

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$13,348,901	\$3,965,054	(\$9,383,847)	-70%
2	Short Term Investments	\$107,365,636	\$92,026,239	(\$15,339,397)	-14%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$37,925,784	\$35,197,755	(\$2,728,029)	-7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$2,065,142	\$2,063,848	(\$1,294)	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$6,194,355	\$6,339,039	\$144,684	2%
8	Prepaid Expenses	\$3,125,348	\$2,228,771	(\$896,577)	-29%
9	Other Current Assets	\$5,435,867	\$4,774,484	(\$661,383)	-12%
	<b>Total Current Assets</b>	<b>\$175,461,033</b>	<b>\$146,595,190</b>	<b>(\$28,865,843)</b>	<b>-16%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$926,080	\$25,563	(\$900,517)	-97%
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	\$21,590,850	\$23,128,435	\$1,537,585	7%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$22,516,930</b>	<b>\$23,153,998</b>	<b>\$637,068</b>	<b>3%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$21,783,378	\$36,989,211	\$15,205,833	70%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$432,048,550	\$440,717,310	\$8,668,760	2%
2	Less: Accumulated Depreciation	\$283,857,350	\$307,044,724	\$23,187,374	8%
	<b>Property, Plant and Equipment, Net</b>	<b>\$148,191,200</b>	<b>\$133,672,586</b>	<b>(\$14,518,614)</b>	<b>-10%</b>
3	Construction in Progress	\$2,785,773	\$9,718,135	\$6,932,362	249%
	<b>Total Net Fixed Assets</b>	<b>\$150,976,973</b>	<b>\$143,390,721</b>	<b>(\$7,586,252)</b>	<b>-5%</b>
	<b>Total Assets</b>	<b>\$370,738,314</b>	<b>\$350,129,120</b>	<b>(\$20,609,194)</b>	<b>-6%</b>

## LAWRENCE AND MEMORIAL HOSPITAL

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2016

## REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$43,009,002	\$41,254,457	(\$1,754,545)	-4%
2	Salaries, Wages and Payroll Taxes	\$4,908,525	\$2,526,943	(\$2,381,582)	-49%
3	Due To Third Party Payers	\$6,711,203	\$7,944,521	\$1,233,318	18%
4	Due To Affiliates	\$2,512,703	\$2,860,336	\$347,633	14%
5	Current Portion of Long Term Debt	\$5,495,740	\$5,729,505	\$233,765	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$62,637,173</b>	<b>\$60,315,762</b>	<b>(\$2,321,411)</b>	<b>-4%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$102,938,747	\$94,968,208	(\$7,970,539)	-8%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$102,938,747</b>	<b>\$94,968,208</b>	<b>(\$7,970,539)</b>	<b>-8%</b>
3	Accrued Pension Liability	\$52,989,394	\$55,475,184	\$2,485,790	5%
4	Other Long Term Liabilities	\$23,691,278	\$26,768,140	\$3,076,862	13%
	<b>Total Long Term Liabilities</b>	<b>\$179,619,419</b>	<b>\$177,211,532</b>	<b>(\$2,407,887)</b>	<b>-1%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$103,558,083	\$86,150,497	(\$17,407,586)	-17%
2	Temporarily Restricted Net Assets	\$18,960,042	\$20,326,874	\$1,366,832	7%
3	Permanently Restricted Net Assets	\$5,963,597	\$6,124,455	\$160,858	3%
	<b>Total Net Assets</b>	<b>\$128,481,722</b>	<b>\$112,601,826</b>	<b>(\$15,879,896)</b>	<b>-12%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$370,738,314</b>	<b>\$350,129,120</b>	<b>(\$20,609,194)</b>	<b>-6%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$839,272,512	\$846,701,962	\$7,429,450	1%
2	Less: Allowances	\$483,222,533	\$503,815,087	\$20,592,554	4%
3	Less: Charity Care	\$5,405,542	\$5,374,494	(\$31,048)	-1%
4	Less: Other Deductions	\$12,823,282	\$12,488,508	(\$334,774)	-3%
	<b>Total Net Patient Revenue</b>	<b>\$337,821,155</b>	<b>\$325,023,873</b>	<b>(\$12,797,282)</b>	<b>-4%</b>
5	Provision for Bad Debts	\$12,798,310	\$12,339,856	(\$458,454)	-4%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$325,022,845</b>	<b>\$312,684,017</b>	<b>(\$12,338,828)</b>	<b>-4%</b>
6	Other Operating Revenue	\$30,854,159	\$32,202,655	\$1,348,496	4%
7	Net Assets Released from Restrictions	\$577,092	\$453,686	(\$123,406)	-21%
	<b>Total Operating Revenue</b>	<b>\$356,454,096</b>	<b>\$345,340,358</b>	<b>(\$11,113,738)</b>	<b>-3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$140,640,103	\$142,839,009	\$2,198,906	2%
2	Fringe Benefits	\$51,694,855	\$53,188,034	\$1,493,179	3%
3	Physicians Fees	\$0	\$0	\$0	0%
4	Supplies and Drugs	\$56,133,288	\$51,763,282	(\$4,370,006)	-8%
5	Depreciation and Amortization	\$23,641,535	\$23,201,919	(\$439,616)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,553,690	\$3,520,300	(\$33,390)	-1%
8	Malpractice Insurance Cost	\$4,818,820	\$4,865,367	\$46,547	1%
9	Other Operating Expenses	\$69,645,662	\$65,453,189	(\$4,192,473)	-6%
	<b>Total Operating Expenses</b>	<b>\$350,127,953</b>	<b>\$344,831,100</b>	<b>(\$5,296,853)</b>	<b>-2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$6,326,143</b>	<b>\$509,258</b>	<b>(\$5,816,885)</b>	<b>-92%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$9,936,909	\$1,820,798	(\$8,116,111)	-82%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$9,936,909</b>	<b>\$1,820,798</b>	<b>(\$8,116,111)</b>	<b>-82%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$16,263,052</b>	<b>\$2,330,056</b>	<b>(\$13,932,996)</b>	<b>-86%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$16,263,052</b>	<b>\$2,330,056</b>	<b>(\$13,932,996)</b>	<b>-86%</b>
	Principal Payments	\$3,370,000	\$3,540,000	\$170,000	5%

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$142,133,356	\$138,200,724	(\$3,932,632)	-3%
2	MEDICARE MANAGED CARE	\$26,516,182	\$24,281,215	(\$2,234,967)	-8%
3	MEDICAID	\$59,068,288	\$55,055,803	(\$4,012,485)	-7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$11,008,953	\$9,964,792	(\$1,044,161)	-9%
6	COMMERCIAL INSURANCE	\$7,857,016	\$7,824,423	(\$32,593)	0%
7	NON-GOVERNMENT MANAGED CARE	\$58,048,390	\$59,737,797	\$1,689,407	3%
8	WORKER'S COMPENSATION	\$3,310,870	\$2,074,596	(\$1,236,274)	-37%
9	SELF- PAY/UNINSURED	\$1,054,326	\$1,261,614	\$207,288	20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,140,405	\$3,012,299	\$871,894	41%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$311,137,786</b>	<b>\$301,413,263</b>	<b>(\$9,724,523)</b>	<b>-3%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$162,870,608	\$166,567,145	\$3,696,537	2%
2	MEDICARE MANAGED CARE	\$35,209,167	\$39,755,660	\$4,546,493	13%
3	MEDICAID	\$93,379,302	\$100,608,488	\$7,229,186	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$22,841,698	\$24,483,630	\$1,641,932	7%
6	COMMERCIAL INSURANCE	\$18,888,687	\$18,389,881	(\$498,806)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$175,015,092	\$173,589,873	(\$1,425,219)	-1%
8	WORKER'S COMPENSATION	\$8,514,808	\$8,550,940	\$36,132	0%
9	SELF- PAY/UNINSURED	\$8,932,325	\$10,454,134	\$1,521,809	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,483,037	\$2,888,948	\$405,911	16%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$528,134,724</b>	<b>\$545,288,699</b>	<b>\$17,153,975</b>	<b>3%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$305,003,964	\$304,767,869	(\$236,095)	0%
2	MEDICARE MANAGED CARE	\$61,725,349	\$64,036,875	\$2,311,526	4%
3	MEDICAID	\$152,447,590	\$155,664,291	\$3,216,701	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$33,850,651	\$34,448,422	\$597,771	2%
6	COMMERCIAL INSURANCE	\$26,745,703	\$26,214,304	(\$531,399)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$233,063,482	\$233,327,670	\$264,188	0%
8	WORKER'S COMPENSATION	\$11,825,678	\$10,625,536	(\$1,200,142)	-10%
9	SELF- PAY/UNINSURED	\$9,986,651	\$11,715,748	\$1,729,097	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$4,623,442	\$5,901,247	\$1,277,805	28%
	<b>TOTAL GROSS REVENUE</b>	<b>\$839,272,510</b>	<b>\$846,701,962</b>	<b>\$7,429,452</b>	<b>1%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$59,195,122	\$59,050,817	(\$144,305)	0%
2	MEDICARE MANAGED CARE	\$11,158,243	\$10,665,590	(\$492,653)	-4%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$16,753,204	\$17,445,509	\$692,305	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,609,438	\$5,177,610	\$568,172	12%
6	COMMERCIAL INSURANCE	\$2,333,081	\$2,868,448	\$535,367	23%
7	NON-GOVERNMENT MANAGED CARE	\$43,494,998	\$46,252,314	\$2,757,316	6%
8	WORKER'S COMPENSATION	\$2,630,438	\$1,607,520	(\$1,022,918)	-39%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$825,171	\$188,341	(\$636,830)	-77%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$140,999,695</b>	<b>\$143,256,149</b>	<b>\$2,256,454</b>	<b>2%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$43,097,148	\$38,673,369	(\$4,423,779)	-10%
2	MEDICARE MANAGED CARE	\$8,734,817	\$9,186,491	\$451,674	5%
3	MEDICAID	\$23,144,138	\$21,600,284	(\$1,543,854)	-7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$5,268,282	\$5,806,504	\$538,222	10%
6	COMMERCIAL INSURANCE	\$5,360,924	\$4,382,110	(\$978,814)	-18%
7	NON-GOVERNMENT MANAGED CARE	\$104,092,886	\$97,956,052	(\$6,136,834)	-6%
8	WORKER'S COMPENSATION	\$6,088,809	\$3,812,110	(\$2,276,699)	-37%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,037,064	\$481,050	(\$556,014)	-54%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$196,824,068</b>	<b>\$181,897,970</b>	<b>(\$14,926,098)</b>	<b>-8%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$102,292,270	\$97,724,186	(\$4,568,084)	-4%
2	MEDICARE MANAGED CARE	\$19,893,060	\$19,852,081	(\$40,979)	0%
3	MEDICAID	\$39,897,342	\$39,045,793	(\$851,549)	-2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$9,877,720	\$10,984,114	\$1,106,394	11%
6	COMMERCIAL INSURANCE	\$7,694,005	\$7,250,558	(\$443,447)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$147,587,884	\$144,208,366	(\$3,379,518)	-2%
8	WORKER'S COMPENSATION	\$8,719,247	\$5,419,630	(\$3,299,617)	-38%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,862,235	\$669,391	(\$1,192,844)	-64%
	<b>TOTAL NET REVENUE</b>	<b>\$337,823,763</b>	<b>\$325,154,119</b>	<b>(\$12,669,644)</b>	<b>-4%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	5,595	5,304	(291)	-5%
2	MEDICARE MANAGED CARE	932	901	(31)	-3%
3	MEDICAID	3,087	2,975	(112)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	812	739	(73)	-9%
6	COMMERCIAL INSURANCE	427	407	(20)	-5%
7	NON-GOVERNMENT MANAGED CARE	2,938	2,938	0	0%
8	WORKER'S COMPENSATION	97	65	(32)	-33%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	59	70	11	19%
10	SAGA	0	0	0	0%
11	OTHER	123	83	(40)	-33%
	<b>TOTAL DISCHARGES</b>	<b>14,070</b>	<b>13,482</b>	<b>(588)</b>	<b>-4%</b>
<b>B.</b>	<b><u>PATIENT DAYS</u></b>				
1	MEDICARE TRADITIONAL	27,855	27,475	(380)	-1%
2	MEDICARE MANAGED CARE	4,710	4,406	(304)	-6%
3	MEDICAID	13,835	13,229	(606)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	2,528	2,217	(311)	-12%
6	COMMERCIAL INSURANCE	1,726	1,761	35	2%
7	NON-GOVERNMENT MANAGED CARE	10,607	10,711	104	1%
8	WORKER'S COMPENSATION	309	182	(127)	-41%
9	SELF- PAY/UNINSURED	166	236	70	42%
10	SAGA	0	0	0	0%
11	OTHER	483	417	(66)	-14%
	<b>TOTAL PATIENT DAYS</b>	<b>62,219</b>	<b>60,634</b>	<b>(1,585)</b>	<b>-3%</b>
<b>C.</b>	<b><u>OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	125,896	117,885	(8,011)	-6%
2	MEDICARE MANAGED CARE	26,350	27,459	1,109	4%
3	MEDICAID	45,871	45,685	(186)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	10,972	10,641	(331)	-3%
6	COMMERCIAL INSURANCE	60,023	58,636	(1,387)	-2%
7	NON-GOVERNMENT MANAGED CARE	71,298	67,607	(3,691)	-5%
8	WORKER'S COMPENSATION	4,505	4,181	(324)	-7%
9	SELF- PAY/UNINSURED	2,215	2,379	164	7%
10	SAGA	0	0	0	0%
11	OTHER	1,048	1,274	226	22%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>348,178</b>	<b>335,747</b>	<b>(12,431)</b>	<b>-4%</b>
<b>IV.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u></b>				
<b>A.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$20,036,472	\$22,119,168	\$2,082,696	10%
2	MEDICARE MANAGED CARE	\$3,535,453	\$3,804,018	\$268,565	8%
3	MEDICAID	\$35,391,736	\$39,280,702	\$3,888,966	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$6,817,553	\$7,558,778	\$741,225	11%
6	COMMERCIAL INSURANCE	\$2,452,599	\$2,730,106	\$277,507	11%
7	NON-GOVERNMENT MANAGED CARE	\$26,684,339	\$29,041,672	\$2,357,333	9%
8	WORKER'S COMPENSATION	\$1,684,827	\$1,852,012	\$167,185	10%
9	SELF- PAY/UNINSURED	\$3,246,970	\$3,994,882	\$747,912	23%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,184,517	\$1,271,919	\$87,402	7%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$101,034,466</b>	<b>\$111,653,257</b>	<b>\$10,618,791</b>	<b>11%</b>
<b>B.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$4,005,943	\$4,112,316	\$106,373	3%

