

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	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	\$5,837,411	\$4,739,454	(\$1,097,957)	-19%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,664,890	\$10,246,785	\$581,895	6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$256,662	\$501,284	\$244,622	95%
5	Due From Affiliates	\$15,102,760	\$2,196,771	(\$12,905,989)	-85%
6	Due From Third Party Payers	\$361,514	\$0	(\$361,514)	-100%
7	Inventories of Supplies	\$1,499,178	\$1,576,966	\$77,788	5%
8	Prepaid Expenses	\$229,941	\$270,651	\$40,710	18%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$32,952,356</b>	<b>\$19,531,911</b>	<b>(\$13,420,445)</b>	<b>-41%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$932,060	\$1,890,524	\$958,464	103%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$18,679,910	\$18,741,615	\$61,705	0%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$19,611,970</b>	<b>\$20,632,139</b>	<b>\$1,020,169</b>	<b>5%</b>
5	Interest in Net Assets of Foundation	\$2,673,866	\$2,629,614	(\$44,252)	-2%
6	Long Term Investments	\$2,854,826	\$2,858,713	\$3,887	0%
7	Other Noncurrent Assets	\$3,591,941	\$5,589,302	\$1,997,361	56%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$87,786,229	\$90,221,247	\$2,435,018	3%
2	Less: Accumulated Depreciation	\$55,094,113	\$59,437,084	\$4,342,971	8%
	<b>Property, Plant and Equipment, Net</b>	<b>\$32,692,116</b>	<b>\$30,784,163</b>	<b>(\$1,907,953)</b>	<b>-6%</b>
3	Construction in Progress	\$111,603	\$367,691	\$256,088	229%
	<b>Total Net Fixed Assets</b>	<b>\$32,803,719</b>	<b>\$31,151,854</b>	<b>(\$1,651,865)</b>	<b>-5%</b>
	<b>Total Assets</b>	<b>\$94,488,678</b>	<b>\$82,393,533</b>	<b>(\$12,095,145)</b>	<b>-13%</b>

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		FY 2010	FY 2011	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	\$5,818,288	\$4,351,221	(\$1,467,067)	-25%
2	Salaries, Wages and Payroll Taxes	\$819,406	\$547,347	(\$272,059)	-33%
3	Due To Third Party Payers	\$142,494	\$684,512	\$542,018	380%
4	Due To Affiliates	\$8,798,644	\$2,717,350	(\$6,081,294)	-69%
5	Current Portion of Long Term Debt	\$738,727	\$607,963	(\$130,764)	-18%
6	Current Portion of Notes Payable	\$615,600	\$639,350	\$23,750	4%
7	Other Current Liabilities	\$2,071,603	\$3,891,414	\$1,819,811	88%
	<b>Total Current Liabilities</b>	<b>\$19,004,762</b>	<b>\$13,439,157</b>	<b>(\$5,565,605)</b>	<b>-29%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$23,160,864	\$25,135,766	\$1,974,902	9%
2	Notes Payable (Net of Current Portion)	\$735,817	\$724,547	(\$11,270)	-2%
	<b>Total Long Term Debt</b>	<b>\$23,896,681</b>	<b>\$25,860,313</b>	<b>\$1,963,632</b>	<b>8%</b>
3	Accrued Pension Liability	\$12,225,592	\$13,402,108	\$1,176,516	10%
4	Other Long Term Liabilities	\$697,012	\$674,591	(\$22,421)	-3%
	<b>Total Long Term Liabilities</b>	<b>\$36,819,285</b>	<b>\$39,937,012</b>	<b>\$3,117,727</b>	<b>8%</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	\$33,744,284	\$24,688,727	(\$9,055,557)	-27%
2	Temporarily Restricted Net Assets	\$1,433,133	\$912,532	(\$520,601)	-36%
3	Permanently Restricted Net Assets	\$3,487,214	\$3,416,105	(\$71,109)	-2%
	<b>Total Net Assets</b>	<b>\$38,664,631</b>	<b>\$29,017,364</b>	<b>(\$9,647,267)</b>	<b>-25%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$94,488,678</b>	<b>\$82,393,533</b>	<b>(\$12,095,145)</b>	<b>-13%</b>

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$147,134,138	\$148,072,623	\$938,485	1%
2	Less: Allowances	\$82,187,872	\$83,863,786	\$1,675,914	2%
3	Less: Charity Care	\$772,244	\$821,721	\$49,477	6%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$64,174,022</b>	<b>\$63,387,116</b>	<b>(\$786,906)</b>	<b>-1%</b>
5	Other Operating Revenue	\$5,242,621	\$4,745,011	(\$497,610)	-9%
6	Net Assets Released from Restrictions	\$23,672	\$48,044	\$24,372	103%
	<b>Total Operating Revenue</b>	<b>\$69,440,315</b>	<b>\$68,180,171</b>	<b>(\$1,260,144)</b>	<b>-2%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$29,677,566	\$29,535,778	(\$141,788)	0%
2	Fringe Benefits	\$7,309,138	\$8,838,640	\$1,529,502	21%
3	Physicians Fees	\$2,844,689	\$3,261,820	\$417,131	15%
4	Supplies and Drugs	\$8,558,231	\$9,145,419	\$587,188	7%
5	Depreciation and Amortization	\$3,824,200	\$3,672,297	(\$151,903)	-4%
6	Bad Debts	\$3,601,814	\$2,925,278	(\$676,536)	-19%
7	Interest	\$1,507,868	\$1,115,177	(\$392,691)	-26%
8	Malpractice	\$663,700	\$765,578	\$101,878	15%
9	Other Operating Expenses	\$7,896,771	\$8,757,212	\$860,441	11%
	<b>Total Operating Expenses</b>	<b>\$65,883,977</b>	<b>\$68,017,199</b>	<b>\$2,133,222</b>	<b>3%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$3,556,338</b>	<b>\$162,972</b>	<b>(\$3,393,366)</b>	<b>-95%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$362	\$240	(\$122)	-34%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$468,828)	(\$855,496)	(\$386,668)	82%
	<b>Total Non-Operating Revenue</b>	<b>(\$468,466)</b>	<b>(\$855,256)</b>	<b>(\$386,790)</b>	<b>83%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$3,087,872</b>	<b>(\$692,284)</b>	<b>(\$3,780,156)</b>	<b>-122%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$3,087,872</b>	<b>(\$692,284)</b>	<b>(\$3,780,156)</b>	<b>-122%</b>
	Principal Payments	\$1,346,163	\$16,920,114	\$15,573,951	1157%

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$29,062,816	\$30,702,348	\$1,639,532	6%
2	MEDICARE MANAGED CARE	\$6,154,088	\$6,208,188	\$54,100	1%
3	MEDICAID	\$2,367,210	\$3,560,066	\$1,192,856	50%
4	MEDICAID MANAGED CARE	\$3,403,580	\$1,285,655	(\$2,117,925)	-62%
5	CHAMPUS/TRICARE	\$270,821	\$15,966	(\$254,855)	-94%
6	COMMERCIAL INSURANCE	\$1,040,882	\$799,749	(\$241,133)	-23%
7	NON-GOVERNMENT MANAGED CARE	\$13,746,707	\$10,289,938	(\$3,456,769)	-25%
8	WORKER'S COMPENSATION	\$410,501	\$476,079	\$65,578	16%
9	SELF- PAY/UNINSURED	\$1,077,749	\$786,334	(\$291,415)	-27%
10	SAGA	\$1,628,725	\$0	(\$1,628,725)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$59,163,079</b>	<b>\$54,124,323</b>	<b>(\$5,038,756)</b>	<b>-9%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$22,204,312	\$24,383,789	\$2,179,477	10%
2	MEDICARE MANAGED CARE	\$4,901,017	\$6,081,373	\$1,180,356	24%
3	MEDICAID	\$3,833,348	\$7,739,418	\$3,906,070	102%
4	MEDICAID MANAGED CARE	\$9,986,812	\$10,533,160	\$546,348	5%
5	CHAMPUS/TRICARE	\$400,126	\$482,355	\$82,229	21%
6	COMMERCIAL INSURANCE	\$2,467,472	\$2,608,679	\$141,207	6%
7	NON-GOVERNMENT MANAGED CARE	\$36,069,861	\$37,567,569	\$1,497,708	4%
8	WORKER'S COMPENSATION	\$1,289,819	\$1,405,476	\$115,657	9%
9	SELF- PAY/UNINSURED	\$4,141,862	\$3,146,480	(\$995,382)	-24%
10	SAGA	\$2,676,432	\$0	(\$2,676,432)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$87,971,061</b>	<b>\$93,948,299</b>	<b>\$5,977,238</b>	<b>7%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$51,267,128	\$55,086,137	\$3,819,009	7%
2	MEDICARE MANAGED CARE	\$11,055,105	\$12,289,561	\$1,234,456	11%
3	MEDICAID	\$6,200,558	\$11,299,484	\$5,098,926	82%
4	MEDICAID MANAGED CARE	\$13,390,392	\$11,818,815	(\$1,571,577)	-12%
5	CHAMPUS/TRICARE	\$670,947	\$498,321	(\$172,626)	-26%
6	COMMERCIAL INSURANCE	\$3,508,354	\$3,408,428	(\$99,926)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$49,816,568	\$47,857,507	(\$1,959,061)	-4%
8	WORKER'S COMPENSATION	\$1,700,320	\$1,881,555	\$181,235	11%
9	SELF- PAY/UNINSURED	\$5,219,611	\$3,932,814	(\$1,286,797)	-25%
10	SAGA	\$4,305,157	\$0	(\$4,305,157)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$147,134,140</b>	<b>\$148,072,622</b>	<b>\$938,482</b>	<b>1%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$12,216,617	\$12,550,501	\$333,884	3%
2	MEDICARE MANAGED CARE	\$2,655,859	\$2,406,391	(\$249,468)	-9%
3	MEDICAID	\$806,958	\$1,011,150	\$204,192	25%
4	MEDICAID MANAGED CARE	\$1,265,804	\$380,709	(\$885,095)	-70%
5	CHAMPUS/TRICARE	\$91,096	\$5,231	(\$85,865)	-94%
6	COMMERCIAL INSURANCE	\$826,141	\$701,772	(\$124,369)	-15%
7	NON-GOVERNMENT MANAGED CARE	\$7,062,198	\$6,179,597	(\$882,601)	-12%
8	WORKER'S COMPENSATION	\$191,217	\$327,082	\$135,865	71%
9	SELF- PAY/UNINSURED	\$254,043	\$4,157	(\$249,886)	-98%
10	SAGA	\$459,161	\$0	(\$459,161)	-100%
11	OTHER	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$25,829,094</b>	<b>\$23,566,590</b>	<b>(\$2,262,504)</b>	<b>-9%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$7,004,386	\$6,547,300	(\$457,086)	-7%
2	MEDICARE MANAGED CARE	\$1,375,498	\$1,332,022	(\$43,476)	-3%
3	MEDICAID	\$1,343,806	\$1,328,463	(\$15,343)	-1%
4	MEDICAID MANAGED CARE	\$2,517,015	\$3,004,741	\$487,726	19%
5	CHAMPUS/TRICARE	\$255,010	\$310,999	\$55,989	22%
6	COMMERCIAL INSURANCE	\$1,942,422	\$2,201,004	\$258,582	13%
7	NON-GOVERNMENT MANAGED CARE	\$18,586,063	\$21,090,780	\$2,504,717	13%
8	WORKER'S COMPENSATION	\$476,273	\$463,376	(\$12,897)	-3%
9	SELF- PAY/UNINSURED	\$671,338	\$183,945	(\$487,393)	-73%
10	SAGA	\$243,733	\$0	(\$243,733)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$34,415,544</b>	<b>\$36,462,630</b>	<b>\$2,047,086</b>	<b>6%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$19,221,003	\$19,097,801	(\$123,202)	-1%
2	MEDICARE MANAGED CARE	\$4,031,357	\$3,738,413	(\$292,944)	-7%
3	MEDICAID	\$2,150,764	\$2,339,613	\$188,849	9%
4	MEDICAID MANAGED CARE	\$3,782,819	\$3,385,450	(\$397,369)	-11%
5	CHAMPUS/TRICARE	\$346,106	\$316,230	(\$29,876)	-9%
6	COMMERCIAL INSURANCE	\$2,768,563	\$2,902,776	\$134,213	5%
7	NON-GOVERNMENT MANAGED CARE	\$25,648,261	\$27,270,377	\$1,622,116	6%
8	WORKER'S COMPENSATION	\$667,490	\$790,458	\$122,968	18%
9	SELF- PAY/UNINSURED	\$925,381	\$188,102	(\$737,279)	-80%
10	SAGA	\$702,894	\$0	(\$702,894)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$60,244,638</b>	<b>\$60,029,220</b>	<b>(\$215,418)</b>	<b>0%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	1,329	1,317	(12)	-1%
2	MEDICARE MANAGED CARE	266	264	(2)	-1%
3	MEDICAID	127	148	21	17%
4	MEDICAID MANAGED CARE	421	120	(301)	-71%
5	CHAMPUS/TRICARE	17	3	(14)	-82%
6	COMMERCIAL INSURANCE	106	72	(34)	-32%
7	NON-GOVERNMENT MANAGED CARE	941	511	(430)	-46%
8	WORKER'S COMPENSATION	17	17	0	0%
9	SELF- PAY/UNINSURED	65	63	(2)	-3%
10	SAGA	97	0	(97)	-100%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>3,386</b>	<b>2,515</b>	<b>(871)</b>	<b>-26%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	6,979	7,269	290	4%
2	MEDICARE MANAGED CARE	1,312	1,371	59	4%
3	MEDICAID	516	750	234	45%
4	MEDICAID MANAGED CARE	1,128	337	(791)	-70%
5	CHAMPUS/TRICARE	48	10	(38)	-79%
6	COMMERCIAL INSURANCE	372	335	(37)	-10%
7	NON-GOVERNMENT MANAGED CARE	3,043	1,933	(1,110)	-36%
8	WORKER'S COMPENSATION	48	51	3	6%
9	SELF- PAY/UNINSURED	266	314	48	18%
10	SAGA	468	0	(468)	-100%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>14,180</b>	<b>12,370</b>	<b>(1,810)</b>	<b>-13%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	14,517	14,395	(122)	-1%
2	MEDICARE MANAGED CARE	3,262	3,718	456	14%
3	MEDICAID	3,091	5,469	2,378	77%
4	MEDICAID MANAGED CARE	10,536	9,475	(1,061)	-10%
5	CHAMPUS/TRICARE	395	401	6	2%
6	COMMERCIAL INSURANCE	2,700	2,607	(93)	-3%
7	NON-GOVERNMENT MANAGED CARE	38,831	35,204	(3,627)	-9%
8	WORKER'S COMPENSATION	974	971	(3)	0%
9	SELF- PAY/UNINSURED	4,327	4,590	263	6%
10	SAGA	2,083	0	(2,083)	-100%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>80,716</b>	<b>76,830</b>	<b>(3,886)</b>	<b>-5%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$9,980,527	\$9,747,474	(\$233,053)	-2%
2	MEDICARE MANAGED CARE	\$1,929,538	\$2,287,029	\$357,491	19%
3	MEDICAID	\$2,086,838	\$5,811,180	\$3,724,342	178%
4	MEDICAID MANAGED CARE	\$6,973,321	\$7,502,770	\$529,449	8%
5	CHAMPUS/TRICARE	\$211,386	\$270,024	\$58,638	28%
6	COMMERCIAL INSURANCE	\$1,613,535	\$1,562,690	(\$50,845)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$16,016,344	\$17,926,064	\$1,909,720	12%
8	WORKER'S COMPENSATION	\$693,357	\$693,779	\$422	0%
9	SELF- PAY/UNINSURED	\$3,375,658	\$1,953,200	(\$1,422,458)	-42%
10	SAGA	\$2,846,869	\$0	(\$2,846,869)	-100%
11	OTHER	\$71,339	\$63,530	(\$7,809)	-11%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$45,798,712</b>	<b>\$47,817,740</b>	<b>\$2,019,028</b>	<b>4%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$2,339,695	\$2,177,011	(\$162,684)	-7%
2	MEDICARE MANAGED CARE	\$449,438	\$546,458	\$97,020	22%
3	MEDICAID	\$421,348	\$1,115,048	\$693,700	165%
4	MEDICAID MANAGED CARE	\$1,951,644	\$1,813,200	(\$138,444)	-7%
5	CHAMPUS/TRICARE	\$65,852	\$72,686	\$6,834	10%
6	COMMERCIAL INSURANCE	\$1,186,863	\$1,103,376	(\$83,487)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$9,696,353	\$10,960,510	\$1,264,157	13%
8	WORKER'S COMPENSATION	\$489,600	\$480,640	(\$8,960)	-2%
9	SELF- PAY/UNINSURED	\$1,287,856	\$96,136	(\$1,191,720)	-93%
10	SAGA	\$442,129	\$0	(\$442,129)	-100%
11	OTHER	\$17,522	\$15,986	(\$1,536)	-9%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$18,348,300</b>	<b>\$18,381,051</b>	<b>\$32,751</b>	<b>0%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	3,802	3,863	61	2%
2	MEDICARE MANAGED CARE	693	826	133	19%
3	MEDICAID	1,165	3,236	2,071	178%
4	MEDICAID MANAGED CARE	4,979	4,996	17	0%
5	CHAMPUS/TRICARE	134	145	11	8%
6	COMMERCIAL INSURANCE	797	787	(10)	-1%
7	NON-GOVERNMENT MANAGED CARE	8,175	7,797	(378)	-5%
8	WORKER'S COMPENSATION	493	525	32	6%
9	SELF- PAY/UNINSURED	2,001	2,201	200	10%
10	SAGA	1,604	0	(1,604)	-100%
11	OTHER	30	21	(9)	-30%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>23,873</b>	<b>24,397</b>	<b>524</b>	<b>2%</b>

