

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$4,739,454	\$1,463,823	(\$3,275,631)	-69%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,246,785	\$10,959,585	\$712,800	7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$501,284	\$467,222	(\$34,062)	-7%
5	Due From Affiliates	\$2,196,771	\$781,899	(\$1,414,872)	-64%
6	Due From Third Party Payers	\$0	\$853,555	\$853,555	0%
7	Inventories of Supplies	\$1,576,966	\$1,519,666	(\$57,300)	-4%
8	Prepaid Expenses	\$270,651	\$218,802	(\$51,849)	-19%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$19,531,911	\$16,264,552	(\$3,267,359)	-17%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$1,890,524	\$3,036,266	\$1,145,742	61%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$18,741,615	\$20,261,427	\$1,519,812	8%
	Total Noncurrent Assets Whose Use is Limited:	\$20,632,139	\$23,297,693	\$2,665,554	13%
5	Interest in Net Assets of Foundation	\$2,629,614	\$3,254,582	\$624,968	24%
6	Long Term Investments	\$2,858,713	\$3,127,553	\$268,840	9%
7	Other Noncurrent Assets	\$5,589,302	\$3,451,619	(\$2,137,683)	-38%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$90,221,247	\$93,531,022	\$3,309,775	4%
2	Less: Accumulated Depreciation	\$59,437,084	\$63,146,530	\$3,709,446	6%
	Property, Plant and Equipment, Net	\$30,784,163	\$30,384,492	(\$399,671)	-1%
3	Construction in Progress	\$367,691	\$88,282	(\$279,409)	-76%
	Total Net Fixed Assets	\$31,151,854	\$30,472,774	(\$679,080)	-2%
	Total Assets	\$82,393,533	\$79,868,773	(\$2,524,760)	-3%

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FISCAL YEAR 2012					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$4,351,221	\$5,236,427	\$885,206	20%
2	Salaries, Wages and Payroll Taxes	\$547,347	\$733,188	\$185,841	34%
3	Due To Third Party Payers	\$684,512	\$1,157,913	\$473,401	69%
4	Due To Affiliates	\$2,717,350	\$3,297,172	\$579,822	21%
5	Current Portion of Long Term Debt	\$607,963	\$607,750	(\$213)	0%
6	Current Portion of Notes Payable	\$639,350	\$663,921	\$24,571	4%
7	Other Current Liabilities	\$3,891,414	\$1,879,469	(\$2,011,945)	-52%
	Total Current Liabilities	\$13,439,157	\$13,575,840	\$136,683	1%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$25,135,766	\$23,591,768	(\$1,543,998)	-6%
2	Notes Payable (Net of Current Portion)	\$724,547	\$802,316	\$77,769	11%
	Total Long Term Debt	\$25,860,313	\$24,394,084	(\$1,466,229)	-6%
3	Accrued Pension Liability	\$13,402,108	\$17,147,802	\$3,745,694	28%
4	Other Long Term Liabilities	\$674,591	\$3,436,036	\$2,761,445	409%
	Total Long Term Liabilities	\$39,937,012	\$44,977,922	\$5,040,910	13%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$24,688,727	\$17,066,097	(\$7,622,630)	-31%
2	Temporarily Restricted Net Assets	\$912,532	\$615,748	(\$296,784)	-33%
3	Permanently Restricted Net Assets	\$3,416,105	\$3,633,166	\$217,061	6%
	Total Net Assets	\$29,017,364	\$21,315,011	(\$7,702,353)	-27%
	Total Liabilities and Net Assets	\$82,393,533	\$79,868,773	(\$2,524,760)	-3%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$148,072,623	\$188,069,269	\$39,996,646	27%
2	Less: Allowances	\$83,863,786	\$118,028,878	\$34,165,092	41%
3	Less: Charity Care	\$821,721	\$2,192,753	\$1,371,032	167%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$63,387,116	\$67,847,638	\$4,460,522	7%
5	Other Operating Revenue	\$4,745,011	\$6,839,751	\$2,094,740	44%
6	Net Assets Released from Restrictions	\$48,044	\$31,857	(\$16,187)	-34%
	Total Operating Revenue	\$68,180,171	\$74,719,246	\$6,539,075	10%
B. Operating Expenses:					
1	Salaries and Wages	\$29,535,778	\$30,268,391	\$732,613	2%
2	Fringe Benefits	\$8,838,640	\$10,042,713	\$1,204,073	14%
3	Physicians Fees	\$3,261,820	\$2,796,725	(\$465,095)	-14%
4	Supplies and Drugs	\$9,145,419	\$10,946,929	\$1,801,510	20%
5	Depreciation and Amortization	\$3,672,297	\$3,811,952	\$139,655	4%
6	Bad Debts	\$2,925,278	\$3,309,948	\$384,670	13%
7	Interest	\$1,115,177	\$719,107	(\$396,070)	-36%
8	Malpractice	\$765,578	\$1,722,659	\$957,081	125%
9	Other Operating Expenses	\$8,757,212	\$10,420,530	\$1,663,318	19%
	Total Operating Expenses	\$68,017,199	\$74,038,954	\$6,021,755	9%
	Income/(Loss) From Operations	\$162,972	\$680,292	\$517,320	317%
C. Non-Operating Revenue:					
1	Income from Investments	\$240	\$94	(\$146)	-61%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$855,496)	(\$180,055)	\$675,441	-79%
	Total Non-Operating Revenue	(\$855,256)	(\$179,961)	\$675,295	-79%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$692,284)	\$500,331	\$1,192,615	-172%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$692,284)	\$500,331	\$1,192,615	-172%
	Principal Payments	\$16,920,114	\$2,317,670	(\$14,602,444)	-86%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$30,702,348	\$36,905,378	\$6,203,030	20%
2	MEDICARE MANAGED CARE	\$6,208,188	\$9,834,862	\$3,626,674	58%
3	MEDICAID	\$3,560,066	\$6,519,440	\$2,959,374	83%
4	MEDICAID MANAGED CARE	\$1,285,655	\$470,503	(\$815,152)	-63%
5	CHAMPUS/TRICARE	\$15,966	\$58,007	\$42,041	263%
6	COMMERCIAL INSURANCE	\$799,749	\$924,925	\$125,176	16%
7	NON-GOVERNMENT MANAGED CARE	\$10,289,938	\$13,144,163	\$2,854,225	28%
8	WORKER'S COMPENSATION	\$476,079	\$924,667	\$448,588	94%
9	SELF- PAY/UNINSURED	\$786,334	\$1,107,951	\$321,617	41%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$54,124,323	\$69,889,896	\$15,765,573	29%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$24,383,789	\$30,556,593	\$6,172,804	25%
2	MEDICARE MANAGED CARE	\$6,081,373	\$9,055,757	\$2,974,384	49%
3	MEDICAID	\$7,739,418	\$20,506,295	\$12,766,877	165%
4	MEDICAID MANAGED CARE	\$10,533,160	\$2,749,933	(\$7,783,227)	-74%
5	CHAMPUS/TRICARE	\$482,355	\$659,375	\$177,020	37%
6	COMMERCIAL INSURANCE	\$2,608,679	\$2,784,166	\$175,487	7%
7	NON-GOVERNMENT MANAGED CARE	\$37,567,569	\$45,584,609	\$8,017,040	21%
8	WORKER'S COMPENSATION	\$1,405,476	\$1,633,221	\$227,745	16%
9	SELF- PAY/UNINSURED	\$3,146,480	\$4,649,453	\$1,502,973	48%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$93,948,299	\$118,179,402	\$24,231,103	26%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$55,086,137	\$67,461,971	\$12,375,834	22%
2	MEDICARE MANAGED CARE	\$12,289,561	\$18,890,619	\$6,601,058	54%
3	MEDICAID	\$11,299,484	\$27,025,735	\$15,726,251	139%
4	MEDICAID MANAGED CARE	\$11,818,815	\$3,220,436	(\$8,598,379)	-73%
5	CHAMPUS/TRICARE	\$498,321	\$717,382	\$219,061	44%
6	COMMERCIAL INSURANCE	\$3,408,428	\$3,709,091	\$300,663	9%
7	NON-GOVERNMENT MANAGED CARE	\$47,857,507	\$58,728,772	\$10,871,265	23%
8	WORKER'S COMPENSATION	\$1,881,555	\$2,557,888	\$676,333	36%
9	SELF- PAY/UNINSURED	\$3,932,814	\$5,757,404	\$1,824,590	46%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$148,072,622	\$188,069,298	\$39,996,676	27%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$12,550,501	\$12,222,209	(\$328,292)	-3%
2	MEDICARE MANAGED CARE	\$2,406,391	\$3,167,587	\$761,196	32%
3	MEDICAID	\$1,011,150	\$1,647,735	\$636,585	63%
4	MEDICAID MANAGED CARE	\$380,709	\$124,868	(\$255,841)	-67%
5	CHAMPUS/TRICARE	\$5,231	\$45,723	\$40,492	774%
6	COMMERCIAL INSURANCE	\$701,772	\$671,871	(\$29,901)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$6,179,597	\$6,859,254	\$679,657	11%
8	WORKER'S COMPENSATION	\$327,082	\$428,083	\$101,001	31%
9	SELF- PAY/UNINSURED	\$4,157	\$32,437	\$28,280	680%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$23,566,590	\$25,199,767	\$1,633,177	7%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$6,547,300	\$7,627,908	\$1,080,608	17%
2	MEDICARE MANAGED CARE	\$1,332,022	\$1,968,614	\$636,592	48%
3	MEDICAID	\$1,328,463	\$3,712,403	\$2,383,940	179%
4	MEDICAID MANAGED CARE	\$3,004,741	\$436,875	(\$2,567,866)	-85%
5	CHAMPUS/TRICARE	\$310,999	\$387,769	\$76,770	25%
6	COMMERCIAL INSURANCE	\$2,201,004	\$2,450,691	\$249,687	11%
7	NON-GOVERNMENT MANAGED CARE	\$21,090,780	\$22,862,074	\$1,771,294	8%
8	WORKER'S COMPENSATION	\$463,376	\$469,398	\$6,022	1%
9	SELF- PAY/UNINSURED	\$183,945	\$224,697	\$40,752	22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$36,462,630	\$40,140,429	\$3,677,799	10%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$19,097,801	\$19,850,117	\$752,316	4%
2	MEDICARE MANAGED CARE	\$3,738,413	\$5,136,201	\$1,397,788	37%
3	MEDICAID	\$2,339,613	\$5,360,138	\$3,020,525	129%
4	MEDICAID MANAGED CARE	\$3,385,450	\$561,743	(\$2,823,707)	-83%
5	CHAMPUS/TRICARE	\$316,230	\$433,492	\$117,262	37%
6	COMMERCIAL INSURANCE	\$2,902,776	\$3,122,562	\$219,786	8%
7	NON-GOVERNMENT MANAGED CARE	\$27,270,377	\$29,721,328	\$2,450,951	9%
8	WORKER'S COMPENSATION	\$790,458	\$897,481	\$107,023	14%
9	SELF- PAY/UNINSURED	\$188,102	\$257,134	\$69,032	37%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$60,029,220	\$65,340,196	\$5,310,976	9%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	1,317	1,309	(8)	-1%
2	MEDICARE MANAGED CARE	264	346	82	31%
3	MEDICAID	148	248	100	68%
4	MEDICAID MANAGED CARE	120	18	(102)	-85%
5	CHAMPUS/TRICARE	3	4	1	33%
6	COMMERCIAL INSURANCE	72	63	(9)	-13%
7	NON-GOVERNMENT MANAGED CARE	511	449	(62)	-12%
8	WORKER'S COMPENSATION	17	24	7	41%
9	SELF- PAY/UNINSURED	63	58	(5)	-8%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	2,515	2,519	4	0%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	7,269	7,534	265	4%
2	MEDICARE MANAGED CARE	1,371	1,800	429	31%
3	MEDICAID	750	1,258	508	68%
4	MEDICAID MANAGED CARE	337	104	(233)	-69%
5	CHAMPUS/TRICARE	10	9	(1)	-10%
6	COMMERCIAL INSURANCE	335	249	(86)	-26%
7	NON-GOVERNMENT MANAGED CARE	1,933	1,720	(213)	-11%
8	WORKER'S COMPENSATION	51	84	33	65%
9	SELF- PAY/UNINSURED	314	298	(16)	-5%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	12,370	13,056	686	6%
C.	OUTPATIENT VISITS				

