%
	Principal Payments	\$0	\$4,617,000	\$4,617,000	0%

**HOSPITAL OF SAINT RAPHAEL
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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
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$439,418,462	\$439,293,297	(\$125,165)	0%
2	MEDICARE MANAGED CARE	\$77,970,676	\$99,922,806	\$21,952,130	28%
3	MEDICAID	\$40,387,967	\$37,756,033	(\$2,631,934)	-7%
4	MEDICAID MANAGED CARE	\$23,667,755	\$25,370,271	\$1,702,516	7%
5	CHAMPUS/TRICARE	\$531,500	\$518,548	(\$12,952)	-2%
6	COMMERCIAL INSURANCE	\$5,571,861	\$7,443,127	\$1,871,266	34%
7	NON-GOVERNMENT MANAGED CARE	\$213,556,678	\$236,953,151	\$23,396,473	11%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$12,244,212	\$13,639,451	\$1,395,239	11%
10	SAGA	\$18,549,690	\$20,584,383	\$2,034,693	11%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$831,898,801	\$881,481,067	\$49,582,266	6%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$87,262,721	\$94,359,999	\$7,097,278	8%
2	MEDICARE MANAGED CARE	\$16,719,332	\$22,468,170	\$5,748,838	34%
3	MEDICAID	\$16,442,911	\$19,463,382	\$3,020,471	18%
4	MEDICAID MANAGED CARE	\$22,073,821	\$26,487,507	\$4,413,686	20%
5	CHAMPUS/TRICARE	\$590,470	\$572,957	(\$17,513)	-3%
6	COMMERCIAL INSURANCE	\$5,419,969	\$7,658,721	\$2,238,752	41%
7	NON-GOVERNMENT MANAGED CARE	\$123,703,400	\$147,268,805	\$23,565,405	19%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$16,030,716	\$19,605,175	\$3,574,459	22%
10	SAGA	\$12,892,570	\$17,767,162	\$4,874,592	38%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$301,135,910	\$355,651,878	\$54,515,968	18%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$526,681,183	\$533,653,296	\$6,972,113	1%
2	MEDICARE MANAGED CARE	\$94,690,008	\$122,390,976	\$27,700,968	29%
3	MEDICAID	\$56,830,878	\$57,219,415	\$388,537	1%
4	MEDICAID MANAGED CARE	\$45,741,576	\$51,857,778	\$6,116,202	13%
5	CHAMPUS/TRICARE	\$1,121,970	\$1,091,505	(\$30,465)	-3%
6	COMMERCIAL INSURANCE	\$10,991,830	\$15,101,848	\$4,110,018	37%
7	NON-GOVERNMENT MANAGED CARE	\$337,260,078	\$384,221,956	\$46,961,878	14%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$28,274,928	\$33,244,626	\$4,969,698	18%
10	SAGA	\$31,442,260	\$38,351,545	\$6,909,285	22%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,133,034,711	\$1,237,132,945	\$104,098,234	9%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$148,020,697	\$148,893,371	\$872,674	1%
2	MEDICARE MANAGED CARE	\$26,810,993	\$33,515,327	\$6,704,334	25%
3	MEDICAID	\$11,313,299	\$9,497,068	(\$1,816,231)	-16%
4	MEDICAID MANAGED CARE	\$7,404,918	\$8,731,844	\$1,326,926	18%

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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
5	CHAMPUS/TRICARE	\$196,280	\$103,263	(\$93,017)	-47%
6	COMMERCIAL INSURANCE	\$2,527,395	\$3,182,249	\$654,854	26%
7	NON-GOVERNMENT MANAGED CARE	\$87,014,078	\$100,712,445	\$13,698,367	16%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$971,105	\$1,420,143	\$449,038	46%
10	SAGA	\$2,255,231	\$2,122,626	(\$132,605)	-6%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$286,513,996	\$308,178,336	\$21,664,340	8%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$30,498,891	\$31,092,247	\$593,356	2%
2	MEDICARE MANAGED CARE	\$5,421,754	\$6,667,321	\$1,245,567	23%
3	MEDICAID	\$3,682,119	\$4,133,432	\$451,313	12%
4	MEDICAID MANAGED CARE	\$7,117,316	\$8,677,293	\$1,559,977	22%
5	CHAMPUS/TRICARE	\$354,759	\$323,851	(\$30,908)	-9%
6	COMMERCIAL INSURANCE	\$2,377,075	\$3,463,312	\$1,086,237	46%
7	NON-GOVERNMENT MANAGED CARE	\$62,248,890	\$71,425,526	\$9,176,636	15%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,765,388	\$3,554,027	\$1,788,639	101%
10	SAGA	\$1,732,761	\$2,037,893	\$305,132	18%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$115,198,953	\$131,374,902	\$16,175,949	14%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$178,519,588	\$179,985,618	\$1,466,030	1%
2	MEDICARE MANAGED CARE	\$32,232,747	\$40,182,648	\$7,949,901	25%
3	MEDICAID	\$14,995,418	\$13,630,500	(\$1,364,918)	-9%
4	MEDICAID MANAGED CARE	\$14,522,234	\$17,409,137	\$2,886,903	20%
5	CHAMPUS/TRICARE	\$551,039	\$427,114	(\$123,925)	-22%
6	COMMERCIAL INSURANCE	\$4,904,470	\$6,645,561	\$1,741,091	36%
7	NON-GOVERNMENT MANAGED CARE	\$149,262,968	\$172,137,971	\$22,875,003	15%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$2,736,493	\$4,974,170	\$2,237,677	82%
10	SAGA	\$3,987,992	\$4,160,519	\$172,527	4%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$401,712,949	\$439,553,238	\$37,840,289	9%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	10,996	10,712	(284)	-3%
2	MEDICARE MANAGED CARE	2,059	2,513	454	22%
3	MEDICAID	1,318	1,148	(170)	-13%
4	MEDICAID MANAGED CARE	1,504	1,556	52	3%
5	CHAMPUS/TRICARE	23	33	10	43%
6	COMMERCIAL INSURANCE	282	310	28	10%
7	NON-GOVERNMENT MANAGED CARE	7,349	7,085	(264)	-4%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	381	405	24	6%
10	SAGA	674	743	69	10%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	24,586	24,505	(81)	0%

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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
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	71,029	66,545	(4,484)	-6%
2	MEDICARE MANAGED CARE	11,826	14,366	2,540	21%
3	MEDICAID	7,888	6,760	(1,128)	-14%
4	MEDICAID MANAGED CARE	7,780	7,515	(265)	-3%
5	CHAMPUS/TRICARE	90	156	66	73%
6	COMMERCIAL INSURANCE	886	1,135	249	28%
7	NON-GOVERNMENT MANAGED CARE	29,933	29,547	(386)	-1%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,403	1,615	212	15%
10	SAGA	3,431	3,326	(105)	-3%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	134,266	130,965	(3,301)	-2%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	25,764	24,438	(1,326)	-5%
2	MEDICARE MANAGED CARE	4,150	5,297	1,147	28%
3	MEDICAID	13,846	13,111	(735)	-5%
4	MEDICAID MANAGED CARE	28,170	26,557	(1,613)	-6%
5	CHAMPUS/TRICARE	185	181	(4)	-2%
6	COMMERCIAL INSURANCE	1,798	1,965	167	9%
7	NON-GOVERNMENT MANAGED CARE	29,798	31,056	1,258	4%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	10,223	10,632	409	4%
10	SAGA	10,682	11,902	1,220	11%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	124,616	125,139	523	0%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$11,387,338	\$17,019,198	\$5,631,860	49%
2	MEDICARE MANAGED CARE	\$2,054,065	\$3,889,473	\$1,835,408	89%
3	MEDICAID	\$7,036,774	\$8,904,511	\$1,867,737	27%
4	MEDICAID MANAGED CARE	\$10,346,838	\$14,079,781	\$3,732,943	36%
5	CHAMPUS/TRICARE	\$87,842	\$135,497	\$47,655	54%
6	COMMERCIAL INSURANCE	\$1,283,298	\$1,900,819	\$617,521	48%
7	NON-GOVERNMENT MANAGED CARE	\$21,398,277	\$27,957,989	\$6,559,712	31%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$7,279,633	\$9,749,801	\$2,470,168	34%
10	SAGA	\$7,964,890	\$12,021,924	\$4,057,034	51%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$68,838,955	\$95,658,993	\$26,820,038	39%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$2,050,845	\$3,018,586	\$967,741	47%
2	MEDICARE MANAGED CARE	\$392,692	\$681,780	\$289,088	74%
3	MEDICAID	\$1,019,637	\$1,367,679	\$348,042	34%
4	MEDICAID MANAGED CARE	\$2,109,737	\$3,610,542	\$1,500,805	71%
5	CHAMPUS/TRICARE	\$64,968	\$57,226	(\$7,742)	-12%
6	COMMERCIAL INSURANCE	\$390,606	\$588,756	\$198,150	51%
7	NON-GOVERNMENT MANAGED CARE	\$9,243,360	\$10,348,253	\$1,104,893	12%