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 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	\$10,046,971	\$9,289,670	(\$757,301)	-8%
2	Physician Salaries	\$2,105,239	\$2,400,624	\$295,385	14%
3	Non-Nursing, Non-Physician Salaries	\$17,525,356	\$17,845,484	\$320,128	2%
	<b>Total Salaries &amp; Wages</b>	<b>\$29,677,566</b>	<b>\$29,535,778</b>	<b>(\$141,788)</b>	<b>0%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$2,722,099	\$3,086,106	\$364,007	13%
2	Physician Fringe Benefits	\$539,520	\$751,111	\$211,591	39%
3	Non-Nursing, Non-Physician Fringe Benefits	\$4,047,519	\$5,001,423	\$953,904	24%
	<b>Total Fringe Benefits</b>	<b>\$7,309,138</b>	<b>\$8,838,640</b>	<b>\$1,529,502</b>	<b>21%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$2,844,689	\$3,261,820	\$417,131	15%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$2,844,689</b>	<b>\$3,261,820</b>	<b>\$417,131</b>	<b>15%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$7,130,717	\$7,894,502	\$763,785	11%
2	Pharmaceutical Costs	\$1,427,514	\$1,250,917	(\$176,597)	-12%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$8,558,231</b>	<b>\$9,145,419</b>	<b>\$587,188</b>	<b>7%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$2,370,488	\$2,177,192	(\$193,296)	-8%
2	Depreciation-Equipment	\$1,453,712	\$1,495,105	\$41,393	3%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$3,824,200</b>	<b>\$3,672,297</b>	<b>(\$151,903)</b>	<b>-4%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$3,601,814	\$2,925,278	(\$676,536)	-19%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$1,507,868	\$1,115,177	(\$392,691)	-26%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$663,700	\$765,578	\$101,878	15%
<b>I. Utilities:</b>					
1	Water	\$35,521	\$74,954	\$39,433	111%
2	Natural Gas	\$261,092	\$264,530	\$3,438	1%
3	Oil	\$44,052	\$45,139	\$1,087	2%
4	Electricity	\$625,625	\$622,837	(\$2,788)	0%
5	Telephone	\$179,170	\$217,872	\$38,702	22%
6	Other Utilities	\$53,692	\$53,755	\$63	0%
	<b>Total Utilities</b>	<b>\$1,199,152</b>	<b>\$1,279,087</b>	<b>\$79,935</b>	<b>7%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$159,818	\$85,712	(\$74,106)	-46%
2	Legal Fees	\$336,018	\$287,888	(\$48,130)	-14%
3	Consulting Fees	\$226,273	\$194,867	(\$31,406)	-14%
4	Dues and Membership	\$113,508	\$112,614	(\$894)	-1%
5	Equipment Leases	\$192,325	\$144,833	(\$47,492)	-25%
6	Building Leases	\$241,965	\$294,024	\$52,059	22%
7	Repairs and Maintenance	\$820,776	\$1,084,749	\$263,973	32%
8	Insurance	\$315,407	\$268,171	(\$47,236)	-15%

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$18,474	\$22,147	\$3,673	20%
10	Conferences	\$4,748	\$5,396	\$648	14%
11	Property Tax	\$3,503	\$3,804	\$301	9%
12	General Supplies	\$199,540	\$239,841	\$40,301	20%
13	Licenses and Subscriptions	\$162,851	\$153,288	(\$9,563)	-6%
14	Postage and Shipping	\$4,745	\$5,724	\$979	21%
15	Advertising	\$212,179	\$411,145	\$198,966	94%
16	Other Business Expenses	\$3,685,489	\$4,163,922	\$478,433	13%
	<b>Total Business Expenses</b>	<b>\$6,697,619</b>	<b>\$7,478,125</b>	<b>\$780,506</b>	<b>12%</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>\$65,883,977</b>	<b>\$68,017,199</b>	<b>\$2,133,222</b>	<b>3%</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	\$1,772,650	\$1,803,466	\$30,816	2%
2	General Accounting	\$728,533	\$762,398	\$33,865	5%
3	Patient Billing & Collection	\$429,427	\$344,724	(\$84,703)	-20%
4	Admitting / Registration Office	\$417,897	\$429,212	\$11,315	3%
5	Data Processing	\$1,781,726	\$1,893,940	\$112,214	6%
6	Communications	\$625,496	\$643,788	\$18,292	3%
7	Personnel	\$5,843,912	\$7,221,171	\$1,377,259	24%
8	Public Relations	\$0	\$61,727	\$61,727	0%
9	Purchasing	\$206,094	\$232,176	\$26,082	13%
10	Dietary and Cafeteria	\$1,073,998	\$1,062,510	(\$11,488)	-1%
11	Housekeeping	\$777,770	\$789,615	\$11,845	2%
12	Laundry & Linen	\$340,623	\$314,893	(\$25,730)	-8%
13	Operation of Plant	\$1,089,465	\$1,128,747	\$39,282	4%
14	Security	\$369,340	\$389,095	\$19,755	5%
15	Repairs and Maintenance	\$702,853	\$792,584	\$89,731	13%
16	Central Sterile Supply	\$157,972	\$226,634	\$68,662	43%
17	Pharmacy Department	\$1,935,770	\$1,860,176	(\$75,594)	-4%
18	Other General Services	\$13,257,533	\$12,357,220	(\$900,313)	-7%
	<b>Total General Services</b>	<b>\$31,511,059</b>	<b>\$32,314,076</b>	<b>\$803,017</b>	<b>3%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$2,547,859	\$2,837,182	\$289,323	11%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$206,922	\$197,238	(\$9,684)	-5%
4	Medical Records	\$804,105	\$849,579	\$45,474	6%
5	Social Service	\$43,507	\$46,528	\$3,021	7%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$3,602,393</b>	<b>\$3,930,527</b>	<b>\$328,134</b>	<b>9%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$5,082,009	\$5,756,016	\$674,007	13%
2	Recovery Room	\$462,343	\$474,599	\$12,256	3%
3	Anesthesiology	\$310,617	\$254,530	(\$56,087)	-18%
4	Delivery Room	\$1,023,262	\$786,582	(\$236,680)	-23%
5	Diagnostic Radiology	\$1,327,988	\$1,862,429	\$534,441	40%
6	Diagnostic Ultrasound	\$260,681	\$375,076	\$114,395	44%
7	Radiation Therapy	\$0	\$0	\$0	0%

