

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$17,038,903	\$29,002,112	\$11,963,209	70%
2	Short Term Investments	\$99,233,961	\$106,795,008	\$7,561,047	8%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$27,664,974	\$29,686,477	\$2,021,503	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$20,140,708	\$10,399,677	(\$9,741,031)	-48%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,506,113	\$3,796,086	\$289,973	8%
8	Prepaid Expenses	\$2,312,579	\$1,624,613	(\$687,966)	-30%
9	Other Current Assets	\$7,095,774	\$6,855,557	(\$240,217)	-3%
	Total Current Assets	\$176,993,012	\$188,159,530	\$11,166,518	6%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$12,678,851	\$11,986,573	(\$692,278)	-5%
2	Board Designated for Capital Acquisition	\$6,170	\$0	(\$6,170)	-100%
3	Funds Held in Escrow	\$7,159,610	\$7,156,167	(\$3,443)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$19,988,415	\$20,842,448	\$854,033	4%
	Total Noncurrent Assets Whose Use is Limited:	\$39,833,046	\$39,985,188	\$152,142	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$2,779,069	\$1,330,365	(\$1,448,704)	-52%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$280,813,244	\$293,260,723	\$12,447,479	4%
2	Less: Accumulated Depreciation	\$180,112,432	\$193,724,897	\$13,612,465	8%
	Property, Plant and Equipment, Net	\$100,700,812	\$99,535,826	(\$1,164,986)	-1%
3	Construction in Progress	\$5,352,416	\$9,635,285	\$4,282,869	80%
	Total Net Fixed Assets	\$106,053,228	\$109,171,111	\$3,117,883	3%
	Total Assets	\$325,658,355	\$338,646,194	\$12,987,839	4%

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		FY 2009	FY 2010	AMOUNT	%
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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$23,692,820	\$29,799,193	\$6,106,373	26%
2	Salaries, Wages and Payroll Taxes	\$3,934,850	\$4,746,675	\$811,825	21%
3	Due To Third Party Payers	\$9,089,438	\$8,559,110	(\$530,328)	-6%
4	Due To Affiliates	\$1,682,710	\$4,764,147	\$3,081,437	183%
5	Current Portion of Long Term Debt	\$2,640,000	\$2,866,493	\$226,493	9%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$41,039,818	\$50,735,618	\$9,695,800	24%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$65,610,000	\$61,883,130	(\$3,726,870)	-6%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$65,610,000	\$61,883,130	(\$3,726,870)	-6%
3	Accrued Pension Liability	\$43,029,547	\$52,131,286	\$9,101,739	21%
4	Other Long Term Liabilities	\$12,202,253	\$12,279,482	\$77,229	1%
	Total Long Term Liabilities	\$120,841,800	\$126,293,898	\$5,452,098	5%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$141,020,827	\$137,717,053	(\$3,303,774)	-2%
2	Temporarily Restricted Net Assets	\$17,210,797	\$18,249,300	\$1,038,503	6%
3	Permanently Restricted Net Assets	\$5,545,113	\$5,650,325	\$105,212	2%
	Total Net Assets	\$163,776,737	\$161,616,678	(\$2,160,059)	-1%
	Total Liabilities and Net Assets	\$325,658,355	\$338,646,194	\$12,987,839	4%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$576,860,335	\$624,951,148	\$48,090,813	8%
2	Less: Allowances	\$293,963,616	\$315,014,886	\$21,051,270	7%
3	Less: Charity Care	\$4,820,444	\$5,279,619	\$459,175	10%
4	Less: Other Deductions	(\$2,050,177)	(\$1,906,334)	\$143,843	-7%
	Total Net Patient Revenue	\$280,126,452	\$306,562,977	\$26,436,525	9%
5	Other Operating Revenue	\$12,473,743	\$14,292,897	\$1,819,154	15%
6	Net Assets Released from Restrictions	\$460,320	\$412,940	(\$47,380)	-10%
	Total Operating Revenue	\$293,060,515	\$321,268,814	\$28,208,299	10%
B. Operating Expenses:					
1	Salaries and Wages	\$128,119,767	\$134,554,159	\$6,434,392	5%
2	Fringe Benefits	\$35,453,540	\$39,948,123	\$4,494,583	13%
3	Physicians Fees	\$863,866	\$1,343,844	\$479,978	56%
4	Supplies and Drugs	\$33,522,703	\$37,141,661	\$3,618,958	11%
5	Depreciation and Amortization	\$15,891,356	\$16,728,407	\$837,051	5%
6	Bad Debts	\$15,090,955	\$14,381,176	(\$709,779)	-5%
7	Interest	\$2,570,991	\$2,332,245	(\$238,746)	-9%
8	Malpractice	\$2,544,096	\$5,435,494	\$2,891,398	114%
9	Other Operating Expenses	\$43,473,461	\$47,783,827	\$4,310,366	10%
	Total Operating Expenses	\$277,530,735	\$299,648,936	\$22,118,201	8%
	Income/(Loss) From Operations	\$15,529,780	\$21,619,878	\$6,090,098	39%
C. Non-Operating Revenue:					
1	Income from Investments	(\$425,131)	(\$18,052,615)	(\$17,627,484)	4146%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	Total Non-Operating Revenue	(\$425,131)	(\$18,052,615)	(\$17,627,484)	4146%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$15,104,649	\$3,567,263	(\$11,537,386)	-76%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$15,104,649	\$3,567,263	(\$11,537,386)	-76%
	Principal Payments	\$2,515,000	\$2,640,000	\$125,000	5%

LAWRENCE AND MEMORIAL HOSPITAL					
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FISCAL YEAR 2010					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$121,804,695	\$132,582,042	\$10,777,347	9%
2	MEDICARE MANAGED CARE	\$7,294,621	\$11,631,619	\$4,336,998	59%
3	MEDICAID	\$15,990,628	\$20,465,318	\$4,474,690	28%
4	MEDICAID MANAGED CARE	\$12,947,679	\$16,688,613	\$3,740,934	29%
5	CHAMPUS/TRICARE	\$10,035,789	\$10,787,694	\$751,905	7%
6	COMMERCIAL INSURANCE	\$14,507,516	\$15,319,153	\$811,637	6%
7	NON-GOVERNMENT MANAGED CARE	\$52,243,952	\$56,992,539	\$4,748,587	9%
8	WORKER'S COMPENSATION	\$2,524,265	\$2,668,222	\$143,957	6%
9	SELF- PAY/UNINSURED	\$2,748,325	\$2,364,381	(\$383,944)	-14%
10	SAGA	\$7,829,156	\$7,258,692	(\$570,464)	-7%
11	OTHER	\$772,941	\$892,303	\$119,362	15%
	TOTAL INPATIENT GROSS REVENUE	\$248,699,567	\$277,650,576	\$28,951,009	12%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$86,221,856	\$88,906,069	\$2,684,213	3%
2	MEDICARE MANAGED CARE	\$7,684,767	\$10,641,667	\$2,956,900	38%
3	MEDICAID	\$12,188,180	\$14,192,471	\$2,004,291	16%
4	MEDICAID MANAGED CARE	\$22,807,388	\$28,023,649	\$5,216,261	23%
5	CHAMPUS/TRICARE	\$20,869,764	\$22,929,961	\$2,060,197	10%
6	COMMERCIAL INSURANCE	\$29,558,160	\$30,644,334	\$1,086,174	4%
7	NON-GOVERNMENT MANAGED CARE	\$124,414,923	\$127,329,696	\$2,914,773	2%
8	WORKER'S COMPENSATION	\$5,301,893	\$5,779,448	\$477,555	9%
9	SELF- PAY/UNINSURED	\$10,231,553	\$10,076,058	(\$155,495)	-2%
10	SAGA	\$8,112,430	\$8,067,918	(\$44,512)	-1%
11	OTHER	\$769,854	\$709,301	(\$60,553)	-8%
	TOTAL OUTPATIENT GROSS REVENUE	\$328,160,768	\$347,300,572	\$19,139,804	6%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$208,026,551	\$221,488,111	\$13,461,560	6%
2	MEDICARE MANAGED CARE	\$14,979,388	\$22,273,286	\$7,293,898	49%
3	MEDICAID	\$28,178,808	\$34,657,789	\$6,478,981	23%
4	MEDICAID MANAGED CARE	\$35,755,067	\$44,712,262	\$8,957,195	25%
5	CHAMPUS/TRICARE	\$30,905,553	\$33,717,655	\$2,812,102	9%
6	COMMERCIAL INSURANCE	\$44,065,676	\$45,963,487	\$1,897,811	4%
7	NON-GOVERNMENT MANAGED CARE	\$176,658,875	\$184,322,235	\$7,663,360	4%
8	WORKER'S COMPENSATION	\$7,826,158	\$8,447,670	\$621,512	8%
9	SELF- PAY/UNINSURED	\$12,979,878	\$12,440,439	(\$539,439)	-4%
10	SAGA	\$15,941,586	\$15,326,610	(\$614,976)	-4%
11	OTHER	\$1,542,795	\$1,601,604	\$58,809	4%
	TOTAL GROSS REVENUE	\$576,860,335	\$624,951,148	\$48,090,813	8%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$61,830,831	\$68,016,054	\$6,185,223	10%
2	MEDICARE MANAGED CARE	\$3,311,519	\$4,803,054	\$1,491,535	45%
3	MEDICAID	\$6,375,900	\$7,677,564	\$1,301,664	20%
4	MEDICAID MANAGED CARE	\$4,049,299	\$4,687,364	\$638,065	16%
5	CHAMPUS/TRICARE	\$3,854,008	\$4,207,315	\$353,307	9%
6	COMMERCIAL INSURANCE	\$8,519,085	\$8,342,488	(\$176,597)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$39,634,483	\$42,715,916	\$3,081,433	8%
8	WORKER'S COMPENSATION	\$1,753,739	\$1,564,043	(\$189,696)	-11%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$1,196,115	\$1,448,044	\$251,929	21%
11	OTHER	\$171,892	\$306,466	\$134,574	78%
	TOTAL INPATIENT NET REVENUE	\$130,696,871	\$143,768,308	\$13,071,437	10%
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$22,474,010	\$22,841,206	\$367,196	2%
2	MEDICARE MANAGED CARE	\$2,039,263	\$2,780,930	\$741,667	36%
3	MEDICAID	\$3,394,469	\$4,278,491	\$884,022	26%