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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
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$150,365	\$119,120	(\$31,245)	-21%
10	SAGA	\$652,339	\$897,089	\$244,750	38%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$16,074,549	\$20,689,031	\$4,614,482	29%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,510	5,861	351	6%
2	MEDICARE MANAGED CARE	995	1,213	218	22%
3	MEDICAID	3,484	3,756	272	8%
4	MEDICAID MANAGED CARE	5,726	6,985	1,259	22%
5	CHAMPUS/TRICARE	49	66	17	35%
6	COMMERCIAL INSURANCE	577	753	176	31%
7	NON-GOVERNMENT MANAGED CARE	9,884	10,567	683	7%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	3,791	4,348	557	15%
10	SAGA	4,142	5,284	1,142	28%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	34,158	38,833	4,675	14%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$69,903,579	\$75,153,400	\$5,249,821	8%
2	Physician Salaries	\$37,383,788	\$41,231,009	\$3,847,221	10%
3	Non-Nursing, Non-Physician Salaries	\$97,815,216	\$98,707,479	\$892,263	1%
	Total Salaries & Wages	\$205,102,583	\$215,091,888	\$9,989,305	5%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$18,092,023	\$20,068,757	\$1,976,734	11%
2	Physician Fringe Benefits	\$9,675,447	\$11,010,215	\$1,334,768	14%
3	Non-Nursing, Non-Physician Fringe Benefits	\$25,315,944	\$26,358,574	\$1,042,630	4%
	Total Fringe Benefits	\$53,083,414	\$57,437,546	\$4,354,132	8%
C. Contractual Labor Fees:					
1	Nursing Fees	\$3,664,564	\$2,879,170	(\$785,394)	-21%
2	Physician Fees	\$6,283,049	\$6,262,461	(\$20,588)	0%
3	Non-Nursing, Non-Physician Fees	\$7,651,380	\$9,101,433	\$1,450,053	19%
	Total Contractual Labor Fees	\$17,598,993	\$18,243,064	\$644,071	4%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$55,817,962	\$55,677,695	(\$140,267)	0%
2	Pharmaceutical Costs	\$18,358,239	\$18,716,928	\$358,689	2%
	Total Medical Supplies and Pharmaceutical Cost	\$74,176,201	\$74,394,623	\$218,422	0%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$9,058,386	\$8,439,252	(\$619,134)	-7%
2	Depreciation-Equipment	\$9,500,157	\$8,741,689	(\$758,468)	-8%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$18,558,543	\$17,180,941	(\$1,377,602)	-7%
F. Bad Debts:					
1	Bad Debts	\$21,668,504	\$20,632,999	(\$1,035,505)	-5%
G. Interest Expense:					
1	Interest Expense	\$4,984,686	\$4,184,261	(\$800,425)	-16%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,761,487	\$3,865,667	\$2,104,180	119%
I. Utilities:					
1	Water	\$214,503	\$199,890	(\$14,613)	-7%
2	Natural Gas	\$845,239	\$1,294,516	\$449,277	53%
3	Oil	\$971,305	\$760,996	(\$210,309)	-22%
4	Electricity	\$4,479,730	\$4,579,788	\$100,058	2%
5	Telephone	\$835,545	\$589,928	(\$245,617)	-29%
6	Other Utilities	\$161,815	\$195,426	\$33,611	21%
	Total Utilities	\$7,508,137	\$7,620,544	\$112,407	1%
J. Business Expenses:					
1	Accounting Fees	\$339,909	\$398,719	\$58,810	17%
2	Legal Fees	\$597,464	\$323,528	(\$273,936)	-46%
3	Consulting Fees	\$2,435,262	\$8,168,979	\$5,733,717	235%
4	Dues and Membership	\$853,361	\$846,412	(\$6,949)	-1%
5	Equipment Leases	\$2,907,046	\$3,208,174	\$301,128	10%
6	Building Leases	\$1,118,223	\$1,375,150	\$256,927	23%
7	Repairs and Maintenance	\$7,275,123	\$6,207,427	(\$1,067,696)	-15%
8	Insurance	\$509,915	\$510,480	\$565	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$26,853	\$17,373	(\$9,480)	-35%
10	Conferences	\$320,432	\$308,645	(\$11,787)	-4%
11	Property Tax	\$314,581	\$317,606	\$3,025	1%
12	General Supplies	\$13,073,448	\$14,463,922	\$1,390,474	11%
13	Licenses and Subscriptions	\$87,164	\$64,424	(\$22,740)	-26%
14	Postage and Shipping	\$349,676	\$368,301	\$18,625	5%
15	Advertising	\$277,826	\$557,619	\$279,793	101%
16	Other Business Expenses	\$28,796,010	\$28,151,833	(\$644,177)	-2%
	Total Business Expenses	\$59,282,293	\$65,288,592	\$6,006,299	10%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$463,724,841	\$483,940,125	\$20,215,284	4%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$115,989,011	\$125,219,534	\$9,230,523	8%
2	General Accounting	\$2,130,839	\$2,502,268	\$371,429	17%
3	Patient Billing & Collection	\$3,578,586	\$3,652,943	\$74,357	2%
4	Admitting / Registration Office	\$2,012,211	\$2,175,170	\$162,959	8%
5	Data Processing	\$12,231,054	\$11,379,998	(\$851,056)	-7%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$3,422,412	\$2,985,734	(\$436,678)	-13%
8	Public Relations	\$1,624,285	\$1,887,374	\$263,089	16%
9	Purchasing	\$701,124	\$736,890	\$35,766	5%
10	Dietary and Cafeteria	\$5,582,050	\$5,596,376	\$14,326	0%
11	Housekeeping	\$7,198,663	\$7,265,434	\$66,771	1%
12	Laundry & Linen	\$2,498,922	\$2,476,203	(\$22,719)	-1%
13	Operation of Plant	\$9,314,992	\$9,590,604	\$275,612	3%
14	Security	\$1,570,082	\$1,661,518	\$91,436	6%
15	Repairs and Maintenance	\$8,915,163	\$8,460,988	(\$454,175)	-5%
16	Central Sterile Supply	\$4,555,426	\$4,855,284	\$299,858	7%
17	Pharmacy Department	\$18,953,163	\$20,386,765	\$1,433,602	8%
18	Other General Services	\$2,076,411	\$2,130,383	\$53,972	3%
	Total General Services	\$202,354,394	\$212,963,466	\$10,609,072	5%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$26,718,882	\$29,854,350	\$3,135,468	12%
2	Residency Program	\$9,777,367	\$10,292,242	\$514,875	5%
3	Nursing Services Administration	\$4,173,069	\$4,084,874	(\$88,195)	-2%
4	Medical Records	\$3,775,510	\$4,179,489	\$403,979	11%
5	Social Service	\$2,781,210	\$3,224,304	\$443,094	16%
6	Other Professional Services	\$3,863,227	\$4,185,136	\$321,909	8%
	Total Professional Services	\$51,089,265	\$55,820,395	\$4,731,130	9%
C.	<u>Special Services:</u>				
1	Operating Room	\$13,775,424	\$12,034,454	(\$1,740,970)	-13%
2	Recovery Room	\$2,818,023	\$3,059,612	\$241,589	9%
3	Anesthesiology	\$1,896,870	\$1,988,798	\$91,928	5%
4	Delivery Room	\$1,934,988	\$2,058,692	\$123,704	6%
5	Diagnostic Radiology	\$5,518,812	\$5,718,174	\$199,362	4%
6	Diagnostic Ultrasound	\$561,563	\$581,491	\$19,928	4%
7	Radiation Therapy	\$4,038,210	\$5,603,142	\$1,564,932	39%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,181,929	\$1,026,654	(\$155,275)	-13%
9	CT Scan	\$686,106	\$875,676	\$189,570	28%
10	Laboratory	\$15,506,893	\$16,134,532	\$627,639	4%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$4,513,528	\$4,068,122	(\$445,406)	-10%
13	Electrocardiology	\$197,300	\$198,789	\$1,489	1%
14	Electroencephalography	\$78,472	\$59,405	(\$19,067)	-24%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,022,146	\$3,007,696	(\$14,450)	0%
19	Pulmonary Function	\$639,171	\$732,967	\$93,796	15%
20	Intravenous Therapy	\$1,751,821	\$1,825,585	\$73,764	4%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$1,234,102	\$1,183,954	(\$50,148)	-4%
24	Emergency Room	\$14,347,317	\$15,094,626	\$747,309	5%
25	MRI	\$1,447,058	\$1,253,102	(\$193,956)	-13%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$495,087	\$483,385	(\$11,702)	-2%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$475,737	\$490,585	\$14,848	3%
32	Occupational Therapy / Physical Therapy	\$3,151,043	\$3,523,056	\$372,013	12%
33	Dental Clinic	\$326,568	\$229,349	(\$97,219)	-30%
34	Other Special Services	\$56,637,503	\$57,473,640	\$836,137	1%
	Total Special Services	\$136,235,671	\$138,705,486	\$2,469,815	2%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$35,179,596	\$36,779,059	\$1,599,463	5%
2	Intensive Care Unit	\$12,657,395	\$13,245,050	\$587,655	5%
3	Coronary Care Unit	\$5,092,560	\$5,344,884	\$252,324	5%
4	Psychiatric Unit	\$4,745,195	\$4,457,402	(\$287,793)	-6%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$3,854,908	\$4,033,949	\$179,041	5%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$1,631,120	\$1,674,894	\$43,774	3%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$4,376,874	\$3,920,582	(\$456,292)	-10%
13	Other Routine Services	\$2,332,125	\$3,015,653	\$683,528	29%
	Total Routine Services	\$69,869,773	\$72,471,473	\$2,601,700	4%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$4,175,738	\$3,979,305	(\$196,433)	-5%
	Total Operating Expenses - All Departments*	\$463,724,841	\$483,940,125	\$20,215,284	4%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$404,894,538	\$ 420,527,029	\$456,208,821
2	Other Operating Revenue	18,526,735	26,118,209	21,507,173
3	Total Operating Revenue	\$423,421,273	\$446,645,238	\$477,715,994
4	Total Operating Expenses	433,023,100	463,724,841	483,940,125
5	Income/(Loss) From Operations	(\$9,601,827)	(\$17,079,603)	(\$6,224,131)
6	Total Non-Operating Revenue	2,405,727	(287,397)	20,065
7	Excess/(Deficiency) of Revenue Over Expenses	(\$7,196,100)	(\$17,367,000)	(\$6,204,066)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	-2.25%	-3.83%	-1.30%
2	Hospital Non Operating Margin	0.56%	-0.06%	0.00%
3	Hospital Total Margin	-1.69%	-3.89%	-1.30%
4	Income/(Loss) From Operations	(\$9,601,827)	(\$17,079,603)	(\$6,224,131)
5	Total Operating Revenue	\$423,421,273	\$446,645,238	\$477,715,994
6	Total Non-Operating Revenue	\$2,405,727	(\$287,397)	\$20,065
7	Total Revenue	\$425,827,000	\$446,357,841	\$477,736,059
8	Excess/(Deficiency) of Revenue Over Expenses	(\$7,196,100)	(\$17,367,000)	(\$6,204,066)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$25,504,147	(\$2,505,487)	(\$59,114,372)
2	Hospital Total Net Assets	\$56,455,809	\$29,118,877	(\$30,730,319)
3	Hospital Change in Total Net Assets	\$56,455,809	(\$27,336,932)	(\$59,849,196)
4	Hospital Change in Total Net Assets %	0.0%	-48.4%	-205.5%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.39	0.38	0.39
2	Total Operating Expenses	\$415,093,982	\$442,057,200	\$483,940,125
3	Total Gross Revenue	\$1,045,344,840	\$1,133,034,711	\$1,237,132,945
4	Total Other Operating Revenue	\$20,757,362	\$23,885,251	\$19,134,757
5	<u>Private Payment to Cost Ratio</u>	1.13	1.16	1.16
6	Total Non-Government Payments	\$148,467,142	\$156,903,931	\$183,757,702

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
7	Total Uninsured Payments	\$2,566,420	\$2,736,493	\$4,974,170
8	Total Non-Government Charges	\$355,933,776	\$376,526,836	\$432,568,430
9	Total Uninsured Charges	\$25,175,176	\$28,274,928	\$33,244,626
10	<u>Medicare Payment to Cost Ratio</u>	0.95	0.89	0.87
11	Total Medicare Payments	\$206,565,386	\$210,752,335	\$220,168,266
12	Total Medicare Charges	\$559,881,084	\$621,371,191	\$656,044,272
13	<u>Medicaid Payment to Cost Ratio</u>	0.72	0.75	0.74
14	Total Medicaid Payments	\$26,826,411	\$29,517,652	\$31,039,637
15	Total Medicaid Charges	\$96,000,182	\$102,572,454	\$109,077,193
16	<u>Uncompensated Care Cost</u>	\$9,687,040	\$10,059,117	\$9,742,216
17	Charity Care	\$4,898,589	\$4,657,486	\$4,656,971
18	Bad Debts	\$19,981,016	\$21,668,503	\$20,632,999
19	Total Uncompensated Care	\$24,879,605	\$26,325,989	\$25,289,970
20	<u>Uncompensated Care % of Total Expenses</u>	2.3%	2.3%	2.0%
21	Total Operating Expenses	\$415,093,982	\$442,057,200	\$483,940,125
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.54	0.62	0.68
2	Total Current Assets	\$104,595,971	\$90,211,268	\$98,632,122
3	Total Current Liabilities	\$67,866,944	\$144,617,545	\$144,522,390
4	<u>Days Cash on Hand</u>	30	13	16
5	Cash and Cash Equivalents	\$12,022,146	\$11,377,324	\$21,036,479
6	Short Term Investments	21,976,653	3,934,783	0
7	Total Cash and Short Term Investments	\$33,998,799	\$15,312,107	\$21,036,479
8	Total Operating Expenses	\$433,023,100	\$463,724,841	\$483,940,125
9	Depreciation Expense	\$18,864,629	\$18,558,543	\$17,180,941
10	Operating Expenses less Depreciation Expense	\$414,158,471	\$445,166,298	\$466,759,184
11	<u>Days Revenue in Patient Accounts Receivable</u>	48.93	46.58	44.58

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
12	Net Patient Accounts Receivable	\$ 51,723,008	\$ 50,102,278	\$ 53,665,511
13	Due From Third Party Payers	\$3,684,000	\$5,227,305	\$3,545,193
14	Due To Third Party Payers	\$1,128,000	\$1,666,550	\$1,493,867
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 54,279,008	\$ 53,663,033	\$ 55,716,837
16	Total Net Patient Revenue	\$404,894,538	\$ 420,527,029	\$ 456,208,821
17	<u>Average Payment Period</u>	59.81	118.57	113.01
18	Total Current Liabilities	\$67,866,944	\$144,617,545	\$144,522,390
19	Total Operating Expenses	\$433,023,100	\$463,724,841	\$483,940,125
20	Depreciation Expense	\$18,864,629	\$18,558,543	\$17,180,941
21	Total Operating Expenses less Depreciation Expense	\$414,158,471	\$445,166,298	\$466,759,184
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	20.0	10.8	(11.9)
2	Total Net Assets	\$56,455,809	\$29,118,877	(\$30,730,319)
3	Total Assets	\$282,831,819	\$269,414,284	\$258,329,973
4	<u>Cash Flow to Total Debt Ratio</u>	7.8	0.8	7.4
5	Excess/(Deficiency) of Revenues Over Expenses	(\$7,196,100)	(\$17,367,000)	(\$6,204,066)
6	Depreciation Expense	\$18,864,629	\$18,558,543	\$17,180,941
7	Excess of Revenues Over Expenses and Depreciation Expense	\$11,668,529	\$1,191,543	\$10,976,875
8	Total Current Liabilities	\$67,866,944	\$144,617,545	\$144,522,390
9	Total Long Term Debt	\$82,204,862	\$4,383,614	\$3,187,103
10	Total Current Liabilities and Total Long Term Debt	\$150,071,806	\$149,001,159	\$147,709,493
11	<u>Long Term Debt to Capitalization Ratio</u>	59.3	13.1	(11.6)
12	Total Long Term Debt	\$82,204,862	\$4,383,614	\$3,187,103
13	Total Net Assets	\$56,455,809	\$29,118,877	(\$30,730,319)
14	Total Long Term Debt and Total Net Assets	\$138,660,671	\$33,502,491	(\$27,543,216)
15	<u>Debt Service Coverage Ratio</u>	4.0	1.2	1.7
16	Excess Revenues over Expenses	(\$7,196,100)	(\$17,367,000)	(\$6,204,066)
17	Interest Expense	\$3,884,517	\$4,984,686	\$4,184,261
18	Depreciation and Amortization Expense	\$18,864,629	\$18,558,543	\$17,180,941