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$198,550	\$241,031	\$42,481	21%
9	CT Scan	\$385,094	\$347,989	(\$37,105)	-10%
10	Laboratory	\$3,373,157	\$3,533,848	\$160,691	5%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,197,670	\$1,366,068	\$168,398	14%
13	Electrocardiology	\$131,048	\$129,475	(\$1,573)	-1%
14	Electroencephalography	\$21,118	\$22,401	\$1,283	6%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$40,684	\$38,902	(\$1,782)	-4%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$40,374	\$1,931	(\$38,443)	-95%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$108,657	\$116,386	\$7,729	7%
24	Emergency Room	\$4,775,928	\$5,104,059	\$328,131	7%
25	MRI	\$193,260	\$202,292	\$9,032	5%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$918,064	\$930,218	\$12,154	1%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,694,905	\$2,139,148	\$444,243	26%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,258,239	\$1,121,812	(\$136,427)	-11%
	<b>Total Special Services</b>	<b>\$22,803,648</b>	<b>\$24,804,792</b>	<b>\$2,001,144</b>	<b>9%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$3,995,213	\$4,032,333	\$37,120	1%
2	Intensive Care Unit	\$2,050,015	\$2,080,955	\$30,940	2%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$1,023,262	\$0	(\$1,023,262)	-100%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$485,736	\$494,504	\$8,768	2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$412,651	\$360,012	(\$52,639)	-13%
	<b>Total Routine Services</b>	<b>\$7,966,877</b>	<b>\$6,967,804</b>	<b>(\$999,073)</b>	<b>-13%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$65,883,977</b>	<b>\$68,017,199</b>	<b>\$2,133,222</b>	<b>3%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$64,940,252	\$ 64,174,022	\$63,387,116
2	Other Operating Revenue	5,040,949	5,266,293	4,793,055
3	Total Operating Revenue	\$69,981,201	\$69,440,315	\$68,180,171
4	Total Operating Expenses	66,239,259	65,883,977	68,017,199
5	Income/(Loss) From Operations	\$3,741,942	\$3,556,338	\$162,972
6	Total Non-Operating Revenue	(2,380,797)	(468,466)	(855,256)
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,361,145	\$3,087,872	(\$692,284)
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	5.54%	5.16%	0.24%
2	Hospital Non Operating Margin	-3.52%	-0.68%	-1.27%
3	Hospital Total Margin	2.01%	4.48%	-1.03%
4	Income/(Loss) From Operations	\$3,741,942	\$3,556,338	\$162,972
5	Total Operating Revenue	\$69,981,201	\$69,440,315	\$68,180,171
6	Total Non-Operating Revenue	(\$2,380,797)	(\$468,466)	(\$855,256)
7	Total Revenue	\$67,600,404	\$68,971,849	\$67,324,915
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,361,145	\$3,087,872	(\$692,284)
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	\$31,533,927	\$33,744,284	\$24,688,727
2	Hospital Total Net Assets	\$36,462,215	\$38,664,631	\$29,017,364
3	Hospital Change in Total Net Assets	(\$5,299,853)	\$2,202,416	(\$9,647,267)
4	Hospital Change in Total Net Assets %	87.3%	6.0%	-25.0%
<b>D. Cost Data Summary</b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.45</b>	<b>0.43</b>	<b>0.44</b>
2	Total Operating Expenses	\$66,239,259	\$65,883,977	\$68,017,199
3	Total Gross Revenue	\$140,926,612	\$147,134,140	\$148,072,622
4	Total Other Operating Revenue	\$5,040,949	\$5,266,293	\$4,793,055
5	<b>Private Payment to Cost Ratio</b>	<b>1.21</b>	<b>1.22</b>	<b>1.31</b>
6	Total Non-Government Payments	\$31,668,801	\$30,009,695	\$31,151,713

<b>ROCKVILLE GENERAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</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>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
7	Total Uninsured Payments	\$1,520,807	\$925,381	\$188,102
8	Total Non-Government Charges	\$60,439,596	\$60,244,853	\$57,080,304
9	Total Uninsured Charges	\$5,402,039	\$5,219,611	\$3,932,814
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.84</b>	<b>0.86</b>	<b>0.76</b>
11	Total Medicare Payments	\$23,386,057	\$23,252,360	\$22,836,214
12	Total Medicare Charges	\$61,077,560	\$62,322,233	\$67,375,698
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.74</b>	<b>0.70</b>	<b>0.56</b>
14	Total Medicaid Payments	\$5,044,590	\$5,933,583	\$5,725,063
15	Total Medicaid Charges	\$14,953,869	\$19,590,950	\$23,118,299
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$2,009,230</b>	<b>\$1,890,942</b>	<b>\$1,667,218</b>
17	Charity Care	\$550,997	\$772,244	\$821,721
18	Bad Debts	\$3,876,624	\$3,601,814	\$2,925,278
19	Total Uncompensated Care	\$4,427,621	\$4,374,058	\$3,746,999
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>3.0%</b>	<b>2.9%</b>	<b>2.5%</b>
21	Total Operating Expenses	\$66,239,259	\$65,883,977	\$68,017,199
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.84</b>	<b>1.73</b>	<b>1.45</b>
2	Total Current Assets	\$29,484,399	\$32,952,356	\$19,531,911
3	Total Current Liabilities	\$16,014,846	\$19,004,762	\$13,439,157
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>35</b>	<b>34</b>	<b>27</b>
5	Cash and Cash Equivalents	\$5,978,582	\$5,837,411	\$4,739,454
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$5,978,582	\$5,837,411	\$4,739,454
8	Total Operating Expenses	\$66,239,259	\$65,883,977	\$68,017,199
9	Depreciation Expense	\$3,982,798	\$3,824,200	\$3,672,297
10	Operating Expenses less Depreciation Expense	\$62,256,461	\$62,059,777	\$64,344,902
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>56.04</b>	<b>56.22</b>	<b>55.06</b>

<b>ROCKVILLE GENERAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
12	Net Patient Accounts Receivable	\$ 9,336,815	\$ 9,664,890	\$ 10,246,785
13	Due From Third Party Payers	\$976,533	\$361,514	\$0
14	Due To Third Party Payers	\$343,065	\$142,494	\$684,512
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,970,283	\$ 9,883,910	\$ 9,562,273
16	Total Net Patient Revenue	\$64,940,252	\$ 64,174,022	\$ 63,387,116
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>93.89</b>	<b>111.78</b>	<b>76.23</b>
18	Total Current Liabilities	\$16,014,846	\$19,004,762	\$13,439,157
19	Total Operating Expenses	\$66,239,259	\$65,883,977	\$68,017,199
20	Depreciation Expense	\$3,982,798	\$3,824,200	\$3,672,297
21	Total Operating Expenses less Depreciation Expense	\$62,256,461	\$62,059,777	\$64,344,902
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>40.1</b>	<b>40.9</b>	<b>35.2</b>
2	Total Net Assets	\$36,462,215	\$38,664,631	\$29,017,364
3	Total Assets	\$90,901,043	\$94,488,678	\$82,393,533
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>12.9</b>	<b>16.1</b>	<b>7.6</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,361,145	\$3,087,872	(\$692,284)
6	Depreciation Expense	\$3,982,798	\$3,824,200	\$3,672,297
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,343,943	\$6,912,072	\$2,980,013
8	Total Current Liabilities	\$16,014,846	\$19,004,762	\$13,439,157
9	Total Long Term Debt	\$25,255,757	\$23,896,681	\$25,860,313
10	Total Current Liabilities and Total Long Term Debt	\$41,270,603	\$42,901,443	\$39,299,470
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>40.9</b>	<b>38.2</b>	<b>47.1</b>
12	Total Long Term Debt	\$25,255,757	\$23,896,681	\$25,860,313
13	Total Net Assets	\$36,462,215	\$38,664,631	\$29,017,364
14	Total Long Term Debt and Total Net Assets	\$61,717,972	\$62,561,312	\$54,877,677
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>1.0</b>	<b>3.0</b>	<b>0.2</b>
16	Excess Revenues over Expenses	\$1,361,145	\$3,087,872	(\$692,284)
17	Interest Expense	\$1,275,285	\$1,507,868	\$1,115,177
18	Depreciation and Amortization Expense	\$3,982,798	\$3,824,200	\$3,672,297

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
19	Principal Payments	\$5,228,534	\$1,346,163	\$16,920,114
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>12.9</b>	<b>14.4</b>	<b>16.2</b>
21	Accumulated Depreciation	\$51,499,588	\$55,094,113	\$59,437,084
22	Depreciation and Amortization Expense	\$3,982,798	\$3,824,200	\$3,672,297
<b>H. Utilization Measures Summary</b>				
1	Patient Days	15,355	14,180	12,370
2	Discharges	3,510	3,386	2,515
3	ALOS	4.4	4.2	4.9
4	Staffed Beds	66	66	66
5	Available Beds	-	118	118
6	Licensed Beds	118	118	118
6	Occupancy of Staffed Beds	63.7%	58.9%	51.3%
7	Occupancy of Available Beds	35.7%	32.9%	28.7%
8	Full Time Equivalent Employees	444.0	422.7	405.1
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	39.1%	37.4%	35.9%
2	Medicare Gross Revenue Payer Mix Percentage	43.3%	42.4%	45.5%
3	Medicaid Gross Revenue Payer Mix Percentage	10.6%	13.3%	15.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.9%	2.9%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.8%	3.5%	2.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.5%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$55,037,557	\$55,025,242	\$53,147,490
9	Medicare Gross Revenue (Charges)	\$61,077,560	\$62,322,233	\$67,375,698
10	Medicaid Gross Revenue (Charges)	\$14,953,869	\$19,590,950	\$23,118,299
11	Other Medical Assistance Gross Revenue (Charges)	\$4,134,642	\$4,305,157	\$0
12	Uninsured Gross Revenue (Charges)	\$5,402,039	\$5,219,611	\$3,932,814
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$320,945	\$670,947	\$498,321
14	Total Gross Revenue (Charges)	\$140,926,612	\$147,134,140	\$148,072,622
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	49.6%	48.3%	51.6%

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	38.5%	38.6%	38.0%
3	Medicaid Net Revenue Payer Mix Percentage	8.3%	9.8%	9.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.8%	1.2%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	2.5%	1.5%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.6%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$30,147,994	\$29,084,314	\$30,963,611
9	Medicare Net Revenue (Payments)	\$23,386,057	\$23,252,360	\$22,836,214
10	Medicaid Net Revenue (Payments)	\$5,044,590	\$5,933,583	\$5,725,063
11	Other Medical Assistance Net Revenue (Payments)	\$491,421	\$702,894	\$0
12	Uninsured Net Revenue (Payments)	\$1,520,807	\$925,381	\$188,102
13	CHAMPUS / TRICARE Net Revenue Payments)	\$183,677	\$346,106	\$316,230
14	Total Net Revenue (Payments)	\$60,774,546	\$60,244,638	\$60,029,220
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	1,190	1,129	663
2	Medicare	1,766	1,595	1,581
3	Medical Assistance	546	645	268
4	Medicaid	458	548	268
5	Other Medical Assistance	88	97	-
6	CHAMPUS / TRICARE	8	17	3
7	Uninsured (Included In Non-Government)	63	65	63
8	Total	3,510	3,386	2,515
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.026770	1.075900	1.348400
2	Medicare	1.464480	1.428300	1.468400
3	Medical Assistance	0.883824	0.872450	1.103000
4	Medicaid	0.805490	0.800000	1.103000
5	Other Medical Assistance	1.291520	1.281760	0.000000
6	CHAMPUS / TRICARE	0.959670	1.007000	0.783870
7	Uninsured (Included In Non-Government)	1.004200	1.013480	1.207800
8	Total Case Mix Index	1.224607	1.202799	1.397012
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	2,337	2,136	2,066
2	Emergency Room - Treated and Discharged	23,608	23,873	24,397
3	Total Emergency Room Visits	25,945	26,009	26,463

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$56,221	\$248,979	\$192,758	343%
2	Inpatient Payments	\$53,914	\$105,169	\$51,255	95%
3	Outpatient Charges	\$58,153	\$73,485	\$15,332	26%
4	Outpatient Payments	\$17,967	\$20,024	\$2,057	11%
5	Discharges	3	9	6	200%
6	Patient Days	18	62	44	244%
7	Outpatient Visits (Excludes ED Visits)	26	69	43	165%
8	Emergency Department Outpatient Visits	14	11	(3)	-21%
9	Emergency Department Inpatient Admissions	3	9	6	200%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$114,374</b>	<b>\$322,464</b>	<b>\$208,090</b>	<b>182%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$71,881</b>	<b>\$125,193</b>	<b>\$53,312</b>	<b>74%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$10,842	\$0	(\$10,842)	-100%
2	Inpatient Payments	\$2,988	\$0	(\$2,988)	-100%
3	Outpatient Charges	\$16,202	\$10,509	(\$5,693)	-35%
4	Outpatient Payments	\$4,781	\$2,979	(\$1,802)	-38%
5	Discharges	1	0	(1)	-100%
6	Patient Days	3	0	(3)	-100%
7	Outpatient Visits (Excludes ED Visits)	9	4	(5)	-56%
8	Emergency Department Outpatient Visits	1	2	1	100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$27,044</b>	<b>\$10,509</b>	<b>(\$16,535)</b>	<b>-61%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,769</b>	<b>\$2,979</b>	<b>(\$4,790)</b>	<b>-62%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$1,044,641	\$3,176,524	\$2,131,883	204%
2	Inpatient Payments	\$467,074	\$1,239,222	\$772,148	165%
3	Outpatient Charges	\$1,267,655	\$2,990,542	\$1,722,887	136%
4	Outpatient Payments	\$344,886	\$539,446	\$194,560	56%
5	Discharges	58	135	77	133%
6	Patient Days	229	702	473	207%
7	Outpatient Visits (Excludes ED Visits)	694	1,526	832	120%
8	Emergency Department Outpatient Visits	150	357	207	138%
9	Emergency Department Inpatient Admissions	44	110	66	150%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,312,296</b>	<b>\$6,167,066</b>	<b>\$3,854,770</b>	<b>167%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$811,960</b>	<b>\$1,778,668</b>	<b>\$966,708</b>	<b>119%</b>