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FISCAL YEAR 2012
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	14,395	20,478	6,083	42%
2	MEDICARE MANAGED CARE	3,718	6,269	2,551	69%
3	MEDICAID	5,469	16,108	10,639	195%
4	MEDICAID MANAGED CARE	9,475	2,670	(6,805)	-72%
5	CHAMPUS/TRICARE	401	575	174	43%
6	COMMERCIAL INSURANCE	2,607	2,976	369	14%
7	NON-GOVERNMENT MANAGED CARE	35,204	49,424	14,220	40%
8	WORKER'S COMPENSATION	971	1,020	49	5%
9	SELF- PAY/UNINSURED	4,590	5,933	1,343	29%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	76,830	105,453	28,623	37%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$9,747,474	\$11,337,449	\$1,589,975	16%
2	MEDICARE MANAGED CARE	\$2,287,029	\$2,990,011	\$702,982	31%
3	MEDICAID	\$5,811,180	\$14,860,935	\$9,049,755	156%
4	MEDICAID MANAGED CARE	\$7,502,770	\$1,912,272	(\$5,590,498)	-75%
5	CHAMPUS/TRICARE	\$270,024	\$362,869	\$92,845	34%
6	COMMERCIAL INSURANCE	\$1,562,690	\$1,412,276	(\$150,414)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$17,926,064	\$19,245,867	\$1,319,803	7%
8	WORKER'S COMPENSATION	\$693,779	\$781,386	\$87,607	13%
9	SELF- PAY/UNINSURED	\$1,953,200	\$3,766,057	\$1,812,857	93%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$63,530	\$56,533	(\$6,997)	-11%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$47,817,740	\$56,725,655	\$8,907,915	19%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,177,011	\$2,187,906	\$10,895	1%
2	MEDICARE MANAGED CARE	\$546,458	\$601,503	\$55,045	10%
3	MEDICAID	\$1,115,048	\$2,371,685	\$1,256,637	113%
4	MEDICAID MANAGED CARE	\$1,813,200	\$458,746	(\$1,354,454)	-75%
5	CHAMPUS/TRICARE	\$72,686	\$76,395	\$3,709	5%
6	COMMERCIAL INSURANCE	\$1,103,376	\$859,248	(\$244,128)	-22%
7	NON-GOVERNMENT MANAGED CARE	\$10,960,510	\$10,817,360	(\$143,150)	-1%
8	WORKER'S COMPENSATION	\$480,640	\$551,195	\$70,555	15%
9	SELF- PAY/UNINSURED	\$96,136	\$92,693	(\$3,443)	-4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$15,986	\$6,667	(\$9,319)	-58%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$18,381,051	\$18,023,398	(\$357,653)	-2%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	3,863	3,829	(34)	-1%
2	MEDICARE MANAGED CARE	826	944	118	14%
3	MEDICAID	3,236	7,257	4,021	124%
4	MEDICAID MANAGED CARE	4,996	1,133	(3,863)	-77%
5	CHAMPUS/TRICARE	145	187	42	29%
6	COMMERCIAL INSURANCE	787	609	(178)	-23%
7	NON-GOVERNMENT MANAGED CARE	7,797	7,827	30	0%
8	WORKER'S COMPENSATION	525	433	(92)	-18%
9	SELF- PAY/UNINSURED	2,201	2,039	(162)	-7%
10	SAGA	0	0	0	0%
11	OTHER	21	20	(1)	-5%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	24,397	24,278	(119)	0%

**ROCKVILLE GENERAL HOSPITAL
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FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$9,289,670	\$9,755,837	\$466,167	5%
2	Physician Salaries	\$2,400,624	\$3,035,027	\$634,403	26%
3	Non-Nursing, Non-Physician Salaries	\$17,845,484	\$17,477,527	(\$367,957)	-2%
	Total Salaries & Wages	\$29,535,778	\$30,268,391	\$732,613	2%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$3,086,106	\$3,613,110	\$527,004	17%
2	Physician Fringe Benefits	\$751,111	\$1,040,916	\$289,805	39%
3	Non-Nursing, Non-Physician Fringe Benefits	\$5,001,423	\$5,388,687	\$387,264	8%
	Total Fringe Benefits	\$8,838,640	\$10,042,713	\$1,204,073	14%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$3,261,820	\$2,796,725	(\$465,095)	-14%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$3,261,820	\$2,796,725	(\$465,095)	-14%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$7,894,502	\$9,479,311	\$1,584,809	20%
2	Pharmaceutical Costs	\$1,250,917	\$1,467,618	\$216,701	17%
	Total Medical Supplies and Pharmaceutical Cost	\$9,145,419	\$10,946,929	\$1,801,510	20%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,177,192	\$2,144,688	(\$32,504)	-1%
2	Depreciation-Equipment	\$1,495,105	\$1,621,971	\$126,866	8%
3	Amortization	\$0	\$45,293	\$45,293	0%
	Total Depreciation and Amortization	\$3,672,297	\$3,811,952	\$139,655	4%
F. Bad Debts:					
1	Bad Debts	\$2,925,278	\$3,309,948	\$384,670	13%
G. Interest Expense:					
1	Interest Expense	\$1,115,177	\$719,107	(\$396,070)	-36%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$765,578	\$1,722,659	\$957,081	125%
I. Utilities:					
1	Water	\$74,954	\$63,441	(\$11,513)	-15%
2	Natural Gas	\$264,530	\$256,649	(\$7,881)	-3%
3	Oil	\$45,139	\$29,255	(\$15,884)	-35%
4	Electricity	\$622,837	\$613,819	(\$9,018)	-1%
5	Telephone	\$217,872	\$191,234	(\$26,638)	-12%
6	Other Utilities	\$53,755	\$49,631	(\$4,124)	-8%
	Total Utilities	\$1,279,087	\$1,204,029	(\$75,058)	-6%
J. Business Expenses:					
1	Accounting Fees	\$85,712	\$77,907	(\$7,805)	-9%
2	Legal Fees	\$287,888	\$343,139	\$55,251	19%
3	Consulting Fees	\$194,867	\$360,580	\$165,713	85%
4	Dues and Membership	\$112,614	\$107,528	(\$5,086)	-5%
5	Equipment Leases	\$144,833	\$177,929	\$33,096	23%
6	Building Leases	\$294,024	\$648,753	\$354,729	121%
7	Repairs and Maintenance	\$1,084,749	\$313,128	(\$771,621)	-71%
8	Insurance	\$268,171	\$262,877	(\$5,294)	-2%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$22,147	\$35,294	\$13,147	59%
10	Conferences	\$5,396	\$5,850	\$454	8%
11	Property Tax	\$3,804	\$0	(\$3,804)	-100%
12	General Supplies	\$239,841	\$354,079	\$114,238	48%
13	Licenses and Subscriptions	\$153,288	\$54,125	(\$99,163)	-65%
14	Postage and Shipping	\$5,724	\$4,676	(\$1,048)	-18%
15	Advertising	\$411,145	\$386,116	(\$25,029)	-6%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$0	\$984,938	\$984,938	0%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$473,200	\$473,200	0%
20	Lab Fees / Red Cross charges	\$0	\$779,022	\$779,022	0%
21	Billing & Collection / Bank Fees	\$0	\$261,101	\$261,101	0%
22	Recruiting / Employee Education & Recognition	\$0	\$158,906	\$158,906	0%
23	Laundry / Linen	\$0	\$333,436	\$333,436	0%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$81,688	\$81,688	0%
26	Purchased Services - Medical	\$0	\$990,388	\$990,388	0%
27	Purchased Services - Non Medical	\$0	\$1,082,565	\$1,082,565	0%
28	Other Business Expenses	\$4,163,922	\$895,364	(\$3,268,558)	-78%
	Total Business Expenses	\$7,478,125	\$9,172,589	\$1,694,464	23%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$43,912	\$43,912	0%
	Total Operating Expenses - All Expense Categories*	\$68,017,199	\$74,038,954	\$6,021,755	9%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$1,803,466	\$1,682,311	(\$121,155)	-7%
2	General Accounting	\$762,398	\$736,083	(\$26,315)	-3%
3	Patient Billing & Collection	\$344,724	\$380,537	\$35,813	10%
4	Admitting / Registration Office	\$429,212	\$464,256	\$35,044	8%
5	Data Processing	\$1,893,940	\$1,856,488	(\$37,452)	-2%
6	Communications	\$643,788	\$599,842	(\$43,946)	-7%
7	Personnel	\$7,221,171	\$8,118,389	\$897,218	12%
8	Public Relations	\$61,727	\$88,803	\$27,076	44%
9	Purchasing	\$232,176	\$257,277	\$25,101	11%
10	Dietary and Cafeteria	\$1,062,510	\$1,090,190	\$27,680	3%
11	Housekeeping	\$789,615	\$855,721	\$66,106	8%
12	Laundry & Linen	\$314,893	\$347,424	\$32,531	10%
13	Operation of Plant	\$1,128,747	\$1,126,131	(\$2,616)	0%
14	Security	\$389,095	\$343,691	(\$45,404)	-12%
15	Repairs and Maintenance	\$792,584	\$878,203	\$85,619	11%
16	Central Sterile Supply	\$226,634	\$307,510	\$80,876	36%
17	Pharmacy Department	\$1,860,176	\$1,950,144	\$89,968	5%
18	Other General Services	\$12,357,220	\$13,774,775	\$1,417,555	11%
	Total General Services	\$32,314,076	\$34,857,775	\$2,543,699	8%
B.	Professional Services:				
1	Medical Care Administration	\$2,837,182	\$2,348,543	(\$488,639)	-17%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$197,238	\$231,304	\$34,066	17%
4	Medical Records	\$849,579	\$838,907	(\$10,672)	-1%

ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011 ACTUAL</u>	<u>FY 2012 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
5	Social Service	\$46,528	\$41,862	(\$4,666)	-10%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$3,930,527	\$3,460,616	(\$469,911)	-12%
C.	<u>Special Services:</u>				
1	Operating Room	\$5,756,016	\$8,708,603	\$2,952,587	51%
2	Recovery Room	\$474,599	\$443,111	(\$31,488)	-7%
3	Anesthesiology	\$254,530	\$242,021	(\$12,509)	-5%
4	Delivery Room	\$786,582	\$351,676	(\$434,906)	-55%
5	Diagnostic Radiology	\$1,862,429	\$3,086,801	\$1,224,372	66%
6	Diagnostic Ultrasound	\$375,076	\$410,065	\$34,989	9%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$241,031	\$281,045	\$40,014	17%
9	CT Scan	\$347,989	\$331,161	(\$16,828)	-5%
10	Laboratory	\$3,533,848	\$3,190,948	(\$342,900)	-10%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,366,068	\$1,399,205	\$33,137	2%
13	Electrocardiology	\$129,475	\$100,963	(\$28,512)	-22%
14	Electroencephalography	\$22,401	\$14,332	(\$8,069)	-36%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$38,902	\$36,979	(\$1,923)	-5%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$1,931	\$0	(\$1,931)	-100%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$116,386	\$117,450	\$1,064	1%
24	Emergency Room	\$5,104,059	\$5,369,695	\$265,636	5%
25	MRI	\$202,292	\$198,592	(\$3,700)	-2%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$930,218	\$971,607	\$41,389	4%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$2,139,148	\$1,551,119	(\$588,029)	-27%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,121,812	\$1,185,857	\$64,045	6%
	Total Special Services	\$24,804,792	\$27,991,230	\$3,186,438	13%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$4,032,333	\$4,585,481	\$553,148	14%
2	Intensive Care Unit	\$2,080,955	\$2,161,921	\$80,966	4%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$494,504	\$577,825	\$83,321	17%
11	Home Care	\$0	\$0	\$0	0%

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$64,174,022	\$ 63,387,116	\$67,847,638
2	Other Operating Revenue	5,266,293	4,793,055	6,871,608
3	Total Operating Revenue	\$69,440,315	\$68,180,171	\$74,719,246
4	Total Operating Expenses	65,883,977	68,017,199	74,038,954
5	Income/(Loss) From Operations	\$3,556,338	\$162,972	\$680,292
6	Total Non-Operating Revenue	(468,466)	(855,256)	(179,961)
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,087,872	(\$692,284)	\$500,331
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.16%	0.24%	0.91%
2	Hospital Non Operating Margin	-0.68%	-1.27%	-0.24%
3	Hospital Total Margin	4.48%	-1.03%	0.67%
4	Income/(Loss) From Operations	\$3,556,338	\$162,972	\$680,292
5	Total Operating Revenue	\$69,440,315	\$68,180,171	\$74,719,246
6	Total Non-Operating Revenue	(\$468,466)	(\$855,256)	(\$179,961)
7	Total Revenue	\$68,971,849	\$67,324,915	\$74,539,285
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,087,872	(\$692,284)	\$500,331
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$33,744,284	\$24,688,727	\$17,066,097
2	Hospital Total Net Assets	\$38,664,631	\$29,017,364	\$21,315,011
3	Hospital Change in Total Net Assets	\$2,202,416	(\$9,647,267)	(\$7,702,353)
4	Hospital Change in Total Net Assets %	106.0%	-25.0%	-26.5%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.43	0.44	0.38
2	Total Operating Expenses	\$65,883,977	\$68,017,199	\$74,038,954
3	Total Gross Revenue	\$147,134,140	\$148,072,622	\$188,069,298
4	Total Other Operating Revenue	\$5,266,293	\$4,793,055	\$6,871,608
5	Private Payment to Cost Ratio	1.22	1.31	1.37
6	Total Non-Government Payments	\$30,009,695	\$31,151,713	\$33,998,505

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
7	Total Uninsured Payments	\$925,381	\$188,102	\$257,134
8	Total Non-Government Charges	\$60,244,853	\$57,080,304	\$70,753,155
9	Total Uninsured Charges	\$5,219,611	\$3,932,814	\$5,757,404
10	<u>Medicare Payment to Cost Ratio</u>	0.86	0.76	0.76
11	Total Medicare Payments	\$23,252,360	\$22,836,214	\$24,986,318
12	Total Medicare Charges	\$62,322,233	\$67,375,698	\$86,352,590
13	<u>Medicaid Payment to Cost Ratio</u>	0.70	0.56	0.52
14	Total Medicaid Payments	\$5,933,583	\$5,725,063	\$5,921,881
15	Total Medicaid Charges	\$19,590,950	\$23,118,299	\$30,246,171
16	<u>Uncompensated Care Cost</u>	\$1,890,942	\$1,667,218	\$2,089,937
17	Charity Care	\$772,244	\$821,721	\$2,192,753
18	Bad Debts	\$3,601,814	\$2,925,278	\$3,309,948
19	Total Uncompensated Care	\$4,374,058	\$3,746,999	\$5,502,701
20	<u>Uncompensated Care % of Total Expenses</u>	2.9%	2.5%	2.8%
21	Total Operating Expenses	\$65,883,977	\$68,017,199	\$74,038,954
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.73	1.45	1.20
2	Total Current Assets	\$32,952,356	\$19,531,911	\$16,264,552
3	Total Current Liabilities	\$19,004,762	\$13,439,157	\$13,575,840
4	<u>Days Cash on Hand</u>	34	27	8
5	Cash and Cash Equivalents	\$5,837,411	\$4,739,454	\$1,463,823
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$5,837,411	\$4,739,454	\$1,463,823
8	Total Operating Expenses	\$65,883,977	\$68,017,199	\$74,038,954
9	Depreciation Expense	\$3,824,200	\$3,672,297	\$3,811,952
10	Operating Expenses less Depreciation Expense	\$62,059,777	\$64,344,902	\$70,227,002
11	<u>Days Revenue in Patient Accounts Receivable</u>	56.22	55.06	57.32

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
12	Net Patient Accounts Receivable	\$ 9,664,890	\$ 10,246,785	\$ 10,959,585
13	Due From Third Party Payers	\$361,514	\$0	\$853,555
14	Due To Third Party Payers	\$142,494	\$684,512	\$1,157,913
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,883,910	\$ 9,562,273	\$ 10,655,227
16	Total Net Patient Revenue	\$64,174,022	\$ 63,387,116	\$ 67,847,638
17	<u>Average Payment Period</u>	111.78	76.23	70.56
18	Total Current Liabilities	\$19,004,762	\$13,439,157	\$13,575,840
19	Total Operating Expenses	\$65,883,977	\$68,017,199	\$74,038,954
20	Depreciation Expense	\$3,824,200	\$3,672,297	\$3,811,952
21	Total Operating Expenses less Depreciation Expense	\$62,059,777	\$64,344,902	\$70,227,002
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	40.9	35.2	26.7
2	Total Net Assets	\$38,664,631	\$29,017,364	\$21,315,011
3	Total Assets	\$94,488,678	\$82,393,533	\$79,868,773
4	<u>Cash Flow to Total Debt Ratio</u>	16.1	7.6	11.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,087,872	(\$692,284)	\$500,331
6	Depreciation Expense	\$3,824,200	\$3,672,297	\$3,811,952
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,912,072	\$2,980,013	\$4,312,283
8	Total Current Liabilities	\$19,004,762	\$13,439,157	\$13,575,840
9	Total Long Term Debt	\$23,896,681	\$25,860,313	\$24,394,084
10	Total Current Liabilities and Total Long Term Debt	\$42,901,443	\$39,299,470	\$37,969,924
11	<u>Long Term Debt to Capitalization Ratio</u>	38.2	47.1	53.4
12	Total Long Term Debt	\$23,896,681	\$25,860,313	\$24,394,084
13	Total Net Assets	\$38,664,631	\$29,017,364	\$21,315,011
14	Total Long Term Debt and Total Net Assets	\$62,561,312	\$54,877,677	\$45,709,095
15	<u>Debt Service Coverage Ratio</u>	3.0	0.2	1.7
16	Excess Revenues over Expenses	\$3,087,872	(\$692,284)	\$500,331
17	Interest Expense	\$1,507,868	\$1,115,177	\$719,107
18	Depreciation and Amortization Expense	\$3,824,200	\$3,672,297	\$3,811,952

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
19	Principal Payments	\$1,346,163	\$16,920,114	\$2,317,670
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	14.4	16.2	16.6
21	Accumulated Depreciation	\$55,094,113	\$59,437,084	\$63,146,530
22	Depreciation and Amortization Expense	\$3,824,200	\$3,672,297	\$3,811,952
H. <u>Utilization Measures Summary</u>				
1	Patient Days	14,180	12,370	13,056
2	Discharges	3,386	2,515	2,519
3	ALOS	4.2	4.9	5.2
4	Staffed Beds	66	66	47
5	Available Beds	-	118	118
6	Licensed Beds	118	118	118
6	Occupancy of Staffed Beds	58.9%	51.3%	76.1%
7	Occupancy of Available Beds	32.9%	28.7%	30.3%
8	Full Time Equivalent Employees	422.7	405.1	376.6
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	37.4%	35.9%	34.6%
2	Medicare Gross Revenue Payer Mix Percentage	42.4%	45.5%	45.9%
3	Medicaid Gross Revenue Payer Mix Percentage	13.3%	15.6%	16.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.9%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	3.5%	2.7%	3.1%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.3%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$55,025,242	\$53,147,490	\$64,995,751
9	Medicare Gross Revenue (Charges)	\$62,322,233	\$67,375,698	\$86,352,590
10	Medicaid Gross Revenue (Charges)	\$19,590,950	\$23,118,299	\$30,246,171
11	Other Medical Assistance Gross Revenue (Charges)	\$4,305,157	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$5,219,611	\$3,932,814	\$5,757,404
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$670,947	\$498,321	\$717,382
14	Total Gross Revenue (Charges)	\$147,134,140	\$148,072,622	\$188,069,298
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	48.3%	51.6%	51.6%

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
2	Medicare Net Revenue Payer Mix Percentage	38.6%	38.0%	38.2%
3	Medicaid Net Revenue Payer Mix Percentage	9.8%	9.5%	9.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.2%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	1.5%	0.3%	0.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.6%	0.5%	0.7%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$29,084,314	\$30,963,611	\$33,741,371
9	Medicare Net Revenue (Payments)	\$23,252,360	\$22,836,214	\$24,986,318
10	Medicaid Net Revenue (Payments)	\$5,933,583	\$5,725,063	\$5,921,881
11	Other Medical Assistance Net Revenue (Payments)	\$702,894	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$925,381	\$188,102	\$257,134
13	CHAMPUS / TRICARE Net Revenue Payments)	\$346,106	\$316,230	\$433,492
14	Total Net Revenue (Payments)	\$60,244,638	\$60,029,220	\$65,340,196
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	1,129	663	594
2	Medicare	1,595	1,581	1,655
3	Medical Assistance	645	268	266
4	Medicaid	548	268	266
5	Other Medical Assistance	97	-	-
6	CHAMPUS / TRICARE	17	3	4
7	Uninsured (Included In Non-Government)	65	63	58
8	Total	3,386	2,515	2,519
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.075900	1.348400	1.653920
2	Medicare	1.428300	1.468400	1.492340
3	Medical Assistance	0.872450	1.103000	1.183270
4	Medicaid	0.800000	1.103000	1.183270
5	Other Medical Assistance	1.281760	0.000000	0.000000
6	CHAMPUS / TRICARE	1.007000	0.783870	1.294840
7	Uninsured (Included In Non-Government)	1.013480	1.207800	1.128590
8	Total Case Mix Index	1.202799	1.397012	1.497491
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	2,136	2,066	2,144
2	Emergency Room - Treated and Discharged	23,873	24,397	24,278
3	Total Emergency Room Visits	26,009	26,463	26,422

