

HOSPITAL OF SAINT RAPHAEL					
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.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$21,036,479	\$12,376,408	(\$8,660,071)	-41%
2	Short Term Investments	\$0	\$2,314,446	\$2,314,446	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$53,665,511	\$46,474,066	(\$7,191,445)	-13%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,902,924	\$1,194,793	(\$708,131)	-37%
5	Due From Affiliates	\$8,129,611	\$13,312,504	\$5,182,893	64%
6	Due From Third Party Payers	\$3,545,193	\$9,564,963	\$6,019,770	170%
7	Inventories of Supplies	\$7,866,687	\$7,913,605	\$46,918	1%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,485,717	\$3,112,146	\$626,429	25%
	<b>Total Current Assets</b>	<b>\$98,632,122</b>	<b>\$96,262,931</b>	<b>(\$2,369,191)</b>	<b>-2%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$7,328,119	\$7,412,957	\$84,838	1%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$8,179,135	\$7,470,384	(\$708,751)	-9%
4	Other Noncurrent Assets Whose Use is Limited	\$39,703,652	\$40,898,877	\$1,195,225	3%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$55,210,906</b>	<b>\$55,782,218</b>	<b>\$571,312</b>	<b>1%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,499,158	\$2,188,026	\$688,868	46%
7	Other Noncurrent Assets	\$2,870,895	\$4,000,792	\$1,129,897	39%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$425,909,354	\$434,248,290	\$8,338,936	2%
2	Less: Accumulated Depreciation	\$325,836,594	\$340,443,184	\$14,606,590	4%
	<b>Property, Plant and Equipment, Net</b>	<b>\$100,072,760</b>	<b>\$93,805,106</b>	<b>(\$6,267,654)</b>	<b>-6%</b>
3	Construction in Progress	\$44,132	\$396,986	\$352,854	800%
	<b>Total Net Fixed Assets</b>	<b>\$100,116,892</b>	<b>\$94,202,092</b>	<b>(\$5,914,800)</b>	<b>-6%</b>
	<b>Total Assets</b>	<b>\$258,329,973</b>	<b>\$252,436,059</b>	<b>(\$5,893,914)</b>	<b>-2%</b>

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REPORT 100 - 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>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$50,572,025	\$45,715,161	(\$4,856,864)	-10%
2	Salaries, Wages and Payroll Taxes	\$6,565,712	\$7,433,161	\$867,449	13%
3	Due To Third Party Payers	\$1,493,867	\$2,995,971	\$1,502,104	101%
4	Due To Affiliates	\$68,854	\$0	(\$68,854)	-100%
5	Current Portion of Long Term Debt	\$74,364,506	\$70,804,456	(\$3,560,050)	-5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,457,426	\$6,572,878	(\$4,884,548)	-43%
	<b>Total Current Liabilities</b>	<b>\$144,522,390</b>	<b>\$133,521,627</b>	<b>(\$11,000,763)</b>	<b>-8%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$3,187,103	\$1,946,643	(\$1,240,460)	-39%
	<b>Total Long Term Debt</b>	<b>\$3,187,103</b>	<b>\$1,946,643</b>	<b>(\$1,240,460)</b>	<b>-39%</b>
3	Accrued Pension Liability	\$122,776,211	\$108,025,533	(\$14,750,678)	-12%
4	Other Long Term Liabilities	\$18,574,588	\$19,112,508	\$537,920	3%
	<b>Total Long Term Liabilities</b>	<b>\$144,537,902</b>	<b>\$129,084,684</b>	<b>(\$15,453,218)</b>	<b>-11%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	(\$59,114,372)	(\$40,859,335)	\$18,255,037	-31%
2	Temporarily Restricted Net Assets	\$15,697,218	\$17,619,760	\$1,922,542	12%
3	Permanently Restricted Net Assets	\$12,686,835	\$13,069,323	\$382,488	3%
	<b>Total Net Assets</b>	<b>(\$30,730,319)</b>	<b>(\$10,170,252)</b>	<b>\$20,560,067</b>	<b>-67%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$258,329,973</b>	<b>\$252,436,059</b>	<b>(\$5,893,914)</b>	<b>-2%</b>

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - 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>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,237,132,944	\$1,287,870,180	\$50,737,236	4%
2	Less: Allowances	\$776,267,152	\$813,730,390	\$37,463,238	5%
3	Less: Charity Care	\$4,656,971	\$5,390,523	\$733,552	16%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$456,208,821</b>	<b>\$468,749,267</b>	<b>\$12,540,446</b>	<b>3%</b>
5	Other Operating Revenue	\$17,535,770	\$18,946,255	\$1,410,485	8%
6	Net Assets Released from Restrictions	\$3,971,403	\$3,635,690	(\$335,713)	-8%
	<b>Total Operating Revenue</b>	<b>\$477,715,994</b>	<b>\$491,331,212</b>	<b>\$13,615,218</b>	<b>3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$215,091,888	\$225,754,957	\$10,663,069	5%
2	Fringe Benefits	\$57,437,546	\$56,517,038	(\$920,508)	-2%
3	Physicians Fees	\$6,262,461	\$6,082,959	(\$179,502)	-3%
4	Supplies and Drugs	\$74,394,623	\$66,635,835	(\$7,758,788)	-10%
5	Depreciation and Amortization	\$17,180,941	\$14,606,590	(\$2,574,351)	-15%
6	Bad Debts	\$20,632,999	\$24,670,997	\$4,037,998	20%
7	Interest	\$4,184,261	\$2,904,989	(\$1,279,272)	-31%
8	Malpractice	\$3,865,667	\$5,290,004	\$1,424,337	37%
9	Other Operating Expenses	\$84,889,739	\$89,009,092	\$4,119,353	5%
	<b>Total Operating Expenses</b>	<b>\$483,940,125</b>	<b>\$491,472,461</b>	<b>\$7,532,336</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$6,224,131)</b>	<b>(\$141,249)</b>	<b>\$6,082,882</b>	<b>-98%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$752,848)	\$233,861	\$986,709	-131%
	<b>Total Non-Operating Revenue</b>	<b>(\$752,848)</b>	<b>\$233,861</b>	<b>\$986,709</b>	<b>-131%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$6,976,979)</b>	<b>\$92,612</b>	<b>\$7,069,591</b>	<b>-101%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$772,913	\$116,079	(\$656,834)	-85%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$772,913</b>	<b>\$116,079</b>	<b>(\$656,834)</b>	<b>-85%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$6,204,066)</b>	<b>\$208,691</b>	<b>\$6,412,757</b>	<b>-103%</b>
	Principal Payments	\$4,617,000	\$4,788,000	\$171,000	4%

**HOSPITAL OF SAINT RAPHAEL  
TWELVE MONTHS ACTUAL FILING  
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
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$439,293,297	\$427,584,616	(\$11,708,681)	-3%
2	MEDICARE MANAGED CARE	\$99,922,806	\$116,297,322	\$16,374,516	16%
3	MEDICAID	\$37,756,033	\$54,414,531	\$16,658,498	44%
4	MEDICAID MANAGED CARE	\$25,370,271	\$29,429,204	\$4,058,933	16%
5	CHAMPUS/TRICARE	\$518,548	\$507,308	(\$11,240)	-2%
6	COMMERCIAL INSURANCE	\$7,443,127	\$8,066,743	\$623,616	8%
7	NON-GOVERNMENT MANAGED CARE	\$236,953,151	\$219,779,016	(\$17,174,135)	-7%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$13,639,451	\$10,215,544	(\$3,423,907)	-25%
10	SAGA	\$20,584,383	\$11,294,901	(\$9,289,482)	-45%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$881,481,067</b>	<b>\$877,589,185</b>	<b>(\$3,891,882)</b>	<b>0%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$94,359,999	\$114,906,608	\$20,546,609	22%
2	MEDICARE MANAGED CARE	\$22,468,170	\$29,420,961	\$6,952,791	31%
3	MEDICAID	\$19,463,382	\$31,810,292	\$12,346,910	63%
4	MEDICAID MANAGED CARE	\$26,487,507	\$37,431,783	\$10,944,276	41%
5	CHAMPUS/TRICARE	\$572,957	\$813,848	\$240,891	42%
6	COMMERCIAL INSURANCE	\$7,658,721	\$8,318,226	\$659,505	9%
7	NON-GOVERNMENT MANAGED CARE	\$147,268,805	\$153,934,318	\$6,665,513	5%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$19,605,175	\$19,620,565	\$15,390	0%
10	SAGA	\$17,767,162	\$14,024,395	(\$3,742,767)	-21%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$355,651,878</b>	<b>\$410,280,996</b>	<b>\$54,629,118</b>	<b>15%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$533,653,296	\$542,491,224	\$8,837,928	2%
2	MEDICARE MANAGED CARE	\$122,390,976	\$145,718,283	\$23,327,307	19%
3	MEDICAID	\$57,219,415	\$86,224,823	\$29,005,408	51%
4	MEDICAID MANAGED CARE	\$51,857,778	\$66,860,987	\$15,003,209	29%
5	CHAMPUS/TRICARE	\$1,091,505	\$1,321,156	\$229,651	21%
6	COMMERCIAL INSURANCE	\$15,101,848	\$16,384,969	\$1,283,121	8%
7	NON-GOVERNMENT MANAGED CARE	\$384,221,956	\$373,713,334	(\$10,508,622)	-3%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$33,244,626	\$29,836,109	(\$3,408,517)	-10%
10	SAGA	\$38,351,545	\$25,319,296	(\$13,032,249)	-34%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$1,237,132,945</b>	<b>\$1,287,870,181</b>	<b>\$50,737,236</b>	<b>4%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$148,893,371	\$141,897,502	(\$6,995,869)	-5%
2	MEDICARE MANAGED CARE	\$33,515,327	\$38,121,358	\$4,606,031	14%
3	MEDICAID	\$9,497,068	\$13,440,069	\$3,943,001	42%
4	MEDICAID MANAGED CARE	\$8,731,844	\$8,536,496	(\$195,348)	-2%
5	CHAMPUS/TRICARE	\$103,263	\$176,650	\$73,387	71%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
6	COMMERCIAL INSURANCE	\$3,182,249	\$3,616,651	\$434,402	14%
7	NON-GOVERNMENT MANAGED CARE	\$100,712,445	\$97,159,629	(\$3,552,816)	-4%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$1,420,143	\$922,861	(\$497,282)	-35%
10	SAGA	\$2,122,626	\$1,186,247	(\$936,379)	-44%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$308,178,336</b>	<b>\$305,057,463</b>	<b>(\$3,120,873)</b>	<b>-1%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$31,092,247	\$34,082,087	\$2,989,840	10%
2	MEDICARE MANAGED CARE	\$6,667,321	\$8,379,217	\$1,711,896	26%
3	MEDICAID	\$4,133,432	\$5,168,102	\$1,034,670	25%
4	MEDICAID MANAGED CARE	\$8,677,293	\$10,556,489	\$1,879,196	22%
5	CHAMPUS/TRICARE	\$323,851	\$213,179	(\$110,672)	-34%
6	COMMERCIAL INSURANCE	\$3,463,312	\$4,391,145	\$927,833	27%
7	NON-GOVERNMENT MANAGED CARE	\$71,425,526	\$73,005,898	\$1,580,372	2%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$3,554,027	\$3,971,602	\$417,575	12%
10	SAGA	\$2,037,893	\$2,086,830	\$48,937	2%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$131,374,902</b>	<b>\$141,854,549</b>	<b>\$10,479,647</b>	<b>8%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$179,985,618	\$175,979,589	(\$4,006,029)	-2%
2	MEDICARE MANAGED CARE	\$40,182,648	\$46,500,575	\$6,317,927	16%
3	MEDICAID	\$13,630,500	\$18,608,171	\$4,977,671	37%
4	MEDICAID MANAGED CARE	\$17,409,137	\$19,092,985	\$1,683,848	10%
5	CHAMPUS/TRICARE	\$427,114	\$389,829	(\$37,285)	-9%
6	COMMERCIAL INSURANCE	\$6,645,561	\$8,007,796	\$1,362,235	20%
7	NON-GOVERNMENT MANAGED CARE	\$172,137,971	\$170,165,527	(\$1,972,444)	-1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$4,974,170	\$4,894,463	(\$79,707)	-2%
10	SAGA	\$4,160,519	\$3,273,077	(\$887,442)	-21%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$439,553,238</b>	<b>\$446,912,012</b>	<b>\$7,358,774</b>	<b>2%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	10,712	10,368	(344)	-3%
2	MEDICARE MANAGED CARE	2,513	2,734	221	9%
3	MEDICAID	1,148	1,727	579	50%
4	MEDICAID MANAGED CARE	1,556	1,571	15	1%
5	CHAMPUS/TRICARE	33	34	1	3%
6	COMMERCIAL INSURANCE	310	330	20	6%
7	NON-GOVERNMENT MANAGED CARE	7,085	6,476	(609)	-9%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	405	271	(134)	-33%
10	SAGA	743	413	(330)	-44%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>24,505</b>	<b>23,924</b>	<b>(581)</b>	<b>-2%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	66,545	63,242	(3,303)	-5%