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$3,420,513	\$547,045	(\$2,873,468)	-84%
2	Inpatient Payments	\$1,407,583	\$177,611	(\$1,229,972)	-87%
3	Outpatient Charges	\$2,354,089	\$714,814	(\$1,639,275)	-70%
4	Outpatient Payments	\$664,295	\$202,208	(\$462,087)	-70%
5	Discharges	139	29	(110)	-79%
6	Patient Days	722	130	(592)	-82%
7	Outpatient Visits (Excludes ED Visits)	1,274	341	(933)	-73%
8	Emergency Department Outpatient Visits	307	88	(219)	-71%
9	Emergency Department Inpatient Admissions	115	26	(89)	-77%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$5,774,602</b>	<b>\$1,261,859</b>	<b>(\$4,512,743)</b>	<b>-78%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,071,878</b>	<b>\$379,819</b>	<b>(\$1,692,059)</b>	<b>-82%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$739,514	\$307,480	(\$432,034)	-58%
2	Inpatient Payments	\$332,781	\$102,480	(\$230,301)	-69%
3	Outpatient Charges	\$426,466	\$247,826	(\$178,640)	-42%
4	Outpatient Payments	\$121,466	\$72,826	(\$48,640)	-40%
5	Discharges	27	12	(15)	-56%
6	Patient Days	156	76	(80)	-51%
7	Outpatient Visits (Excludes ED Visits)	203	133	(70)	-34%
8	Emergency Department Outpatient Visits	92	59	(33)	-36%
9	Emergency Department Inpatient Admissions	25	7	(18)	-72%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,165,980</b>	<b>\$555,306</b>	<b>(\$610,674)</b>	<b>-52%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$454,247</b>	<b>\$175,306</b>	<b>(\$278,941)</b>	<b>-61%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</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>

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$957,159	\$957,159	0%
2	Inpatient Payments	\$0	\$391,801	\$391,801	0%
3	Outpatient Charges	\$0	\$1,114,217	\$1,114,217	0%
4	Outpatient Payments	\$0	\$264,919	\$264,919	0%
5	Discharges	0	37	37	0%
6	Patient Days	0	216	216	0%
7	Outpatient Visits (Excludes ED Visits)	0	412	412	0%
8	Emergency Department Outpatient Visits	0	169	169	0%
9	Emergency Department Inpatient Admissions	0	27	27	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$2,071,376</b>	<b>\$2,071,376</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$656,720</b>	<b>\$656,720</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$227,740	\$346,601	\$118,861	52%
2	Inpatient Payments	\$91,221	\$131,145	\$39,924	44%
3	Outpatient Charges	\$291,515	\$290,523	(\$992)	0%
4	Outpatient Payments	\$84,897	\$61,124	(\$23,773)	-28%
5	Discharges	13	12	(1)	-8%
6	Patient Days	61	67	6	10%
7	Outpatient Visits (Excludes ED Visits)	106	106	0	0%
8	Emergency Department Outpatient Visits	64	68	4	6%
9	Emergency Department Inpatient Admissions	11	7	(4)	-36%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$519,255</b>	<b>\$637,124</b>	<b>\$117,869</b>	<b>23%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$176,118</b>	<b>\$192,269</b>	<b>\$16,151</b>	<b>9%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$632,624	\$624,400	(\$8,224)	-1%
2	Inpatient Payments	\$289,520	\$258,963	(\$30,557)	-11%
3	Outpatient Charges	\$456,451	\$614,621	\$158,170	35%
4	Outpatient Payments	\$127,343	\$161,915	\$34,572	27%
5	Discharges	24	30	6	25%
6	Patient Days	120	118	(2)	-2%
7	Outpatient Visits (Excludes ED Visits)	244	291	47	19%
8	Emergency Department Outpatient Visits	61	69	8	13%
9	Emergency Department Inpatient Admissions	18	22	4	22%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,089,075</b>	<b>\$1,239,021</b>	<b>\$149,946</b>	<b>14%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$416,863</b>	<b>\$420,878</b>	<b>\$4,015</b>	<b>1%</b>

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$21,993	\$0	(\$21,993)	-100%
2	Inpatient Payments	\$10,778	\$0	(\$10,778)	-100%
3	Outpatient Charges	\$30,486	\$24,836	(\$5,650)	-19%
4	Outpatient Payments	\$9,863	\$6,581	(\$3,282)	-33%
5	Discharges	1	0	(1)	-100%
6	Patient Days	3	0	(3)	-100%
7	Outpatient Visits (Excludes ED Visits)	13	10	(3)	-23%
8	Emergency Department Outpatient Visits	4	3	(1)	-25%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$52,479</b>	<b>\$24,836</b>	<b>(\$27,643)</b>	<b>-53%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$20,641</b>	<b>\$6,581</b>	<b>(\$14,060)</b>	<b>-68%</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>

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 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>\$6,154,088</b>	<b>\$6,208,188</b>	<b>\$54,100</b>	<b>1%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$2,655,859</b>	<b>\$2,406,391</b>	<b>(\$249,468)</b>	<b>-9%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$4,901,017</b>	<b>\$6,081,373</b>	<b>\$1,180,356</b>	<b>24%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,375,498</b>	<b>\$1,332,022</b>	<b>(\$43,476)</b>	<b>-3%</b>
	<b>TOTAL DISCHARGES</b>	<b>266</b>	<b>264</b>	<b>(2)</b>	<b>-1%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,312</b>	<b>1,371</b>	<b>59</b>	<b>4%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>2,569</b>	<b>2,892</b>	<b>323</b>	<b>13%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>693</b>	<b>826</b>	<b>133</b>	<b>19%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>217</b>	<b>208</b>	<b>(9)</b>	<b>-4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$11,055,105</b>	<b>\$12,289,561</b>	<b>\$1,234,456</b>	<b>11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,031,357</b>	<b>\$3,738,413</b>	<b>(\$292,944)</b>	<b>-7%</b>

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 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	\$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>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$1,686,541	\$627,855	(\$1,058,686)	-63%
2	Inpatient Payments	\$493,844	\$214,332	(\$279,512)	-57%
3	Outpatient Charges	\$4,981,281	\$5,367,723	\$386,442	8%
4	Outpatient Payments	\$1,439,420	\$1,687,264	\$247,844	17%
5	Discharges	213	55	(158)	-74%
6	Patient Days	558	171	(387)	-69%
7	Outpatient Visits (Excludes ED Visits)	2,825	2,227	(598)	-21%
8	Emergency Department Outpatient Visits	2,561	2,592	31	1%
9	Emergency Department Inpatient Admissions	38	26	(12)	-32%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,667,822</b>	<b>\$5,995,578</b>	<b>(\$672,244)</b>	<b>-10%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,933,264</b>	<b>\$1,901,596</b>	<b>(\$31,668)</b>	<b>-2%</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	\$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>

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$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%

**ROCKVILLE GENERAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2011  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
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>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$430,398	\$237,256	(\$193,142)	-45%
2	Inpatient Payments	\$209,533	\$61,022	(\$148,511)	-71%
3	Outpatient Charges	\$1,571,219	\$1,724,425	\$153,206	10%
4	Outpatient Payments	\$426,237	\$449,444	\$23,207	5%
5	Discharges	72	24	(48)	-67%
6	Patient Days	168	59	(109)	-65%
7	Outpatient Visits (Excludes ED Visits)	843	680	(163)	-19%
8	Emergency Department Outpatient Visits	789	821	32	4%
9	Emergency Department Inpatient Admissions	5	9	4	80%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,001,617</b>	<b>\$1,961,681</b>	<b>(\$39,936)</b>	<b>-2%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$635,770</b>	<b>\$510,466</b>	<b>(\$125,304)</b>	<b>-20%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$1,286,641	\$420,544	(\$866,097)	-67%
2	Inpatient Payments	\$562,427	\$105,355	(\$457,072)	-81%
3	Outpatient Charges	\$3,434,312	\$3,441,012	\$6,700	0%
4	Outpatient Payments	\$651,358	\$868,033	\$216,675	33%
5	Discharges	136	41	(95)	-70%
6	Patient Days	402	107	(295)	-73%
7	Outpatient Visits (Excludes ED Visits)	1,889	1,572	(317)	-17%
8	Emergency Department Outpatient Visits	1,629	1,583	(46)	-3%
9	Emergency Department Inpatient Admissions	20	14	(6)	-30%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,720,953</b>	<b>\$3,861,556</b>	<b>(\$859,397)</b>	<b>-18%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,213,785</b>	<b>\$973,388</b>	<b>(\$240,397)</b>	<b>-20%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$3,403,580</b>	<b>\$1,285,655</b>	<b>(\$2,117,925)</b>	<b>-62%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$1,265,804</b>	<b>\$380,709</b>	<b>(\$885,095)</b>	<b>-70%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$9,986,812</b>	<b>\$10,533,160</b>	<b>\$546,348</b>	<b>5%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$2,517,015</b>	<b>\$3,004,741</b>	<b>\$487,726</b>	<b>19%</b>
	<b>TOTAL DISCHARGES</b>	<b>421</b>	<b>120</b>	<b>(301)</b>	<b>-71%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,128</b>	<b>337</b>	<b>(791)</b>	<b>-70%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>5,557</b>	<b>4,479</b>	<b>(1,078)</b>	<b>-19%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>4,979</b>	<b>4,996</b>	<b>17</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>63</b>	<b>49</b>	<b>(14)</b>	<b>-22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$13,390,392</b>	<b>\$11,818,815</b>	<b>(\$1,571,577)</b>	<b>-12%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,782,819</b>	<b>\$3,385,450</b>	<b>(\$397,369)</b>	<b>-11%</b>

**ROCKVILLE GENERAL HOSPITAL  
 TWELVE MONTHS ACTUAL FILING  
 FISCAL YEAR 2011  
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	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	\$19,538,406	\$20,991,180	\$1,452,774	7%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,411,447	\$39,643,428	\$231,981	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,170,661	\$1,504,988	\$334,327	29%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$721,274	\$432,832	(\$288,442)	-40%
7	Inventories of Supplies	\$4,115,275	\$4,228,568	\$113,293	3%
8	Prepaid Expenses	\$4,951,462	\$4,345,929	(\$605,533)	-12%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$69,908,525</b>	<b>\$71,146,925</b>	<b>\$1,238,400</b>	<b>2%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$7,003,197	\$6,688,165	(\$315,032)	-4%
2	Board Designated for Capital Acquisition	\$4,944,754	\$5,900,811	\$956,057	19%
3	Funds Held in Escrow	\$11,193,777	\$8,891,170	(\$2,302,607)	-21%
4	Other Noncurrent Assets Whose Use is Limited	\$26,462,596	\$25,643,372	(\$819,224)	-3%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$49,604,324</b>	<b>\$47,123,518</b>	<b>(\$2,480,806)</b>	<b>-5%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$34,840,136	\$33,914,265	(\$925,871)	-3%
7	Other Noncurrent Assets	\$11,623,875	\$13,915,384	\$2,291,509	20%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$290,908,003	\$298,818,948	\$7,910,945	3%
2	Less: Accumulated Depreciation	\$194,035,440	\$205,118,802	\$11,083,362	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$96,872,563</b>	<b>\$93,700,146</b>	<b>(\$3,172,417)</b>	<b>-3%</b>
3	Construction in Progress	\$487,299	\$2,489,451	\$2,002,152	411%
	<b>Total Net Fixed Assets</b>	<b>\$97,359,862</b>	<b>\$96,189,597</b>	<b>(\$1,170,265)</b>	<b>-1%</b>
	<b>Total Assets</b>	<b>\$263,336,722</b>	<b>\$262,289,689</b>	<b>(\$1,047,033)</b>	<b>0%</b>

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	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	\$22,292,837	\$20,356,213	(\$1,936,624)	-9%
2	Salaries, Wages and Payroll Taxes	\$3,978,870	\$3,261,932	(\$716,938)	-18%
3	Due To Third Party Payers	\$423,893	\$2,104,534	\$1,680,641	396%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$9,778,518	\$10,595,265	\$816,747	8%
6	Current Portion of Notes Payable	\$2,216,000	\$3,329,824	\$1,113,824	50%
7	Other Current Liabilities	\$11,650,449	\$17,030,017	\$5,379,568	46%
	<b>Total Current Liabilities</b>	<b>\$50,340,567</b>	<b>\$56,677,785</b>	<b>\$6,337,218</b>	<b>13%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$77,603,579	\$78,175,743	\$572,164	1%
2	Notes Payable (Net of Current Portion)	\$4,129,503	\$8,459,422	\$4,329,919	105%
	<b>Total Long Term Debt</b>	<b>\$81,733,082</b>	<b>\$86,635,165</b>	<b>\$4,902,083</b>	<b>6%</b>
3	Accrued Pension Liability	\$51,990,994	\$56,772,305	\$4,781,311	9%
4	Other Long Term Liabilities	\$7,795,597	\$7,042,777	(\$752,820)	-10%
	<b>Total Long Term Liabilities</b>	<b>\$141,519,673</b>	<b>\$150,450,247</b>	<b>\$8,930,574</b>	<b>6%</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	\$54,654,325	\$41,815,956	(\$12,838,369)	-23%
2	Temporarily Restricted Net Assets	\$5,411,388	\$2,249,963	(\$3,161,425)	-58%
3	Permanently Restricted Net Assets	\$11,410,769	\$11,095,738	(\$315,031)	-3%
	<b>Total Net Assets</b>	<b>\$71,476,482</b>	<b>\$55,161,657</b>	<b>(\$16,314,825)</b>	<b>-23%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$263,336,722</b>	<b>\$262,289,689</b>	<b>(\$1,047,033)</b>	<b>0%</b>