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$248,979	\$530,244	\$281,265	113%
2	Inpatient Payments	\$105,169	\$195,593	\$90,424	86%
3	Outpatient Charges	\$73,485	\$344,286	\$270,801	369%
4	Outpatient Payments	\$20,024	\$108,561	\$88,537	442%
5	Discharges	9	17	8	89%
6	Patient Days	62	83	21	34%
7	Outpatient Visits (Excludes ED Visits)	69	239	170	246%
8	Emergency Department Outpatient Visits	11	33	22	200%
9	Emergency Department Inpatient Admissions	9	14	5	56%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$322,464	\$874,530	\$552,066	171%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$125,193	\$304,154	\$178,961	143%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$10,509	\$0	(\$10,509)	-100%
4	Outpatient Payments	\$2,979	\$0	(\$2,979)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	4	0	(4)	-100%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,509	\$0	(\$10,509)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,979	\$0	(\$2,979)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$3,176,524	\$5,199,014	\$2,022,490	64%
2	Inpatient Payments	\$1,239,222	\$1,762,390	\$523,168	42%
3	Outpatient Charges	\$2,990,542	\$5,364,128	\$2,373,586	79%
4	Outpatient Payments	\$539,446	\$1,157,650	\$618,204	115%
5	Discharges	135	193	58	43%
6	Patient Days	702	926	224	32%
7	Outpatient Visits (Excludes ED Visits)	1,526	3,272	1,746	114%
8	Emergency Department Outpatient Visits	357	446	89	25%
9	Emergency Department Inpatient Admissions	110	149	39	35%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,167,066	\$10,563,142	\$4,396,076	71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,778,668	\$2,920,040	\$1,141,372	64%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$547,045	\$0	(\$547,045)	-100%
2	Inpatient Payments	\$177,611	\$0	(\$177,611)	-100%
3	Outpatient Charges	\$714,814	\$0	(\$714,814)	-100%
4	Outpatient Payments	\$202,208	\$0	(\$202,208)	-100%
5	Discharges	29	0	(29)	-100%
6	Patient Days	130	0	(130)	-100%
7	Outpatient Visits (Excludes ED Visits)	341	0	(341)	-100%
8	Emergency Department Outpatient Visits	88	0	(88)	-100%
9	Emergency Department Inpatient Admissions	26	0	(26)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,261,859	\$0	(\$1,261,859)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$379,819	\$0	(\$379,819)	-100%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$307,480	\$43,140	(\$264,340)	-86%
2	Inpatient Payments	\$102,480	\$13,752	(\$88,728)	-87%
3	Outpatient Charges	\$247,826	\$75,493	(\$172,333)	-70%
4	Outpatient Payments	\$72,826	\$17,254	(\$55,572)	-76%
5	Discharges	12	1	(11)	-92%
6	Patient Days	76	7	(69)	-91%
7	Outpatient Visits (Excludes ED Visits)	133	22	(111)	-83%
8	Emergency Department Outpatient Visits	59	30	(29)	-49%
9	Emergency Department Inpatient Admissions	7	1	(6)	-86%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$555,306	\$118,633	(\$436,673)	-79%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$175,306	\$31,006	(\$144,300)	-82%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$957,159	\$2,440,655	\$1,483,496	155%
2	Inpatient Payments	\$391,801	\$760,964	\$369,163	94%
3	Outpatient Charges	\$1,114,217	\$1,914,946	\$800,729	72%
4	Outpatient Payments	\$264,919	\$408,278	\$143,359	54%
5	Discharges	37	82	45	122%
6	Patient Days	216	462	246	114%
7	Outpatient Visits (Excludes ED Visits)	412	1,056	644	156%
8	Emergency Department Outpatient Visits	169	231	62	37%
9	Emergency Department Inpatient Admissions	27	69	42	156%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,071,376	\$4,355,601	\$2,284,225	110%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$656,720	\$1,169,242	\$512,522	78%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$346,601	\$799,637	\$453,036	131%
2	Inpatient Payments	\$131,145	\$230,391	\$99,246	76%
3	Outpatient Charges	\$290,523	\$674,471	\$383,948	132%
4	Outpatient Payments	\$61,124	\$143,754	\$82,630	135%
5	Discharges	12	25	13	108%
6	Patient Days	67	146	79	118%
7	Outpatient Visits (Excludes ED Visits)	106	271	165	156%
8	Emergency Department Outpatient Visits	68	146	78	115%
9	Emergency Department Inpatient Admissions	7	23	16	229%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$637,124	\$1,474,108	\$836,984	131%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$192,269	\$374,145	\$181,876	95%
I. AETNA					
1	Inpatient Charges	\$624,400	\$810,554	\$186,154	30%
2	Inpatient Payments	\$258,963	\$201,379	(\$57,584)	-22%
3	Outpatient Charges	\$614,621	\$642,823	\$28,202	5%
4	Outpatient Payments	\$161,915	\$127,823	(\$34,092)	-21%
5	Discharges	30	27	(3)	-10%
6	Patient Days	118	174	56	47%
7	Outpatient Visits (Excludes ED Visits)	291	449	158	54%
8	Emergency Department Outpatient Visits	69	56	(13)	-19%
9	Emergency Department Inpatient Admissions	22	25	3	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,239,021	\$1,453,377	\$214,356	17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$420,878	\$329,202	(\$91,676)	-22%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$11,618	\$11,618	0%
2	Inpatient Payments	\$0	\$3,118	\$3,118	0%
3	Outpatient Charges	\$24,836	\$39,610	\$14,774	59%
4	Outpatient Payments	\$6,581	\$5,294	(\$1,287)	-20%
5	Discharges	0	1	1	0%
6	Patient Days	0	2	2	0%
7	Outpatient Visits (Excludes ED Visits)	10	16	6	60%
8	Emergency Department Outpatient Visits	3	2	(1)	-33%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,836	\$51,228	\$26,392	106%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,581	\$8,412	\$1,831	28%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$6,208,188	\$9,834,862	\$3,626,674	58%
	TOTAL INPATIENT PAYMENTS	\$2,406,391	\$3,167,587	\$761,196	32%
	TOTAL OUTPATIENT CHARGES	\$6,081,373	\$9,055,757	\$2,974,384	49%
	TOTAL OUTPATIENT PAYMENTS	\$1,332,022	\$1,968,614	\$636,592	48%
	TOTAL DISCHARGES	264	346	82	31%
	TOTAL PATIENT DAYS	1,371	1,800	429	31%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	2,892	5,325	2,433	84%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	826	944	118	14%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	208	282	74	36%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,289,561	\$18,890,619	\$6,601,058	54%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,738,413	\$5,136,201	\$1,397,788	37%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$627,855	\$171,899	(\$455,956)	-73%
2	Inpatient Payments	\$214,332	\$24,777	(\$189,555)	-88%
3	Outpatient Charges	\$5,367,723	\$1,432,928	(\$3,934,795)	-73%
4	Outpatient Payments	\$1,687,264	\$191,786	(\$1,495,478)	-89%
5	Discharges	55	8	(47)	-85%
6	Patient Days	171	23	(148)	-87%
7	Outpatient Visits (Excludes ED Visits)	2,227	754	(1,473)	-66%
8	Emergency Department Outpatient Visits	2,592	582	(2,010)	-78%
9	Emergency Department Inpatient Admissions	26	8	(18)	-69%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,995,578	\$1,604,827	(\$4,390,751)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,901,596	\$216,563	(\$1,685,033)	-89%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2012
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2011 ACTUAL	(4) FY 2012 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$237,256	\$84,553	(\$152,703)	-64%
2	Inpatient Payments	\$61,022	\$26,553	(\$34,469)	-56%
3	Outpatient Charges	\$1,724,425	\$373,404	(\$1,351,021)	-78%
4	Outpatient Payments	\$449,444	\$73,404	(\$376,040)	-84%
5	Discharges	24	3	(21)	-88%
6	Patient Days	59	21	(38)	-64%
7	Outpatient Visits (Excludes ED Visits)	680	217	(463)	-68%
8	Emergency Department Outpatient Visits	821	182	(639)	-78%
9	Emergency Department Inpatient Admissions	9	3	(6)	-67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,961,681	\$457,957	(\$1,503,724)	-77%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$510,466	\$99,957	(\$410,509)	-80%
	H. AETNA				
1	Inpatient Charges	\$420,544	\$214,051	(\$206,493)	-49%
2	Inpatient Payments	\$105,355	\$73,538	(\$31,817)	-30%
3	Outpatient Charges	\$3,441,012	\$943,601	(\$2,497,411)	-73%
4	Outpatient Payments	\$868,033	\$171,685	(\$696,348)	-80%
5	Discharges	41	7	(34)	-83%
6	Patient Days	107	60	(47)	-44%
7	Outpatient Visits (Excludes ED Visits)	1,572	566	(1,006)	-64%
8	Emergency Department Outpatient Visits	1,583	369	(1,214)	-77%
9	Emergency Department Inpatient Admissions	14	6	(8)	-57%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,861,556	\$1,157,652	(\$2,703,904)	-70%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$973,388	\$245,223	(\$728,165)	-75%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$1,285,655	\$470,503	(\$815,152)	-63%
	TOTAL INPATIENT PAYMENTS	\$380,709	\$124,868	(\$255,841)	-67%
	TOTAL OUTPATIENT CHARGES	\$10,533,160	\$2,749,933	(\$7,783,227)	-74%
	TOTAL OUTPATIENT PAYMENTS	\$3,004,741	\$436,875	(\$2,567,866)	-85%
	TOTAL DISCHARGES	120	18	(102)	-85%
	TOTAL PATIENT DAYS	337	104	(233)	-69%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	4,479	1,537	(2,942)	-66%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	4,996	1,133	(3,863)	-77%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	49	17	(32)	-65%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,818,815	\$3,220,436	(\$8,598,379)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,385,450	\$561,743	(\$2,823,707)	-83%

**ROCKVILLE GENERAL HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2012
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011 ACTUAL	FY 2012 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$20,991,180	\$20,052,067	(\$939,113)	-4%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$39,643,428	\$46,711,256	\$7,067,828	18%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,504,988	\$5,435,445	\$3,930,457	261%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$432,832	\$4,402,920	\$3,970,088	917%
7	Inventories of Supplies	\$4,228,568	\$4,253,600	\$25,032	1%
8	Prepaid Expenses	\$4,345,929	\$5,020,607	\$674,678	16%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$71,146,925	\$85,875,895	\$14,728,970	21%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$6,688,165	\$12,342,602	\$5,654,437	85%
2	Board Designated for Capital Acquisition	\$5,900,811	\$0	(\$5,900,811)	-100%
3	Funds Held in Escrow	\$8,891,170	\$0	(\$8,891,170)	-100%
4	Other Noncurrent Assets Whose Use is Limited	\$25,643,372	\$42,086,540	\$16,443,168	64%
	Total Noncurrent Assets Whose Use is Limited:	\$47,123,518	\$54,429,142	\$7,305,624	16%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$33,914,265	\$35,011,140	\$1,096,875	3%
7	Other Noncurrent Assets	\$13,915,384	\$11,678,494	(\$2,236,890)	-16%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$298,818,948	\$313,325,973	\$14,507,025	5%
2	Less: Accumulated Depreciation	\$205,118,802	\$219,601,454	\$14,482,652	\$0
	Property, Plant and Equipment, Net	\$93,700,146	\$93,724,519	\$24,373	0%
3	Construction in Progress	\$2,489,451	\$2,570,935	\$81,484	3%
	Total Net Fixed Assets	\$96,189,597	\$96,295,454	\$105,857	0%
	Total Assets	\$262,289,689	\$283,290,125	\$21,000,436	8%