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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
2	MEDICARE MANAGED CARE	14,366	14,855	489	3%
3	MEDICAID	6,760	8,553	1,793	27%
4	MEDICAID MANAGED CARE	7,515	7,698	183	2%
5	CHAMPUS/TRICARE	156	83	(73)	-47%
6	COMMERCIAL INSURANCE	1,135	1,134	(1)	0%
7	NON-GOVERNMENT MANAGED CARE	29,547	25,959	(3,588)	-12%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	1,615	945	(670)	-41%
10	SAGA	3,326	1,804	(1,522)	-46%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>130,965</b>	<b>124,273</b>	<b>(6,692)</b>	<b>-5%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	24,438	23,852	(586)	-2%
2	MEDICARE MANAGED CARE	5,297	5,792	495	9%
3	MEDICAID	13,111	15,872	2,761	21%
4	MEDICAID MANAGED CARE	26,557	26,621	64	0%
5	CHAMPUS/TRICARE	181	210	29	16%
6	COMMERCIAL INSURANCE	1,965	1,907	(58)	-3%
7	NON-GOVERNMENT MANAGED CARE	31,056	27,975	(3,081)	-10%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	10,632	9,349	(1,283)	-12%
10	SAGA	11,902	8,182	(3,720)	-31%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>125,139</b>	<b>119,760</b>	<b>(5,379)</b>	<b>-4%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$17,019,198	\$18,854,442	\$1,835,244	11%
2	MEDICARE MANAGED CARE	\$3,889,473	\$5,357,170	\$1,467,697	38%
3	MEDICAID	\$8,904,511	\$15,010,449	\$6,105,938	69%
4	MEDICAID MANAGED CARE	\$14,079,781	\$16,714,018	\$2,634,237	19%
5	CHAMPUS/TRICARE	\$135,497	\$181,651	\$46,154	34%
6	COMMERCIAL INSURANCE	\$1,900,819	\$1,855,011	(\$45,808)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$27,957,989	\$27,279,982	(\$678,007)	-2%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$9,749,801	\$9,192,356	(\$557,445)	-6%
10	SAGA	\$12,021,924	\$8,568,679	(\$3,453,245)	-29%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$95,658,993</b>	<b>\$103,013,758</b>	<b>\$7,354,765</b>	<b>8%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$3,018,586	\$3,146,806	\$128,220	4%
2	MEDICARE MANAGED CARE	\$681,780	\$975,541	\$293,761	43%
3	MEDICAID	\$1,367,679	\$2,322,116	\$954,437	70%
4	MEDICAID MANAGED CARE	\$3,610,542	\$4,586,326	\$975,784	27%
5	CHAMPUS/TRICARE	\$57,226	\$30,953	(\$26,273)	-46%
6	COMMERCIAL INSURANCE	\$588,756	\$655,376	\$66,620	11%
7	NON-GOVERNMENT MANAGED CARE	\$10,348,253	\$10,742,857	\$394,604	4%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$119,120	\$74,458	(\$44,662)	-37%
10	SAGA	\$897,089	\$868,007	(\$29,082)	-3%

**HOSPITAL OF SAINT RAPHAEL  
TWELVE MONTHS ACTUAL FILING  
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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
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$20,689,031</b>	<b>\$23,402,440</b>	<b>\$2,713,409</b>	<b>13%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	5,861	6,633	772	13%
2	MEDICARE MANAGED CARE	1,213	1,471	258	21%
3	MEDICAID	3,756	5,826	2,070	55%
4	MEDICAID MANAGED CARE	6,985	8,150	1,165	17%
5	CHAMPUS/TRICARE	66	83	17	26%
6	COMMERCIAL INSURANCE	753	675	(78)	-10%
7	NON-GOVERNMENT MANAGED CARE	10,567	10,195	(372)	-4%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	4,348	4,246	(102)	-2%
10	SAGA	5,284	3,822	(1,462)	-28%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>38,833</b>	<b>41,101</b>	<b>2,268</b>	<b>6%</b>

**HOSPITAL OF SAINT RAPHAEL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2010**  
**REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(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>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$75,153,400	\$79,362,108	\$4,208,708	6%
2	Physician Salaries	\$41,231,009	\$42,366,674	\$1,135,665	3%
3	Non-Nursing, Non-Physician Salaries	\$98,707,479	\$104,026,175	\$5,318,696	5%
	<b>Total Salaries &amp; Wages</b>	<b>\$215,091,888</b>	<b>\$225,754,957</b>	<b>\$10,663,069</b>	<b>5%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$20,068,757	\$19,868,052	(\$200,705)	-1%
2	Physician Fringe Benefits	\$11,010,215	\$10,606,363	(\$403,852)	-4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$26,358,574	\$26,042,623	(\$315,951)	-1%
	<b>Total Fringe Benefits</b>	<b>\$57,437,546</b>	<b>\$56,517,038</b>	<b>(\$920,508)</b>	<b>-2%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$2,879,170	\$880,358	(\$1,998,812)	-69%
2	Physician Fees	\$6,262,461	\$6,082,959	(\$179,502)	-3%
3	Non-Nursing, Non-Physician Fees	\$9,101,433	\$10,555,532	\$1,454,099	16%
	<b>Total Contractual Labor Fees</b>	<b>\$18,243,064</b>	<b>\$17,518,849</b>	<b>(\$724,215)</b>	<b>-4%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$55,677,695	\$50,045,985	(\$5,631,710)	-10%
2	Pharmaceutical Costs	\$18,716,928	\$16,589,850	(\$2,127,078)	-11%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$74,394,623</b>	<b>\$66,635,835</b>	<b>(\$7,758,788)</b>	<b>-10%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$8,439,252	\$7,127,189	(\$1,312,063)	-16%
2	Depreciation-Equipment	\$8,741,689	\$7,479,401	(\$1,262,288)	-14%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$17,180,941</b>	<b>\$14,606,590</b>	<b>(\$2,574,351)</b>	<b>-15%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$20,632,999	\$24,670,997	\$4,037,998	20%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$4,184,261	\$2,904,989	(\$1,279,272)	-31%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$3,865,667	\$5,290,004	\$1,424,337	37%
<b>I. Utilities:</b>					
1	Water	\$199,890	\$190,260	(\$9,630)	-5%
2	Natural Gas	\$1,294,516	\$848,719	(\$445,797)	-34%
3	Oil	\$760,996	\$344,441	(\$416,555)	-55%
4	Electricity	\$4,579,788	\$4,817,870	\$238,082	5%
5	Telephone	\$589,928	\$648,959	\$59,031	10%
6	Other Utilities	\$195,426	\$178,802	(\$16,624)	-9%
	<b>Total Utilities</b>	<b>\$7,620,544</b>	<b>\$7,029,051</b>	<b>(\$591,493)</b>	<b>-8%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$398,719	\$383,822	(\$14,897)	-4%
2	Legal Fees	\$323,528	\$407,459	\$83,931	26%
3	Consulting Fees	\$8,168,979	\$9,864,570	\$1,695,591	21%
4	Dues and Membership	\$846,412	\$826,030	(\$20,382)	-2%
5	Equipment Leases	\$3,208,174	\$3,527,480	\$319,306	10%
6	Building Leases	\$1,375,150	\$1,728,874	\$353,724	26%
7	Repairs and Maintenance	\$6,207,427	\$7,159,716	\$952,289	15%
8	Insurance	\$510,480	\$571,755	\$61,275	12%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$17,373	\$14,849	(\$2,524)	-15%
10	Conferences	\$308,645	\$425,539	\$116,894	38%
11	Property Tax	\$317,606	\$348,252	\$30,646	10%
12	General Supplies	\$14,463,922	\$14,405,838	(\$58,084)	0%
13	Licenses and Subscriptions	\$64,424	\$51,035	(\$13,389)	-21%
14	Postage and Shipping	\$368,301	\$471,629	\$103,328	28%
15	Advertising	\$557,619	\$949,437	\$391,818	70%
16	Other Business Expenses	\$28,151,833	\$29,407,866	\$1,256,033	4%
	<b>Total Business Expenses</b>	<b>\$65,288,592</b>	<b>\$70,544,151</b>	<b>\$5,255,559</b>	<b>8%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$483,940,125</b>	<b>\$491,472,461</b>	<b>\$7,532,336</b>	<b>2%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>				
<b>A.</b>	<b><u>General Services:</u></b>				
1	General Administration	\$125,219,534	\$129,218,289	\$3,998,755	3%
2	General Accounting	\$2,502,268	\$2,786,867	\$284,599	11%
3	Patient Billing & Collection	\$3,652,943	\$3,574,573	(\$78,370)	-2%
4	Admitting / Registration Office	\$2,175,170	\$2,628,768	\$453,598	21%
5	Data Processing	\$11,379,998	\$11,169,186	(\$210,812)	-2%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$2,985,734	\$3,231,640	\$245,906	8%
8	Public Relations	\$1,887,374	\$2,127,980	\$240,606	13%
9	Purchasing	\$736,890	\$762,239	\$25,349	3%
10	Dietary and Cafeteria	\$5,596,376	\$5,765,341	\$168,965	3%
11	Housekeeping	\$7,265,434	\$7,268,860	\$3,426	0%
12	Laundry & Linen	\$2,476,203	\$626,181	(\$1,850,022)	-75%
13	Operation of Plant	\$9,590,604	\$9,061,909	(\$528,695)	-6%
14	Security	\$1,661,518	\$1,877,978	\$216,460	13%
15	Repairs and Maintenance	\$8,460,988	\$9,352,232	\$891,244	11%
16	Central Sterile Supply	\$4,855,284	\$5,442,714	\$587,430	12%
17	Pharmacy Department	\$20,386,765	\$19,772,926	(\$613,839)	-3%
18	Other General Services	\$2,130,383	\$2,099,779	(\$30,604)	-1%
	<b>Total General Services</b>	<b>\$212,963,466</b>	<b>\$216,767,462</b>	<b>\$3,803,996</b>	<b>2%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$29,854,350	\$31,051,791	\$1,197,441	4%
2	Residency Program	\$10,292,242	\$10,491,951	\$199,709	2%
3	Nursing Services Administration	\$4,084,874	\$3,919,749	(\$165,125)	-4%
4	Medical Records	\$4,179,489	\$4,245,171	\$65,682	2%
5	Social Service	\$3,224,304	\$4,345,720	\$1,121,416	35%
6	Other Professional Services	\$4,185,136	\$6,309,540	\$2,124,404	51%
	<b>Total Professional Services</b>	<b>\$55,820,395</b>	<b>\$60,363,922</b>	<b>\$4,543,527</b>	<b>8%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$12,034,454	\$11,743,024	(\$291,430)	-2%
2	Recovery Room	\$3,059,612	\$3,379,742	\$320,130	10%
3	Anesthesiology	\$1,988,798	\$2,033,048	\$44,250	2%
4	Delivery Room	\$2,058,692	\$2,274,565	\$215,873	10%
5	Diagnostic Radiology	\$5,718,174	\$6,007,212	\$289,038	5%
6	Diagnostic Ultrasound	\$581,491	\$631,450	\$49,959	9%
7	Radiation Therapy	\$5,603,142	\$5,716,924	\$113,782	2%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,026,654	\$1,052,330	\$25,676	3%
9	CT Scan	\$875,676	\$1,003,281	\$127,605	15%
10	Laboratory	\$16,134,532	\$16,176,515	\$41,983	0%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$4,068,122	\$4,857,971	\$789,849	19%
13	Electrocardiology	\$198,789	\$213,143	\$14,354	7%
14	Electroencephalography	\$59,405	\$54,367	(\$5,038)	-8%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,007,696	\$3,027,183	\$19,487	1%
19	Pulmonary Function	\$732,967	\$742,496	\$9,529	1%
20	Intravenous Therapy	\$1,825,585	\$1,829,071	\$3,486	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$1,183,954	\$1,280,749	\$96,795	8%
24	Emergency Room	\$15,094,626	\$16,799,378	\$1,704,752	11%
25	MRI	\$1,253,102	\$1,199,803	(\$53,299)	-4%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$483,385	\$428,871	(\$54,514)	-11%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$490,585	\$561,536	\$70,951	14%
32	Occupational Therapy / Physical Therapy	\$3,523,056	\$3,810,105	\$287,049	8%
33	Dental Clinic	\$229,349	\$225,034	(\$4,315)	-2%
34	Other Special Services	\$57,473,640	\$51,633,126	(\$5,840,514)	-10%
	<b>Total Special Services</b>	<b>\$138,705,486</b>	<b>\$136,680,924</b>	<b>(\$2,024,562)</b>	<b>-1%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$36,779,059	\$37,292,934	\$513,875	1%
2	Intensive Care Unit	\$13,245,050	\$13,354,319	\$109,269	1%
3	Coronary Care Unit	\$5,344,884	\$5,499,879	\$154,995	3%
4	Psychiatric Unit	\$4,457,402	\$4,657,933	\$200,531	4%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,033,949	\$4,142,691	\$108,742	3%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$1,674,894	\$1,692,653	\$17,759	1%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$3,920,582	\$3,128,884	(\$791,698)	-20%
13	Other Routine Services	\$3,015,653	\$3,979,865	\$964,212	32%
	<b>Total Routine Services</b>	<b>\$72,471,473</b>	<b>\$73,749,158</b>	<b>\$1,277,685</b>	<b>2%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$3,979,305	\$3,910,995	(\$68,310)	-2%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$483,940,125</b>	<b>\$491,472,461</b>	<b>\$7,532,336</b>	<b>2%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>HOSPITAL OF SAINT RAPHAEL</b>				
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<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$420,527,029	\$ 456,208,821	\$468,749,267
2	Other Operating Revenue	26,118,209	21,507,173	22,581,945
3	Total Operating Revenue	\$446,645,238	\$477,715,994	\$491,331,212
4	Total Operating Expenses	463,724,841	483,940,125	491,472,461
5	Income/(Loss) From Operations	(\$17,079,603)	(\$6,224,131)	(\$141,249)
6	Total Non-Operating Revenue	(287,397)	20,065	349,940
7	Excess/(Deficiency) of Revenue Over Expenses	(\$17,367,000)	(\$6,204,066)	\$208,691
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-3.83%	-1.30%	-0.03%
2	Hospital Non Operating Margin	-0.06%	0.00%	0.07%
3	Hospital Total Margin	-3.89%	-1.30%	0.04%
4	Income/(Loss) From Operations	(\$17,079,603)	(\$6,224,131)	(\$141,249)
5	Total Operating Revenue	\$446,645,238	\$477,715,994	\$491,331,212
6	Total Non-Operating Revenue	(\$287,397)	\$20,065	\$349,940
7	Total Revenue	\$446,357,841	\$477,736,059	\$491,681,152
8	Excess/(Deficiency) of Revenue Over Expenses	(\$17,367,000)	(\$6,204,066)	\$208,691
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	(\$2,505,487)	(\$59,114,372)	(\$40,859,335)
2	Hospital Total Net Assets	\$29,118,877	(\$30,730,319)	(\$10,170,252)
3	Hospital Change in Total Net Assets	(\$27,336,932)	(\$59,849,196)	\$20,560,067
4	Hospital Change in Total Net Assets %	51.6%	-205.5%	-66.9%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.38</b>	<b>0.39</b>	<b>0.38</b>
2	Total Operating Expenses	\$442,057,200	\$483,940,125	\$491,472,461
3	Total Gross Revenue	\$1,133,034,711	\$1,237,132,945	\$1,287,870,181
4	Total Other Operating Revenue	\$23,885,251	\$19,134,757	\$20,294,147
5	<b>Private Payment to Cost Ratio</b>	<b>1.16</b>	<b>1.16</b>	<b>1.22</b>
6	Total Non-Government Payments	\$156,903,931	\$183,757,702	\$183,067,786