HOSPITAL OF SAINT RAPHAEL				
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	\$4,617,000
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	15.4	16.6	19.0
21	Accumulated Depreciation	\$290,396,275	\$308,919,397	\$325,836,594
22	Depreciation and Amortization Expense	\$18,864,629	\$18,558,543	\$17,180,941
H. <u>Utilization Measures Summary</u>				
1	Patient Days	135,071	134,266	130,965
2	Discharges	26,188	24,586	24,505
3	ALOS	5.2	5.5	5.3
4	Staffed Beds	408	417	417
5	Available Beds	-	-	488
6	Licensed Beds	533	474	533
6	Occupancy of Staffed Beds	90.7%	88.2%	86.0%
7	Occupancy of Available Beds	69.4%	77.6%	73.5%
8	Full Time Equivalent Employees	2,873.4	3,010.4	3,038.9
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	31.6%	30.7%	32.3%
2	Medicare Gross Revenue Payer Mix Percentage	53.6%	54.8%	53.0%
3	Medicaid Gross Revenue Payer Mix Percentage	9.2%	9.1%	8.8%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.1%	2.8%	3.1%
5	Uninsured Gross Revenue Payer Mix Percentage	2.4%	2.5%	2.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$330,758,600	\$348,251,908	\$399,323,804
9	Medicare Gross Revenue (Charges)	\$559,881,084	\$621,371,191	\$656,044,272
10	Medicaid Gross Revenue (Charges)	\$96,000,182	\$102,572,454	\$109,077,193
11	Other Medical Assistance Gross Revenue (Charges)	\$32,565,070	\$31,442,260	\$38,351,545
12	Uninsured Gross Revenue (Charges)	\$25,175,176	\$28,274,928	\$33,244,626
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$964,728	\$1,121,970	\$1,091,505
14	Total Gross Revenue (Charges)	\$1,045,344,840	\$1,133,034,711	\$1,237,132,945
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	37.7%	38.4%	40.7%

HOSPITAL OF SAINT RAPHAEL				
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	53.4%	52.5%	50.1%
3	Medicaid Net Revenue Payer Mix Percentage	6.9%	7.3%	7.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.2%	1.0%	0.9%
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	0.7%	1.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$145,900,722	\$154,167,438	\$178,783,532
9	Medicare Net Revenue (Payments)	\$206,565,386	\$210,752,335	\$220,168,266
10	Medicaid Net Revenue (Payments)	\$26,826,411	\$29,517,652	\$31,039,637
11	Other Medical Assistance Net Revenue (Payments)	\$4,510,906	\$3,987,991	\$4,160,519
12	Uninsured Net Revenue (Payments)	\$2,566,420	\$2,736,493	\$4,974,170
13	CHAMPUS / TRICARE Net Revenue Payments)	\$432,902	\$551,039	\$427,114
14	Total Net Revenue (Payments)	\$386,802,747	\$401,712,948	\$439,553,238
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	8,651	8,012	7,800
2	Medicare	13,531	13,055	13,225
3	Medical Assistance	3,977	3,496	3,447
4	Medicaid	3,172	2,822	2,704
5	Other Medical Assistance	805	674	743
6	CHAMPUS / TRICARE	29	23	33
7	Uninsured (Included In Non-Government)	407	381	405
8	Total	26,188	24,586	24,505
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	1.402000	1.441400	1.422000
2	Medicare	1.562000	1.615400	1.610400
3	Medical Assistance	0.927830	0.980759	0.980893
4	Medicaid	0.869900	0.932600	0.924700
5	Other Medical Assistance	1.156100	1.182400	1.185400
6	CHAMPUS / TRICARE	1.295500	1.497000	0.786600
7	Uninsured (Included In Non-Government)	1.141100	1.163400	1.048200
8	Total Case Mix Index	1.412543	1.468344	1.460772
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	15,579	14,605	14,540
2	Emergency Room - Treated and Discharged	35,317	34,158	38,833
3	Total Emergency Room Visits	50,896	48,763	53,373

**HOSPITAL OF SAINT RAPHAEL
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	\$5,024,202	\$4,631,232	(\$392,970)	-8%
2	Inpatient Payments	\$1,970,606	\$1,433,403	(\$537,203)	-27%
3	Outpatient Charges	\$1,169,443	\$1,490,461	\$321,018	27%
4	Outpatient Payments	\$407,169	\$442,316	\$35,147	9%
5	Discharges	156	137	(19)	-12%
6	Patient Days	786	766	(20)	-3%
7	Outpatient Visits (Excludes ED Visits)	165	148	(17)	-10%
8	Emergency Department Outpatient Visits	61	66	5	8%
9	Emergency Department Inpatient Admissions	110	98	(12)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,193,645	\$6,121,693	(\$71,952)	-1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,377,775	\$1,875,719	(\$502,056)	-21%
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	\$621,012	\$8,242,903	\$7,621,891	1227%
2	Inpatient Payments	\$228,682	\$3,035,076	\$2,806,394	1227%
3	Outpatient Charges	\$389,275	\$2,380,189	\$1,990,914	511%
4	Outpatient Payments	\$168,585	\$653,698	\$485,113	288%
5	Discharges	19	238	219	1153%
6	Patient Days	98	1,030	932	951%
7	Outpatient Visits (Excludes ED Visits)	59	458	399	676%
8	Emergency Department Outpatient Visits	20	75	55	275%
9	Emergency Department Inpatient Admissions	16	145	129	806%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,010,287	\$10,623,092	\$9,612,805	951%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$397,267	\$3,688,774	\$3,291,507	829%

**HOSPITAL OF SAINT RAPHAEL
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	\$59,607,610	\$66,038,919	\$6,431,309	11%
2	Inpatient Payments	\$20,584,107	\$22,114,233	\$1,530,126	7%
3	Outpatient Charges	\$12,643,124	\$13,450,961	\$807,837	6%
4	Outpatient Payments	\$4,127,964	\$4,112,186	(\$15,778)	0%
5	Discharges	1,538	1,591	53	3%
6	Patient Days	8,907	9,386	479	5%
7	Outpatient Visits (Excludes ED Visits)	1,693	2,067	374	22%
8	Emergency Department Outpatient Visits	560	612	52	9%
9	Emergency Department Inpatient Admissions	1,058	1,038	(20)	-2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$72,250,734	\$79,489,880	\$7,239,146	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$24,712,071	\$26,226,419	\$1,514,348	6%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$2,249,888	\$1,780,779	(\$469,109)	-21%
2	Inpatient Payments	\$739,827	\$618,780	(\$121,047)	-16%
3	Outpatient Charges	\$306,538	\$341,794	\$35,256	12%
4	Outpatient Payments	\$107,020	\$104,508	(\$2,512)	-2%
5	Discharges	64	48	(16)	-25%
6	Patient Days	417	254	(163)	-39%
7	Outpatient Visits (Excludes ED Visits)	91	63	(28)	-31%
8	Emergency Department Outpatient Visits	41	37	(4)	-10%
9	Emergency Department Inpatient Admissions	57	39	(18)	-32%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,556,426	\$2,122,573	(\$433,853)	-17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$846,847	\$723,288	(\$123,559)	-15%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$3,609,745	\$4,791,831	\$1,182,086	33%
2	Inpatient Payments	\$1,050,392	\$1,774,717	\$724,325	69%
3	Outpatient Charges	\$848,851	\$1,342,746	\$493,895	58%
4	Outpatient Payments	\$244,135	\$395,603	\$151,468	62%
5	Discharges	106	152	46	43%
6	Patient Days	561	779	218	39%
7	Outpatient Visits (Excludes ED Visits)	258	201	(57)	-22%
8	Emergency Department Outpatient Visits	66	62	(4)	-6%
9	Emergency Department Inpatient Admissions	81	122	41	51%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,458,596	\$6,134,577	\$1,675,981	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,294,527	\$2,170,320	\$875,793	68%

**HOSPITAL OF SAINT RAPHAEL
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	\$635,208	\$5,864,757	\$5,229,549	823%
2	Inpatient Payments	\$383,651	\$1,874,497	\$1,490,846	389%
3	Outpatient Charges	\$282,758	\$1,530,860	\$1,248,102	441%
4	Outpatient Payments	\$75,039	\$449,842	\$374,803	499%
5	Discharges	35	138	103	294%
6	Patient Days	116	932	816	703%
7	Outpatient Visits (Excludes ED Visits)	251	460	209	83%
8	Emergency Department Outpatient Visits	47	148	101	215%
9	Emergency Department Inpatient Admissions	32	110	78	244%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$917,966	\$7,395,617	\$6,477,651	706%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$458,690	\$2,324,339	\$1,865,649	407%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$4,186,924	\$5,719,310	\$1,532,386	37%
2	Inpatient Payments	\$1,217,061	\$1,816,637	\$599,576	49%
3	Outpatient Charges	\$916,563	\$1,322,640	\$406,077	44%
4	Outpatient Payments	\$250,924	\$355,139	\$104,215	42%
5	Discharges	97	141	44	45%
6	Patient Days	619	860	241	39%
7	Outpatient Visits (Excludes ED Visits)	598	597	(1)	0%
8	Emergency Department Outpatient Visits	177	166	(11)	-6%
9	Emergency Department Inpatient Admissions	70	119	49	70%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,103,487	\$7,041,950	\$1,938,463	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,467,985	\$2,171,776	\$703,791	48%
I. AETNA					
1	Inpatient Charges	\$1,243,305	\$2,069,362	\$826,057	66%
2	Inpatient Payments	\$387,056	\$746,227	\$359,171	93%
3	Outpatient Charges	\$152,916	\$576,656	\$423,740	277%
4	Outpatient Payments	\$37,383	\$144,263	\$106,880	286%
5	Discharges	35	62	27	77%
6	Patient Days	167	272	105	63%
7	Outpatient Visits (Excludes ED Visits)	32	79	47	147%
8	Emergency Department Outpatient Visits	21	45	24	114%
9	Emergency Department Inpatient Admissions	27	44	17	63%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,396,221	\$2,646,018	\$1,249,797	90%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$424,439	\$890,490	\$466,051	110%

**HOSPITAL OF SAINT RAPHAEL
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	\$792,782	\$783,713	(\$9,069)	-1%
2	Inpatient Payments	\$249,611	\$101,757	(\$147,854)	-59%
3	Outpatient Charges	\$9,864	\$31,863	\$21,999	223%
4	Outpatient Payments	\$3,535	\$9,766	\$6,231	176%
5	Discharges	9	6	(3)	-33%
6	Patient Days	155	87	(68)	-44%
7	Outpatient Visits (Excludes ED Visits)	8	11	3	38%
8	Emergency Department Outpatient Visits	2	2	0	0%
9	Emergency Department Inpatient Admissions	6	5	(1)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$802,646	\$815,576	\$12,930	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$253,146	\$111,523	(\$141,623)	-56%
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%

**HOSPITAL OF SAINT RAPHAEL
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	\$77,970,676	\$99,922,806	\$21,952,130	28%
	TOTAL INPATIENT PAYMENTS	\$26,810,993	\$33,515,327	\$6,704,334	25%
	TOTAL OUTPATIENT CHARGES	\$16,719,332	\$22,468,170	\$5,748,838	34%
	TOTAL OUTPATIENT PAYMENTS	\$5,421,754	\$6,667,321	\$1,245,567	23%
	TOTAL DISCHARGES	2,059	2,513	454	22%
	TOTAL PATIENT DAYS	11,826	14,366	2,540	21%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,155	4,084	929	29%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	995	1,213	218	22%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,457	1,720	263	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$94,690,008	\$122,390,976	\$27,700,968	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$32,232,747	\$40,182,648	\$7,949,901	25%