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$695,379	\$672,958	(\$22,421)	-3%
3	MEDICAID	\$7,004,849	\$7,429,069	\$424,220	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,701,437	\$1,697,853	(\$3,584)	0%
6	COMMERCIAL INSURANCE	\$1,589,547	\$1,678,541	\$88,994	6%
7	NON-GOVERNMENT MANAGED CARE	\$14,957,591	\$16,595,801	\$1,638,210	11%
8	WORKER'S COMPENSATION	\$1,142,281	\$1,066,435	(\$75,846)	-7%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$225,624	\$299,023	\$73,399	33%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$31,322,651</b>	<b>\$33,551,996</b>	<b>\$2,229,345</b>	<b>7%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	12,257	11,887	(370)	-3%
2	MEDICARE MANAGED CARE	2,025	2,022	(3)	0%
3	MEDICAID	29,360	27,791	(1,569)	-5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	5,611	5,587	(24)	0%
6	COMMERCIAL INSURANCE	1,729	1,763	34	2%
7	NON-GOVERNMENT MANAGED CARE	19,622	18,631	(991)	-5%
8	WORKER'S COMPENSATION	1,647	1,605	(42)	-3%
9	SELF- PAY/UNINSURED	2,595	2,783	188	7%
10	SAGA	0	0	0	0%
11	OTHER	795	936	141	18%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>75,641</b>	<b>73,005</b>	<b>(2,636)</b>	<b>-3%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$40,670,258	\$42,101,513	\$1,431,255	4%
2	Physician Salaries	\$389,032	\$600,900	\$211,868	54%
3	Non-Nursing, Non-Physician Salaries	\$99,580,813	\$100,136,596	\$555,783	1%
	<b>Total Salaries &amp; Wages</b>	<b>\$140,640,103</b>	<b>\$142,839,009</b>	<b>\$2,198,906</b>	<b>2%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$14,949,101	\$15,677,067	\$727,966	5%
2	Physician Fringe Benefits	\$142,996	\$223,753	\$80,757	56%
3	Non-Nursing, Non-Physician Fringe Benefits	\$36,602,758	\$37,287,214	\$684,456	2%
	<b>Total Fringe Benefits</b>	<b>\$51,694,855</b>	<b>\$53,188,034</b>	<b>\$1,493,179</b>	<b>3%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$182,310	\$262,898	\$80,588	44%
2	Physician Fees	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fees	\$1,062,834	\$1,846,987	\$784,153	74%
	<b>Total Contractual Labor Fees</b>	<b>\$1,245,144</b>	<b>\$2,109,885</b>	<b>\$864,741</b>	<b>69%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$30,584,247	\$27,076,356	(\$3,507,891)	-11%
2	Pharmaceutical Costs	\$25,549,041	\$24,686,926	(\$862,115)	-3%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$56,133,288</b>	<b>\$51,763,282</b>	<b>(\$4,370,006)</b>	<b>-8%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$4,870,793	\$4,795,024	(\$75,769)	-2%
2	Depreciation-Equipment	\$17,811,015	\$17,504,218	(\$306,797)	-2%
3	Amortization	\$959,727	\$902,677	(\$57,050)	-6%
	<b>Total Depreciation and Amortization</b>	<b>\$23,641,535</b>	<b>\$23,201,919</b>	<b>(\$439,616)</b>	<b>-2%</b>
<b>F.</b>	<b>Bad Debts:</b>				
1	Bad Debts	\$0	\$0	\$0	0%
<b>G.</b>	<b>Interest Expense:</b>				
1	Interest Expense	\$3,553,690	\$3,520,300	(\$33,390)	-1%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$4,818,820	\$4,865,367	\$46,547	1%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$179,870	\$232,640	\$52,770	29%
2	Natural Gas	\$1,083,143	\$729,722	(\$353,421)	-33%
3	Oil	\$17,093	\$17,818	\$725	4%
4	Electricity	\$3,177,410	\$2,855,681	(\$321,729)	-10%
5	Telephone	\$903,759	\$906,796	\$3,037	0%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$5,361,275</b>	<b>\$4,742,657</b>	<b>(\$618,618)</b>	<b>-12%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$744,087	\$791,323	\$47,236	6%
2	Legal Fees	\$938,011	\$1,085,131	\$147,120	16%
3	Consulting Fees	\$6,596,975	\$2,318,907	(\$4,278,068)	-65%
4	Dues and Membership	\$385,002	\$378,185	(\$6,817)	-2%
5	Equipment Leases	\$1,945,609	\$1,415,529	(\$530,080)	-27%
6	Building Leases	\$2,702,266	\$1,939,428	(\$762,838)	-28%
7	Repairs and Maintenance	\$11,575,820	\$12,252,278	\$676,458	6%
8	Insurance	\$1,040,315	\$1,111,573	\$71,258	7%
9	Travel	\$343,325	\$312,714	(\$30,611)	-9%
10	Conferences	\$13,000	\$0	(\$13,000)	-100%
11	Property Tax	\$179,170	\$93,704	(\$85,466)	-48%