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>
7	Total Uninsured Payments	\$2,736,493	\$4,974,170	\$4,894,463
8	Total Non-Government Charges	\$376,526,836	\$432,568,430	\$419,934,412
9	Total Uninsured Charges	\$28,274,928	\$33,244,626	\$29,836,109
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.89</b>	<b>0.87</b>	<b>0.86</b>
11	Total Medicare Payments	\$210,752,335	\$220,168,266	\$222,480,164
12	Total Medicare Charges	\$621,371,191	\$656,044,272	\$688,209,507
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.75</b>	<b>0.74</b>	<b>0.66</b>
14	Total Medicaid Payments	\$29,517,652	\$31,039,637	\$37,701,156
15	Total Medicaid Charges	\$102,572,454	\$109,077,193	\$153,085,810
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$10,059,117</b>	<b>\$9,742,216</b>	<b>\$11,294,001</b>
17	Charity Care	\$4,657,486	\$4,656,971	\$5,390,523
18	Bad Debts	\$21,668,503	\$20,632,999	\$24,670,997
19	Total Uncompensated Care	\$26,325,989	\$25,289,970	\$30,061,520
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.3%</b>	<b>2.0%</b>	<b>2.3%</b>
21	Total Operating Expenses	\$442,057,200	\$483,940,125	\$491,472,461
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>0.62</b>	<b>0.68</b>	<b>0.72</b>
2	Total Current Assets	\$90,211,268	\$98,632,122	\$96,262,931
3	Total Current Liabilities	\$144,617,545	\$144,522,390	\$133,521,627
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>13</b>	<b>16</b>	<b>11</b>
5	Cash and Cash Equivalents	\$11,377,324	\$21,036,479	\$12,376,408
6	Short Term Investments	3,934,783	0	2,314,446
7	Total Cash and Short Term Investments	\$15,312,107	\$21,036,479	\$14,690,854
8	Total Operating Expenses	\$463,724,841	\$483,940,125	\$491,472,461
9	Depreciation Expense	\$18,558,543	\$17,180,941	\$14,606,590
10	Operating Expenses less Depreciation Expense	\$445,166,298	\$466,759,184	\$476,865,871
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>46.58</b>	<b>44.58</b>	<b>41.30</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
12	Net Patient Accounts Receivable	\$ 50,102,278	\$ 53,665,511	\$ 46,474,066
13	Due From Third Party Payers	\$5,227,305	\$3,545,193	\$9,564,963
14	Due To Third Party Payers	\$1,666,550	\$1,493,867	\$2,995,971
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 53,663,033	\$ 55,716,837	\$ 53,043,058
16	Total Net Patient Revenue	\$420,527,029	\$ 456,208,821	\$ 468,749,267
17	<b><u>Average Payment Period</u></b>	<b>118.57</b>	<b>113.01</b>	<b>102.20</b>
18	Total Current Liabilities	\$144,617,545	\$144,522,390	\$133,521,627
19	Total Operating Expenses	\$463,724,841	\$483,940,125	\$491,472,461
20	Depreciation Expense	\$18,558,543	\$17,180,941	\$14,606,590
21	Total Operating Expenses less Depreciation Expense	\$445,166,298	\$466,759,184	\$476,865,871
<b>F. <u>Solvency Measures Summary</u></b>				
1	<b><u>Equity Financing Ratio</u></b>	<b>10.8</b>	<b>(11.9)</b>	<b>(4.0)</b>
2	Total Net Assets	\$29,118,877	(\$30,730,319)	(\$10,170,252)
3	Total Assets	\$269,414,284	\$258,329,973	\$252,436,059
4	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>0.8</b>	<b>7.4</b>	<b>10.9</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$17,367,000)	(\$6,204,066)	\$208,691
6	Depreciation Expense	\$18,558,543	\$17,180,941	\$14,606,590
7	Excess of Revenues Over Expenses and Depreciation Expense	\$1,191,543	\$10,976,875	\$14,815,281
8	Total Current Liabilities	\$144,617,545	\$144,522,390	\$133,521,627
9	Total Long Term Debt	\$4,383,614	\$3,187,103	\$1,946,643
10	Total Current Liabilities and Total Long Term Debt	\$149,001,159	\$147,709,493	\$135,468,270
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>13.1</b>	<b>(11.6)</b>	<b>(23.7)</b>
12	Total Long Term Debt	\$4,383,614	\$3,187,103	\$1,946,643
13	Total Net Assets	\$29,118,877	(\$30,730,319)	(\$10,170,252)
14	Total Long Term Debt and Total Net Assets	\$33,502,491	(\$27,543,216)	(\$8,223,609)
15	<b><u>Debt Service Coverage Ratio</u></b>	<b>1.2</b>	<b>1.7</b>	<b>2.3</b>
16	Excess Revenues over Expenses	(\$17,367,000)	(\$6,204,066)	\$208,691
17	Interest Expense	\$4,984,686	\$4,184,261	\$2,904,989
18	Depreciation and Amortization Expense	\$18,558,543	\$17,180,941	\$14,606,590

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
19	Principal Payments	\$0	\$4,617,000	\$4,788,000
<b>G. <u>Other Financial Ratios</u></b>				
20	<b>Average Age of Plant</b>	<b>16.6</b>	<b>19.0</b>	<b>23.3</b>
21	Accumulated Depreciation	\$308,919,397	\$325,836,594	\$340,443,184
22	Depreciation and Amortization Expense	\$18,558,543	\$17,180,941	\$14,606,590
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	134,266	130,965	124,273
2	Discharges	24,586	24,505	23,924
3	ALOS	5.5	5.3	5.2
4	Staffed Beds	417	417	364
5	Available Beds	-	488	489
6	Licensed Beds	533	533	533
6	Occupancy of Staffed Beds	88.2%	86.0%	93.5%
7	Occupancy of Available Beds	77.6%	73.5%	69.6%
8	Full Time Equivalent Employees	3,010.4	3,038.9	3,106.1
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	30.7%	32.3%	30.3%
2	Medicare Gross Revenue Payer Mix Percentage	54.8%	53.0%	53.4%
3	Medicaid Gross Revenue Payer Mix Percentage	9.1%	8.8%	11.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.8%	3.1%	2.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.5%	2.7%	2.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$348,251,908	\$399,323,804	\$390,098,303
9	Medicare Gross Revenue (Charges)	\$621,371,191	\$656,044,272	\$688,209,507
10	Medicaid Gross Revenue (Charges)	\$102,572,454	\$109,077,193	\$153,085,810
11	Other Medical Assistance Gross Revenue (Charges)	\$31,442,260	\$38,351,545	\$25,319,296
12	Uninsured Gross Revenue (Charges)	\$28,274,928	\$33,244,626	\$29,836,109
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,121,970	\$1,091,505	\$1,321,156
14	Total Gross Revenue (Charges)	\$1,133,034,711	\$1,237,132,945	\$1,287,870,181
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	38.4%	40.7%	39.9%

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
2	Medicare Net Revenue Payer Mix Percentage	52.5%	50.1%	49.8%
3	Medicaid Net Revenue Payer Mix Percentage	7.3%	7.1%	8.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.9%	0.7%
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	1.1%	1.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$154,167,438	\$178,783,532	\$178,173,323
9	Medicare Net Revenue (Payments)	\$210,752,335	\$220,168,266	\$222,480,164
10	Medicaid Net Revenue (Payments)	\$29,517,652	\$31,039,637	\$37,701,156
11	Other Medical Assistance Net Revenue (Payments)	\$3,987,991	\$4,160,519	\$3,273,077
12	Uninsured Net Revenue (Payments)	\$2,736,493	\$4,974,170	\$4,894,463
13	CHAMPUS / TRICARE Net Revenue Payments)	\$551,039	\$427,114	\$389,829
14	Total Net Revenue (Payments)	\$401,712,948	\$439,553,238	\$446,912,012
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	8,012	7,800	7,077
2	Medicare	13,055	13,225	13,102
3	Medical Assistance	3,496	3,447	3,711
4	Medicaid	2,822	2,704	3,298
5	Other Medical Assistance	674	743	413
6	CHAMPUS / TRICARE	23	33	34
7	Uninsured (Included In Non-Government)	381	405	271
8	Total	24,586	24,505	23,924
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.441400	1.422000	1.399600
2	Medicare	1.615400	1.610400	1.581800
3	Medical Assistance	0.980759	0.980893	0.987384
4	Medicaid	0.932600	0.924700	0.962400
5	Other Medical Assistance	1.182400	1.185400	1.186900
6	CHAMPUS / TRICARE	1.497000	0.786600	0.875300
7	Uninsured (Included In Non-Government)	1.163400	1.048200	1.226000
8	Total Case Mix Index	1.468344	1.460772	1.434695
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	14,605	14,540	14,506
2	Emergency Room - Treated and Discharged	34,158	38,833	41,101
3	Total Emergency Room Visits	48,763	53,373	55,607

**HOSPITAL OF SAINT RAPHAEL  
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
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$4,631,232	\$6,519,330	\$1,888,098	41%
2	Inpatient Payments	\$1,433,403	\$2,168,531	\$735,128	51%
3	Outpatient Charges	\$1,490,461	\$1,474,285	(\$16,176)	-1%
4	Outpatient Payments	\$442,316	\$475,252	\$32,936	7%
5	Discharges	137	174	37	27%
6	Patient Days	766	835	69	9%
7	Outpatient Visits (Excludes ED Visits)	148	268	120	81%
8	Emergency Department Outpatient Visits	66	56	(10)	-15%
9	Emergency Department Inpatient Admissions	98	117	19	19%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,121,693</b>	<b>\$7,993,615</b>	<b>\$1,871,922</b>	<b>31%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,875,719</b>	<b>\$2,643,783</b>	<b>\$768,064</b>	<b>41%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$8,242,903	\$11,374,852	\$3,131,949	38%
2	Inpatient Payments	\$3,035,076	\$3,861,498	\$826,422	27%
3	Outpatient Charges	\$2,380,189	\$3,410,500	\$1,030,311	43%
4	Outpatient Payments	\$653,698	\$957,583	\$303,885	46%
5	Discharges	238	272	34	14%
6	Patient Days	1,030	1,336	306	30%
7	Outpatient Visits (Excludes ED Visits)	458	423	(35)	-8%
8	Emergency Department Outpatient Visits	75	96	21	28%
9	Emergency Department Inpatient Admissions	145	158	13	9%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$10,623,092</b>	<b>\$14,785,352</b>	<b>\$4,162,260</b>	<b>39%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,688,774</b>	<b>\$4,819,081</b>	<b>\$1,130,307</b>	<b>31%</b>

**HOSPITAL OF SAINT RAPHAEL  
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
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$66,038,919	\$69,263,792	\$3,224,873	5%
2	Inpatient Payments	\$22,114,233	\$22,543,644	\$429,411	2%
3	Outpatient Charges	\$13,450,961	\$17,071,502	\$3,620,541	27%
4	Outpatient Payments	\$4,112,186	\$4,895,896	\$783,710	19%
5	Discharges	1,591	1,607	16	1%
6	Patient Days	9,386	8,750	(636)	-7%
7	Outpatient Visits (Excludes ED Visits)	2,067	2,155	88	4%
8	Emergency Department Outpatient Visits	612	716	104	17%
9	Emergency Department Inpatient Admissions	1,038	1,071	33	3%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$79,489,880</b>	<b>\$86,335,294</b>	<b>\$6,845,414</b>	<b>9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$26,226,419</b>	<b>\$27,439,540</b>	<b>\$1,213,121</b>	<b>5%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$1,780,779	\$1,468,933	(\$311,846)	-18%
2	Inpatient Payments	\$618,780	\$413,388	(\$205,392)	-33%
3	Outpatient Charges	\$341,794	\$687,396	\$345,602	101%
4	Outpatient Payments	\$104,508	\$174,936	\$70,428	67%
5	Discharges	48	29	(19)	-40%
6	Patient Days	254	197	(57)	-22%
7	Outpatient Visits (Excludes ED Visits)	63	108	45	71%
8	Emergency Department Outpatient Visits	37	57	20	54%
9	Emergency Department Inpatient Admissions	39	21	(18)	-46%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,122,573</b>	<b>\$2,156,329</b>	<b>\$33,756</b>	<b>2%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$723,288</b>	<b>\$588,324</b>	<b>(\$134,964)</b>	<b>-19%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$4,791,831	\$9,293,927	\$4,502,096	94%
2	Inpatient Payments	\$1,774,717	\$3,095,501	\$1,320,784	74%
3	Outpatient Charges	\$1,342,746	\$2,237,007	\$894,261	67%
4	Outpatient Payments	\$395,603	\$630,799	\$235,196	59%
5	Discharges	152	208	56	37%
6	Patient Days	779	1,211	432	55%
7	Outpatient Visits (Excludes ED Visits)	201	286	85	42%
8	Emergency Department Outpatient Visits	62	161	99	160%
9	Emergency Department Inpatient Admissions	122	162	40	33%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,134,577</b>	<b>\$11,530,934</b>	<b>\$5,396,357</b>	<b>88%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,170,320</b>	<b>\$3,726,300</b>	<b>\$1,555,980</b>	<b>72%</b>