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$634,778,869	\$638,835,375	\$4,056,506	1%
2	Less: Allowances	\$368,952,121	\$371,826,407	\$2,874,286	1%
3	Less: Charity Care	\$3,008,857	\$5,660,092	\$2,651,235	88%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$262,817,891</b>	<b>\$261,348,876</b>	<b>(\$1,469,015)</b>	<b>-1%</b>
5	Other Operating Revenue	\$17,287,740	\$18,840,186	\$1,552,446	9%
6	Net Assets Released from Restrictions	\$539,109	\$801,123	\$262,014	49%
	<b>Total Operating Revenue</b>	<b>\$280,644,740</b>	<b>\$280,990,185</b>	<b>\$345,445</b>	<b>0%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$131,341,594	\$134,218,139	\$2,876,545	2%
2	Fringe Benefits	\$32,963,007	\$35,696,855	\$2,733,848	8%
3	Physicians Fees	\$9,010,309	\$10,277,908	\$1,267,599	14%
4	Supplies and Drugs	\$36,249,132	\$35,184,525	(\$1,064,607)	-3%
5	Depreciation and Amortization	\$12,555,983	\$11,898,918	(\$657,065)	-5%
6	Bad Debts	\$11,481,356	\$11,106,480	(\$374,876)	-3%
7	Interest	\$4,489,986	\$4,224,420	(\$265,566)	-6%
8	Malpractice	\$3,192,627	\$2,961,029	(\$231,598)	-7%
9	Other Operating Expenses	\$32,822,418	\$35,379,234	\$2,556,816	8%
	<b>Total Operating Expenses</b>	<b>\$274,106,412</b>	<b>\$280,947,508</b>	<b>\$6,841,096</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$6,538,328</b>	<b>\$42,677</b>	<b>(\$6,495,651)</b>	<b>-99%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$31,935	\$64,607	\$32,672	102%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,817,438)	(\$1,406,203)	\$411,235	-23%
	<b>Total Non-Operating Revenue</b>	<b>(\$1,785,503)</b>	<b>(\$1,341,596)</b>	<b>\$443,907</b>	<b>-25%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$4,752,825</b>	<b>(\$1,298,919)</b>	<b>(\$6,051,744)</b>	<b>-127%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$4,752,825</b>	<b>(\$1,298,919)</b>	<b>(\$6,051,744)</b>	<b>-127%</b>

## EASTERN CT HEALTH NETWORK , INC

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2011

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$261,403,024	\$262,817,891	\$261,348,876
2	Other Operating Revenue	16,912,648	17,826,849	19,641,309
3	Total Operating Revenue	\$278,315,672	\$280,644,740	\$280,990,185
4	Total Operating Expenses	271,196,171	274,106,412	280,947,508
5	Income/(Loss) From Operations	\$7,119,501	\$6,538,328	\$42,677
6	Total Non-Operating Revenue	(3,903,448)	(1,785,503)	(1,341,596)
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,216,053	\$4,752,825	(\$1,298,919)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	2.59%	2.34%	0.02%
2	Parent Corporation Non-Operating Margin	-1.42%	-0.64%	-0.48%
3	Parent Corporation Total Margin	1.17%	1.70%	-0.46%
4	Income/(Loss) From Operations	\$7,119,501	\$6,538,328	\$42,677
5	Total Operating Revenue	\$278,315,672	\$280,644,740	\$280,990,185
6	Total Non-Operating Revenue	(\$3,903,448)	(\$1,785,503)	(\$1,341,596)
7	Total Revenue	\$274,412,224	\$278,859,237	\$279,648,589
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,216,053	\$4,752,825	(\$1,298,919)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$59,586,141	\$54,654,325	\$41,815,956
2	Parent Corporation Total Net Assets	\$75,433,676	\$71,476,482	\$55,161,657
3	Parent Corporation Change in Total Net Assets	(\$20,064,906)	(\$3,957,194)	(\$16,314,825)
4	Parent Corporation Change in Total Net Assets %	79.0%	-5.2%	-22.8%

## EASTERN CT HEALTH NETWORK , INC

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2011

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
<b>D. Liquidity Measures Summary</b>				
<b>1</b>	<b>Current Ratio</b>	<b>1.80</b>	<b>1.39</b>	<b>1.26</b>
2	Total Current Assets	\$78,264,897	\$69,908,525	\$71,146,925
3	Total Current Liabilities	\$43,546,329	\$50,340,567	\$56,677,785
<b>4</b>	<b>Days Cash on Hand</b>	<b>39</b>	<b>27</b>	<b>28</b>
5	Cash and Cash Equivalents	\$28,001,547	\$19,538,406	\$20,991,180
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$28,001,547	\$19,538,406	\$20,991,180
8	Total Operating Expenses	\$271,196,171	\$274,106,412	\$280,947,508
9	Depreciation Expense	\$12,231,958	\$12,555,983	\$11,898,918
10	Operating Expenses less Depreciation Expense	\$258,964,213	\$261,550,429	\$269,048,590
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>54</b>	<b>55</b>	<b>53</b>
12	Net Patient Accounts Receivable	\$ 38,270,688	\$ 39,411,447	\$ 39,643,428
13	Due From Third Party Payers	\$1,491,255	\$721,274	\$432,832
14	Due To Third Party Payers	\$885,738	\$423,893	\$2,104,534
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 38,876,205	\$ 39,708,828	\$ 37,971,726
16	Total Net Patient Revenue	\$261,403,024	\$262,817,891	\$261,348,876
<b>17</b>	<b>Average Payment Period</b>	<b>61</b>	<b>70</b>	<b>77</b>
18	Total Current Liabilities	\$43,546,329	\$50,340,567	\$56,677,785
19	Total Operating Expenses	\$271,196,171	\$274,106,412	\$280,947,508
20	Depreciation Expense	\$12,231,958	\$12,555,983	\$11,898,918
21	Total Operating Expenses less Depreciation Expense	\$258,964,213	\$261,550,429	\$269,048,590

<b>EASTERN CT HEALTH NETWORK , INC</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL 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 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>28.8</b>	<b>27.1</b>	<b>21.0</b>
2	Total Net Assets	\$75,433,676	\$71,476,482	\$55,161,657
3	Total Assets	\$261,632,758	\$263,336,722	\$262,289,689
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>12.0</b>	<b>13.1</b>	<b>7.4</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,216,053	\$4,752,825	(\$1,298,919)
6	Depreciation Expense	\$12,231,958	\$12,555,983	\$11,898,918
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,448,011	\$17,308,808	\$10,599,999
8	Total Current Liabilities	\$43,546,329	\$50,340,567	\$56,677,785
9	Total Long Term Debt	\$85,300,571	\$81,733,082	\$86,635,165
10	Total Current Liabilities and Total Long Term Debt	\$128,846,900	\$132,073,649	\$143,312,950
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>53.1</b>	<b>53.3</b>	<b>61.1</b>
12	Total Long Term Debt	\$85,300,571	\$81,733,082	\$86,635,165
13	Total Net Assets	\$75,433,676	\$71,476,482	\$55,161,657
14	Total Long Term Debt and Total Net Assets	\$160,734,247	\$153,209,564	\$141,796,822

ROCKVILLE GENERAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	10,210	2,405	2,046	46	81	60.8%	34.5%
2	ICU/CCU (Excludes Neonatal ICU)	1,900	246	0	6	9	86.8%	57.8%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL PSYCHIATRIC</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.0%</b>	<b>0.0%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	135	54	49	6	12	6.2%	3.1%
7	Newborn	125	56	50	8	16	4.3%	2.1%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>12,245</b>	<b>2,459</b>	<b>2,095</b>	<b>58</b>	<b>102</b>	<b>57.8%</b>	<b>32.9%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>12,370</b>	<b>2,515</b>	<b>2,145</b>	<b>66</b>	<b>118</b>	<b>51.3%</b>	<b>28.7%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>12,370</b>	<b>2,515</b>	<b>2,145</b>	<b>66</b>	<b>118</b>	<b>51.3%</b>	<b>28.7%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>14,180</b>	<b>0</b>	<b>0</b>	<b>66</b>	<b>118</b>	<b>58.9%</b>	<b>32.9%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-1,810</b>	<b>2,515</b>	<b>2,145</b>	<b>0</b>	<b>0</b>	<b>-7.5%</b>	<b>-4.2%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-13%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>-13%</b>	<b>-13%</b>
	Total Licensed Beds and Bassinets	118						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	2,428	1,870	-558	-23%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,772	4,960	-812	-14%
3	Emergency Department Scans	2,251	1,929	-322	-14%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>10,451</b>	<b>8,759</b>	<b>-1,692</b>	<b>-16%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	297	222	-75	-25%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,578	1,595	17	1%
3	Emergency Department Scans	21	16	-5	-24%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>1,896</b>	<b>1,833</b>	<b>-63</b>	<b>-3%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</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	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	11	0	-11	-100%
	<b>Total Cardiac Catheterization Procedures</b>	<b>11</b>	<b>0</b>	<b>-11</b>	<b>-100%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	746	631	-115	-15%
2	Outpatient Surgical Procedures	1,726	1,629	-97	-6%
	<b>Total Surgical Procedures</b>	<b>2,472</b>	<b>2,260</b>	<b>-212</b>	<b>-9%</b>
<b>J. Endoscopy Procedures</b>					

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	252	188	-64	-25%
2	Outpatient Endoscopy Procedures	2,508	2,560	52	2%
	<b>Total Endoscopy Procedures</b>	<b>2,760</b>	<b>2,748</b>	<b>-12</b>	<b>0%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	2,136	2,066	-70	-3%
2	Emergency Room Visits: Treated and Discharged	23,873	24,397	524	2%
	<b>Total Emergency Room Visits</b>	<b>26,009</b>	<b>26,463</b>	<b>454</b>	<b>2%</b>
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	1,629	1,626	-3	0%
	<b>Total Hospital Clinic Visits</b>	<b>1,629</b>	<b>1,626</b>	<b>-3</b>	<b>0%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	27,606	21,095	-6,511	-24%
2	Cardiology	8,649	7,956	-693	-8%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	2,508	2,562	54	2%
5	Other Outpatient Visits	14,316	17,127	2,811	20%
	<b>Total Other Hospital Outpatient Visits</b>	<b>53,079</b>	<b>48,740</b>	<b>-4,339</b>	<b>-8%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	124.5	115.1	-9.4	-8%
2	Total Physician FTEs	5.3	6.6	1.3	25%
3	Total Non-Nursing and Non-Physician FTEs	292.9	283.4	-9.5	-3%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>422.7</b>	<b>405.1</b>	<b>-17.6</b>	<b>-4%</b>

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. <u>Outpatient Surgical Procedures</u></b>					
1	Hospital Operating Room	1,726	1,629	-97	-6%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>1,726</b>	<b>1,629</b>	<b>-97</b>	<b>-6%</b>
<b>B. <u>Outpatient Endoscopy Procedures</u></b>					
1	Hospital Operating Room	2,508	2,560	52	2%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,508</b>	<b>2,560</b>	<b>52</b>	<b>2%</b>
<b>C. <u>Outpatient Hospital Emergency Room Visits</u></b>					
1	Hospital Emergency Room	23,873	24,397	524	2%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>23,873</b>	<b>24,397</b>	<b>524</b>	<b>2%</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>					