LAWRENCE AND MEMORIAL HOSPITAL					
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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$7,339,714	\$9,369,525	\$2,029,811	28%
5	CHAMPUS/TRICARE	\$6,968,304	\$8,822,254	\$1,853,950	27%
6	COMMERCIAL INSURANCE	\$16,730,953	\$16,757,680	\$26,727	0%
7	NON-GOVERNMENT MANAGED CARE	\$70,819,001	\$77,993,968	\$7,174,967	10%
8	WORKER'S COMPENSATION	\$3,578,847	\$3,751,234	\$172,387	5%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$1,300,948	\$1,838,517	\$537,569	41%
11	OTHER	\$132,922	\$199,525	\$66,603	50%
	TOTAL OUTPATIENT NET REVENUE	\$134,778,431	\$148,633,330	\$13,854,899	10%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$84,304,841	\$90,857,260	\$6,552,419	8%
2	MEDICARE MANAGED CARE	\$5,350,782	\$7,583,984	\$2,233,202	42%
3	MEDICAID	\$9,770,369	\$11,956,055	\$2,185,686	22%
4	MEDICAID MANAGED CARE	\$11,389,013	\$14,056,889	\$2,667,876	23%
5	CHAMPUS/TRICARE	\$10,822,312	\$13,029,569	\$2,207,257	20%
6	COMMERCIAL INSURANCE	\$25,250,038	\$25,100,168	(\$149,870)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$110,453,484	\$120,709,884	\$10,256,400	9%
8	WORKER'S COMPENSATION	\$5,332,586	\$5,315,277	(\$17,309)	0%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$2,497,063	\$3,286,561	\$789,498	32%
11	OTHER	\$304,814	\$505,991	\$201,177	66%
	TOTAL NET REVENUE	\$265,475,302	\$292,401,638	\$26,926,336	10%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	6,123	6,326	203	3%
2	MEDICARE MANAGED CARE	375	503	128	34%
3	MEDICAID	1,001	1,181	180	18%
4	MEDICAID MANAGED CARE	1,253	1,387	134	11%
5	CHAMPUS/TRICARE	867	954	87	10%
6	COMMERCIAL INSURANCE	927	898	(29)	-3%
7	NON-GOVERNMENT MANAGED CARE	3,501	3,497	(4)	0%
8	WORKER'S COMPENSATION	96	106	10	10%
9	SELF- PAY/UNINSURED	217	168	(49)	-23%
10	SAGA	443	387	(56)	-13%
11	OTHER	54	57	3	6%
	TOTAL DISCHARGES	14,857	15,464	607	4%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	34,850	35,381	531	2%
2	MEDICARE MANAGED CARE	1,784	2,651	867	49%
3	MEDICAID	5,719	6,774	1,055	18%
4	MEDICAID MANAGED CARE	4,077	4,560	483	12%
5	CHAMPUS/TRICARE	2,694	2,796	102	4%
6	COMMERCIAL INSURANCE	3,450	3,569	119	3%
7	NON-GOVERNMENT MANAGED CARE	12,876	12,867	(9)	0%
8	WORKER'S COMPENSATION	359	373	14	4%
9	SELF- PAY/UNINSURED	801	636	(165)	-21%
10	SAGA	2,232	1,865	(367)	-16%
11	OTHER	183	289	106	58%
	TOTAL PATIENT DAYS	69,025	71,761	2,736	4%
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	153,224	143,968	(9,256)	-6%
2	MEDICARE MANAGED CARE	11,737	14,382	2,645	23%
3	MEDICAID	14,822	14,251	(571)	-4%
4	MEDICAID MANAGED CARE	30,310	33,953	3,643	12%
5	CHAMPUS/TRICARE	18,903	19,390	487	3%
6	COMMERCIAL INSURANCE	36,212	33,206	(3,006)	-8%
7	NON-GOVERNMENT MANAGED CARE	168,502	149,784	(18,718)	-11%
8	WORKER'S COMPENSATION	4,876	4,760	(116)	-2%
9	SELF- PAY/UNINSURED	12,706	11,649	(1,057)	-8%
10	SAGA	7,924	6,920	(1,004)	-13%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
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LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	1,532	1,176	(356)	-23%
	TOTAL OUTPATIENT VISITS	460,748	433,439	(27,309)	-6%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$12,664,802	\$13,781,152	\$1,116,350	9%
2	MEDICARE MANAGED CARE	\$842,139	\$1,144,344	\$302,205	36%
3	MEDICAID	\$4,654,308	\$6,026,639	\$1,372,331	29%
4	MEDICAID MANAGED CARE	\$10,037,429	\$12,514,742	\$2,477,313	25%
5	CHAMPUS/TRICARE	\$6,374,639	\$7,519,691	\$1,145,052	18%
6	COMMERCIAL INSURANCE	\$6,683,807	\$6,022,563	(\$661,244)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$21,573,595	\$23,498,776	\$1,925,181	9%
8	WORKER'S COMPENSATION	\$1,259,085	\$1,318,044	\$58,959	5%
9	SELF- PAY/UNINSURED	\$5,838,505	\$5,551,583	(\$286,922)	-5%
10	SAGA	\$3,329,381	\$3,519,447	\$190,066	6%
11	OTHER	\$351,109	\$391,826	\$40,717	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$73,608,799	\$81,288,807	\$7,680,008	10%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$3,031,304	\$3,259,768	\$228,464	8%
2	MEDICARE MANAGED CARE	\$235,833	\$303,170	\$67,337	29%
3	MEDICAID	\$1,155,581	\$1,657,774	\$502,193	43%
4	MEDICAID MANAGED CARE	\$3,259,200	\$3,993,760	\$734,560	23%
5	CHAMPUS/TRICARE	\$2,908,502	\$3,095,512	\$187,010	6%
6	COMMERCIAL INSURANCE	\$3,791,929	\$3,458,469	(\$333,460)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$12,592,191	\$15,181,335	\$2,589,144	21%
8	WORKER'S COMPENSATION	\$965,995	\$986,710	\$20,715	2%
9	SELF- PAY/UNINSURED	\$194,798	\$229,045	\$34,247	18%
10	SAGA	\$475,376	\$728,425	\$253,049	53%
11	OTHER	\$90,162	\$90,485	\$323	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$28,700,871	\$32,984,453	\$4,283,582	15%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	9,954	9,960	6	0%
2	MEDICARE MANAGED CARE	627	764	137	22%
3	MEDICAID	4,475	5,287	812	18%
4	MEDICAID MANAGED CARE	12,256	13,785	1,529	12%
5	CHAMPUS/TRICARE	6,786	7,281	495	7%
6	COMMERCIAL INSURANCE	6,196	5,266	(930)	-15%
7	NON-GOVERNMENT MANAGED CARE	20,307	20,002	(305)	-2%
8	WORKER'S COMPENSATION	1,515	1,499	(16)	-1%
9	SELF- PAY/UNINSURED	6,229	6,044	(185)	-3%
10	SAGA	3,424	3,210	(214)	-6%
11	OTHER	325	323	(2)	-1%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	72,094	73,421	1,327	2%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$43,478,209	\$45,991,977	\$2,513,768	6%
2	Physician Salaries	\$2,902,131	\$2,994,322	\$92,191	3%
3	Non-Nursing, Non-Physician Salaries	\$81,739,427	\$85,567,860	\$3,828,433	5%
	Total Salaries & Wages	\$128,119,767	\$134,554,159	\$6,434,392	5%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$12,031,371	\$13,654,674	\$1,623,303	13%
2	Physician Fringe Benefits	\$803,083	\$888,992	\$85,909	11%
3	Non-Nursing, Non-Physician Fringe Benefits	\$22,619,086	\$25,404,457	\$2,785,371	12%
	Total Fringe Benefits	\$35,453,540	\$39,948,123	\$4,494,583	13%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$401,231	\$320,772	(\$80,459)	-20%
2	Physician Fees	\$863,866	\$1,343,844	\$479,978	56%
3	Non-Nursing, Non-Physician Fees	\$4,690,447	\$4,488,291	(\$202,156)	-4%
	Total Contractual Labor Fees	\$5,955,544	\$6,152,907	\$197,363	3%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$24,181,421	\$26,702,516	\$2,521,095	10%
2	Pharmaceutical Costs	\$9,341,282	\$10,439,145	\$1,097,863	12%
	Total Medical Supplies and Pharmaceutical Cost	\$33,522,703	\$37,141,661	\$3,618,958	11%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$3,729,180	\$3,729,867	\$687	0%
2	Depreciation-Equipment	\$11,761,730	\$12,420,578	\$658,848	6%
3	Amortization	\$400,446	\$577,962	\$177,516	44%
	Total Depreciation and Amortization	\$15,891,356	\$16,728,407	\$837,051	5%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$15,090,955	\$14,381,176	(\$709,779)	-5%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$2,570,991	\$2,332,245	(\$238,746)	-9%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$2,544,096	\$5,435,494	\$2,891,398	114%
I.	<u>Utilities:</u>				
1	Water	\$157,325	\$138,052	(\$19,273)	-12%
2	Natural Gas	\$1,401,057	\$1,189,235	(\$211,822)	-15%
3	Oil	\$53,073	\$61,742	\$8,669	16%
4	Electricity	\$3,149,302	\$3,443,201	\$293,899	9%
5	Telephone	\$532,605	\$545,211	\$12,606	2%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$5,293,362	\$5,377,441	\$84,079	2%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$726,293	\$1,027,667	\$301,374	41%
2	Legal Fees	\$1,123,633	\$1,356,952	\$233,319	21%
3	Consulting Fees	\$1,797,955	\$1,839,286	\$41,331	2%
4	Dues and Membership	\$445,281	\$516,700	\$71,419	16%
5	Equipment Leases	\$1,383,126	\$1,850,248	\$467,122	34%
6	Building Leases	\$1,104,550	\$2,056,557	\$952,007	86%
7	Repairs and Maintenance	\$5,876,593	\$7,369,468	\$1,492,875	25%
8	Insurance	\$414,145	\$466,341	\$52,196	13%
9	Travel	\$442,095	\$462,182	\$20,087	5%
10	Conferences	\$194,737	\$206,510	\$11,773	6%
11	Property Tax	\$37,194	\$51,630	\$14,436	39%
12	General Supplies	\$2,392,113	\$2,412,118	\$20,005	1%
13	Licenses and Subscriptions	\$340,730	\$373,611	\$32,881	10%

**LAWRENCE AND MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
14	Postage and Shipping	\$315,560	\$262,837	(\$52,723)	-17%
15	Advertising	\$1,573,554	\$1,583,628	\$10,074	1%
16	Other Business Expenses	\$14,432,552	\$15,350,100	\$917,548	6%
	Total Business Expenses	\$32,600,111	\$37,185,835	\$4,585,724	14%
	K. Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$488,310	\$411,488	(\$76,822)	-16%
	Total Operating Expenses - All Expense Categories*	\$277,530,735	\$299,648,936	\$22,118,201	8%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
	II. OPERATING EXPENSE BY DEPARTMENT				
	A. General Services:				
1	General Administration	\$13,072,669	\$17,670,326	\$4,597,657	35%
2	General Accounting	\$1,242,612	\$1,936,934	\$694,322	56%
3	Patient Billing & Collection	\$2,574,083	\$3,176,727	\$602,644	23%
4	Admitting / Registration Office	\$3,497,011	\$3,547,721	\$50,710	1%
5	Data Processing	\$6,716,114	\$7,796,242	\$1,080,128	16%
6	Communications	\$514,466	\$321,370	(\$193,096)	-38%
7	Personnel	\$37,566,917	\$41,984,746	\$4,417,829	12%
8	Public Relations	\$1,030,571	\$1,020,353	(\$10,218)	-1%
9	Purchasing	\$1,413,633	\$1,460,249	\$46,616	3%
10	Dietary and Cafeteria	\$5,324,894	\$5,290,506	(\$34,388)	-1%
11	Housekeeping	\$3,954,586	\$4,035,946	\$81,360	2%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$5,557,525	\$4,974,426	(\$583,099)	-10%
14	Security	\$1,287,180	\$1,378,708	\$91,528	7%
15	Repairs and Maintenance	\$3,859,979	\$4,128,832	\$268,853	7%
16	Central Sterile Supply	\$1,822,330	\$1,994,175	\$171,845	9%
17	Pharmacy Department	\$12,105,920	\$13,265,381	\$1,159,461	10%
18	Other General Services	\$4,367,873	\$4,900,470	\$532,597	12%
	Total General Services	\$105,908,363	\$118,883,112	\$12,974,749	12%
	B. Professional Services:				
1	Medical Care Administration	\$172,313	\$167,871	(\$4,442)	-3%
2	Residency Program	\$102,648	\$106,896	\$4,248	4%
3	Nursing Services Administration	\$2,019,522	\$2,366,753	\$347,231	17%
4	Medical Records	\$4,441,765	\$3,934,680	(\$507,085)	-11%
5	Social Service	\$2,051,568	\$2,334,699	\$283,131	14%
6	Other Professional Services	\$1,540,450	\$3,659,713	\$2,119,263	138%
	Total Professional Services	\$10,328,266	\$12,570,612	\$2,242,346	22%
	C. Special Services:				
1	Operating Room	\$15,251,486	\$17,745,243	\$2,493,757	16%
2	Recovery Room	\$970,484	\$1,003,321	\$32,837	3%
3	Anesthesiology	\$442,146	\$530,485	\$88,339	20%
4	Delivery Room	\$118,200	\$116,942	(\$1,258)	-1%
5	Diagnostic Radiology	\$4,058,592	\$4,293,221	\$234,629	6%
6	Diagnostic Ultrasound	\$2,230,157	\$2,412,318	\$182,161	8%
7	Radiation Therapy	\$2,218,926	\$2,459,530	\$240,604	11%
8	Radioisotopes	\$1,812,688	\$1,686,811	(\$125,877)	-7%
9	CT Scan	\$2,028,639	\$2,241,226	\$212,587	10%
10	Laboratory	\$14,316,508	\$15,525,731	\$1,209,223	8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$409,793	\$503,294	\$93,501	23%
13	Electrocardiology	\$55,470	\$55,645	\$175	0%
14	Electroencephalography	\$233,833	\$222,719	(\$11,114)	-5%
15	Occupational Therapy	\$1,525,759	\$1,866,957	\$341,198	22%
16	Speech Pathology	\$922,252	\$826,926	(\$95,326)	-10%
17	Audiology	\$669,480	\$666,910	(\$2,570)	0%
18	Respiratory Therapy	\$2,788,621	\$2,928,288	\$139,667	5%