**HOSPITAL OF SAINT RAPHAEL  
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
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$5,864,757	\$8,820,784	\$2,956,027	50%
2	Inpatient Payments	\$1,874,497	\$2,923,355	\$1,048,858	56%
3	Outpatient Charges	\$1,530,860	\$1,925,221	\$394,361	26%
4	Outpatient Payments	\$449,842	\$507,046	\$57,204	13%
5	Discharges	138	222	84	61%
6	Patient Days	932	1,288	356	38%
7	Outpatient Visits (Excludes ED Visits)	460	596	136	30%
8	Emergency Department Outpatient Visits	148	198	50	34%
9	Emergency Department Inpatient Admissions	110	181	71	65%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,395,617</b>	<b>\$10,746,005</b>	<b>\$3,350,388</b>	<b>45%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,324,339</b>	<b>\$3,430,401</b>	<b>\$1,106,062</b>	<b>48%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$5,719,310	\$4,600,120	(\$1,119,190)	-20%
2	Inpatient Payments	\$1,816,637	\$1,327,696	(\$488,941)	-27%
3	Outpatient Charges	\$1,322,640	\$857,509	(\$465,131)	-35%
4	Outpatient Payments	\$355,139	\$237,480	(\$117,659)	-33%
5	Discharges	141	98	(43)	-30%
6	Patient Days	860	615	(245)	-28%
7	Outpatient Visits (Excludes ED Visits)	597	297	(300)	-50%
8	Emergency Department Outpatient Visits	166	121	(45)	-27%
9	Emergency Department Inpatient Admissions	119	86	(33)	-28%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,041,950</b>	<b>\$5,457,629</b>	<b>(\$1,584,321)</b>	<b>-22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,171,776</b>	<b>\$1,565,176</b>	<b>(\$606,600)</b>	<b>-28%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$2,069,362	\$4,750,934	\$2,681,572	130%
2	Inpatient Payments	\$746,227	\$1,680,053	\$933,826	125%
3	Outpatient Charges	\$576,656	\$1,646,912	\$1,070,256	186%
4	Outpatient Payments	\$144,263	\$468,259	\$323,996	225%
5	Discharges	62	119	57	92%
6	Patient Days	272	586	314	115%
7	Outpatient Visits (Excludes ED Visits)	79	182	103	130%
8	Emergency Department Outpatient Visits	45	60	15	33%
9	Emergency Department Inpatient Admissions	44	74	30	68%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,646,018</b>	<b>\$6,397,846</b>	<b>\$3,751,828</b>	<b>142%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$890,490</b>	<b>\$2,148,312</b>	<b>\$1,257,822</b>	<b>141%</b>

**HOSPITAL OF SAINT RAPHAEL  
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
<b>J. HUMANA</b>					
1	Inpatient Charges	\$783,713	\$204,650	(\$579,063)	-74%
2	Inpatient Payments	\$101,757	\$107,692	\$5,935	6%
3	Outpatient Charges	\$31,863	\$110,629	\$78,766	247%
4	Outpatient Payments	\$9,766	\$31,966	\$22,200	227%
5	Discharges	6	5	(1)	-17%
6	Patient Days	87	37	(50)	-57%
7	Outpatient Visits (Excludes ED Visits)	11	6	(5)	-45%
8	Emergency Department Outpatient Visits	2	6	4	200%
9	Emergency Department Inpatient Admissions	5	4	(1)	-20%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$815,576</b>	<b>\$315,279</b>	<b>(\$500,297)</b>	<b>-61%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$111,523</b>	<b>\$139,658</b>	<b>\$28,135</b>	<b>25%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**HOSPITAL OF SAINT RAPHAEL  
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
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$99,922,806</b>	<b>\$116,297,322</b>	<b>\$16,374,516</b>	<b>16%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$33,515,327</b>	<b>\$38,121,358</b>	<b>\$4,606,031</b>	<b>14%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$22,468,170</b>	<b>\$29,420,961</b>	<b>\$6,952,791</b>	<b>31%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$6,667,321</b>	<b>\$8,379,217</b>	<b>\$1,711,896</b>	<b>26%</b>
	<b>TOTAL DISCHARGES</b>	<b>2,513</b>	<b>2,734</b>	<b>221</b>	<b>9%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>14,366</b>	<b>14,855</b>	<b>489</b>	<b>3%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>4,084</b>	<b>4,321</b>	<b>237</b>	<b>6%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,213</b>	<b>1,471</b>	<b>258</b>	<b>21%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>1,720</b>	<b>1,874</b>	<b>154</b>	<b>9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$122,390,976</b>	<b>\$145,718,283</b>	<b>\$23,327,307</b>	<b>19%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$40,182,648</b>	<b>\$46,500,575</b>	<b>\$6,317,927</b>	<b>16%</b>

**HOSPITAL OF SAINT RAPHAEL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$2,294,081	\$0	(\$2,294,081)	-100%
2	Inpatient Payments	\$1,009,427	\$0	(\$1,009,427)	-100%
3	Outpatient Charges	\$2,681,170	\$0	(\$2,681,170)	-100%
4	Outpatient Payments	\$720,925	\$0	(\$720,925)	-100%
5	Discharges	144	0	(144)	-100%
6	Patient Days	938	0	(938)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,373	0	(2,373)	-100%
8	Emergency Department Outpatient Visits	602	0	(602)	-100%
9	Emergency Department Inpatient Admissions	36	0	(36)	-100%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$4,975,251</b>	<b>\$0</b>	<b>(\$4,975,251)</b>	<b>-100%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$1,730,352</b>	<b>\$0</b>	<b>(\$1,730,352)</b>	<b>-100%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$12,764,429	\$14,542,901	\$1,778,472	14%
2	Inpatient Payments	\$4,106,134	\$3,931,135	(\$174,999)	-4%
3	Outpatient Charges	\$16,618,994	\$23,765,320	\$7,146,326	43%
4	Outpatient Payments	\$5,916,101	\$7,205,060	\$1,288,959	22%
5	Discharges	917	906	(11)	-1%
6	Patient Days	3,191	2,932	(259)	-8%
7	Outpatient Visits (Excludes ED Visits)	12,141	10,060	(2,081)	-17%
8	Emergency Department Outpatient Visits	4,582	5,619	1,037	23%
9	Emergency Department Inpatient Admissions	179	214	35	20%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$29,383,423</b>	<b>\$38,308,221</b>	<b>\$8,924,798</b>	<b>30%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$10,022,235</b>	<b>\$11,136,195</b>	<b>\$1,113,960</b>	<b>11%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$966	\$715	(\$251)	-26%
4	Outpatient Payments	\$376	\$622	\$246	65%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	6	0	(6)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>		<b>\$966</b>	<b>\$715</b>	<b>(\$251)</b>	<b>-26%</b>
<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>		<b>\$376</b>	<b>\$622</b>	<b>\$246</b>	<b>65%</b>

**HOSPITAL OF SAINT RAPHAEL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$4,756,231	\$7,831,834	\$3,075,603	65%
2	Inpatient Payments	\$1,961,389	\$2,777,750	\$816,361	42%
3	Outpatient Charges	\$820,137	\$2,810,634	\$1,990,497	243%
4	Outpatient Payments	\$355,220	\$894,893	\$539,673	152%
5	Discharges	250	254	4	2%
6	Patient Days	2,570	3,474	904	35%
7	Outpatient Visits (Excludes ED Visits)	1,590	3,693	2,103	132%
8	Emergency Department Outpatient Visits	25	0	(25)	-100%
9	Emergency Department Inpatient Admissions	75	108	33	44%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$5,576,368</b>	<b>\$10,642,468</b>	<b>\$5,066,100</b>	<b>91%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,316,609</b>	<b>\$3,672,643</b>	<b>\$1,356,034</b>	<b>59%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$2,255	\$631	(\$1,624)	-72%
4	Outpatient Payments	\$1,087	\$438	(\$649)	-60%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	5	0	(5)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%

**HOSPITAL OF SAINT RAPHAEL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2010  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,255</b>	<b>\$631</b>	<b>(\$1,624)</b>	<b>-72%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,087</b>	<b>\$438</b>	<b>(\$649)</b>	<b>-60%</b>
	<b>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$1,656,161	\$2,268,393	\$612,232	37%
2	Inpatient Payments	\$555,341	\$653,965	\$98,624	18%
3	Outpatient Charges	\$2,076,023	\$3,721,255	\$1,645,232	79%
4	Outpatient Payments	\$505,895	\$758,309	\$252,414	50%
5	Discharges	0	153	153	0%
6	Patient Days	0	414	414	0%
7	Outpatient Visits (Excludes ED Visits)	1,186	1,501	315	27%
8	Emergency Department Outpatient Visits	644	998	354	55%
9	Emergency Department Inpatient Admissions	21	41	20	95%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,732,184</b>	<b>\$5,989,648</b>	<b>\$2,257,464</b>	<b>60%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,061,236</b>	<b>\$1,412,274</b>	<b>\$351,038</b>	<b>33%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$3,899,369	\$4,786,076	\$886,707	23%
2	Inpatient Payments	\$1,099,553	\$1,173,646	\$74,093	7%
3	Outpatient Charges	\$4,287,962	\$7,133,228	\$2,845,266	66%
4	Outpatient Payments	\$1,177,689	\$1,697,167	\$519,478	44%
5	Discharges	245	258	13	5%
6	Patient Days	816	878	62	8%
7	Outpatient Visits (Excludes ED Visits)	2,271	3,217	946	42%
8	Emergency Department Outpatient Visits	1,132	1,533	401	35%
9	Emergency Department Inpatient Admissions	66	88	22	33%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,187,331</b>	<b>\$11,919,304</b>	<b>\$3,731,973</b>	<b>46%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,277,242</b>	<b>\$2,870,813</b>	<b>\$593,571</b>	<b>26%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$25,370,271</b>	<b>\$29,429,204</b>	<b>\$4,058,933</b>	<b>16%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$8,731,844</b>	<b>\$8,536,496</b>	<b>(\$195,348)</b>	<b>-2%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$26,487,507</b>	<b>\$37,431,783</b>	<b>\$10,944,276</b>	<b>41%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$8,677,293</b>	<b>\$10,556,489</b>	<b>\$1,879,196</b>	<b>22%</b>
	<b>TOTAL DISCHARGES</b>	<b>1,556</b>	<b>1,571</b>	<b>15</b>	<b>1%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>7,515</b>	<b>7,698</b>	<b>183</b>	<b>2%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>19,572</b>	<b>18,471</b>	<b>(1,101)</b>	<b>-6%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>6,985</b>	<b>8,150</b>	<b>1,165</b>	<b>17%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>377</b>	<b>451</b>	<b>74</b>	<b>20%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$51,857,778</b>	<b>\$66,860,987</b>	<b>\$15,003,209</b>	<b>29%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$17,409,137</b>	<b>\$19,092,985</b>	<b>\$1,683,848</b>	<b>10%</b>

**HOSPITAL OF SAINT RAPHAEL  
 TWELVE MONTHS ACTUAL FILING  
 FISCAL YEAR 2010  
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE

SAINT RAPHAEL HEALTHCARE SYSTEM, INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$26,755,688	\$18,157,676	(\$8,598,012)	-32%
2	Short Term Investments	\$0	\$2,314,446	\$2,314,446	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$56,161,504	\$48,995,601	(\$7,165,903)	-13%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,904,342	\$1,196,185	(\$708,157)	-37%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,545,193	\$9,564,963	\$6,019,770	170%
7	Inventories of Supplies	\$7,936,378	\$7,983,299	\$46,921	1%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$5,803,083	\$5,266,671	(\$536,412)	-9%
	<b>Total Current Assets</b>	<b>\$102,106,188</b>	<b>\$93,478,841</b>	<b>(\$8,627,347)</b>	<b>-8%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$7,328,119	\$7,412,957	\$84,838	1%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$8,285,987	\$7,577,185	(\$708,802)	-9%
4	Other Noncurrent Assets Whose Use is Limited	\$71,664,966	\$79,664,302	\$7,999,336	11%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$87,279,072</b>	<b>\$94,654,444</b>	<b>\$7,375,372</b>	<b>8%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$1,499,158	\$2,188,026	\$688,868	46%
7	Other Noncurrent Assets	\$15,398,800	\$18,065,310	\$2,666,510	17%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$450,139,159	\$458,608,756	\$8,469,597	2%
2	Less: Accumulated Depreciation	\$342,933,335	\$358,252,005	\$15,318,670	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$107,205,824</b>	<b>\$100,356,751</b>	<b>(\$6,849,073)</b>	<b>-6%</b>
3	Construction in Progress	\$44,132	\$396,986	\$352,854	800%
	<b>Total Net Fixed Assets</b>	<b>\$107,249,956</b>	<b>\$100,753,737</b>	<b>(\$6,496,219)</b>	<b>-6%</b>
	<b>Total Assets</b>	<b>\$313,533,174</b>	<b>\$309,140,358</b>	<b>(\$4,392,816)</b>	<b>-1%</b>