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$20,356,213	\$25,121,249	\$4,765,036	23%
2	Salaries, Wages and Payroll Taxes	\$3,261,932	\$5,609,427	\$2,347,495	72%
3	Due To Third Party Payers	\$2,104,534	\$2,793,775	\$689,241	33%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$10,595,265	\$8,831,469	(\$1,763,796)	-17%
6	Current Portion of Notes Payable	\$3,329,824	\$4,572,885	\$1,243,061	37%
7	Other Current Liabilities	\$17,030,017	\$12,050,537	(\$4,979,480)	-29%
	Total Current Liabilities	\$56,677,785	\$58,979,342	\$2,301,557	4%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$78,175,743	\$74,496,875	(\$3,678,868)	-5%
2	Notes Payable (Net of Current Portion)	\$8,459,422	\$13,044,874	\$4,585,452	54%
	Total Long Term Debt	\$86,635,165	\$87,541,749	\$906,584	1%
3	Accrued Pension Liability	\$56,772,305	\$74,618,608	\$17,846,303	31%
4	Other Long Term Liabilities	\$7,042,777	\$10,549,165	\$3,506,388	50%
	Total Long Term Liabilities	\$150,450,247	\$172,709,522	\$22,259,275	15%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$41,815,956	\$36,549,384	(\$5,266,572)	-13%
2	Temporarily Restricted Net Assets	\$2,249,963	\$3,243,522	\$993,559	44%
3	Permanently Restricted Net Assets	\$11,095,738	\$11,808,355	\$712,617	6%
	Total Net Assets	\$55,161,657	\$51,601,261	(\$3,560,396)	-6%
	Total Liabilities and Net Assets	\$262,289,689	\$283,290,125	\$21,000,436	8%

EASTERN CT HEALTH NETWORK , INC					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2011	FY 2012	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$638,835,375	\$754,864,642	\$116,029,267	18%
2	Less: Allowances	\$371,826,407	\$470,675,259	\$98,848,852	27%
3	Less: Charity Care	\$5,660,092	\$7,146,386	\$1,486,294	26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$261,348,876	\$277,042,997	\$15,694,121	6%
5	Other Operating Revenue	\$18,840,186	\$28,201,071	\$9,360,885	50%
6	Net Assets Released from Restrictions	\$801,123	\$638,113	(\$163,010)	-20%
	Total Operating Revenue	\$280,990,185	\$305,882,181	\$24,891,996	9%
B. Operating Expenses:					
1	Salaries and Wages	\$134,218,139	\$139,915,729	\$5,697,590	4%
2	Fringe Benefits	\$35,696,855	\$40,155,469	\$4,458,614	12%
3	Physicians Fees	\$10,277,908	\$10,398,896	\$120,988	1%
4	Supplies and Drugs	\$35,184,525	\$36,089,404	\$904,879	3%
5	Depreciation and Amortization	\$11,898,918	\$11,811,633	(\$87,285)	-1%
6	Bad Debts	\$11,106,480	\$11,285,210	\$178,730	2%
7	Interest	\$4,224,420	\$3,981,831	(\$242,589)	-6%
8	Malpractice	\$2,961,029	\$6,669,181	\$3,708,152	125%
9	Other Operating Expenses	\$35,379,234	\$40,647,136	\$5,267,902	15%
	Total Operating Expenses	\$280,947,508	\$300,954,489	\$20,006,981	7%
	Income/(Loss) From Operations	\$42,677	\$4,927,692	\$4,885,015	11446%
C. Non-Operating Revenue:					
1	Income from Investments	\$64,607	\$1,190	(\$63,417)	-98%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,406,203)	(\$1,201,726)	\$204,477	-15%
	Total Non-Operating Revenue	(\$1,341,596)	(\$1,200,536)	\$141,060	-11%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,298,919)	\$3,727,156	\$5,026,075	-387%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$1,298,919)	\$3,727,156	\$5,026,075	-387%

EASTERN CT HEALTH NETWORK , INC

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$262,817,891	\$261,348,876	\$277,042,997
2	Other Operating Revenue	17,826,849	19,641,309	28,839,184
3	Total Operating Revenue	\$280,644,740	\$280,990,185	\$305,882,181
4	Total Operating Expenses	274,106,412	280,947,508	300,954,489
5	Income/(Loss) From Operations	\$6,538,328	\$42,677	\$4,927,692
6	Total Non-Operating Revenue	(1,785,503)	(1,341,596)	(1,200,536)
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,752,825	(\$1,298,919)	\$3,727,156
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	2.34%	0.02%	1.62%
2	Parent Corporation Non-Operating Margin	-0.64%	-0.48%	-0.39%
3	Parent Corporation Total Margin	1.70%	-0.46%	1.22%
4	Income/(Loss) From Operations	\$6,538,328	\$42,677	\$4,927,692
5	Total Operating Revenue	\$280,644,740	\$280,990,185	\$305,882,181
6	Total Non-Operating Revenue	(\$1,785,503)	(\$1,341,596)	(\$1,200,536)
7	Total Revenue	\$278,859,237	\$279,648,589	\$304,681,645
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,752,825	(\$1,298,919)	\$3,727,156
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$54,654,325	\$41,815,956	\$36,549,384
2	Parent Corporation Total Net Assets	\$71,476,482	\$55,161,657	\$51,601,261
3	Parent Corporation Change in Total Net Assets	(\$3,957,194)	(\$16,314,825)	(\$3,560,396)
4	Parent Corporation Change in Total Net Assets %	94.8%	-22.8%	-6.5%

EASTERN CT HEALTH NETWORK , INC

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2012

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
D. Liquidity Measures Summary				
1	Current Ratio	1.39	1.26	1.46
2	Total Current Assets	\$69,908,525	\$71,146,925	\$85,875,895
3	Total Current Liabilities	\$50,340,567	\$56,677,785	\$58,979,342
4	Days Cash on Hand	27	28	25
5	Cash and Cash Equivalents	\$19,538,406	\$20,991,180	\$20,052,067
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$19,538,406	\$20,991,180	\$20,052,067
8	Total Operating Expenses	\$274,106,412	\$280,947,508	\$300,954,489
9	Depreciation Expense	\$12,555,983	\$11,898,918	\$11,811,633
10	Operating Expenses less Depreciation Expense	\$261,550,429	\$269,048,590	\$289,142,856
11	Days Revenue in Patient Accounts Receivable	55	53	64
12	Net Patient Accounts Receivable	\$ 39,411,447	\$ 39,643,428	\$ 46,711,256
13	Due From Third Party Payers	\$721,274	\$432,832	\$4,402,920
14	Due To Third Party Payers	\$423,893	\$2,104,534	\$2,793,775
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 39,708,828	\$ 37,971,726	\$ 48,320,401
16	Total Net Patient Revenue	\$262,817,891	\$261,348,876	\$277,042,997
17	Average Payment Period	70	77	74
18	Total Current Liabilities	\$50,340,567	\$56,677,785	\$58,979,342
19	Total Operating Expenses	\$274,106,412	\$280,947,508	\$300,954,489
20	Depreciation Expense	\$12,555,983	\$11,898,918	\$11,811,633
21	Total Operating Expenses less Depreciation Expense	\$261,550,429	\$269,048,590	\$289,142,856

EASTERN CT HEALTH NETWORK , INC				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2010	FY 2011	FY 2012
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	27.1	21.0	18.2
2	Total Net Assets	\$71,476,482	\$55,161,657	\$51,601,261
3	Total Assets	\$263,336,722	\$262,289,689	\$283,290,125
4	<u>Cash Flow to Total Debt Ratio</u>	13.1	7.4	10.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,752,825	(\$1,298,919)	\$3,727,156
6	Depreciation Expense	\$12,555,983	\$11,898,918	\$11,811,633
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,308,808	\$10,599,999	\$15,538,789
8	Total Current Liabilities	\$50,340,567	\$56,677,785	\$58,979,342
9	Total Long Term Debt	\$81,733,082	\$86,635,165	\$87,541,749
10	Total Current Liabilities and Total Long Term Debt	\$132,073,649	\$143,312,950	\$146,521,091
11	<u>Long Term Debt to Capitalization Ratio</u>	53.3	61.1	62.9
12	Total Long Term Debt	\$81,733,082	\$86,635,165	\$87,541,749
13	Total Net Assets	\$71,476,482	\$55,161,657	\$51,601,261
14	Total Long Term Debt and Total Net Assets	\$153,209,564	\$141,796,822	\$139,143,010

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
		PATIENT	DISCHARGES	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
							BEDS (A)	BEDS
1	Adult Medical/Surgical	10,587	2,519	2,384	38	81	76.3%	35.8%
2	ICU/CCU (Excludes Neonatal ICU)	2,469	299	0	9	9	75.2%	75.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	0	0	0	0	12	0.0%	0.0%
7	Newborn	0	0	0	0	16	0.0%	0.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	13,056	2,519	2,384	47	102	76.1%	35.1%
	TOTAL INPATIENT BED UTILIZATION	13,056	2,519	2,384	47	118	76.1%	30.3%
	TOTAL INPATIENT REPORTED YEAR	13,056	2,519	2,384	47	118	76.1%	30.3%
	TOTAL INPATIENT PRIOR YEAR	12,370	2,515	2,145	66	118	51.3%	28.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	686	4	239	-19	0	24.8%	1.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	6%	0%	11%	-29%	0%	48%	6%
	Total Licensed Beds and Bassinets	118						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	1,870	1,817	-53	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,960	4,447	-513	-10%
3	Emergency Department Scans	1,929	1,729	-200	-10%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	8,759	7,993	-766	-9%
B. MRI Scans (A)					
1	Inpatient Scans	222	234	12	5%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,595	1,496	-99	-6%
3	Emergency Department Scans	16	15	-1	-6%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	1,833	1,745	-88	-5%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	631	635	4	1%
2	Outpatient Surgical Procedures	1,629	1,653	24	1%
	Total Surgical Procedures	2,260	2,288	28	1%
J. Endoscopy Procedures					