**LAWRENCE AND MEMORIAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$1,921,307	\$2,058,399	\$137,092	7%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,259,240	\$965,058	(\$294,182)	-23%
23	Renal Dialysis	\$623,743	\$663,032	\$39,289	6%
24	Emergency Room	\$13,035,266	\$13,580,435	\$545,169	4%
25	MRI	\$1,210,942	\$1,431,714	\$220,772	18%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$950,387	\$1,042,237	\$91,850	10%
29	Sleep Center	\$525,022	\$1,036,585	\$511,563	97%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$4,811,390	\$5,236,919	\$425,529	9%
32	Occupational Therapy / Physical Therapy	\$3,916,646	\$3,909,201	(\$7,445)	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$6,828,386	\$7,074,338	\$245,952	4%
	Total Special Services	\$85,135,363	\$92,083,485	\$6,948,122	8%
	D. Routine Services:				
1	Medical & Surgical Units	\$19,173,658	\$20,178,560	\$1,004,902	5%
2	Intensive Care Unit	\$2,868,657	\$3,086,638	\$217,981	8%
3	Coronary Care Unit	\$2,866,209	\$3,049,978	\$183,769	6%
4	Psychiatric Unit	\$2,387,032	\$2,442,746	\$55,714	2%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$5,559,654	\$5,621,925	\$62,271	1%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$1,961,045	\$1,967,955	\$6,910	0%
9	Rehabilitation Unit	\$2,383,296	\$2,608,867	\$225,571	9%
10	Ambulatory Surgery	\$2,049,635	\$2,170,659	\$121,024	6%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$2,811,558	\$1,020,716	(\$1,790,842)	-64%
	Total Routine Services	\$42,060,744	\$42,148,044	\$87,300	0%
	E. Other Departments:				
1	Miscellaneous Other Departments	\$34,097,999	\$33,963,683	(\$134,316)	0%
	Total Operating Expenses - All Departments*	\$277,530,735	\$299,648,936	\$22,118,201	8%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$265,186,141	\$ 280,126,452	\$306,562,977
2	Other Operating Revenue	11,624,533	12,934,063	14,705,837
3	Total Operating Revenue	\$276,810,674	\$293,060,515	\$321,268,814
4	Total Operating Expenses	269,797,622	277,530,735	299,648,936
5	Income/(Loss) From Operations	\$7,013,052	\$15,529,780	\$21,619,878
6	Total Non-Operating Revenue	1,675,251	(425,131)	(18,052,615)
7	Excess/(Deficiency) of Revenue Over Expenses	\$8,688,303	\$15,104,649	\$3,567,263
B. Profitability Summary				
1	Hospital Operating Margin	2.52%	5.31%	7.13%
2	Hospital Non Operating Margin	0.60%	-0.15%	-5.95%
3	Hospital Total Margin	3.12%	5.16%	1.18%
4	Income/(Loss) From Operations	\$7,013,052	\$15,529,780	\$21,619,878
5	Total Operating Revenue	\$276,810,674	\$293,060,515	\$321,268,814
6	Total Non-Operating Revenue	\$1,675,251	(\$425,131)	(\$18,052,615)
7	Total Revenue	\$278,485,925	\$292,635,384	\$303,216,199
8	Excess/(Deficiency) of Revenue Over Expenses	\$8,688,303	\$15,104,649	\$3,567,263
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$153,923,993	\$141,020,827	\$137,717,053
2	Hospital Total Net Assets	\$167,073,668	\$163,776,737	\$161,616,678
3	Hospital Change in Total Net Assets	(\$17,272,968)	(\$3,296,931)	(\$2,160,059)
4	Hospital Change in Total Net Assets %	90.6%	-2.0%	-1.3%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.52	0.47	0.47
2	Total Operating Expenses	\$269,797,622	\$277,530,735	\$299,648,936
3	Total Gross Revenue	\$503,933,306	\$576,860,336	\$624,951,148
4	Total Other Operating Revenue	\$11,202,386	\$12,473,743	\$14,292,897
5	Private Payment to Cost Ratio	1.19	1.31	1.35
6	Total Non-Government Payments	\$132,834,937	\$141,036,108	\$151,125,329

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
7	Total Uninsured Payments	\$0	\$0	\$0
8	Total Non-Government Charges	\$225,469,672	\$241,530,587	\$251,173,831
9	Total Uninsured Charges	\$12,277,839	\$12,979,878	\$12,440,439
10	<u>Medicare Payment to Cost Ratio</u>	0.84	0.85	0.86
11	Total Medicare Payments	\$82,556,158	\$89,655,623	\$98,441,244
12	Total Medicare Charges	\$186,666,608	\$223,005,939	\$243,761,397
13	<u>Medicaid Payment to Cost Ratio</u>	0.67	0.70	0.70
14	Total Medicaid Payments	\$19,140,556	\$21,159,382	\$26,012,944
15	Total Medicaid Charges	\$54,379,667	\$63,933,875	\$79,370,051
16	<u>Uncompensated Care Cost</u>	\$10,460,923	\$8,239,436	\$8,219,444
17	Charity Care	\$2,983,821	\$2,405,415	\$3,153,445
18	Bad Debts	\$16,989,650	\$15,090,956	\$14,381,177
19	Total Uncompensated Care	\$19,973,471	\$17,496,371	\$17,534,622
20	<u>Uncompensated Care % of Total Expenses</u>	3.9%	3.0%	2.7%
21	Total Operating Expenses	\$269,797,622	\$277,530,735	\$299,648,936
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	3.92	4.31	3.71
2	Total Current Assets	\$164,756,615	\$176,993,012	\$188,159,530
3	Total Current Liabilities	\$42,051,890	\$41,039,818	\$50,735,618
4	<u>Days Cash on Hand</u>	164	162	175
5	Cash and Cash Equivalents	\$16,232,769	\$17,038,903	\$29,002,112
6	Short Term Investments	98,453,853	99,233,961	106,795,008
7	Total Cash and Short Term Investments	\$114,686,622	\$116,272,864	\$135,797,120
8	Total Operating Expenses	\$269,797,622	\$277,530,735	\$299,648,936
9	Depreciation Expense	\$14,187,153	\$15,891,356	\$16,728,407
10	Operating Expenses less Depreciation Expense	\$255,610,469	\$261,639,379	\$282,920,529
11	<u>Days Revenue in Patient Accounts Receivable</u>	35.05	24.20	25.15

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 33,459,260	\$ 27,664,974	\$ 29,686,477
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$7,993,615	\$9,089,438	\$8,559,110
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 25,465,645	\$ 18,575,536	\$ 21,127,367
16	Total Net Patient Revenue	\$265,186,141	\$ 280,126,452	\$ 306,562,977
17	<u>Average Payment Period</u>	60.05	57.25	65.45
18	Total Current Liabilities	\$42,051,890	\$41,039,818	\$50,735,618
19	Total Operating Expenses	\$269,797,622	\$277,530,735	\$299,648,936
20	Depreciation Expense	\$14,187,153	\$15,891,356	\$16,728,407
21	Total Operating Expenses less Depreciation Expense	\$255,610,469	\$261,639,379	\$282,920,529
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	53.9	50.3	47.7
2	Total Net Assets	\$167,073,668	\$163,776,737	\$161,616,678
3	Total Assets	\$309,769,149	\$325,658,355	\$338,646,194
4	<u>Cash Flow to Total Debt Ratio</u>	20.7	29.1	18.0
5	Excess/(Deficiency) of Revenues Over Expenses	\$8,688,303	\$15,104,649	\$3,567,263
6	Depreciation Expense	\$14,187,153	\$15,891,356	\$16,728,407
7	Excess of Revenues Over Expenses and Depreciation Expense	\$22,875,456	\$30,996,005	\$20,295,670
8	Total Current Liabilities	\$42,051,890	\$41,039,818	\$50,735,618
9	Total Long Term Debt	\$68,250,000	\$65,610,000	\$61,883,130
10	Total Current Liabilities and Total Long Term Debt	\$110,301,890	\$106,649,818	\$112,618,748
11	<u>Long Term Debt to Capitalization Ratio</u>	29.0	28.6	27.7
12	Total Long Term Debt	\$68,250,000	\$65,610,000	\$61,883,130
13	Total Net Assets	\$167,073,668	\$163,776,737	\$161,616,678
14	Total Long Term Debt and Total Net Assets	\$235,323,668	\$229,386,737	\$223,499,808
15	<u>Debt Service Coverage Ratio</u>	7.8	6.6	4.6
16	Excess Revenues over Expenses	\$8,688,303	\$15,104,649	\$3,567,263
17	Interest Expense	\$3,359,213	\$2,570,991	\$2,332,245
18	Depreciation and Amortization Expense	\$14,187,153	\$15,891,356	\$16,728,407

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
19	Principal Payments	\$0	\$2,515,000	\$2,640,000
G. Other Financial Ratios				
20	Average Age of Plant	11.7	11.3	11.6
21	Accumulated Depreciation	\$165,554,432	\$180,112,432	\$193,724,897
22	Depreciation and Amortization Expense	\$14,187,153	\$15,891,356	\$16,728,407
H. Utilization Measures Summary				
1	Patient Days	71,524	69,025	71,761
2	Discharges	15,085	14,857	15,464
3	ALOS	4.7	4.6	4.6
4	Staffed Beds	252	252	256
5	Available Beds	-	252	256
6	Licensed Beds	308	308	308
6	Occupancy of Staffed Beds	77.8%	75.0%	76.8%
7	Occupancy of Available Beds	77.8%	75.0%	76.8%
8	Full Time Equivalent Employees	1,856.5	1,889.3	1,892.8
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	42.3%	39.6%	38.2%
2	Medicare Gross Revenue Payer Mix Percentage	37.0%	38.7%	39.0%
3	Medicaid Gross Revenue Payer Mix Percentage	10.8%	11.1%	12.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.4%	3.0%	2.7%
5	Uninsured Gross Revenue Payer Mix Percentage	2.4%	2.3%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	5.1%	5.4%	5.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$213,191,833	\$228,550,709	\$238,733,392
9	Medicare Gross Revenue (Charges)	\$186,666,608	\$223,005,939	\$243,761,397
10	Medicaid Gross Revenue (Charges)	\$54,379,667	\$63,933,875	\$79,370,051
11	Other Medical Assistance Gross Revenue (Charges)	\$11,923,651	\$17,484,382	\$16,928,214
12	Uninsured Gross Revenue (Charges)	\$12,277,839	\$12,979,878	\$12,440,439
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$25,493,708	\$30,905,553	\$33,717,655
14	Total Gross Revenue (Charges)	\$503,933,306	\$576,860,336	\$624,951,148
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	53.7%	53.1%	51.7%

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
2	Medicare Net Revenue Payer Mix Percentage	33.4%	33.8%	33.7%
3	Medicaid Net Revenue Payer Mix Percentage	7.7%	8.0%	8.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	1.0%	1.3%
5	Uninsured Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	4.2%	4.1%	4.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$132,834,937	\$141,036,108	\$151,125,329
9	Medicare Net Revenue (Payments)	\$82,556,158	\$89,655,623	\$98,441,244
10	Medicaid Net Revenue (Payments)	\$19,140,556	\$21,159,382	\$26,012,944
11	Other Medical Assistance Net Revenue (Payments)	\$2,387,326	\$2,726,924	\$3,792,552
12	Uninsured Net Revenue (Payments)	\$0	\$0	\$0
13	CHAMPUS / TRICARE Net Revenue Payments)	\$10,422,304	\$10,822,312	\$13,029,569
14	Total Net Revenue (Payments)	\$247,341,281	\$265,400,349	\$292,401,638
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	5,204	4,741	4,669
2	Medicare	6,340	6,498	6,829
3	Medical Assistance	2,576	2,751	3,012
4	Medicaid	2,189	2,254	2,568
5	Other Medical Assistance	387	497	444
6	CHAMPUS / TRICARE	965	867	954
7	Uninsured (Included In Non-Government)	245	217	168
8	Total	15,085	14,857	15,464
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.981700	0.978500	1.058700
2	Medicare	1.307000	1.394800	1.448900
3	Medical Assistance	0.857362	0.883171	0.923982
4	Medicaid	0.820000	0.851700	0.893100
5	Other Medical Assistance	1.068700	1.025900	1.102600
6	CHAMPUS / TRICARE	0.706900	0.833900	0.730200
7	Uninsured (Included In Non-Government)	0.924700	0.897400	0.918700
8	Total Case Mix Index	1.079607	1.134487	1.184509
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	7,398	6,855	7,469
2	Emergency Room - Treated and Discharged	73,088	72,094	73,421
3	Total Emergency Room Visits	80,486	78,949	80,890