SAINT RAPHAEL HEALTHCARE SYSTEM, INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - 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>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$52,908,139	\$48,205,580	(\$4,702,559)	-9%
2	Salaries, Wages and Payroll Taxes	\$9,200,097	\$8,099,705	(\$1,100,392)	-12%
3	Due To Third Party Payers	\$2,065,682	\$3,567,787	\$1,502,105	73%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$81,354,610	\$77,783,678	(\$3,570,932)	-4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$11,475,662	\$6,586,292	(\$4,889,370)	-43%
	<b>Total Current Liabilities</b>	<b>\$157,004,190</b>	<b>\$144,243,042</b>	<b>(\$12,761,148)</b>	<b>-8%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$3,223,156	\$1,946,643	(\$1,276,513)	-40%
	<b>Total Long Term Debt</b>	<b>\$3,223,156</b>	<b>\$1,946,643</b>	<b>(\$1,276,513)</b>	<b>-40%</b>
3	Accrued Pension Liability	\$122,776,211	\$108,025,533	(\$14,750,678)	-12%
4	Other Long Term Liabilities	\$50,417,159	\$54,741,937	\$4,324,778	9%
	<b>Total Long Term Liabilities</b>	<b>\$176,416,526</b>	<b>\$164,714,113</b>	<b>(\$11,702,413)</b>	<b>-7%</b>
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	(\$54,383,842)	(\$36,793,919)	\$17,589,923	-32%
2	Temporarily Restricted Net Assets	\$17,171,395	\$19,184,107	\$2,012,712	12%
3	Permanently Restricted Net Assets	\$17,324,905	\$17,793,015	\$468,110	3%
	<b>Total Net Assets</b>	<b>(\$19,887,542)</b>	<b>\$183,203</b>	<b>\$20,070,745</b>	<b>-101%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$313,533,174</b>	<b>\$309,140,358</b>	<b>(\$4,392,816)</b>	<b>-1%</b>

SAINT RAPHAEL HEALTHCARE SYSTEM, INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,262,716,894	\$1,310,311,655	\$47,594,761	4%
2	Less: Allowances	\$781,332,829	\$819,050,564	\$37,717,735	5%
3	Less: Charity Care	\$4,656,971	\$5,390,522	\$733,551	16%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$476,727,094</b>	<b>\$485,870,569</b>	<b>\$9,143,475</b>	<b>2%</b>
5	Other Operating Revenue	\$15,412,723	\$22,982,867	\$7,570,144	49%
6	Net Assets Released from Restrictions	\$3,971,403	\$3,695,196	(\$276,207)	-7%
	<b>Total Operating Revenue</b>	<b>\$496,111,220</b>	<b>\$512,548,632</b>	<b>\$16,437,412</b>	<b>3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$231,552,868	\$239,802,330	\$8,249,462	4%
2	Fringe Benefits	\$62,189,315	\$59,977,590	(\$2,211,725)	-4%
3	Physicians Fees	\$6,262,461	\$6,082,959	(\$179,502)	-3%
4	Supplies and Drugs	\$73,924,416	\$66,635,835	(\$7,288,581)	-10%
5	Depreciation and Amortization	\$18,072,387	\$15,255,332	(\$2,817,055)	-16%
6	Bad Debts	\$21,090,328	\$25,212,572	\$4,122,244	20%
7	Interest	\$4,443,794	\$3,122,812	(\$1,320,982)	-30%
8	Malpractice	\$3,865,667	\$5,390,000	\$1,524,333	39%
9	Other Operating Expenses	\$93,531,295	\$94,222,800	\$691,505	1%
	<b>Total Operating Expenses</b>	<b>\$514,932,531</b>	<b>\$515,702,230</b>	<b>\$769,699</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$18,821,311)</b>	<b>(\$3,153,598)</b>	<b>\$15,667,713</b>	<b>-83%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$147,729)	\$1,713,286	\$1,861,015	-1260%
	<b>Total Non-Operating Revenue</b>	<b>(\$147,729)</b>	<b>\$1,713,286</b>	<b>\$1,861,015</b>	<b>-1260%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$18,969,040)</b>	<b>(\$1,440,312)</b>	<b>\$17,528,728</b>	<b>-92%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$3,125,562	\$1,975,157	(\$1,150,405)	-37%
	All Other Adjustments	(\$1,644,253)	\$200,000	\$1,844,253	-112%
	<b>Total Other Adjustments</b>	<b>\$1,481,309</b>	<b>\$2,175,157</b>	<b>\$693,848</b>	<b>47%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$17,487,731)</b>	<b>\$734,845</b>	<b>\$18,222,576</b>	<b>-104%</b>

## SAINT RAPHAEL HEALTHCARE SYSTEM, INC

## 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
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$442,745,848	\$476,727,094	\$485,870,569
2	Other Operating Revenue	29,743,847	19,384,126	26,678,063
3	Total Operating Revenue	\$472,489,695	\$496,111,220	\$512,548,632
4	Total Operating Expenses	502,121,103	514,932,531	515,702,230
5	Income/(Loss) From Operations	(\$29,631,408)	(\$18,821,311)	(\$3,153,598)
6	Total Non-Operating Revenue	(5,942,438)	1,333,580	3,888,443
7	Excess/(Deficiency) of Revenue Over Expenses	(\$35,573,846)	(\$17,487,731)	\$734,845
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-6.35%	-3.78%	-0.61%
2	Parent Corporation Non-Operating Margin	-1.27%	0.27%	0.75%
3	Parent Corporation Total Margin	-7.62%	-3.52%	0.14%
4	Income/(Loss) From Operations	(\$29,631,408)	(\$18,821,311)	(\$3,153,598)
5	Total Operating Revenue	\$472,489,695	\$496,111,220	\$512,548,632
6	Total Non-Operating Revenue	(\$5,942,438)	\$1,333,580	\$3,888,443
7	Total Revenue	\$466,547,257	\$497,444,800	\$516,437,075
8	Excess/(Deficiency) of Revenue Over Expenses	(\$35,573,846)	(\$17,487,731)	\$734,845
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$9,875,140	(\$54,383,842)	-\$36,793,919
2	Parent Corporation Total Net Assets	\$49,091,644	(\$19,887,542)	\$183,203
3	Parent Corporation Change in Total Net Assets	(\$49,080,230)	(\$68,979,186)	\$20,070,745
4	Parent Corporation Change in Total Net Assets %	50.0%	-140.5%	-100.9%

## SAINT RAPHAEL HEALTHCARE SYSTEM, INC

## 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
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>0.60</b>	<b>0.65</b>	<b>0.65</b>
2	Total Current Assets	\$93,338,409	\$102,106,188	\$93,478,841
3	Total Current Liabilities	\$154,800,185	\$157,004,190	\$144,243,042
<b>4</b>	<b>Days Cash on Hand</b>	<b>14</b>	<b>20</b>	<b>15</b>
5	Cash and Cash Equivalents	\$14,671,469	\$26,755,688	\$18,157,676
6	Short Term Investments	3,934,783	0	2,314,446
7	Total Cash and Short Term Investments	\$18,606,252	\$26,755,688	\$20,472,122
8	Total Operating Expenses	\$502,121,103	\$514,932,531	\$515,702,230
9	Depreciation Expense	\$19,926,620	\$18,072,387	\$15,255,332
10	Operating Expenses less Depreciation Expense	\$482,194,483	\$496,860,144	\$500,446,898
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>46</b>	<b>44</b>	<b>41</b>
12	Net Patient Accounts Receivable	\$ 52,806,405	\$ 56,161,504	\$ 48,995,601
13	Due From Third Party Payers	\$5,227,305	\$3,545,193	\$9,564,963
14	Due To Third Party Payers	\$2,279,383	\$2,065,682	\$3,567,787
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 55,754,327	\$ 57,641,015	\$ 54,992,777
16	Total Net Patient Revenue	\$442,745,848	\$476,727,094	\$485,870,569
<b>17</b>	<b>Average Payment Period</b>	<b>117</b>	<b>115</b>	<b>105</b>
18	Total Current Liabilities	\$154,800,185	\$157,004,190	\$144,243,042
19	Total Operating Expenses	\$502,121,103	\$514,932,531	\$515,702,230
20	Depreciation Expense	\$19,926,620	\$18,072,387	\$15,255,332
21	Total Operating Expenses less Depreciation Expense	\$482,194,483	\$496,860,144	\$500,446,898

## SAINT RAPHAEL HEALTHCARE SYSTEM, INC

## 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
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>14.6</b>	<b>(6.3)</b>	<b>0.1</b>
2	Total Net Assets	\$49,091,644	(\$19,887,542)	\$183,203
3	Total Assets	\$335,256,687	\$313,533,174	\$309,140,358
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>(9.8)</b>	<b>0.4</b>	<b>10.9</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$35,573,846)	(\$17,487,731)	\$734,845
6	Depreciation Expense	\$19,926,620	\$18,072,387	\$15,255,332
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$15,647,226)	\$584,656	\$15,990,177
8	Total Current Liabilities	\$154,800,185	\$157,004,190	\$144,243,042
9	Total Long Term Debt	\$4,430,767	\$3,223,156	\$1,946,643
10	Total Current Liabilities and Total Long Term Debt	\$159,230,952	\$160,227,346	\$146,189,685
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>8.3</b>	<b>(19.3)</b>	<b>91.4</b>
12	Total Long Term Debt	\$4,430,767	\$3,223,156	\$1,946,643
13	Total Net Assets	\$49,091,644	(\$19,887,542)	\$183,203
14	Total Long Term Debt and Total Net Assets	\$53,522,411	(\$16,664,386)	\$2,129,846

HOSPITAL OF SAINT RAPHAEL						
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
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	78,065	227	298	94.2%	71.8%
2	ICU/CCU (Excludes Neonatal ICU)	21,660	62	75	95.7%	79.1%
3	Psychiatric: Ages 0 to 17	5,465	15	21	99.8%	71.3%
4	Psychiatric: Ages 18+	7,952	22	25	99.0%	87.1%
	<b>TOTAL PSYCHIATRIC</b>	<b>13,417</b>	<b>37</b>	<b>46</b>	<b>99.3%</b>	<b>79.9%</b>
5	Rehabilitation	3,800	11	18	94.6%	57.8%
6	Maternity	3,440	11	15	85.7%	62.8%
7	Newborn	2,585	11	26	64.4%	27.2%
8	Neonatal ICU	1,193	4	8	81.7%	40.9%
9	Pediatric	113	1	3	31.0%	10.3%
10	Other	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>121,688</b>	<b>353</b>	<b>463</b>	<b>94.4%</b>	<b>72.0%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>124,273</b>	<b>364</b>	<b>489</b>	<b>93.5%</b>	<b>69.6%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>124,273</b>	<b>364</b>	<b>489</b>	<b>93.5%</b>	<b>69.6%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>130,965</b>	<b>417</b>	<b>488</b>	<b>86.0%</b>	<b>73.5%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-6,692</b>	<b>-53</b>	<b>1</b>	<b>7.5%</b>	<b>-3.9%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-5%</b>	<b>-13%</b>	<b>0%</b>	<b>9%</b>	<b>-5%</b>
	Total Licensed Beds and Bassinets	533				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

HOSPITAL OF SAINT RAPHAEL					
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
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	17,803	17,513	-290	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	12,742	11,692	-1,050	-8%
3	Emergency Department Scans	8,422	9,098	676	8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>38,967</b>	<b>38,303</b>	<b>-664</b>	<b>-2%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,923	2,085	162	8%
2	Outpatient Scans (Excluding Emergency Department Scans)	193	267	74	38%
3	Emergency Department Scans	9	2	-7	-78%
4	Other Non-Hospital Providers' Scans (A)	6,772	6,079	-693	-10%
	<b>Total MRI Scans</b>	<b>8,897</b>	<b>8,433</b>	<b>-464</b>	<b>-5%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	1	0	-1	-100%
2	Outpatient Scans (Excluding Emergency Department Scans)	2	5	3	150%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>67%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	38	30	-8	-21%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,364	1,122	-242	-18%
3	Emergency Department Scans	2	0	-2	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>1,404</b>	<b>1,152</b>	<b>-252</b>	<b>-18%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	926	926	0%
2	Outpatient Procedures	19,649	17,445	-2,204	-11%
	<b>Total Linear Accelerator Procedures</b>	<b>19,649</b>	<b>18,371</b>	<b>-1,278</b>	<b>-7%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	815	803	-12	-1%
2	Outpatient Procedures	1,086	1,377	291	27%
	<b>Total Cardiac Catheterization Procedures</b>	<b>1,901</b>	<b>2,180</b>	<b>279</b>	<b>15%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	268	302	34	13%
2	Elective Procedures	334	322	-12	-4%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>602</b>	<b>624</b>	<b>22</b>	<b>4%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	508	380	-128	-25%
2	Outpatient Studies	255	300	45	18%
	<b>Total Electrophysiology Studies</b>	<b>763</b>	<b>680</b>	<b>-83</b>	<b>-11%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	7,714	6,946	-768	-10%
2	Outpatient Surgical Procedures	10,514	10,192	-322	-3%
	<b>Total Surgical Procedures</b>	<b>18,228</b>	<b>17,138</b>	<b>-1,090</b>	<b>-6%</b>
<b>J. Endoscopy Procedures</b>					

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	0	1	1	0%
2	Outpatient Endoscopy Procedures	3,614	3,289	-325	-9%
	<b>Total Endoscopy Procedures</b>	<b>3,614</b>	<b>3,290</b>	<b>-324</b>	<b>-9%</b>
<b>K.</b>	<b>Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	14,540	14,506	-34	0%
2	Emergency Room Visits: Treated and Discharged	38,833	41,101	2,268	6%
	<b>Total Emergency Room Visits</b>	<b>53,373</b>	<b>55,607</b>	<b>2,234</b>	<b>4%</b>
<b>L.</b>	<b>Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	935	935	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	6,166	7,870	1,704	28%
5	Specialty Clinic Visits	50,871	44,016	-6,855	-13%
	<b>Total Hospital Clinic Visits</b>	<b>57,037</b>	<b>52,821</b>	<b>-4,216</b>	<b>-7%</b>
<b>M.</b>	<b>Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	12,989	13,280	291	2%
2	Cardiology	1,581	1,788	207	13%
3	Chemotherapy	948	613	-335	-35%
4	Gastroenterology	3,614	3,290	-324	-9%
5	Other Outpatient Visits	10,137	6,867	-3,270	-32%
	<b>Total Other Hospital Outpatient Visits</b>	<b>29,269</b>	<b>25,838</b>	<b>-3,431</b>	<b>-12%</b>
<b>N.</b>	<b>Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	871.3	915.6	44.3	5%
2	Total Physician FTEs	308.4	299.8	-8.6	-3%
3	Total Non-Nursing and Non-Physician FTEs	1,859.2	1,890.7	31.5	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>3,038.9</b>	<b>3,106.1</b>	<b>67.2</b>	<b>2%</b>

