

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. ASSETS</b>					
<b>A. Current Assets:</b>					
1	Cash and Cash Equivalents	\$12,376,408	\$26,693,195	\$14,316,787	116%
2	Short Term Investments	\$2,314,446	\$1,156,970	(\$1,157,476)	-50%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$46,474,066	\$42,792,326	(\$3,681,740)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,194,793	\$1,203,954	\$9,161	1%
5	Due From Affiliates	\$13,312,504	\$0	(\$13,312,504)	-100%
6	Due From Third Party Payers	\$9,564,963	\$6,664,563	(\$2,900,400)	-30%
7	Inventories of Supplies	\$7,913,605	\$7,423,719	(\$489,886)	-6%
8	Prepaid Expenses	\$420,781	\$230,018	(\$190,763)	-45%
9	Other Current Assets	\$2,691,365	\$2,257,116	(\$434,249)	-16%
	<b>Total Current Assets</b>	<b>\$96,262,931</b>	<b>\$88,421,861</b>	<b>(\$7,841,070)</b>	<b>-8%</b>
<b>B. Noncurrent Assets Whose Use is Limited:</b>					
1	Held by Trustee	\$7,412,957	\$7,503,642	\$90,685	1%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$7,470,384	\$7,477,058	\$6,674	0%
4	Other Noncurrent Assets Whose Use is Limited	\$40,898,877	\$41,209,569	\$310,692	1%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$55,782,218</b>	<b>\$56,190,269</b>	<b>\$408,051</b>	<b>1%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,188,026	\$2,204,090	\$16,064	1%
7	Other Noncurrent Assets	\$4,000,792	\$7,460,913	\$3,460,121	86%
<b>C. Net Fixed Assets:</b>					
1	Property, Plant and Equipment	\$434,248,290	\$441,468,335	\$7,220,045	2%
2	Less: Accumulated Depreciation	\$340,443,184	\$352,115,592	\$11,672,408	3%
	<b>Property, Plant and Equipment, Net</b>	<b>\$93,805,106</b>	<b>\$89,352,743</b>	<b>(\$4,452,363)</b>	<b>-5%</b>
3	Construction in Progress	\$396,986	\$2,002,337	\$1,605,351	404%
	<b>Total Net Fixed Assets</b>	<b>\$94,202,092</b>	<b>\$91,355,080</b>	<b>(\$2,847,012)</b>	<b>-3%</b>
	<b>Total Assets</b>	<b>\$252,436,059</b>	<b>\$245,632,213</b>	<b>(\$6,803,846)</b>	<b>-3%</b>

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(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>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$45,715,161	\$47,848,864	\$2,133,703	5%
2	Salaries, Wages and Payroll Taxes	\$7,433,161	\$8,773,515	\$1,340,354	18%
3	Due To Third Party Payers	\$2,995,971	\$4,863,613	\$1,867,642	62%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$70,804,456	\$67,058,020	(\$3,746,436)	-5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,572,878	\$1,998,983	(\$4,573,895)	-70%
	<b>Total Current Liabilities</b>	<b>\$133,521,627</b>	<b>\$130,542,995</b>	<b>(\$2,978,632)</b>	<b>-2%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$1,946,643	\$660,619	(\$1,286,024)	-66%
	<b>Total Long Term Debt</b>	<b>\$1,946,643</b>	<b>\$660,619</b>	<b>(\$1,286,024)</b>	<b>-66%</b>
3	Accrued Pension Liability	\$108,025,533	\$140,965,489	\$32,939,956	30%
4	Other Long Term Liabilities	\$19,112,508	\$21,867,399	\$2,754,891	14%
	<b>Total Long Term Liabilities</b>	<b>\$129,084,684</b>	<b>\$163,493,507</b>	<b>\$34,408,823</b>	<b>27%</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	(\$40,859,335)	(\$79,185,572)	(\$38,326,237)	94%
2	Temporarily Restricted Net Assets	\$17,619,760	\$19,690,864	\$2,071,104	12%
3	Permanently Restricted Net Assets	\$13,069,323	\$11,090,419	(\$1,978,904)	-15%
	<b>Total Net Assets</b>	<b>(\$10,170,252)</b>	<b>(\$48,404,289)</b>	<b>(\$38,234,037)</b>	<b>376%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$252,436,059</b>	<b>\$245,632,213</b>	<b>(\$6,803,846)</b>	<b>-3%</b>

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(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>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,287,870,180	\$1,368,811,125	\$80,940,945	6%
2	Less: Allowances	\$813,730,390	\$885,069,737	\$71,339,347	9%
3	Less: Charity Care	\$5,390,523	\$5,784,587	\$394,064	7%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$468,749,267</b>	<b>\$477,956,801</b>	<b>\$9,207,534</b>	<b>2%</b>
5	Other Operating Revenue	\$18,946,255	\$17,978,078	(\$968,177)	-5%
6	Net Assets Released from Restrictions	\$3,635,690	\$5,555,754	\$1,920,064	53%
	<b>Total Operating Revenue</b>	<b>\$491,331,212</b>	<b>\$501,490,633</b>	<b>\$10,159,421</b>	<b>2%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$225,754,957	\$232,661,687	\$6,906,730	3%
2	Fringe Benefits	\$56,517,038	\$56,569,520	\$52,482	0%
3	Physicians Fees	\$6,082,959	\$6,150,524	\$67,565	1%
4	Supplies and Drugs	\$66,635,835	\$64,255,511	(\$2,380,324)	-4%
5	Depreciation and Amortization	\$14,606,590	\$13,478,326	(\$1,128,264)	-8%
6	Bad Debts	\$24,670,997	\$22,840,000	(\$1,830,997)	-7%
7	Interest	\$2,904,989	\$2,512,441	(\$392,548)	-14%
8	Malpractice	\$5,290,004	\$3,114,995	(\$2,175,009)	-41%
9	Other Operating Expenses	\$89,009,092	\$96,738,471	\$7,729,379	9%
	<b>Total Operating Expenses</b>	<b>\$491,472,461</b>	<b>\$498,321,475</b>	<b>\$6,849,014</b>	<b>1%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$141,249)</b>	<b>\$3,169,158</b>	<b>\$3,310,407</b>	<b>-2344%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$233,861	\$304,901	\$71,040	30%
	<b>Total Non-Operating Revenue</b>	<b>\$233,861</b>	<b>\$304,901</b>	<b>\$71,040</b>	<b>30%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$92,612</b>	<b>\$3,474,059</b>	<b>\$3,381,447</b>	<b>3651%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$116,079	(\$234,346)	(\$350,425)	-302%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$116,079</b>	<b>(\$234,346)</b>	<b>(\$350,425)</b>	<b>-302%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$208,691</b>	<b>\$3,239,713</b>	<b>\$3,031,022</b>	<b>1452%</b>
	Principal Payments	\$4,788,000	\$5,031,000	\$243,000	5%

**HOSPITAL OF SAINT RAPHAEL  
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	\$427,584,616	\$450,260,841	\$22,676,225	5%
2	MEDICARE MANAGED CARE	\$116,297,322	\$127,314,624	\$11,017,302	9%
3	MEDICAID	\$54,414,531	\$85,246,769	\$30,832,238	57%
4	MEDICAID MANAGED CARE	\$29,429,204	\$35,099,943	\$5,670,739	19%
5	CHAMPUS/TRICARE	\$507,308	\$1,253,955	\$746,647	147%
6	COMMERCIAL INSURANCE	\$8,066,743	\$9,169,476	\$1,102,733	14%
7	NON-GOVERNMENT MANAGED CARE	\$219,779,016	\$212,073,011	(\$7,706,005)	-4%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$10,215,544	\$3,818,662	(\$6,396,882)	-63%
10	SAGA	\$11,294,901	\$0	(\$11,294,901)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$877,589,185</b>	<b>\$924,237,281</b>	<b>\$46,648,096</b>	<b>5%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$114,906,608	\$126,806,811	\$11,900,203	10%
2	MEDICARE MANAGED CARE	\$29,420,961	\$34,510,963	\$5,090,002	17%
3	MEDICAID	\$31,810,292	\$60,836,844	\$29,026,552	91%
4	MEDICAID MANAGED CARE	\$37,431,783	\$44,373,304	\$6,941,521	19%
5	CHAMPUS/TRICARE	\$813,848	\$772,227	(\$41,621)	-5%
6	COMMERCIAL INSURANCE	\$8,318,226	\$9,163,222	\$844,996	10%
7	NON-GOVERNMENT MANAGED CARE	\$153,934,318	\$151,700,295	(\$2,234,023)	-1%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$19,620,565	\$16,410,177	(\$3,210,388)	-16%
10	SAGA	\$14,024,395	\$0	(\$14,024,395)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$410,280,996</b>	<b>\$444,573,843</b>	<b>\$34,292,847</b>	<b>8%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$542,491,224	\$577,067,652	\$34,576,428	6%
2	MEDICARE MANAGED CARE	\$145,718,283	\$161,825,587	\$16,107,304	11%
3	MEDICAID	\$86,224,823	\$146,083,613	\$59,858,790	69%
4	MEDICAID MANAGED CARE	\$66,860,987	\$79,473,247	\$12,612,260	19%
5	CHAMPUS/TRICARE	\$1,321,156	\$2,026,182	\$705,026	53%
6	COMMERCIAL INSURANCE	\$16,384,969	\$18,332,698	\$1,947,729	12%
7	NON-GOVERNMENT MANAGED CARE	\$373,713,334	\$363,773,306	(\$9,940,028)	-3%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$29,836,109	\$20,228,839	(\$9,607,270)	-32%
10	SAGA	\$25,319,296	\$0	(\$25,319,296)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$1,287,870,181</b>	<b>\$1,368,811,124</b>	<b>\$80,940,943</b>	<b>6%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$141,897,502	\$138,409,210	(\$3,488,292)	-2%
2	MEDICARE MANAGED CARE	\$38,121,358	\$38,412,448	\$291,090	1%
3	MEDICAID	\$13,440,069	\$19,112,938	\$5,672,869	42%
4	MEDICAID MANAGED CARE	\$8,536,496	\$10,190,643	\$1,654,147	19%
5	CHAMPUS/TRICARE	\$176,650	\$400,680	\$224,030	127%
6	COMMERCIAL INSURANCE	\$3,616,651	\$3,843,648	\$226,997	6%
7	NON-GOVERNMENT MANAGED CARE	\$97,159,629	\$93,278,807	(\$3,880,822)	-4%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$922,861	\$662,259	(\$260,602)	-28%
10	SAGA	\$1,186,247	\$0	(\$1,186,247)	-100%
11	OTHER	\$0	\$0	\$0	0%

**HOSPITAL OF SAINT RAPHAEL  
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>TOTAL INPATIENT NET REVENUE</b>	<b>\$305,057,463</b>	<b>\$304,310,633</b>	<b>(\$746,830)</b>	<b>0%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$34,082,087	\$38,433,011	\$4,350,924	13%
2	MEDICARE MANAGED CARE	\$8,379,217	\$9,552,289	\$1,173,072	14%
3	MEDICAID	\$5,168,102	\$13,728,538	\$8,560,436	166%
4	MEDICAID MANAGED CARE	\$10,556,489	\$13,371,251	\$2,814,762	27%
5	CHAMPUS/TRICARE	\$213,179	\$151,798	(\$61,381)	-29%
6	COMMERCIAL INSURANCE	\$4,391,145	\$4,733,808	\$342,663	8%
7	NON-GOVERNMENT MANAGED CARE	\$73,005,898	\$68,927,542	(\$4,078,356)	-6%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$3,971,602	\$4,557,887	\$586,285	15%
10	SAGA	\$2,086,830	\$0	(\$2,086,830)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$141,854,549</b>	<b>\$153,456,124</b>	<b>\$11,601,575</b>	<b>8%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$175,979,589	\$176,842,221	\$862,632	0%
2	MEDICARE MANAGED CARE	\$46,500,575	\$47,964,737	\$1,464,162	3%
3	MEDICAID	\$18,608,171	\$32,841,476	\$14,233,305	76%
4	MEDICAID MANAGED CARE	\$19,092,985	\$23,561,894	\$4,468,909	23%
5	CHAMPUS/TRICARE	\$389,829	\$552,478	\$162,649	42%
6	COMMERCIAL INSURANCE	\$8,007,796	\$8,577,456	\$569,660	7%
7	NON-GOVERNMENT MANAGED CARE	\$170,165,527	\$162,206,349	(\$7,959,178)	-5%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$4,894,463	\$5,220,146	\$325,683	7%
10	SAGA	\$3,273,077	\$0	(\$3,273,077)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$446,912,012</b>	<b>\$457,766,757</b>	<b>\$10,854,745</b>	<b>2%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	10,368	9,994	(374)	-4%
2	MEDICARE MANAGED CARE	2,734	2,692	(42)	-2%
3	MEDICAID	1,727	2,270	543	31%
4	MEDICAID MANAGED CARE	1,571	1,646	75	5%
5	CHAMPUS/TRICARE	34	38	4	12%
6	COMMERCIAL INSURANCE	330	299	(31)	-9%
7	NON-GOVERNMENT MANAGED CARE	6,476	5,749	(727)	-11%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	271	113	(158)	-58%
10	SAGA	413	0	(413)	-100%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>23,924</b>	<b>22,801</b>	<b>(1,123)</b>	<b>-5%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	63,242	59,889	(3,353)	-5%
2	MEDICARE MANAGED CARE	14,855	15,361	506	3%
3	MEDICAID	8,553	12,559	4,006	47%
4	MEDICAID MANAGED CARE	7,698	8,024	326	4%
5	CHAMPUS/TRICARE	83	228	145	175%
6	COMMERCIAL INSURANCE	1,134	1,390	256	23%
7	NON-GOVERNMENT MANAGED CARE	25,959	23,752	(2,207)	-9%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	945	412	(533)	-56%
10	SAGA	1,804	0	(1,804)	-100%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>124,273</b>	<b>121,615</b>	<b>(2,658)</b>	<b>-2%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				