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,247,729	\$1,637,073	\$389,344	31%
2	Inpatient Payments	\$576,064	\$813,714	\$237,650	41%
3	Outpatient Charges	\$1,259,498	\$1,665,123	\$405,625	32%
4	Outpatient Payments	\$336,703	\$446,381	\$109,678	33%
5	Discharges	62	63	1	2%
6	Patient Days	316	389	73	23%
7	Outpatient Visits (Excludes ED Visits)	1,953	2,259	306	16%
8	Emergency Department Outpatient Visits	92	113	21	23%
9	Emergency Department Inpatient Admissions	26	27	1	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,507,227	\$3,302,196	\$794,969	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$912,767	\$1,260,095	\$347,328	38%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$30,077	\$37,908	\$7,831	26%
2	Inpatient Payments	\$12,142	\$16,953	\$4,811	40%
3	Outpatient Charges	\$18,362	\$24,507	\$6,145	33%
4	Outpatient Payments	\$5,611	\$7,026	\$1,415	25%
5	Discharges	1	1	0	0%
6	Patient Days	6	4	(2)	-33%
7	Outpatient Visits (Excludes ED Visits)	28	22	(6)	-21%
8	Emergency Department Outpatient Visits	6	2	(4)	-67%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$48,439	\$62,415	\$13,976	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$17,753	\$23,979	\$6,226	35%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$424,676	\$849,233	\$424,557	100%
2	Inpatient Payments	\$202,942	\$369,064	\$166,122	82%
3	Outpatient Charges	\$187,002	\$734,006	\$547,004	293%
4	Outpatient Payments	\$68,532	\$201,130	\$132,598	193%
5	Discharges	20	46	26	130%
6	Patient Days	100	204	104	104%
7	Outpatient Visits (Excludes ED Visits)	363	987	624	172%
8	Emergency Department Outpatient Visits	35	50	15	43%
9	Emergency Department Inpatient Admissions	11	26	15	136%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$611,678	\$1,583,239	\$971,561	159%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$271,474	\$570,194	\$298,720	110%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$4,705,377	\$7,511,630	\$2,806,253	60%
2	Inpatient Payments	\$2,182,396	\$2,947,112	\$764,716	35%
3	Outpatient Charges	\$5,806,926	\$6,886,964	\$1,080,038	19%
4	Outpatient Payments	\$1,512,387	\$1,786,630	\$274,243	18%
5	Discharges	252	316	64	25%
6	Patient Days	1,124	1,680	556	49%
7	Outpatient Visits (Excludes ED Visits)	8,030	8,840	810	10%
8	Emergency Department Outpatient Visits	411	469	58	14%
9	Emergency Department Inpatient Admissions	122	164	42	34%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,512,303	\$14,398,594	\$3,886,291	37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,694,783	\$4,733,742	\$1,038,959	28%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$317,142	\$76,156	(\$240,986)	-76%
2	Inpatient Payments	\$108,779	\$29,424	(\$79,355)	-73%
3	Outpatient Charges	\$55,604	\$79,496	\$23,892	43%
4	Outpatient Payments	\$13,513	\$19,055	\$5,542	41%
5	Discharges	12	6	(6)	-50%
6	Patient Days	93	16	(77)	-83%
7	Outpatient Visits (Excludes ED Visits)	156	72	(84)	-54%
8	Emergency Department Outpatient Visits	14	15	1	7%
9	Emergency Department Inpatient Admissions	4	5	1	25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$372,746	\$155,652	(\$217,094)	-58%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$122,292	\$48,479	(\$73,813)	-60%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$230,160	\$846,928	\$616,768	268%
2	Inpatient Payments	\$73,967	\$352,029	\$278,062	376%
3	Outpatient Charges	\$138,342	\$566,149	\$427,807	309%
4	Outpatient Payments	\$41,926	\$131,996	\$90,070	215%
5	Discharges	9	43	34	378%
6	Patient Days	48	210	162	338%
7	Outpatient Visits (Excludes ED Visits)	145	829	684	472%
8	Emergency Department Outpatient Visits	30	69	39	130%
9	Emergency Department Inpatient Admissions	3	25	22	733%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$368,502	\$1,413,077	\$1,044,575	283%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$115,893	\$484,025	\$368,132	318%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$229,745	\$292,687	\$62,942	27%
2	Inpatient Payments	\$103,284	\$119,236	\$15,952	15%
3	Outpatient Charges	\$135,881	\$237,313	\$101,432	75%
4	Outpatient Payments	\$40,098	\$69,556	\$29,458	73%
5	Discharges	12	14	2	17%
6	Patient Days	73	71	(2)	-3%
7	Outpatient Visits (Excludes ED Visits)	301	367	66	22%
8	Emergency Department Outpatient Visits	19	20	1	5%
9	Emergency Department Inpatient Admissions	9	8	(1)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$365,626	\$530,000	\$164,374	45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$143,382	\$188,792	\$45,410	32%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$82,581	\$40,662	(\$41,919)	-51%
2	Inpatient Payments	\$42,956	\$28,602	(\$14,354)	-33%
3	Outpatient Charges	\$20,588	\$72,676	\$52,088	253%
4	Outpatient Payments	\$5,425	\$19,932	\$14,507	267%
5	Discharges	5	4	(1)	-20%
6	Patient Days	22	11	(11)	-50%
7	Outpatient Visits (Excludes ED Visits)	39	44	5	13%
8	Emergency Department Outpatient Visits	8	7	(1)	-13%
9	Emergency Department Inpatient Admissions	3	2	(1)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$103,169	\$113,338	\$10,169	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$48,381	\$48,534	\$153	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$27,134	\$339,342	\$312,208	1151%
2	Inpatient Payments	\$8,989	\$126,920	\$117,931	1312%
3	Outpatient Charges	\$62,564	\$375,433	\$312,869	500%
4	Outpatient Payments	\$15,068	\$99,224	\$84,156	559%
5	Discharges	2	10	8	400%
6	Patient Days	2	66	64	3200%
7	Outpatient Visits (Excludes ED Visits)	95	198	103	108%
8	Emergency Department Outpatient Visits	12	19	7	58%
9	Emergency Department Inpatient Admissions	2	3	1	50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$89,698	\$714,775	\$625,077	697%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$24,057	\$226,144	\$202,087	840%
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%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 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	\$7,294,621	\$11,631,619	\$4,336,998	59%
	TOTAL INPATIENT PAYMENTS	\$3,311,519	\$4,803,054	\$1,491,535	45%
	TOTAL OUTPATIENT CHARGES	\$7,684,767	\$10,641,667	\$2,956,900	38%
	TOTAL OUTPATIENT PAYMENTS	\$2,039,263	\$2,780,930	\$741,667	36%
	TOTAL DISCHARGES	375	503	128	34%
	TOTAL PATIENT DAYS	1,784	2,651	867	49%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	11,110	13,618	2,508	23%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	627	764	137	22%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	180	260	80	44%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,979,388	\$22,273,286	\$7,293,898	49%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,350,782	\$7,583,984	\$2,233,202	42%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$1,940,784	\$0	(\$1,940,784)	-100%
2	Inpatient Payments	\$594,373	\$0	(\$594,373)	-100%
3	Outpatient Charges	\$3,169,188	\$0	(\$3,169,188)	-100%
4	Outpatient Payments	\$986,465	\$0	(\$986,465)	-100%
5	Discharges	183	0	(183)	-100%
6	Patient Days	623	0	(623)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,502	0	(2,502)	-100%
8	Emergency Department Outpatient Visits	1,513	0	(1,513)	-100%
9	Emergency Department Inpatient Admissions	30	0	(30)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,109,972	\$0	(\$5,109,972)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,580,838	\$0	(\$1,580,838)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$8,238,649	\$11,446,642	\$3,207,993	39%
2	Inpatient Payments	\$2,613,896	\$3,305,769	\$691,873	26%
3	Outpatient Charges	\$15,382,461	\$21,089,692	\$5,707,231	37%
4	Outpatient Payments	\$4,923,041	\$7,160,778	\$2,237,737	45%
5	Discharges	805	946	141	18%
6	Patient Days	2,570	3,100	530	21%
7	Outpatient Visits (Excludes ED Visits)	12,568	15,559	2,991	24%
8	Emergency Department Outpatient Visits	8,257	10,250	1,993	24%
9	Emergency Department Inpatient Admissions	118	195	77	65%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,621,110	\$32,536,334	\$8,915,224	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,536,937	\$10,466,547	\$2,929,610	39%
C. HEALTHNET OF THE NORTHEAST, INC.					
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%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$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%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$1,448,429	\$1,937,844	\$489,415	34%
2	Inpatient Payments	\$454,658	\$480,292	\$25,634	6%
3	Outpatient Charges	\$1,685,649	\$2,599,313	\$913,664	54%
4	Outpatient Payments	\$561,146	\$795,848	\$234,702	42%
5	Discharges	124	139	15	12%
6	Patient Days	465	505	40	9%
7	Outpatient Visits (Excludes ED Visits)	1,152	1,533	381	33%
8	Emergency Department Outpatient Visits	917	1,425	508	55%
9	Emergency Department Inpatient Admissions	21	31	10	48%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,134,078	\$4,537,157	\$1,403,079	45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,015,804	\$1,276,140	\$260,336	26%
H.	AETNA				
1	Inpatient Charges	\$1,319,817	\$3,304,127	\$1,984,310	150%
2	Inpatient Payments	\$386,372	\$901,303	\$514,931	133%
3	Outpatient Charges	\$2,570,090	\$4,334,644	\$1,764,554	69%
4	Outpatient Payments	\$869,062	\$1,412,899	\$543,837	63%
5	Discharges	141	302	161	114%
6	Patient Days	419	955	536	128%
7	Outpatient Visits (Excludes ED Visits)	1,832	3,076	1,244	68%
8	Emergency Department Outpatient Visits	1,569	2,110	541	34%
9	Emergency Department Inpatient Admissions	28	54	26	93%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,889,907	\$7,638,771	\$3,748,864	96%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,255,434	\$2,314,202	\$1,058,768	84%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$12,947,679	\$16,688,613	\$3,740,934	29%
	TOTAL INPATIENT PAYMENTS	\$4,049,299	\$4,687,364	\$638,065	16%
	TOTAL OUTPATIENT CHARGES	\$22,807,388	\$28,023,649	\$5,216,261	23%
	TOTAL OUTPATIENT PAYMENTS	\$7,339,714	\$9,369,525	\$2,029,811	28%
	TOTAL DISCHARGES	1,253	1,387	134	11%
	TOTAL PATIENT DAYS	4,077	4,560	483	12%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	18,054	20,168	2,114	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	12,256	13,785	1,529	12%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	197	280	83	42%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$35,755,067	\$44,712,262	\$8,957,195	25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,389,013	\$14,056,889	\$2,667,876	23%

L&M CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$30,049,949	\$41,222,090	\$11,172,141	37%
2	Short Term Investments	\$141,225,546	\$155,780,987	\$14,555,441	10%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$29,961,635	\$32,328,543	\$2,366,908	8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$24,500	\$1,928	(\$22,572)	-92%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,506,113	\$3,796,086	\$289,973	8%
8	Prepaid Expenses	\$2,538,001	\$1,931,561	(\$606,440)	-24%
9	Other Current Assets	\$7,838,504	\$7,273,638	(\$564,866)	-7%
	Total Current Assets	\$215,144,248	\$242,334,833	\$27,190,585	13%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$12,678,851	\$11,986,573	(\$692,278)	-5%
2	Board Designated for Capital Acquisition	\$6,170	\$0	(\$6,170)	-100%
3	Funds Held in Escrow	\$7,159,610	\$7,156,167	(\$3,443)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$27,605,098	\$28,832,194	\$1,227,096	4%
	Total Noncurrent Assets Whose Use is Limited:	\$47,449,729	\$47,974,934	\$525,205	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$2,779,069	\$1,330,365	(\$1,448,704)	-52%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$287,943,107	\$298,131,101	\$10,187,994	4%
2	Less: Accumulated Depreciation	\$183,553,654	\$195,187,155	\$11,633,501	\$0
	Property, Plant and Equipment, Net	\$104,389,453	\$102,943,946	(\$1,445,507)	-1%
3	Construction in Progress	\$5,352,416	\$9,635,284	\$4,282,868	80%
	Total Net Fixed Assets	\$109,741,869	\$112,579,230	\$2,837,361	3%
	Total Assets	\$375,114,915	\$404,219,362	\$29,104,447	8%

L&M CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$26,118,494	\$33,097,324	\$6,978,830	27%
2	Salaries, Wages and Payroll Taxes	\$4,184,333	\$5,036,999	\$852,666	20%
3	Due To Third Party Payers	\$9,222,736	\$8,839,110	(\$383,626)	-4%
4	Due To Affiliates	\$718,757	\$0	(\$718,757)	-100%
5	Current Portion of Long Term Debt	\$2,674,572	\$2,906,408	\$231,836	9%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$364,053	\$156,861	(\$207,192)	-57%
	Total Current Liabilities	\$43,282,945	\$50,036,702	\$6,753,757	16%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$65,938,421	\$62,148,146	(\$3,790,275)	-6%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$65,938,421	\$62,148,146	(\$3,790,275)	-6%
3	Accrued Pension Liability	\$43,035,284	\$52,135,334	\$9,100,050	21%
4	Other Long Term Liabilities	\$12,202,253	\$12,279,482	\$77,229	1%
	Total Long Term Liabilities	\$121,175,958	\$126,562,962	\$5,387,004	4%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$187,324,944	\$203,283,725	\$15,958,781	9%
2	Temporarily Restricted Net Assets	\$17,758,955	\$18,658,648	\$899,693	5%
3	Permanently Restricted Net Assets	\$5,572,113	\$5,677,325	\$105,212	2%
	Total Net Assets	\$210,656,012	\$227,619,698	\$16,963,686	8%
	Total Liabilities and Net Assets	\$375,114,915	\$404,219,362	\$29,104,447	8%