HOSPITAL OF SAINT RAPHAEL					
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
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital of Saint Raphael	10,514	10,192	-322	-3%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>10,514</b>	<b>10,192</b>	<b>-322</b>	<b>-3%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital of Saint Raphael	3,614	3,289	-325	-9%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>3,614</b>	<b>3,289</b>	<b>-325</b>	<b>-9%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital of Saint Raphael	38,833	41,101	2,268	6%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>38,833</b>	<b>41,101</b>	<b>2,268</b>	<b>6%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

HOSPITAL OF SAINT RAPHAEL					
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
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$539,216,103	\$543,881,938	\$4,665,835	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$182,408,698	\$180,018,860	(\$2,389,838)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.83%	33.10%	-0.73%	-2%
4	DISCHARGES	13,225	13,102	(123)	-1%
5	CASE MIX INDEX (CMI)	1.61040	1.58180	(0.02860)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	21,297.54000	20,724.74360	(572.79640)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,564.78	\$8,686.18	\$121.40	1%
8	PATIENT DAYS	80,911	78,097	(2,814)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,254.44	\$2,305.07	\$50.63	2%
10	AVERAGE LENGTH OF STAY	6.1	6.0	(0.2)	-3%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$116,828,169	\$144,327,569	\$27,499,400	24%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$37,759,568	\$42,461,304	\$4,701,736	12%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.32%	29.42%	-2.90%	-9%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	21.67%	26.54%	4.87%	22%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,865.36794	3,476.82038	611.45244	21%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,177.91	\$12,212.68	(\$965.23)	-7%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$656,044,272	\$688,209,507	\$32,165,235	5%
18	TOTAL ACCRUED PAYMENTS	\$220,168,266	\$222,480,164	\$2,311,898	1%
19	TOTAL ALLOWANCES	\$435,876,006	\$465,729,343	\$29,853,337	7%

HOSPITAL OF SAINT RAPHAEL					
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
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$258,035,729	\$238,061,303	(\$19,974,426)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$105,314,837	\$101,699,141	(\$3,615,696)	-3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.81%	42.72%	1.91%	5%
4	DISCHARGES	7,800	7,077	(723)	-9%
5	CASE MIX INDEX (CMI)	1.42200	1.39960	(0.02240)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11,091.60000	9,904.96920	(1,186.63080)	-11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,495.01	\$10,267.49	\$772.48	8%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$930.23)	(\$1,581.31)	(\$651.08)	70%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$10,317,747)	(\$15,662,792)	(\$5,345,045)	52%
10	PATIENT DAYS	32,297	28,038	(4,259)	-13%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,260.82	\$3,627.19	\$366.37	11%
12	AVERAGE LENGTH OF STAY	4.1	4.0	(0.2)	-4%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$174,532,701	\$181,873,109	\$7,340,408	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$78,442,865	\$81,368,645	\$2,925,780	4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.94%	44.74%	-0.21%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	67.64%	76.40%	8.76%	13%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,275.83941	5,406.65776	130.81836	2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,868.32	\$15,049.71	\$181.39	1%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$1,690.41)	(\$2,837.03)	(\$1,146.62)	68%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,918,315)	(\$15,338,850)	(\$6,420,535)	72%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$432,568,430	\$419,934,412	(\$12,634,018)	-3%
22	TOTAL ACCRUED PAYMENTS	\$183,757,702	\$183,067,786	(\$689,916)	0%
23	TOTAL ALLOWANCES	\$248,810,728	\$236,866,626	(\$11,944,102)	-5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$19,236,062)	(\$31,001,642)	(\$11,765,580)	61%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$417,466,583	\$403,549,441	(\$13,917,142)	-3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$202,402,111	\$205,121,510	\$2,719,399	1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$215,064,472	\$198,427,931	(\$16,636,541)	-8%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.52%	49.17%	-2.35%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>C.</b>	<b><u>UNINSURED</u></b>				
	<b><u>UNINSURED INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$13,639,451	\$10,215,544	(\$3,423,907)	-25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,420,143	\$922,861	(\$497,282)	-35%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.41%	9.03%	-1.38%	-13%
4	DISCHARGES	405	271	(134)	-33%
5	CASE MIX INDEX (CMI)	1.04820	1.22600	0.17780	17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	424.52100	332.24600	(92.27500)	-22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,345.28	\$2,777.64	(\$567.64)	-17%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,149.73	\$7,489.84	\$1,340.12	22%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,219.49	\$5,908.54	\$689.04	13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,215,785	\$1,963,088	(\$252,697)	-11%
11	PATIENT DAYS	1,615	945	(670)	-41%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$879.35	\$976.57	\$97.23	11%
13	AVERAGE LENGTH OF STAY	4.0	3.5	(0.5)	-13%
	<b><u>UNINSURED OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$19,605,175	\$19,620,565	\$15,390	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,554,027	\$3,971,602	\$417,575	12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.13%	20.24%	2.11%	12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	143.74%	192.07%	48.33%	34%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	582.14190	520.49828	(61.64361)	-11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,105.09	\$7,630.38	\$1,525.30	25%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,763.23	\$7,419.33	(\$1,343.90)	-15%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,072.83	\$4,582.30	(\$2,490.53)	-35%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,117,388	\$2,385,078	(\$1,732,310)	-42%
	<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$33,244,626	\$29,836,109	(\$3,408,517)	-10%
24	TOTAL ACCRUED PAYMENTS	\$4,974,170	\$4,894,463	(\$79,707)	-2%
25	TOTAL ALLOWANCES	\$28,270,456	\$24,941,646	(\$3,328,810)	-12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,333,173	\$4,348,166	(\$1,985,007)	-31%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$63,126,304	\$83,843,735	\$20,717,431	33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,228,912	\$21,976,565	\$3,747,653	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.88%	26.21%	-2.67%	-9%
4	DISCHARGES	2,704	3,298	594	22%
5	CASE MIX INDEX (CMI)	0.92470	0.96240	0.03770	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,500.38880	3,173.99520	673.60640	27%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,290.43	\$6,923.94	(\$366.49)	-5%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,204.58	\$3,343.54	\$1,138.97	52%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,274.35	\$1,762.24	\$487.89	38%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,186,363	\$5,593,330	\$2,406,967	76%
11	PATIENT DAYS	14,275	16,251	1,976	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,276.98	\$1,352.32	\$75.34	6%
13	AVERAGE LENGTH OF STAY	5.3	4.9	(0.4)	-7%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$45,950,889	\$69,242,075	\$23,291,186	51%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,810,725	\$15,724,591	\$2,913,866	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.88%	22.71%	-5.17%	-19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	72.79%	82.58%	9.79%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,968.29524	2,723.64254	755.34730	38%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,508.54	\$5,773.37	(\$735.17)	-11%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,359.78	\$9,276.34	\$916.56	11%
21	MEDICARE - MEDICAID OP PMT / OPED	\$6,669.37	\$6,439.31	(\$230.06)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,127,297	\$17,538,391	\$4,411,094	34%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$109,077,193	\$153,085,810	\$44,008,617	40%
24	TOTAL ACCRUED PAYMENTS	\$31,039,637	\$37,701,156	\$6,661,519	21%
25	TOTAL ALLOWANCES	\$78,037,556	\$115,384,654	\$37,347,098	48%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,313,660	\$23,131,721	\$6,818,061	42%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$20,584,383	\$11,294,901	(\$9,289,482)	-45%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,122,626	\$1,186,247	(\$936,379)	-44%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.31%	10.50%	0.19%	2%
4	DISCHARGES	743	413	(330)	-44%
5	CASE MIX INDEX (CMI)	1.18540	1.18690	0.00150	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	880.75220	490.18970	(390.56250)	-44%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,410.01	\$2,419.98	\$9.96	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,084.99	\$7,847.51	\$762.52	11%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,154.76	\$6,266.20	\$111.44	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,420,821	\$3,071,629	(\$2,349,192)	-43%
11	PATIENT DAYS	3,326	1,804	(1,522)	-46%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$638.19	\$657.56	\$19.37	3%
13	AVERAGE LENGTH OF STAY	4.5	4.4	(0.1)	-2%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$17,767,162	\$14,024,395	(\$3,742,767)	-21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,037,893	\$2,086,830	\$48,937	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.47%	14.88%	3.41%	30%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	86.31%	124.17%	37.85%	44%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	641.31149	512.80442	(128.50707)	-20%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,177.70	\$4,069.45	\$891.75	28%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$11,690.62	\$10,980.27	(\$710.36)	-6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$10,000.22	\$8,143.24	(\$1,856.98)	-19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,413,254	\$4,175,888	(\$2,237,366)	-35%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$38,351,545	\$25,319,296	(\$13,032,249)	-34%
24	TOTAL ACCRUED PAYMENTS	\$4,160,519	\$3,273,077	(\$887,442)	-21%
25	TOTAL ALLOWANCES	\$34,191,026	\$22,046,219	(\$12,144,807)	-36%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$11,834,075	\$7,247,517	(\$4,586,558)	-39%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$83,710,687	\$95,138,636	\$11,427,949	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$20,351,538	\$23,162,812	\$2,811,274	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.31%	24.35%	0.03%	0%
4	DISCHARGES	3,447	3,711	264	8%
5	CASE MIX INDEX (CMI)	0.98089	0.98738	0.00649	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,381.14100	3,664.18490	283.04390	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,019.13	\$6,321.41	\$302.28	5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,475.88	\$3,946.08	\$470.20	14%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,545.64	\$2,364.77	(\$180.87)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,607,183	\$8,664,959	\$57,775	1%
11	PATIENT DAYS	17,601	18,055	454	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,156.27	\$1,282.90	\$126.63	11%
13	AVERAGE LENGTH OF STAY	5.1	4.9	(0.2)	-5%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$63,718,051	\$83,266,470	\$19,548,419	31%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$14,848,618	\$17,811,421	\$2,962,803	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.30%	21.39%	-1.91%	-8%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	76.12%	87.52%	11.40%	15%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,609.60673	3,236.44696	626.84022	24%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,689.98	\$5,503.39	(\$186.60)	-3%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$9,178.34	\$9,546.33	\$367.99	4%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,487.93	\$6,709.30	(\$778.63)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,540,551	\$21,714,279	\$2,173,727	11%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$147,428,738	\$178,405,106	\$30,976,368	21%
24	TOTAL ACCRUED PAYMENTS	\$35,200,156	\$40,974,233	\$5,774,077	16%
25	TOTAL ALLOWANCES	\$112,228,582	\$137,430,873	\$25,202,291	22%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$518,548	\$507,308	(\$11,240)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$103,263	\$176,650	\$73,387	71%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.91%	34.82%	14.91%	75%
4	DISCHARGES	33	34	1	3%
5	CASE MIX INDEX (CMI)	0.78660	0.87530	0.08870	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	25.95780	29.76020	3.80240	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,978.11	\$5,935.78	\$1,957.67	49%
8	PATIENT DAYS	156	83	(73)	-47%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$661.94	\$2,128.31	\$1,466.37	222%
10	AVERAGE LENGTH OF STAY	4.7	2.4	(2.3)	-48%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$572,957	\$813,848	\$240,891	42%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$323,851	\$213,179	(\$110,672)	-34%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,091,505	\$1,321,156	\$229,651	21%
14	TOTAL ACCRUED PAYMENTS	\$427,114	\$389,829	(\$37,285)	-9%
15	TOTAL ALLOWANCES	\$664,391	\$931,327	\$266,936	40%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$19,134,757	\$20,294,147	\$1,159,390	6%
2	TOTAL OPERATING EXPENSES	\$483,940,125	\$491,472,461	\$7,532,336	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,501,453	\$2,132,962	(\$368,491)	-15%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$4,656,971	\$5,390,523	\$733,552	16%
5	BAD DEBTS (CHARGES)	\$20,632,999	\$24,670,997	\$4,037,998	20%
6	UNCOMPENSATED CARE (CHARGES)	\$25,289,970	\$30,061,520	\$4,771,550	19%
7	COST OF UNCOMPENSATED CARE	\$9,036,660	\$10,481,627	\$1,444,967	16%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$147,428,738	\$178,405,106	\$30,976,368	21%
9	TOTAL ACCRUED PAYMENTS	\$35,200,156	\$40,974,233	\$5,774,077	16%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$52,679,516	\$62,204,962	\$9,525,446	18%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$17,479,360	\$21,230,729	\$3,751,369	21%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$881,481,067	\$877,589,185	(\$3,891,882)	0%
2	TOTAL INPATIENT PAYMENTS	\$308,178,336	\$305,057,463	(\$3,120,873)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.96%	34.76%	-0.20%	-1%
4	TOTAL DISCHARGES	24,505	23,924	(581)	-2%
5	TOTAL CASE MIX INDEX	1.46077	1.43470	(0.02608)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	35,796,23880	34,323,65790	(1,472,58090)	-4%
7	TOTAL OUTPATIENT CHARGES	\$355,651,878	\$410,280,996	\$54,629,118	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	40.35%	46.75%	6.40%	16%
9	TOTAL OUTPATIENT PAYMENTS	\$131,374,902	\$141,854,549	\$10,479,647	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.94%	34.57%	-2.36%	-6%
11	TOTAL CHARGES	\$1,237,132,945	\$1,287,870,181	\$50,737,236	4%
12	TOTAL PAYMENTS	\$439,553,238	\$446,912,012	\$7,358,774	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	35.53%	34.70%	-0.83%	-2%
14	PATIENT DAYS	130,965	124,273	(6,692)	-5%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$623,445,338	\$639,527,882	\$16,082,544	3%
2	INPATIENT PAYMENTS	\$202,863,499	\$203,358,322	\$494,823	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	32.54%	31.80%	-0.74%	-2%
4	DISCHARGES	16,705	16,847	142	1%
5	CASE MIX INDEX	1.47888	1.44944	(0.02944)	-2%
6	CASE MIX ADJUSTED DISCHARGES	24,704.63880	24,418.68870	(285.95010)	-1%
7	OUTPATIENT CHARGES	\$181,119,177	\$228,407,887	\$47,288,710	26%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	29.05%	35.72%	6.66%	23%
9	OUTPATIENT PAYMENTS	\$52,932,037	\$60,485,904	\$7,553,867	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.22%	26.48%	-2.74%	-9%
11	TOTAL CHARGES	\$804,564,515	\$867,935,769	\$63,371,254	8%
12	TOTAL PAYMENTS	\$255,795,536	\$263,844,226	\$8,048,690	3%
13	TOTAL PAYMENTS / CHARGES	31.79%	30.40%	-1.39%	-4%
14	PATIENT DAYS	98,668	96,235	(2,433)	-2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$548,768,979	\$604,091,543	\$55,322,564	10%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	6.1	6.0	(0.2)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.1	4.0	(0.2)	-4%
3	UNINSURED	4.0	3.5	(0.5)	-13%
4	MEDICAID	5.3	4.9	(0.4)	-7%
5	OTHER MEDICAL ASSISTANCE	4.5	4.4	(0.1)	-2%
6	CHAMPUS / TRICARE	4.7	2.4	(2.3)	-48%
7	TOTAL AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)	-3%