**HOSPITAL OF SAINT RAPHAEL  
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
1	MEDICARE TRADITIONAL	23,852	23,684	(168)	-1%
2	MEDICARE MANAGED CARE	5,792	5,798	6	0%
3	MEDICAID	15,872	28,673	12,801	81%
4	MEDICAID MANAGED CARE	26,621	30,949	4,328	16%
5	CHAMPUS/TRICARE	210	240	30	14%
6	COMMERCIAL INSURANCE	1,907	1,931	24	1%
7	NON-GOVERNMENT MANAGED CARE	27,975	26,113	(1,862)	-7%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	9,349	8,009	(1,340)	-14%
10	SAGA	8,182	0	(8,182)	-100%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>119,760</b>	<b>125,397</b>	<b>5,637</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	\$18,854,442	\$27,446,844	\$8,592,402	46%
2	MEDICARE MANAGED CARE	\$5,357,170	\$7,893,602	\$2,536,432	47%
3	MEDICAID	\$15,010,449	\$33,549,901	\$18,539,452	124%
4	MEDICAID MANAGED CARE	\$16,714,018	\$20,375,469	\$3,661,451	22%
5	CHAMPUS/TRICARE	\$181,651	\$227,645	\$45,994	25%
6	COMMERCIAL INSURANCE	\$1,855,011	\$2,381,105	\$526,094	28%
7	NON-GOVERNMENT MANAGED CARE	\$27,279,982	\$31,238,735	\$3,958,753	15%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$9,192,356	\$8,590,680	(\$601,676)	-7%
10	SAGA	\$8,568,679	\$0	(\$8,568,679)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$103,013,758</b>	<b>\$131,703,981</b>	<b>\$28,690,223</b>	<b>28%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$3,146,806	\$4,838,568	\$1,691,762	54%
2	MEDICARE MANAGED CARE	\$975,541	\$1,439,506	\$463,965	48%
3	MEDICAID	\$2,322,116	\$5,233,785	\$2,911,669	125%
4	MEDICAID MANAGED CARE	\$4,586,326	\$5,819,234	\$1,232,908	27%
5	CHAMPUS/TRICARE	\$30,953	\$28,000	(\$2,953)	-10%
6	COMMERCIAL INSURANCE	\$655,376	\$756,953	\$101,577	15%
7	NON-GOVERNMENT MANAGED CARE	\$10,742,857	\$11,906,429	\$1,163,572	11%
8	WORKER'S COMPENSATION	\$0	\$0	\$0	0%
9	SELF- PAY/UNINSURED	\$74,458	\$67,866	(\$6,592)	-9%
10	SAGA	\$868,007	\$0	(\$868,007)	-100%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$23,402,440</b>	<b>\$30,090,341</b>	<b>\$6,687,901</b>	<b>29%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	6,633	7,077	444	7%
2	MEDICARE MANAGED CARE	1,471	1,762	291	20%
3	MEDICAID	5,826	11,980	6,154	106%
4	MEDICAID MANAGED CARE	8,150	8,825	675	8%
5	CHAMPUS/TRICARE	83	91	8	10%
6	COMMERCIAL INSURANCE	675	747	72	11%
7	NON-GOVERNMENT MANAGED CARE	10,195	10,325	130	1%
8	WORKER'S COMPENSATION	0	0	0	0%
9	SELF- PAY/UNINSURED	4,246	3,516	(730)	-17%
10	SAGA	3,822	0	(3,822)	-100%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>41,101</b>	<b>44,323</b>	<b>3,222</b>	<b>8%</b>

**HOSPITAL OF SAINT RAPHAEL**  
**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	\$79,362,108	\$80,449,741	\$1,087,633	1%
2	Physician Salaries	\$42,366,674	\$43,539,278	\$1,172,604	3%
3	Non-Nursing, Non-Physician Salaries	\$104,026,175	\$108,672,668	\$4,646,493	4%
	<b>Total Salaries &amp; Wages</b>	<b>\$225,754,957</b>	<b>\$232,661,687</b>	<b>\$6,906,730</b>	<b>3%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$19,868,052	\$19,560,604	(\$307,448)	-2%
2	Physician Fringe Benefits	\$10,606,363	\$10,586,169	(\$20,194)	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$26,042,623	\$26,422,747	\$380,124	1%
	<b>Total Fringe Benefits</b>	<b>\$56,517,038</b>	<b>\$56,569,520</b>	<b>\$52,482</b>	<b>0%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$880,358	\$576,876	(\$303,482)	-34%
2	Physician Fees	\$6,082,959	\$6,150,524	\$67,565	1%
3	Non-Nursing, Non-Physician Fees	\$10,555,532	\$10,415,169	(\$140,363)	-1%
	<b>Total Contractual Labor Fees</b>	<b>\$17,518,849</b>	<b>\$17,142,569</b>	<b>(\$376,280)</b>	<b>-2%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$50,045,985	\$47,535,395	(\$2,510,590)	-5%
2	Pharmaceutical Costs	\$16,589,850	\$16,720,116	\$130,266	1%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$66,635,835</b>	<b>\$64,255,511</b>	<b>(\$2,380,324)</b>	<b>-4%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$7,127,189	\$6,553,350	(\$573,839)	-8%
2	Depreciation-Equipment	\$7,479,401	\$6,924,976	(\$554,425)	-7%
3	Amortization	\$0	\$0	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$14,606,590</b>	<b>\$13,478,326</b>	<b>(\$1,128,264)</b>	<b>-8%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$24,670,997	\$22,840,000	(\$1,830,997)	-7%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$2,904,989	\$2,512,441	(\$392,548)	-14%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$5,290,004	\$3,114,995	(\$2,175,009)	-41%
<b>I. Utilities:</b>					
1	Water	\$190,260	\$226,952	\$36,692	19%
2	Natural Gas	\$848,719	\$1,051,320	\$202,601	24%
3	Oil	\$344,441	\$92,078	(\$252,363)	-73%
4	Electricity	\$4,817,870	\$4,472,935	(\$344,935)	-7%
5	Telephone	\$648,959	\$602,784	(\$46,175)	-7%
6	Other Utilities	\$178,802	\$192,768	\$13,966	8%
	<b>Total Utilities</b>	<b>\$7,029,051</b>	<b>\$6,638,837</b>	<b>(\$390,214)</b>	<b>-6%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$383,822	\$386,086	\$2,264	1%
2	Legal Fees	\$407,459	\$765,416	\$357,957	88%
3	Consulting Fees	\$9,864,570	\$6,386,831	(\$3,477,739)	-35%
4	Dues and Membership	\$826,030	\$844,980	\$18,950	2%
5	Equipment Leases	\$3,527,480	\$3,294,990	(\$232,490)	-7%
6	Building Leases	\$1,728,874	\$1,960,563	\$231,689	13%
7	Repairs and Maintenance	\$7,159,716	\$8,288,853	\$1,129,137	16%
8	Insurance	\$571,755	\$682,054	\$110,299	19%

**HOSPITAL OF SAINT RAPHAEL**  
**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	\$14,849	\$10,429	(\$4,420)	-30%
10	Conferences	\$425,539	\$388,423	(\$37,116)	-9%
11	Property Tax	\$348,252	\$380,424	\$32,172	9%
12	General Supplies	\$14,405,838	\$20,228,210	\$5,822,372	40%
13	Licenses and Subscriptions	\$51,035	\$86,718	\$35,683	70%
14	Postage and Shipping	\$471,629	\$723,035	\$251,406	53%
15	Advertising	\$949,437	\$926,467	(\$22,970)	-2%
16	Other Business Expenses	\$29,407,866	\$33,754,110	\$4,346,244	15%
	<b>Total Business Expenses</b>	<b>\$70,544,151</b>	<b>\$79,107,589</b>	<b>\$8,563,438</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>\$491,472,461</b>	<b>\$498,321,475</b>	<b>\$6,849,014</b>	<b>1%</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	\$129,218,289	\$122,027,110	(\$7,191,179)	-6%
2	General Accounting	\$2,786,867	\$3,251,710	\$464,843	17%
3	Patient Billing & Collection	\$3,574,573	\$4,368,102	\$793,529	22%
4	Admitting / Registration Office	\$2,628,768	\$2,667,189	\$38,421	1%
5	Data Processing	\$11,169,186	\$12,547,450	\$1,378,264	12%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$3,231,640	\$3,502,153	\$270,513	8%
8	Public Relations	\$2,127,980	\$2,272,265	\$144,285	7%
9	Purchasing	\$762,239	\$945,559	\$183,320	24%
10	Dietary and Cafeteria	\$5,765,341	\$5,990,797	\$225,456	4%
11	Housekeeping	\$7,268,860	\$7,296,685	\$27,825	0%
12	Laundry & Linen	\$626,181	\$618,856	(\$7,325)	-1%
13	Operation of Plant	\$9,061,909	\$9,387,342	\$325,433	4%
14	Security	\$1,877,978	\$1,924,903	\$46,925	2%
15	Repairs and Maintenance	\$9,352,232	\$10,258,052	\$905,820	10%
16	Central Sterile Supply	\$5,442,714	\$6,181,107	\$738,393	14%
17	Pharmacy Department	\$19,772,926	\$20,629,593	\$856,667	4%
18	Other General Services	\$2,099,779	\$2,198,574	\$98,795	5%
	<b>Total General Services</b>	<b>\$216,767,462</b>	<b>\$216,067,447</b>	<b>(\$700,015)</b>	<b>0%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$31,051,791	\$31,548,584	\$496,793	2%
2	Residency Program	\$10,491,951	\$10,511,969	\$20,018	0%
3	Nursing Services Administration	\$3,919,749	\$4,048,552	\$128,803	3%
4	Medical Records	\$4,245,171	\$4,661,323	\$416,152	10%
5	Social Service	\$4,345,720	\$4,725,620	\$379,900	9%
6	Other Professional Services	\$6,309,540	\$7,001,215	\$691,675	11%
	<b>Total Professional Services</b>	<b>\$60,363,922</b>	<b>\$62,497,263</b>	<b>\$2,133,341</b>	<b>4%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$11,743,024	\$11,496,150	(\$246,874)	-2%
2	Recovery Room	\$3,379,742	\$3,719,424	\$339,682	10%
3	Anesthesiology	\$2,033,048	\$2,509,747	\$476,699	23%
4	Delivery Room	\$2,274,565	\$2,365,626	\$91,061	4%
5	Diagnostic Radiology	\$6,007,212	\$6,182,158	\$174,946	3%
6	Diagnostic Ultrasound	\$631,450	\$707,378	\$75,928	12%
7	Radiation Therapy	\$5,716,924	\$5,962,665	\$245,741	4%

**HOSPITAL OF SAINT RAPHAEL**  
**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	\$1,052,330	\$1,097,553	\$45,223	4%
9	CT Scan	\$1,003,281	\$988,815	(\$14,466)	-1%
10	Laboratory	\$16,176,515	\$16,805,654	\$629,139	4%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$4,857,971	\$4,300,430	(\$557,541)	-11%
13	Electrocardiology	\$213,143	\$196,726	(\$16,417)	-8%
14	Electroencephalography	\$54,367	\$52,069	(\$2,298)	-4%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,027,183	\$3,138,804	\$111,621	4%
19	Pulmonary Function	\$742,496	\$903,862	\$161,366	22%
20	Intravenous Therapy	\$1,829,071	\$1,456,697	(\$372,374)	-20%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$1,280,749	\$1,354,469	\$73,720	6%
24	Emergency Room	\$16,799,378	\$17,025,679	\$226,301	1%
25	MRI	\$1,199,803	\$1,368,189	\$168,386	14%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$428,871	\$405,951	(\$22,920)	-5%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$561,536	\$254,997	(\$306,539)	-55%
32	Occupational Therapy / Physical Therapy	\$3,810,105	\$4,245,932	\$435,827	11%
33	Dental Clinic	\$225,034	\$208,475	(\$16,559)	-7%
34	Other Special Services	\$51,633,126	\$53,546,312	\$1,913,186	4%
	<b>Total Special Services</b>	<b>\$136,680,924</b>	<b>\$140,293,762</b>	<b>\$3,612,838</b>	<b>3%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$37,292,934	\$37,458,411	\$165,477	0%
2	Intensive Care Unit	\$13,354,319	\$13,920,183	\$565,864	4%
3	Coronary Care Unit	\$5,499,879	\$5,614,878	\$114,999	2%
4	Psychiatric Unit	\$4,657,933	\$4,989,217	\$331,284	7%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,142,691	\$4,355,915	\$213,224	5%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$1,692,653	\$1,863,944	\$171,291	10%
10	Ambulatory Surgery	\$0	\$0	\$0	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$3,128,884	\$2,978,897	(\$149,987)	-5%
13	Other Routine Services	\$3,979,865	\$4,275,444	\$295,579	7%
	<b>Total Routine Services</b>	<b>\$73,749,158</b>	<b>\$75,456,889</b>	<b>\$1,707,731</b>	<b>2%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$3,910,995	\$4,006,114	\$95,119	2%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$491,472,461</b>	<b>\$498,321,475</b>	<b>\$6,849,014</b>	<b>1%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<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)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$456,208,821	\$ 468,749,267	\$477,956,801
2	Other Operating Revenue	21,507,173	22,581,945	23,533,832
3	Total Operating Revenue	\$477,715,994	\$491,331,212	\$501,490,633
4	Total Operating Expenses	483,940,125	491,472,461	498,321,475
5	Income/(Loss) From Operations	(\$6,224,131)	(\$141,249)	\$3,169,158
6	Total Non-Operating Revenue	20,065	349,940	70,555
7	Excess/(Deficiency) of Revenue Over Expenses	(\$6,204,066)	\$208,691	\$3,239,713
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	-1.30%	-0.03%	0.63%
2	Hospital Non Operating Margin	0.00%	0.07%	0.01%
3	Hospital Total Margin	-1.30%	0.04%	0.65%
4	Income/(Loss) From Operations	(\$6,224,131)	(\$141,249)	\$3,169,158
5	Total Operating Revenue	\$477,715,994	\$491,331,212	\$501,490,633
6	Total Non-Operating Revenue	\$20,065	\$349,940	\$70,555
7	Total Revenue	\$477,736,059	\$491,681,152	\$501,561,188
8	Excess/(Deficiency) of Revenue Over Expenses	(\$6,204,066)	\$208,691	\$3,239,713
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	(\$59,114,372)	(\$40,859,335)	(\$79,185,572)
2	Hospital Total Net Assets	(\$30,730,319)	(\$10,170,252)	(\$48,404,289)
3	Hospital Change in Total Net Assets	(\$59,849,196)	\$20,560,067	(\$38,234,037)
4	Hospital Change in Total Net Assets %	-105.5%	-66.9%	375.9%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.39</b>	<b>0.38</b>	<b>0.36</b>
2	Total Operating Expenses	\$483,940,125	\$491,472,461	\$498,321,475
3	Total Gross Revenue	\$1,237,132,945	\$1,287,870,181	\$1,368,811,124
4	Total Other Operating Revenue	\$19,134,757	\$20,294,147	\$23,533,832
5	<b>Private Payment to Cost Ratio</b>	<b>1.16</b>	<b>1.22</b>	<b>1.25</b>
6	Total Non-Government Payments	\$183,757,702	\$183,067,786	\$176,003,951