L&M CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. <u>Operating Revenue:</u>					
1	Total Gross Patient Revenue	\$604,305,691	\$663,899,138	\$59,593,447	10%
2	Less: Allowances	\$304,330,257	\$332,555,945	\$28,225,688	9%
3	Less: Charity Care	\$4,820,444	\$5,279,619	\$459,175	10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$295,154,990	\$326,063,574	\$30,908,584	10%
5	Other Operating Revenue	\$17,579,868	\$19,082,821	\$1,502,953	9%
6	Net Assets Released from Restrictions	\$460,320	\$412,940	(\$47,380)	-10%
	Total Operating Revenue	\$313,195,178	\$345,559,335	\$32,364,157	10%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$146,830,700	\$156,922,676	\$10,091,976	7%
2	Fringe Benefits	\$38,489,945	\$43,343,606	\$4,853,661	13%
3	Physicians Fees	\$1,864,923	\$4,686,843	\$2,821,920	151%
4	Supplies and Drugs	\$41,621,398	\$45,148,674	\$3,527,276	8%
5	Depreciation and Amortization	\$16,403,646	\$17,160,934	\$757,288	5%
6	Bad Debts	\$17,657,789	\$17,229,746	(\$428,043)	-2%
7	Interest	\$2,673,379	\$2,373,694	(\$299,685)	-11%
8	Malpractice	\$2,544,096	\$5,435,494	\$2,891,398	114%
9	Other Operating Expenses	\$38,590,896	\$42,682,342	\$4,091,446	11%
	Total Operating Expenses	\$306,676,772	\$334,984,009	\$28,307,237	9%
	Income/(Loss) From Operations	\$6,518,406	\$10,575,326	\$4,056,920	62%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	(\$1,628,574)	\$3,332,139	\$4,960,713	-305%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$266,039	\$175,335	(\$90,704)	-34%
	Total Non-Operating Revenue	(\$1,362,535)	\$3,507,474	\$4,870,009	-357%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$5,155,871	\$14,082,800	\$8,926,929	173%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$5,155,871	\$14,082,800	\$8,926,929	173%

L&M CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$279,109,234	\$295,154,990	\$326,063,574
2	Other Operating Revenue	20,244,161	18,040,188	19,495,761
3	Total Operating Revenue	\$299,353,395	\$313,195,178	\$345,559,335
4	Total Operating Expenses	293,740,759	306,676,772	334,984,009
5	Income/(Loss) From Operations	\$5,612,636	\$6,518,406	\$10,575,326
6	Total Non-Operating Revenue	1,777,571	(1,362,535)	3,507,474
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,390,207	\$5,155,871	\$14,082,800
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	1.86%	2.09%	3.03%
2	Parent Corporation Non-Operating Margin	0.59%	-0.44%	1.00%
3	Parent Corporation Total Margin	2.45%	1.65%	4.03%
4	Income/(Loss) From Operations	\$5,612,636	\$6,518,406	\$10,575,326
5	Total Operating Revenue	\$299,353,395	\$313,195,178	\$345,559,335
6	Total Non-Operating Revenue	\$1,777,571	(\$1,362,535)	\$3,507,474
7	Total Revenue	\$301,130,966	\$311,832,643	\$349,066,809
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,390,207	\$5,155,871	\$14,082,800
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$209,086,112	\$187,324,944	\$203,283,725
2	Parent Corporation Total Net Assets	\$222,532,633	\$210,656,012	\$227,619,698
3	Parent Corporation Change in Total Net Assets	(\$24,043,501)	(\$11,876,621)	\$16,963,686
4	Parent Corporation Change in Total Net Assets %	90.2%	-5.3%	8.1%

L&M CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
D. Liquidity Measures Summary				
1	Current Ratio	4.74	4.97	4.84
2	Total Current Assets	\$212,020,933	\$215,144,248	\$242,334,833
3	Total Current Liabilities	\$44,731,737	\$43,282,945	\$50,036,702
4	Days Cash on Hand	215	215	226
5	Cash and Cash Equivalents	\$25,182,706	\$30,049,949	\$41,222,090
6	Short Term Investments	138,861,705	141,225,546	155,780,987
7	Total Cash and Short Term Investments	\$164,044,411	\$171,275,495	\$197,003,077
8	Total Operating Expenses	\$293,740,759	\$306,676,772	\$334,984,009
9	Depreciation Expense	\$14,667,108	\$16,403,646	\$17,160,934
10	Operating Expenses less Depreciation Expense	\$279,073,651	\$290,273,126	\$317,823,075
11	Days Revenue in Patient Accounts Receivable	37	26	26
12	Net Patient Accounts Receivable	\$ 36,586,333	\$ 29,961,635	\$ 32,328,543
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$8,126,913	\$9,222,736	\$8,839,110
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 28,459,420	\$ 20,738,899	\$ 23,489,433
16	Total Net Patient Revenue	\$279,109,234	\$295,154,990	\$326,063,574
17	Average Payment Period	59	54	57
18	Total Current Liabilities	\$44,731,737	\$43,282,945	\$50,036,702
19	Total Operating Expenses	\$293,740,759	\$306,676,772	\$334,984,009
20	Depreciation Expense	\$14,667,108	\$16,403,646	\$17,160,934
21	Total Operating Expenses less Depreciation Expense	\$279,073,651	\$290,273,126	\$317,823,075

L&M CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	60.4	56.2	56.3
2	Total Net Assets	\$222,532,633	\$210,656,012	\$227,619,698
3	Total Assets	\$368,261,350	\$375,114,915	\$404,219,362
4	<u>Cash Flow to Total Debt Ratio</u>	19.5	19.7	27.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,390,207	\$5,155,871	\$14,082,800
6	Depreciation Expense	\$14,667,108	\$16,403,646	\$17,160,934
7	Excess of Revenues Over Expenses and Depreciation Expense	\$22,057,315	\$21,559,517	\$31,243,734
8	Total Current Liabilities	\$44,731,737	\$43,282,945	\$50,036,702
9	Total Long Term Debt	\$68,601,321	\$65,938,421	\$62,148,146
10	Total Current Liabilities and Total Long Term Debt	\$113,333,058	\$109,221,366	\$112,184,848
11	<u>Long Term Debt to Capitalization Ratio</u>	23.6	23.8	21.4
12	Total Long Term Debt	\$68,601,321	\$65,938,421	\$62,148,146
13	Total Net Assets	\$222,532,633	\$210,656,012	\$227,619,698
14	Total Long Term Debt and Total Net Assets	\$291,133,954	\$276,594,433	\$289,767,844

LAWRENCE AND MEMORIAL HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
		DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
<u>LINE</u>	<u>DESCRIPTION</u>				<u>BEDS (A)</u>	<u>BEDS</u>
1	Adult Medical/Surgical	45,369	148	148	84.0%	84.0%
2	ICU/CCU (Excludes Neonatal ICU)	5,518	20	20	75.6%	75.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,132	18	18	78.1%	78.1%
	TOTAL PSYCHIATRIC	5,132	18	18	78.1%	78.1%
5	Rehabilitation	4,736	16	16	81.1%	81.1%
6	Maternity	4,439	24	24	50.7%	50.7%
7	Newborn	3,320	14	14	65.0%	65.0%
8	Neonatal ICU	2,027	10	10	55.5%	55.5%
9	Pediatric	1,220	6	6	55.7%	55.7%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	68,441	242	242	77.5%	77.5%
	TOTAL INPATIENT BED UTILIZATION	71,761	256	256	76.8%	76.8%
	TOTAL INPATIENT REPORTED YEAR	71,761	256	256	76.8%	76.8%
	TOTAL INPATIENT PRIOR YEAR	69,025	252	252	75.0%	75.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	2,736	4	4	1.8%	1.8%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	4%	2%	2%	2%	2%
	Total Licensed Beds and Bassinets	308				
(A) This number may not exceed the number of available beds for each department or in total.						

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	8,779	9,329	550	6%
2	Outpatient Scans (Excluding Emergency Department Scans)	11,554	12,269	715	6%
3	Emergency Department Scans	9,423	9,747	324	3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	29,756	31,345	1,589	5%
B. MRI Scans (A)					
1	Inpatient Scans	1,145	1,424	279	24%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,411	9,616	205	2%
3	Emergency Department Scans	118	105	-13	-11%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	10,674	11,145	471	4%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	3	7	4	133%
2	Outpatient Scans (Excluding Emergency Department Scans)	542	495	-47	-9%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	545	502	-43	-8%
(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	241	199	-42	-17%
2	Outpatient Procedures	9,586	9,288	-298	-3%
	Total Linear Accelerator Procedures	9,827	9,487	-340	-3%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	432	485	53	12%
2	Outpatient Procedures	299	271	-28	-9%
	Total Cardiac Catheterization Procedures	731	756	25	3%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	77	81	4	5%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	77	81	4	5%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,682	2,787	105	4%
2	Outpatient Surgical Procedures	10,082	9,920	-162	-2%
	Total Surgical Procedures	12,764	12,707	-57	0%
J. Endoscopy Procedures					

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	943	795	-148	-16%
2	Outpatient Endoscopy Procedures	2,395	2,238	-157	-7%
	Total Endoscopy Procedures	3,338	3,033	-305	-9%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	6,855	7,469	614	9%
2	Emergency Room Visits: Treated and Discharged	72,094	73,421	1,327	2%
	Total Emergency Room Visits	78,949	80,890	1,941	2%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	20,587	14,663	-5,924	-29%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	20,587	14,663	-5,924	-29%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	63,966	71,173	7,207	11%
2	Cardiology	4,571	3,878	-693	-15%
3	Chemotherapy	1,634	1,814	180	11%
4	Gastroenterology	1,006	945	-61	-6%
5	Other Outpatient Visits	316,667	282,208	-34,459	-11%
	Total Other Hospital Outpatient Visits	387,844	360,018	-27,826	-7%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	496.6	496.9	0.3	0%
2	Total Physician FTEs	8.0	8.1	0.1	1%
3	Total Non-Nursing and Non-Physician FTEs	1,384.7	1,387.8	3.1	0%
	Total Hospital Full Time Equivalent Employees	1,889.3	1,892.8	3.5	0%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	L&M 365 Montauk Hospital	7,548	7,176	-372	-5%
2	Pequot Health Center Groton	2,534	2,744	210	8%
	Total Outpatient Surgical Procedures(A)	10,082	9,920	-162	-2%
B. Outpatient Endoscopy Procedures					
1	L&M 365 Montauk Ave Hospital	2,395	2,238	-157	-7%
	Total Outpatient Endoscopy Procedures(B)	2,395	2,238	-157	-7%
C. Outpatient Hospital Emergency Room Visits					
1	Pequot Health Center Groton	35,263	39,070	3,807	11%
2	L&M 365 Montauk Ave Hospital	36,831	34,351	-2,480	-7%
	Total Outpatient Hospital Emergency Room Visits(C)	72,094	73,421	1,327	2%
(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.					