**HOSPITAL OF SAINT RAPHAEL
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	\$8,921,566	\$2,294,081	(\$6,627,485)	-74%
2	Inpatient Payments	\$2,649,292	\$1,009,427	(\$1,639,865)	-62%
3	Outpatient Charges	\$8,511,200	\$2,681,170	(\$5,830,030)	-68%
4	Outpatient Payments	\$2,482,305	\$720,925	(\$1,761,380)	-71%
5	Discharges	471	144	(327)	-69%
6	Patient Days	3,028	938	(2,090)	-69%
7	Outpatient Visits (Excludes ED Visits)	9,118	2,373	(6,745)	-74%
8	Emergency Department Outpatient Visits	1,994	602	(1,392)	-70%
9	Emergency Department Inpatient Admissions	157	36	(121)	-77%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,432,766	\$4,975,251	(\$12,457,515)	-71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,131,597	\$1,730,352	(\$3,401,245)	-66%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$10,003,818	\$12,764,429	\$2,760,611	28%
2	Inpatient Payments	\$3,376,904	\$4,106,134	\$729,230	22%
3	Outpatient Charges	\$9,066,475	\$16,618,994	\$7,552,519	83%
4	Outpatient Payments	\$3,214,095	\$5,916,101	\$2,702,006	84%
5	Discharges	723	917	194	27%
6	Patient Days	3,363	3,191	(172)	-5%
7	Outpatient Visits (Excludes ED Visits)	9,364	12,141	2,777	30%
8	Emergency Department Outpatient Visits	2,579	4,582	2,003	78%
9	Emergency Department Inpatient Admissions	142	179	37	26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,070,293	\$29,383,423	\$10,313,130	54%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,590,999	\$10,022,235	\$3,431,236	52%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$2,715,305	\$0	(\$2,715,305)	-100%
2	Inpatient Payments	\$656,109	\$0	(\$656,109)	-100%
3	Outpatient Charges	\$2,011,346	\$966	(\$2,010,380)	-100%
4	Outpatient Payments	\$679,064	\$376	(\$678,688)	-100%
5	Discharges	156	0	(156)	-100%
6	Patient Days	706	0	(706)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,672	6	(1,666)	-100%
8	Emergency Department Outpatient Visits	429	0	(429)	-100%
9	Emergency Department Inpatient Admissions	36	0	(36)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,726,651	\$966	(\$4,725,685)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,335,173	\$376	(\$1,334,797)	-100%

**HOSPITAL OF SAINT RAPHAEL
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	\$4,756,231	\$4,756,231	0%
2	Inpatient Payments	\$0	\$1,961,389	\$1,961,389	0%
3	Outpatient Charges	\$222,096	\$820,137	\$598,041	269%
4	Outpatient Payments	\$112,289	\$355,220	\$242,931	216%
5	Discharges	0	250	250	0%
6	Patient Days	0	2,570	2,570	0%
7	Outpatient Visits (Excludes ED Visits)	19	1,590	1,571	8268%
8	Emergency Department Outpatient Visits	1	25	24	2400%
9	Emergency Department Inpatient Admissions	0	75	75	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$222,096	\$5,576,368	\$5,354,272	2411%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$112,289	\$2,316,609	\$2,204,320	1963%
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	\$2,027,066	\$0	(\$2,027,066)	-100%
2	Inpatient Payments	\$722,613	\$0	(\$722,613)	-100%
3	Outpatient Charges	\$2,262,704	\$2,255	(\$2,260,449)	-100%
4	Outpatient Payments	\$629,563	\$1,087	(\$628,476)	-100%
5	Discharges	154	0	(154)	-100%
6	Patient Days	683	0	(683)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,271	5	(2,266)	-100%
8	Emergency Department Outpatient Visits	723	0	(723)	-100%

**HOSPITAL OF SAINT RAPHAEL
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	45	0	(45)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,289,770	\$2,255	(\$4,287,515)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,352,176	\$1,087	(\$1,351,089)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$1,656,161	\$1,656,161	0%
2	Inpatient Payments	\$0	\$555,341	\$555,341	0%
3	Outpatient Charges	\$0	\$2,076,023	\$2,076,023	0%
4	Outpatient Payments	\$0	\$505,895	\$505,895	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,186	1,186	0%
8	Emergency Department Outpatient Visits	0	644	644	0%
9	Emergency Department Inpatient Admissions	0	21	21	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$3,732,184	\$3,732,184	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,061,236	\$1,061,236	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$3,899,369	\$3,899,369	0%
2	Inpatient Payments	\$0	\$1,099,553	\$1,099,553	0%
3	Outpatient Charges	\$0	\$4,287,962	\$4,287,962	0%
4	Outpatient Payments	\$0	\$1,177,689	\$1,177,689	0%
5	Discharges	0	245	245	0%
6	Patient Days	0	816	816	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,271	2,271	0%
8	Emergency Department Outpatient Visits	0	1,132	1,132	0%
9	Emergency Department Inpatient Admissions	0	66	66	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$8,187,331	\$8,187,331	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$2,277,242	\$2,277,242	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$23,667,755	\$25,370,271	\$1,702,516	7%
	TOTAL INPATIENT PAYMENTS	\$7,404,918	\$8,731,844	\$1,326,926	18%
	TOTAL OUTPATIENT CHARGES	\$22,073,821	\$26,487,507	\$4,413,686	20%
	TOTAL OUTPATIENT PAYMENTS	\$7,117,316	\$8,677,293	\$1,559,977	22%
	TOTAL DISCHARGES	1,504	1,556	52	3%
	TOTAL PATIENT DAYS	7,780	7,515	(265)	-3%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	22,444	19,572	(2,872)	-13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	5,726	6,985	1,259	22%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	380	377	(3)	-1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$45,741,576	\$51,857,778	\$6,116,202	13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,522,234	\$17,409,137	\$2,886,903	20%

**HOSPITAL OF SAINT RAPHAEL
 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

SAINT RAPHAEL HEALTHCARE SYSTEM, 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	\$14,671,469	\$26,755,688	\$12,084,219	82%
2	Short Term Investments	\$3,934,783	\$0	(\$3,934,783)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$52,806,405	\$56,161,504	\$3,355,099	6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,358,063	\$1,904,342	\$546,279	40%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$5,227,305	\$3,545,193	(\$1,682,112)	-32%
7	Inventories of Supplies	\$8,178,412	\$7,936,378	(\$242,034)	-3%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$7,161,972	\$5,803,083	(\$1,358,889)	-19%
	Total Current Assets	\$93,338,409	\$102,106,188	\$8,767,779	9%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$8,677,607	\$7,328,119	(\$1,349,488)	-16%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$8,903,614	\$8,285,987	(\$617,627)	-7%
4	Other Noncurrent Assets Whose Use is Limited	\$84,967,305	\$71,664,966	(\$13,302,339)	-16%
	Total Noncurrent Assets Whose Use is Limited:	\$102,548,526	\$87,279,072	(\$15,269,454)	-15%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$6,005,589	\$1,499,158	(\$4,506,431)	-75%
7	Other Noncurrent Assets	\$18,928,580	\$15,398,800	(\$3,529,780)	-19%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$435,207,521	\$450,139,159	\$14,931,638	3%
2	Less: Accumulated Depreciation	\$324,650,935	\$342,933,335	\$18,282,400	\$0
	Property, Plant and Equipment, Net	\$110,556,586	\$107,205,824	(\$3,350,762)	-3%
3	Construction in Progress	\$3,878,997	\$44,132	(\$3,834,865)	-99%
	Total Net Fixed Assets	\$114,435,583	\$107,249,956	(\$7,185,627)	-6%
	Total Assets	\$335,256,687	\$313,533,174	(\$21,723,513)	-6%

SAINT RAPHAEL HEALTHCARE SYSTEM, 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. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$56,240,733	\$62,108,236	\$5,867,503	10%
2	Salaries, Wages and Payroll Taxes	\$0	\$0	\$0	0%
3	Due To Third Party Payers	\$2,279,383	\$2,065,682	(\$213,701)	-9%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$84,817,152	\$81,354,610	(\$3,462,542)	-4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,462,917	\$11,475,662	\$12,745	0%
	Total Current Liabilities	\$154,800,185	\$157,004,190	\$2,204,005	1%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$4,430,767	\$3,223,156	(\$1,207,611)	-27%
	Total Long Term Debt	\$4,430,767	\$3,223,156	(\$1,207,611)	-27%
3	Accrued Pension Liability	\$69,918,815	\$122,776,211	\$52,857,396	76%
4	Other Long Term Liabilities	\$57,015,276	\$50,417,159	(\$6,598,117)	-12%
	Total Long Term Liabilities	\$131,364,858	\$176,416,526	\$45,051,668	34%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$9,875,140	(\$54,383,842)	(\$64,258,982)	-651%
2	Temporarily Restricted Net Assets	\$21,668,570	\$17,171,395	(\$4,497,175)	-21%
3	Permanently Restricted Net Assets	\$17,547,934	\$17,324,905	(\$223,029)	-1%
	Total Net Assets	\$49,091,644	(\$19,887,542)	(\$68,979,186)	-141%
	Total Liabilities and Net Assets	\$335,256,687	\$313,533,174	(\$21,723,513)	-6%

SAINT RAPHAEL HEALTHCARE SYSTEM, 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	\$1,161,955,498	\$1,262,716,894	\$100,761,396	9%
2	Less: Allowances	\$714,552,164	\$781,332,829	\$66,780,665	9%
3	Less: Charity Care	\$4,657,486	\$4,656,971	(\$515)	0%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$442,745,848	\$476,727,094	\$33,981,246	8%
5	Other Operating Revenue	\$26,333,075	\$15,412,723	(\$10,920,352)	-41%
6	Net Assets Released from Restrictions	\$3,410,772	\$3,971,403	\$560,631	16%
	Total Operating Revenue	\$472,489,695	\$496,111,220	\$23,621,525	5%
B. Operating Expenses:					
1	Salaries and Wages	\$222,259,729	\$231,552,868	\$9,293,139	4%
2	Fringe Benefits	\$56,620,872	\$62,189,315	\$5,568,443	10%
3	Physicians Fees	\$6,283,049	\$6,262,461	(\$20,588)	0%
4	Supplies and Drugs	\$67,858,416	\$73,924,416	\$6,066,000	9%
5	Depreciation and Amortization	\$19,926,620	\$18,072,387	(\$1,854,233)	-9%
6	Bad Debts	\$23,011,077	\$21,090,328	(\$1,920,749)	-8%
7	Interest	\$5,349,264	\$4,443,794	(\$905,470)	-17%
8	Malpractice	\$1,761,487	\$3,865,667	\$2,104,180	119%
9	Other Operating Expenses	\$99,050,589	\$93,531,295	(\$5,519,294)	-6%
	Total Operating Expenses	\$502,121,103	\$514,932,531	\$12,811,428	3%
	Income/(Loss) From Operations	(\$29,631,408)	(\$18,821,311)	\$10,810,097	-36%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$5,942,438)	(\$147,729)	\$5,794,709	-98%
	Total Non-Operating Revenue	(\$5,942,438)	(\$147,729)	\$5,794,709	-98%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$35,573,846)	(\$18,969,040)	\$16,604,806	-47%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$3,125,562	\$3,125,562	0%
	All Other Adjustments	\$0	(\$1,644,253)	(\$1,644,253)	0%
	Total Other Adjustments	\$0	\$1,481,309	\$1,481,309	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$35,573,846)	(\$17,487,731)	\$18,086,115	-51%