HOSPITAL OF SAINT RAPHAEL					
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
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$1,237,132,945	\$1,287,870,181	\$50,737,236	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$548,768,979	\$604,091,543	\$55,322,564	10%
3	UNCOMPENSATED CARE	\$25,289,970	\$30,061,520	\$4,771,550	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$215,064,472	\$198,427,931	(\$16,636,541)	-8%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,456,286	\$8,377,175	(\$79,111)	-1%
6	TOTAL ADJUSTMENTS	\$797,579,707	\$840,958,169	\$43,378,462	5%
7	TOTAL ACCRUED PAYMENTS	\$439,553,238	\$446,912,012	\$7,358,774	2%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,501,453	\$2,132,962	(\$368,491)	-15%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$442,054,691	\$449,044,974	\$6,990,283	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3573218972	0.3486725453	(0.0086493519)	-2%
11	COST OF UNCOMPENSATED CARE	\$9,036,660	\$10,481,627	\$1,444,967	16%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$17,479,360	\$21,230,729	\$3,751,369	21%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,516,020	\$31,712,356	\$5,196,336	20%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$13,127,297	\$17,538,391	\$4,411,094	34%
2	OTHER MEDICAL ASSISTANCE	\$11,834,075	\$7,247,517	(\$4,586,558)	-39%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,333,173	\$4,348,166	(\$1,985,007)	-31%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$31,294,545	\$29,134,074	(\$2,160,471)	-7%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,101,848	\$16,384,971	\$1,283,123	8.50%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$16,526,548	\$21,992,092	\$5,465,544	33.07%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$458,581,238	\$471,037,065	\$12,455,827	2.72%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,237,132,945	\$1,287,870,180	\$50,737,235	4.10%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$25,289,970	\$30,061,520	\$4,771,550	18.87%

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
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<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$258,035,729	\$238,061,303	(\$19,974,426)
2	MEDICARE	\$539,216,103	543,881,938	\$4,665,835
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$83,710,687	95,138,636	\$11,427,949
4	MEDICAID	\$63,126,304	83,843,735	\$20,717,431
5	OTHER MEDICAL ASSISTANCE	\$20,584,383	11,294,901	(\$9,289,482)
6	CHAMPUS / TRICARE	\$518,548	507,308	(\$11,240)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$13,639,451	10,215,544	(\$3,423,907)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$623,445,338</b>	<b>\$639,527,882</b>	<b>\$16,082,544</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$881,481,067</b>	<b>\$877,589,185</b>	<b>(\$3,891,882)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$174,532,701	\$181,873,109	\$7,340,408
2	MEDICARE	\$116,828,169	144,327,569	\$27,499,400
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$63,718,051	83,266,470	\$19,548,419
4	MEDICAID	\$45,950,889	69,242,075	\$23,291,186
5	OTHER MEDICAL ASSISTANCE	\$17,767,162	14,024,395	(\$3,742,767)
6	CHAMPUS / TRICARE	\$572,957	813,848	\$240,891
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,605,175	19,620,565	\$15,390
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$181,119,177</b>	<b>\$228,407,887</b>	<b>\$47,288,710</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$355,651,878</b>	<b>\$410,280,996</b>	<b>\$54,629,118</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$432,568,430	\$419,934,412	(\$12,634,018)
2	TOTAL MEDICARE	\$656,044,272	\$688,209,507	\$32,165,235
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$147,428,738	\$178,405,106	\$30,976,368
4	TOTAL MEDICAID	\$109,077,193	\$153,085,810	\$44,008,617
5	TOTAL OTHER MEDICAL ASSISTANCE	\$38,351,545	\$25,319,296	(\$13,032,249)
6	TOTAL CHAMPUS / TRICARE	\$1,091,505	\$1,321,156	\$229,651
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$33,244,626	\$29,836,109	(\$3,408,517)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$804,564,515</b>	<b>\$867,935,769</b>	<b>\$63,371,254</b>
	<b>TOTAL CHARGES</b>	<b>\$1,237,132,945</b>	<b>\$1,287,870,181</b>	<b>\$50,737,236</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$105,314,837	\$101,699,141	(\$3,615,696)
2	MEDICARE	\$182,408,698	180,018,860	(\$2,389,838)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,351,538	23,162,812	\$2,811,274
4	MEDICAID	\$18,228,912	21,976,565	\$3,747,653
5	OTHER MEDICAL ASSISTANCE	\$2,122,626	1,186,247	(\$936,379)
6	CHAMPUS / TRICARE	\$103,263	176,650	\$73,387
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,420,143	922,861	(\$497,282)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$202,863,499</b>	<b>\$203,358,322</b>	<b>\$494,823</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$308,178,336</b>	<b>\$305,057,463</b>	<b>(\$3,120,873)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$78,442,865	\$81,368,645	\$2,925,780
2	MEDICARE	\$37,759,568	42,461,304	\$4,701,736
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,848,618	17,811,421	\$2,962,803
4	MEDICAID	\$12,810,725	15,724,591	\$2,913,866
5	OTHER MEDICAL ASSISTANCE	\$2,037,893	2,086,830	\$48,937
6	CHAMPUS / TRICARE	\$323,851	213,179	(\$110,672)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,554,027	3,971,602	\$417,575
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$52,932,037</b>	<b>\$60,485,904</b>	<b>\$7,553,867</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$131,374,902</b>	<b>\$141,854,549</b>	<b>\$10,479,647</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,757,702	\$183,067,786	(\$689,916)
2	TOTAL MEDICARE	\$220,168,266	\$222,480,164	\$2,311,898
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,200,156	\$40,974,233	\$5,774,077
4	TOTAL MEDICAID	\$31,039,637	\$37,701,156	\$6,661,519
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,160,519	\$3,273,077	(\$887,442)
6	TOTAL CHAMPUS / TRICARE	\$427,114	\$389,829	(\$37,285)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,974,170	\$4,894,463	(\$79,707)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$255,795,536</b>	<b>\$263,844,226</b>	<b>\$8,048,690</b>
	<b>TOTAL PAYMENTS</b>	<b>\$439,553,238</b>	<b>\$446,912,012</b>	<b>\$7,358,774</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
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<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.86%	18.48%	-2.37%
2	MEDICARE	43.59%	42.23%	-1.35%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.77%	7.39%	0.62%
4	MEDICAID	5.10%	6.51%	1.41%
5	OTHER MEDICAL ASSISTANCE	1.66%	0.88%	-0.79%
6	CHAMPUS / TRICARE	0.04%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.10%	0.79%	-0.31%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>50.39%</b>	<b>49.66%</b>	<b>-0.74%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>71.25%</b>	<b>68.14%</b>	<b>-3.11%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.11%	14.12%	0.01%
2	MEDICARE	9.44%	11.21%	1.76%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.15%	6.47%	1.31%
4	MEDICAID	3.71%	5.38%	1.66%
5	OTHER MEDICAL ASSISTANCE	1.44%	1.09%	-0.35%
6	CHAMPUS / TRICARE	0.05%	0.06%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.58%	1.52%	-0.06%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>14.64%</b>	<b>17.74%</b>	<b>3.10%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>28.75%</b>	<b>31.86%</b>	<b>3.11%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.96%	22.76%	-1.20%
2	MEDICARE	41.50%	40.28%	-1.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.63%	5.18%	0.55%
4	MEDICAID	4.15%	4.92%	0.77%
5	OTHER MEDICAL ASSISTANCE	0.48%	0.27%	-0.22%
6	CHAMPUS / TRICARE	0.02%	0.04%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.32%	0.21%	-0.12%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>46.15%</b>	<b>45.50%</b>	<b>-0.65%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>70.11%</b>	<b>68.26%</b>	<b>-1.85%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.85%	18.21%	0.36%
2	MEDICARE	8.59%	9.50%	0.91%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.38%	3.99%	0.61%
4	MEDICAID	2.91%	3.52%	0.60%
5	OTHER MEDICAL ASSISTANCE	0.46%	0.47%	0.00%
6	CHAMPUS / TRICARE	0.07%	0.05%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.81%	0.89%	0.08%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>12.04%</b>	<b>13.53%</b>	<b>1.49%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>29.89%</b>	<b>31.74%</b>	<b>1.85%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
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<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,800	7,077	(723)
2	MEDICARE	13,225	13,102	(123)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,447	3,711	264
4	MEDICAID	2,704	3,298	594
5	OTHER MEDICAL ASSISTANCE	743	413	(330)
6	CHAMPUS / TRICARE	33	34	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	405	271	(134)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>16,705</b>	<b>16,847</b>	<b>142</b>
	<b>TOTAL DISCHARGES</b>	<b>24,505</b>	<b>23,924</b>	<b>(581)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32,297	28,038	(4,259)
2	MEDICARE	80,911	78,097	(2,814)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,601	18,055	454
4	MEDICAID	14,275	16,251	1,976
5	OTHER MEDICAL ASSISTANCE	3,326	1,804	(1,522)
6	CHAMPUS / TRICARE	156	83	(73)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,615	945	(670)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>98,668</b>	<b>96,235</b>	<b>(2,433)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>130,965</b>	<b>124,273</b>	<b>(6,692)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.1	4.0	(0.2)
2	MEDICARE	6.1	6.0	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.1	4.9	(0.2)
4	MEDICAID	5.3	4.9	(0.4)
5	OTHER MEDICAL ASSISTANCE	4.5	4.4	(0.1)
6	CHAMPUS / TRICARE	4.7	2.4	(2.3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.0	3.5	(0.5)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.9</b>	<b>5.7</b>	<b>(0.2)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.3</b>	<b>5.2</b>	<b>(0.1)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.42200	1.39960	(0.02240)
2	MEDICARE	1.61040	1.58180	(0.02860)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.98089	0.98738	0.00649
4	MEDICAID	0.92470	0.96240	0.03770
5	OTHER MEDICAL ASSISTANCE	1.18540	1.18690	0.00150
6	CHAMPUS / TRICARE	0.78660	0.87530	0.08870
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04820	1.22600	0.17780
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.47888</b>	<b>1.44944</b>	<b>(0.02944)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.46077</b>	<b>1.43470</b>	<b>(0.02608)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$417,466,583	\$403,549,441	(\$13,917,142)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$202,402,111	\$205,121,510	\$2,719,399
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$215,064,472	\$198,427,931	(\$16,636,541)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.52%	49.17%	-2.35%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,101,848	\$16,384,971	\$1,283,123
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,456,286	\$8,377,175	(\$79,111)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,501,453	\$2,132,962	(\$368,491)
8	CHARITY CARE	\$4,656,971	\$5,390,523	\$733,552
9	BAD DEBTS	\$20,632,999	\$24,670,997	\$4,037,998
10	TOTAL UNCOMPENSATED CARE	\$25,289,970	\$30,061,520	\$4,771,550
11	TOTAL OTHER OPERATING REVENUE	\$417,466,583	\$403,549,441	(\$13,917,142)
12	TOTAL OPERATING EXPENSES	\$483,940,125	\$491,472,461	\$7,532,336