<b>HOSPITAL OF SAINT RAPHAEL</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>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2009</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>
7	Total Uninsured Payments	\$4,974,170	\$4,894,463	\$5,220,146
8	Total Non-Government Charges	\$432,568,430	\$419,934,412	\$402,334,843
9	Total Uninsured Charges	\$33,244,626	\$29,836,109	\$20,228,839
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.87</b>	<b>0.86</b>	<b>0.85</b>
11	Total Medicare Payments	\$220,168,266	\$222,480,164	\$224,806,958
12	Total Medicare Charges	\$656,044,272	\$688,209,507	\$738,893,239
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.74</b>	<b>0.66</b>	<b>0.70</b>
14	Total Medicaid Payments	\$31,039,637	\$37,701,156	\$56,403,370
15	Total Medicaid Charges	\$109,077,193	\$153,085,810	\$225,556,860
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$9,742,216</b>	<b>\$11,294,001</b>	<b>\$10,244,765</b>
17	Charity Care	\$4,656,971	\$5,390,523	\$5,784,587
18	Bad Debts	\$20,632,999	\$24,670,997	\$22,840,000
19	Total Uncompensated Care	\$25,289,970	\$30,061,520	\$28,624,587
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.0%</b>	<b>2.3%</b>	<b>2.1%</b>
21	Total Operating Expenses	\$483,940,125	\$491,472,461	\$498,321,475
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>0.68</b>	<b>0.72</b>	<b>0.68</b>
2	Total Current Assets	\$98,632,122	\$96,262,931	\$88,421,861
3	Total Current Liabilities	\$144,522,390	\$133,521,627	\$130,542,995
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>16</b>	<b>11</b>	<b>21</b>
5	Cash and Cash Equivalents	\$21,036,479	\$12,376,408	\$26,693,195
6	Short Term Investments	0	2,314,446	1,156,970
7	Total Cash and Short Term Investments	\$21,036,479	\$14,690,854	\$27,850,165
8	Total Operating Expenses	\$483,940,125	\$491,472,461	\$498,321,475
9	Depreciation Expense	\$17,180,941	\$14,606,590	\$13,478,326
10	Operating Expenses less Depreciation Expense	\$466,759,184	\$476,865,871	\$484,843,149
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>44.58</b>	<b>41.30</b>	<b>34.05</b>

<b>HOSPITAL OF SAINT RAPHAEL</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)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
12	Net Patient Accounts Receivable	\$ 53,665,511	\$ 46,474,066	\$ 42,792,326
13	Due From Third Party Payers	\$3,545,193	\$9,564,963	\$6,664,563
14	Due To Third Party Payers	\$1,493,867	\$2,995,971	\$4,863,613
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 55,716,837	\$ 53,043,058	\$ 44,593,276
16	Total Net Patient Revenue	\$456,208,821	\$ 468,749,267	\$ 477,956,801
17	<b><u>Average Payment Period</u></b>	<b>113.01</b>	<b>102.20</b>	<b>98.28</b>
18	Total Current Liabilities	\$144,522,390	\$133,521,627	\$130,542,995
19	Total Operating Expenses	\$483,940,125	\$491,472,461	\$498,321,475
20	Depreciation Expense	\$17,180,941	\$14,606,590	\$13,478,326
21	Total Operating Expenses less Depreciation Expense	\$466,759,184	\$476,865,871	\$484,843,149
<b>F. <u>Solvency Measures Summary</u></b>				
1	<b><u>Equity Financing Ratio</u></b>	<b>(11.9)</b>	<b>(4.0)</b>	<b>(19.7)</b>
2	Total Net Assets	(\$30,730,319)	(\$10,170,252)	(\$48,404,289)
3	Total Assets	\$258,329,973	\$252,436,059	\$245,632,213
4	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>7.4</b>	<b>10.9</b>	<b>12.7</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$6,204,066)	\$208,691	\$3,239,713
6	Depreciation Expense	\$17,180,941	\$14,606,590	\$13,478,326
7	Excess of Revenues Over Expenses and Depreciation Expense	\$10,976,875	\$14,815,281	\$16,718,039
8	Total Current Liabilities	\$144,522,390	\$133,521,627	\$130,542,995
9	Total Long Term Debt	\$3,187,103	\$1,946,643	\$660,619
10	Total Current Liabilities and Total Long Term Debt	\$147,709,493	\$135,468,270	\$131,203,614
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>(11.6)</b>	<b>(23.7)</b>	<b>(1.4)</b>
12	Total Long Term Debt	\$3,187,103	\$1,946,643	\$660,619
13	Total Net Assets	(\$30,730,319)	(\$10,170,252)	(\$48,404,289)
14	Total Long Term Debt and Total Net Assets	(\$27,543,216)	(\$8,223,609)	(\$47,743,670)
15	<b><u>Debt Service Coverage Ratio</u></b>	<b>1.7</b>	<b>2.3</b>	<b>2.5</b>
16	Excess Revenues over Expenses	(\$6,204,066)	\$208,691	\$3,239,713
17	Interest Expense	\$4,184,261	\$2,904,989	\$2,512,441
18	Depreciation and Amortization Expense	\$17,180,941	\$14,606,590	\$13,478,326

<b>HOSPITAL OF SAINT RAPHAEL</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</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
		<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
19	Principal Payments	\$4,617,000	\$4,788,000	\$5,031,000
<b>G. Other Financial Ratios</b>				
20	<b>Average Age of Plant</b>	<b>19.0</b>	<b>23.3</b>	<b>26.1</b>
21	Accumulated Depreciation	\$325,836,594	\$340,443,184	\$352,115,592
22	Depreciation and Amortization Expense	\$17,180,941	\$14,606,590	\$13,478,326
<b>H. Utilization Measures Summary</b>				
1	Patient Days	130,965	124,273	121,615
2	Discharges	24,505	23,924	22,801
3	ALOS	5.3	5.2	5.3
4	Staffed Beds	417	364	369
5	Available Beds	-	489	489
6	Licensed Beds	533	533	533
6	Occupancy of Staffed Beds	86.0%	93.5%	90.3%
7	Occupancy of Available Beds	73.5%	69.6%	68.1%
8	Full Time Equivalent Employees	3,038.9	3,106.1	3,128.2
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	32.3%	30.3%	27.9%
2	Medicare Gross Revenue Payer Mix Percentage	53.0%	53.4%	54.0%
3	Medicaid Gross Revenue Payer Mix Percentage	8.8%	11.9%	16.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.1%	2.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.3%	1.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$399,323,804	\$390,098,303	\$382,106,004
9	Medicare Gross Revenue (Charges)	\$656,044,272	\$688,209,507	\$738,893,239
10	Medicaid Gross Revenue (Charges)	\$109,077,193	\$153,085,810	\$225,556,860
11	Other Medical Assistance Gross Revenue (Charges)	\$38,351,545	\$25,319,296	\$0
12	Uninsured Gross Revenue (Charges)	\$33,244,626	\$29,836,109	\$20,228,839
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,091,505	\$1,321,156	\$2,026,182
14	Total Gross Revenue (Charges)	\$1,237,132,945	\$1,287,870,181	\$1,368,811,124
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	40.7%	39.9%	37.3%

<b>HOSPITAL OF SAINT RAPHAEL</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</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
		<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
2	Medicare Net Revenue Payer Mix Percentage	50.1%	49.8%	49.1%
3	Medicaid Net Revenue Payer Mix Percentage	7.1%	8.4%	12.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.9%	0.7%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.1%	1.1%	1.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$178,783,532	\$178,173,323	\$170,783,805
9	Medicare Net Revenue (Payments)	\$220,168,266	\$222,480,164	\$224,806,958
10	Medicaid Net Revenue (Payments)	\$31,039,637	\$37,701,156	\$56,403,370
11	Other Medical Assistance Net Revenue (Payments)	\$4,160,519	\$3,273,077	\$0
12	Uninsured Net Revenue (Payments)	\$4,974,170	\$4,894,463	\$5,220,146
13	CHAMPUS / TRICARE Net Revenue Payments)	\$427,114	\$389,829	\$552,478
14	Total Net Revenue (Payments)	\$439,553,238	\$446,912,012	\$457,766,757
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	7,800	7,077	6,161
2	Medicare	13,225	13,102	12,686
3	Medical Assistance	3,447	3,711	3,916
4	Medicaid	2,704	3,298	3,916
5	Other Medical Assistance	743	413	-
6	CHAMPUS / TRICARE	33	34	38
7	Uninsured (Included In Non-Government)	405	271	113
8	Total	24,505	23,924	22,801
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.422000	1.399600	1.449980
2	Medicare	1.610400	1.581800	1.599950
3	Medical Assistance	0.980893	0.987384	1.062640
4	Medicaid	0.924700	0.962400	1.062640
5	Other Medical Assistance	1.185400	1.186900	0.000000
6	CHAMPUS / TRICARE	0.786600	0.875300	1.157240
7	Uninsured (Included In Non-Government)	1.048200	1.226000	1.241620
8	Total Case Mix Index	1.460772	1.434695	1.466407
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	14,540	14,506	13,907
2	Emergency Room - Treated and Discharged	38,833	41,101	44,323
3	Total Emergency Room Visits	53,373	55,607	58,230

**HOSPITAL OF SAINT RAPHAEL  
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	\$6,519,330	\$8,574,602	\$2,055,272	32%
2	Inpatient Payments	\$2,168,531	\$2,732,122	\$563,591	26%
3	Outpatient Charges	\$1,474,285	\$2,498,731	\$1,024,446	69%
4	Outpatient Payments	\$475,252	\$925,083	\$449,831	95%
5	Discharges	174	194	20	11%
6	Patient Days	835	968	133	16%
7	Outpatient Visits (Excludes ED Visits)	268	299	31	12%
8	Emergency Department Outpatient Visits	56	84	28	50%
9	Emergency Department Inpatient Admissions	117	121	4	3%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,993,615</b>	<b>\$11,073,333</b>	<b>\$3,079,718</b>	<b>39%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,643,783</b>	<b>\$3,657,205</b>	<b>\$1,013,422</b>	<b>38%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$11,374,852	\$23,086,622	\$11,711,770	103%
2	Inpatient Payments	\$3,861,498	\$7,107,839	\$3,246,341	84%
3	Outpatient Charges	\$3,410,500	\$6,835,526	\$3,425,026	100%
4	Outpatient Payments	\$957,583	\$1,897,491	\$939,908	98%
5	Discharges	272	493	221	81%
6	Patient Days	1,336	2,463	1,127	84%
7	Outpatient Visits (Excludes ED Visits)	423	691	268	63%
8	Emergency Department Outpatient Visits	96	264	168	175%
9	Emergency Department Inpatient Admissions	158	283	125	79%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,785,352</b>	<b>\$29,922,148</b>	<b>\$15,136,796</b>	<b>102%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$4,819,081</b>	<b>\$9,005,330</b>	<b>\$4,186,249</b>	<b>87%</b>

**HOSPITAL OF SAINT RAPHAEL  
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	\$69,263,792	\$17,019,115	(\$52,244,677)	-75%
2	Inpatient Payments	\$22,543,644	\$5,409,897	(\$17,133,747)	-76%
3	Outpatient Charges	\$17,071,502	\$5,370,123	(\$11,701,379)	-69%
4	Outpatient Payments	\$4,895,896	\$1,422,695	(\$3,473,201)	-71%
5	Discharges	1,607	371	(1,236)	-77%
6	Patient Days	8,750	2,098	(6,652)	-76%
7	Outpatient Visits (Excludes ED Visits)	2,155	526	(1,629)	-76%
8	Emergency Department Outpatient Visits	716	201	(515)	-72%
9	Emergency Department Inpatient Admissions	1,071	229	(842)	-79%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$86,335,294</b>	<b>\$22,389,238</b>	<b>(\$63,946,056)</b>	<b>-74%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$27,439,540</b>	<b>\$6,832,592</b>	<b>(\$20,606,948)</b>	<b>-75%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$1,468,933	\$918,922	(\$550,011)	-37%
2	Inpatient Payments	\$413,388	\$355,225	(\$58,163)	-14%
3	Outpatient Charges	\$687,396	\$314,393	(\$373,003)	-54%
4	Outpatient Payments	\$174,936	\$75,602	(\$99,334)	-57%
5	Discharges	29	26	(3)	-10%
6	Patient Days	197	235	38	19%
7	Outpatient Visits (Excludes ED Visits)	108	34	(74)	-69%
8	Emergency Department Outpatient Visits	57	43	(14)	-25%
9	Emergency Department Inpatient Admissions	21	24	3	14%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,156,329</b>	<b>\$1,233,315</b>	<b>(\$923,014)</b>	<b>-43%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$588,324</b>	<b>\$430,827</b>	<b>(\$157,497)</b>	<b>-27%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$9,293,927	\$12,397,234	\$3,103,307	33%
2	Inpatient Payments	\$3,095,501	\$3,705,135	\$609,634	20%
3	Outpatient Charges	\$2,237,007	\$3,775,653	\$1,538,646	69%
4	Outpatient Payments	\$630,799	\$988,675	\$357,876	57%
5	Discharges	208	260	52	25%
6	Patient Days	1,211	1,602	391	32%
7	Outpatient Visits (Excludes ED Visits)	286	391	105	37%
8	Emergency Department Outpatient Visits	161	217	56	35%
9	Emergency Department Inpatient Admissions	162	192	30	19%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$11,530,934</b>	<b>\$16,172,887</b>	<b>\$4,641,953</b>	<b>40%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,726,300</b>	<b>\$4,693,810</b>	<b>\$967,510</b>	<b>26%</b>