SAINT RAPHAEL HEALTHCARE SYSTEM, 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	\$429,994,494	\$442,745,848	\$476,727,094
2	Other Operating Revenue	27,024,542	29,743,847	19,384,126
3	Total Operating Revenue	\$457,019,036	\$472,489,695	\$496,111,220
4	Total Operating Expenses	465,722,516	502,121,103	514,932,531
5	Income/(Loss) From Operations	(\$8,703,480)	(\$29,631,408)	(\$18,821,311)
6	Total Non-Operating Revenue	4,248,016	(5,942,438)	1,333,580
7	Excess/(Deficiency) of Revenue Over Expenses	(\$4,455,464)	(\$35,573,846)	(\$17,487,731)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-1.89%	-6.35%	-3.78%
2	Parent Corporation Non-Operating Margin	0.92%	-1.27%	0.27%
3	Parent Corporation Total Margin	-0.97%	-7.62%	-3.52%
4	Income/(Loss) From Operations	(\$8,703,480)	(\$29,631,408)	(\$18,821,311)
5	Total Operating Revenue	\$457,019,036	\$472,489,695	\$496,111,220
6	Total Non-Operating Revenue	\$4,248,016	(\$5,942,438)	\$1,333,580
7	Total Revenue	\$461,267,052	\$466,547,257	\$497,444,800
8	Excess/(Deficiency) of Revenue Over Expenses	(\$4,455,464)	(\$35,573,846)	(\$17,487,731)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$58,342,874	\$9,875,140	-\$54,383,842
2	Parent Corporation Total Net Assets	\$98,171,874	\$49,091,644	(\$19,887,542)
3	Parent Corporation Change in Total Net Assets	\$98,171,874	(\$49,080,230)	(\$68,979,186)
4	Parent Corporation Change in Total Net Assets %	0.0%	-50.0%	-140.5%

SAINT RAPHAEL HEALTHCARE SYSTEM, 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. Liquidity Measures Summary				
1	Current Ratio	1.58	0.60	0.65
2	Total Current Assets	\$112,515,527	\$93,338,409	\$102,106,188
3	Total Current Liabilities	\$71,231,795	\$154,800,185	\$157,004,190
4	Days Cash on Hand	29	14	20
5	Cash and Cash Equivalents	\$13,865,542	\$14,671,469	\$26,755,688
6	Short Term Investments	21,976,653	3,934,783	0
7	Total Cash and Short Term Investments	\$35,842,195	\$18,606,252	\$26,755,688
8	Total Operating Expenses	\$465,722,516	\$502,121,103	\$514,932,531
9	Depreciation Expense	\$20,323,916	\$19,926,620	\$18,072,387
10	Operating Expenses less Depreciation Expense	\$445,398,600	\$482,194,483	\$496,860,144
11	Days Revenue in Patient Accounts Receivable	55	46	44
12	Net Patient Accounts Receivable	\$ 62,838,718	\$ 52,806,405	\$ 56,161,504
13	Due From Third Party Payers	\$3,684,129	\$5,227,305	\$3,545,193
14	Due To Third Party Payers	\$1,699,842	\$2,279,383	\$2,065,682
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 64,823,005	\$ 55,754,327	\$ 57,641,015
16	Total Net Patient Revenue	\$429,994,494	\$442,745,848	\$476,727,094
17	Average Payment Period	58	117	115
18	Total Current Liabilities	\$71,231,795	\$154,800,185	\$157,004,190
19	Total Operating Expenses	\$465,722,516	\$502,121,103	\$514,932,531
20	Depreciation Expense	\$20,323,916	\$19,926,620	\$18,072,387
21	Total Operating Expenses less Depreciation Expense	\$445,398,600	\$482,194,483	\$496,860,144

SAINT RAPHAEL HEALTHCARE SYSTEM, 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>	26.6	14.6	(6.3)
2	Total Net Assets	\$98,171,874	\$49,091,644	(\$19,887,542)
3	Total Assets	\$369,395,356	\$335,256,687	\$313,533,174
4	<u>Cash Flow to Total Debt Ratio</u>	9.9	(9.8)	0.4
5	Excess/(Deficiency) of Revenues Over Expenses	(\$4,455,464)	(\$35,573,846)	(\$17,487,731)
6	Depreciation Expense	\$20,323,916	\$19,926,620	\$18,072,387
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,868,452	(\$15,647,226)	\$584,656
8	Total Current Liabilities	\$71,231,795	\$154,800,185	\$157,004,190
9	Total Long Term Debt	\$89,257,854	\$4,430,767	\$3,223,156
10	Total Current Liabilities and Total Long Term Debt	\$160,489,649	\$159,230,952	\$160,227,346
11	<u>Long Term Debt to Capitalization Ratio</u>	47.6	8.3	(19.3)
12	Total Long Term Debt	\$89,257,854	\$4,430,767	\$3,223,156
13	Total Net Assets	\$98,171,874	\$49,091,644	(\$19,887,542)
14	Total Long Term Debt and Total Net Assets	\$187,429,728	\$53,522,411	(\$16,664,386)

HOSPITAL OF SAINT RAPHAEL						
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	82,893	259	294	87.7%	77.2%
2	ICU/CCU (Excludes Neonatal ICU)	22,099	67	75	90.4%	80.7%
3	Psychiatric: Ages 0 to 17	5,366	17	20	86.5%	73.5%
4	Psychiatric: Ages 18+	8,183	23	25	97.5%	89.7%
	TOTAL PSYCHIATRIC	13,549	40	45	92.8%	82.5%
5	Rehabilitation	4,411	16	18	75.5%	67.1%
6	Maternity	3,704	15	19	67.7%	53.4%
7	Newborn	2,782	11	26	69.3%	29.3%
8	Neonatal ICU	1,413	8	8	48.4%	48.4%
9	Pediatric	114	1	3	31.2%	10.4%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	128,183	406	462	86.5%	76.0%
	TOTAL INPATIENT BED UTILIZATION	130,965	417	488	86.0%	73.5%
	TOTAL INPATIENT REPORTED YEAR	130,965	417	488	86.0%	73.5%
	TOTAL INPATIENT PRIOR YEAR	134,266	417	474	88.2%	77.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-3,301	0	14	-2.2%	-4.1%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	0%	3%	-2%	-5%
	Total Licensed Beds and Bassinets	533				
(A) This number may not exceed the number of available beds for each department or in total.						

HOSPITAL OF SAINT RAPHAEL					
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	17,614	17,803	189	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	11,697	12,742	1,045	9%
3	Emergency Department Scans	6,926	8,422	1,496	22%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	36,237	38,967	2,730	8%
B. MRI Scans (A)					
1	Inpatient Scans	2,140	1,923	-217	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	230	193	-37	-16%
3	Emergency Department Scans	6	9	3	50%
4	Other Non-Hospital Providers' Scans (A)	6,722	6,772	50	1%
	Total MRI Scans	9,098	8,897	-201	-2%
C. PET Scans (A)					
1	Inpatient Scans	0	1	1	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	3	2	-1	-33%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	3	3	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	34	38	4	12%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,342	1,364	22	2%
3	Emergency Department Scans	3	2	-1	-33%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	1,379	1,404	25	2%
(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	22,732	19,649	-3,083	-14%
	Total Linear Accelerator Procedures	22,732	19,649	-3,083	-14%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	819	815	-4	0%
2	Outpatient Procedures	1,233	1,086	-147	-12%
	Total Cardiac Catheterization Procedures	2,052	1,901	-151	-7%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	301	268	-33	-11%
2	Elective Procedures	321	334	13	4%
	Total Cardiac Angioplasty Procedures	622	602	-20	-3%
H. Electrophysiology Studies					
1	Inpatient Studies	551	508	-43	-8%
2	Outpatient Studies	264	255	-9	-3%
	Total Electrophysiology Studies	815	763	-52	-6%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	7,688	7,714	26	0%
2	Outpatient Surgical Procedures	10,600	10,514	-86	-1%
	Total Surgical Procedures	18,288	18,228	-60	0%

HOSPITAL OF SAINT RAPHAEL					
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	0	0	0	0%
2	Outpatient Endoscopy Procedures	3,494	3,614	120	3%
	Total Endoscopy Procedures	3,494	3,614	120	3%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	14,605	14,540	-65	0%
2	Emergency Room Visits: Treated and Discharged	34,158	38,833	4,675	14%
	Total Emergency Room Visits	48,763	53,373	4,610	9%
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	9,945	6,166	-3,779	-38%
5	Specialty Clinic Visits	45,265	50,871	5,606	12%
	Total Hospital Clinic Visits	55,210	57,037	1,827	3%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	13,121	12,989	-132	-1%
2	Cardiology	2,059	1,581	-478	-23%
3	Chemotherapy	1,319	948	-371	-28%
4	Gastroenterology	3,494	3,614	120	3%
5	Other Outpatient Visits	15,255	10,137	-5,118	-34%
	Total Other Hospital Outpatient Visits	35,248	29,269	-5,979	-17%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	838.0	871.3	33.3	4%
2	Total Physician FTEs	279.2	308.4	29.2	10%
3	Total Non-Nursing and Non-Physician FTEs	1,893.2	1,859.2	-34.0	-2%
	Total Hospital Full Time Equivalent Employees	3,010.4	3,038.9	28.5	1%

HOSPITAL OF SAINT RAPHAEL					
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 of Saint Raphael	10,600	10,514	-86	-1%
	Total Outpatient Surgical Procedures(A)	10,600	10,514	-86	-1%
B. Outpatient Endoscopy Procedures					
1	Hospital of Saint Raphael	3,494	3,614	120	3%
	Total Outpatient Endoscopy Procedures(B)	3,494	3,614	120	3%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital of Saint Raphael	34,158	38,833	4,675	14%
	Total Outpatient Hospital Emergency Room Visits(C)	34,158	38,833	4,675	14%
(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.					

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$517,389,138	\$539,216,103	\$21,826,965	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$174,831,690	\$182,408,698	\$7,577,008	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.79%	33.83%	0.04%	0%
4	DISCHARGES	13,055	13,225	170	1%
5	CASE MIX INDEX (CMI)	1.61540	1.61040	(0.00500)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	21,089.04700	21,297.54000	208.49300	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,290.17	\$8,564.78	\$274.61	3%
8	PATIENT DAYS	82,855	80,911	(1,944)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,110.09	\$2,254.44	\$144.34	7%
10	AVERAGE LENGTH OF STAY	6.3	6.1	(0.2)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$103,982,053	\$116,828,169	\$12,846,116	12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$35,920,645	\$37,759,568	\$1,838,923	5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.55%	32.32%	-2.22%	-6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	20.10%	21.67%	1.57%	8%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,623.72285	2,865.36794	241.64509	9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,690.72	\$13,177.91	(\$512.80)	-4%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$621,371,191	\$656,044,272	\$34,673,081	6%
18	TOTAL ACCRUED PAYMENTS	\$210,752,335	\$220,168,266	\$9,415,931	4%
19	TOTAL ALLOWANCES	\$410,618,856	\$435,876,006	\$25,257,150	6%

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$231,372,751	\$258,035,729	\$26,662,978	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$90,512,578	\$105,314,837	\$14,802,259	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.12%	40.81%	1.69%	4%
4	DISCHARGES	8,012	7,800	(212)	-3%
5	CASE MIX INDEX (CMI)	1.44140	1.42200	(0.01940)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11,548.49680	11,091.60000	(456.89680)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,837.61	\$9,495.01	\$1,657.40	21%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$452.56	(\$930.23)	(\$1,382.79)	-306%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,226,372	(\$10,317,747)	(\$15,544,119)	-297%
10	PATIENT DAYS	32,222	32,297	75	0%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,809.03	\$3,260.82	\$451.79	16%
12	AVERAGE LENGTH OF STAY	4.0	4.1	0.1	3%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$145,154,085	\$174,532,701	\$29,378,616	20%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$66,391,353	\$78,442,865	\$12,051,512	18%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.74%	44.94%	-0.79%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	62.74%	67.64%	4.90%	8%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,026.41095	5,275.83941	249,42846	5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,208.50	\$14,868.32	\$1,659.82	13%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$482.22	(\$1,690.41)	(\$2,172.62)	-451%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,423,813	(\$8,918,315)	(\$11,342,128)	-468%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$376,526,836	\$432,568,430	\$56,041,594	15%
22	TOTAL ACCRUED PAYMENTS	\$156,903,931	\$183,757,702	\$26,853,771	17%
23	TOTAL ALLOWANCES	\$219,622,905	\$248,810,728	\$29,187,823	13%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,650,185	(\$19,236,062)	(\$26,886,247)	-351%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$365,535,005	\$417,466,583	\$51,931,578	14%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$178,325,450	\$202,402,111	\$24,076,661	14%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,209,555	\$215,064,472	\$27,854,917	15%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.22%	51.52%	0.30%	