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	188	182	-6	-3%
2	Outpatient Endoscopy Procedures	2,560	2,625	65	3%
	Total Endoscopy Procedures	2,748	2,807	59	2%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	2,066	2,144	78	4%
2	Emergency Room Visits: Treated and Discharged	24,397	24,278	-119	0%
	Total Emergency Room Visits	26,463	26,422	-41	0%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	1,626	1,716	90	6%
	Total Hospital Clinic Visits	1,626	1,716	90	6%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	21,095	36,009	14,914	71%
2	Cardiology	7,956	8,071	115	1%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	2,562	2,625	63	2%
5	Other Outpatient Visits	17,127	31,309	14,182	83%
	Total Other Hospital Outpatient Visits	48,740	78,014	29,274	60%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	115.1	119.0	3.9	3%
2	Total Physician FTEs	6.6	6.3	-0.3	-5%
3	Total Non-Nursing and Non-Physician FTEs	283.4	251.3	-32.1	-11%
	Total Hospital Full Time Equivalent Employees	405.1	376.6	-28.5	-7%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2012					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital Operating Room	1,629	1,653	24	1%
	Total Outpatient Surgical Procedures(A)	1,629	1,653	24	1%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	2,560	2,625	65	3%
	Total Outpatient Endoscopy Procedures(B)	2,560	2,625	65	3%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	24,397	24,278	-119	0%
	Total Outpatient Hospital Emergency Room Visits(C)	24,397	24,278	-119	0%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$36,910,536	\$46,740,240	\$9,829,704	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,956,892	\$15,389,796	\$432,904	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.52%	32.93%	-7.60%	-19%
4	DISCHARGES	1,581	1,655	74	5%
5	CASE MIX INDEX (CMI)	1.46840	1.49234	0.02394	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,321.54040	2,469.82270	148.28230	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,442.66	\$6,231.13	(\$211.52)	-3%
8	PATIENT DAYS	8,640	9,334	694	8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,731.12	\$1,648.79	(\$82.33)	-5%
10	AVERAGE LENGTH OF STAY	5.5	5.6	0.2	3%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$30,465,162	\$39,612,350	\$9,147,188	30%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,879,322	\$9,596,522	\$1,717,200	22%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.86%	24.23%	-1.64%	-6%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	82.54%	84.75%	2.21%	3%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,304.92337	1,402.61238	97.68901	7%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,038.15	\$6,841.89	\$803.74	13%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$67,375,698	\$86,352,590	\$18,976,892	28%
18	TOTAL ACCRUED PAYMENTS	\$22,836,214	\$24,986,318	\$2,150,104	9%
19	TOTAL ALLOWANCES	\$44,539,484	\$61,366,272	\$16,826,788	38%

ROCKVILLE GENERAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$12,352,100	\$16,101,706	\$3,749,606	30%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,212,608	\$7,991,645	\$779,037	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.39%	49.63%	-8.76%	-15%
4	DISCHARGES	663	594	(69)	-10%
5	CASE MIX INDEX (CMI)	1.34840	1.65392	0.30552	23%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	893.98920	982.42848	88.43928	10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,067.89	\$8,134.58	\$66.69	1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,625.23)	(\$1,903.45)	(\$278.21)	17%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,452,941)	(\$1,870,002)	(\$417,061)	29%
10	PATIENT DAYS	2,633	2,351	(282)	-11%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,739.31	\$3,399.25	\$659.94	24%
12	AVERAGE LENGTH OF STAY	4.0	4.0	(0.0)	0%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$44,728,204	\$54,651,449	\$9,923,245	22%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,939,105	\$26,006,860	\$2,067,755	9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	53.52%	47.59%	-5.93%	-11%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	362.11%	339.41%	-22.70%	-6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,400.79009	2,016.11933	(384.67076)	-16%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,971.34	\$12,899.46	\$2,928.12	29%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$3,933.20)	(\$6,057.57)	(\$2,124.38)	54%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,442,776)	(\$12,212,790)	(\$2,770,014)	29%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$57,080,304	\$70,753,155	\$13,672,851	24%
22	TOTAL ACCRUED PAYMENTS	\$31,151,713	\$33,998,505	\$2,846,792	9%
23	TOTAL ALLOWANCES	\$25,928,591	\$36,754,650	\$10,826,059	42%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$10,895,717)	(\$14,082,791)	(\$3,187,074)	29%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$57,080,304	\$70,753,155	\$13,672,851	24%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$31,183,459	\$33,998,505	\$2,815,046	9%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,896,845	\$36,754,650	\$10,857,805	42%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.37%	51.95%	6.58%	

ROCKVILLE GENERAL HOSPITAL					
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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$786,334	\$1,107,951	\$321,617	41%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,157	\$32,437	\$28,280	680%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.53%	2.93%	2.40%	454%
4	DISCHARGES	63	58	(5)	-8%
5	CASE MIX INDEX (CMI)	1.20780	1.12859	(0.07921)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	76.09140	65.45822	(10.63318)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$54.63	\$495.54	\$440.91	807%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,013.26	\$7,639.04	(\$374.22)	-5%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,388.03	\$5,735.60	(\$652.43)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$486,074	\$375,442	(\$110,632)	-23%
11	PATIENT DAYS	314	298	(16)	-5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$13.24	\$108.85	\$95.61	722%
13	AVERAGE LENGTH OF STAY	5.0	5.1	0.2	3%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,146,480	\$4,649,453	\$1,502,973	48%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$183,945	\$224,697	\$40,752	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.85%	4.83%	-1.01%	-17%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	400.15%	419.64%	19.50%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	252.09166	243.39368	(8.69797)	-3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$729.68	\$923.18	\$193.51	27%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$9,241.67	\$11,976.28	\$2,734.61	30%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,308.47	\$5,918.71	\$610.23	11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,338,222	\$1,440,576	\$102,354	8%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$3,932,814	\$5,757,404	\$1,824,590	46%
24	TOTAL ACCRUED PAYMENTS	\$188,102	\$257,134	\$69,032	37%
25	TOTAL ALLOWANCES	\$3,744,712	\$5,500,270	\$1,755,558	47%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,824,296	\$1,816,018	(\$8,278)	0%

ROCKVILLE GENERAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,845,721	\$6,989,943	\$2,144,222	44%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,391,859	\$1,772,603	\$380,744	27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.72%	25.36%	-3.36%	-12%
4	DISCHARGES	268	266	(2)	-1%
5	CASE MIX INDEX (CMI)	1.10300	1.18327	0.08027	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	295.60400	314.74982	19.14582	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,708.53	\$5,631.78	\$923.26	20%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,359.37	\$2,502.80	(\$856.57)	-25%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,734.13	\$599.35	(\$1,134.78)	-65%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$512,617	\$188,645	(\$323,971)	-63%
11	PATIENT DAYS	1,087	1,362	275	25%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,280.46	\$1,301.47	\$21.01	2%
13	AVERAGE LENGTH OF STAY	4.1	5.1	1.1	26%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,272,578	\$23,256,228	\$4,983,650	27%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,333,204	\$4,149,278	(\$183,926)	-4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.71%	17.84%	-5.87%	-25%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	377.09%	332.71%	-44.38%	-12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,010.59283	885.00817	(125.58466)	-12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,287.78	\$4,688.41	\$400.62	9%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,683.56	\$8,211.06	\$2,527.50	44%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,750.36	\$2,153.49	\$403.12	23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,768,906	\$1,905,852	\$136,946	8%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$23,118,299	\$30,246,171	\$7,127,872	31%
24	TOTAL ACCRUED PAYMENTS	\$5,725,063	\$5,921,881	\$196,818	3%
25	TOTAL ALLOWANCES	\$17,393,236	\$24,324,290	\$6,931,054	40%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,281,523	\$2,094,497	(\$187,026)	-8%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$8,067.89	\$8,134.58	\$66.69	1%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,442.66	\$6,231.13	(\$211.52)	-3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$9,971.34	\$12,899.46	\$2,928.12	29%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,038.15	\$6,841.89	\$803.74	13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,845,721	\$6,989,943	\$2,144,222	44%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,391,859	\$1,772,603	\$380,744	27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.72%	25.36%	-3.36%	-12%
4	DISCHARGES	268	266	(2)	-1%
5	CASE MIX INDEX (CMI)	1.10300	1.18327	0.08027	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	295.60400	314.74982	19.14582	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,708.53	\$5,631.78	\$923.26	20%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,359.37	\$2,502.80	(\$856.57)	-25%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,734.13	\$599.35	(\$1,134.78)	-65%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$512,617	\$188,645	(\$323,971)	-63%
11	PATIENT DAYS	1,087	1,362	275	25%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,280.46	\$1,301.47	\$21.01	2%
13	AVERAGE LENGTH OF STAY	4.1	5.1	1.1	26%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,272,578	\$23,256,228	\$4,983,650	27%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,333,204	\$4,149,278	(\$183,926)	-4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.71%	17.84%	-5.87%	-25%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	377.09%	332.71%	-44.38%	-12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,010.59283	885.00817	(125.58466)	-12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,287.78	\$4,688.41	\$400.62	9%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,683.56	\$8,211.06	\$2,527.50	44%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,750.36	\$2,153.49	\$403.12	23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,768,906	\$1,905,852	\$136,946	8%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$23,118,299	\$30,246,171	\$7,127,872	31%
24	TOTAL ACCRUED PAYMENTS	\$5,725,063	\$5,921,881	\$196,818	3%
25	TOTAL ALLOWANCES	\$17,393,236	\$24,324,290	\$6,931,054	40%

ROCKVILLE GENERAL HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$15,966	\$58,007	\$42,041	263%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,231	\$45,723	\$40,492	774%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.76%	78.82%	46.06%	141%
4	DISCHARGES	3	4	1	33%
5	CASE MIX INDEX (CMI)	0.78387	1.29484	0.51097	65%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2.35161	5.17936	2.82775	120%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,224.43	\$8,827.92	\$6,603.49	297%
8	PATIENT DAYS	10	9	(1)	-10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$523.10	\$5,080.33	\$4,557.23	871%
10	AVERAGE LENGTH OF STAY	3.3	2.3	(1.1)	-33%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$482,355	\$659,375	\$177,020	37%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$310,999	\$387,769	\$76,770	25%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$498,321	\$717,382	\$219,061	44%
14	TOTAL ACCRUED PAYMENTS	\$316,230	\$433,492	\$117,262	37%
15	TOTAL ALLOWANCES	\$182,091	\$283,890	\$101,799	56%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$4,793,055	\$6,871,608	\$2,078,553	43%
2	TOTAL OPERATING EXPENSES	\$68,017,199	\$74,038,954	\$6,021,755	9%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$821,721	\$2,192,753	\$1,371,032	167%
5	BAD DEBTS (CHARGES)	\$2,925,278	\$3,309,948	\$384,670	13%
6	UNCOMPENSATED CARE (CHARGES)	\$3,746,999	\$5,502,701	\$1,755,702	47%
7	COST OF UNCOMPENSATED CARE	\$1,425,033	\$1,750,779	\$325,746	23%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$23,118,299	\$30,246,171	\$7,127,872	31%
9	TOTAL ACCRUED PAYMENTS	\$5,725,063	\$5,921,881	\$196,818	3%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$8,792,193	\$9,623,342	\$831,148	9%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,067,130	\$3,701,461	\$634,330	21%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$54,124,323	\$69,889,896	\$15,765,573	29%
2	TOTAL INPATIENT PAYMENTS	\$23,566,690	\$25,199,767	\$1,633,177	7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	43.54%	36.06%	-7.49%	-17%
4	TOTAL DISCHARGES	2,515	2,519	4	0%
5	TOTAL CASE MIX INDEX	1.39701	1.49749	0.10048	7%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,513.48521	3,772.18036	258.69515	7%
7	TOTAL OUTPATIENT CHARGES	\$93,948,299	\$118,179,402	\$24,231,103	26%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	173.58%	169.09%	-4.49%	-3%
9	TOTAL OUTPATIENT PAYMENTS	\$36,462,630	\$40,140,429	\$3,677,799	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.81%	33.97%	-4.85%	-12%
11	TOTAL CHARGES	\$148,072,622	\$188,069,298	\$39,996,676	27%
12	TOTAL PAYMENTS	\$60,029,220	\$65,340,196	\$5,310,976	9%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.54%	34.74%	-5.80%	-14%
14	PATIENT DAYS	12,370	13,056	686	6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$41,772,223	\$53,788,190	\$12,015,967	29%
2	INPATIENT PAYMENTS	\$16,353,982	\$17,208,122	\$854,140	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	39.15%	31.99%	-7.16%	-18%
4	DISCHARGES	1,852	1,925	73	4%
5	CASE MIX INDEX	1.41441	1.44922	0.03481	2%
6	CASE MIX ADJUSTED DISCHARGES	2,619.49601	2,789.75188	170.25587	6%
7	OUTPATIENT CHARGES	\$49,220,095	\$63,527,953	\$14,307,858	29%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	117.83%	118.11%	0.28%	0%
9	OUTPATIENT PAYMENTS	\$12,523,525	\$14,133,569	\$1,610,044	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.44%	22.25%	-3.20%	-13%
11	TOTAL CHARGES	\$90,992,318	\$117,316,143	\$26,323,825	29%
12	TOTAL PAYMENTS	\$28,877,507	\$31,341,691	\$2,464,184	9%
13	TOTAL PAYMENTS / CHARGES	31.74%	26.72%	-5.02%	-16%
14	PATIENT DAYS	9,737	10,705	968	10%
15	TOTAL GOVERNMENT DEDUCTIONS	\$62,114,811	\$85,974,452	\$23,859,641	38%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.5	5.6	0.2	3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.0	(0.0)	0%
3	UNINSURED	5.0	5.1	0.2	3%
4	MEDICAID	4.1	5.1	1.1	26%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.3	2.3	(1.1)	-33%
7	TOTAL AVERAGE LENGTH OF STAY	4.9	5.2	0.3	5%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2011	FY 2012	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$148,072,622	\$188,069,298	\$39,996,676	27%
2	TOTAL GOVERNMENT DEDUCTIONS	\$62,114,811	\$85,974,452	\$23,859,641	38%
3	UNCOMPENSATED CARE	\$3,746,999	\$5,502,701	\$1,755,702	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,896,845	\$36,754,650	\$10,857,805	42%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$91,758,655	\$128,231,803	\$36,473,148	40%
7	TOTAL ACCRUED PAYMENTS	\$56,313,967	\$59,837,495	\$3,523,528	6%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$56,313,967	\$59,837,495	\$3,523,528	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3803131615	0.3181672694	(0.0621458921)	-16%
11	COST OF UNCOMPENSATED CARE	\$1,425,033	\$1,750,779	\$325,746	23%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$3,067,130	\$3,701,461	\$634,330	21%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,492,163	\$5,452,240	\$960,077	21%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$1,768,906	\$1,905,852	\$136,946	8%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,824,296	\$1,816,018	(\$8,278)	0%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,593,202	\$3,721,870	\$128,668	4%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,357,906	\$2,507,443	(\$850,463)	-25.33%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$63,387,116	\$67,847,638	\$4,460,522	7.04%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$148,072,623	\$188,069,273	\$39,996,650	27.01%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,746,999	\$5,502,701	\$1,755,702	46.86%