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$129,099,316	\$144,213,661	\$15,114,345	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$65,142,350	\$72,819,108	\$7,676,758	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.46%	50.49%	0.03%	0%
4	DISCHARGES	6,498	6,829	331	5%
5	CASE MIX INDEX (CMI)	1.39480	1.44890	0.05410	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,063.41040	9,894.53810	831.12770	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,187.40	\$7,359.53	\$172.13	2%
8	PATIENT DAYS	36,634	38,032	1,398	4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,778.19	\$1,914.68	\$136.49	8%
10	AVERAGE LENGTH OF STAY	5.6	5.6	(0.1)	-1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$93,906,623	\$99,547,736	\$5,641,113	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,513,273	\$25,622,136	\$1,108,863	5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.10%	25.74%	-0.37%	-1%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	72.74%	69.03%	-3.71%	-5%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,726.63415	4,713.91881	(12.71534)	0%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,186.20	\$5,435.42	\$249.22	5%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$223,005,939	\$243,761,397	\$20,755,458	9%
18	TOTAL ACCRUED PAYMENTS	\$89,655,623	\$98,441,244	\$8,785,621	10%
19	TOTAL ALLOWANCES	\$133,350,316	\$145,320,153	\$11,969,837	9%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$72,024,058	\$77,344,295	\$5,320,237	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$49,907,307	\$52,622,447	\$2,715,140	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	69.29%	68.04%	-1.26%	-2%
4	DISCHARGES	4,741	4,669	(72)	-2%
5	CASE MIX INDEX (CMI)	0.97850	1.05870	0.08020	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,639.06850	4,943.07030	304.00180	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,758.04	\$10,645.70	(\$112.34)	-1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,570.65)	(\$3,286.17)	\$284.47	-8%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,564,469)	(\$16,243,794)	\$320,675	-2%
10	PATIENT DAYS	17,486	17,445	(41)	0%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,854.13	\$3,016.48	\$162.35	6%
12	AVERAGE LENGTH OF STAY	3.7	3.7	0.0	1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$169,506,529	\$173,829,536	\$4,323,007	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$91,128,801	\$98,502,882	\$7,374,081	8%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	53.76%	56.67%	2.91%	5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	235.35%	224.75%	-10.60%	-5%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	11,157.80583	10,493.47083	(664.33499)	-6%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,167.27	\$9,387.06	\$1,219.80	15%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$2,981.07)	(\$3,951.64)	(\$970.57)	33%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$33,262,181)	(\$41,466,444)	(\$8,204,263)	25%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$241,530,587	\$251,173,831	\$9,643,244	4%
22	TOTAL ACCRUED PAYMENTS	\$141,036,108	\$151,125,329	\$10,089,221	7%
23	TOTAL ALLOWANCES	\$100,494,479	\$100,048,502	(\$445,977)	0%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$49,826,651)	(\$57,710,238)	(\$7,883,588)	16%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$215,729,277	\$224,291,485	\$8,562,208	4%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$139,606,510	\$149,127,437	\$9,520,927	7%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$76,122,767	\$75,164,048	(\$958,719)	-1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.29%	33.51%	-1.77%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$2,748,325	\$2,364,381	(\$383,944)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	217	168	(49)	-23%
5	CASE MIX INDEX (CMI)	0.89740	0.91870	0.02130	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	194.73580	154.34160	(40.39420)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$10,758.04	\$10,645.70	(\$112.34)	-1%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,187.40	\$7,359.53	\$172.13	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,399,644	\$1,135,881	(\$263,763)	-19%
11	PATIENT DAYS	801	636	(165)	-21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	3.7	3.8	0.1	3%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,231,553	\$10,076,058	(\$155,495)	-2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	372.28%	426.16%	53.88%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	807.85460	715.94965	(91.90496)	-11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,167.27	\$9,387.06	\$1,219.80	15%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,186.20	\$5,435.42	\$249.22	5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,189,696	\$3,891,488	(\$298,208)	-7%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$12,979,878	\$12,440,439	(\$539,439)	-4%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$12,979,878	\$12,440,439	(\$539,439)	-4%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,589,340	\$5,027,369	(\$561,971)	-10%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$28,938,307	\$37,153,931	\$8,215,624	28%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,425,199	\$12,364,928	\$1,939,729	19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.03%	33.28%	-2.75%	-8%
4	DISCHARGES	2,254	2,568	314	14%
5	CASE MIX INDEX (CMI)	0.85170	0.89310	0.04140	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,919.73180	2,293.48080	373.74900	19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,430.55	\$5,391.34	(\$39.21)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,327.50	\$5,254.36	(\$73.13)	-1%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,756.85	\$1,968.19	\$211.34	12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,372,680	\$4,514,003	\$1,141,323	34%
11	PATIENT DAYS	9,796	11,334	1,538	16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,064.23	\$1,090.96	\$26.73	3%
13	AVERAGE LENGTH OF STAY	4.3	4.4	0.1	2%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,995,568	\$42,216,120	\$7,220,552	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,734,183	\$13,648,016	\$2,913,833	27%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.67%	32.33%	1.66%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	120.93%	113.62%	-7.31%	-6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,725.79907	2,917.88764	192.08857	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,937.99	\$4,677.36	\$739.37	19%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,229.27	\$4,709.70	\$480.43	11%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,248.21	\$758.06	(\$490.15)	-39%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,402,358	\$2,211,933	(\$1,190,424)	-35%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$63,933,875	\$79,370,051	\$15,436,176	24%
24	TOTAL ACCRUED PAYMENTS	\$21,159,382	\$26,012,944	\$4,853,562	23%
25	TOTAL ALLOWANCES	\$42,774,493	\$53,357,107	\$10,582,614	25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,775,038	\$6,725,936	(\$49,101)	-1%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$8,602,097	\$8,150,995	(\$451,102)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,293,053	\$1,754,510	\$461,457	36%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	15.03%	21.53%	6.49%	43%
4	DISCHARGES	497	444	(53)	-11%
5	CASE MIX INDEX (CMI)	1.02590	1.10260	0.07670	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	509.87230	489.55440	(20.31790)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,536.03	\$3,583.89	\$1,047.86	41%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$8,222.01	\$7,061.81	(\$1,160.20)	-14%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,651.37	\$3,775.63	(\$875.73)	-19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,371,603	\$1,848,378	(\$523,225)	-22%
11	PATIENT DAYS	2,415	2,154	(261)	-11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$535.43	\$814.54	\$279.11	52%
13	AVERAGE LENGTH OF STAY	4.9	4.9	(0.0)	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,882,285	\$8,777,219	(\$105,066)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,433,871	\$2,038,042	\$604,171	42%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.14%	23.22%	7.08%	44%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	103.26%	107.68%	4.43%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	513.18831	478.11160	(35.07672)	-7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,794.04	\$4,262.69	\$1,468.65	53%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,373.22	\$5,124.37	(\$248.85)	-5%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,392.16	\$1,172.73	(\$1,219.43)	-51%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,227,627	\$560,696	(\$666,930)	-54%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$17,484,382	\$16,928,214	(\$556,168)	-3%
24	TOTAL ACCRUED PAYMENTS	\$2,726,924	\$3,792,552	\$1,065,628	39%
25	TOTAL ALLOWANCES	\$14,757,458	\$13,135,662	(\$1,621,796)	-11%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$3,599,229	\$2,409,074	(\$1,190,155)	-33%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$37,540,404	\$45,304,926	\$7,764,522	21%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,718,252	\$14,119,438	\$2,401,186	20%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.22%	31.17%	-0.05%	0%
4	DISCHARGES	2,751	3,012	261	9%
5	CASE MIX INDEX (CMI)	0.88317	0.92398	0.04081	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,429.60410	2,783.03520	353.43110	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,823.11	\$5,073.40	\$250.28	5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,934.93	\$5,572.31	(\$362.63)	-6%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,364.29	\$2,286.13	(\$78.16)	-3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,744,283	\$6,362,381	\$618,098	11%
11	PATIENT DAYS	12,211	13,488	1,277	10%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$959.65	\$1,046.81	\$87.17	9%
13	AVERAGE LENGTH OF STAY	4.4	4.5	0.0	1%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,877,853	\$50,993,339	\$7,115,486	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,168,054	\$15,686,058	\$3,518,004	29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.73%	30.76%	3.03%	11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	116.88%	112.56%	-4.33%	-4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,238.98738	3,395.99924	157.01186	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,756.75	\$4,618.98	\$862.24	23%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,410.52	\$4,768.08	\$357.56	8%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,429.45	\$816.44	(\$613.01)	-43%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,629,984	\$2,772,630	(\$1,857,355)	-40%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$81,418,257	\$96,298,265	\$14,880,008	18%
24	TOTAL ACCRUED PAYMENTS	\$23,886,306	\$29,805,496	\$5,919,190	25%
25	TOTAL ALLOWANCES	\$57,531,951	\$66,492,769	\$8,960,818	16%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$10,035,789	\$10,787,694	\$751,905	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,854,008	\$4,207,315	\$353,307	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.40%	39.00%	0.60%	2%
4	DISCHARGES	867	954	87	10%
5	CASE MIX INDEX (CMI)	0.83390	0.73020	(0.10370)	-12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	722.99130	696.61080	(26.38050)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,330.64	\$6,039.69	\$709.05	13%
8	PATIENT DAYS	2,694	2,796	102	4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,430.59	\$1,504.76	\$74.17	5%
10	AVERAGE LENGTH OF STAY	3.1	2.9	(0.2)	-6%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$20,869,764	\$22,929,961	\$2,060,197	10%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,968,304	\$8,822,254	\$1,853,950	27%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$30,905,553	\$33,717,655	\$2,812,102	9%
14	TOTAL ACCRUED PAYMENTS	\$10,822,312	\$13,029,569	\$2,207,257	20%
15	TOTAL ALLOWANCES	\$20,083,241	\$20,688,086	\$604,845	3%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$12,473,743	\$14,292,897	\$1,819,154	15%
2	TOTAL OPERATING EXPENSES	\$277,530,735	\$299,648,936	\$22,118,201	8%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,050,177	\$1,906,334	(\$143,843)	-7%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$2,405,415	\$3,153,445	\$748,030	31%
5	BAD DEBTS (CHARGES)	\$15,090,956	\$14,381,177	(\$709,779)	-5%
6	UNCOMPENSATED CARE (CHARGES)	\$17,496,371	\$17,534,622	\$38,251	0%
7	COST OF UNCOMPENSATED CARE	\$8,124,353	\$8,257,572	\$133,219	2%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$81,418,257	\$96,298,265	\$14,880,008	18%
9	TOTAL ACCRUED PAYMENTS	\$23,886,306	\$29,805,496	\$5,919,190	25%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$37,806,165	\$45,349,701	\$7,543,535	20%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,919,859	\$15,544,205	\$1,624,345	12%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$248,699,567	\$277,650,576	\$28,951,009	12%
2	TOTAL INPATIENT PAYMENTS	\$130,621,917	\$143,768,308	\$13,146,391	10%
3	TOTAL INPATIENT PAYMENTS / CHARGES	52.52%	51.78%	-0.74%	-1%
4	TOTAL DISCHARGES	14,857	15,464	607	4%
5	TOTAL CASE MIX INDEX	1.13449	1.18451	0.05002	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	16,855,07430	18,317,25440	1,462,18010	9%
7	TOTAL OUTPATIENT CHARGES	\$328,160,769	\$347,300,572	\$19,139,803	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	131.95%	125.09%	-6.87%	-5%
9	TOTAL OUTPATIENT PAYMENTS	\$134,778,432	\$148,633,330	\$13,854,898	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.07%	42.80%	1.73%	4%
11	TOTAL CHARGES	\$576,860,336	\$624,951,148	\$48,090,812	8%
12	TOTAL PAYMENTS	\$265,400,349	\$292,401,638	\$27,001,289	10%
13	TOTAL PAYMENTS / TOTAL CHARGES	46.01%	46.79%	0.78%	2%
14	PATIENT DAYS	69,025	71,761	2,736	4%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$176,675,509	\$200,306,281	\$23,630,772	13%
2	INPATIENT PAYMENTS	\$80,714,610	\$91,145,861	\$10,431,251	13%
3	GOVT. INPATIENT PAYMENTS / CHARGES	45.69%	45.50%	-0.18%	0%
4	DISCHARGES	10,116	10,795	679	7%
5	CASE MIX INDEX	1.20759	1.23892	0.03133	3%
6	CASE MIX ADJUSTED DISCHARGES	12,216,00580	13,374,18410	1,158,17830	9%
7	OUTPATIENT CHARGES	\$158,654,240	\$173,471,036	\$14,816,796	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	89.80%	86.60%	-3.20%	-4%
9	OUTPATIENT PAYMENTS	\$43,649,631	\$50,130,448	\$6,480,817	15%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.51%	28.90%	1.39%	5%
11	TOTAL CHARGES	\$335,329,749	\$373,777,317	\$38,447,568	11%
12	TOTAL PAYMENTS	\$124,364,241	\$141,276,309	\$16,912,068	14%
13	TOTAL PAYMENTS / CHARGES	37.09%	37.80%	0.71%	2%
14	PATIENT DAYS	51,539	54,316	2,777	5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$210,965,508	\$232,501,008	\$21,535,500	10%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.6	5.6	(0.1)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.7	0.0	1%
3	UNINSURED	3.7	3.8	0.1	3%
4	MEDICAID	4.3	4.4	0.1	2%
5	OTHER MEDICAL ASSISTANCE	4.9	4.9	(0.0)	0%
6	CHAMPUS / TRICARE	3.1	2.9	(0.2)	-6%
7	TOTAL AVERAGE LENGTH OF STAY	4.6	4.6	(0.0)	0%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$576,860,336	\$624,951,148	\$48,090,812	8%
2	TOTAL GOVERNMENT DEDUCTIONS	\$210,965,508	\$232,501,008	\$21,535,500	10%
3	UNCOMPENSATED CARE	\$17,496,371	\$17,534,622	\$38,251	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$76,122,767	\$75,164,048	(\$958,719)	-1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,463,620	\$7,349,828	\$886,208	14%
6	TOTAL ADJUSTMENTS	\$311,048,266	\$332,549,506	\$21,501,240	7%
7	TOTAL ACCRUED PAYMENTS	\$265,812,070	\$292,401,642	\$26,589,572	10%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,050,177	\$1,906,334	(\$143,843)	-7%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$267,862,247	\$294,307,976	\$26,445,729	10%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4643450594	0.4709295710	0.0065845115	1%
11	COST OF UNCOMPENSATED CARE	\$8,124,353	\$8,257,572	\$133,219	2%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,919,859	\$15,544,205	\$1,624,345	12%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$22,044,213	\$23,801,777	\$1,757,564	8%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,402,358	\$2,211,933	(\$1,190,424)	-35%
2	OTHER MEDICAL ASSISTANCE	\$3,599,229	\$2,409,074	(\$1,190,155)	-33%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,589,340	\$5,027,369	(\$561,971)	-10%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$12,590,927	\$9,648,377	(\$2,942,550)	-23%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$12,821,432	\$12,440,436	(\$380,996)	-2.97%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$12,675,926	\$12,255,002	(\$420,924)	-3.32%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$280,126,452	\$306,562,977	\$26,436,525	9.44%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$576,860,335	\$624,951,148	\$48,090,813	8.34%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$2,415,030	\$2,126,174	(\$288,856)	-11.96%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$19,911,401	\$19,660,796	(\$250,605)	-1.26%