<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
12	General Supplies	\$1,779,347	\$1,679,465	(\$99,882)	-6%
13	Licenses and Subscriptions	\$640,050	\$586,409	(\$53,641)	-8%
14	Postage and Shipping	\$236,255	\$219,189	(\$17,066)	-7%
15	Advertising	\$1,322,291	\$1,311,432	(\$10,859)	-1%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$632,110	\$296,453	(\$335,657)	-53%
18	Computer hardware & small equipment	\$79,882	\$79,311	(\$571)	-1%
19	Dietary / Food Services	\$1,982,677	\$1,975,534	(\$7,143)	0%
20	Lab Fees / Red Cross charges	\$976,698	\$975,852	(\$846)	0%
21	Billing & Collection / Bank Fees	\$487,671	\$441,713	(\$45,958)	-9%
22	Recruiting / Employee Education & Recognition	\$363,597	\$340,502	(\$23,095)	-6%
23	Laundry / Linen	\$40,977	\$38,007	(\$2,970)	-7%
24	Professional / Physician Fees	\$8,776,142	\$10,719,387	\$1,943,245	22%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$4,768,761	\$4,659,043	(\$109,718)	-2%
27	Purchased Services - Non Medical	\$12,719,370	\$12,522,903	(\$196,467)	-2%
28	Other Business Expenses	\$1,168,984	\$34,367	(\$1,134,617)	-97%
	<b>Total Business Expenses</b>	<b>\$62,438,392</b>	<b>\$57,578,339</b>	<b>(\$4,860,053)</b>	<b>-8%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$600,851	\$1,022,308	\$421,457	70%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$350,127,953</b>	<b>\$344,831,100</b>	<b>(\$5,296,853)</b>	<b>-2%</b>
<b>*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>					
<b>II. OPERATING EXPENSE BY DEPARTMENT</b>					
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$21,854,054	\$19,507,412	(\$2,346,642)	-11%
2	General Accounting	\$2,072,390	\$1,835,415	(\$236,975)	-11%
3	Patient Billing & Collection	\$5,452,007	\$5,390,293	(\$61,714)	-1%
4	Admitting / Registration Office	\$6,592,924	\$5,712,315	(\$880,609)	-13%
5	Data Processing	\$10,695,890	\$11,701,172	\$1,005,282	9%
6	Communications	\$364,288	\$372,207	\$7,919	2%
7	Personnel	\$53,660,271	\$55,138,738	\$1,478,467	3%
8	Public Relations	\$1,740,465	\$1,738,016	(\$2,449)	0%
9	Purchasing	\$2,537,020	\$1,485,342	(\$1,051,678)	-41%
10	Dietary and Cafeteria	\$4,613,598	\$4,660,587	\$46,989	1%
11	Housekeeping	\$4,202,487	\$4,108,803	(\$93,684)	-2%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$4,018,508	\$4,515,484	\$496,976	12%
14	Security	\$1,540,180	\$1,591,639	\$51,459	3%
15	Repairs and Maintenance	\$6,089,115	\$4,737,571	(\$1,351,544)	-22%
16	Central Sterile Supply	\$2,028,759	\$1,673,457	(\$355,302)	-18%
17	Pharmacy Department	\$29,691,993	\$29,638,279	(\$53,714)	0%
18	Other General Services	\$7,478,875	\$7,119,473	(\$359,402)	-5%
	<b>Total General Services</b>	<b>\$164,632,824</b>	<b>\$160,926,203</b>	<b>(\$3,706,621)</b>	<b>-2%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$387,046	\$420,247	\$33,201	9%
2	Residency Program	\$122,349	\$124,308	\$1,959	2%
3	Nursing Services Administration	\$2,389,086	\$2,514,763	\$125,677	5%
4	Medical Records	\$4,750,469	\$5,280,547	\$530,078	11%
5	Social Service	\$2,727,088	\$2,747,442	\$20,354	1%
6	Other Professional Services	\$5,370,515	\$6,850,062	\$1,479,547	28%
	<b>Total Professional Services</b>	<b>\$15,746,553</b>	<b>\$17,937,369</b>	<b>\$2,190,816</b>	<b>14%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$24,566,779	\$21,252,242	(\$3,314,537)	-13%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
2	Recovery Room	\$994,955	\$991,676	(\$3,279)	0%
3	Anesthesiology	\$496,839	\$493,006	(\$3,833)	-1%
4	Delivery Room	\$118,500	\$122,075	\$3,575	3%
5	Diagnostic Radiology	\$3,565,288	\$3,494,882	(\$70,406)	-2%
6	Diagnostic Ultrasound	\$2,935,254	\$2,948,958	\$13,704	0%
7	Radiation Therapy	\$2,994,087	\$3,171,628	\$177,541	6%
8	Radioisotopes	\$1,516,757	\$1,724,505	\$207,748	14%
9	CT Scan	\$2,037,069	\$2,180,894	\$143,825	7%
10	Laboratory	\$15,223,990	\$14,517,400	(\$706,590)	-5%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,496,892	\$1,525,030	\$28,138	2%
13	Electrocardiology	\$4,158	\$70	(\$4,088)	-98%
14	Electroencephalography	\$278,878	\$285,771	\$6,893	2%
15	Occupational Therapy	\$1,801,640	\$1,874,416	\$72,776	4%
16	Speech Pathology	\$744,589	\$762,989	\$18,400	2%
17	Audiology	\$755,221	\$760,926	\$5,705	1%
18	Respiratory Therapy	\$2,713,543	\$2,694,154	(\$19,389)	-1%
19	Pulmonary Function	\$727	\$0	(\$727)	-100%
20	Intravenous Therapy	\$2,154,621	\$1,461,873	(\$692,748)	-32%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,736,261	\$1,826,473	\$90,212	5%
23	Renal Dialysis	\$468,917	\$587,081	\$118,164	25%
24	Emergency Room	\$10,593,872	\$10,981,590	\$387,718	4%
25	MRI	\$1,619,012	\$1,604,322	(\$14,690)	-1%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$982,511	\$904,643	(\$77,868)	-8%
29	Sleep Center	\$1,106,596	\$795,878	(\$310,718)	-28%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$4,075,654	\$4,615,958	\$540,304	13%
32	Occupational Therapy / Physical Therapy	\$3,828,129	\$3,886,438	\$58,309	2%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$7,600,420	\$7,320,165	(\$280,255)	-4%
	<b>Total Special Services</b>	<b>\$96,411,159</b>	<b>\$92,785,043</b>	<b>(\$3,626,116)</b>	<b>-4%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$20,272,594	\$20,709,022	\$436,428	2%
2	Intensive Care Unit	\$2,873,975	\$3,177,006	\$303,031	11%
3	Coronary Care Unit	\$3,260,733	\$3,030,022	(\$230,711)	-7%
4	Psychiatric Unit	\$2,346,724	\$2,439,777	\$93,053	4%
5	Pediatric Unit	\$0	\$110,789	\$110,789	0%
6	Maternity Unit	\$5,986,189	\$6,110,500	\$124,311	2%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$3,397,794	\$3,494,668	\$96,874	3%
9	Rehabilitation Unit	\$2,628,328	\$2,423,335	(\$204,993)	-8%
10	Ambulatory Surgery	\$2,000,875	\$2,146,199	\$145,324	7%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,211,298	\$1,140,430	(\$70,868)	-6%
	<b>Total Routine Services</b>	<b>\$43,978,510</b>	<b>\$44,781,748</b>	<b>\$803,238</b>	<b>2%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$29,358,907	\$28,400,737	(\$958,170)	-3%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$350,127,953</b>	<b>\$344,831,100</b>	<b>(\$5,296,853)</b>	<b>-2%</b>
	<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$318,785,233	\$325,022,845	\$312,684,017
2	Other Operating Revenue	30,278,971	31,431,251	32,656,341
3	Total Operating Revenue	\$349,064,204	\$356,454,096	\$345,340,358
4	Total Operating Expenses	348,525,480	350,127,953	344,831,100
5	Income/(Loss) From Operations	\$538,724	\$6,326,143	\$509,258
6	Total Non-Operating Revenue	8,788,601	9,936,909	1,820,798
7	Excess/(Deficiency) of Revenue Over Expenses	\$9,327,325	\$16,263,052	\$2,330,056
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	0.15%	1.73%	0.15%
2	Hospital Non Operating Margin	2.46%	2.71%	0.52%
3	Hospital Total Margin	2.61%	4.44%	0.67%
4	Income/(Loss) From Operations	\$538,724	\$6,326,143	\$509,258
5	Total Operating Revenue	\$349,064,204	\$356,454,096	\$345,340,358
6	Total Non-Operating Revenue	\$8,788,601	\$9,936,909	\$1,820,798
7	Total Revenue	\$357,852,805	\$366,391,005	\$347,161,156
8	Excess/(Deficiency) of Revenue Over Expenses	\$9,327,325	\$16,263,052	\$2,330,056
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$138,729,444	\$103,558,083	\$86,150,497
2	Hospital Total Net Assets	\$168,209,447	\$128,481,722	\$112,601,826
3	Hospital Change in Total Net Assets	(\$30,955,053)	(\$39,727,725)	(\$15,879,896)
4	Hospital Change in Total Net Assets %	84.5%	-23.6%	-12.4%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
<b>D.</b>	<b><u>Cost Data Summary</u></b>			
<b>1</b>	<b><u>Ratio of Cost to Charges</u></b>	<b>0.43</b>	<b>0.40</b>	<b>0.39</b>
2	Total Operating Expenses	\$348,525,480	\$350,127,953	\$344,831,100
3	Total Gross Revenue	\$788,136,573	\$839,272,510	\$846,701,962
4	Total Other Operating Revenue	\$29,607,174	\$30,854,159	\$32,202,655
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.44</b>	<b>1.50</b>	<b>1.48</b>
6	Total Non-Government Payments	\$162,923,359	\$164,001,136	\$156,878,554
7	Total Uninsured Payments	\$0	\$0	\$0
8	Total Non-Government Charges	\$277,266,300	\$281,621,514	\$281,883,258
9	Total Uninsured Charges	\$11,401,198	\$9,986,651	\$11,715,748
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.80</b>	<b>0.83</b>	<b>0.81</b>
11	Total Medicare Payments	\$116,101,572	\$122,185,330	\$117,576,267
12	Total Medicare Charges	\$338,864,533	\$366,729,313	\$368,804,744
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.60</b>	<b>0.65</b>	<b>0.64</b>
14	Total Medicaid Payments	\$34,584,718	\$39,897,342	\$39,045,793
15	Total Medicaid Charges	\$134,729,323	\$152,447,590	\$155,664,291
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$7,521,803</b>	<b>\$6,054,582</b>	<b>\$6,241,609</b>
17	Charity Care	\$2,681,674	\$2,248,341	\$3,555,323
18	Bad Debts	\$14,966,698	\$12,798,310	\$12,353,274
19	Total Uncompensated Care	\$17,648,372	\$15,046,651	\$15,908,597
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.2%</b>	<b>1.7%</b>	<b>1.8%</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
21	Total Operating Expenses	\$348,525,480	\$350,127,953	\$344,831,100
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>3</b>	<b>3</b>	<b>2</b>
2	Total Current Assets	\$188,452,894	\$175,461,033	\$146,595,190
3	Total Current Liabilities	\$55,211,484	\$62,637,173	\$60,315,762
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>152</b>	<b>135</b>	<b>109</b>
5	Cash and Cash Equivalents	\$6,917,676	\$13,348,901	\$3,965,054
6	Short Term Investments	128,450,331	107,365,636	92,026,239
7	Total Cash and Short Term Investments	\$135,368,007	\$120,714,537	\$95,991,293
8	Total Operating Expenses	\$348,525,480	\$350,127,953	\$344,831,100
9	Depreciation Expense	\$22,635,125	\$23,641,535	\$23,201,919
10	Operating Expenses less Depreciation Expense	\$325,890,355	\$326,486,418	\$321,629,181
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>36</b>	<b>35</b>	<b>32</b>
12	Net Patient Accounts Receivable	\$36,289,187	\$37,925,784	\$35,197,755
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$5,165,225	\$6,711,203	\$7,944,521
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$31,123,962	\$31,214,581	\$27,253,234
16	Total Net Patient Revenue	\$318,785,233	\$325,022,845	\$312,684,017
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>62</b>	<b>70</b>	<b>68</b>
18	Total Current Liabilities	\$55,211,484	\$62,637,173	\$60,315,762
19	Total Operating Expenses	\$348,525,480	\$350,127,953	\$344,831,100
20	Depreciation Expense	\$22,635,125	\$23,641,535	\$23,201,919

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
21	Total Operating Expenses less Depreciation Expense	\$325,890,355	\$326,486,418	\$321,629,181
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>42.5</b>	<b>34.7</b>	<b>32.2</b>
2	Total Net Assets	\$168,209,447	\$128,481,722	\$112,601,826
3	Total Assets	\$395,826,273	\$370,738,314	\$350,129,120
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>19.5</b>	<b>24.1</b>	<b>16.4</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$9,327,325	\$16,263,052	\$2,330,056
6	Depreciation Expense	\$22,635,125	\$23,641,535	\$23,201,919
7	Excess of Revenues Over Expenses and Depreciation Expense	\$31,962,450	\$39,904,587	\$25,531,975
8	Total Current Liabilities	\$55,211,484	\$62,637,173	\$60,315,762
9	Total Long Term Debt	\$108,587,802	\$102,938,747	\$94,968,208
10	Total Current Liabilities and Total Long Term Debt	\$163,799,286	\$165,575,920	\$155,283,970
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>39.2</b>	<b>44.5</b>	<b>45.8</b>
12	Total Long Term Debt	\$108,587,802	\$102,938,747	\$94,968,208
13	Total Net Assets	\$168,209,447	\$128,481,722	\$112,601,826
14	Total Long Term Debt and Total Net Assets	\$276,797,249	\$231,420,469	\$207,570,034
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>5.3</b>	<b>6.3</b>	<b>4.1</b>
16	Excess Revenues over Expenses	9,327,325	\$16,263,052	\$2,330,056
17	Interest Expense	3,542,721	\$3,553,690	\$3,520,300
18	Depreciation and Amortization Expense	22,635,125	\$23,641,535	\$23,201,919
19	Principal Payments	3,210,000	\$3,370,000	\$3,540,000
<b>G.</b>	<b><u>Other Financial Ratios</u></b>			

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>11.7</b>	<b>12.0</b>	<b>13.2</b>
21	Accumulated Depreciation	265,615,131	283,857,350	307,044,724
22	Depreciation and Amortization Expense	22,635,125	23,641,535	23,201,919
<b>H.</b>	<b><u>Utilization Measures Summary</u></b>			
1	Patient Days	66,332	62,219	60,634
2	Discharges	14,150	14,070	13,482
3	ALOS	4.7	4.4	4.5
4	Staffed Beds	256	248	249
5	Available Beds	-	248	249
6	Licensed Beds	256	308	308
7	Occupancy of Staffed Beds	71.0%	68.7%	66.7%
8	Occupancy of Available Beds	71.0%	68.7%	66.7%
9	Full Time Equivalent Employees	1,849.1	1,825.7	1,825.7
<b>I.</b>	<b><u>Hospital Gross Revenue Payer Mix Percentage</u></b>			
1	Non-Government Gross Revenue Payer Mix Percentage	33.7%	32.4%	31.9%
2	Medicare Gross Revenue Payer Mix Percentage	43.0%	43.7%	43.6%
3	Medicaid Gross Revenue Payer Mix Percentage	17.1%	18.2%	18.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.5%	0.6%	0.7%
5	Uninsured Gross Revenue Payer Mix Percentage	1.4%	1.2%	1.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	4.3%	4.0%	4.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$265,865,102	\$271,634,863	\$270,167,510
9	Medicare Gross Revenue (Charges)	\$338,864,533	\$366,729,313	\$368,804,744
10	Medicaid Gross Revenue (Charges)	\$134,729,323	\$152,447,590	\$155,664,291
11	Other Medical Assistance Gross Revenue (Charges)	\$3,609,924	\$4,623,442	\$5,901,247
12	Uninsured Gross Revenue (Charges)	\$11,401,198	\$9,986,651	\$11,715,748
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$33,666,493	\$33,850,651	\$34,448,422
14	Total Gross Revenue (Charges)	\$788,136,573	\$839,272,510	\$846,701,962
<b>J.</b>	<b><u>Hospital Net Revenue Payer Mix Percentage</u></b>			
1	Non-Government Net Revenue Payer Mix Percentage	50.1%	48.5%	48.2%
2	Medicare Net Revenue Payer Mix Percentage	35.7%	36.2%	36.2%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
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<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
3	Medicaid Net Revenue Payer Mix Percentage	10.6%	11.8%	12.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.3%	0.6%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	3.3%	2.9%	3.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$162,923,359	\$164,001,136	\$156,878,554
9	Medicare Net Revenue (Payments)	\$116,101,572	\$122,185,330	\$117,576,267
10	Medicaid Net Revenue (Payments)	\$34,584,718	\$39,897,342	\$39,045,793
11	Other Medical Assistance Net Revenue (Payments)	\$1,023,458	\$1,862,234	\$669,391
12	Uninsured Net Revenue (Payments)	\$0	\$0	\$0
13	CHAMPUS / TRICARE Net Revenue Payments)	\$10,582,279	\$9,877,720	\$10,984,114
14	Total Net Revenue (Payments)	\$325,215,386	\$337,823,762	\$325,154,119
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	3,795	3,521	3,480
2	Medicare	6,362	6,527	6,205
3	Medical Assistance	3,138	3,210	3,058
4	Medicaid	3,032	3,087	2,975
5	Other Medical Assistance	106	123	83
6	CHAMPUS / TRICARE	855	812	739
7	Uninsured (Included In Non-Government)	89	59	70
8	Total	14,150	14,070	13,482
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.15850	1.16320	1.22280
2	Medicare	1.44560	1.44200	1.44890
3	Medical Assistance	1.04852	1.10527	1.15710
4	Medicaid	1.05160	1.11250	1.15730
5	Other Medical Assistance	0.96050	0.92370	1.15010
6	CHAMPUS / TRICARE	0.99040	0.94130	0.99190
7	Uninsured (Included In Non-Government)	1.05920	1.08290	1.08350
8	Total Case Mix Index	1.25304	1.26651	1.29930
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	6,903	6,573	6,539
2	Emergency Room - Treated and Discharged	75,467	75,641	73,005
3	Total Emergency Room Visits	82,370	82,214	79,544