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,352,100	\$16,101,706	\$3,749,606
2	MEDICARE	\$36,910,536	46,740,240	\$9,829,704
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,845,721	6,989,943	\$2,144,222
4	MEDICAID	\$4,845,721	6,989,943	\$2,144,222
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$15,966	58,007	\$42,041
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$786,334	1,107,951	\$321,617
	TOTAL INPATIENT GOVERNMENT CHARGES	\$41,772,223	\$53,788,190	\$12,015,967
	TOTAL INPATIENT CHARGES	\$54,124,323	\$69,889,896	\$15,765,573
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,728,204	\$54,651,449	\$9,923,245
2	MEDICARE	\$30,465,162	39,612,350	\$9,147,188
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,272,578	23,256,228	\$4,983,650
4	MEDICAID	\$18,272,578	23,256,228	\$4,983,650
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$482,355	659,375	\$177,020
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,146,480	4,649,453	\$1,502,973
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$49,220,095	\$63,527,953	\$14,307,858
	TOTAL OUTPATIENT CHARGES	\$93,948,299	\$118,179,402	\$24,231,103
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,080,304	\$70,753,155	\$13,672,851
2	TOTAL MEDICARE	\$67,375,698	\$86,352,590	\$18,976,892
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,118,299	\$30,246,171	\$7,127,872
4	TOTAL MEDICAID	\$23,118,299	\$30,246,171	\$7,127,872
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$498,321	\$717,382	\$219,061
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,932,814	\$5,757,404	\$1,824,590
	TOTAL GOVERNMENT CHARGES	\$90,992,318	\$117,316,143	\$26,323,825
	TOTAL CHARGES	\$148,072,622	\$188,069,298	\$39,996,676
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,212,608	\$7,991,645	\$779,037
2	MEDICARE	\$14,956,892	15,389,796	\$432,904
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,391,859	1,772,603	\$380,744
4	MEDICAID	\$1,391,859	1,772,603	\$380,744
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$5,231	45,723	\$40,492
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,157	32,437	\$28,280
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$16,353,982	\$17,208,122	\$854,140
	TOTAL INPATIENT PAYMENTS	\$23,566,590	\$25,199,767	\$1,633,177
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$23,939,105	\$26,006,860	\$2,067,755
2	MEDICARE	\$7,879,322	9,596,522	\$1,717,200
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,333,204	4,149,278	(\$183,926)
4	MEDICAID	\$4,333,204	4,149,278	(\$183,926)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$310,999	387,769	\$76,770
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$183,945	224,697	\$40,752
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$12,523,525	\$14,133,569	\$1,610,044
	TOTAL OUTPATIENT PAYMENTS	\$36,462,630	\$40,140,429	\$3,677,799
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$31,151,713	\$33,998,505	\$2,846,792
2	TOTAL MEDICARE	\$22,836,214	\$24,986,318	\$2,150,104
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,725,063	\$5,921,881	\$196,818
4	TOTAL MEDICAID	\$5,725,063	\$5,921,881	\$196,818
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$316,230	\$433,492	\$117,262
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$188,102	\$257,134	\$69,032
	TOTAL GOVERNMENT PAYMENTS	\$28,877,507	\$31,341,691	\$2,464,184
	TOTAL PAYMENTS	\$60,029,220	\$65,340,196	\$5,310,976

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8.34%	8.56%	0.22%
2	MEDICARE	24.93%	24.85%	-0.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.27%	3.72%	0.44%
4	MEDICAID	3.27%	3.72%	0.44%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.01%	0.03%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.53%	0.59%	0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	28.21%	28.60%	0.39%
	TOTAL INPATIENT PAYER MIX	36.55%	37.16%	0.61%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.21%	29.06%	-1.15%
2	MEDICARE	20.57%	21.06%	0.49%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.34%	12.37%	0.03%
4	MEDICAID	12.34%	12.37%	0.03%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.33%	0.35%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.12%	2.47%	0.35%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	33.24%	33.78%	0.54%
	TOTAL OUTPATIENT PAYER MIX	63.45%	62.84%	-0.61%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.02%	12.23%	0.22%
2	MEDICARE	24.92%	23.55%	-1.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.32%	2.71%	0.39%
4	MEDICAID	2.32%	2.71%	0.39%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.01%	0.07%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.01%	0.05%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	27.24%	26.34%	-0.91%
	TOTAL INPATIENT PAYER MIX	39.26%	38.57%	-0.69%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.88%	39.80%	-0.08%
2	MEDICARE	13.13%	14.69%	1.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.22%	6.35%	-0.87%
4	MEDICAID	7.22%	6.35%	-0.87%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.52%	0.59%	0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.31%	0.34%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.86%	21.63%	0.77%
	TOTAL OUTPATIENT PAYER MIX	60.74%	61.43%	0.69%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	663	594	(69)
2	MEDICARE	1,581	1,655	74
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	268	266	(2)
4	MEDICAID	268	266	(2)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	3	4	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	63	58	(5)
	TOTAL GOVERNMENT DISCHARGES	1,852	1,925	73
	TOTAL DISCHARGES	2,515	2,519	4
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,633	2,351	(282)
2	MEDICARE	8,640	9,334	694
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,087	1,362	275
4	MEDICAID	1,087	1,362	275
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	10	9	(1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	314	298	(16)
	TOTAL GOVERNMENT PATIENT DAYS	9,737	10,705	968
	TOTAL PATIENT DAYS	12,370	13,056	686
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.0	(0.0)
2	MEDICARE	5.5	5.6	0.2
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.1	5.1	1.1
4	MEDICAID	4.1	5.1	1.1
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	3.3	2.3	(1.1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.0	5.1	0.2
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.3	5.6	0.3
	TOTAL AVERAGE LENGTH OF STAY	4.9	5.2	0.3
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.34840	1.65392	0.30552
2	MEDICARE	1.46840	1.49234	0.02394
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.10300	1.18327	0.08027
4	MEDICAID	1.10300	1.18327	0.08027
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.78387	1.29484	0.51097
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.20780	1.12859	(0.07921)
	TOTAL GOVERNMENT CASE MIX INDEX	1.41441	1.44922	0.03481
	TOTAL CASE MIX INDEX	1.39701	1.49749	0.10048
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$57,080,304	\$70,753,155	\$13,672,851
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$31,183,459	\$33,998,505	\$2,815,046
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,896,845	\$36,754,650	\$10,857,805
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	45.37%	51.95%	6.58%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$821,721	\$2,192,753	\$1,371,032
9	BAD DEBTS	\$2,925,278	\$3,309,948	\$384,670
10	TOTAL UNCOMPENSATED CARE	\$3,746,999	\$5,502,701	\$1,755,702
11	TOTAL OTHER OPERATING REVENUE	\$57,080,304	\$70,753,155	\$13,672,851
12	TOTAL OPERATING EXPENSES	\$68,017,199	\$74,038,954	\$6,021,755

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	893.98920	982.42848	88.43928
2	MEDICARE	2,321.54040	2,469.82270	148.28230
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	295.60400	314.74982	19.14582
4	MEDICAID	295.60400	314.74982	19.14582
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	2.35161	5.17936	2.82775
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	76.09140	65.45822	(10.63318)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	2,619.49601	2,789.75188	170.25587
	TOTAL CASE MIX ADJUSTED DISCHARGES	3,513.48521	3,772.18036	258.69515
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,400.79009	2,016.11933	-384.67076
2	MEDICARE	1,304.92337	1,402.61238	97.68901
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,010.59283	885.00817	-125.58466
4	MEDICAID	1,010.59283	885.00817	-125.58466
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	90.63416	45.46865	-45.16551
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	252.09166	243.39368	-8.69797
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	2,406.15036	2,333.08920	-73.06117
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	4,806.94045	4,349.20853	-457.73192
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,067.89	\$8,134.58	\$66.69
2	MEDICARE	\$6,442.66	\$6,231.13	(\$211.52)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,708.53	\$5,631.78	\$923.26
4	MEDICAID	\$4,708.53	\$5,631.78	\$923.26
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$2,224.43	\$8,827.92	\$6,603.49
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$54.63	\$495.54	\$440.91
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,243.18	\$6,168.33	(\$74.84)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,707.47	\$6,680.42	(\$27.04)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,971.34	\$12,899.46	\$2,928.12
2	MEDICARE	\$6,038.15	\$6,841.89	\$803.74
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,287.78	\$4,688.41	\$400.62
4	MEDICAID	\$4,287.78	\$4,688.41	\$400.62
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,431.37	\$8,528.27	\$5,096.91
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$729.68	\$923.18	\$193.51
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,204.80	\$6,057.88	\$853.08
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,585.41	\$9,229.36	\$1,643.95