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$72,024,058	\$77,344,295	\$5,320,237
2	MEDICARE	\$129,099,316	144,213,661	\$15,114,345
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$37,540,404	45,304,926	\$7,764,522
4	MEDICAID	\$28,938,307	37,153,931	\$8,215,624
5	OTHER MEDICAL ASSISTANCE	\$8,602,097	8,150,995	(\$451,102)
6	CHAMPUS / TRICARE	\$10,035,789	10,787,694	\$751,905
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,748,325	2,364,381	(\$383,944)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$176,675,509	\$200,306,281	\$23,630,772
	TOTAL INPATIENT CHARGES	\$248,699,567	\$277,650,576	\$28,951,009
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$169,506,529	\$173,829,536	\$4,323,007
2	MEDICARE	\$93,906,623	99,547,736	\$5,641,113
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$43,877,853	50,993,339	\$7,115,486
4	MEDICAID	\$34,995,568	42,216,120	\$7,220,552
5	OTHER MEDICAL ASSISTANCE	\$8,882,285	8,777,219	(\$105,066)
6	CHAMPUS / TRICARE	\$20,869,764	22,929,961	\$2,060,197
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,231,553	10,076,058	(\$155,495)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$158,654,240	\$173,471,036	\$14,816,796
	TOTAL OUTPATIENT CHARGES	\$328,160,769	\$347,300,572	\$19,139,803
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$241,530,587	\$251,173,831	\$9,643,244
2	TOTAL MEDICARE	\$223,005,939	\$243,761,397	\$20,755,458
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$81,418,257	\$96,298,265	\$14,880,008
4	TOTAL MEDICAID	\$63,933,875	\$79,370,051	\$15,436,176
5	TOTAL OTHER MEDICAL ASSISTANCE	\$17,484,382	\$16,928,214	(\$556,168)
6	TOTAL CHAMPUS / TRICARE	\$30,905,553	\$33,717,655	\$2,812,102
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,979,878	\$12,440,439	(\$539,439)
	TOTAL GOVERNMENT CHARGES	\$335,329,749	\$373,777,317	\$38,447,568
	TOTAL CHARGES	\$576,860,336	\$624,951,148	\$48,090,812
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$49,907,307	\$52,622,447	\$2,715,140
2	MEDICARE	\$65,142,350	72,819,108	\$7,676,758
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,718,252	14,119,438	\$2,401,186
4	MEDICAID	\$10,425,199	12,364,928	\$1,939,729
5	OTHER MEDICAL ASSISTANCE	\$1,293,053	1,754,510	\$461,457
6	CHAMPUS / TRICARE	\$3,854,008	4,207,315	\$353,307
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$80,714,610	\$91,145,861	\$10,431,251
	TOTAL INPATIENT PAYMENTS	\$130,621,917	\$143,768,308	\$13,146,391
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,128,801	\$98,502,882	\$7,374,081
2	MEDICARE	\$24,513,273	25,622,136	\$1,108,863
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,168,054	15,686,058	\$3,518,004
4	MEDICAID	\$10,734,183	13,648,016	\$2,913,833
5	OTHER MEDICAL ASSISTANCE	\$1,433,871	2,038,042	\$604,171
6	CHAMPUS / TRICARE	\$6,968,304	8,822,254	\$1,853,950
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$43,649,631	\$50,130,448	\$6,480,817
	TOTAL OUTPATIENT PAYMENTS	\$134,778,432	\$148,633,330	\$13,854,898
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$141,036,108	\$151,125,329	\$10,089,221
2	TOTAL MEDICARE	\$89,655,623	\$98,441,244	\$8,785,621
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,886,306	\$29,805,496	\$5,919,190
4	TOTAL MEDICAID	\$21,159,382	\$26,012,944	\$4,853,562
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,726,924	\$3,792,552	\$1,065,628
6	TOTAL CHAMPUS / TRICARE	\$10,822,312	\$13,029,569	\$2,207,257
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	TOTAL GOVERNMENT PAYMENTS	\$124,364,241	\$141,276,309	\$16,912,068
	TOTAL PAYMENTS	\$265,400,349	\$292,401,638	\$27,001,289

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.49%	12.38%	-0.11%
2	MEDICARE	22.38%	23.08%	0.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.51%	7.25%	0.74%
4	MEDICAID	5.02%	5.95%	0.93%
5	OTHER MEDICAL ASSISTANCE	1.49%	1.30%	-0.19%
6	CHAMPUS / TRICARE	1.74%	1.73%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.48%	0.38%	-0.10%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.63%	32.05%	1.42%
	TOTAL INPATIENT PAYER MIX	43.11%	44.43%	1.31%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.38%	27.81%	-1.57%
2	MEDICARE	16.28%	15.93%	-0.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.61%	8.16%	0.55%
4	MEDICAID	6.07%	6.76%	0.69%
5	OTHER MEDICAL ASSISTANCE	1.54%	1.40%	-0.14%
6	CHAMPUS / TRICARE	3.62%	3.67%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.77%	1.61%	-0.16%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	27.50%	27.76%	0.25%
	TOTAL OUTPATIENT PAYER MIX	56.89%	55.57%	-1.31%
	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)	18.80%	18.00%	-0.81%
2	MEDICARE	24.54%	24.90%	0.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.42%	4.83%	0.41%
4	MEDICAID	3.93%	4.23%	0.30%
5	OTHER MEDICAL ASSISTANCE	0.49%	0.60%	0.11%
6	CHAMPUS / TRICARE	1.45%	1.44%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.41%	31.17%	0.76%
	TOTAL INPATIENT PAYER MIX	49.22%	49.17%	-0.05%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.34%	33.69%	-0.65%
2	MEDICARE	9.24%	8.76%	-0.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.58%	5.36%	0.78%
4	MEDICAID	4.04%	4.67%	0.62%
5	OTHER MEDICAL ASSISTANCE	0.54%	0.70%	0.16%
6	CHAMPUS / TRICARE	2.63%	3.02%	0.39%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.45%	17.14%	0.70%
	TOTAL OUTPATIENT PAYER MIX	50.78%	50.83%	0.05%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,741	4,669	(72)
2	MEDICARE	6,498	6,829	331
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,751	3,012	261
4	MEDICAID	2,254	2,568	314
5	OTHER MEDICAL ASSISTANCE	497	444	(53)
6	CHAMPUS / TRICARE	867	954	87
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	217	168	(49)
	TOTAL GOVERNMENT DISCHARGES	10,116	10,795	679
	TOTAL DISCHARGES	14,857	15,464	607
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17,486	17,445	(41)
2	MEDICARE	36,634	38,032	1,398
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,211	13,488	1,277
4	MEDICAID	9,796	11,334	1,538
5	OTHER MEDICAL ASSISTANCE	2,415	2,154	(261)
6	CHAMPUS / TRICARE	2,694	2,796	102
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	801	636	(165)
	TOTAL GOVERNMENT PATIENT DAYS	51,539	54,316	2,777
	TOTAL PATIENT DAYS	69,025	71,761	2,736
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.7	0.0
2	MEDICARE	5.6	5.6	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.4	4.5	0.0
4	MEDICAID	4.3	4.4	0.1
5	OTHER MEDICAL ASSISTANCE	4.9	4.9	(0.0)
6	CHAMPUS / TRICARE	3.1	2.9	(0.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.7	3.8	0.1
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.1	5.0	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.6	4.6	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.97850	1.05870	0.08020
2	MEDICARE	1.39480	1.44890	0.05410
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.88317	0.92398	0.04081
4	MEDICAID	0.85170	0.89310	0.04140
5	OTHER MEDICAL ASSISTANCE	1.02590	1.10260	0.07670
6	CHAMPUS / TRICARE	0.83390	0.73020	(0.10370)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89740	0.91870	0.02130
	TOTAL GOVERNMENT CASE MIX INDEX	1.20759	1.23892	0.03133
	TOTAL CASE MIX INDEX	1.13449	1.18451	0.05002
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$215,729,277	\$224,291,485	\$8,562,208
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$139,606,510	\$149,127,437	\$9,520,927
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$76,122,767	\$75,164,048	(\$958,719)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.29%	33.51%	-1.77%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$12,821,432	\$12,440,436	(\$380,996)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,463,620	\$7,349,828	\$886,208
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,050,177	\$1,906,334	(\$143,843)
8	CHARITY CARE	\$2,405,415	\$3,153,445	\$748,030
9	BAD DEBTS	\$15,090,956	\$14,381,177	(\$709,779)
10	TOTAL UNCOMPENSATED CARE	\$17,496,371	\$17,534,622	\$38,251
11	TOTAL OTHER OPERATING REVENUE	\$215,729,277	\$224,291,485	\$8,562,208
12	TOTAL OPERATING EXPENSES	\$277,530,735	\$299,648,936	\$22,118,201

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,639.06850	4,943.07030	304.00180
2	MEDICARE	9,063.41040	9,894.53810	831.12770
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,429.60410	2,783.03520	353.43110
4	MEDICAID	1,919.73180	2,293.48080	373.74900
5	OTHER MEDICAL ASSISTANCE	509.87230	489.55440	(20.31790)
6	CHAMPUS / TRICARE	722.99130	696.61080	(26.38050)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	194.73580	154.34160	(40.39420)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	12,216.00580	13,374.18410	1,158.17830
	TOTAL CASE MIX ADJUSTED DISCHARGES	16,855.07430	18,317.25440	1,462.18010
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,157.80583	10,493.47083	-664.33499
2	MEDICARE	4,726.63415	4,713.91881	-12.71534
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,238.98738	3,395.99924	157.01186
4	MEDICAID	2,725.79907	2,917.88764	192.08857
5	OTHER MEDICAL ASSISTANCE	513.18831	478.11160	-35.07672
6	CHAMPUS / TRICARE	1,802.95594	2,027.79044	224.83450
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	807.85460	715.94965	-91.90496
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	9,768.57748	10,137.70849	369.13102
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	20,926.38330	20,631.17932	-295.20398
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,758.04	\$10,645.70	(\$112.34)
2	MEDICARE	\$7,187.40	\$7,359.53	\$172.13
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,823.11	\$5,073.40	\$250.28
4	MEDICAID	\$5,430.55	\$5,391.34	(\$39.21)
5	OTHER MEDICAL ASSISTANCE	\$2,536.03	\$3,583.89	\$1,047.86
6	CHAMPUS / TRICARE	\$5,330.64	\$6,039.69	\$709.05
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,607.28	\$6,815.06	\$207.78
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,749.71	\$7,848.79	\$99.08
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,167.27	\$9,387.06	\$1,219.80
2	MEDICARE	\$5,186.20	\$5,435.42	\$249.22
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,756.75	\$4,618.98	\$862.24
4	MEDICAID	\$3,937.99	\$4,677.36	\$739.37
5	OTHER MEDICAL ASSISTANCE	\$2,794.04	\$4,262.69	\$1,468.65
6	CHAMPUS / TRICARE	\$3,864.93	\$4,350.67	\$485.74
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,468.37	\$4,944.95	\$476.58
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,440.60	\$7,204.31	\$763.71