**HOSPITAL OF SAINT RAPHAEL  
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>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$8,820,784	\$54,916,912	\$46,096,128	523%
2	Inpatient Payments	\$2,923,355	\$16,040,055	\$13,116,700	449%
3	Outpatient Charges	\$1,925,221	\$12,923,058	\$10,997,837	571%
4	Outpatient Payments	\$507,046	\$3,527,835	\$3,020,789	596%
5	Discharges	222	1,134	912	411%
6	Patient Days	1,288	6,792	5,504	427%
7	Outpatient Visits (Excludes ED Visits)	596	1,449	853	143%
8	Emergency Department Outpatient Visits	198	704	506	256%
9	Emergency Department Inpatient Admissions	181	798	617	341%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$10,746,005</b>	<b>\$67,839,970</b>	<b>\$57,093,965</b>	<b>531%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,430,401</b>	<b>\$19,567,890</b>	<b>\$16,137,489</b>	<b>470%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$4,600,120	\$5,537,393	\$937,273	20%
2	Inpatient Payments	\$1,327,696	\$1,621,207	\$293,511	22%
3	Outpatient Charges	\$857,509	\$1,397,503	\$539,994	63%
4	Outpatient Payments	\$237,480	\$354,579	\$117,099	49%
5	Discharges	98	128	30	31%
6	Patient Days	615	670	55	9%
7	Outpatient Visits (Excludes ED Visits)	297	419	122	41%
8	Emergency Department Outpatient Visits	121	191	70	58%
9	Emergency Department Inpatient Admissions	86	115	29	34%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$5,457,629</b>	<b>\$6,934,896</b>	<b>\$1,477,267</b>	<b>27%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,565,176</b>	<b>\$1,975,786</b>	<b>\$410,610</b>	<b>26%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$4,750,934	\$4,614,945	(\$135,989)	-3%
2	Inpatient Payments	\$1,680,053	\$1,373,312	(\$306,741)	-18%
3	Outpatient Charges	\$1,646,912	\$1,279,301	(\$367,611)	-22%
4	Outpatient Payments	\$468,259	\$337,672	(\$130,587)	-28%
5	Discharges	119	81	(38)	-32%
6	Patient Days	586	496	(90)	-15%
7	Outpatient Visits (Excludes ED Visits)	182	190	8	4%
8	Emergency Department Outpatient Visits	60	49	(11)	-18%
9	Emergency Department Inpatient Admissions	74	58	(16)	-22%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$6,397,846</b>	<b>\$5,894,246</b>	<b>(\$503,600)</b>	<b>-8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,148,312</b>	<b>\$1,710,984</b>	<b>(\$437,328)</b>	<b>-20%</b>

**HOSPITAL OF SAINT RAPHAEL  
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	\$204,650	\$248,879	\$44,229	22%
2	Inpatient Payments	\$107,692	\$67,656	(\$40,036)	-37%
3	Outpatient Charges	\$110,629	\$116,675	\$6,046	5%
4	Outpatient Payments	\$31,966	\$22,657	(\$9,309)	-29%
5	Discharges	5	5	0	0%
6	Patient Days	37	37	0	0%
7	Outpatient Visits (Excludes ED Visits)	6	37	31	517%
8	Emergency Department Outpatient Visits	6	9	3	50%
9	Emergency Department Inpatient Admissions	4	4	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$315,279</b>	<b>\$365,554</b>	<b>\$50,275</b>	<b>16%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$139,658</b>	<b>\$90,313</b>	<b>(\$49,345)</b>	<b>-35%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**HOSPITAL OF SAINT RAPHAEL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 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>\$116,297,322</b>	<b>\$127,314,624</b>	<b>\$11,017,302</b>	<b>9%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$38,121,358</b>	<b>\$38,412,448</b>	<b>\$291,090</b>	<b>1%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$29,420,961</b>	<b>\$34,510,963</b>	<b>\$5,090,002</b>	<b>17%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$8,379,217</b>	<b>\$9,552,289</b>	<b>\$1,173,072</b>	<b>14%</b>
	<b>TOTAL DISCHARGES</b>	<b>2,734</b>	<b>2,692</b>	<b>(42)</b>	<b>-2%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>14,855</b>	<b>15,361</b>	<b>506</b>	<b>3%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>4,321</b>	<b>4,036</b>	<b>(285)</b>	<b>-7%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,471</b>	<b>1,762</b>	<b>291</b>	<b>20%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>1,874</b>	<b>1,824</b>	<b>(50)</b>	<b>-3%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$145,718,283</b>	<b>\$161,825,587</b>	<b>\$16,107,304</b>	<b>11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$46,500,575</b>	<b>\$47,964,737</b>	<b>\$1,464,162</b>	<b>3%</b>

**HOSPITAL OF SAINT RAPHAEL  
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	\$14,542,901	\$16,753,087	\$2,210,186	15%
2	Inpatient Payments	\$3,931,135	\$4,641,136	\$710,001	18%
3	Outpatient Charges	\$23,765,320	\$26,797,280	\$3,031,960	13%
4	Outpatient Payments	\$7,205,060	\$9,169,596	\$1,964,536	27%
5	Discharges	906	930	24	3%
6	Patient Days	2,932	2,986	54	2%
7	Outpatient Visits (Excludes ED Visits)	10,060	12,465	2,405	24%
8	Emergency Department Outpatient Visits	5,619	5,889	270	5%
9	Emergency Department Inpatient Admissions	214	176	(38)	-18%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$38,308,221</b>	<b>\$43,550,367</b>	<b>\$5,242,146</b>	<b>14%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$11,136,195</b>	<b>\$13,810,732</b>	<b>\$2,674,537</b>	<b>24%</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	\$715	\$0	(\$715)	-100%
4	Outpatient Payments	\$622	\$0	(\$622)	-100%
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>\$715</b>	<b>\$0</b>	<b>(\$715)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$622</b>	<b>\$0</b>	<b>(\$622)</b>	<b>-100%</b>

**HOSPITAL OF SAINT RAPHAEL  
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	\$7,831,834	\$8,922,080	\$1,090,246	14%
2	Inpatient Payments	\$2,777,750	\$2,640,964	(\$136,786)	-5%
3	Outpatient Charges	\$2,810,634	\$3,809,124	\$998,490	36%
4	Outpatient Payments	\$894,893	\$943,517	\$48,624	5%
5	Discharges	254	256	2	1%
6	Patient Days	3,474	3,430	(44)	-1%
7	Outpatient Visits (Excludes ED Visits)	3,693	3,763	70	2%
8	Emergency Department Outpatient Visits	0	3	3	0%
9	Emergency Department Inpatient Admissions	108	126	18	17%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$10,642,468</b>	<b>\$12,731,204</b>	<b>\$2,088,736</b>	<b>20%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,672,643</b>	<b>\$3,584,481</b>	<b>(\$88,162)</b>	<b>-2%</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	\$631	\$0	(\$631)	-100%
4	Outpatient Payments	\$438	\$0	(\$438)	-100%
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%

**HOSPITAL OF SAINT RAPHAEL  
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>\$631</b>	<b>\$0</b>	<b>(\$631)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$438</b>	<b>\$0</b>	<b>(\$438)</b>	<b>-100%</b>
	<b>G. UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$2,268,393	\$2,873,163	\$604,770	27%
2	Inpatient Payments	\$653,965	\$895,302	\$241,337	37%
3	Outpatient Charges	\$3,721,255	\$4,887,146	\$1,165,891	31%
4	Outpatient Payments	\$758,309	\$1,072,217	\$313,908	41%
5	Discharges	153	157	4	3%
6	Patient Days	414	546	132	32%
7	Outpatient Visits (Excludes ED Visits)	1,501	2,196	695	46%
8	Emergency Department Outpatient Visits	998	1,172	174	17%
9	Emergency Department Inpatient Admissions	41	24	(17)	-41%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$5,989,648</b>	<b>\$7,760,309</b>	<b>\$1,770,661</b>	<b>30%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,412,274</b>	<b>\$1,967,519</b>	<b>\$555,245</b>	<b>39%</b>
	<b>H. AETNA</b>				
1	Inpatient Charges	\$4,786,076	\$6,551,613	\$1,765,537	37%
2	Inpatient Payments	\$1,173,646	\$2,013,241	\$839,595	72%
3	Outpatient Charges	\$7,133,228	\$8,879,754	\$1,746,526	24%
4	Outpatient Payments	\$1,697,167	\$2,185,921	\$488,754	29%
5	Discharges	258	303	45	17%
6	Patient Days	878	1,062	184	21%
7	Outpatient Visits (Excludes ED Visits)	3,217	3,700	483	15%
8	Emergency Department Outpatient Visits	1,533	1,761	228	15%
9	Emergency Department Inpatient Admissions	88	83	(5)	-6%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$11,919,304</b>	<b>\$15,431,367</b>	<b>\$3,512,063</b>	<b>29%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,870,813</b>	<b>\$4,199,162</b>	<b>\$1,328,349</b>	<b>46%</b>
	<b>II. TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$29,429,204</b>	<b>\$35,099,943</b>	<b>\$5,670,739</b>	<b>19%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$8,536,496</b>	<b>\$10,190,643</b>	<b>\$1,654,147</b>	<b>19%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$37,431,783</b>	<b>\$44,373,304</b>	<b>\$6,941,521</b>	<b>19%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$10,556,489</b>	<b>\$13,371,251</b>	<b>\$2,814,762</b>	<b>27%</b>
	<b>TOTAL DISCHARGES</b>	<b>1,571</b>	<b>1,646</b>	<b>75</b>	<b>5%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>7,698</b>	<b>8,024</b>	<b>326</b>	<b>4%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>18,471</b>	<b>22,124</b>	<b>3,653</b>	<b>20%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>8,150</b>	<b>8,825</b>	<b>675</b>	<b>8%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>451</b>	<b>409</b>	<b>(42)</b>	<b>-9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$66,860,987</b>	<b>\$79,473,247</b>	<b>\$12,612,260</b>	<b>19%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$19,092,985</b>	<b>\$23,561,894</b>	<b>\$4,468,909</b>	<b>23%</b>

**HOSPITAL OF SAINT RAPHAEL  
 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

SAINT RAPHAEL HEALTHCARE SYSTEM, 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	\$18,157,676	\$33,762,815	\$15,605,139	86%
2	Short Term Investments	\$2,314,446	\$1,156,970	(\$1,157,476)	-50%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$48,995,601	\$45,453,211	(\$3,542,390)	-7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,196,185	\$1,206,054	\$9,869	1%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$9,564,963	\$6,664,563	(\$2,900,400)	-30%
7	Inventories of Supplies	\$7,983,299	\$7,466,483	(\$516,816)	-6%
8	Prepaid Expenses	\$477,308	\$230,018	(\$247,290)	-52%
9	Other Current Assets	\$4,789,363	\$3,494,247	(\$1,295,116)	-27%
	<b>Total Current Assets</b>	<b>\$93,478,841</b>	<b>\$99,434,361</b>	<b>\$5,955,520</b>	<b>6%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$7,412,957	\$7,503,642	\$90,685	1%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$7,577,185	\$7,584,514	\$7,329	0%
4	Other Noncurrent Assets Whose Use is Limited	\$79,664,302	\$80,655,013	\$990,711	1%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$94,654,444</b>	<b>\$95,743,169</b>	<b>\$1,088,725</b>	<b>1%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$2,188,026	\$2,204,090	\$16,064	1%
7	Other Noncurrent Assets	\$18,065,310	\$21,830,482	\$3,765,172	21%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$458,608,756	\$458,396,133	(\$212,623)	0%
2	Less: Accumulated Depreciation	\$358,252,005	\$363,550,558	\$5,298,553	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$100,356,751</b>	<b>\$94,845,575</b>	<b>(\$5,511,176)</b>	<b>-5%</b>
3	Construction in Progress	\$396,986	\$2,089,600	\$1,692,614	426%
	<b>Total Net Fixed Assets</b>	<b>\$100,753,737</b>	<b>\$96,935,175</b>	<b>(\$3,818,562)</b>	<b>-4%</b>
	<b>Total Assets</b>	<b>\$309,140,358</b>	<b>\$316,147,277</b>	<b>\$7,006,919</b>	<b>2%</b>

SAINT RAPHAEL HEALTHCARE SYSTEM, 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	\$48,205,580	\$49,250,642	\$1,045,062	2%
2	Salaries, Wages and Payroll Taxes	\$8,099,705	\$9,283,150	\$1,183,445	15%
3	Due To Third Party Payers	\$3,567,787	\$4,863,613	\$1,295,826	36%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$77,783,678	\$74,037,024	(\$3,746,654)	-5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,586,292	\$2,014,389	(\$4,571,903)	-69%
	<b>Total Current Liabilities</b>	<b>\$144,243,042</b>	<b>\$139,448,818</b>	<b>(\$4,794,224)</b>	<b>-3%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$1,946,643	\$660,619	(\$1,286,024)	-66%
	<b>Total Long Term Debt</b>	<b>\$1,946,643</b>	<b>\$660,619</b>	<b>(\$1,286,024)</b>	<b>-66%</b>
3	Accrued Pension Liability	\$108,025,533	\$140,965,489	\$32,939,956	30%
4	Other Long Term Liabilities	\$54,741,937	\$59,991,726	\$5,249,789	10%
	<b>Total Long Term Liabilities</b>	<b>\$164,714,113</b>	<b>\$201,617,834</b>	<b>\$36,903,721</b>	<b>22%</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	(\$36,793,919)	(\$61,657,421)	(\$24,863,502)	68%
2	Temporarily Restricted Net Assets	\$19,184,107	\$20,776,127	\$1,592,020	8%
3	Permanently Restricted Net Assets	\$17,793,015	\$15,961,919	(\$1,831,096)	-10%
	<b>Total Net Assets</b>	<b>\$183,203</b>	<b>(\$24,919,375)</b>	<b>(\$25,102,578)</b>	<b>-13702%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$309,140,358</b>	<b>\$316,147,277</b>	<b>\$7,006,919</b>	<b>2%</b>