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$35,216,904	\$36,910,536	\$1,693,632	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,872,476	\$14,956,892	\$84,416	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.23%	40.52%	-1.71%	-4%
4	DISCHARGES	1,595	1,581	(14)	-1%
5	CASE MIX INDEX (CMI)	1.42830	1.46840	0.04010	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,278.13850	2,321.54040	43.40190	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,528.35	\$6,442.66	(\$85.69)	-1%
8	PATIENT DAYS	8,291	8,640	349	4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,793.81	\$1,731.12	(\$62.69)	-3%
10	AVERAGE LENGTH OF STAY	5.2	5.5	0.3	5%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$27,105,329	\$30,465,162	\$3,359,833	12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,379,884	\$7,879,322	(\$500,562)	-6%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.92%	25.86%	-5.05%	-16%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	76.97%	82.54%	5.57%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,227.62068	1,304.92337	77.30269	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,826.12	\$6,038.15	(\$787.97)	-12%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$62,322,233	\$67,375,698	\$5,053,465	8%
18	TOTAL ACCRUED PAYMENTS	\$23,252,360	\$22,836,214	(\$416,146)	-2%
19	TOTAL ALLOWANCES	\$39,069,873	\$44,539,484	\$5,469,611	14%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$16,275,839	\$12,352,100	(\$3,923,739)	-24%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,333,599	\$7,212,608	(\$1,120,991)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.20%	58.39%	7.19%	14%
4	DISCHARGES	1,129	663	(466)	-41%
5	CASE MIX INDEX (CMI)	1.07590	1.34840	0.27250	25%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,214.69110	893.98920	(320.70190)	-26%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,860.67	\$8,067.89	\$1,207.22	18%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$332.33)	(\$1,625.23)	(\$1,292.91)	389%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$403,675)	(\$1,452,941)	(\$1,049,265)	260%
10	PATIENT DAYS	3,729	2,633	(1,096)	-29%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,234.81	\$2,739.31	\$504.50	23%
12	AVERAGE LENGTH OF STAY	3.3	4.0	0.7	20%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$43,969,014	\$44,728,204	\$759,190	2%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,676,096	\$23,939,105	\$2,263,009	10%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	49.30%	53.52%	4.22%	9%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	270.15%	362.11%	91.96%	34%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,049.98205	2,400.79009	(649.19196)	-21%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,106.96	\$9,971.34	\$2,864.39	40%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$280.84)	(\$3,933.20)	(\$3,652.36)	1301%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$856,558)	(\$9,442,776)	(\$8,586,219)	1002%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$60,244,853	\$57,080,304	(\$3,164,549)	-5%
22	TOTAL ACCRUED PAYMENTS	\$30,009,695	\$31,151,713	\$1,142,018	4%
23	TOTAL ALLOWANCES	\$30,235,158	\$25,928,591	(\$4,306,567)	-14%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,260,233)	(\$10,895,717)	(\$9,635,484)	765%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$60,244,853	\$57,080,304	(\$3,164,549)	-5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$30,009,695	\$31,183,459	\$1,173,764	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,235,158	\$25,896,845	(\$4,338,313)	-14%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.19%	45.37%	-4.82%	

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,077,749	\$786,334	(\$291,415)	-27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$254,043	\$4,157	(\$249,886)	-98%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.57%	0.53%	-23.04%	-98%
4	DISCHARGES	65	63	(2)	-3%
5	CASE MIX INDEX (CMI)	1.01348	1.20780	0.19432	19%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	65.87620	76.09140	10.21520	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,856.37	\$54.63	(\$3,801.74)	-99%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$3,004.30	\$8,013.26	\$5,008.96	167%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$2,671.98	\$6,388.03	\$3,716.05	139%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$176,020	\$486,074	\$310,054	176%
11	PATIENT DAYS	266	314	48	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$955.05	\$13.24	(\$941.81)	-99%
13	AVERAGE LENGTH OF STAY	4.1	5.0	0.9	22%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,141,862	\$3,146,480	(\$995,382)	-24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$671,338	\$183,945	(\$487,393)	-73%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.21%	5.85%	-10.36%	-64%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	384.31%	400.15%	15.84%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	249.79938	252.09166	2.29228	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,687.51	\$729.68	(\$1,957.83)	-73%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,419.45	\$9,241.67	\$4,822.22	109%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,138.61	\$5,308.47	\$1,169.86	28%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,033,822	\$1,338,222	\$304,400	29%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$5,219,611	\$3,932,814	(\$1,286,797)	-25%
24	TOTAL ACCRUED PAYMENTS	\$925,381	\$188,102	(\$737,279)	-80%
25	TOTAL ALLOWANCES	\$4,294,230	\$3,744,712	(\$549,518)	-13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,209,842	\$1,824,296	\$614,454	51%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$5,770,790	\$4,845,721	(\$925,069)	-16%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,072,762	\$1,391,859	(\$680,903)	-33%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.92%	28.72%	-7.19%	-20%
4	DISCHARGES	548	268	(280)	-51%
5	CASE MIX INDEX (CMI)	0.80000	1.10300	0.30300	38%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	438.40000	295.60400	(142.79600)	-33%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,728.02	\$4,708.53	(\$19.49)	0%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,132.66	\$3,359.37	\$1,226.71	58%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,800.33	\$1,734.13	(\$66.20)	-4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$789,265	\$512,617	(\$276,648)	-35%
11	PATIENT DAYS	1,644	1,087	(557)	-34%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,260.80	\$1,280.46	\$19.65	2%
13	AVERAGE LENGTH OF STAY	3.0	4.1	1.1	35%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$13,820,160	\$18,272,578	\$4,452,418	32%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,860,821	\$4,333,204	\$472,383	12%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.94%	23.71%	-4.22%	-15%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	239.48%	377.09%	137.60%	57%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,312.37624	1,010.59283	(301.78341)	-23%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,941.86	\$4,287.78	\$1,345.93	46%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,165.10	\$5,683.56	\$1,518.46	36%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,884.26	\$1,750.36	(\$2,133.90)	-55%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,097,614	\$1,768,906	(\$3,328,708)	-65%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$19,590,950	\$23,118,299	\$3,527,349	18%
24	TOTAL ACCRUED PAYMENTS	\$5,933,583	\$5,725,063	(\$208,520)	-4%
25	TOTAL ALLOWANCES	\$13,657,367	\$17,393,236	\$3,735,869	27%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,886,879	\$2,281,523	(\$3,605,356)	-61%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,628,725	\$0	(\$1,628,725)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$459,161	\$0	(\$459,161)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.19%	0.00%	-28.19%	-100%
4	DISCHARGES	97	-	(97)	-100%
5	CASE MIX INDEX (CMI)	1.28176	0.00000	(1.28176)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	124.33072	0.00000	(124.33072)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,693.06	\$0.00	(\$3,693.06)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$3,167.61	\$8,067.89	\$4,900.28	155%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$2,835.28	\$6,442.66	\$3,607.37	127%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$352,513	\$0	(\$352,513)	-100%
11	PATIENT DAYS	468	0	(468)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$981.11	\$0.00	(\$981.11)	-100%
13	AVERAGE LENGTH OF STAY	4.8	-	(4.8)	-100%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,676,432	\$0	(\$2,676,432)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$243,733	\$0	(\$243,733)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	9.11%	0.00%	-9.11%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	164.33%	0.00%	-164.33%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	159.39702	0.00000	(159.39702)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,529.09	\$0.00	(\$1,529.09)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,577.86	\$9,971.34	\$4,393.48	79%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,297.02	\$6,038.15	\$741.12	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$844,330	\$0	(\$844,330)	-100%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$4,305,157	\$0	(\$4,305,157)	-100%
24	TOTAL ACCRUED PAYMENTS	\$702,894	\$0	(\$702,894)	-100%
25	TOTAL ALLOWANCES	\$3,602,263	\$0	(\$3,602,263)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,196,843	\$0	(\$1,196,843)	-100%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$7,399,515	\$4,845,721	(\$2,553,794)	-35%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,531,923	\$1,391,859	(\$1,140,064)	-45%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.22%	28.72%	-5.49%	-16%
4	DISCHARGES	645	268	(377)	-58%
5	CASE MIX INDEX (CMI)	0.87245	1.10300	0.23055	26%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	562.73072	295.60400	(267.12672)	-47%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,499.35	\$4,708.53	\$209.17	5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,361.32	\$3,359.37	\$998.04	42%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,028.99	\$1,734.13	(\$294.86)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,141,778	\$512,617	(\$629,161)	-55%
11	PATIENT DAYS	2,112	1,087	(1,025)	-49%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,198.83	\$1,280.46	\$81.63	7%
13	AVERAGE LENGTH OF STAY	3.3	4.1	0.8	24%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$16,496,592	\$18,272,578	\$1,775,986	11%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,104,554	\$4,333,204	\$228,650	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.88%	23.71%	-1.17%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	222.94%	377.09%	154.15%	69%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,471.77326	1,010.59283	(461.18042)	-31%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,788.85	\$4,287.78	\$1,498.93	54%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,318.11	\$5,683.56	\$1,365.45	32%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,037.27	\$1,750.36	(\$2,286.90)	-57%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,941,944	\$1,768,906	(\$4,173,038)	-70%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$23,896,107	\$23,118,299	(\$777,808)	-3%
24	TOTAL ACCRUED PAYMENTS	\$6,636,477	\$5,725,063	(\$911,414)	-14%
25	TOTAL ALLOWANCES	\$17,259,630	\$17,393,236	\$133,606	1%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$270,821	\$15,966	(\$254,855)	-94%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$91,096	\$5,231	(\$85,865)	-94%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.64%	32.76%	-0.87%	-3%
4	DISCHARGES	17	3	(14)	-82%
5	CASE MIX INDEX (CMI)	1.00700	0.78387	(0.22313)	-22%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	17.11900	2.35161	(14.76739)	-86%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,321.34	\$2,224.43	(\$3,096.91)	-58%
8	PATIENT DAYS	48	10	(38)	-79%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,897.83	\$523.10	(\$1,374.73)	-72%
10	AVERAGE LENGTH OF STAY	2.8	3.3	0.5	18%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$400,126	\$482,355	\$82,229	21%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$255,010	\$310,999	\$55,989	22%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$670,947	\$498,321	(\$172,626)	-26%
14	TOTAL ACCRUED PAYMENTS	\$346,106	\$316,230	(\$29,876)	-9%
15	TOTAL ALLOWANCES	\$324,841	\$182,091	(\$142,750)	-44%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$5,266,293	\$4,793,055	(\$473,238)	-9%
2	TOTAL OPERATING EXPENSES	\$65,883,977	\$68,017,199	\$2,133,222	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$327,558	\$0	(\$327,558)	-100%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$772,244	\$821,721	\$49,477	6%
5	BAD DEBTS (CHARGES)	\$3,601,814	\$2,925,278	(\$676,536)	-19%
6	UNCOMPENSATED CARE (CHARGES)	\$4,374,058	\$3,746,999	(\$627,059)	-14%
7	COST OF UNCOMPENSATED CARE	\$1,670,679	\$1,425,033	(\$245,646)	-15%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$23,896,107	\$23,118,299	(\$777,808)	-3%
9	TOTAL ACCRUED PAYMENTS	\$6,636,477	\$5,725,063	(\$911,414)	-14%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$9,127,159	\$8,792,193	(\$334,966)	-4%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,490,682	\$3,067,130	\$576,448	23%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$59,163,079	\$54,124,323	(\$5,038,756)	-9%
2	TOTAL INPATIENT PAYMENTS	\$25,829,094	\$23,566,590	(\$2,262,504)	-9%
3	TOTAL INPATIENT PAYMENTS / CHARGES	43.66%	43.54%	-0.12%	0%
4	TOTAL DISCHARGES	3,386	2,515	(871)	-26%
5	TOTAL CASE MIX INDEX	1.20280	1.39701	0.19421	16%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,072.67932	3,513.48521	(559.19411)	-14%
7	TOTAL OUTPATIENT CHARGES	\$87,971,061	\$93,948,299	\$5,977,238	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	148.69%	173.58%	24.89%	17%
9	TOTAL OUTPATIENT PAYMENTS	\$34,415,544	\$36,462,630	\$2,047,086	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.12%	38.81%	-0.31%	-1%
11	TOTAL CHARGES	\$147,134,140	\$148,072,622	\$938,482	1%
12	TOTAL PAYMENTS	\$60,244,638	\$60,029,220	(\$215,418)	0%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.95%	40.54%	-0.40%	-1%
14	PATIENT DAYS	14,180	12,370	(1,810)	-13%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$42,887,240	\$41,772,223	(\$1,115,017)	-3%
2	INPATIENT PAYMENTS	\$17,495,495	\$16,353,982	(\$1,141,513)	-7%
3	GOVT. INPATIENT PAYMENTS / CHARGES	40.79%	39.15%	-1.64%	-4%
4	DISCHARGES	2,257	1,852	(405)	-18%
5	CASE MIX INDEX	1.26628	1.41441	0.14814	12%
6	CASE MIX ADJUSTED DISCHARGES	2,857.98822	2,619.49601	(238.49221)	-8%
7	OUTPATIENT CHARGES	\$44,002,047	\$49,220,095	\$5,218,048	12%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	102.60%	117.83%	15.23%	15%
9	OUTPATIENT PAYMENTS	\$12,739,448	\$12,523,525	(\$215,923)	-2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.95%	25.44%	-3.51%	-12%
11	TOTAL CHARGES	\$86,889,287	\$90,992,318	\$4,103,031	5%
12	TOTAL PAYMENTS	\$30,234,943	\$28,877,507	(\$1,357,436)	-4%
13	TOTAL PAYMENTS / CHARGES	34.80%	31.74%	-3.06%	-9%
14	PATIENT DAYS	10,451	9,737	(714)	-7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$56,654,344	\$62,114,811	\$5,460,467	10%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.2	5.5	0.3	5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	4.0	0.7	20%
3	UNINSURED	4.1	5.0	0.9	22%
4	MEDICAID	3.0	4.1	1.1	35%
5	OTHER MEDICAL ASSISTANCE	4.8	-	(4.8)	-100%
6	CHAMPUS / TRICARE	2.8	3.3	0.5	18%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.9	0.7	17%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$147,134,140	\$148,072,622	\$938,482	1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$56,654,344	\$62,114,811	\$5,460,467	10%
3	UNCOMPENSATED CARE	\$4,374,058	\$3,746,999	(\$627,059)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,235,158	\$25,896,845	(\$4,338,313)	-14%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$91,263,560	\$91,758,655	\$495,095	1%
7	TOTAL ACCRUED PAYMENTS	\$55,870,580	\$56,313,967	\$443,387	1%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$327,558	\$0	(\$327,558)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$56,198,138	\$56,313,967	\$115,829	0%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3819517211	0.3803131615	(0.0016385596)	0%
11	COST OF UNCOMPENSATED CARE	\$1,670,679	\$1,425,033	(\$245,646)	-15%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,490,682	\$3,067,130	\$576,448	23%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,161,361	\$4,492,163	\$330,802	8%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$5,097,614	\$1,768,906	(\$3,328,708)	-65%
2	OTHER MEDICAL ASSISTANCE	\$1,196,843	\$0	(\$1,196,843)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,209,842	\$1,824,296	\$614,454	51%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$7,504,299	\$3,593,202	(\$3,911,097)	-52%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,601,814	\$3,357,906	(\$243,908)	-6.77%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$64,174,022	\$63,387,116	(\$786,906)	-1.23%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$147,134,138	\$148,072,623	\$938,485	0.64%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,374,058	\$3,746,999	(\$627,059)	-14.34%

