

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$6,917,676	\$13,348,901	\$6,431,225	93%
2	Short Term Investments	\$128,450,331	\$107,365,636	(\$21,084,695)	-16%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$36,289,187	\$37,925,784	\$1,636,597	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$2,064,619	\$2,065,142	\$523	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$6,580,753	\$6,194,355	(\$386,398)	-6%
8	Prepaid Expenses	\$2,689,506	\$3,125,348	\$435,842	16%
9	Other Current Assets	\$5,460,822	\$5,435,867	(\$24,955)	0%
	<b>Total Current Assets</b>	<b>\$188,452,894</b>	<b>\$175,461,033</b>	<b>(\$12,991,861)</b>	<b>-7%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$925,227	\$926,080	\$853	0%
2	Board Designated for Capital Acquisition	\$561,676	\$0	(\$561,676)	-100%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$26,176,209	\$21,590,850	(\$4,585,359)	-18%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$27,663,112</b>	<b>\$22,516,930</b>	<b>(\$5,146,182)</b>	<b>-19%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$18,852,471	\$21,783,378	\$2,930,907	16%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$424,781,064	\$432,048,550	\$7,267,486	2%
2	Less: Accumulated Depreciation	\$265,615,131	\$283,857,350	\$18,242,219	7%
	<b>Property, Plant and Equipment, Net</b>	<b>\$159,165,933</b>	<b>\$148,191,200</b>	<b>(\$10,974,733)</b>	<b>-7%</b>
3	Construction in Progress	\$1,691,863	\$2,785,773	\$1,093,910	65%
	<b>Total Net Fixed Assets</b>	<b>\$160,857,796</b>	<b>\$150,976,973</b>	<b>(\$9,880,823)</b>	<b>-6%</b>
	<b>Total Assets</b>	<b>\$395,826,273</b>	<b>\$370,738,314</b>	<b>(\$25,087,959)</b>	<b>-6%</b>

## LAWRENCE AND MEMORIAL HOSPITAL

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II.	<b>LIABILITIES AND NET ASSETS</b>				
A.	<b>Current Liabilities:</b>				
1	Accounts Payable and Accrued Expenses	\$36,760,174	\$43,009,002	\$6,248,828	17%
2	Salaries, Wages and Payroll Taxes	\$5,728,350	\$4,908,525	(\$819,825)	-14%
3	Due To Third Party Payers	\$5,165,225	\$6,711,203	\$1,545,978	30%
4	Due To Affiliates	\$2,215,430	\$2,512,703	\$297,273	13%
5	Current Portion of Long Term Debt	\$5,342,305	\$5,495,740	\$153,435	3%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$55,211,484</b>	<b>\$62,637,173</b>	<b>\$7,425,689</b>	<b>13%</b>
B.	<b>Long Term Debt:</b>				
1	Bonds Payable (Net of Current Portion)	\$108,587,802	\$102,938,747	(\$5,649,055)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$108,587,802</b>	<b>\$102,938,747</b>	<b>(\$5,649,055)</b>	<b>-5%</b>
3	Accrued Pension Liability	\$43,216,010	\$52,989,394	\$9,773,384	23%
4	Other Long Term Liabilities	\$20,601,530	\$23,691,278	\$3,089,748	15%
	<b>Total Long Term Liabilities</b>	<b>\$172,405,342</b>	<b>\$179,619,419</b>	<b>\$7,214,077</b>	<b>4%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<b>Net Assets:</b>				
1	Unrestricted Net Assets or Equity	\$138,729,444	\$103,558,083	(\$35,171,361)	-25%
2	Temporarily Restricted Net Assets	\$23,432,028	\$18,960,042	(\$4,471,986)	-19%
3	Permanently Restricted Net Assets	\$6,047,975	\$5,963,597	(\$84,378)	-1%
	<b>Total Net Assets</b>	<b>\$168,209,447</b>	<b>\$128,481,722</b>	<b>(\$39,727,725)</b>	<b>-24%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$395,826,273</b>	<b>\$370,738,314</b>	<b>(\$25,087,959)</b>	<b>-6%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$788,136,574	\$839,272,512	\$51,135,938	6%
2	Less: Allowances	\$446,477,554	\$483,222,533	\$36,744,979	8%
3	Less: Charity Care	\$5,449,069	\$5,405,542	(\$43,527)	-1%
4	Less: Other Deductions	\$2,458,020	\$12,823,282	\$10,365,262	422%
	<b>Total Net Patient Revenue</b>	<b>\$333,751,931</b>	<b>\$337,821,155</b>	<b>\$4,069,224</b>	<b>1%</b>
5	Provision for Bad Debts	\$14,966,698	\$12,798,310	(\$2,168,388)	-14%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$318,785,233</b>	<b>\$325,022,845</b>	<b>\$6,237,612</b>	<b>2%</b>
6	Other Operating Revenue	\$29,607,174	\$30,854,159	\$1,246,985	4%
7	Net Assets Released from Restrictions	\$671,797	\$577,092	(\$94,705)	-14%
	<b>Total Operating Revenue</b>	<b>\$349,064,204</b>	<b>\$356,454,096</b>	<b>\$7,389,892</b>	<b>2%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$142,343,619	\$140,640,103	(\$1,703,516)	-1%
2	Fringe Benefits	\$50,942,369	\$51,694,855	\$752,486	1%
3	Physicians Fees	\$0	\$0	\$0	0%
4	Supplies and Drugs	\$52,151,445	\$56,133,288	\$3,981,843	8%
5	Depreciation and Amortization	\$22,635,125	\$23,641,535	\$1,006,410	4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,542,721	\$3,553,690	\$10,969	0%
8	Malpractice Insurance Cost	\$4,538,822	\$4,818,820	\$279,998	6%
9	Other Operating Expenses	\$72,371,379	\$69,645,662	(\$2,725,717)	-4%
	<b>Total Operating Expenses</b>	<b>\$348,525,480</b>	<b>\$350,127,953</b>	<b>\$1,602,473</b>	<b>0%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$538,724</b>	<b>\$6,326,143</b>	<b>\$5,787,419</b>	<b>1074%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$8,788,601	\$9,936,909	\$1,148,308	13%
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>\$8,788,601</b>	<b>\$9,936,909</b>	<b>\$1,148,308</b>	<b>13%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$9,327,325</b>	<b>\$16,263,052</b>	<b>\$6,935,727</b>	<b>74%</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>\$9,327,325</b>	<b>\$16,263,052</b>	<b>\$6,935,727</b>	<b>74%</b>
	Principal Payments	\$3,210,000	\$3,370,000	\$160,000	5%