**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$640,251	\$961,608	\$321,357	50%
2	Inpatient Payments	\$292,061	\$410,284	\$118,223	40%
3	Outpatient Charges	\$395,797	\$859,338	\$463,541	117%
4	Outpatient Payments	\$115,306	\$222,266	\$106,960	93%
5	Discharges	24	37	13	54%
6	Patient Days	150	183	33	22%
7	Outpatient Visits (Excludes ED Visits)	148	496	348	235%
8	Emergency Department Outpatient Visits	31	106	75	242%
9	Emergency Department Inpatient Admissions	14	15	1	7%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,036,048</b>	<b>\$1,820,946</b>	<b>\$784,898</b>	<b>76%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$407,367</b>	<b>\$632,550</b>	<b>\$225,183</b>	<b>55%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$2,614	\$2,614	0%
4	Outpatient Payments	\$0	\$2,575	\$2,575	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	2	2	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$2,614</b>	<b>\$2,614</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$2,575</b>	<b>\$2,575</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$10,623,599	\$9,765,752	(\$857,847)	-8%
2	Inpatient Payments	\$4,607,454	\$4,091,403	(\$516,051)	-11%
3	Outpatient Charges	\$13,607,072	\$14,353,977	\$746,905	5%
4	Outpatient Payments	\$3,113,888	\$3,368,994	\$255,106	8%
5	Discharges	371	332	(39)	-11%
6	Patient Days	1,791	1,732	(59)	-3%
7	Outpatient Visits (Excludes ED Visits)	9,782	9,709	(73)	-1%
8	Emergency Department Outpatient Visits	769	668	(101)	-13%
9	Emergency Department Inpatient Admissions	176	219	43	24%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$24,230,671</b>	<b>\$24,119,729</b>	<b>(\$110,942)</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$7,721,342</b>	<b>\$7,460,397</b>	<b>(\$260,945)</b>	<b>-3%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$805,986	\$178,360	(\$627,626)	-78%
2	Inpatient Payments	\$358,281	\$0	(\$358,281)	-100%
3	Outpatient Charges	\$408,662	\$360,670	(\$47,992)	-12%
4	Outpatient Payments	\$86,325	\$61,060	(\$25,265)	-29%
5	Discharges	28	8	(20)	-71%
6	Patient Days	163	39	(124)	-76%
7	Outpatient Visits (Excludes ED Visits)	197	33	(164)	-83%
8	Emergency Department Outpatient Visits	69	69	0	0%
9	Emergency Department Inpatient Admissions	17	7	(10)	-59%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,214,648</b>	<b>\$539,030</b>	<b>(\$675,618)</b>	<b>-56%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$444,606</b>	<b>\$61,060</b>	<b>(\$383,546)</b>	<b>-86%</b>

**LAWRENCE AND MEMORIAL HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2016**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$13,343,581	\$12,255,554	(\$1,088,027)	-8%
2	Inpatient Payments	\$5,470,170	\$5,632,032	\$161,862	3%
3	Outpatient Charges	\$19,601,111	\$21,890,055	\$2,288,944	12%
4	Outpatient Payments	\$5,146,196	\$4,922,707	(\$223,489)	-4%
5	Discharges	466	479	13	3%
6	Patient Days	2,389	2,270	(119)	-5%
7	Outpatient Visits (Excludes ED Visits)	13,224	13,938	714	5%
8	Emergency Department Outpatient Visits	1,073	1,065	(8)	-1%
9	Emergency Department Inpatient Admissions	280	290	10	4%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$32,944,692</b>	<b>\$34,145,609</b>	<b>\$1,200,917</b>	<b>4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$10,616,366</b>	<b>\$10,554,739</b>	<b>(\$61,627)</b>	<b>-1%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$1,046,836	\$914,908	(\$131,928)	-13%
2	Inpatient Payments	\$399,697	\$444,506	\$44,809	11%
3	Outpatient Charges	\$1,025,988	\$1,930,736	\$904,748	88%
4	Outpatient Payments	\$209,732	\$499,073	\$289,341	138%
5	Discharges	40	38	(2)	-5%
6	Patient Days	204	152	(52)	-25%
7	Outpatient Visits (Excludes ED Visits)	872	1,194	322	37%
8	Emergency Department Outpatient Visits	68	82	14	21%
9	Emergency Department Inpatient Admissions	17	27	10	59%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,072,824</b>	<b>\$2,845,644</b>	<b>\$772,820</b>	<b>37%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$609,429</b>	<b>\$943,579</b>	<b>\$334,150</b>	<b>55%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$53,037	\$205,033	\$151,996	287%
2	Inpatient Payments	\$30,027	\$87,365	\$57,338	191%
3	Outpatient Charges	\$123,724	\$338,316	\$214,592	173%
4	Outpatient Payments	\$53,401	\$104,888	\$51,487	96%
5	Discharges	3	7	4	133%
6	Patient Days	13	30	17	131%
7	Outpatient Visits (Excludes ED Visits)	58	50	(8)	-14%
8	Emergency Department Outpatient Visits	13	25	12	92%
9	Emergency Department Inpatient Admissions	3	3	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$176,761</b>	<b>\$543,349</b>	<b>\$366,588</b>	<b>207%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$83,428</b>	<b>\$192,253</b>	<b>\$108,825</b>	<b>130%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$2,892	\$0	(\$2,892)	-100%
2	Inpatient Payments	\$553	\$0	(\$553)	-100%
3	Outpatient Charges	\$46,813	\$19,954	(\$26,859)	-57%
4	Outpatient Payments	\$9,969	\$4,928	(\$5,041)	-51%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	44	17	(27)	-61%
8	Emergency Department Outpatient Visits	2	5	3	150%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$49,705</b>	<b>\$19,954</b>	<b>(\$29,751)</b>	<b>-60%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$10,522</b>	<b>\$4,928</b>	<b>(\$5,594)</b>	<b>-53%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$26,516,182</b>	<b>\$24,281,215</b>	<b>(\$2,234,967)</b>	<b>-8%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$11,158,243</b>	<b>\$10,665,590</b>	<b>(\$492,653)</b>	<b>-4%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$35,209,167</b>	<b>\$39,755,660</b>	<b>\$4,546,493</b>	<b>13%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$8,734,817</b>	<b>\$9,186,491</b>	<b>\$451,674</b>	<b>5%</b>
	<b>TOTAL DISCHARGES</b>	<b>932</b>	<b>901</b>	<b>(31)</b>	<b>-3%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>4,710</b>	<b>4,406</b>	<b>(304)</b>	<b>-6%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>24,325</b>	<b>25,437</b>	<b>1,112</b>	<b>5%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>2,025</b>	<b>2,022</b>	<b>(3)</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>507</b>	<b>561</b>	<b>54</b>	<b>11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$61,725,349</b>	<b>\$64,036,875</b>	<b>\$2,311,526</b>	<b>4%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$19,893,060</b>	<b>\$19,852,081</b>	<b>(\$40,979)</b>	<b>0%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2016  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2015 ACTUAL	(4) FY 2016 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>



<b>LAWRENCE +MEMORIAL CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I.</b>	<b><u>ASSETS</u></b>				
<b>A.</b>	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$24,264,612	\$14,026,653	(\$10,237,959)	-42%
2	Short Term Investments	\$162,278,643	\$156,268,365	(\$6,010,278)	-4%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$50,471,594	\$39,781,581	(\$10,690,013)	-21%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$8,154,843	\$6,339,039	(\$1,815,804)	-22%
8	Prepaid Expenses	\$3,810,426	\$2,693,579	(\$1,116,847)	-29%
9	Other Current Assets	\$7,379,893	\$8,119,367	\$739,474	10%
	<b>Total Current Assets</b>	<b>\$256,360,011</b>	<b>\$227,228,584</b>	<b>(\$29,131,427)</b>	<b>-11%</b>
<b>B.</b>	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$926,080	\$25,563	(\$900,517)	-97%
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	\$46,192,305	\$55,291,109	\$9,098,804	20%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$47,118,385</b>	<b>\$55,316,672</b>	<b>\$8,198,287</b>	<b>17%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$7,609,935	\$13,390,670	\$5,780,735	76%
<b>C.</b>	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$490,575,752	\$461,896,171	(\$28,679,581)	-6%
2	Less: Accumulated Depreciation	\$297,167,005	\$311,084,865	\$13,917,860	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$193,408,747</b>	<b>\$150,811,306</b>	<b>(\$42,597,441)</b>	<b>-22%</b>
3	Construction in Progress	\$2,879,995	\$9,718,135	\$6,838,140	237%
	<b>Total Net Fixed Assets</b>	<b>\$196,288,742</b>	<b>\$160,529,441</b>	<b>(\$35,759,301)</b>	<b>-18%</b>
	<b>Total Assets</b>	<b>\$507,377,073</b>	<b>\$456,465,367</b>	<b>(\$50,911,706)</b>	<b>-10%</b>

<b>LAWRENCE +MEMORIAL CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$50,862,881	\$45,773,096	(\$5,089,785)	-10%
2	Salaries, Wages and Payroll Taxes	\$9,618,789	\$4,606,101	(\$5,012,688)	-52%
3	Due To Third Party Payers	\$8,175,846	\$8,082,064	(\$93,782)	-1%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,495,740	\$5,729,505	\$233,765	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$655,581	\$4,855,823	\$4,200,242	641%
	<b>Total Current Liabilities</b>	<b>\$74,808,837</b>	<b>\$69,046,589</b>	<b>(\$5,762,248)</b>	<b>-8%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$102,938,747	\$94,968,208	(\$7,970,539)	-8%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$102,938,747</b>	<b>\$94,968,208</b>	<b>(\$7,970,539)</b>	<b>-8%</b>
3	Accrued Pension Liability	\$53,468,405	\$55,791,589	\$2,323,184	4%
4	Other Long Term Liabilities	\$31,629,767	\$31,471,047	(\$158,720)	-1%
	<b>Total Long Term Liabilities</b>	<b>\$188,036,919</b>	<b>\$182,230,844</b>	<b>(\$5,806,075)</b>	<b>-3%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$208,910,764	\$178,490,102	(\$30,420,662)	-15%
2	Temporarily Restricted Net Assets	\$20,286,597	\$20,546,377	\$259,780	1%
3	Permanently Restricted Net Assets	\$15,333,956	\$6,151,455	(\$9,182,501)	-60%
	<b>Total Net Assets</b>	<b>\$244,531,317</b>	<b>\$205,187,934</b>	<b>(\$39,343,383)</b>	<b>-16%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$507,377,073</b>	<b>\$456,465,367</b>	<b>(\$50,911,706)</b>	<b>-10%</b>

LAWRENCE +MEMORIAL CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,138,320,863	\$920,227,148	(\$218,093,715)	-19%
2	Less: Allowances	\$676,730,858	\$546,936,526	(\$129,794,332)	-19%
3	Less: Charity Care	\$6,124,509	\$5,479,120	(\$645,389)	-11%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$455,465,496</b>	<b>\$367,811,502</b>	<b>(\$87,653,994)</b>	<b>-19%</b>
5	Provision for Bad Debts	\$16,683,423	\$12,867,986	(\$3,815,437)	-23%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$438,782,073</b>	<b>\$354,943,516</b>	<b>(\$83,838,557)</b>	<b>-19%</b>
6	Other Operating Revenue	\$16,375,817	\$31,406,535	\$15,030,718	92%
7	Net Assets Released from Restrictions	\$4,831,645	\$566,162	(\$4,265,483)	-88%
	<b>Total Operating Revenue</b>	<b>\$459,989,535</b>	<b>\$386,916,213</b>	<b>(\$73,073,322)</b>	<b>-16%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$212,124,691	\$190,576,820	(\$21,547,871)	-10%
2	Fringe Benefits	\$59,040,657	\$57,471,190	(\$1,569,467)	-3%
3	Physicians Fees	\$14,547,169	\$16,865,514	\$2,318,345	16%
4	Supplies and Drugs	\$76,774,253	\$60,979,672	(\$15,794,581)	-21%
5	Depreciation and Amortization	\$28,953,704	\$24,034,451	(\$4,919,253)	-17%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,553,690	\$3,520,300	(\$33,390)	-1%
8	Malpractice Insurance Cost	\$16,588,039	\$15,919,027	(\$669,012)	-4%
9	Other Operating Expenses	\$58,704,219	\$39,784,432	(\$18,919,787)	-32%
	<b>Total Operating Expenses</b>	<b>\$470,286,422</b>	<b>\$409,151,406</b>	<b>(\$61,135,016)</b>	<b>-13%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$10,296,887)</b>	<b>(\$22,235,193)</b>	<b>(\$11,938,306)</b>	<b>116%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$11,832,973	\$2,398,311	(\$9,434,662)	-80%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$0	\$0	\$0	0%
	<b>Total Non-Operating Revenue</b>	<b>\$11,832,973</b>	<b>\$2,398,311</b>	<b>(\$9,434,662)</b>	<b>-80%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$1,536,086</b>	<b>(\$19,836,882)</b>	<b>(\$21,372,968)</b>	<b>-1391%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$1,536,086</b>	<b>(\$19,836,882)</b>	<b>(\$21,372,968)</b>	<b>-1391%</b>