SAINT RAPHAEL HEALTHCARE SYSTEM, 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	\$1,310,311,655	\$1,394,159,643	\$83,847,988	6%
2	Less: Allowances	\$819,050,564	\$896,038,334	\$76,987,770	9%
3	Less: Charity Care	\$5,390,522	\$5,784,587	\$394,065	7%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$485,870,569</b>	<b>\$492,336,722</b>	<b>\$6,466,153</b>	<b>1%</b>
5	Other Operating Revenue	\$22,982,867	\$21,108,848	(\$1,874,019)	-8%
6	Net Assets Released from Restrictions	\$3,695,196	\$5,555,754	\$1,860,558	50%
	<b>Total Operating Revenue</b>	<b>\$512,548,632</b>	<b>\$519,001,324</b>	<b>\$6,452,692</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$239,802,330	\$244,808,913	\$5,006,583	2%
2	Fringe Benefits	\$59,977,590	\$59,563,126	(\$414,464)	-1%
3	Physicians Fees	\$6,082,959	\$6,150,524	\$67,565	1%
4	Supplies and Drugs	\$66,635,835	\$67,063,859	\$428,024	1%
5	Depreciation and Amortization	\$15,255,332	\$14,005,649	(\$1,249,683)	-8%
6	Bad Debts	\$25,212,572	\$23,430,296	(\$1,782,276)	-7%
7	Interest	\$3,122,812	\$2,703,853	(\$418,959)	-13%
8	Malpractice	\$5,390,000	\$3,359,000	(\$2,031,000)	-38%
9	Other Operating Expenses	\$94,222,800	\$97,801,509	\$3,578,709	4%
	<b>Total Operating Expenses</b>	<b>\$515,702,230</b>	<b>\$518,886,729</b>	<b>\$3,184,499</b>	<b>1%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$3,153,598)</b>	<b>\$114,595</b>	<b>\$3,268,193</b>	<b>-104%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$1,713,286	\$653,871	(\$1,059,415)	-62%
	<b>Total Non-Operating Revenue</b>	<b>\$1,713,286</b>	<b>\$653,871</b>	<b>(\$1,059,415)</b>	<b>-62%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$1,440,312)</b>	<b>\$768,466</b>	<b>\$2,208,778</b>	<b>-153%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$1,975,157	\$148,573	(\$1,826,584)	-92%
	All Other Adjustments	\$200,000	\$0	(\$200,000)	-100%
	<b>Total Other Adjustments</b>	<b>\$2,175,157</b>	<b>\$148,573</b>	<b>(\$2,026,584)</b>	<b>-93%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$734,845</b>	<b>\$917,039</b>	<b>\$182,194</b>	<b>25%</b>

<b>SAINT RAPHAEL HEALTHCARE SYSTEM, INC</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$476,727,094	\$485,870,569	\$492,336,722
2	Other Operating Revenue	19,384,126	26,678,063	26,664,602
3	Total Operating Revenue	\$496,111,220	\$512,548,632	\$519,001,324
4	Total Operating Expenses	514,932,531	515,702,230	518,886,729
5	Income/(Loss) From Operations	(\$18,821,311)	(\$3,153,598)	\$114,595
6	Total Non-Operating Revenue	1,333,580	3,888,443	802,444
7	Excess/(Deficiency) of Revenue Over Expenses	(\$17,487,731)	\$734,845	\$917,039
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	-3.78%	-0.61%	0.02%
2	Parent Corporation Non-Operating Margin	0.27%	0.75%	0.15%
3	Parent Corporation Total Margin	-3.52%	0.14%	0.18%
4	Income/(Loss) From Operations	(\$18,821,311)	(\$3,153,598)	\$114,595
5	Total Operating Revenue	\$496,111,220	\$512,548,632	\$519,001,324
6	Total Non-Operating Revenue	\$1,333,580	\$3,888,443	\$802,444
7	Total Revenue	\$497,444,800	\$516,437,075	\$519,803,768
8	Excess/(Deficiency) of Revenue Over Expenses	(\$17,487,731)	\$734,845	\$917,039
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	(\$54,383,842)	(\$36,793,919)	-\$61,657,421
2	Parent Corporation Total Net Assets	(\$19,887,542)	\$183,203	(\$24,919,375)
3	Parent Corporation Change in Total Net Assets	(\$68,979,186)	\$20,070,745	(\$25,102,578)
4	Parent Corporation Change in Total Net Assets %	-40.5%	-100.9%	-13702.1%

## SAINT RAPHAEL HEALTHCARE SYSTEM, 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>0.65</b>	<b>0.65</b>	<b>0.71</b>
2	Total Current Assets	\$102,106,188	\$93,478,841	\$99,434,361
3	Total Current Liabilities	\$157,004,190	\$144,243,042	\$139,448,818
<b>4</b>	<b>Days Cash on Hand</b>	<b>20</b>	<b>15</b>	<b>25</b>
5	Cash and Cash Equivalents	\$26,755,688	\$18,157,676	\$33,762,815
6	Short Term Investments	0	2,314,446	1,156,970
7	Total Cash and Short Term Investments	\$26,755,688	\$20,472,122	\$34,919,785
8	Total Operating Expenses	\$514,932,531	\$515,702,230	\$518,886,729
9	Depreciation Expense	\$18,072,387	\$15,255,332	\$14,005,649
10	Operating Expenses less Depreciation Expense	\$496,860,144	\$500,446,898	\$504,881,080
<b>11</b>	<b>Days Revenue in Patient Accounts Receivable</b>	<b>44</b>	<b>41</b>	<b>35</b>
12	Net Patient Accounts Receivable	\$ 56,161,504	\$ 48,995,601	\$ 45,453,211
13	Due From Third Party Payers	\$3,545,193	\$9,564,963	\$6,664,563
14	Due To Third Party Payers	\$2,065,682	\$3,567,787	\$4,863,613
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 57,641,015	\$ 54,992,777	\$ 47,254,161
16	Total Net Patient Revenue	\$476,727,094	\$485,870,569	\$492,336,722
<b>17</b>	<b>Average Payment Period</b>	<b>115</b>	<b>105</b>	<b>101</b>
18	Total Current Liabilities	\$157,004,190	\$144,243,042	\$139,448,818
19	Total Operating Expenses	\$514,932,531	\$515,702,230	\$518,886,729
20	Depreciation Expense	\$18,072,387	\$15,255,332	\$14,005,649
21	Total Operating Expenses less Depreciation Expense	\$496,860,144	\$500,446,898	\$504,881,080

## SAINT RAPHAEL HEALTHCARE SYSTEM, INC

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2011

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<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>(6.3)</b>	<b>0.1</b>	<b>(7.9)</b>
2	Total Net Assets	(\$19,887,542)	\$183,203	(\$24,919,375)
3	Total Assets	\$313,533,174	\$309,140,358	\$316,147,277
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>0.4</b>	<b>10.9</b>	<b>10.7</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$17,487,731)	\$734,845	\$917,039
6	Depreciation Expense	\$18,072,387	\$15,255,332	\$14,005,649
7	Excess of Revenues Over Expenses and Depreciation Expense	\$584,656	\$15,990,177	\$14,922,688
8	Total Current Liabilities	\$157,004,190	\$144,243,042	\$139,448,818
9	Total Long Term Debt	\$3,223,156	\$1,946,643	\$660,619
10	Total Current Liabilities and Total Long Term Debt	\$160,227,346	\$146,189,685	\$140,109,437
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>(19.3)</b>	<b>91.4</b>	<b>(2.7)</b>
12	Total Long Term Debt	\$3,223,156	\$1,946,643	\$660,619
13	Total Net Assets	(\$19,887,542)	\$183,203	(\$24,919,375)
14	Total Long Term Debt and Total Net Assets	(\$16,664,386)	\$2,129,846	(\$24,258,756)

HOSPITAL OF SAINT RAPHAEL								
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
<u>LINE</u>	<u>DESCRIPTION</u>	<u>DAYS</u>	<u># PATIENT</u>		<u>BEDS (A)</u>	<u>BEDS</u>	<u>BEDS (A)</u>	<u>BEDS</u>
1	Adult Medical/Surgical	75,214	18,844	19,111	227	297	90.8%	69.4%
2	ICU/CCU (Excludes Neonatal ICU)	21,377	1,287	0	62	75	94.5%	78.1%
3	Psychiatric: Ages 0 to 17	5,435	467	468	15	23	99.3%	64.7%
4	Psychiatric: Ages 18+	7,904	672	673	22	25	98.4%	86.6%
	<b>TOTAL PSYCHIATRIC</b>	<b>13,339</b>	<b>1,139</b>	<b>1,141</b>	<b>37</b>	<b>48</b>	<b>98.8%</b>	<b>76.1%</b>
5	Rehabilitation	4,056	417	418	12	18	92.6%	61.7%
6	Maternity	3,146	1,087	1,091	13	14	66.3%	61.6%
7	Newborn	2,664	1,078	1,215	11	26	66.4%	28.1%
8	Neonatal ICU	1,614	133	0	6	8	73.7%	55.3%
9	Pediatric	205	103	102	1	3	56.2%	18.7%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>118,951</b>	<b>21,723</b>	<b>21,863</b>	<b>358</b>	<b>463</b>	<b>91.0%</b>	<b>70.4%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>121,615</b>	<b>22,801</b>	<b>23,078</b>	<b>369</b>	<b>489</b>	<b>90.3%</b>	<b>68.1%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>121,615</b>	<b>22,801</b>	<b>23,078</b>	<b>369</b>	<b>489</b>	<b>90.3%</b>	<b>68.1%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>124,273</b>	<b>0</b>	<b>0</b>	<b>364</b>	<b>489</b>	<b>93.5%</b>	<b>69.6%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-2,658</b>	<b>22,801</b>	<b>23,078</b>	<b>5</b>	<b>0</b>	<b>-3.2%</b>	<b>-1.5%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-2%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>	<b>-3%</b>	<b>-2%</b>
	Total Licensed Beds and Bassinets	533						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	17,513	14,186	-3,327	-19%
2	Outpatient Scans (Excluding Emergency Department Scans)	11,692	9,822	-1,870	-16%
3	Emergency Department Scans	9,098	7,579	-1,519	-17%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>38,303</b>	<b>31,587</b>	<b>-6,716</b>	<b>-18%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	2,085	1,946	-139	-7%
2	Outpatient Scans (Excluding Emergency Department Scans)	267	419	152	57%
3	Emergency Department Scans	2	2	0	0%
4	Other Non-Hospital Providers' Scans (A)	6,079	6,556	477	8%
	<b>Total MRI Scans</b>	<b>8,433</b>	<b>8,923</b>	<b>490</b>	<b>6%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	5	8	3	60%
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>5</b>	<b>8</b>	<b>3</b>	<b>60%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	30	36	6	20%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,122	964	-158	-14%
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>1,152</b>	<b>1,000</b>	<b>-152</b>	<b>-13%</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	926	952	26	3%
2	Outpatient Procedures	17,445	17,001	-444	-3%
	<b>Total Linear Accelerator Procedures</b>	<b>18,371</b>	<b>17,953</b>	<b>-418</b>	<b>-2%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	803	706	-97	-12%
2	Outpatient Procedures	1,377	1,238	-139	-10%
	<b>Total Cardiac Catheterization Procedures</b>	<b>2,180</b>	<b>1,944</b>	<b>-236</b>	<b>-11%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	302	298	-4	-1%
2	Elective Procedures	322	298	-24	-7%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>624</b>	<b>596</b>	<b>-28</b>	<b>-4%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	380	335	-45	-12%
2	Outpatient Studies	300	347	47	16%
	<b>Total Electrophysiology Studies</b>	<b>680</b>	<b>682</b>	<b>2</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	6,946	6,080	-866	-12%
2	Outpatient Surgical Procedures	10,192	9,770	-422	-4%
	<b>Total Surgical Procedures</b>	<b>17,138</b>	<b>15,850</b>	<b>-1,288</b>	<b>-8%</b>
<b>J. Endoscopy Procedures</b>					

HOSPITAL OF SAINT RAPHAEL					
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	1	0	-1	-100%
2	Outpatient Endoscopy Procedures	4,541	4,657	116	3%
	<b>Total Endoscopy Procedures</b>	<b>4,542</b>	<b>4,657</b>	<b>115</b>	<b>3%</b>
<b>K.</b>	<b>Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	14,506	13,907	-599	-4%
2	Emergency Room Visits: Treated and Discharged	41,101	44,323	3,222	8%
	<b>Total Emergency Room Visits</b>	<b>55,607</b>	<b>58,230</b>	<b>2,623</b>	<b>5%</b>
<b>L.</b>	<b>Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	935	1,074	139	15%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	7,870	13,141	5,271	67%
5	Specialty Clinic Visits	44,016	40,625	-3,391	-8%
	<b>Total Hospital Clinic Visits</b>	<b>52,821</b>	<b>54,840</b>	<b>2,019</b>	<b>4%</b>
<b>M.</b>	<b>Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	13,280	13,176	-104	-1%
2	Cardiology	1,788	1,933	145	8%
3	Chemotherapy	613	614	1	0%
4	Gastroenterology	3,290	3,414	124	4%
5	Other Outpatient Visits	6,867	7,097	230	3%
	<b>Total Other Hospital Outpatient Visits</b>	<b>25,838</b>	<b>26,234</b>	<b>396</b>	<b>2%</b>
<b>N.</b>	<b>Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	915.6	917.4	1.8	0%
2	Total Physician FTEs	299.8	289.0	-10.8	-4%
3	Total Non-Nursing and Non-Physician FTEs	1,890.7	1,921.8	31.1	2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>3,106.1</b>	<b>3,128.2</b>	<b>22.1</b>	<b>1%</b>

HOSPITAL OF SAINT RAPHAEL					
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. Outpatient Surgical Procedures</b>					
1	Hospital of Saint Raphael	10,192	9,770	-422	-4%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>10,192</b>	<b>9,770</b>	<b>-422</b>	<b>-4%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital of Saint Raphael	4,541	4,657	116	3%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>4,541</b>	<b>4,657</b>	<b>116</b>	<b>3%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital of Saint Raphael	41,101	44,323	3,222	8%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>41,101</b>	<b>44,323</b>	<b>3,222</b>	<b>8%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