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,275,839	\$12,352,100	(\$3,923,739)
2	MEDICARE	\$35,216,904	36,910,536	\$1,693,632
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,399,515	4,845,721	(\$2,553,794)
4	MEDICAID	\$5,770,790	4,845,721	(\$925,069)
5	OTHER MEDICAL ASSISTANCE	\$1,628,725	0	(\$1,628,725)
6	CHAMPUS / TRICARE	\$270,821	15,966	(\$254,855)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,077,749	786,334	(\$291,415)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$42,887,240</b>	<b>\$41,772,223</b>	<b>(\$1,115,017)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$59,163,079</b>	<b>\$54,124,323</b>	<b>(\$5,038,756)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,969,014	\$44,728,204	\$759,190
2	MEDICARE	\$27,105,329	30,465,162	\$3,359,833
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,496,592	18,272,578	\$1,775,986
4	MEDICAID	\$13,820,160	18,272,578	\$4,452,418
5	OTHER MEDICAL ASSISTANCE	\$2,676,432	0	(\$2,676,432)
6	CHAMPUS / TRICARE	\$400,126	482,355	\$82,229
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,141,862	3,146,480	(\$995,382)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$44,002,047</b>	<b>\$49,220,095</b>	<b>\$5,218,048</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$87,971,061</b>	<b>\$93,948,299</b>	<b>\$5,977,238</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$60,244,853	\$57,080,304	(\$3,164,549)
2	TOTAL MEDICARE	\$62,322,233	\$67,375,698	\$5,053,465
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,896,107	\$23,118,299	(\$777,808)
4	TOTAL MEDICAID	\$19,590,950	\$23,118,299	\$3,527,349
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,305,157	\$0	(\$4,305,157)
6	TOTAL CHAMPUS / TRICARE	\$670,947	\$498,321	(\$172,626)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,219,611	\$3,932,814	(\$1,286,797)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$86,889,287</b>	<b>\$90,992,318</b>	<b>\$4,103,031</b>
	<b>TOTAL CHARGES</b>	<b>\$147,134,140</b>	<b>\$148,072,622</b>	<b>\$938,482</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,333,599	\$7,212,608	(\$1,120,991)
2	MEDICARE	\$14,872,476	14,956,892	\$84,416
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,531,923	1,391,859	(\$1,140,064)
4	MEDICAID	\$2,072,762	1,391,859	(\$680,903)
5	OTHER MEDICAL ASSISTANCE	\$459,161	0	(\$459,161)
6	CHAMPUS / TRICARE	\$91,096	5,231	(\$85,865)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$254,043	4,157	(\$249,886)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$17,495,495</b>	<b>\$16,353,982</b>	<b>(\$1,141,513)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$25,829,094</b>	<b>\$23,566,590</b>	<b>(\$2,262,504)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,676,096	\$23,939,105	\$2,263,009
2	MEDICARE	\$8,379,884	7,879,322	(\$500,562)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,104,554	4,333,204	\$228,650
4	MEDICAID	\$3,860,821	4,333,204	\$472,383
5	OTHER MEDICAL ASSISTANCE	\$243,733	0	(\$243,733)
6	CHAMPUS / TRICARE	\$255,010	310,999	\$55,989
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$671,338	183,945	(\$487,393)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$12,739,448</b>	<b>\$12,523,525</b>	<b>(\$215,923)</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$34,415,544</b>	<b>\$36,462,630</b>	<b>\$2,047,086</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,009,695	\$31,151,713	\$1,142,018
2	TOTAL MEDICARE	\$23,252,360	\$22,836,214	(\$416,146)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,636,477	\$5,725,063	(\$911,414)
4	TOTAL MEDICAID	\$5,933,583	\$5,725,063	(\$208,520)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$702,894	\$0	(\$702,894)
6	TOTAL CHAMPUS / TRICARE	\$346,106	\$316,230	(\$29,876)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$925,381	\$188,102	(\$737,279)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$30,234,943</b>	<b>\$28,877,507</b>	<b>(\$1,357,436)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$60,244,638</b>	<b>\$60,029,220</b>	<b>(\$215,418)</b>

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BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.06%	8.34%	-2.72%
2	MEDICARE	23.94%	24.93%	0.99%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.03%	3.27%	-1.76%
4	MEDICAID	3.92%	3.27%	-0.65%
5	OTHER MEDICAL ASSISTANCE	1.11%	0.00%	-1.11%
6	CHAMPUS / TRICARE	0.18%	0.01%	-0.17%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.73%	0.53%	-0.20%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>29.15%</b>	<b>28.21%</b>	<b>-0.94%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>40.21%</b>	<b>36.55%</b>	<b>-3.66%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29.88%	30.21%	0.32%
2	MEDICARE	18.42%	20.57%	2.15%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.21%	12.34%	1.13%
4	MEDICAID	9.39%	12.34%	2.95%
5	OTHER MEDICAL ASSISTANCE	1.82%	0.00%	-1.82%
6	CHAMPUS / TRICARE	0.27%	0.33%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.82%	2.12%	-0.69%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>29.91%</b>	<b>33.24%</b>	<b>3.33%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>59.79%</b>	<b>63.45%</b>	<b>3.66%</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)	13.83%	12.02%	-1.82%
2	MEDICARE	24.69%	24.92%	0.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.20%	2.32%	-1.88%
4	MEDICAID	3.44%	2.32%	-1.12%
5	OTHER MEDICAL ASSISTANCE	0.76%	0.00%	-0.76%
6	CHAMPUS / TRICARE	0.15%	0.01%	-0.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.42%	0.01%	-0.41%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>29.04%</b>	<b>27.24%</b>	<b>-1.80%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>42.87%</b>	<b>39.26%</b>	<b>-3.62%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35.98%	39.88%	3.90%
2	MEDICARE	13.91%	13.13%	-0.78%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.81%	7.22%	0.41%
4	MEDICAID	6.41%	7.22%	0.81%
5	OTHER MEDICAL ASSISTANCE	0.40%	0.00%	-0.40%
6	CHAMPUS / TRICARE	0.42%	0.52%	0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.11%	0.31%	-0.81%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>21.15%</b>	<b>20.86%</b>	<b>-0.28%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>57.13%</b>	<b>60.74%</b>	<b>3.62%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,129	663	(466)
2	MEDICARE	1,595	1,581	(14)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	645	268	(377)
4	MEDICAID	548	268	(280)
5	OTHER MEDICAL ASSISTANCE	97	0	(97)
6	CHAMPUS / TRICARE	17	3	(14)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	65	63	(2)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>2,257</b>	<b>1,852</b>	<b>(405)</b>
	<b>TOTAL DISCHARGES</b>	<b>3,386</b>	<b>2,515</b>	<b>(871)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,729	2,633	(1,096)
2	MEDICARE	8,291	8,640	349
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,112	1,087	(1,025)
4	MEDICAID	1,644	1,087	(557)
5	OTHER MEDICAL ASSISTANCE	468	0	(468)
6	CHAMPUS / TRICARE	48	10	(38)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	266	314	48
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>10,451</b>	<b>9,737</b>	<b>(714)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>14,180</b>	<b>12,370</b>	<b>(1,810)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	4.0	0.7
2	MEDICARE	5.2	5.5	0.3
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.3	4.1	0.8
4	MEDICAID	3.0	4.1	1.1
5	OTHER MEDICAL ASSISTANCE	4.8	0.0	(4.8)
6	CHAMPUS / TRICARE	2.8	3.3	0.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.1	5.0	0.9
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.6</b>	<b>5.3</b>	<b>0.6</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.2</b>	<b>4.9</b>	<b>0.7</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.07590	1.34840	0.27250
2	MEDICARE	1.42830	1.46840	0.04010
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.87245	1.10300	0.23055
4	MEDICAID	0.80000	1.10300	0.30300
5	OTHER MEDICAL ASSISTANCE	1.28176	0.00000	(1.28176)
6	CHAMPUS / TRICARE	1.00700	0.78387	(0.22313)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.01348	1.20780	0.19432
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.26628</b>	<b>1.41441</b>	<b>0.14814</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.20280</b>	<b>1.39701</b>	<b>0.19421</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$60,244,853	\$57,080,304	(\$3,164,549)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,009,695	\$31,183,459	\$1,173,764
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,235,158	\$25,896,845	(\$4,338,313)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	50.19%	45.37%	-4.82%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$327,558	\$0	(\$327,558)
8	CHARITY CARE	\$772,244	\$821,721	\$49,477
9	BAD DEBTS	\$3,601,814	\$2,925,278	(\$676,536)
10	TOTAL UNCOMPENSATED CARE	\$4,374,058	\$3,746,999	(\$627,059)
11	TOTAL OTHER OPERATING REVENUE	\$60,244,853	\$57,080,304	(\$3,164,549)
12	TOTAL OPERATING EXPENSES	\$65,883,977	\$68,017,199	\$2,133,222

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,214.69110	893.98920	(320.70190)
2	MEDICARE	2,278.13850	2,321.54040	43.40190
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	562.73072	295.60400	(267.12672)
4	MEDICAID	438.40000	295.60400	(142.79600)
5	OTHER MEDICAL ASSISTANCE	124.33072	0.00000	(124.33072)
6	CHAMPUS / TRICARE	17.11900	2.35161	(14.76739)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	65.87620	76.09140	10.21520
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>2,857.98822</b>	<b>2,619.49601</b>	<b>(238.49221)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>4,072.67932</b>	<b>3,513.48521</b>	<b>(559.19411)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,049.98205	2,400.79009	-649.19196
2	MEDICARE	1,227.62068	1,304.92337	77.30269
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,471.77326	1,010.59283	-461.18042
4	MEDICAID	1,312.37624	1,010.59283	-301.78341
5	OTHER MEDICAL ASSISTANCE	159.39702	0.00000	-159.39702
6	CHAMPUS / TRICARE	25.11675	90.63416	65.51742
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	249.79938	252.09166	2.29228
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>2,724.51068</b>	<b>2,406.15036</b>	<b>-318.36032</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>5,774.49273</b>	<b>4,806.94045</b>	<b>-967.55228</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,860.67	\$8,067.89	\$1,207.22
2	MEDICARE	\$6,528.35	\$6,442.66	(\$85.69)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,499.35	\$4,708.53	\$209.17
4	MEDICAID	\$4,728.02	\$4,708.53	(\$19.49)
5	OTHER MEDICAL ASSISTANCE	\$3,693.06	\$0.00	(\$3,693.06)
6	CHAMPUS / TRICARE	\$5,321.34	\$2,224.43	(\$3,096.91)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,856.37	\$54.63	(\$3,801.74)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,121.61</b>	<b>\$6,243.18</b>	<b>\$121.57</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,342.04</b>	<b>\$6,707.47</b>	<b>\$365.43</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,106.96	\$9,971.34	\$2,864.39
2	MEDICARE	\$6,826.12	\$6,038.15	(\$787.97)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,788.85	\$4,287.78	\$1,498.93
4	MEDICAID	\$2,941.86	\$4,287.78	\$1,345.93
5	OTHER MEDICAL ASSISTANCE	\$1,529.09	\$0.00	(\$1,529.09)
6	CHAMPUS / TRICARE	\$10,152.99	\$3,431.37	(\$6,721.62)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,687.51	\$729.68	(\$1,957.83)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,675.87</b>	<b>\$5,204.80</b>	<b>\$528.93</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,959.93</b>	<b>\$7,585.41</b>	<b>\$1,625.49</b>