<b>LAWRENCE +MEMORIAL CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$433,230,714	\$438,782,073	\$354,943,516
2	Other Operating Revenue	21,671,490	21,207,462	31,972,697
3	Total Operating Revenue	\$454,902,204	\$459,989,535	\$386,916,213
4	Total Operating Expenses	473,587,676	470,286,422	409,151,406
5	Income/(Loss) From Operations	(\$18,685,472)	(\$10,296,887)	(\$22,235,193)
6	Total Non-Operating Revenue	15,297,404	11,832,973	2,398,311
7	Excess/(Deficiency) of Revenue Over Expenses	(\$3,388,068)	\$1,536,086	(\$19,836,882)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-3.97%	-2.18%	-5.71%
2	Parent Corporation Non-Operating Margin	3.25%	2.51%	0.62%
3	Parent Corporation Total Margin	-0.72%	0.33%	-5.10%
4	Income/(Loss) From Operations	(\$18,685,472)	(\$10,296,887)	(\$22,235,193)
5	Total Operating Revenue	\$454,902,204	\$459,989,535	\$386,916,213
6	Total Non-Operating Revenue	\$15,297,404	\$11,832,973	\$2,398,311
7	Total Revenue	\$470,199,608	\$471,822,508	\$389,314,524
8	Excess/(Deficiency) of Revenue Over Expenses	(\$3,388,068)	\$1,536,086	(\$19,836,882)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$241,902,500	\$208,910,764	\$178,490,102
2	Parent Corporation Total Net Assets	\$282,377,005	\$244,531,317	\$205,187,934
3	Parent Corporation Change in Total Net Assets	(\$3,598,601)	(\$37,845,688)	(\$39,343,383)
4	Parent Corporation Change in Total Net Assets %	98.7%	-13.4%	-16.1%

## LAWRENCE +MEMORIAL CORPORATION

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2016

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
<b>D.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>3.53</b>	<b>3.43</b>	<b>3.29</b>
2	Total Current Assets	\$267,628,231	\$256,360,011	\$227,228,584
3	Total Current Liabilities	\$75,742,576	\$74,808,837	\$69,046,589
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>164</b>	<b>154</b>	<b>161</b>
5	Cash and Cash Equivalents	\$16,480,529	\$24,264,612	\$14,026,653
6	Short Term Investments	\$184,426,039	\$162,278,643	\$156,268,365
7	Total Cash and Short Term Investments	\$200,906,568	\$186,543,255	\$170,295,018
8	Total Operating Expenses	\$473,587,676	\$470,286,422	\$409,151,406
9	Depreciation Expense	\$27,479,122	\$28,953,704	\$24,034,451
10	Operating Expenses less Depreciation Expense	\$446,108,554	\$441,332,718	\$385,116,955
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>34</b>	<b>35</b>	<b>33</b>
12	Net Patient Accounts Receivable	\$ 47,482,954	\$ 50,471,594	\$ 39,781,581
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$7,257,949	\$8,175,846	\$8,082,064
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 40,225,005	\$ 42,295,748	\$ 31,699,517
16	Total Net Patient Revenue	\$433,230,714	\$438,782,073	\$354,943,516
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>62</b>	<b>62</b>	<b>65</b>
18	Total Current Liabilities	\$75,742,576	\$74,808,837	\$69,046,589
19	Total Operating Expenses	\$473,587,676	\$470,286,422	\$409,151,406
20	Depreciation Expense	\$27,479,122	\$28,953,704	\$24,034,451
20	Total Operating Expenses less Depreciation Expense	\$446,108,554	\$441,332,718	\$385,116,955

## LAWRENCE +MEMORIAL CORPORATION

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2016

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
<b>E. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>52.7</b>	<b>48.2</b>	<b>45.0</b>
2	Total Net Assets	\$282,377,005	\$244,531,317	\$205,187,934
3	Total Assets	\$535,534,283	\$507,377,073	\$456,465,367
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>13.1</b>	<b>17.2</b>	<b>2.6</b>
5	Excess/(Deficiency) of Revenues Over Expenses	(\$3,388,068)	\$1,536,086	(\$19,836,882)
6	Depreciation Expense	\$27,479,122	\$28,953,704	\$24,034,451
7	Excess of Revenues Over Expenses and Depreciation Expense	\$24,091,054	\$30,489,790	\$4,197,569
8	Total Current Liabilities	\$75,742,576	\$74,808,837	\$69,046,589
9	Total Long Term Debt	\$108,587,802	\$102,938,747	\$94,968,208
10	Total Current Liabilities and Total Long Term Debt	\$184,330,378	\$177,747,584	\$164,014,797
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>27.8</b>	<b>29.6</b>	<b>31.6</b>
12	Total Long Term Debt	\$108,587,802	\$102,938,747	\$94,968,208
13	Total Net Assets	\$282,377,005	\$244,531,317	\$205,187,934
14	Total Long Term Debt and Total Net Assets	\$390,964,807	\$347,470,064	\$300,156,142

LAWRENCE AND MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	36,477	9,438	8,779	141	141	70.9%	70.9%
2	ICU/CCU (Excludes Neonatal ICU)	5,304	409	0	20	20	72.7%	72.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,110	679	679	18	18	77.8%	77.8%
	<b>TOTAL PSYCHIATRIC</b>	<b>5,110</b>	<b>679</b>	<b>679</b>	<b>18</b>	<b>18</b>	<b>77.8%</b>	<b>77.8%</b>
5	Rehabilitation	4,340	275	275	16	16	74.3%	74.3%
6	Maternity	4,074	1,472	1,472	24	24	46.5%	46.5%
7	Newborn	3,155	1,308	1,308	14	14	61.7%	61.7%
8	Neonatal ICU	1,874	156	0	10	10	51.3%	51.3%
9	Pediatric	300	154	154	6	6	13.7%	13.7%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>57,479</b>	<b>12,174</b>	<b>11,359</b>	<b>235</b>	<b>235</b>	<b>67.0%</b>	<b>67.0%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>60,634</b>	<b>13,482</b>	<b>12,667</b>	<b>249</b>	<b>249</b>	<b>66.7%</b>	<b>66.7%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>60,634</b>	<b>13,482</b>	<b>12,667</b>	<b>249</b>	<b>249</b>	<b>66.7%</b>	<b>66.7%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>62,219</b>	<b>14,070</b>	<b>13,521</b>	<b>248</b>	<b>248</b>	<b>68.7%</b>	<b>68.7%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-1,585</b>	<b>-588</b>	<b>-854</b>	<b>1</b>	<b>1</b>	<b>-2.0%</b>	<b>-2.0%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-3%</b>	<b>-4%</b>	<b>-6%</b>	<b>0%</b>	<b>0%</b>	<b>-3%</b>	<b>-3%</b>
	Total Licensed Beds and Bassinets	308						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	6,348	6,358	10	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,757	8,670	-1,087	-11%
3	Emergency Department Scans	7,784	8,022	238	3%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>23,889</b>	<b>23,050</b>	<b>-839</b>	<b>-4%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,311	1,110	-201	-15%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,545	10,229	-316	-3%
3	Emergency Department Scans	146	135	-11	-8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>12,002</b>	<b>11,474</b>	<b>-528</b>	<b>-4%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	5	4	-1	-20%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>5</b>	<b>4</b>	<b>-1</b>	<b>-20%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	1	1	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	549	608	59	11%
3	Emergency Department Scans	0	2	2	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>550</b>	<b>611</b>	<b>61</b>	<b>11%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	83	114	31	37%
2	Outpatient Procedures	7,723	7,393	-330	-4%
	<b>Total Linear Accelerator Procedures</b>	<b>7,806</b>	<b>7,507</b>	<b>-299</b>	<b>-4%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	314	400	86	27%
2	Outpatient Procedures	331	344	13	4%
	<b>Total Cardiac Catheterization Procedures</b>	<b>645</b>	<b>744</b>	<b>99</b>	<b>15%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	121	84	-37	-31%
2	Elective Procedures	63	74	11	17%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>184</b>	<b>158</b>	<b>-26</b>	<b>-14%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	2,474	2,302	-172	-7%
2	Outpatient Surgical Procedures	9,870	9,668	-202	-2%
	<b>Total Surgical Procedures</b>	<b>12,344</b>	<b>11,970</b>	<b>-374</b>	<b>-3%</b>
<b>J. Endoscopy Procedures</b>					
1	Inpatient Endoscopy Procedures	772	694	-78	-10%



LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
2	Outpatient Endoscopy Procedures	1,951	1,845	-106	-5%
	<b>Total Endoscopy Procedures</b>	<b>2,723</b>	<b>2,539</b>	<b>-184</b>	<b>-7%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	6,573	6,539	-34	-1%
2	Emergency Room Visits: Treated and Discharged	75,641	73,005	-2,636	-3%
	<b>Total Emergency Room Visits</b>	<b>82,214</b>	<b>79,544</b>	<b>-2,670</b>	<b>-3%</b>
	<b>L. Hospital Clinic Visits</b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	17,342	14,678	-2,664	-15%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Specialty Clinics	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>17,342</b>	<b>14,678</b>	<b>-2,664</b>	<b>-15%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	74,977	72,237	-2,740	-4%
2	Cardiac Rehabilitation	5,723	5,688	-35	-1%
3	Chemotherapy	6,961	7,163	202	3%
4	Gastroenterology	3,018	2,863	-155	-5%
5	Other Outpatient Visits	257,499	247,796	-9,703	-4%
	<b>Total Other Hospital Outpatient Visits</b>	<b>348,178</b>	<b>335,747</b>	<b>-12,431</b>	<b>-4%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	417.1	429.8	12.7	3%
2	Total Physician FTEs	1.6	1.5	-0.1	-6%
3	Total Non-Nursing and Non-Physician FTEs	1,407.0	1,394.4	-12.6	-1%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,825.7</b>	<b>1,825.7</b>	<b>0.0</b>	<b>0%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	L&M 365 Montauk Hospital	7,532	7,635	103	1%
2	Pequot Health Center Groton	2,338	2,033	-305	-13%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>9,870</b>	<b>9,668</b>	<b>-202</b>	<b>-2%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	L&M 365 Montauk Ave Hospital	1,951	1,845	-106	-5%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>1,951</b>	<b>1,845</b>	<b>-106</b>	<b>-5%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	L&M 365 Montauk Ave Hospital	43,083	41,437	-1,646	-4%
2	Pequot Health Center Groton	32,558	31,568	-990	-3%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>75,641</b>	<b>73,005</b>	<b>-2,636</b>	<b>-3%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$168,649,538	\$162,481,939	(\$6,167,599)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$70,353,365	\$69,716,407	(\$636,958)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.72%	42.91%	1.19%	3%
4	DISCHARGES	6,527	6,205	(322)	-5%
5	CASE MIX INDEX (CMI)	1.44200	1.44890	0.00690	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,411.93400	8,990.42450	(421.50950)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,474.91	\$7,754.52	\$279.61	4%
8	PATIENT DAYS	32,565	31,881	(684)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,160.40	\$2,186.77	\$26.37	1%
10	AVERAGE LENGTH OF STAY	5.0	5.1	0.1	3%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$198,079,775	\$206,322,805	\$8,243,030	4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$51,831,965	\$47,859,860	(\$3,972,105)	-8%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.17%	23.20%	-2.97%	-11%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	117.45%	126.98%	9.53%	8%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,665.99605	7,879.23269	213.23664	3%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,761.28	\$6,074.18	(\$687.10)	-10%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$366,729,313	\$368,804,744	\$2,075,431	1%
18	TOTAL ACCRUED PAYMENTS	\$122,185,330	\$117,576,267	(\$4,609,063)	-4%
19	TOTAL ALLOWANCES	\$244,543,983	\$251,228,477	\$6,684,494	3%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b><u>NON-GOVERNMENT INPATIENT</u></b>					
1	INPATIENT ACCRUED CHARGES	\$70,270,602	\$70,898,430	\$627,828	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$48,458,517	\$50,728,282	\$2,269,765	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	68.96%	71.55%	2.59%	4%
4	DISCHARGES	3,521	3,480	(41)	-1%
5	CASE MIX INDEX (CMI)	1.16320	1.22280	0.05960	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,095.62720	4,255.34400	159.71680	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,831.77	\$11,921.08	\$89.31	1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,356.86)	(\$4,166.56)	\$190.30	-4%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$17,844,070)	(\$17,730,141)	\$113,929	-1%
10	PATIENT DAYS	12,808	12,890	82	1%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,783.46	\$3,935.48	\$152.02	4%
12	AVERAGE LENGTH OF STAY	3.6	3.7	0.1	2%
<b><u>NON-GOVERNMENT OUTPATIENT</u></b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$211,350,912	\$210,984,828	(\$366,084)	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$115,542,619	\$106,150,272	(\$9,392,347)	-8%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.67%	50.31%	-4.36%	-8%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	300.77%	297.59%	-3.18%	-1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,590.01261	10,356.04317	(233.96944)	-2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,910.53	\$10,250.08	(\$660.45)	-6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$4,149.24)	(\$4,175.90)	(\$26.66)	1%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$43,940,552)	(\$43,245,825)	\$694,727	-2%
<b><u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u></b>					
21	TOTAL ACCRUED CHARGES	\$281,621,514	\$281,883,258	\$261,744	0%
22	TOTAL ACCRUED PAYMENTS	\$164,001,136	\$156,878,554	(\$7,122,582)	-4%
23	TOTAL ALLOWANCES	\$117,620,378	\$125,004,704	\$7,384,326	6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$61,784,622)	(\$60,975,966)	\$808,656	-1%
<b><u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u></b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$257,118,682	\$256,935,481	(\$183,201)	0%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$160,242,760	\$150,322,481	(\$9,920,279)	-6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,875,922	\$106,613,000	\$9,737,078	10%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.68%	41.49%	3.82%	