HOSPITAL OF SAINT RAPHAEL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	\$543,881,938	\$577,575,465	\$33,693,527	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$180,018,860	\$176,821,658	(\$3,197,202)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.10%	30.61%	-2.48%	-8%
4	DISCHARGES	13,102	12,686	(416)	-3%
5	CASE MIX INDEX (CMI)	1.58180	1.59995	0.01815	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20,724,74360	20,296,96570	(427,77790)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,686.18	\$8,711.73	\$25.55	0%
8	PATIENT DAYS	78,097	75,250	(2,847)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,305.07	\$2,349.79	\$44.72	2%
10	AVERAGE LENGTH OF STAY	6.0	5.9	(0.0)	0%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$144,327,569	\$161,317,774	\$16,990,205	12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$42,461,304	\$47,985,300	\$5,523,996	13%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.42%	29.75%	0.33%	1%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	26.54%	27.93%	1.39%	5%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,476.82038	3,543.22059	66.40021	2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,212.68	\$13,542.85	\$1,330.17	11%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$688,209,507	\$738,893,239	\$50,683,732	7%
18	TOTAL ACCRUED PAYMENTS	\$222,480,164	\$224,806,958	\$2,326,794	1%
19	TOTAL ALLOWANCES	\$465,729,343	\$514,086,281	\$48,356,938	10%

HOSPITAL OF SAINT RAPHAEL					
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	\$238,061,303	\$225,061,149	(\$13,000,154)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$101,699,141	\$97,784,714	(\$3,914,427)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.72%	43.45%	0.73%	2%
4	DISCHARGES	7,077	6,161	(916)	-13%
5	CASE MIX INDEX (CMI)	1.39960	1.44998	0.05038	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,904,96920	8,933,32678	(971,64242)	-10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,267.49	\$10,946.06	\$678.57	7%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,581.31)	(\$2,234.33)	(\$653.02)	41%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$15,662,792)	(\$19,959,995)	(\$4,297,203)	27%
10	PATIENT DAYS	28,038	25,554	(2,484)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,627.19	\$3,826.59	\$199.40	5%
12	AVERAGE LENGTH OF STAY	4.0	4.1	0.2	5%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$181,873,109	\$177,273,694	(\$4,599,415)	-3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$81,368,645	\$78,219,237	(\$3,149,408)	-4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.74%	44.12%	-0.62%	-1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	76.40%	78.77%	2.37%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,406,65776	4,852,82881	(553,82895)	-10%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$15,049.71	\$16,118.28	\$1,068.56	7%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$2,837.03)	(\$2,575.43)	\$261.60	-9%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$15,338,850)	(\$12,498,111)	\$2,840,738	-19%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$419,934,412	\$402,334,843	(\$17,599,569)	-4%
22	TOTAL ACCRUED PAYMENTS	\$183,067,786	\$176,003,951	(\$7,063,835)	-4%
23	TOTAL ALLOWANCES	\$236,866,626	\$226,330,892	(\$10,535,734)	-4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$31,001,642)	(\$32,458,106)	(\$1,456,464)	5%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$403,549,441	\$384,002,145	(\$19,547,296)	-5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$205,121,510	\$196,051,082	(\$9,070,428)	-4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$198,427,931	\$187,951,063	(\$10,476,868)	-5%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.17%	48.95%	-0.23%	

HOSPITAL OF SAINT RAPHAEL					
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>C.</b>	<b><u>UNINSURED</u></b>				
	<b><u>UNINSURED INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$10,215,544	\$3,818,662	(\$6,396,882)	-63%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$922,861	\$662,259	(\$260,602)	-28%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	9.03%	17.34%	8.31%	92%
4	DISCHARGES	271	113	(158)	-58%
5	CASE MIX INDEX (CMI)	1.22600	1.24162	0.01562	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	332.24600	140.30306	(191.94294)	-58%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,777.64	\$4,720.20	\$1,942.56	70%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,489.84	\$6,225.85	(\$1,263.99)	-17%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,908.54	\$3,991.53	(\$1,917.01)	-32%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,963,088	\$560,023	(\$1,403,064)	-71%
11	PATIENT DAYS	945	412	(533)	-56%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$976.57	\$1,607.42	\$630.85	65%
13	AVERAGE LENGTH OF STAY	3.5	3.6	0.2	5%
	<b><u>UNINSURED OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$19,620,565	\$16,410,177	(\$3,210,388)	-16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,971,602	\$4,557,887	\$586,285	15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.24%	27.77%	7.53%	37%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	192.07%	429.74%	237.67%	124%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	520.49828	485.60203	(34.89626)	-7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,630.38	\$9,386.05	\$1,755.67	23%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,419.33	\$6,732.22	(\$687.11)	-9%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,582.30	\$4,156.79	(\$425.50)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,385,078	\$2,018,548	(\$366,531)	-15%
	<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$29,836,109	\$20,228,839	(\$9,607,270)	-32%
24	TOTAL ACCRUED PAYMENTS	\$4,894,463	\$5,220,146	\$325,683	7%
25	TOTAL ALLOWANCES	\$24,941,646	\$15,008,693	(\$9,932,953)	-40%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,348,166	\$2,578,571	(\$1,769,595)	-41%

HOSPITAL OF SAINT RAPHAEL					
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>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$83,843,735	\$120,346,712	\$36,502,977	44%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,976,565	\$29,303,581	\$7,327,016	33%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.21%	24.35%	-1.86%	-7%
4	DISCHARGES	3,298	3,916	618	19%
5	CASE MIX INDEX (CMI)	0.96240	1.06264	0.10024	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,173.99520	4,161.29824	987.30304	31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,923.94	\$7,041.93	\$117.99	2%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,343.54	\$3,904.13	\$560.58	17%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,762.24	\$1,669.80	(\$92.44)	-5%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,593,330	\$6,948,520	\$1,355,191	24%
11	PATIENT DAYS	16,251	20,583	4,332	27%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,352.32	\$1,423.68	\$71.36	5%
13	AVERAGE LENGTH OF STAY	4.9	5.3	0.3	7%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$69,242,075	\$105,210,148	\$35,968,073	52%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,724,591	\$27,099,789	\$11,375,198	72%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.71%	25.76%	3.05%	13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	82.58%	87.42%	4.84%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,723.64254	3,423.46652	699.82398	26%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,773.37	\$7,915.89	\$2,142.52	37%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$9,276.34	\$8,202.39	(\$1,073.96)	-12%
21	MEDICARE - MEDICAID OP PMT / OPED	\$6,439.31	\$5,626.96	(\$812.36)	-13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,538,391	\$19,263,700	\$1,725,309	10%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$153,085,810	\$225,556,860	\$72,471,050	47%
24	TOTAL ACCRUED PAYMENTS	\$37,701,156	\$56,403,370	\$18,702,214	50%
25	TOTAL ALLOWANCES	\$115,384,654	\$169,153,490	\$53,768,836	47%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$23,131,721	\$26,212,220	\$3,080,499	13%

HOSPITAL OF SAINT RAPHAEL					
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>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$11,294,901	\$0	(\$11,294,901)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,186,247	\$0	(\$1,186,247)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	10.50%	0.00%	-10.50%	-100%
4	DISCHARGES	413	-	(413)	-100%
5	CASE MIX INDEX (CMI)	1.18690	0.00000	(1.18690)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	490.18970	0.00000	(490.18970)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,419.98	\$0.00	(\$2,419.98)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$7,847.51	\$10,946.06	\$3,098.55	39%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,266.20	\$8,711.73	\$2,445.52	39%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,071,629	\$0	(\$3,071,629)	-100%
11	PATIENT DAYS	1,804	0	(1,804)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$657.56	\$0.00	(\$657.56)	-100%
13	AVERAGE LENGTH OF STAY	4.4	-	(4.4)	-100%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,024,395	\$0	(\$14,024,395)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,086,830	\$0	(\$2,086,830)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.88%	0.00%	-14.88%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	124.17%	0.00%	-124.17%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	512.80442	0.00000	(512.80442)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,069.45	\$0.00	(\$4,069.45)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$10,980.27	\$16,118.28	\$5,138.01	47%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,143.24	\$13,542.85	\$5,399.61	66%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,175,888	\$0	(\$4,175,888)	-100%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$25,319,296	\$0	(\$25,319,296)	-100%
24	TOTAL ACCRUED PAYMENTS	\$3,273,077	\$0	(\$3,273,077)	-100%
25	TOTAL ALLOWANCES	\$22,046,219	\$0	(\$22,046,219)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$7,247,517	\$0	(\$7,247,517)	-100%

HOSPITAL OF SAINT RAPHAEL					
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>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$95,138,636	\$120,346,712	\$25,208,076	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$23,162,812	\$29,303,581	\$6,140,769	27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.35%	24.35%	0.00%	0%
4	DISCHARGES	3,711	3,916	205	6%
5	CASE MIX INDEX (CMI)	0.98738	1.06264	0.07526	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,664.18490	4,161.29824	497.11334	14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,321.41	\$7,041.93	\$720.52	11%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,946.08	\$3,904.13	(\$41.95)	-1%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,364.77	\$1,669.80	(\$694.97)	-29%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,664,959	\$6,948,520	(\$1,716,439)	-20%
11	PATIENT DAYS	18,055	20,583	2,528	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,282.90	\$1,423.68	\$140.78	11%
13	AVERAGE LENGTH OF STAY	4.9	5.3	0.4	8%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$83,266,470	\$105,210,148	\$21,943,678	26%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,811,421	\$27,099,789	\$9,288,368	52%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.39%	25.76%	4.37%	20%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	87.52%	87.42%	-0.10%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,236.44696	3,423.46652	187.01956	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,503.39	\$7,915.89	\$2,412.50	44%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$9,546.33	\$8,202.39	(\$1,343.94)	-14%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,709.30	\$5,626.96	(\$1,082.34)	-16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$21,714,279	\$19,263,700	(\$2,450,579)	-11%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$178,405,106	\$225,556,860	\$47,151,754	26%
24	TOTAL ACCRUED PAYMENTS	\$40,974,233	\$56,403,370	\$15,429,137	38%
25	TOTAL ALLOWANCES	\$137,430,873	\$169,153,490	\$31,722,617	23%

HOSPITAL OF SAINT RAPHAEL					
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>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$507,308	\$1,253,955	\$746,647	147%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$176,650	\$400,680	\$224,030	127%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.82%	31.95%	-2.87%	-8%
4	DISCHARGES	34	38	4	12%
5	CASE MIX INDEX (CMI)	0.87530	1.15724	0.28194	32%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29.76020	43.97512	14.21492	48%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,935.78	\$9,111.52	\$3,175.74	54%
8	PATIENT DAYS	83	228	145	175%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,128.31	\$1,757.37	(\$370.94)	-17%
10	AVERAGE LENGTH OF STAY	2.4	6.0	3.6	146%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$813,848	\$772,227	(\$41,621)	-5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$213,179	\$151,798	(\$61,381)	-29%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,321,156	\$2,026,182	\$705,026	53%
14	TOTAL ACCRUED PAYMENTS	\$389,829	\$552,478	\$162,649	42%
15	TOTAL ALLOWANCES	\$931,327	\$1,473,704	\$542,377	58%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$20,294,147	\$23,533,832	\$3,239,685	16%
2	TOTAL OPERATING EXPENSES	\$491,472,461	\$498,321,475	\$6,849,014	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,132,962	\$0	(\$2,132,962)	-100%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$5,390,523	\$5,784,587	\$394,064	7%
5	BAD DEBTS (CHARGES)	\$24,670,997	\$22,840,000	(\$1,830,997)	-7%
6	UNCOMPENSATED CARE (CHARGES)	\$30,061,520	\$28,624,587	(\$1,436,933)	-5%
7	COST OF UNCOMPENSATED CARE	\$10,481,627	\$9,572,821	(\$908,805)	-9%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$178,405,106	\$225,556,860	\$47,151,754	26%
9	TOTAL ACCRUED PAYMENTS	\$40,974,233	\$56,403,370	\$15,429,137	38%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$62,204,962	\$75,432,198	\$13,227,236	21%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,230,729	\$19,028,828	(\$2,201,901)	-10%

HOSPITAL OF SAINT RAPHAEL					
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>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$877,589,185	\$924,237,281	\$46,648,096	5%
2	TOTAL INPATIENT PAYMENTS	\$305,057,463	\$304,310,633	(\$746,830)	0%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.76%	32.93%	-1.84%	-5%
4	TOTAL DISCHARGES	23,924	22,801	(1,123)	-5%
5	TOTAL CASE MIX INDEX	1.43470	1.46641	0.03171	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	34,323.65790	33,435.56584	(888.09206)	-3%
7	TOTAL OUTPATIENT CHARGES	\$410,280,996	\$444,573,843	\$34,292,847	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	46.75%	48.10%	1.35%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$141,854,549	\$153,456,124	\$11,601,575	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.57%	34.52%	-0.06%	0%
11	TOTAL CHARGES	\$1,287,870,181	\$1,368,811,124	\$80,940,943	6%
12	TOTAL PAYMENTS	\$446,912,012	\$457,766,757	\$10,854,745	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.70%	33.44%	-1.26%	-4%
14	PATIENT DAYS	124,273	121,615	(2,658)	-2%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$639,527,882	\$699,176,132	\$59,648,250	9%
2	INPATIENT PAYMENTS	\$203,358,322	\$206,525,919	\$3,167,597	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	31.80%	29.54%	-2.26%	-7%
4	DISCHARGES	16,847	16,640	(207)	-1%
5	CASE MIX INDEX	1.44944	1.47249	0.02305	2%
6	CASE MIX ADJUSTED DISCHARGES	24,418.68870	24,502.23906	83.55036	0%
7	OUTPATIENT CHARGES	\$228,407,887	\$267,300,149	\$38,892,262	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	35.72%	38.23%	2.52%	7%
9	OUTPATIENT PAYMENTS	\$60,485,904	\$75,236,887	\$14,750,983	24%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.48%	28.15%	1.67%	6%
11	TOTAL CHARGES	\$867,935,769	\$966,476,281	\$98,540,512	11%
12	TOTAL PAYMENTS	\$263,844,226	\$281,762,806	\$17,918,580	7%
13	TOTAL PAYMENTS / CHARGES	30.40%	29.15%	-1.25%	-4%
14	PATIENT DAYS	96,235	96,061	(174)	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$604,091,543	\$684,713,475	\$80,621,932	13%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	6.0	5.9	(0.0)	0%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.1	0.2	5%
3	UNINSURED	3.5	3.6	0.2	5%
4	MEDICAID	4.9	5.3	0.3	7%
5	OTHER MEDICAL ASSISTANCE	4.4	-	(4.4)	-100%
6	CHAMPUS / TRICARE	2.4	6.0	3.6	146%
7	TOTAL AVERAGE LENGTH OF STAY	5.2	5.3	0.1	3%