HOSPITAL OF SAINT RAPHAEL					
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
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$12,244,212	\$13,639,451	\$1,395,239	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$971,105	\$1,420,143	\$449,038	46%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	7.93%	10.41%	2.48%	31%
4	DISCHARGES	381	405	24	6%
5	CASE MIX INDEX (CMI)	1.16340	1.04820	(0.11520)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	443.25540	424.52100	(18.73440)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,190.85	\$3,345.28	\$1,154.44	53%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,646.76	\$6,149.73	\$502.97	9%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,099.32	\$5,219.49	(\$879.82)	-14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,703,556	\$2,215,785	(\$487,771)	-18%
11	PATIENT DAYS	1,403	1,615	212	15%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$692.16	\$879.35	\$187.18	27%
13	AVERAGE LENGTH OF STAY	3.7	4.0	0.3	8%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$16,030,716	\$19,605,175	\$3,574,459	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,765,388	\$3,554,027	\$1,788,639	101%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.01%	18.13%	7.12%	65%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	130.92%	143.74%	12.81%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	498.82367	582.14190	83.31822	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,539.10	\$6,105.09	\$2,565.98	73%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,669.40	\$8,763.23	(\$906.17)	-9%
21	MEDICARE - UNINSURED OP PMT / OPED	\$10,151.61	\$7,072.83	(\$3,078.79)	-30%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,063,865	\$4,117,388	(\$946,477)	-19%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$28,274,928	\$33,244,626	\$4,969,698	18%
24	TOTAL ACCRUED PAYMENTS	\$2,736,493	\$4,974,170	\$2,237,677	82%
25	TOTAL ALLOWANCES	\$25,538,435	\$28,270,456	\$2,732,021	11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,767,421	\$6,333,173	(\$1,434,248)	-18%

HOSPITAL OF SAINT RAPHAEL					
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
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$64,055,722	\$63,126,304	(\$929,418)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,718,217	\$18,228,912	(\$489,305)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.22%	28.88%	-0.34%	-1%
4	DISCHARGES	2,822	2,704	(118)	-4%
5	CASE MIX INDEX (CMI)	0.93260	0.92470	(0.00790)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,631.79720	2,500.38880	(131.40840)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,112.33	\$7,290.43	\$178.10	3%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$725.27	\$2,204.58	\$1,479.30	204%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,177.83	\$1,274.35	\$96.51	8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,099,817	\$3,186,363	\$86,545	3%
11	PATIENT DAYS	15,668	14,275	(1,393)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,194.68	\$1,276.98	\$82.30	7%
13	AVERAGE LENGTH OF STAY	5.6	5.3	(0.3)	-5%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$38,516,732	\$45,950,889	\$7,434,157	19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,799,435	\$12,810,725	\$2,011,290	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.04%	27.88%	-0.16%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	60.13%	72.79%	12.66%	21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,696.86976	1,968.29524	271.42548	16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,364.33	\$6,508.54	\$144.21	2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,844.17	\$8,359.78	\$1,515.61	22%
21	MEDICARE - MEDICAID OP PMT / OPED	\$7,326.39	\$6,669.37	(\$657.01)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,431,927	\$13,127,297	\$695,370	6%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$102,572,454	\$109,077,193	\$6,504,739	6%
24	TOTAL ACCRUED PAYMENTS	\$29,517,652	\$31,039,637	\$1,521,985	5%
25	TOTAL ALLOWANCES	\$73,054,802	\$78,037,556	\$4,982,754	7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,531,745	\$16,313,660	\$781,915	5%

HOSPITAL OF SAINT RAPHAEL					
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
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$18,549,690	\$20,584,383	\$2,034,693	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,255,230	\$2,122,626	(\$132,604)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.16%	10.31%	-1.85%	-15%
4	DISCHARGES	674	743	69	10%
5	CASE MIX INDEX (CMI)	1.18240	1.18540	0.00300	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	796.93760	880.75220	83.81460	11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,829.87	\$2,410.01	(\$419.86)	-15%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,007.74	\$7,084.99	\$2,077.26	41%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,460.30	\$6,154.76	\$694.47	13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,351,515	\$5,420,821	\$1,069,306	25%
11	PATIENT DAYS	3,431	3,326	(105)	-3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$657.31	\$638.19	(\$19.12)	-3%
13	AVERAGE LENGTH OF STAY	5.1	4.5	(0.6)	-12%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,892,570	\$17,767,162	\$4,874,592	38%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,732,761	\$2,037,893	\$305,132	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.44%	11.47%	-1.97%	-15%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	69.50%	86.31%	16.81%	24%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	468.44946	641.31149	172.86204	37%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,698.93	\$3,177.70	(\$521.23)	-14%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$9,509.57	\$11,690.62	\$2,181.05	23%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$9,991.79	\$10,000.22	\$8.43	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,680,648	\$6,413,254	\$1,732,606	37%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$31,442,260	\$38,351,545	\$6,909,285	22%
24	TOTAL ACCRUED PAYMENTS	\$3,987,991	\$4,160,519	\$172,528	4%
25	TOTAL ALLOWANCES	\$27,454,269	\$34,191,026	\$6,736,757	25%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$9,032,162	\$11,834,075	\$2,801,912	31%

HOSPITAL OF SAINT RAPHAEL					
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
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$82,605,412	\$83,710,687	\$1,105,275	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$20,973,447	\$20,351,538	(\$621,909)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.39%	24.31%	-1.08%	-4%
4	DISCHARGES	3,496	3,447	(49)	-1%
5	CASE MIX INDEX (CMI)	0.98076	0.98089	0.00013	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,428.73480	3,381.14100	(47.59380)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,116.96	\$6,019.13	(\$97.83)	-2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,720.64	\$3,475.88	\$1,755.23	102%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,173.20	\$2,545.64	\$372.44	17%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,451,332	\$8,607,183	\$1,155,851	16%
11	PATIENT DAYS	19,099	17,601	(1,498)	-8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,098.14	\$1,156.27	\$58.13	5%
13	AVERAGE LENGTH OF STAY	5.5	5.1	(0.4)	-7%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$51,409,302	\$63,718,051	\$12,308,749	24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,532,196	\$14,848,618	\$2,316,422	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.38%	23.30%	-1.07%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	62.23%	76.12%	13.88%	22%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,165.31922	2,609.60673	444.28752	21%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,787.69	\$5,689.98	(\$97.71)	-2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,420.81	\$9,178.34	\$1,757.53	24%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,903.03	\$7,487.93	(\$415.10)	-5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,112,575	\$19,540,551	\$2,427,976	14%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$134,014,714	\$147,428,738	\$13,414,024	10%
24	TOTAL ACCRUED PAYMENTS	\$33,505,643	\$35,200,156	\$1,694,513	5%
25	TOTAL ALLOWANCES	\$100,509,071	\$112,228,582	\$11,719,511	12%

HOSPITAL OF SAINT RAPHAEL					
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
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$531,500	\$518,548	(\$12,952)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$196,280	\$103,263	(\$93,017)	-47%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.93%	19.91%	-17.02%	-46%
4	DISCHARGES	23	33	10	43%
5	CASE MIX INDEX (CMI)	1.49700	0.78660	(0.71040)	-47%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	34.43100	25.95780	(8.47320)	-25%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,700.68	\$3,978.11	(\$1,722.57)	-30%
8	PATIENT DAYS	90	156	66	73%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,180.89	\$661.94	(\$1,518.95)	-70%
10	AVERAGE LENGTH OF STAY	3.9	4.7	0.8	21%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$590,470	\$572,957	(\$17,513)	-3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$354,759	\$323,851	(\$30,908)	-9%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,121,970	\$1,091,505	(\$30,465)	-3%
14	TOTAL ACCRUED PAYMENTS	\$551,039	\$427,114	(\$123,925)	-22%
15	TOTAL ALLOWANCES	\$570,931	\$664,391	\$93,460	16%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$23,885,251	\$19,134,757	(\$4,750,494)	-20%
2	TOTAL OPERATING EXPENSES	\$442,057,200	\$483,940,125	\$41,882,925	9%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,615,648	\$2,501,453	(\$114,195)	-4%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$4,657,486	\$4,656,971	(\$515)	0%
5	BAD DEBTS (CHARGES)	\$21,668,503	\$20,632,999	(\$1,035,504)	-5%
6	UNCOMPENSATED CARE (CHARGES)	\$26,325,989	\$25,289,970	(\$1,036,019)	-4%
7	COST OF UNCOMPENSATED CARE	\$9,394,549	\$9,036,660	(\$357,889)	-4%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$134,014,714	\$147,428,738	\$13,414,024	10%
9	TOTAL ACCRUED PAYMENTS	\$33,505,643	\$35,200,156	\$1,694,513	5%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$47,823,761	\$52,679,516	\$4,855,755	10%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$14,318,118	\$17,479,360	\$3,161,242	22%

HOSPITAL OF SAINT RAPHAEL					
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
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$831,898,801	\$881,481,067	\$49,582,266	6%
2	TOTAL INPATIENT PAYMENTS	\$286,513,995	\$308,178,336	\$21,664,341	8%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.44%	34.96%	0.52%	2%
4	TOTAL DISCHARGES	24,586	24,505	(81)	0%
5	TOTAL CASE MIX INDEX	1.46834	1.46077	(0.00757)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	36,100,70960	35,796,23880	(304,47080)	-1%
7	TOTAL OUTPATIENT CHARGES	\$301,135,910	\$355,651,878	\$54,515,968	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	36.20%	40.35%	4.15%	11%
9	TOTAL OUTPATIENT PAYMENTS	\$115,198,953	\$131,374,902	\$16,175,949	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.25%	36.94%	-1.32%	-3%
11	TOTAL CHARGES	\$1,133,034,711	\$1,237,132,945	\$104,098,234	9%
12	TOTAL PAYMENTS	\$401,712,948	\$439,553,238	\$37,840,290	9%
13	TOTAL PAYMENTS / TOTAL CHARGES	35.45%	35.53%	0.08%	0%
14	PATIENT DAYS	134,266	130,965	(3,301)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$600,526,050	\$623,445,338	\$22,919,288	4%
2	INPATIENT PAYMENTS	\$196,001,417	\$202,863,499	\$6,862,082	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	32.64%	32.54%	-0.10%	0%
4	DISCHARGES	16,574	16,705	131	1%
5	CASE MIX INDEX	1.48137	1.47888	(0.00249)	0%
6	CASE MIX ADJUSTED DISCHARGES	24,552,21280	24,704,63880	152,42600	1%
7	OUTPATIENT CHARGES	\$155,981,825	\$181,119,177	\$25,137,352	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	25.97%	29.05%	3.08%	12%
9	OUTPATIENT PAYMENTS	\$48,807,600	\$52,932,037	\$4,124,437	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.29%	29.22%	-2.07%	-7%
11	TOTAL CHARGES	\$756,507,875	\$804,564,515	\$48,056,640	6%
12	TOTAL PAYMENTS	\$244,809,017	\$255,795,536	\$10,986,519	4%
13	TOTAL PAYMENTS / CHARGES	32.36%	31.79%	-0.57%	-2%
14	PATIENT DAYS	102,044	98,668	(3,376)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$511,698,858	\$548,768,979	\$37,070,121	7%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.3	6.1	(0.2)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.1	0.1	3%
3	UNINSURED	3.7	4.0	0.3	8%
4	MEDICAID	5.6	5.3	(0.3)	-5%
5	OTHER MEDICAL ASSISTANCE	5.1	4.5	(0.6)	-12%
6	CHAMPUS / TRICARE	3.9	4.7	0.8	21%
7	TOTAL AVERAGE LENGTH OF STAY	5.5	5.3	(0.1)	-2%

HOSPITAL OF SAINT RAPHAEL					
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	\$1,133,034,711	\$1,237,132,945	\$104,098,234	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$511,698,858	\$548,768,979	\$37,070,121	7%
3	UNCOMPENSATED CARE	\$26,325,989	\$25,289,970	(\$1,036,019)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,209,555	\$215,064,472	\$27,854,917	15%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,087,360	\$8,456,286	\$2,368,926	39%
6	TOTAL ADJUSTMENTS	\$731,321,762	\$797,579,707	\$66,257,945	9%
7	TOTAL ACCRUED PAYMENTS	\$401,712,949	\$439,553,238	\$37,840,289	9%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$2,615,648	\$2,501,453	(\$114,195)	-4%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$404,328,597	\$442,054,691	\$37,726,094	9%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3568545545	0.3573218972	0.0004673427	0%
11	COST OF UNCOMPENSATED CARE	\$9,394,549	\$9,036,660	(\$357,889)	-4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$14,318,118	\$17,479,360	\$3,161,242	22%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$23,712,667	\$26,516,020	\$2,803,353	12%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$12,431,927	\$13,127,297	\$695,370	6%
2	OTHER MEDICAL ASSISTANCE	\$9,032,162	\$11,834,075	\$2,801,912	31%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,767,421	\$6,333,173	(\$1,434,248)	-18%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,231,511	\$31,294,545	\$2,063,035	7%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$10,991,830	\$15,101,848	\$4,110,018	37.39%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$18,431,391	\$16,526,548	(\$1,904,843)	-10.33%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$422,759,987	\$458,581,238	\$35,821,251	8.47%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,133,034,711	\$1,237,132,945	\$104,098,234	9.19%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$26,325,989	\$25,289,970	(\$1,036,019)	-3.94%