<b>HOSPITAL OF SAINT RAPHAEL</b>				
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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,091.60000	9,904.96920	(1,186.63080)
2	MEDICARE	21,297.54000	20,724.74360	(572.79640)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,381.14100	3,664.18490	283.04390
4	MEDICAID	2,500.38880	3,173.99520	673.60640
5	OTHER MEDICAL ASSISTANCE	880.75220	490.18970	(390.56250)
6	CHAMPUS / TRICARE	25.95780	29.76020	3.80240
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	424.52100	332.24600	(92.27500)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>24,704.63880</b>	<b>24,418.68870</b>	<b>(285.95010)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>35,796.23880</b>	<b>34,323.65790</b>	<b>(1,472.58090)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,275.83941	5,406.65776	130.81836
2	MEDICARE	2,865.36794	3,476.82038	611.45244
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,609.60673	3,236.44696	626.84022
4	MEDICAID	1,968.29524	2,723.64254	755.34730
5	OTHER MEDICAL ASSISTANCE	641.31149	512.80442	-128.50707
6	CHAMPUS / TRICARE	36.46255	54.54444	18.08190
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	582.14190	520.49828	-61.64361
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>5,511.43722</b>	<b>6,767.81179</b>	<b>1,256.37456</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>10,787.27663</b>	<b>12,174.46955</b>	<b>1,387.19292</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,495.01	\$10,267.49	\$772.48
2	MEDICARE	\$8,564.78	\$8,686.18	\$121.40
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,019.13	\$6,321.41	\$302.28
4	MEDICAID	\$7,290.43	\$6,923.94	(\$366.49)
5	OTHER MEDICAL ASSISTANCE	\$2,410.01	\$2,419.98	\$9.96
6	CHAMPUS / TRICARE	\$3,978.11	\$5,935.78	\$1,957.67
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,345.28	\$2,777.64	(\$567.64)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,211.55</b>	<b>\$8,327.98</b>	<b>\$116.42</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,609.24</b>	<b>\$8,887.67</b>	<b>\$278.44</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,868.32	\$15,049.71	\$181.39
2	MEDICARE	\$13,177.91	\$12,212.68	(\$965.23)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,689.98	\$5,503.39	(\$186.60)
4	MEDICAID	\$6,508.54	\$5,773.37	(\$735.17)
5	OTHER MEDICAL ASSISTANCE	\$3,177.70	\$4,069.45	\$891.75
6	CHAMPUS / TRICARE	\$8,881.74	\$3,908.35	(\$4,973.39)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,105.09	\$7,630.38	\$1,525.30
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$9,604.04</b>	<b>\$8,937.29</b>	<b>(\$666.74)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$12,178.69</b>	<b>\$11,651.81</b>	<b>(\$526.89)</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$13,127,297	\$17,538,391	\$4,411,094
2	OTHER MEDICAL ASSISTANCE	\$11,834,075	\$7,247,517	(\$4,586,558)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,333,173	\$4,348,166	(\$1,985,007)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$31,294,545</b>	<b>\$29,134,074</b>	<b>(\$2,160,471)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$1,237,132,945	\$1,287,870,181	\$50,737,236
2	TOTAL GOVERNMENT DEDUCTIONS	\$548,768,979	\$604,091,543	\$55,322,564
3	UNCOMPENSATED CARE	\$25,289,970	\$30,061,520	\$4,771,550
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$215,064,472	\$198,427,931	(\$16,636,541)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,456,286	\$8,377,175	(\$79,111)
6	TOTAL ADJUSTMENTS	\$797,579,707	\$840,958,169	\$43,378,462
7	TOTAL ACCRUED PAYMENTS	\$439,553,238	\$446,912,012	\$7,358,774
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,501,453	\$2,132,962	(\$368,491)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$442,054,691	\$449,044,974	\$6,990,283
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3573218972	0.3486725453	(0.0086493519)
11	COST OF UNCOMPENSATED CARE	\$9,036,660	\$10,481,627	\$1,444,967
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$17,479,360	\$21,230,729	\$3,751,369
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$26,516,020	\$31,712,356	\$5,196,336
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.81%	42.72%	1.91%
2	MEDICARE	33.83%	33.10%	-0.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.31%	24.35%	0.03%
4	MEDICAID	28.88%	26.21%	-2.67%
5	OTHER MEDICAL ASSISTANCE	10.31%	10.50%	0.19%
6	CHAMPUS / TRICARE	19.91%	34.82%	14.91%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10.41%	9.03%	-1.38%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>32.54%</b>	<b>31.80%</b>	<b>-0.74%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>34.96%</b>	<b>34.76%</b>	<b>-0.20%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.94%	44.74%	-0.21%
2	MEDICARE	32.32%	29.42%	-2.90%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.30%	21.39%	-1.91%
4	MEDICAID	27.88%	22.71%	-5.17%
5	OTHER MEDICAL ASSISTANCE	11.47%	14.88%	3.41%
6	CHAMPUS / TRICARE	56.52%	26.19%	-30.33%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	18.13%	20.24%	2.11%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>29.22%</b>	<b>26.48%</b>	<b>-2.74%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>36.94%</b>	<b>34.57%</b>	<b>-2.36%</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$439,553,238	\$446,912,012	\$7,358,774
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,501,453	\$2,132,962	(\$368,491)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$442,054,691</b>	<b>\$449,044,974</b>	<b>\$6,990,283</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$16,526,548	\$21,992,092	\$5,465,544
4	<b>CALCULATED NET REVENUE</b>	<b>\$458,581,239</b>	<b>\$471,037,066</b>	<b>\$12,455,827</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$458,581,238	\$471,037,065	\$12,455,827
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$1</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$1,237,132,945	\$1,287,870,181	\$50,737,236
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,237,132,945</b>	<b>\$1,287,870,181</b>	<b>\$50,737,236</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,237,132,945	\$1,287,870,180	\$50,737,235
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$1</b>	<b>\$1</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$25,289,970	\$30,061,520	\$4,771,550
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$25,289,970</b>	<b>\$30,061,520</b>	<b>\$4,771,550</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$25,289,970	\$30,061,520	\$4,771,550
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>HOSPITAL OF SAINT RAPHAEL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 2010            REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND            BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$238,061,303
2	MEDICARE	543,881,938
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	95,138,636
4	MEDICAID	83,843,735
5	OTHER MEDICAL ASSISTANCE	11,294,901
6	CHAMPUS / TRICARE	507,308
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10,215,544
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$639,527,882</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$877,589,185</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$181,873,109
2	MEDICARE	144,327,569
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	83,266,470
4	MEDICAID	69,242,075
5	OTHER MEDICAL ASSISTANCE	14,024,395
6	CHAMPUS / TRICARE	813,848
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	19,620,565
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$228,407,887</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$410,280,996</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$419,934,412
2	TOTAL GOVERNMENT ACCRUED CHARGES	867,935,769
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$1,287,870,181</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$101,699,141
2	MEDICARE	180,018,860
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23,162,812
4	MEDICAID	21,976,565
5	OTHER MEDICAL ASSISTANCE	1,186,247
6	CHAMPUS / TRICARE	176,650
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	922,861
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$203,358,322</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$305,057,463</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,368,645
2	MEDICARE	42,461,304
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,811,421
4	MEDICAID	15,724,591
5	OTHER MEDICAL ASSISTANCE	2,086,830
6	CHAMPUS / TRICARE	213,179
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,971,602
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$60,485,904</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$141,854,549</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$183,067,786
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	263,844,226
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$446,912,012</b>

<b>HOSPITAL OF SAINT RAPHAEL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 2010            REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND            BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,077
2	MEDICARE	13,102
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,711
4	MEDICAID	3,298
5	OTHER MEDICAL ASSISTANCE	413
6	CHAMPUS / TRICARE	34
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	271
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>16,847</b>
	<b>TOTAL DISCHARGES</b>	<b>23,924</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.39960
2	MEDICARE	1.58180
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.98738
4	MEDICAID	0.96240
5	OTHER MEDICAL ASSISTANCE	1.18690
6	CHAMPUS / TRICARE	0.87530
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22600
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.44944</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.43470</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$403,549,441
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$205,121,510
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$198,427,931
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.17%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$16,384,971
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,377,175
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,132,962
8	CHARITY CARE	\$5,390,523
9	BAD DEBTS	\$24,670,997
10	TOTAL UNCOMPENSATED CARE	\$30,061,520
11	TOTAL OTHER OPERATING REVENUE	\$20,294,147
12	TOTAL OPERATING EXPENSES	\$491,472,461

<b>HOSPITAL OF SAINT RAPHAEL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 2010            REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND            BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$446,912,012
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,132,962
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$449,044,974</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$21,992,092
	<b>CALCULATED NET REVENUE</b>	<b>\$471,037,066</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$471,037,065
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$1,287,870,181
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,287,870,181</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,287,870,180
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$30,061,520
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$30,061,520</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$30,061,520
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2010</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	1,069	1,940	871	81%
2	Number of Approved Applicants	1,015	1,940	925	91%
3	<b>Total Charges (A)</b>	\$4,656,971	\$5,390,523	\$733,552	16%
4	<b>Average Charges</b>	<b>\$4,588</b>	<b>\$2,779</b>	<b>(\$1,810)</b>	<b>-39%</b>
5	Ratio of Cost to Charges (RCC)	0.382098	0.385221	0.003123	1%
6	<b>Total Cost</b>	<b>\$1,779,419</b>	<b>\$2,076,543</b>	<b>\$297,123</b>	<b>17%</b>
7	<b>Average Cost</b>	<b>\$1,753</b>	<b>\$1,070</b>	<b>(\$683)</b>	<b>-39%</b>
8	Charity Care - Inpatient Charges	\$2,842,729	\$3,013,236	\$170,507	6%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,289,467	1,678,565	389,098	30%
10	Charity Care - Emergency Department Charges	524,775	698,722	173,947	33%
11	<b>Total Charges (A)</b>	<b>\$4,656,971</b>	<b>\$5,390,523</b>	<b>\$733,552</b>	<b>16%</b>
12	Charity Care - Number of Patient Days	518	442	(76)	-15%
13	Charity Care - Number of Discharges	76	83	7	9%
14	Charity Care - Number of Outpatient ED Visits	238	312	74	31%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,236	2,552	1,316	106%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$7,772,212	\$9,654,518	\$1,882,306	24%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,550,178	3,996,449	446,271	13%
3	Bad Debts - Emergency Department	9,310,609	11,020,030	1,709,421	18%
4	<b>Total Bad Debts (A)</b>	<b>\$20,632,999</b>	<b>\$24,670,997</b>	<b>\$4,037,998</b>	<b>20%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$4,656,971	\$5,390,523	\$733,552	16%
2	Bad Debts (A)	20,632,999	24,670,997	4,037,998	20%
3	<b>Total Uncompensated Care (A)</b>	<b>\$25,289,970</b>	<b>\$30,061,520</b>	<b>\$4,771,550</b>	<b>19%</b>
4	Uncompensated Care - Inpatient Services	\$10,614,941	\$12,667,754	\$2,052,813	19%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,839,645	5,675,014	835,369	17%
6	Uncompensated Care - Emergency Department	9,835,384	11,718,752	1,883,368	19%
7	<b>Total Uncompensated Care (A)</b>	<b>\$25,289,970</b>	<b>\$30,061,520</b>	<b>\$4,771,550</b>	<b>19%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

HOSPITAL OF SAINT RAPHAEL 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>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$417,466,583	\$403,549,441	(\$13,917,142)	-3%
2	Total Contractual Allowances	\$215,064,472	\$198,427,931	(\$16,636,541)	-8%
	<b>Total Accrued Payments (A)</b>	<b>\$202,402,111</b>	<b>\$205,121,510</b>	<b>\$2,719,399</b>	<b>1%</b>
	<b>Total Discount Percentage</b>	<b>51.52%</b>	<b>49.17%</b>	<b>-2.35%</b>	<b>-5%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$831,898,801	\$881,481,067	\$877,589,185
2	Outpatient Gross Revenue	\$301,135,910	\$355,651,878	\$410,280,996
3	Total Gross Patient Revenue	\$1,133,034,711	\$1,237,132,945	\$1,287,870,181
4	Net Patient Revenue	\$420,527,029	\$456,208,821	\$468,749,267
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$463,724,841	\$483,940,125	\$491,472,461
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	134,266	130,965	124,273
2	Discharges	24,586	24,505	23,924
3	Average Length of Stay	5.5	5.3	5.2
4	Equivalent (Adjusted) Patient Days (EPD)	182,868	183,806	182,372
0	Equivalent (Adjusted) Discharges (ED)	33,486	34,392	35,109
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.46834	1.46077	1.43470
2	Case Mix Adjusted Patient Days (CMAPD)	197,149	191,310	178,294
3	Case Mix Adjusted Discharges (CMAD)	36,101	35,796	34,324
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	268,514	268,498	261,648
5	Case Mix Adjusted Equivalent Discharges (CMAED)	49,169	50,239	50,370
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$8,439	\$9,446	\$10,363
2	Total Gross Revenue per Discharge	\$46,085	\$50,485	\$53,832
3	Total Gross Revenue per EPD	\$6,196	\$6,731	\$7,062
4	Total Gross Revenue per ED	\$33,836	\$35,971	\$36,682
5	Total Gross Revenue per CMAEPD	\$4,220	\$4,608	\$4,922
6	Total Gross Revenue per CMAED	\$23,044	\$24,625	\$25,568
7	Inpatient Gross Revenue per EPD	\$4,549	\$4,796	\$4,812
8	Inpatient Gross Revenue per ED	\$24,843	\$25,630	\$24,996

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2010</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,132	\$3,483	\$3,772
2	Net Patient Revenue per Discharge	\$17,104	\$18,617	\$19,593
3	Net Patient Revenue per EPD	\$2,300	\$2,482	\$2,570
4	Net Patient Revenue per ED	\$12,558	\$13,265	\$13,351
5	Net Patient Revenue per CMAEPD	\$1,566	\$1,699	\$1,792
6	Net Patient Revenue per CMAED	\$8,553	\$9,081	\$9,306
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,454	\$3,695	\$3,955
2	Total Operating Expense per Discharge	\$18,861	\$19,749	\$20,543
3	Total Operating Expense per EPD	\$2,536	\$2,633	\$2,695
4	Total Operating Expense per ED	\$13,848	\$14,071	\$13,999
5	Total Operating Expense per CMAEPD	\$1,727	\$1,802	\$1,878
6	Total Operating Expense per CMAED	\$9,431	\$9,633	\$9,757
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$69,903,579	\$75,153,400	\$79,362,108
2	Nursing Fringe Benefits Expense	\$18,092,023	\$20,068,757	\$19,868,052
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$87,995,602</b>	<b>\$95,222,157</b>	<b>\$99,230,160</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$37,383,788	\$41,231,009	\$42,366,674
2	Physician Fringe Benefits Expense	\$9,675,447	\$11,010,215	\$10,606,363
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$47,059,235</b>	<b>\$52,241,224</b>	<b>\$52,973,037</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$97,815,216	\$98,707,479	\$104,026,175
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$25,315,944	\$26,358,574	\$26,042,623
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$123,131,160</b>	<b>\$125,066,053</b>	<b>\$130,068,798</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$205,102,583	\$215,091,888	\$225,754,957
2	Total Fringe Benefits Expense	\$53,083,414	\$57,437,546	\$56,517,038
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$258,185,997</b>	<b>\$272,529,434</b>	<b>\$282,271,995</b>