HOSPITAL OF SAINT RAPHAEL					
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>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$1,287,870,181	\$1,368,811,124	\$80,940,943	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$604,091,543	\$684,713,475	\$80,621,932	13%
3	UNCOMPENSATED CARE	\$30,061,520	\$28,624,587	(\$1,436,933)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$198,427,931	\$187,951,063	(\$10,476,868)	-5%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,377,175	\$9,755,242	\$1,378,067	16%
6	TOTAL ADJUSTMENTS	\$840,958,169	\$911,044,367	\$70,086,198	8%
7	TOTAL ACCRUED PAYMENTS	\$446,912,012	\$457,766,757	\$10,854,745	2%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,132,962	\$0	(\$2,132,962)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$449,044,974	\$457,766,757	\$8,721,783	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3486725453	0.3344265319	(0.0142460134)	-4%
11	COST OF UNCOMPENSATED CARE	\$10,481,627	\$9,572,821	(\$908,805)	-9%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,230,729	\$19,028,828	(\$2,201,901)	-10%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$31,712,356	\$28,601,650	(\$3,110,706)	-10%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$17,538,391	\$19,263,700	\$1,725,309	10%
2	OTHER MEDICAL ASSISTANCE	\$7,247,517	\$0	(\$7,247,517)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,348,166	\$2,578,571	(\$1,769,595)	-41%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,134,074	\$21,842,271	(\$7,291,803)	-25%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$16,384,971	\$18,332,698	\$1,947,727	11.89%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$21,992,092	\$20,190,044	(\$1,802,048)	-8.19%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$471,037,065	\$477,956,801	\$6,919,736	1.47%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,287,870,180	\$1,368,811,124	\$80,940,944	6.28%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$30,061,520	\$28,624,587	(\$1,436,933)	-4.78%

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$238,061,303	\$225,061,149	(\$13,000,154)
2	MEDICARE	\$543,881,938	577,575,465	\$33,693,527
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$95,138,636	120,346,712	\$25,208,076
4	MEDICAID	\$83,843,735	120,346,712	\$36,502,977
5	OTHER MEDICAL ASSISTANCE	\$11,294,901	0	(\$11,294,901)
6	CHAMPUS / TRICARE	\$507,308	1,253,955	\$746,647
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,215,544	3,818,662	(\$6,396,882)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$639,527,882</b>	<b>\$699,176,132</b>	<b>\$59,648,250</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$877,589,185</b>	<b>\$924,237,281</b>	<b>\$46,648,096</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$181,873,109	\$177,273,694	(\$4,599,415)
2	MEDICARE	\$144,327,569	161,317,774	\$16,990,205
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$83,266,470	105,210,148	\$21,943,678
4	MEDICAID	\$69,242,075	105,210,148	\$35,968,073
5	OTHER MEDICAL ASSISTANCE	\$14,024,395	0	(\$14,024,395)
6	CHAMPUS / TRICARE	\$813,848	772,227	(\$41,621)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,620,565	16,410,177	(\$3,210,388)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$228,407,887</b>	<b>\$267,300,149</b>	<b>\$38,892,262</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$410,280,996</b>	<b>\$444,573,843</b>	<b>\$34,292,847</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$419,934,412	\$402,334,843	(\$17,599,569)
2	TOTAL MEDICARE	\$688,209,507	\$738,893,239	\$50,683,732
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$178,405,106	\$225,556,860	\$47,151,754
4	TOTAL MEDICAID	\$153,085,810	\$225,556,860	\$72,471,050
5	TOTAL OTHER MEDICAL ASSISTANCE	\$25,319,296	\$0	(\$25,319,296)
6	TOTAL CHAMPUS / TRICARE	\$1,321,156	\$2,026,182	\$705,026
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$29,836,109	\$20,228,839	(\$9,607,270)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$867,935,769</b>	<b>\$966,476,281</b>	<b>\$98,540,512</b>
	<b>TOTAL CHARGES</b>	<b>\$1,287,870,181</b>	<b>\$1,368,811,124</b>	<b>\$80,940,943</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$101,699,141	\$97,784,714	(\$3,914,427)
2	MEDICARE	\$180,018,860	176,821,658	(\$3,197,202)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,162,812	29,303,581	\$6,140,769
4	MEDICAID	\$21,976,565	29,303,581	\$7,327,016
5	OTHER MEDICAL ASSISTANCE	\$1,186,247	0	(\$1,186,247)
6	CHAMPUS / TRICARE	\$176,650	400,680	\$224,030
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$922,861	662,259	(\$260,602)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$203,358,322</b>	<b>\$206,525,919</b>	<b>\$3,167,597</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$305,057,463</b>	<b>\$304,310,633</b>	<b>(\$746,830)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,368,645	\$78,219,237	(\$3,149,408)
2	MEDICARE	\$42,461,304	47,985,300	\$5,523,996
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,811,421	27,099,789	\$9,288,368
4	MEDICAID	\$15,724,591	27,099,789	\$11,375,198
5	OTHER MEDICAL ASSISTANCE	\$2,086,830	0	(\$2,086,830)
6	CHAMPUS / TRICARE	\$213,179	151,798	(\$61,381)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,971,602	4,557,887	\$586,285
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$60,485,904</b>	<b>\$75,236,887</b>	<b>\$14,750,983</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$141,854,549</b>	<b>\$153,456,124</b>	<b>\$11,601,575</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,067,786	\$176,003,951	(\$7,063,835)
2	TOTAL MEDICARE	\$222,480,164	\$224,806,958	\$2,326,794
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$40,974,233	\$56,403,370	\$15,429,137
4	TOTAL MEDICAID	\$37,701,156	\$56,403,370	\$18,702,214
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,273,077	\$0	(\$3,273,077)
6	TOTAL CHAMPUS / TRICARE	\$389,829	\$552,478	\$162,649
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,894,463	\$5,220,146	\$325,683
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$263,844,226</b>	<b>\$281,762,806</b>	<b>\$17,918,580</b>
	<b>TOTAL PAYMENTS</b>	<b>\$446,912,012</b>	<b>\$457,766,757</b>	<b>\$10,854,745</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.48%	16.44%	-2.04%
2	MEDICARE	42.23%	42.20%	-0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.39%	8.79%	1.40%
4	MEDICAID	6.51%	8.79%	2.28%
5	OTHER MEDICAL ASSISTANCE	0.88%	0.00%	-0.88%
6	CHAMPUS / TRICARE	0.04%	0.09%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.79%	0.28%	-0.51%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>49.66%</b>	<b>51.08%</b>	<b>1.42%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>68.14%</b>	<b>67.52%</b>	<b>-0.62%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.12%	12.95%	-1.17%
2	MEDICARE	11.21%	11.79%	0.58%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.47%	7.69%	1.22%
4	MEDICAID	5.38%	7.69%	2.31%
5	OTHER MEDICAL ASSISTANCE	1.09%	0.00%	-1.09%
6	CHAMPUS / TRICARE	0.06%	0.06%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.52%	1.20%	-0.32%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>17.74%</b>	<b>19.53%</b>	<b>1.79%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>31.86%</b>	<b>32.48%</b>	<b>0.62%</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)	22.76%	21.36%	-1.39%
2	MEDICARE	40.28%	38.63%	-1.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.18%	6.40%	1.22%
4	MEDICAID	4.92%	6.40%	1.48%
5	OTHER MEDICAL ASSISTANCE	0.27%	0.00%	-0.27%
6	CHAMPUS / TRICARE	0.04%	0.09%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21%	0.14%	-0.06%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>45.50%</b>	<b>45.12%</b>	<b>-0.39%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>68.26%</b>	<b>66.48%</b>	<b>-1.78%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.21%	17.09%	-1.12%
2	MEDICARE	9.50%	10.48%	0.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.99%	5.92%	1.93%
4	MEDICAID	3.52%	5.92%	2.40%
5	OTHER MEDICAL ASSISTANCE	0.47%	0.00%	-0.47%
6	CHAMPUS / TRICARE	0.05%	0.03%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89%	1.00%	0.11%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>13.53%</b>	<b>16.44%</b>	<b>2.90%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>31.74%</b>	<b>33.52%</b>	<b>1.78%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,077	6,161	(916)
2	MEDICARE	13,102	12,686	(416)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,711	3,916	205
4	MEDICAID	3,298	3,916	618
5	OTHER MEDICAL ASSISTANCE	413	0	(413)
6	CHAMPUS / TRICARE	34	38	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	271	113	(158)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>16,847</b>	<b>16,640</b>	<b>(207)</b>
	<b>TOTAL DISCHARGES</b>	<b>23,924</b>	<b>22,801</b>	<b>(1,123)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28,038	25,554	(2,484)
2	MEDICARE	78,097	75,250	(2,847)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,055	20,583	2,528
4	MEDICAID	16,251	20,583	4,332
5	OTHER MEDICAL ASSISTANCE	1,804	0	(1,804)
6	CHAMPUS / TRICARE	83	228	145
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	945	412	(533)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>96,235</b>	<b>96,061</b>	<b>(174)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>124,273</b>	<b>121,615</b>	<b>(2,658)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.1	0.2
2	MEDICARE	6.0	5.9	(0.0)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.9	5.3	0.4
4	MEDICAID	4.9	5.3	0.3
5	OTHER MEDICAL ASSISTANCE	4.4	0.0	(4.4)
6	CHAMPUS / TRICARE	2.4	6.0	3.6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.5	3.6	0.2
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.7</b>	<b>5.8</b>	<b>0.1</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>5.2</b>	<b>5.3</b>	<b>0.1</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.39960	1.44998	0.05038
2	MEDICARE	1.58180	1.59995	0.01815
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.98738	1.06264	0.07526
4	MEDICAID	0.96240	1.06264	0.10024
5	OTHER MEDICAL ASSISTANCE	1.18690	0.00000	(1.18690)
6	CHAMPUS / TRICARE	0.87530	1.15724	0.28194
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22600	1.24162	0.01562
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.44944</b>	<b>1.47249</b>	<b>0.02305</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.43470</b>	<b>1.46641</b>	<b>0.03171</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$403,549,441	\$384,002,145	(\$19,547,296)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$205,121,510	\$196,051,082	(\$9,070,428)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$198,427,931	\$187,951,063	(\$10,476,868)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.17%	48.95%	-0.23%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$16,384,971	\$18,332,698	\$1,947,727
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,377,175	\$9,755,242	\$1,378,067
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,132,962	\$0	(\$2,132,962)
8	CHARITY CARE	\$5,390,523	\$5,784,587	\$394,064
9	BAD DEBTS	\$24,670,997	\$22,840,000	(\$1,830,997)
10	TOTAL UNCOMPENSATED CARE	\$30,061,520	\$28,624,587	(\$1,436,933)
11	TOTAL OTHER OPERATING REVENUE	\$403,549,441	\$384,002,145	(\$19,547,296)
12	TOTAL OPERATING EXPENSES	\$491,472,461	\$498,321,475	\$6,849,014