HOSPITAL OF SAINT RAPHAEL 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)	\$231,372,751	\$258,035,729	\$26,662,978
2	MEDICARE	\$517,389,138	539,216,103	\$21,826,965
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$82,605,412	83,710,687	\$1,105,275
4	MEDICAID	\$64,055,722	63,126,304	(\$929,418)
5	OTHER MEDICAL ASSISTANCE	\$18,549,690	20,584,383	\$2,034,693
6	CHAMPUS / TRICARE	\$531,500	518,548	(\$12,952)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,244,212	13,639,451	\$1,395,239
	TOTAL INPATIENT GOVERNMENT CHARGES	\$600,526,050	\$623,445,338	\$22,919,288
	TOTAL INPATIENT CHARGES	\$831,898,801	\$881,481,067	\$49,582,266
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$145,154,085	\$174,532,701	\$29,378,616
2	MEDICARE	\$103,982,053	116,828,169	\$12,846,116
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$51,409,302	63,718,051	\$12,308,749
4	MEDICAID	\$38,516,732	45,950,889	\$7,434,157
5	OTHER MEDICAL ASSISTANCE	\$12,892,570	17,767,162	\$4,874,592
6	CHAMPUS / TRICARE	\$590,470	572,957	(\$17,513)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$16,030,716	19,605,175	\$3,574,459
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$155,981,825	\$181,119,177	\$25,137,352
	TOTAL OUTPATIENT CHARGES	\$301,135,910	\$355,651,878	\$54,515,968
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$376,526,836	\$432,568,430	\$56,041,594
2	TOTAL MEDICARE	\$621,371,191	\$656,044,272	\$34,673,081
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$134,014,714	\$147,428,738	\$13,414,024
4	TOTAL MEDICAID	\$102,572,454	\$109,077,193	\$6,504,739
5	TOTAL OTHER MEDICAL ASSISTANCE	\$31,442,260	\$38,351,545	\$6,909,285
6	TOTAL CHAMPUS / TRICARE	\$1,121,970	\$1,091,505	(\$30,465)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$28,274,928	\$33,244,626	\$4,969,698
	TOTAL GOVERNMENT CHARGES	\$756,507,875	\$804,564,515	\$48,056,640
	TOTAL CHARGES	\$1,133,034,711	\$1,237,132,945	\$104,098,234
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$90,512,578	\$105,314,837	\$14,802,259
2	MEDICARE	\$174,831,690	182,408,698	\$7,577,008
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,973,447	20,351,538	(\$621,909)
4	MEDICAID	\$18,718,217	18,228,912	(\$489,305)
5	OTHER MEDICAL ASSISTANCE	\$2,255,230	2,122,626	(\$132,604)
6	CHAMPUS / TRICARE	\$196,280	103,263	(\$93,017)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$971,105	1,420,143	\$449,038
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$196,001,417	\$202,863,499	\$6,862,082
	TOTAL INPATIENT PAYMENTS	\$286,513,995	\$308,178,336	\$21,664,341
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,391,353	\$78,442,865	\$12,051,512
2	MEDICARE	\$35,920,645	37,759,568	\$1,838,923
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,532,196	14,848,618	\$2,316,422
4	MEDICAID	\$10,799,435	12,810,725	\$2,011,290
5	OTHER MEDICAL ASSISTANCE	\$1,732,761	2,037,893	\$305,132
6	CHAMPUS / TRICARE	\$354,759	323,851	(\$30,908)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,765,388	3,554,027	\$1,788,639
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$48,807,600	\$52,932,037	\$4,124,437
	TOTAL OUTPATIENT PAYMENTS	\$115,198,953	\$131,374,902	\$16,175,949
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$156,903,931	\$183,757,702	\$26,853,771
2	TOTAL MEDICARE	\$210,752,335	\$220,168,266	\$9,415,931
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$33,505,643	\$35,200,156	\$1,694,513
4	TOTAL MEDICAID	\$29,517,652	\$31,039,637	\$1,521,985
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,987,991	\$4,160,519	\$172,528
6	TOTAL CHAMPUS / TRICARE	\$551,039	\$427,114	(\$123,925)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,736,493	\$4,974,170	\$2,237,677
	TOTAL GOVERNMENT PAYMENTS	\$244,809,017	\$255,795,536	\$10,986,519
	TOTAL PAYMENTS	\$401,712,948	\$439,553,238	\$37,840,290

HOSPITAL OF SAINT RAPHAEL 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)	20.42%	20.86%	0.44%
2	MEDICARE	45.66%	43.59%	-2.08%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.29%	6.77%	-0.52%
4	MEDICAID	5.65%	5.10%	-0.55%
5	OTHER MEDICAL ASSISTANCE	1.64%	1.66%	0.03%
6	CHAMPUS / TRICARE	0.05%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08%	1.10%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	53.00%	50.39%	-2.61%
	TOTAL INPATIENT PAYER MIX	73.42%	71.25%	-2.17%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.81%	14.11%	1.30%
2	MEDICARE	9.18%	9.44%	0.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.54%	5.15%	0.61%
4	MEDICAID	3.40%	3.71%	0.31%
5	OTHER MEDICAL ASSISTANCE	1.14%	1.44%	0.30%
6	CHAMPUS / TRICARE	0.05%	0.05%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.41%	1.58%	0.17%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.77%	14.64%	0.87%
	TOTAL OUTPATIENT PAYER MIX	26.58%	28.75%	2.17%
	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)	22.53%	23.96%	1.43%
2	MEDICARE	43.52%	41.50%	-2.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.22%	4.63%	-0.59%
4	MEDICAID	4.66%	4.15%	-0.51%
5	OTHER MEDICAL ASSISTANCE	0.56%	0.48%	-0.08%
6	CHAMPUS / TRICARE	0.05%	0.02%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.24%	0.32%	0.08%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	48.79%	46.15%	-2.64%
	TOTAL INPATIENT PAYER MIX	71.32%	70.11%	-1.21%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.53%	17.85%	1.32%
2	MEDICARE	8.94%	8.59%	-0.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.12%	3.38%	0.26%
4	MEDICAID	2.69%	2.91%	0.23%
5	OTHER MEDICAL ASSISTANCE	0.43%	0.46%	0.03%
6	CHAMPUS / TRICARE	0.09%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.44%	0.81%	0.37%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	12.15%	12.04%	-0.11%
	TOTAL OUTPATIENT PAYER MIX	28.68%	29.89%	1.21%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

HOSPITAL OF SAINT RAPHAEL				
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)	8,012	7,800	(212)
2	MEDICARE	13,055	13,225	170
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,496	3,447	(49)
4	MEDICAID	2,822	2,704	(118)
5	OTHER MEDICAL ASSISTANCE	674	743	69
6	CHAMPUS / TRICARE	23	33	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	381	405	24
	TOTAL GOVERNMENT DISCHARGES	16,574	16,705	131
	TOTAL DISCHARGES	24,586	24,505	(81)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32,222	32,297	75
2	MEDICARE	82,855	80,911	(1,944)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19,099	17,601	(1,498)
4	MEDICAID	15,668	14,275	(1,393)
5	OTHER MEDICAL ASSISTANCE	3,431	3,326	(105)
6	CHAMPUS / TRICARE	90	156	66
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,403	1,615	212
	TOTAL GOVERNMENT PATIENT DAYS	102,044	98,668	(3,376)
	TOTAL PATIENT DAYS	134,266	130,965	(3,301)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.1	0.1
2	MEDICARE	6.3	6.1	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.5	5.1	(0.4)
4	MEDICAID	5.6	5.3	(0.3)
5	OTHER MEDICAL ASSISTANCE	5.1	4.5	(0.6)
6	CHAMPUS / TRICARE	3.9	4.7	0.8
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	4.0	0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.2	5.9	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	5.5	5.3	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.44140	1.42200	(0.01940)
2	MEDICARE	1.61540	1.61040	(0.00500)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.98076	0.98089	0.00013
4	MEDICAID	0.93260	0.92470	(0.00790)
5	OTHER MEDICAL ASSISTANCE	1.18240	1.18540	0.00300
6	CHAMPUS / TRICARE	1.49700	0.78660	(0.71040)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.16340	1.04820	(0.11520)
	TOTAL GOVERNMENT CASE MIX INDEX	1.48137	1.47888	(0.00249)
	TOTAL CASE MIX INDEX	1.46834	1.46077	(0.00757)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$365,535,005	\$417,466,583	\$51,931,578
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,325,450	\$202,402,111	\$24,076,661
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,209,555	\$215,064,472	\$27,854,917
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.22%	51.52%	0.30%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$10,991,830	\$15,101,848	\$4,110,018
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,087,360	\$8,456,286	\$2,368,926
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$2,615,648	\$2,501,453	(\$114,195)
8	CHARITY CARE	\$4,657,486	\$4,656,971	(\$515)
9	BAD DEBTS	\$21,668,503	\$20,632,999	(\$1,035,504)
10	TOTAL UNCOMPENSATED CARE	\$26,325,989	\$25,289,970	(\$1,036,019)
11	TOTAL OTHER OPERATING REVENUE	\$365,535,005	\$417,466,583	\$51,931,578
12	TOTAL OPERATING EXPENSES	\$442,057,200	\$483,940,125	\$41,882,925

HOSPITAL OF SAINT RAPHAEL 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>

HOSPITAL OF SAINT RAPHAEL				
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)	11,548.49680	11,091.60000	(456.89680)
2	MEDICARE	21,089.04700	21,297.54000	208.49300
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,428.73480	3,381.14100	(47.59380)
4	MEDICAID	2,631.79720	2,500.38880	(131.40840)
5	OTHER MEDICAL ASSISTANCE	796.93760	880.75220	83.81460
6	CHAMPUS / TRICARE	34.43100	25.95780	(8.47320)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	443.25540	424.52100	(18.73440)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	24,552.21280	24,704.63880	152.42600
	TOTAL CASE MIX ADJUSTED DISCHARGES	36,100.70960	35,796.23880	(304.47080)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,026.41095	5,275.83941	249.42846
2	MEDICARE	2,623.72285	2,865.36794	241.64509
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,165.31922	2,609.60673	444.28752
4	MEDICAID	1,696.86976	1,968.29524	271.42548
5	OTHER MEDICAL ASSISTANCE	468.44946	641.31149	172.86204
6	CHAMPUS / TRICARE	25.55185	36.46255	10.91069
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	498.82367	582.14190	83.31822
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,814.59392	5,511.43722	696.84331
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,841.00487	10,787.27663	946.27177
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,837.61	\$9,495.01	\$1,657.40
2	MEDICARE	\$8,290.17	\$8,564.78	\$274.61
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,116.96	\$6,019.13	(\$97.83)
4	MEDICAID	\$7,112.33	\$7,290.43	\$178.10
5	OTHER MEDICAL ASSISTANCE	\$2,829.87	\$2,410.01	(\$419.86)
6	CHAMPUS / TRICARE	\$5,700.68	\$3,978.11	(\$1,722.57)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,190.85	\$3,345.28	\$1,154.44
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,983.04	\$8,211.55	\$228.51
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,936.52	\$8,609.24	\$672.72
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,208.50	\$14,868.32	\$1,659.82
2	MEDICARE	\$13,690.72	\$13,177.91	(\$512.80)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,787.69	\$5,689.98	(\$97.71)
4	MEDICAID	\$6,364.33	\$6,508.54	\$144.21
5	OTHER MEDICAL ASSISTANCE	\$3,698.93	\$3,177.70	(\$521.23)
6	CHAMPUS / TRICARE	\$13,883.89	\$8,881.74	(\$5,002.14)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,539.10	\$6,105.09	\$2,565.98
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$10,137.43	\$9,604.04	(\$533.39)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,706.02	\$12,178.69	\$472.68