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$1,768,906	\$1,905,852	\$136,946
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,824,296	\$1,816,018	(\$8,278)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$3,593,202	\$3,721,870	\$128,668
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$148,072,622	\$188,069,298	\$39,996,676
2	TOTAL GOVERNMENT DEDUCTIONS	\$62,114,811	\$85,974,452	\$23,859,641
3	UNCOMPENSATED CARE	\$3,746,999	\$5,502,701	\$1,755,702
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,896,845	\$36,754,650	\$10,857,805
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$91,758,655	\$128,231,803	\$36,473,148
7	TOTAL ACCRUED PAYMENTS	\$56,313,967	\$59,837,495	\$3,523,528
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$56,313,967	\$59,837,495	\$3,523,528
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3803131615	0.3181672694	(0.0621458921)
11	COST OF UNCOMPENSATED CARE	\$1,425,033	\$1,750,779	\$325,746
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$3,067,130	\$3,701,461	\$634,330
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$4,492,163	\$5,452,240	\$960,077
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	58.39%	49.63%	-8.76%
2	MEDICARE	40.52%	32.93%	-7.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.72%	25.36%	-3.36%
4	MEDICAID	28.72%	25.36%	-3.36%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	32.76%	78.82%	46.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.53%	2.93%	2.40%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	39.15%	31.99%	-7.16%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	43.54%	36.06%	-7.49%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	53.52%	47.59%	-5.93%
2	MEDICARE	25.86%	24.23%	-1.64%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.71%	17.84%	-5.87%
4	MEDICAID	23.71%	17.84%	-5.87%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	64.48%	58.81%	-5.67%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.85%	4.83%	-1.01%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	25.44%	22.25%	-3.20%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	38.81%	33.97%	-4.85%

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$60,029,220	\$65,340,196	\$5,310,976
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$60,029,220	\$65,340,196	\$5,310,976
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,357,906	\$2,507,443	(\$850,463)
4	CALCULATED NET REVENUE	\$63,387,126	\$67,847,639	\$4,460,513
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$63,387,116	\$67,847,638	\$4,460,522
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$10	\$1	(\$9)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$148,072,622	\$188,069,298	\$39,996,676
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$148,072,622	\$188,069,298	\$39,996,676
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$148,072,623	\$188,069,273	\$39,996,650
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$25	\$26
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,746,999	\$5,502,701	\$1,755,702
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,746,999	\$5,502,701	\$1,755,702
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,746,999	\$5,502,701	\$1,755,702
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,101,706
2	MEDICARE	46,740,240
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,989,943
4	MEDICAID	6,989,943
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	58,007
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,107,951
	TOTAL INPATIENT GOVERNMENT CHARGES	\$53,788,190
	TOTAL INPATIENT CHARGES	\$69,889,896
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$54,651,449
2	MEDICARE	39,612,350
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23,256,228
4	MEDICAID	23,256,228
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	659,375
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,649,453
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$63,527,953
	TOTAL OUTPATIENT CHARGES	\$118,179,402
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$70,753,155
2	TOTAL GOVERNMENT ACCRUED CHARGES	117,316,143
	TOTAL ACCRUED CHARGES	\$188,069,298
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,991,645
2	MEDICARE	15,389,796
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,772,603
4	MEDICAID	1,772,603
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	45,723
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	32,437
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$17,208,122
	TOTAL INPATIENT PAYMENTS	\$25,199,767
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,006,860
2	MEDICARE	9,596,522
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,149,278
4	MEDICAID	4,149,278
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	387,769
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	224,697
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$14,133,569
	TOTAL OUTPATIENT PAYMENTS	\$40,140,429
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$33,998,505
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	31,341,691
	TOTAL ACCRUED PAYMENTS	\$65,340,196

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	594
2	MEDICARE	1,655
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	266
4	MEDICAID	266
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	58
	TOTAL GOVERNMENT DISCHARGES	1,925
	TOTAL DISCHARGES	2,519
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.65392
2	MEDICARE	1.49234
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.18327
4	MEDICAID	1.18327
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.29484
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12859
	TOTAL GOVERNMENT CASE MIX INDEX	1.44922
	TOTAL CASE MIX INDEX	1.49749
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$70,753,155
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$33,998,505
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,754,650
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.95%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$2,192,753
9	BAD DEBTS	\$3,309,948
10	TOTAL UNCOMPENSATED CARE	\$5,502,701
11	TOTAL OTHER OPERATING REVENUE	\$6,871,608
12	TOTAL OPERATING EXPENSES	\$74,038,954

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2012
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$65,340,196
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$65,340,196
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,507,443
	CALCULATED NET REVENUE	\$67,847,639
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$67,847,638
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$188,069,298
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$188,069,298
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$188,069,273
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$25
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,502,701
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,502,701
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,502,701
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2012 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	352	1,117	765	217%
2	Number of Approved Applicants	303	1,026	723	239%
3	Total Charges (A)	\$821,721	\$2,192,753	\$1,371,032	167%
4	Average Charges	\$2,712	\$2,137	(\$575)	-21%
5	Ratio of Cost to Charges (RCC)	0.432308	0.444947	0.012639	3%
6	Total Cost	\$355,237	\$975,659	\$620,422	175%
7	Average Cost	\$1,172	\$951	(\$221)	-19%
8	Charity Care - Inpatient Charges	\$318,391	\$369,081	\$50,690	16%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	246,805	948,318	701,513	284%
10	Charity Care - Emergency Department Charges	256,525	875,354	618,829	241%
11	Total Charges (A)	\$821,721	\$2,192,753	\$1,371,032	167%
12	Charity Care - Number of Patient Days	356	283	(73)	-21%
13	Charity Care - Number of Discharges	57	46	(11)	-19%
14	Charity Care - Number of Outpatient ED Visits	330	11,052	10,722	3249%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	205	211	6	3%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$647,342	\$748,390	\$101,048	16%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,116,974	1,332,020	215,046	19%
3	Bad Debts - Emergency Department	1,160,962	1,229,538	68,576	6%
4	Total Bad Debts (A)	\$2,925,278	\$3,309,948	\$384,670	13%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$821,721	\$2,192,753	\$1,371,032	167%
2	Bad Debts (A)	2,925,278	3,309,948	384,670	13%
3	Total Uncompensated Care (A)	\$3,746,999	\$5,502,701	\$1,755,702	47%
4	Uncompensated Care - Inpatient Services	\$965,733	\$1,117,471	\$151,738	16%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,363,779	2,280,338	916,559	67%
6	Uncompensated Care - Emergency Department	1,417,487	2,104,892	687,405	48%
7	Total Uncompensated Care (A)	\$3,746,999	\$5,502,701	\$1,755,702	47%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$59,163,079	\$54,124,323	\$69,889,896
2	Outpatient Gross Revenue	\$87,971,061	\$93,948,299	\$118,179,402
3	Total Gross Patient Revenue	\$147,134,140	\$148,072,622	\$188,069,298
4	Net Patient Revenue	\$64,174,022	\$63,387,116	\$67,847,638
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$65,883,977	\$68,017,199	\$74,038,954
C. <u>Utilization Statistics</u>				
1	Patient Days	14,180	12,370	13,056
2	Discharges	3,386	2,515	2,519
3	Average Length of Stay	4.2	4.9	5.2
4	Equivalent (Adjusted) Patient Days (EPD)	35,265	33,842	35,133
0	Equivalent (Adjusted) Discharges (ED)	8,421	6,881	6,778
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.20280	1.39701	1.49749
2	Case Mix Adjusted Patient Days (CMAPD)	17,056	17,281	19,551
3	Case Mix Adjusted Discharges (CMAD)	4,073	3,513	3,772
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	42,416	47,277	52,611
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,128	9,612	10,151
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$10,376	\$11,970	\$14,405
2	Total Gross Revenue per Discharge	\$43,454	\$58,876	\$74,660
3	Total Gross Revenue per EPD	\$4,172	\$4,375	\$5,353
4	Total Gross Revenue per ED	\$17,473	\$21,521	\$27,745
5	Total Gross Revenue per CMAEPD	\$3,469	\$3,132	\$3,575
6	Total Gross Revenue per CMAED	\$14,527	\$15,405	\$18,528
7	Inpatient Gross Revenue per EPD	\$1,678	\$1,599	\$1,989
8	Inpatient Gross Revenue per ED	\$7,026	\$7,866	\$10,311

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,526	\$5,124	\$5,197
2	Net Patient Revenue per Discharge	\$18,953	\$25,204	\$26,934
3	Net Patient Revenue per EPD	\$1,820	\$1,873	\$1,931
4	Net Patient Revenue per ED	\$7,621	\$9,213	\$10,009
5	Net Patient Revenue per CMAEPD	\$1,513	\$1,341	\$1,290
6	Net Patient Revenue per CMAED	\$6,336	\$6,594	\$6,684
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,646	\$5,499	\$5,671
2	Total Operating Expense per Discharge	\$19,458	\$27,045	\$29,392
3	Total Operating Expense per EPD	\$1,868	\$2,010	\$2,107
4	Total Operating Expense per ED	\$7,824	\$9,885	\$10,923
5	Total Operating Expense per CMAEPD	\$1,553	\$1,439	\$1,407
6	Total Operating Expense per CMAED	\$6,505	\$7,076	\$7,294
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$10,046,971	\$9,289,670	\$9,755,837
2	Nursing Fringe Benefits Expense	\$2,722,099	\$3,086,106	\$3,613,110
3	Total Nursing Salary and Fringe Benefits Expense	\$12,769,070	\$12,375,776	\$13,368,947
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,105,239	\$2,400,624	\$3,035,027
2	Physician Fringe Benefits Expense	\$539,520	\$751,111	\$1,040,916
3	Total Physician Salary and Fringe Benefits Expense	\$2,644,759	\$3,151,735	\$4,075,943
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$17,525,356	\$17,845,484	\$17,477,527
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$4,047,519	\$5,001,423	\$5,388,687
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$21,572,875	\$22,846,907	\$22,866,214
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$29,677,566	\$29,535,778	\$30,268,391
2	Total Fringe Benefits Expense	\$7,309,138	\$8,838,640	\$10,042,713
3	Total Salary and Fringe Benefits Expense	\$36,986,704	\$38,374,418	\$40,311,104

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2012				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	ACTUAL FY 2012
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	124.5	115.1	119.0
2	Total Physician FTEs	5.3	6.6	6.3
3	Total Non-Nursing, Non-Physician FTEs	292.9	283.4	251.3
4	Total Full Time Equivalent Employees (FTEs)	422.7	405.1	376.6
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$80,699	\$80,710	\$81,982
2	Nursing Fringe Benefits Expense per FTE	\$21,864	\$26,812	\$30,362
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$102,563	\$107,522	\$112,344
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$397,215	\$363,731	\$481,750
2	Physician Fringe Benefits Expense per FTE	\$101,796	\$113,805	\$165,225
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$499,011	\$477,536	\$646,975
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$59,834	\$62,969	\$69,548
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,819	\$17,648	\$21,443
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,653	\$80,617	\$90,992
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$70,210	\$72,910	\$80,373
2	Total Fringe Benefits Expense per FTE	\$17,292	\$21,818	\$26,667
3	Total Salary and Fringe Benefits Expense per FTE	\$87,501	\$94,728	\$107,040
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,608	\$3,102	\$3,088
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,923	\$15,258	\$16,003
3	Total Salary and Fringe Benefits Expense per EPD	\$1,049	\$1,134	\$1,147
4	Total Salary and Fringe Benefits Expense per ED	\$4,392	\$5,577	\$5,947
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$872	\$812	\$766
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,652	\$3,992	\$3,971