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,054,326	\$1,261,614	\$207,288	20%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	59	70	11	19%
5	CASE MIX INDEX (CMI)	1.08290	1.08350	0.00060	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	63.89110	75.84500	11.95390	19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$11,831.77	\$11,921.08	\$89.31	1%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,474.91	\$7,754.52	\$279.61	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$477,580	\$588,141	\$110,561	23%
11	PATIENT DAYS	166	236	70	42%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	2.8	3.4	0.6	20%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,932,325	\$10,454,134	\$1,521,809	17%
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	847.21%	828.63%	-18.58%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	499.85220	580.04222	80.19001	16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$10,910.53	\$10,250.08	(\$660.45)	-6%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,761.28	\$6,074.18	(\$687.10)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,379,642	\$3,523,280	\$143,638	4%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$9,986,651	\$11,715,748	\$1,729,097	17%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$9,986,651	\$11,715,748	\$1,729,097	17%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,857,222	\$4,111,421	\$254,199	7%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b><u>MEDICAID INPATIENT</u></b>					
1	INPATIENT ACCRUED CHARGES	\$59,068,288	\$55,055,803	(\$4,012,485)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,753,204	\$17,445,509	\$692,305	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.36%	31.69%	3.32%	12%
4	DISCHARGES	3,087	2,975	(112)	-4%
5	CASE MIX INDEX (CMI)	1.11250	1.15730	0.04480	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,434.28750	3,442.96750	8.68000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,878.22	\$5,067.00	\$188.78	4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,953.55	\$6,854.08	(\$99.47)	-1%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,596.69	\$2,687.52	\$90.83	3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,917,788	\$9,253,044	\$335,256	4%
11	PATIENT DAYS	13,835	13,229	(606)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,210.93	\$1,318.73	\$107.80	9%
13	AVERAGE LENGTH OF STAY	4.5	4.4	(0.0)	-1%
<b><u>MEDICAID OUTPATIENT</u></b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$93,379,302	\$100,608,488	\$7,229,186	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,144,138	\$21,600,284	(\$1,543,854)	-7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.79%	21.47%	-3.32%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	158.09%	182.74%	24.65%	16%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,880.14661	5,436.48872	556.34211	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,742.51	\$3,973.20	(\$769.30)	-16%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,168.02	\$6,276.88	\$108.86	2%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,018.77	\$2,100.97	\$82.20	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,851,912	\$11,421,915	\$1,570,003	16%
<b><u>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</u></b>					
23	TOTAL ACCRUED CHARGES	\$152,447,590	\$155,664,291	\$3,216,701	2%
24	TOTAL ACCRUED PAYMENTS	\$39,897,342	\$39,045,793	(\$851,549)	-2%
25	TOTAL ALLOWANCES	\$112,550,248	\$116,618,498	\$4,068,250	4%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,769,700	\$20,674,959	\$1,905,259	10%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>E.</b>	<b><u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u></b>				
	<b><u>OTHER MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$2,140,405	\$3,012,299	\$871,894	41%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$825,171	\$188,341	(\$636,830)	-77%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.55%	6.25%	-32.30%	-84%
4	DISCHARGES	123	83	(40)	-33%
5	CASE MIX INDEX (CMI)	0.92370	1.15010	0.22640	25%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	113.61510	95.45830	(18.15680)	-16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,262.86	\$1,973.02	(\$5,289.85)	-73%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$4,568.91	\$9,948.06	\$5,379.15	118%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$212.05	\$5,781.50	\$5,569.45	2627%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,092	\$551,892	\$527,800	2191%
11	PATIENT DAYS	483	417	(66)	-14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,708.43	\$451.66	(\$1,256.77)	-74%
13	AVERAGE LENGTH OF STAY	3.9	5.0	1.1	28%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,483,037	\$2,888,948	\$405,911	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,037,063	\$481,050	(\$556,013)	-54%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.77%	16.65%	-25.11%	-60%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	116.01%	95.91%	-20.10%	-17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	142.68961	79.60122	(63.08839)	-44%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,267.96	\$6,043.25	(\$1,224.72)	-17%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$3,642.56	\$4,206.83	\$564.27	15%
21	MEDICARE - O.M.A. OP PMT / CMAD	(\$506.68)	\$30.93	\$537.61	-106%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$72,298)	\$2,462	\$74,760	-103%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$4,623,442	\$5,901,247	\$1,277,805	28%
24	TOTAL ACCRUED PAYMENTS	\$1,862,234	\$669,391	(\$1,192,843)	-64%
25	TOTAL ALLOWANCES	\$2,761,208	\$5,231,856	\$2,470,648	89%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$48,207)	\$554,354	\$602,561	-1250%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$61,208,693	\$58,068,102	(\$3,140,591)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,578,375	\$17,633,850	\$55,475	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.72%	30.37%	1.65%	6%
4	DISCHARGES	3,210	3,058	(152)	-5%
5	CASE MIX INDEX (CMI)	1.10527	1.15710	0.05184	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,547.90260	3,538.42580	(9.47680)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,954.58	\$4,983.53	\$28.95	1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,877.19	\$6,937.55	\$60.36	1%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,520.33	\$2,770.99	\$250.66	10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,941,880	\$9,804,936	\$863,056	10%
11	PATIENT DAYS	14,318	13,646	(672)	-5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,227.71	\$1,292.24	\$64.52	5%
13	AVERAGE LENGTH OF STAY	4.5	4.5	0.0	0%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$95,862,339	\$103,497,436	\$7,635,097	8%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,181,201	\$22,081,334	(\$2,099,867)	-9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.22%	21.34%	-3.89%	-15%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	156.62%	178.23%	21.62%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,022.83622	5,516.08994	493.25372	10%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,814.25	\$4,003.08	(\$811.18)	-17%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,096.27	\$6,247.00	\$150.73	2%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,947.03	\$2,071.10	\$124.07	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,779,614	\$11,424,377	\$1,644,763	17%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$157,071,032	\$161,565,538	\$4,494,506	3%
24	TOTAL ACCRUED PAYMENTS	\$41,759,576	\$39,715,184	(\$2,044,392)	-5%
25	TOTAL ALLOWANCES	\$115,311,456	\$121,850,354	\$6,538,898	6%



LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$11,008,953	\$9,964,792	(\$1,044,161)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,609,438	\$5,177,610	\$568,172	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.87%	51.96%	10.09%	24%
4	DISCHARGES	812	739	(73)	-9%
5	CASE MIX INDEX (CMI)	0.94130	0.99190	0.05060	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	764.33560	733.01410	(31.32150)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,030.65	\$7,063.45	\$1,032.81	17%
8	PATIENT DAYS	2,528	2,217	(311)	-12%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,823.35	\$2,335.41	\$512.06	28%
10	AVERAGE LENGTH OF STAY	3.1	3.0	(0.1)	-4%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,841,698	\$24,483,630	\$1,641,932	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,268,282	\$5,806,504	\$538,222	10%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$33,850,651	\$34,448,422	\$597,771	2%
14	TOTAL ACCRUED PAYMENTS	\$9,877,720	\$10,984,114	\$1,106,394	11%
15	TOTAL ALLOWANCES	\$23,972,931	\$23,464,308	(\$508,623)	-2%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$30,854,159	\$32,202,655	\$1,348,496	4%
2	TOTAL OPERATING EXPENSES	\$350,127,953	\$344,831,100	(\$5,296,853)	-2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$2,248,341	\$3,555,323	\$1,306,982	58%
5	BAD DEBTS (CHARGES)	\$12,798,310	\$12,353,274	(\$445,036)	-3%
6	UNCOMPENSATED CARE (CHARGES)	\$15,046,651	\$15,908,597	\$861,946	6%
7	COST OF UNCOMPENSATED CARE	\$6,035,765	\$6,030,509	(\$5,256)	0%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$157,071,032	\$161,565,538	\$4,494,506	3%
9	TOTAL ACCRUED PAYMENTS	\$41,759,576	\$39,715,184	(\$2,044,392)	-5%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$63,006,963	\$61,245,022	(\$1,761,941)	-3%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,247,387	\$21,529,838	\$282,451	1%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$311,137,786	\$301,413,263	(\$9,724,523)	-3%
2	TOTAL INPATIENT PAYMENTS	\$140,999,695	\$143,256,149	\$2,256,454	2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	45.32%	47.53%	2.21%	5%
4	TOTAL DISCHARGES	14,070	13,482	(588)	-4%
5	TOTAL CASE MIX INDEX	1.26651	1.29930	0.03279	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	17,819.79940	17,517.20840	(302.59100)	-2%
7	TOTAL OUTPATIENT CHARGES	\$528,134,724	\$545,288,699	\$17,153,975	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	169.74%	180.91%	11.17%	7%
9	TOTAL OUTPATIENT PAYMENTS	\$196,824,067	\$181,897,970	(\$14,926,097)	-8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.27%	33.36%	-3.91%	-10%
11	TOTAL CHARGES	\$839,272,510	\$846,701,962	\$7,429,452	1%
12	TOTAL PAYMENTS	\$337,823,762	\$325,154,119	(\$12,669,643)	-4%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.25%	38.40%	-1.85%	-5%
14	PATIENT DAYS	62,219	60,634	(1,585)	-3%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$240,867,184	\$230,514,833	(\$10,352,351)	-4%
2	INPATIENT PAYMENTS	\$92,541,178	\$92,527,867	(\$13,311)	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	38.42%	40.14%	1.72%	4%
4	DISCHARGES	10,549	10,002	(547)	-5%
5	CASE MIX INDEX	1.30099	1.32592	0.02493	2%
6	CASE MIX ADJUSTED DISCHARGES	13,724.17220	13,261.86440	(462.30780)	-3%
7	OUTPATIENT CHARGES	\$316,783,812	\$334,303,871	\$17,520,059	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	131.52%	145.02%	13.51%	10%
9	OUTPATIENT PAYMENTS	\$81,281,448	\$75,747,698	(\$5,533,750)	-7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.66%	22.66%	-3.00%	-12%
11	TOTAL CHARGES	\$557,650,996	\$564,818,704	\$7,167,708	1%
12	TOTAL PAYMENTS	\$173,822,626	\$168,275,565	(\$5,547,061)	-3%
13	TOTAL PAYMENTS / CHARGES	31.17%	29.79%	-1.38%	-4%
14	PATIENT DAYS	49,411	47,744	(1,667)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$383,828,370	\$396,543,139	\$12,714,769	3%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.0	5.1	0.1	3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.7	0.1	2%
3	UNINSURED	2.8	3.4	0.6	20%
4	MEDICAID	4.5	4.4	(0.0)	-1%
5	OTHER MEDICAL ASSISTANCE	3.9	5.0	1.1	28%
6	CHAMPUS / TRICARE	3.1	3.0	(0.1)	-4%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.5	0.1	2%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$839,272,510	\$846,701,962	\$7,429,452	1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$383,828,370	\$396,543,139	\$12,714,769	3%
3	UNCOMPENSATED CARE	\$15,046,651	\$15,908,597	\$861,946	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,875,922	\$106,613,000	\$9,737,078	10%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,858,523	\$6,675,957	(\$182,566)	-3%
6	TOTAL ADJUSTMENTS	\$502,609,466	\$525,740,693	\$23,131,227	5%
7	TOTAL ACCRUED PAYMENTS	\$336,663,044	\$320,961,269	(\$15,701,775)	-5%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$336,663,044	\$320,961,269	(\$15,701,775)	-5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4011367464	0.3790723105	(0.0220644359)	-6%
11	COST OF UNCOMPENSATED CARE	\$6,035,765	\$6,030,509	(\$5,256)	0%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,247,387	\$21,529,838	\$282,451	1%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$27,283,151	\$27,560,346	\$277,195	1%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$9,851,912	\$11,421,915	\$1,570,003	16%
2	OTHER MEDICAL ASSISTANCE	(\$48,207)	\$554,354	\$602,561	-1250%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,857,222	\$4,111,421	\$254,199	7%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$13,660,928	\$16,087,690	\$2,426,762	18%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,516,181	\$13,232,029	(\$1,284,152)	-8.85%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$12,800,916)	(\$12,470,101)	\$330,815	-2.58%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$325,022,845	\$312,684,018	(\$12,338,827)	-3.80%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$3,751,716	\$3,510,521	(\$241,195)	-6.43%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$843,024,228	\$850,212,483	\$7,188,255	0.85%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$3,202,503	\$1,837,578	(\$1,364,925)	-42.62%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$18,249,154	\$17,746,175	(\$502,979)	-2.76%