HOSPITAL OF SAINT RAPHAEL				
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>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,904.96920	8,933.32678	(971.64242)
2	MEDICARE	20,724.74360	20,296.96570	(427.77790)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,664.18490	4,161.29824	497.11334
4	MEDICAID	3,173.99520	4,161.29824	987.30304
5	OTHER MEDICAL ASSISTANCE	490.18970	0.00000	(490.18970)
6	CHAMPUS / TRICARE	29.76020	43.97512	14.21492
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	332.24600	140.30306	(191.94294)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>24,418.68870</b>	<b>24,502.23906</b>	<b>83.55036</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>34,323.65790</b>	<b>33,435.56584</b>	<b>(888.09206)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,406.65776	4,852.82881	-553.82895
2	MEDICARE	3,476.82038	3,543.22059	66.40021
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,236.44696	3,423.46652	187.01956
4	MEDICAID	2,723.64254	3,423.46652	699.82398
5	OTHER MEDICAL ASSISTANCE	512.80442	0.00000	-512.80442
6	CHAMPUS / TRICARE	54.54444	23.40166	-31.14278
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	520.49828	485.60203	-34.89626
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>6,767.81179</b>	<b>6,990.08877</b>	<b>222.27699</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>12,174.46955</b>	<b>11,842.91759</b>	<b>-331.55196</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,267.49	\$10,946.06	\$678.57
2	MEDICARE	\$8,686.18	\$8,711.73	\$25.55
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,321.41	\$7,041.93	\$720.52
4	MEDICAID	\$6,923.94	\$7,041.93	\$117.99
5	OTHER MEDICAL ASSISTANCE	\$2,419.98	\$0.00	(\$2,419.98)
6	CHAMPUS / TRICARE	\$5,935.78	\$9,111.52	\$3,175.74
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,777.64	\$4,720.20	\$1,942.56
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,327.98</b>	<b>\$8,428.86</b>	<b>\$100.88</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,887.67</b>	<b>\$9,101.41</b>	<b>\$213.73</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,049.71	\$16,118.28	\$1,068.56
2	MEDICARE	\$12,212.68	\$13,542.85	\$1,330.17
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,503.39	\$7,915.89	\$2,412.50
4	MEDICAID	\$5,773.37	\$7,915.89	\$2,142.52
5	OTHER MEDICAL ASSISTANCE	\$4,069.45	\$0.00	(\$4,069.45)
6	CHAMPUS / TRICARE	\$3,908.35	\$6,486.63	\$2,578.28
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,630.38	\$9,386.05	\$1,755.67
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$8,937.29</b>	<b>\$10,763.37</b>	<b>\$1,826.08</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$11,651.81</b>	<b>\$12,957.63</b>	<b>\$1,305.82</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE DESCRIPTION</b>		<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$17,538,391	\$19,263,700	\$1,725,309
2	OTHER MEDICAL ASSISTANCE	\$7,247,517	\$0	(\$7,247,517)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,348,166	\$2,578,571	(\$1,769,595)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$29,134,074</b>	<b>\$21,842,271</b>	<b>(\$7,291,803)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$1,287,870,181	\$1,368,811,124	\$80,940,943
2	TOTAL GOVERNMENT DEDUCTIONS	\$604,091,543	\$684,713,475	\$80,621,932
3	UNCOMPENSATED CARE	\$30,061,520	\$28,624,587	(\$1,436,933)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$198,427,931	\$187,951,063	(\$10,476,868)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$8,377,175	\$9,755,242	\$1,378,067
6	TOTAL ADJUSTMENTS	\$840,958,169	\$911,044,367	\$70,086,198
7	TOTAL ACCRUED PAYMENTS	\$446,912,012	\$457,766,757	\$10,854,745
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,132,962	\$0	(\$2,132,962)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$449,044,974	\$457,766,757	\$8,721,783
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3486725453	0.3344265319	(0.0142460134)
11	COST OF UNCOMPENSATED CARE	\$10,481,627	\$9,572,821	(\$908,805)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$21,230,729	\$19,028,828	(\$2,201,901)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$31,712,356	\$28,601,650	(\$3,110,706)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42.72%	43.45%	0.73%
2	MEDICARE	33.10%	30.61%	-2.48%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.35%	24.35%	0.00%
4	MEDICAID	26.21%	24.35%	-1.86%
5	OTHER MEDICAL ASSISTANCE	10.50%	0.00%	-10.50%
6	CHAMPUS / TRICARE	34.82%	31.95%	-2.87%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9.03%	17.34%	8.31%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>31.80%</b>	<b>29.54%</b>	<b>-2.26%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>34.76%</b>	<b>32.93%</b>	<b>-1.84%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44.74%	44.12%	-0.62%
2	MEDICARE	29.42%	29.75%	0.33%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.39%	25.76%	4.37%
4	MEDICAID	22.71%	25.76%	3.05%
5	OTHER MEDICAL ASSISTANCE	14.88%	0.00%	-14.88%
6	CHAMPUS / TRICARE	26.19%	19.66%	-6.54%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20.24%	27.77%	7.53%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>26.48%</b>	<b>28.15%</b>	<b>1.67%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>34.57%</b>	<b>34.52%</b>	<b>-0.06%</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2011</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$446,912,012	\$457,766,757	\$10,854,745
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,132,962	\$0	(\$2,132,962)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$449,044,974</b>	<b>\$457,766,757</b>	<b>\$8,721,783</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$21,992,092	\$20,190,044	(\$1,802,048)
4	<b>CALCULATED NET REVENUE</b>	<b>\$471,037,066</b>	<b>\$477,956,801</b>	<b>\$6,919,735</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$471,037,065	\$477,956,801	\$6,919,736
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$0</b>	<b>(\$1)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$1,287,870,181	\$1,368,811,124	\$80,940,943
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,287,870,181</b>	<b>\$1,368,811,124</b>	<b>\$80,940,943</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,287,870,180	\$1,368,811,124	\$80,940,944
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>	<b>\$0</b>	<b>(\$1)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$30,061,520	\$28,624,587	(\$1,436,933)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$30,061,520</b>	<b>\$28,624,587</b>	<b>(\$1,436,933)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$30,061,520	\$28,624,587	(\$1,436,933)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>HOSPITAL OF SAINT RAPHAEL            TWELVE MONTHS ACTUAL FILING            FISCAL YEAR 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>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$225,061,149
2	MEDICARE	577,575,465
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	120,346,712
4	MEDICAID	120,346,712
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,253,955
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,818,662
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$699,176,132</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$924,237,281</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$177,273,694
2	MEDICARE	161,317,774
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	105,210,148
4	MEDICAID	105,210,148
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	772,227
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16,410,177
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$267,300,149</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$444,573,843</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$402,334,843
2	TOTAL GOVERNMENT ACCRUED CHARGES	966,476,281
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$1,368,811,124</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$97,784,714
2	MEDICARE	176,821,658
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,303,581
4	MEDICAID	29,303,581
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	400,680
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	662,259
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$206,525,919</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$304,310,633</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$78,219,237
2	MEDICARE	47,985,300
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27,099,789
4	MEDICAID	27,099,789
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	151,798
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,557,887
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$75,236,887</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$153,456,124</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$176,003,951
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	281,762,806
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$457,766,757</b>

<b>HOSPITAL OF SAINT RAPHAEL            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)	6,161
2	MEDICARE	12,686
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,916
4	MEDICAID	3,916
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	38
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	113
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>16,640</b>
	<b>TOTAL DISCHARGES</b>	<b>22,801</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.44998
2	MEDICARE	1.59995
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.06264
4	MEDICAID	1.06264
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.15724
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24162
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.47249</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.46641</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$384,002,145
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$196,051,082
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$187,951,063
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	48.95%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,332,698
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,755,242
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$5,784,587
9	BAD DEBTS	\$22,840,000
10	TOTAL UNCOMPENSATED CARE	\$28,624,587
11	TOTAL OTHER OPERATING REVENUE	\$23,533,832
12	TOTAL OPERATING EXPENSES	\$498,321,475

<b>HOSPITAL OF SAINT RAPHAEL            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	\$457,766,757
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$457,766,757</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$20,190,044
	<b>CALCULATED NET REVENUE</b>	<b>\$477,956,801</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$477,956,801
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$1,368,811,124
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$1,368,811,124</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,368,811,124
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</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)	\$28,624,587
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$28,624,587</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,624,587
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

<b>HOSPITAL OF SAINT RAPHAEL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2011</b>					
<b>REPORT 650 - HOSPITAL UNCOMPENSATED CARE</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2010</b>	<b>ACTUAL FY 2011</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	1,940	1,565	(375)	-19%
2	Number of Approved Applicants	1,940	1,565	(375)	-19%
3	<b>Total Charges (A)</b>	\$5,390,523	\$5,784,587	\$394,064	7%
4	<b>Average Charges</b>	<b>\$2,779</b>	<b>\$3,696</b>	<b>\$918</b>	<b>33%</b>
5	Ratio of Cost to Charges (RCC)	0.385221	0.375696	(0.009525)	-2%
6	<b>Total Cost</b>	<b>\$2,076,543</b>	<b>\$2,173,246</b>	<b>\$96,704</b>	<b>5%</b>
7	<b>Average Cost</b>	<b>\$1,070</b>	<b>\$1,389</b>	<b>\$318</b>	<b>30%</b>
8	Charity Care - Inpatient Charges	\$3,013,236	\$2,681,732	(\$331,504)	-11%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,678,565	2,319,364	640,799	38%
10	Charity Care - Emergency Department Charges	698,722	783,491	84,769	12%
11	<b>Total Charges (A)</b>	<b>\$5,390,523</b>	<b>\$5,784,587</b>	<b>\$394,064</b>	<b>7%</b>
12	Charity Care - Number of Patient Days	442	476	34	8%
13	Charity Care - Number of Discharges	83	79	(4)	-5%
14	Charity Care - Number of Outpatient ED Visits	312	436	124	40%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,552	2,342	(210)	-8%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$9,654,518	\$6,471,756	(\$3,182,762)	-33%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,996,449	4,906,346	909,897	23%
3	Bad Debts - Emergency Department	11,020,030	11,461,898	441,868	4%
4	<b>Total Bad Debts (A)</b>	<b>\$24,670,997</b>	<b>\$22,840,000</b>	<b>(\$1,830,997)</b>	<b>-7%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$5,390,523	\$5,784,587	\$394,064	7%
2	Bad Debts (A)	24,670,997	22,840,000	(1,830,997)	-7%
3	<b>Total Uncompensated Care (A)</b>	<b>\$30,061,520</b>	<b>\$28,624,587</b>	<b>(\$1,436,933)</b>	<b>-5%</b>
4	Uncompensated Care - Inpatient Services	\$12,667,754	\$9,153,488	(\$3,514,266)	-28%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,675,014	7,225,710	1,550,696	27%
6	Uncompensated Care - Emergency Department	11,718,752	12,245,389	526,637	4%
7	<b>Total Uncompensated Care (A)</b>	<b>\$30,061,520</b>	<b>\$28,624,587</b>	<b>(\$1,436,933)</b>	<b>-5%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

HOSPITAL OF SAINT RAPHAEL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2010	(4) FY 2011	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$403,549,441	\$384,002,145	(\$19,547,296)	-5%
2	Total Contractual Allowances	\$198,427,931	\$187,951,063	(\$10,476,868)	-5%
	<b>Total Accrued Payments (A)</b>	<b>\$205,121,510</b>	<b>\$196,051,082</b>	<b>(\$9,070,428)</b>	<b>-4%</b>
	<b>Total Discount Percentage</b>	<b>49.17%</b>	<b>48.95%</b>	<b>-0.23%</b>	<b>0%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

<b>HOSPITAL OF SAINT RAPHAEL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 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. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$881,481,067	\$877,589,185	\$924,237,281
2	Outpatient Gross Revenue	\$355,651,878	\$410,280,996	\$444,573,843
3	Total Gross Patient Revenue	\$1,237,132,945	\$1,287,870,181	\$1,368,811,124
4	Net Patient Revenue	\$456,208,821	\$468,749,267	\$477,956,801
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$483,940,125	\$491,472,461	\$498,321,475
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	130,965	124,273	121,615
2	Discharges	24,505	23,924	22,801
3	Average Length of Stay	5.3	5.2	5.3
4	Equivalent (Adjusted) Patient Days (EPD)	183,806	182,372	180,114
0	Equivalent (Adjusted) Discharges (ED)	34,392	35,109	33,769
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.46077	1.43470	1.46641
2	Case Mix Adjusted Patient Days (CMAPD)	191,310	178,294	178,337
3	Case Mix Adjusted Discharges (CMAD)	35,796	34,324	33,436
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	268,498	261,648	264,120
5	Case Mix Adjusted Equivalent Discharges (CMAED)	50,239	50,370	49,519
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$9,446	\$10,363	\$11,255
2	Total Gross Revenue per Discharge	\$50,485	\$53,832	\$60,033
3	Total Gross Revenue per EPD	\$6,731	\$7,062	\$7,600
4	Total Gross Revenue per ED	\$35,971	\$36,682	\$40,535
5	Total Gross Revenue per CMAEPD	\$4,608	\$4,922	\$5,183
6	Total Gross Revenue per CMAED	\$24,625	\$25,568	\$27,642
7	Inpatient Gross Revenue per EPD	\$4,796	\$4,812	\$5,131
8	Inpatient Gross Revenue per ED	\$25,630	\$24,996	\$27,370

<b>HOSPITAL OF SAINT RAPHAEL</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>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$3,483	\$3,772	\$3,930
2	Net Patient Revenue per Discharge	\$18,617	\$19,593	\$20,962
3	Net Patient Revenue per EPD	\$2,482	\$2,570	\$2,654
4	Net Patient Revenue per ED	\$13,265	\$13,351	\$14,154
5	Net Patient Revenue per CMAEPD	\$1,699	\$1,792	\$1,810
6	Net Patient Revenue per CMAED	\$9,081	\$9,306	\$9,652
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$3,695	\$3,955	\$4,098
2	Total Operating Expense per Discharge	\$19,749	\$20,543	\$21,855
3	Total Operating Expense per EPD	\$2,633	\$2,695	\$2,767
4	Total Operating Expense per ED	\$14,071	\$13,999	\$14,757
5	Total Operating Expense per CMAEPD	\$1,802	\$1,878	\$1,887
6	Total Operating Expense per CMAED	\$9,633	\$9,757	\$10,063
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$75,153,400	\$79,362,108	\$80,449,741
2	Nursing Fringe Benefits Expense	\$20,068,757	\$19,868,052	\$19,560,604
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$95,222,157</b>	<b>\$99,230,160</b>	<b>\$100,010,345</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$41,231,009	\$42,366,674	\$43,539,278
2	Physician Fringe Benefits Expense	\$11,010,215	\$10,606,363	\$10,586,169
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$52,241,224</b>	<b>\$52,973,037</b>	<b>\$54,125,447</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$98,707,479	\$104,026,175	\$108,672,668
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$26,358,574	\$26,042,623	\$26,422,747
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$125,066,053</b>	<b>\$130,068,798</b>	<b>\$135,095,415</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$215,091,888	\$225,754,957	\$232,661,687
2	Total Fringe Benefits Expense	\$57,437,546	\$56,517,038	\$56,569,520
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$272,529,434</b>	<b>\$282,271,995</b>	<b>\$289,231,207</b>

<b>HOSPITAL OF SAINT RAPHAEL</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	871.3	915.6	917.4
2	Total Physician FTEs	308.4	299.8	289.0
3	Total Non-Nursing, Non-Physician FTEs	1859.2	1890.7	1921.8
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>3,038.9</b>	<b>3,106.1</b>	<b>3,128.2</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$86,254	\$86,678	\$87,693
2	Nursing Fringe Benefits Expense per FTE	\$23,033	\$21,699	\$21,322
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$109,287</b>	<b>\$108,377</b>	<b>\$109,015</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$133,693	\$141,316	\$150,655
2	Physician Fringe Benefits Expense per FTE	\$35,701	\$35,378	\$36,630
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$169,394</b>	<b>\$176,695</b>	<b>\$187,285</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	\$53,091	\$55,020	\$56,547
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,177	\$13,774	\$13,749
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$67,269</b>	<b>\$68,794</b>	<b>\$70,296</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$70,780	\$72,681	\$74,376
2	Total Fringe Benefits Expense per FTE	\$18,901	\$18,195	\$18,084
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$89,680</b>	<b>\$90,877</b>	<b>\$92,459</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,081	\$2,271	\$2,378
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,121	\$11,799	\$12,685
3	Total Salary and Fringe Benefits Expense per EPD	\$1,483	\$1,548	\$1,606
4	Total Salary and Fringe Benefits Expense per ED	\$7,924	\$8,040	\$8,565
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,015	\$1,079	\$1,095
6	Total Salary and Fringe Benefits Expense per CMAED	\$5,425	\$5,604	\$5,841