HOSPITAL OF SAINT RAPHAEL 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	\$12,431,927	\$13,127,297	\$695,370
2	OTHER MEDICAL ASSISTANCE	\$9,032,162	\$11,834,075	\$2,801,912
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,767,421	\$6,333,173	(\$1,434,248)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,231,511	\$31,294,545	\$2,063,035
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,133,034,711	\$1,237,132,945	\$104,098,234
2	TOTAL GOVERNMENT DEDUCTIONS	\$511,698,858	\$548,768,979	\$37,070,121
3	UNCOMPENSATED CARE	\$26,325,989	\$25,289,970	(\$1,036,019)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,209,555	\$215,064,472	\$27,854,917
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,087,360	\$8,456,286	\$2,368,926
6	TOTAL ADJUSTMENTS	\$731,321,762	\$797,579,707	\$66,257,945
7	TOTAL ACCRUED PAYMENTS	\$401,712,949	\$439,553,238	\$37,840,289
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,615,648	\$2,501,453	(\$114,195)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$404,328,597	\$442,054,691	\$37,726,094
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3568545545	0.3573218972	0.0004673427
11	COST OF UNCOMPENSATED CARE	\$9,394,549	\$9,036,660	(\$357,889)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$14,318,118	\$17,479,360	\$3,161,242
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$23,712,667	\$26,516,020	\$2,803,353
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.12%	40.81%	1.69%
2	MEDICARE	33.79%	33.83%	0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.39%	24.31%	-1.08%
4	MEDICAID	29.22%	28.88%	-0.34%
5	OTHER MEDICAL ASSISTANCE	12.16%	10.31%	-1.85%
6	CHAMPUS / TRICARE	36.93%	19.91%	-17.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.93%	10.41%	2.48%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	32.64%	32.54%	-0.10%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.44%	34.96%	0.52%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.74%	44.94%	-0.79%
2	MEDICARE	34.55%	32.32%	-2.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.38%	23.30%	-1.07%
4	MEDICAID	28.04%	27.88%	-0.16%
5	OTHER MEDICAL ASSISTANCE	13.44%	11.47%	-1.97%
6	CHAMPUS / TRICARE	60.08%	56.52%	-3.56%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.01%	18.13%	7.12%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	31.29%	29.22%	-2.07%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	38.25%	36.94%	-1.32%

HOSPITAL OF SAINT RAPHAEL 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	\$401,712,948	\$439,553,238	\$37,840,290
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,615,648	\$2,501,453	(\$114,195)
	OHCA DEFINED NET REVENUE	\$404,328,596	\$442,054,691	\$37,726,095
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$18,431,391	\$16,526,548	(\$1,904,843)
4	CALCULATED NET REVENUE	\$449,332,960	\$458,581,239	\$9,248,279
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$422,759,987	\$458,581,238	\$35,821,251
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$26,572,973	\$1	(\$26,572,972)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,133,034,711	\$1,237,132,945	\$104,098,234
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,133,034,711	\$1,237,132,945	\$104,098,234
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,133,034,711	\$1,237,132,945	\$104,098,234
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,325,989	\$25,289,970	(\$1,036,019)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,325,989	\$25,289,970	(\$1,036,019)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$26,325,989	\$25,289,970	(\$1,036,019)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

HOSPITAL OF SAINT RAPHAEL 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>
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$258,035,729
2	MEDICARE	539,216,103
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	83,710,687
4	MEDICAID	63,126,304
5	OTHER MEDICAL ASSISTANCE	20,584,383
6	CHAMPUS / TRICARE	518,548
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13,639,451
	TOTAL INPATIENT GOVERNMENT CHARGES	\$623,445,338
	TOTAL INPATIENT CHARGES	\$881,481,067
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$174,532,701
2	MEDICARE	116,828,169
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	63,718,051
4	MEDICAID	45,950,889
5	OTHER MEDICAL ASSISTANCE	17,767,162
6	CHAMPUS / TRICARE	572,957
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	19,605,175
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$181,119,177
	TOTAL OUTPATIENT CHARGES	\$355,651,878
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$432,568,430
2	TOTAL GOVERNMENT ACCRUED CHARGES	804,564,515
	TOTAL ACCRUED CHARGES	\$1,237,132,945
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$105,314,837
2	MEDICARE	182,408,698
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20,351,538
4	MEDICAID	18,228,912
5	OTHER MEDICAL ASSISTANCE	2,122,626
6	CHAMPUS / TRICARE	103,263
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,420,143
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$202,863,499
	TOTAL INPATIENT PAYMENTS	\$308,178,336
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$78,442,865
2	MEDICARE	37,759,568
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,848,618
4	MEDICAID	12,810,725
5	OTHER MEDICAL ASSISTANCE	2,037,893
6	CHAMPUS / TRICARE	323,851
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,554,027
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$52,932,037
	TOTAL OUTPATIENT PAYMENTS	\$131,374,902
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$183,757,702
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	255,795,536
	TOTAL ACCRUED PAYMENTS	\$439,553,238

HOSPITAL OF SAINT RAPHAEL 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)	7,800
2	MEDICARE	13,225
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,447
4	MEDICAID	2,704
5	OTHER MEDICAL ASSISTANCE	743
6	CHAMPUS / TRICARE	33
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	405
	TOTAL GOVERNMENT DISCHARGES	16,705
	TOTAL DISCHARGES	24,505
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.42200
2	MEDICARE	1.61040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.98089
4	MEDICAID	0.92470
5	OTHER MEDICAL ASSISTANCE	1.18540
6	CHAMPUS / TRICARE	0.78660
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04820
	TOTAL GOVERNMENT CASE MIX INDEX	1.47888
	TOTAL CASE MIX INDEX	1.46077
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$417,466,583
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$202,402,111
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$215,064,472
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.52%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,101,848
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,456,286
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,501,453
8	CHARITY CARE	\$4,656,971
9	BAD DEBTS	\$20,632,999
10	TOTAL UNCOMPENSATED CARE	\$25,289,970
11	TOTAL OTHER OPERATING REVENUE	\$19,134,757
12	TOTAL OPERATING EXPENSES	\$483,940,125

HOSPITAL OF SAINT RAPHAEL 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	\$439,553,238
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,501,453
	OHCA DEFINED NET REVENUE	\$442,054,691
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$16,526,548
	CALCULATED NET REVENUE	\$458,581,239
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$458,581,238
	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	\$1,237,132,945
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,237,132,945
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,237,132,945
	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)	\$25,289,970
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$25,289,970
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$25,289,970
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

HOSPITAL OF SAINT RAPHAEL 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	1,510	1,069	(441)	-29%
2	Number of Approved Applicants	1,510	1,015	(495)	-33%
3	Total Charges (A)	\$4,657,486	\$4,656,971	(\$515)	0%
4	Average Charges	\$3,084	\$4,588	\$1,504	49%
5	Ratio of Cost to Charges (RCC)	0.389357	0.382098	(0.007259)	-2%
6	Total Cost	\$1,813,425	\$1,779,419	(\$34,005)	-2%
7	Average Cost	\$1,201	\$1,753	\$552	46%
8	Charity Care - Inpatient Charges	\$2,954,149	\$2,842,729	(\$111,420)	-4%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,178,630	1,289,196	110,566	9%
10	Charity Care - Emergency Department Charges	524,707	525,046	339	0%
11	Total Charges (A)	\$4,657,486	\$4,656,971	(\$515)	0%
12	Charity Care - Number of Patient Days	1,363	1,261	(102)	-7%
13	Charity Care - Number of Discharges	237	186	(51)	-22%
14	Charity Care - Number of Outpatient ED Visits	435	379	(56)	-13%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,240	1,938	(302)	-13%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$9,293,306	\$7,772,212	(\$1,521,094)	-16%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,237,453	3,550,178	312,725	10%
3	Bad Debts - Emergency Department	9,137,744	9,310,609	172,865	2%
4	Total Bad Debts (A)	\$21,668,503	\$20,632,999	(\$1,035,504)	-5%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$4,657,486	\$4,656,971	(\$515)	0%
2	Bad Debts (A)	21,668,503	20,632,999	(1,035,504)	-5%
3	Total Uncompensated Care (A)	\$26,325,989	\$25,289,970	(\$1,036,019)	-4%
4	Uncompensated Care - Inpatient Services	\$12,247,455	\$10,614,941	(\$1,632,514)	-13%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,416,083	4,839,374	423,291	10%
6	Uncompensated Care - Emergency Department	9,662,451	9,835,655	173,204	2%
7	Total Uncompensated Care (A)	\$26,325,989	\$25,289,970	(\$1,036,019)	-4%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

HOSPITAL OF SAINT RAPHAEL				
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	\$776,438,534	\$831,898,801	\$881,481,067
2	Outpatient Gross Revenue	\$268,906,306	\$301,135,910	\$355,651,878
3	Total Gross Patient Revenue	\$1,045,344,840	\$1,133,034,711	\$1,237,132,945
4	Net Patient Revenue	\$404,894,538	\$420,527,029	\$456,208,821
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$433,023,100	\$463,724,841	\$483,940,125
C. <u>Utilization Statistics</u>				
1	Patient Days	135,071	134,266	130,965
2	Discharges	26,188	24,586	24,505
3	Average Length of Stay	5.2	5.5	5.3
4	Equivalent (Adjusted) Patient Days (EPD)	181,851	182,868	183,806
0	Equivalent (Adjusted) Discharges (ED)	35,258	33,486	34,392
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.41254	1.46834	1.46077
2	Case Mix Adjusted Patient Days (CMAPD)	190,794	197,149	191,310
3	Case Mix Adjusted Discharges (CMAD)	36,992	36,101	35,796
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	256,872	268,514	268,498
5	Case Mix Adjusted Equivalent Discharges (CMAED)	49,803	49,169	50,239
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$7,739	\$8,439	\$9,446
2	Total Gross Revenue per Discharge	\$39,917	\$46,085	\$50,485
3	Total Gross Revenue per EPD	\$5,748	\$6,196	\$6,731
4	Total Gross Revenue per ED	\$29,649	\$33,836	\$35,971
5	Total Gross Revenue per CMAEPD	\$4,070	\$4,220	\$4,608
6	Total Gross Revenue per CMAED	\$20,990	\$23,044	\$24,625
7	Inpatient Gross Revenue per EPD	\$4,270	\$4,549	\$4,796
8	Inpatient Gross Revenue per ED	\$22,022	\$24,843	\$25,630

HOSPITAL OF SAINT RAPHAEL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$2,998	\$3,132	\$3,483
2	Net Patient Revenue per Discharge	\$15,461	\$17,104	\$18,617
3	Net Patient Revenue per EPD	\$2,227	\$2,300	\$2,482
4	Net Patient Revenue per ED	\$11,484	\$12,558	\$13,265
5	Net Patient Revenue per CMAEPD	\$1,576	\$1,566	\$1,699
6	Net Patient Revenue per CMAED	\$8,130	\$8,553	\$9,081
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,206	\$3,454	\$3,695
2	Total Operating Expense per Discharge	\$16,535	\$18,861	\$19,749
3	Total Operating Expense per EPD	\$2,381	\$2,536	\$2,633
4	Total Operating Expense per ED	\$12,282	\$13,848	\$14,071
5	Total Operating Expense per CMAEPD	\$1,686	\$1,727	\$1,802
6	Total Operating Expense per CMAED	\$8,695	\$9,431	\$9,633
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$66,271,494	\$69,903,579	\$75,153,400
2	Nursing Fringe Benefits Expense	\$17,050,319	\$18,092,023	\$20,068,757
3	Total Nursing Salary and Fringe Benefits Expense	\$83,321,813	\$87,995,602	\$95,222,157
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$28,361,495	\$37,383,788	\$41,231,009
2	Physician Fringe Benefits Expense	\$7,296,840	\$9,675,447	\$11,010,215
3	Total Physician Salary and Fringe Benefits Expense	\$35,658,335	\$47,059,235	\$52,241,224
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$91,577,576	\$97,815,216	\$98,707,479
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$23,561,063	\$25,315,944	\$26,358,574
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$115,138,639	\$123,131,160	\$125,066,053
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$186,210,565	\$205,102,583	\$215,091,888
2	Total Fringe Benefits Expense	\$47,908,222	\$53,083,414	\$57,437,546
3	Total Salary and Fringe Benefits Expense	\$234,118,787	\$258,185,997	\$272,529,434