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,270,602	\$70,898,430	\$627,828
2	MEDICARE	\$168,649,538	162,481,939	(\$6,167,599)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$61,208,693	58,068,102	(\$3,140,591)
4	MEDICAID	\$59,068,288	55,055,803	(\$4,012,485)
5	OTHER MEDICAL ASSISTANCE	\$2,140,405	3,012,299	\$871,894
6	CHAMPUS / TRICARE	\$11,008,953	9,964,792	(\$1,044,161)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,054,326	1,261,614	\$207,288
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$240,867,184</b>	<b>\$230,514,833</b>	<b>(\$10,352,351)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$311,137,786</b>	<b>\$301,413,263</b>	<b>(\$9,724,523)</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$211,350,912	\$210,984,828	(\$366,084)
2	MEDICARE	\$198,079,775	206,322,805	\$8,243,030
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$95,862,339	103,497,436	\$7,635,097
4	MEDICAID	\$93,379,302	100,608,488	\$7,229,186
5	OTHER MEDICAL ASSISTANCE	\$2,483,037	2,888,948	\$405,911
6	CHAMPUS / TRICARE	\$22,841,698	24,483,630	\$1,641,932
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,932,325	10,454,134	\$1,521,809
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$316,783,812</b>	<b>\$334,303,871</b>	<b>\$17,520,059</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$528,134,724</b>	<b>\$545,288,699</b>	<b>\$17,153,975</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$281,621,514	\$281,883,258	\$261,744
2	TOTAL MEDICARE	\$366,729,313	\$368,804,744	\$2,075,431
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$157,071,032	\$161,565,538	\$4,494,506
4	TOTAL MEDICAID	\$152,447,590	\$155,664,291	\$3,216,701
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,623,442	\$5,901,247	\$1,277,805
6	TOTAL CHAMPUS / TRICARE	\$33,850,651	\$34,448,422	\$597,771
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,986,651	\$11,715,748	\$1,729,097
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$557,650,996</b>	<b>\$564,818,704</b>	<b>\$7,167,708</b>
	<b>TOTAL CHARGES</b>	<b>\$839,272,510</b>	<b>\$846,701,962</b>	<b>\$7,429,452</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,458,517	\$50,728,282	\$2,269,765
2	MEDICARE	\$70,353,365	69,716,407	(\$636,958)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$17,578,375	17,633,850	\$55,475
4	MEDICAID	\$16,753,204	17,445,509	\$692,305
5	OTHER MEDICAL ASSISTANCE	\$825,171	188,341	(\$636,830)
6	CHAMPUS / TRICARE	\$4,609,438	5,177,610	\$568,172
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$92,541,178</b>	<b>\$92,527,867</b>	<b>(\$13,311)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$140,999,695</b>	<b>\$143,256,149</b>	<b>\$2,256,454</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$115,542,619	\$106,150,272	(\$9,392,347)
2	MEDICARE	\$51,831,965	47,859,860	(\$3,972,105)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,181,201	22,081,334	(\$2,099,867)
4	MEDICAID	\$23,144,138	21,600,284	(\$1,543,854)
5	OTHER MEDICAL ASSISTANCE	\$1,037,063	481,050	(\$556,013)
6	CHAMPUS / TRICARE	\$5,268,282	5,806,504	\$538,222
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$81,281,448</b>	<b>\$75,747,698</b>	<b>(\$5,533,750)</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$196,824,067</b>	<b>\$181,897,970</b>	<b>(\$14,926,097)</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$164,001,136	\$156,878,554	(\$7,122,582)
2	TOTAL MEDICARE	\$122,185,330	\$117,576,267	(\$4,609,063)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$41,759,576	\$39,715,184	(\$2,044,392)
4	TOTAL MEDICAID	\$39,897,342	\$39,045,793	(\$851,549)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,862,234	\$669,391	(\$1,192,843)
6	TOTAL CHAMPUS / TRICARE	\$9,877,720	\$10,984,114	\$1,106,394
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$173,822,626</b>	<b>\$168,275,565</b>	<b>(\$5,547,061)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$337,823,762</b>	<b>\$325,154,119</b>	<b>(\$12,669,643)</b>

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8.37%	8.37%	0.00%
2	MEDICARE	20.09%	19.19%	-0.90%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.29%	6.86%	-0.43%
4	MEDICAID	7.04%	6.50%	-0.54%
5	OTHER MEDICAL ASSISTANCE	0.26%	0.36%	0.10%
6	CHAMPUS / TRICARE	1.31%	1.18%	-0.13%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.13%	0.15%	0.02%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>28.70%</b>	<b>27.23%</b>	<b>-1.47%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>37.07%</b>	<b>35.60%</b>	<b>-1.47%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.18%	24.92%	-0.26%
2	MEDICARE	23.60%	24.37%	0.77%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.42%	12.22%	0.80%
4	MEDICAID	11.13%	11.88%	0.76%
5	OTHER MEDICAL ASSISTANCE	0.30%	0.34%	0.05%
6	CHAMPUS / TRICARE	2.72%	2.89%	0.17%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.06%	1.23%	0.17%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>37.75%</b>	<b>39.48%</b>	<b>1.74%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>62.93%</b>	<b>64.40%</b>	<b>1.47%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.34%	15.60%	1.26%
2	MEDICARE	20.83%	21.44%	0.62%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.20%	5.42%	0.22%
4	MEDICAID	4.96%	5.37%	0.41%
5	OTHER MEDICAL ASSISTANCE	0.24%	0.06%	-0.19%
6	CHAMPUS / TRICARE	1.36%	1.59%	0.23%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>27.39%</b>	<b>28.46%</b>	<b>1.06%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>41.74%</b>	<b>44.06%</b>	<b>2.32%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.20%	32.65%	-1.56%
2	MEDICARE	15.34%	14.72%	-0.62%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.16%	6.79%	-0.37%
4	MEDICAID	6.85%	6.64%	-0.21%
5	OTHER MEDICAL ASSISTANCE	0.31%	0.15%	-0.16%
6	CHAMPUS / TRICARE	1.56%	1.79%	0.23%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>24.06%</b>	<b>23.30%</b>	<b>-0.76%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>58.26%</b>	<b>55.94%</b>	<b>-2.32%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

LAWRENCE AND MEMORIAL HOSPITAL				
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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,521	3,480	(41)
2	MEDICARE	6,527	6,205	(322)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,210	3,058	(152)
4	MEDICAID	3,087	2,975	(112)
5	OTHER MEDICAL ASSISTANCE	123	83	(40)
6	CHAMPUS / TRICARE	812	739	(73)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	59	70	11
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>10,549</b>	<b>10,002</b>	<b>(547)</b>
	<b>TOTAL DISCHARGES</b>	<b>14,070</b>	<b>13,482</b>	<b>(588)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,808	12,890	82
2	MEDICARE	32,565	31,881	(684)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,318	13,646	(672)
4	MEDICAID	13,835	13,229	(606)
5	OTHER MEDICAL ASSISTANCE	483	417	(66)
6	CHAMPUS / TRICARE	2,528	2,217	(311)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	166	236	70
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>49,411</b>	<b>47,744</b>	<b>(1,667)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>62,219</b>	<b>60,634</b>	<b>(1,585)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.7	0.1
2	MEDICARE	5.0	5.1	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	4.5	0.0
4	MEDICAID	4.5	4.4	(0.0)
5	OTHER MEDICAL ASSISTANCE	3.9	5.0	1.1
6	CHAMPUS / TRICARE	3.1	3.0	(0.1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8	3.4	0.6
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.7</b>	<b>4.8</b>	<b>0.1</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.4</b>	<b>4.5</b>	<b>0.1</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.16320	1.22280	0.05960
2	MEDICARE	1.44200	1.44890	0.00690
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.10527	1.15710	0.05184
4	MEDICAID	1.11250	1.15730	0.04480
5	OTHER MEDICAL ASSISTANCE	0.92370	1.15010	0.22640
6	CHAMPUS / TRICARE	0.94130	0.99190	0.05060
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08290	1.08350	0.00060
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.30099</b>	<b>1.32592</b>	<b>0.02493</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.26651</b>	<b>1.29930</b>	<b>0.03279</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$257,118,682	\$256,935,481	(\$183,201)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$160,242,760	\$150,322,481	(\$9,920,279)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,875,922	\$106,613,000	\$9,737,078
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.68%	41.49%	3.82%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,516,181	\$13,232,029	(\$1,284,152)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,858,523	\$6,675,957	(\$182,566)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$2,248,341	\$3,555,323	\$1,306,982
9	BAD DEBTS	\$12,798,310	\$12,353,274	(\$445,036)
10	TOTAL UNCOMPENSATED CARE	\$15,046,651	\$15,908,597	\$861,946
11	TOTAL OTHER OPERATING REVENUE	\$30,854,159	\$32,202,655	\$1,348,496
12	TOTAL OPERATING EXPENSES	\$350,127,953	\$344,831,100	(\$5,296,853)

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,095.62720	4,255.34400	159.71680
2	MEDICARE	9,411.93400	8,990.42450	(421.50950)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,547.90260	3,538.42580	(9.47680)
4	MEDICAID	3,434.28750	3,442.96750	8.68000
5	OTHER MEDICAL ASSISTANCE	113.61510	95.45830	(18.15680)
6	CHAMPUS / TRICARE	764.33560	733.01410	(31.32150)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	63.89110	75.84500	11.95390
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>13,724.17220</b>	<b>13,261.86440</b>	<b>(462.30780)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>17,819.79940</b>	<b>17,517.20840</b>	<b>(302.59100)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,590.01261	10,356.04317	-233.96944
2	MEDICARE	7,665.99605	7,879.23269	213.23664
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,022.83622	5,516.08994	493.25372
4	MEDICAID	4,880.14661	5,436.48872	556.34211
5	OTHER MEDICAL ASSISTANCE	142.68961	79.60122	-63.08839
6	CHAMPUS / TRICARE	1,684.76137	1,815.73309	130.97172
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	499.85220	580.04222	80.19001
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>14,373.59363</b>	<b>15,211.05572</b>	<b>837.46208</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>24,963.60624</b>	<b>25,567.09888</b>	<b>603.49264</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,831.77	\$11,921.08	\$89.31
2	MEDICARE	\$7,474.91	\$7,754.52	\$279.61
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,954.58	\$4,983.53	\$28.95
4	MEDICAID	\$4,878.22	\$5,067.00	\$188.78
5	OTHER MEDICAL ASSISTANCE	\$7,262.86	\$1,973.02	(\$5,289.85)
6	CHAMPUS / TRICARE	\$6,030.65	\$7,063.45	\$1,032.81
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,742.93</b>	<b>\$6,976.99</b>	<b>\$234.05</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,912.53</b>	<b>\$8,178.02</b>	<b>\$265.49</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,910.53	\$10,250.08	(\$660.45)
2	MEDICARE	\$6,761.28	\$6,074.18	(\$687.10)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,814.25	\$4,003.08	(\$811.18)
4	MEDICAID	\$4,742.51	\$3,973.20	(\$769.30)
5	OTHER MEDICAL ASSISTANCE	\$7,267.96	\$6,043.25	(\$1,224.72)
6	CHAMPUS / TRICARE	\$3,127.02	\$3,197.88	\$70.86
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,654.91</b>	<b>\$4,979.78</b>	<b>(\$675.14)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,884.44</b>	<b>\$7,114.53</b>	<b>(\$769.91)</b>

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$9,851,912	\$11,421,915	\$1,570,003
2	OTHER MEDICAL ASSISTANCE	(\$48,207)	\$554,354	\$602,561
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$9,803,705</b>	<b>\$11,976,269</b>	<b>\$2,172,564</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$839,272,510	\$846,701,962	\$7,429,452
2	TOTAL GOVERNMENT DEDUCTIONS	\$383,828,370	\$396,543,139	\$12,714,769
3	UNCOMPENSATED CARE	\$15,046,651	\$15,908,597	\$861,946
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,875,922	\$106,613,000	\$9,737,078
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,858,523	\$6,675,957	(\$182,566)
6	TOTAL ADJUSTMENTS	\$502,609,466	\$525,740,693	\$23,131,227
7	TOTAL ACCRUED PAYMENTS	\$336,663,044	\$320,961,269	(\$15,701,775)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$336,663,044	\$320,961,269	(\$15,701,775)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4011367464	0.3790723105	(0.0220644359)
11	COST OF UNCOMPENSATED CARE	\$6,035,765	\$6,030,509	(\$5,256)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$21,247,387	\$21,529,838	\$282,451
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$27,283,151	\$27,560,346	\$277,195
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	68.96%	71.55%	2.59%
2	MEDICARE	41.72%	42.91%	1.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.72%	30.37%	1.65%
4	MEDICAID	28.36%	31.69%	3.32%
5	OTHER MEDICAL ASSISTANCE	38.55%	6.25%	-32.30%
6	CHAMPUS / TRICARE	41.87%	51.96%	10.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>38.42%</b>	<b>40.14%</b>	<b>1.72%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>45.32%</b>	<b>47.53%</b>	<b>2.21%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.67%	50.31%	-4.36%
2	MEDICARE	26.17%	23.20%	-2.97%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.22%	21.34%	-3.89%
4	MEDICAID	24.79%	21.47%	-3.32%
5	OTHER MEDICAL ASSISTANCE	41.77%	16.65%	-25.11%
6	CHAMPUS / TRICARE	23.06%	23.72%	0.65%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>25.66%</b>	<b>22.66%</b>	<b>-3.00%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>37.27%</b>	<b>33.36%</b>	<b>-3.91%</b>



LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$337,823,762	\$325,154,119	(\$12,669,643)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$337,823,762</b>	<b>\$325,154,119</b>	<b>(\$12,669,643)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$12,800,916)	(\$12,470,101)	\$330,815
4	<b>CALCULATED NET REVENUE</b>	<b>\$345,478,814</b>	<b>\$312,684,018</b>	<b>(\$32,794,796)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$325,022,845	\$312,684,018	(\$12,338,827)
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$20,455,969</b>	<b>\$0</b>	<b>(\$20,455,969)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$839,272,510	\$846,701,962	\$7,429,452
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$3,751,716	\$3,510,521	(\$241,195)
	<b>CALCULATED GROSS REVENUE</b>	<b>\$843,024,226</b>	<b>\$850,212,483</b>	<b>\$7,188,257</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$843,024,228	\$850,212,483	\$7,188,255
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$2)</b>	<b>\$0</b>	<b>\$2</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$15,046,651	\$15,908,597	\$861,946
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$3,202,503	\$1,837,578	(\$1,364,925)
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$18,249,154</b>	<b>\$17,746,175</b>	<b>(\$502,979)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$18,249,154	\$17,746,175	(\$502,979)
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,898,430
2	MEDICARE	162,481,939
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	58,068,102
4	MEDICAID	55,055,803
5	OTHER MEDICAL ASSISTANCE	3,012,299
6	CHAMPUS / TRICARE	9,964,792
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,261,614
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$230,514,833</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$301,413,263</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$210,984,828
2	MEDICARE	206,322,805
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	103,497,436
4	MEDICAID	100,608,488
5	OTHER MEDICAL ASSISTANCE	2,888,948
6	CHAMPUS / TRICARE	24,483,630
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10,454,134
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$334,303,871</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$545,288,699</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$281,883,258
2	TOTAL GOVERNMENT ACCRUED CHARGES	564,818,704
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$846,701,962</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$50,728,282
2	MEDICARE	69,716,407
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,633,850
4	MEDICAID	17,445,509
5	OTHER MEDICAL ASSISTANCE	188,341
6	CHAMPUS / TRICARE	5,177,610
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$92,527,867</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$143,256,149</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$106,150,272
2	MEDICARE	47,859,860
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,081,334
4	MEDICAID	21,600,284
5	OTHER MEDICAL ASSISTANCE	481,050
6	CHAMPUS / TRICARE	5,806,504
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$75,747,698</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$181,897,970</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$156,878,554
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	168,275,565
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$325,154,119</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,480
2	MEDICARE	6,205
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,058
4	MEDICAID	2,975
5	OTHER MEDICAL ASSISTANCE	83
6	CHAMPUS / TRICARE	739
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	70
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>10,002</b>
	<b>TOTAL DISCHARGES</b>	<b>13,482</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,22280
2	MEDICARE	1,44890
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,15710
4	MEDICAID	1,15730
5	OTHER MEDICAL ASSISTANCE	1,15010
6	CHAMPUS / TRICARE	0,99190
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,08350
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1,32592</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1,29930</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$256,935,481
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$150,322,481
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$106,613,000
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.49%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$13,232,029
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,675,957
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$3,555,323
9	BAD DEBTS	\$12,353,274
10	TOTAL UNCOMPENSATED CARE	\$15,908,597
11	TOTAL OTHER OPERATING REVENUE	\$32,202,655
12	TOTAL OPERATING EXPENSES	\$344,831,100

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$325,154,119
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$325,154,119</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$12,470,101)
	<b>CALCULATED NET REVENUE</b>	<b>\$312,684,018</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$312,684,018
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$846,701,962
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$3,510,521
	<b>CALCULATED GROSS REVENUE</b>	<b>\$850,212,483</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$850,212,483
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$15,908,597
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$1,837,578
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$17,746,175</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$17,746,175
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

**LAWRENCE AND MEMORIAL HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2016**  
**REPORT 650 - HOSPITAL UNCOMPENSATED CARE**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	675	584	(91)	-13%
2	Number of Approved Applicants	545	492	(53)	-10%
3	<b>Total Charges (A)</b>	<b>\$2,248,341</b>	<b>\$3,555,323</b>	<b>\$1,306,982</b>	<b>58%</b>
4	<b>Average Charges</b>	<b>\$4,125</b>	<b>\$7,226</b>	<b>\$3,101</b>	<b>75%</b>
5	Ratio of Cost to Charges (RCC)	0.426204	0.402387	(0.023817)	-6%
6	<b>Total Cost</b>	<b>\$958,252</b>	<b>\$1,430,616</b>	<b>\$472,364</b>	<b>49%</b>
7	<b>Average Cost</b>	<b>\$1,758</b>	<b>\$2,908</b>	<b>\$1,149</b>	<b>65%</b>
8	Charity Care - Inpatient Charges	\$520,407	\$876,908	\$356,501	69%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,142,151	2,131,433	989,282	87%
10	Charity Care - Emergency Department Charges	585,783	546,982	(38,801)	-7%
11	<b>Total Charges (A)</b>	<b>\$2,248,341</b>	<b>\$3,555,323</b>	<b>\$1,306,982</b>	<b>58%</b>
12	Charity Care - Number of Patient Days	111	155	44	40%
13	Charity Care - Number of Discharges	32	35	3	9%
14	Charity Care - Number of Outpatient ED Visits	304	371	67	22%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	754	1,042	288	38%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$3,602,658	\$2,519,816	(\$1,082,842)	-30%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,649,610	3,737,260	87,650	2%
3	Bad Debts - Emergency Department	5,546,042	6,096,198	550,156	10%
4	<b>Total Bad Debts (A)</b>	<b>\$12,798,310</b>	<b>\$12,353,274</b>	<b>(\$445,036)</b>	<b>-3%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$2,248,341	\$3,555,323	\$1,306,982	58%
2	Bad Debts (A)	12,798,310	12,353,274	(445,036)	-3%
3	<b>Total Uncompensated Care (A)</b>	<b>\$15,046,651</b>	<b>\$15,908,597</b>	<b>\$861,946</b>	<b>6%</b>
4	Uncompensated Care - Inpatient Services	\$4,123,065	\$3,396,724	(\$726,341)	-18%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	4,791,761	5,868,693	1,076,932	22%
6	Uncompensated Care - Emergency Department	6,131,825	6,643,180	511,355	8%
7	<b>Total Uncompensated Care (A)</b>	<b>\$15,046,651</b>	<b>\$15,908,597</b>	<b>\$861,946</b>	<b>6%</b>

**(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.**

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	FY 2016 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>COMMERCIAL - ALL PAYERS</b>				
1	Total Gross Revenue	\$257,118,682	\$256,935,481	(\$183,201)	0%
2	Total Contractual Allowances	\$96,875,922	\$106,613,000	\$9,737,078	10%
	<b>Total Accrued Payments (A)</b>	<b>\$160,242,760</b>	<b>\$150,322,481</b>	<b>(\$9,920,279)</b>	<b>-6%</b>
	<b>Total Discount Percentage</b>	<b>37.68%</b>	<b>41.49%</b>	<b>3.82%</b>	<b>10%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$304,241,557	\$311,137,786	\$301,413,263
2	Outpatient Gross Revenue	\$483,895,016	\$528,134,724	\$545,288,699
3	Total Gross Patient Revenue	\$788,136,573	\$839,272,510	\$846,701,962
4	Net Patient Revenue	\$318,785,233	\$325,022,845	\$312,684,017
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$348,525,480	\$350,127,953	\$344,831,100
<b>C. Utilization Statistics</b>				
1	Patient Days	66,332	62,219	60,634
2	Discharges	14,150	14,070	13,482
3	Average Length of Stay	4.7	4.4	4.5
4	Equivalent (Adjusted) Patient Days (EPD)	171,833	167,831	170,327
0	Equivalent (Adjusted) Discharges (ED)	36,656	37,953	37,872
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.25304	1.26651	1.29930
2	Case Mix Adjusted Patient Days (CMAPD)	83,116	78,801	78,782
3	Case Mix Adjusted Discharges (CMAD)	17,730	17,820	17,517
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	215,313	212,560	221,307
5	Case Mix Adjusted Equivalent Discharges (CMAED)	45,931	48,068	49,208
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$11,882	\$13,489	\$13,964
2	Total Gross Revenue per Discharge	\$55,699	\$59,650	\$62,802
3	Total Gross Revenue per EPD	\$4,587	\$5,001	\$4,971
4	Total Gross Revenue per ED	\$21,501	\$22,114	\$22,357
5	Total Gross Revenue per CMAEPD	\$3,660	\$3,948	\$3,826
6	Total Gross Revenue per CMAED	\$17,159	\$17,460	\$17,207
7	Inpatient Gross Revenue per EPD	\$1,771	\$1,854	\$1,770
8	Inpatient Gross Revenue per ED	\$8,300	\$8,198	\$7,959

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,806	\$5,224	\$5,157
2	Net Patient Revenue per Discharge	\$22,529	\$23,100	\$23,193
3	Net Patient Revenue per EPD	\$1,855	\$1,937	\$1,836
4	Net Patient Revenue per ED	\$8,697	\$8,564	\$8,256
5	Net Patient Revenue per CMAEPD	\$1,481	\$1,529	\$1,413
6	Net Patient Revenue per CMAED	\$6,941	\$6,762	\$6,354
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$5,254	\$5,627	\$5,687
2	Total Operating Expense per Discharge	\$24,631	\$24,885	\$25,577
3	Total Operating Expense per EPD	\$2,028	\$2,086	\$2,025
4	Total Operating Expense per ED	\$9,508	\$9,225	\$9,105
5	Total Operating Expense per CMAEPD	\$1,619	\$1,647	\$1,558
6	Total Operating Expense per CMAED	\$7,588	\$7,284	\$7,008
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$40,921,636	\$40,670,258	\$42,101,513
2	Nursing Fringe Benefits Expense	\$14,645,164	\$14,949,101	\$15,677,067
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$55,566,800</b>	<b>\$55,619,359</b>	<b>\$57,778,580</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$367,754	\$389,032	\$600,900
2	Physician Fringe Benefits Expense	\$131,613	\$142,996	\$223,753
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$499,367</b>	<b>\$532,028</b>	<b>\$824,653</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$101,054,229	\$99,580,813	\$100,136,596
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$36,165,592	\$36,602,758	\$37,287,214
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$137,219,821</b>	<b>\$136,183,571</b>	<b>\$137,423,810</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$142,343,619	\$140,640,103	\$142,839,009
2	Total Fringe Benefits Expense	\$50,942,369	\$51,694,855	\$53,188,034
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$193,285,988</b>	<b>\$192,334,958</b>	<b>\$196,027,043</b>



LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	407.3	417.1	429.8
2	Total Physician FTEs	1.6	1.6	1.5
3	Total Non-Nursing, Non-Physician FTEs	1440.2	1407.0	1394.4
4	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,849.1</b>	<b>1,825.7</b>	<b>1,825.7</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$100,471	\$97,507	\$97,956
2	Nursing Fringe Benefits Expense per FTE	\$35,957	\$35,841	\$36,475
3	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$136,427</b>	<b>\$133,348</b>	<b>\$134,431</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$229,846	\$243,145	\$400,600
2	Physician Fringe Benefits Expense per FTE	\$82,258	\$89,373	\$149,169
3	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$312,104</b>	<b>\$332,518</b>	<b>\$549,769</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$70,167	\$70,775	\$71,813
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$25,112	\$26,015	\$26,741
3	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$95,278</b>	<b>\$96,790</b>	<b>\$98,554</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$76,980	\$77,034	\$78,238
2	Total Fringe Benefits Expense per FTE	\$27,550	\$28,315	\$29,133
3	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$104,530</b>	<b>\$105,349</b>	<b>\$107,371</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,914	\$3,091	\$3,233
2	Total Salary and Fringe Benefits Expense per Discharge	\$13,660	\$13,670	\$14,540
3	Total Salary and Fringe Benefits Expense per EPD	\$1,125	\$1,146	\$1,151
4	Total Salary and Fringe Benefits Expense per ED	\$5,273	\$5,068	\$5,176
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$898	\$905	\$886
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,208	\$4,001	\$3,984