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$5,097,614	\$1,768,906	(\$3,328,708)
2	OTHER MEDICAL ASSISTANCE	\$1,196,843	\$0	(\$1,196,843)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,209,842	\$1,824,296	\$614,454
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$7,504,299</b>	<b>\$3,593,202</b>	<b>(\$3,911,097)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$147,134,140	\$148,072,622	\$938,482
2	TOTAL GOVERNMENT DEDUCTIONS	\$56,654,344	\$62,114,811	\$5,460,467
3	UNCOMPENSATED CARE	\$4,374,058	\$3,746,999	(\$627,059)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,235,158	\$25,896,845	(\$4,338,313)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$91,263,560	\$91,758,655	\$495,095
7	TOTAL ACCRUED PAYMENTS	\$55,870,580	\$56,313,967	\$443,387
8	UCP DSH PAYMENTS (OHCA INPUT)	\$327,558	\$0	(\$327,558)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$56,198,138	\$56,313,967	\$115,829
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3819517211	0.3803131615	(0.0016385596)
11	COST OF UNCOMPENSATED CARE	\$1,670,679	\$1,425,033	(\$245,646)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,490,682	\$3,067,130	\$576,448
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,161,361	\$4,492,163	\$330,802
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.20%	58.39%	7.19%
2	MEDICARE	42.23%	40.52%	-1.71%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34.22%	28.72%	-5.49%
4	MEDICAID	35.92%	28.72%	-7.19%
5	OTHER MEDICAL ASSISTANCE	28.19%	0.00%	-28.19%
6	CHAMPUS / TRICARE	33.64%	32.76%	-0.87%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	23.57%	0.53%	-23.04%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>40.79%</b>	<b>39.15%</b>	<b>-1.64%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>43.66%</b>	<b>43.54%</b>	<b>-0.12%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.30%	53.52%	4.22%
2	MEDICARE	30.92%	25.86%	-5.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.88%	23.71%	-1.17%
4	MEDICAID	27.94%	23.71%	-4.22%
5	OTHER MEDICAL ASSISTANCE	9.11%	0.00%	-9.11%
6	CHAMPUS / TRICARE	63.73%	64.48%	0.74%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16.21%	5.85%	-10.36%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>28.95%</b>	<b>25.44%</b>	<b>-3.51%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>39.12%</b>	<b>38.81%</b>	<b>-0.31%</b>

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$60,244,638	\$60,029,220	(\$215,418)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$327,558	\$0	(\$327,558)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$60,572,196</b>	<b>\$60,029,220</b>	<b>(\$542,976)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,601,814	\$3,357,906	(\$243,908)
4	<b>CALCULATED NET REVENUE</b>	<b>\$64,174,010</b>	<b>\$63,387,126</b>	<b>(\$786,884)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$64,174,022	\$63,387,116	(\$786,906)
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$12)</b>	<b>\$10</b>	<b>\$22</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$147,134,140	\$148,072,622	\$938,482
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$147,134,140</b>	<b>\$148,072,622</b>	<b>\$938,482</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$147,134,138	\$148,072,623	\$938,485
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$2</b>	<b>(\$1)</b>	<b>(\$3)</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)	\$4,374,058	\$3,746,999	(\$627,059)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,374,058</b>	<b>\$3,746,999</b>	<b>(\$627,059)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,374,058	\$3,746,999	(\$627,059)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>ROCKVILLE GENERAL HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2011</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2011</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,352,100
2	MEDICARE	36,910,536
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,845,721
4	MEDICAID	4,845,721
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	15,966
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	786,334
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$41,772,223</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$54,124,323</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,728,204
2	MEDICARE	30,465,162
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,272,578
4	MEDICAID	18,272,578
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	482,355
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,146,480
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$49,220,095</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$93,948,299</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$57,080,304
2	TOTAL GOVERNMENT ACCRUED CHARGES	90,992,318
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$148,072,622</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,212,608
2	MEDICARE	14,956,892
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,391,859
4	MEDICAID	1,391,859
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	5,231
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,157
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$16,353,982</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$23,566,590</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,939,105
2	MEDICARE	7,879,322
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,333,204
4	MEDICAID	4,333,204
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	310,999
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	183,945
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$12,523,525</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$36,462,630</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$31,151,713
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	28,877,507
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$60,029,220</b>

<b>ROCKVILLE GENERAL HOSPITAL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 2011            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 2011</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)	663
2	MEDICARE	1,581
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	268
4	MEDICAID	268
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	63
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>1,852</b>
	<b>TOTAL DISCHARGES</b>	<b>2,515</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.34840
2	MEDICARE	1.46840
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.10300
4	MEDICAID	1.10300
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.78387
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.20780
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.41441</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.39701</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$57,080,304
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$31,183,459
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,896,845
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.37%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$821,721
9	BAD DEBTS	\$2,925,278
10	TOTAL UNCOMPENSATED CARE	\$3,746,999
11	TOTAL OTHER OPERATING REVENUE	\$4,793,055
12	TOTAL OPERATING EXPENSES	\$68,017,199

<b>ROCKVILLE GENERAL HOSPITAL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 2011            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 2011</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	\$60,029,220
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$60,029,220</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,357,906
	<b>CALCULATED NET REVENUE</b>	<b>\$63,387,126</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$63,387,116
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$10</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$148,072,622
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$148,072,622</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$148,072,623
	<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)	\$3,746,999
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$3,746,999</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,746,999
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	398	352	(46)	-12%
2	Number of Approved Applicants	330	303	(27)	-8%
3	<b>Total Charges (A)</b>	\$772,244	\$821,721	\$49,477	6%
4	<b>Average Charges</b>	<b>\$2,340</b>	<b>\$2,712</b>	<b>\$372</b>	<b>16%</b>
5	Ratio of Cost to Charges (RCC)	0.453794	0.432308	(0.021486)	-5%
6	<b>Total Cost</b>	<b>\$350,440</b>	<b>\$355,237</b>	<b>\$4,797</b>	<b>1%</b>
7	<b>Average Cost</b>	<b>\$1,062</b>	<b>\$1,172</b>	<b>\$110</b>	<b>10%</b>
8	Charity Care - Inpatient Charges	\$305,289	\$318,391	\$13,102	4%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	243,052	246,805	3,753	2%
10	Charity Care - Emergency Department Charges	223,903	256,525	32,622	15%
11	<b>Total Charges (A)</b>	<b>\$772,244</b>	<b>\$821,721</b>	<b>\$49,477</b>	<b>6%</b>
12	Charity Care - Number of Patient Days	299	356	57	19%
13	Charity Care - Number of Discharges	75	57	(18)	-24%
14	Charity Care - Number of Outpatient ED Visits	364	330	(34)	-9%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	196	205	9	5%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$953,220	\$647,342	(\$305,878)	-32%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,269,991	1,116,974	(153,017)	-12%
3	Bad Debts - Emergency Department	1,378,603	1,160,962	(217,641)	-16%
4	<b>Total Bad Debts (A)</b>	<b>\$3,601,814</b>	<b>\$2,925,278</b>	<b>(\$676,536)</b>	<b>-19%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$772,244	\$821,721	\$49,477	6%
2	Bad Debts (A)	3,601,814	2,925,278	(676,536)	-19%
3	<b>Total Uncompensated Care (A)</b>	<b>\$4,374,058</b>	<b>\$3,746,999</b>	<b>(\$627,059)</b>	<b>-14%</b>
4	Uncompensated Care - Inpatient Services	\$1,258,509	\$965,733	(\$292,776)	-23%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,513,043	1,363,779	(149,264)	-10%
6	Uncompensated Care - Emergency Department	1,602,506	1,417,487	(185,019)	-12%
7	<b>Total Uncompensated Care (A)</b>	<b>\$4,374,058</b>	<b>\$3,746,999</b>	<b>(\$627,059)</b>	<b>-14%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					



<b>ROCKVILLE GENERAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</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 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$59,356,993	\$59,163,079	\$54,124,323
2	Outpatient Gross Revenue	\$81,569,619	\$87,971,061	\$93,948,299
3	Total Gross Patient Revenue	\$140,926,612	\$147,134,140	\$148,072,622
4	Net Patient Revenue	\$64,940,252	\$64,174,022	\$63,387,116
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$66,239,259	\$65,883,977	\$68,017,199
<b>C. Utilization Statistics</b>				
1	Patient Days	15,355	14,180	12,370
2	Discharges	3,510	3,386	2,515
3	Average Length of Stay	4.4	4.2	4.9
4	Equivalent (Adjusted) Patient Days (EPD)	36,456	35,265	33,842
0	Equivalent (Adjusted) Discharges (ED)	8,334	8,421	6,881
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.22461	1.20280	1.39701
2	Case Mix Adjusted Patient Days (CMAPD)	18,804	17,056	17,281
3	Case Mix Adjusted Discharges (CMAD)	4,298	4,073	3,513
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	44,645	42,416	47,277
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,205	10,128	9,612
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$9,178	\$10,376	\$11,970
2	Total Gross Revenue per Discharge	\$40,150	\$43,454	\$58,876
3	Total Gross Revenue per EPD	\$3,866	\$4,172	\$4,375
4	Total Gross Revenue per ED	\$16,911	\$17,473	\$21,521
5	Total Gross Revenue per CMAEPD	\$3,157	\$3,469	\$3,132
6	Total Gross Revenue per CMAED	\$13,809	\$14,527	\$15,405
7	Inpatient Gross Revenue per EPD	\$1,628	\$1,678	\$1,599
8	Inpatient Gross Revenue per ED	\$7,123	\$7,026	\$7,866

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,229	\$4,526	\$5,124
2	Net Patient Revenue per Discharge	\$18,501	\$18,953	\$25,204
3	Net Patient Revenue per EPD	\$1,781	\$1,820	\$1,873
4	Net Patient Revenue per ED	\$7,793	\$7,621	\$9,213
5	Net Patient Revenue per CMAEPD	\$1,455	\$1,513	\$1,341
6	Net Patient Revenue per CMAED	\$6,363	\$6,336	\$6,594
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$4,314	\$4,646	\$5,499
2	Total Operating Expense per Discharge	\$18,872	\$19,458	\$27,045
3	Total Operating Expense per EPD	\$1,817	\$1,868	\$2,010
4	Total Operating Expense per ED	\$7,949	\$7,824	\$9,885
5	Total Operating Expense per CMAEPD	\$1,484	\$1,553	\$1,439
6	Total Operating Expense per CMAED	\$6,491	\$6,505	\$7,076
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$10,043,170	\$10,046,971	\$9,289,670
2	Nursing Fringe Benefits Expense	\$2,358,076	\$2,722,099	\$3,086,106
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$12,401,246</b>	<b>\$12,769,070</b>	<b>\$12,375,776</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$2,002,782	\$2,105,239	\$2,400,624
2	Physician Fringe Benefits Expense	\$470,241	\$539,520	\$751,111
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$2,473,023</b>	<b>\$2,644,759</b>	<b>\$3,151,735</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$18,051,444	\$17,525,356	\$17,845,484
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$4,225,360	\$4,047,519	\$5,001,423
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$22,276,804</b>	<b>\$21,572,875</b>	<b>\$22,846,907</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$30,097,396	\$29,677,566	\$29,535,778
2	Total Fringe Benefits Expense	\$7,053,677	\$7,309,138	\$8,838,640
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$37,151,073</b>	<b>\$36,986,704</b>	<b>\$38,374,418</b>

<b>ROCKVILLE GENERAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</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 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	135.8	124.5	115.1
2	Total Physician FTEs	6.9	5.3	6.6
3	Total Non-Nursing, Non-Physician FTEs	301.3	292.9	283.4
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>444.0</b>	<b>422.7</b>	<b>405.1</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$73,956	\$80,699	\$80,710
2	Nursing Fringe Benefits Expense per FTE	\$17,364	\$21,864	\$26,812
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$91,320</b>	<b>\$102,563</b>	<b>\$107,522</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$290,258	\$397,215	\$363,731
2	Physician Fringe Benefits Expense per FTE	\$68,151	\$101,796	\$113,805
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$358,409</b>	<b>\$499,011</b>	<b>\$477,536</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$59,912	\$59,834	\$62,969
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,024	\$13,819	\$17,648
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$73,936</b>	<b>\$73,653</b>	<b>\$80,617</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$67,787	\$70,210	\$72,910
2	Total Fringe Benefits Expense per FTE	\$15,887	\$17,292	\$21,818
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$83,674</b>	<b>\$87,501</b>	<b>\$94,728</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,419	\$2,608	\$3,102
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,584	\$10,923	\$15,258
3	Total Salary and Fringe Benefits Expense per EPD	\$1,019	\$1,049	\$1,134
4	Total Salary and Fringe Benefits Expense per ED	\$4,458	\$4,392	\$5,577
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$832	\$872	\$812
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,640	\$3,652	\$3,992