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$3,402,358	\$2,211,933	(\$1,190,424)
2	OTHER MEDICAL ASSISTANCE	\$3,599,229	\$2,409,074	(\$1,190,155)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,001,587	\$4,621,008	(\$2,380,579)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$576,860,336	\$624,951,148	\$48,090,812
2	TOTAL GOVERNMENT DEDUCTIONS	\$210,965,508	\$232,501,008	\$21,535,500
3	UNCOMPENSATED CARE	\$17,496,371	\$17,534,622	\$38,251
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$76,122,767	\$75,164,048	(\$958,719)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,463,620	\$7,349,828	\$886,208
6	TOTAL ADJUSTMENTS	\$311,048,266	\$332,549,506	\$21,501,240
7	TOTAL ACCRUED PAYMENTS	\$265,812,070	\$292,401,642	\$26,589,572
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,050,177	\$1,906,334	(\$143,843)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$267,862,247	\$294,307,976	\$26,445,729
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4643450594	0.4709295710	0.0065845115
11	COST OF UNCOMPENSATED CARE	\$8,124,353	\$8,257,572	\$133,219
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$13,919,859	\$15,544,205	\$1,624,345
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$22,044,213	\$23,801,777	\$1,757,564
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	69.29%	68.04%	-1.26%
2	MEDICARE	50.46%	50.49%	0.03%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.22%	31.17%	-0.05%
4	MEDICAID	36.03%	33.28%	-2.75%
5	OTHER MEDICAL ASSISTANCE	15.03%	21.53%	6.49%
6	CHAMPUS / TRICARE	38.40%	39.00%	0.60%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	45.69%	45.50%	-0.18%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	52.52%	51.78%	-0.74%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.76%	56.67%	2.91%
2	MEDICARE	26.10%	25.74%	-0.37%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27.73%	30.76%	3.03%
4	MEDICAID	30.67%	32.33%	1.66%
5	OTHER MEDICAL ASSISTANCE	16.14%	23.22%	7.08%
6	CHAMPUS / TRICARE	33.39%	38.47%	5.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.51%	28.90%	1.39%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	41.07%	42.80%	1.73%

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	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	\$265,400,349	\$292,401,638	\$27,001,289
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,050,177	\$1,906,334	(\$143,843)
	OHCA DEFINED NET REVENUE	\$267,450,526	\$294,307,972	\$26,857,446
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,675,926	\$12,255,002	(\$420,924)
4	CALCULATED NET REVENUE	\$280,126,452	\$306,562,974	\$26,436,522
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$280,126,452	\$306,562,977	\$26,436,525
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$3)	(\$3)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$576,860,336	\$624,951,148	\$48,090,812
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$576,860,336	\$624,951,148	\$48,090,812
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$576,860,335	\$624,951,148	\$48,090,813
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$17,496,371	\$17,534,622	\$38,251
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,415,030	\$2,126,174	(\$288,856)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$19,911,401	\$19,660,796	(\$250,605)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$19,911,401	\$19,660,796	(\$250,605)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,344,295
2	MEDICARE	144,213,661
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	45,304,926
4	MEDICAID	37,153,931
5	OTHER MEDICAL ASSISTANCE	8,150,995
6	CHAMPUS / TRICARE	10,787,694
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,364,381
	TOTAL INPATIENT GOVERNMENT CHARGES	\$200,306,281
	TOTAL INPATIENT CHARGES	\$277,650,576
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$173,829,536
2	MEDICARE	99,547,736
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	50,993,339
4	MEDICAID	42,216,120
5	OTHER MEDICAL ASSISTANCE	8,777,219
6	CHAMPUS / TRICARE	22,929,961
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10,076,058
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$173,471,036
	TOTAL OUTPATIENT CHARGES	\$347,300,572
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$251,173,831
2	TOTAL GOVERNMENT ACCRUED CHARGES	373,777,317
	TOTAL ACCRUED CHARGES	\$624,951,148
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$52,622,447
2	MEDICARE	72,819,108
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,119,438
4	MEDICAID	12,364,928
5	OTHER MEDICAL ASSISTANCE	1,754,510
6	CHAMPUS / TRICARE	4,207,315
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$91,145,861
	TOTAL INPATIENT PAYMENTS	\$143,768,308
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$98,502,882
2	MEDICARE	25,622,136
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,686,058
4	MEDICAID	13,648,016
5	OTHER MEDICAL ASSISTANCE	2,038,042
6	CHAMPUS / TRICARE	8,822,254
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$50,130,448
	TOTAL OUTPATIENT PAYMENTS	\$148,633,330
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$151,125,329
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	141,276,309
	TOTAL ACCRUED PAYMENTS	\$292,401,638

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,669
2	MEDICARE	6,829
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,012
4	MEDICAID	2,568
5	OTHER MEDICAL ASSISTANCE	444
6	CHAMPUS / TRICARE	954
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	168
	TOTAL GOVERNMENT DISCHARGES	10,795
	TOTAL DISCHARGES	15,464
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.05870
2	MEDICARE	1.44890
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.92398
4	MEDICAID	0.89310
5	OTHER MEDICAL ASSISTANCE	1.10260
6	CHAMPUS / TRICARE	0.73020
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.91870
	TOTAL GOVERNMENT CASE MIX INDEX	1.23892
	TOTAL CASE MIX INDEX	1.18451
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$224,291,485
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$149,127,437
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$75,164,048
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	33.51%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$12,440,436
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,349,828
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,906,334
8	CHARITY CARE	\$3,153,445
9	BAD DEBTS	\$14,381,177
10	TOTAL UNCOMPENSATED CARE	\$17,534,622
11	TOTAL OTHER OPERATING REVENUE	\$14,292,897
12	TOTAL OPERATING EXPENSES	\$299,648,936

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
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	\$292,401,638
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,906,334
	OHCA DEFINED NET REVENUE	\$294,307,972
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,255,002
	CALCULATED NET REVENUE	\$306,562,974
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$306,562,977
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$624,951,148
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$624,951,148
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$624,951,148
	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)	\$17,534,622
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,126,174
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$19,660,796
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$19,660,796
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	1,523	1,481	(42)	-3%
2	Number of Approved Applicants	1,190	1,354	164	14%
3	Total Charges (A)	\$2,405,415	\$3,153,445	\$748,030	31%
4	Average Charges	\$2,021	\$2,329	\$308	15%
5	Ratio of Cost to Charges (RCC)	0.523741	0.470923	(0.052818)	-10%
6	Total Cost	\$1,259,814	\$1,485,030	\$225,215	18%
7	Average Cost	\$1,059	\$1,097	\$38	4%
8	Charity Care - Inpatient Charges	\$798,139	\$980,052	\$181,913	23%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,054,449	1,437,283	382,834	36%
10	Charity Care - Emergency Department Charges	552,827	736,110	183,283	33%
11	Total Charges (A)	\$2,405,415	\$3,153,445	\$748,030	31%
12	Charity Care - Number of Patient Days	292	259	(33)	-11%
13	Charity Care - Number of Discharges	52	66	14	27%
14	Charity Care - Number of Outpatient ED Visits	534	605	71	13%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,452	1,626	174	12%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$3,201,870	\$2,792,696	(\$409,174)	-13%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,176,166	4,217,890	41,724	1%
3	Bad Debts - Emergency Department	7,712,920	7,370,591	(342,329)	-4%
4	Total Bad Debts (A)	\$15,090,956	\$14,381,177	(\$709,779)	-5%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$2,405,415	\$3,153,445	\$748,030	31%
2	Bad Debts (A)	15,090,956	14,381,177	(709,779)	-5%
3	Total Uncompensated Care (A)	\$17,496,371	\$17,534,622	\$38,251	0%
4	Uncompensated Care - Inpatient Services	\$4,000,009	\$3,772,748	(\$227,261)	-6%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,230,615	5,655,173	424,558	8%
6	Uncompensated Care - Emergency Department	8,265,747	8,106,701	(159,046)	-2%
7	Total Uncompensated Care (A)	\$17,496,371	\$17,534,622	\$38,251	0%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2009	(4) FY 2010	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$215,729,277	\$224,291,485	\$8,562,208	4%
2	Total Contractual Allowances	\$76,122,767	\$75,164,048	(\$958,719)	-1%
	Total Accrued Payments (A)	\$139,606,510	\$149,127,437	\$9,520,927	7%
	Total Discount Percentage	35.29%	33.51%	-1.77%	-5%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$219,356,176	\$248,699,567	\$277,650,576
2	Outpatient Gross Revenue	\$284,577,130	\$328,160,769	\$347,300,572
3	Total Gross Patient Revenue	\$503,933,306	\$576,860,336	\$624,951,148
4	Net Patient Revenue	\$265,186,141	\$280,126,452	\$306,562,977
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$269,797,622	\$277,530,735	\$299,648,936
C. <u>Utilization Statistics</u>				
1	Patient Days	71,524	69,025	71,761
2	Discharges	15,085	14,857	15,464
3	Average Length of Stay	4.7	4.6	4.6
4	Equivalent (Adjusted) Patient Days (EPD)	164,314	160,104	161,524
0	Equivalent (Adjusted) Discharges (ED)	34,655	34,461	34,807
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.07961	1.13449	1.18451
2	Case Mix Adjusted Patient Days (CMAPD)	77,218	78,308	85,002
3	Case Mix Adjusted Discharges (CMAD)	16,286	16,855	18,317
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	177,395	181,636	191,326
5	Case Mix Adjusted Equivalent Discharges (CMAED)	37,414	39,095	41,229
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$7,046	\$8,357	\$8,709
2	Total Gross Revenue per Discharge	\$33,406	\$38,828	\$40,413
3	Total Gross Revenue per EPD	\$3,067	\$3,603	\$3,869
4	Total Gross Revenue per ED	\$14,541	\$16,740	\$17,955
5	Total Gross Revenue per CMAEPD	\$2,841	\$3,176	\$3,266
6	Total Gross Revenue per CMAED	\$13,469	\$14,755	\$15,158
7	Inpatient Gross Revenue per EPD	\$1,335	\$1,553	\$1,719
8	Inpatient Gross Revenue per ED	\$6,330	\$7,217	\$7,977

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,708	\$4,058	\$4,272
2	Net Patient Revenue per Discharge	\$17,579	\$18,855	\$19,824
3	Net Patient Revenue per EPD	\$1,614	\$1,750	\$1,898
4	Net Patient Revenue per ED	\$7,652	\$8,129	\$8,807
5	Net Patient Revenue per CMAEPD	\$1,495	\$1,542	\$1,602
6	Net Patient Revenue per CMAED	\$7,088	\$7,165	\$7,436
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,772	\$4,021	\$4,176
2	Total Operating Expense per Discharge	\$17,885	\$18,680	\$19,377
3	Total Operating Expense per EPD	\$1,642	\$1,733	\$1,855
4	Total Operating Expense per ED	\$7,785	\$8,053	\$8,609
5	Total Operating Expense per CMAEPD	\$1,521	\$1,528	\$1,566
6	Total Operating Expense per CMAED	\$7,211	\$7,099	\$7,268
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$41,840,424	\$43,478,209	\$45,991,977
2	Nursing Fringe Benefits Expense	\$11,125,080	\$12,031,371	\$13,654,674
3	Total Nursing Salary and Fringe Benefits Expense	\$52,965,504	\$55,509,580	\$59,646,651
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$3,783,245	\$2,902,131	\$2,994,322
2	Physician Fringe Benefits Expense	\$1,005,939	\$803,083	\$888,992
3	Total Physician Salary and Fringe Benefits Expense	\$4,789,184	\$3,705,214	\$3,883,314
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$76,983,784	\$81,739,427	\$85,567,860
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$20,469,456	\$22,619,086	\$25,404,457
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$97,453,240	\$104,358,513	\$110,972,317
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$122,607,453	\$128,119,767	\$134,554,159
2	Total Fringe Benefits Expense	\$32,600,475	\$35,453,540	\$39,948,123
3	Total Salary and Fringe Benefits Expense	\$155,207,928	\$163,573,307	\$174,502,282

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	492.9	496.6	496.9
2	Total Physician FTEs	18.7	8.0	8.1
3	Total Non-Nursing, Non-Physician FTEs	1344.9	1384.7	1387.8
4	Total Full Time Equivalent Employees (FTEs)	1,856.5	1,889.3	1,892.8
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$84,886	\$87,552	\$92,558
2	Nursing Fringe Benefits Expense per FTE	\$22,571	\$24,227	\$27,480
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$107,457	\$111,779	\$120,038
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$202,313	\$362,766	\$369,669
2	Physician Fringe Benefits Expense per FTE	\$53,794	\$100,385	\$109,752
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$256,106	\$463,152	\$479,421
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$57,241	\$59,030	\$61,657
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$15,220	\$16,335	\$18,306
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$72,461	\$75,365	\$79,963
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$66,042	\$67,813	\$71,087
2	Total Fringe Benefits Expense per FTE	\$17,560	\$18,765	\$21,105
3	Total Salary and Fringe Benefits Expense per FTE	\$83,602	\$86,579	\$92,193
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,170	\$2,370	\$2,432
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,289	\$11,010	\$11,284
3	Total Salary and Fringe Benefits Expense per EPD	\$945	\$1,022	\$1,080
4	Total Salary and Fringe Benefits Expense per ED	\$4,479	\$4,747	\$5,013
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$875	\$901	\$912
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,148	\$4,184	\$4,232