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$142,964,177	\$142,133,356	(\$830,821)	-1%
2	MEDICARE MANAGED CARE	\$22,848,389	\$26,516,182	\$3,667,793	16%
3	MEDICAID	\$53,016,167	\$59,068,288	\$6,052,121	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$11,029,201	\$11,008,953	(\$20,248)	0%
6	COMMERCIAL INSURANCE	\$8,214,775	\$7,857,016	(\$357,759)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$60,930,139	\$58,048,390	(\$2,881,749)	-5%
8	WORKER'S COMPENSATION	\$2,189,315	\$3,310,870	\$1,121,555	51%
9	SELF- PAY/UNINSURED	\$1,312,711	\$1,054,326	(\$258,385)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,736,683	\$2,140,405	\$403,722	23%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$304,241,557</b>	<b>\$311,137,786</b>	<b>\$6,896,229</b>	<b>2%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$143,948,555	\$162,870,608	\$18,922,053	13%
2	MEDICARE MANAGED CARE	\$29,103,412	\$35,209,167	\$6,105,755	21%
3	MEDICAID	\$81,713,156	\$93,379,302	\$11,666,146	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$22,637,292	\$22,841,698	\$204,406	1%
6	COMMERCIAL INSURANCE	\$17,698,069	\$18,888,687	\$1,190,618	7%
7	NON-GOVERNMENT MANAGED CARE	\$168,710,858	\$175,015,092	\$6,304,234	4%
8	WORKER'S COMPENSATION	\$8,121,946	\$8,514,808	\$392,862	5%
9	SELF- PAY/UNINSURED	\$10,088,487	\$8,932,325	(\$1,156,162)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,873,241	\$2,483,037	\$609,796	33%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$483,895,016</b>	<b>\$528,134,724</b>	<b>\$44,239,708</b>	<b>9%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$286,912,732	\$305,003,964	\$18,091,232	6%
2	MEDICARE MANAGED CARE	\$51,951,801	\$61,725,349	\$9,773,548	19%
3	MEDICAID	\$134,729,323	\$152,447,590	\$17,718,267	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$33,666,493	\$33,850,651	\$184,158	1%
6	COMMERCIAL INSURANCE	\$25,912,844	\$26,745,703	\$832,859	3%
7	NON-GOVERNMENT MANAGED CARE	\$229,640,997	\$233,063,482	\$3,422,485	1%
8	WORKER'S COMPENSATION	\$10,311,261	\$11,825,678	\$1,514,417	15%
9	SELF- PAY/UNINSURED	\$11,401,198	\$9,986,651	(\$1,414,547)	-12%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$3,609,924	\$4,623,442	\$1,013,518	28%
	<b>TOTAL GROSS REVENUE</b>	<b>\$788,136,573</b>	<b>\$839,272,510</b>	<b>\$51,135,937</b>	<b>6%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$65,139,841	\$59,195,122	(\$5,944,719)	-9%
2	MEDICARE MANAGED CARE	\$9,247,649	\$11,158,243	\$1,910,594	21%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$15,703,121	\$16,753,204	\$1,050,083	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$5,008,631	\$4,609,438	(\$399,193)	-8%
6	COMMERCIAL INSURANCE	\$3,134,633	\$2,333,081	(\$801,552)	-26%
7	NON-GOVERNMENT MANAGED CARE	\$45,965,805	\$43,494,998	(\$2,470,807)	-5%
8	WORKER'S COMPENSATION	\$1,916,948	\$2,630,438	\$713,490	37%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$554,981	\$825,171	\$270,190	49%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$146,671,609</b>	<b>\$140,999,695</b>	<b>(\$5,671,914)</b>	<b>-4%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$35,003,824	\$43,097,148	\$8,093,324	23%
2	MEDICARE MANAGED CARE	\$6,710,258	\$8,734,817	\$2,024,559	30%
3	MEDICAID	\$18,881,597	\$23,144,138	\$4,262,541	23%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$5,573,648	\$5,268,282	(\$305,366)	-5%
6	COMMERCIAL INSURANCE	\$5,423,978	\$5,360,924	(\$63,054)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$101,029,807	\$104,092,886	\$3,063,079	3%
8	WORKER'S COMPENSATION	\$5,452,188	\$6,088,809	\$636,621	12%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$458,477	\$1,037,064	\$578,587	126%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$178,533,777</b>	<b>\$196,824,068</b>	<b>\$18,290,291</b>	<b>10%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$100,143,665	\$102,292,270	\$2,148,605	2%
2	MEDICARE MANAGED CARE	\$15,957,907	\$19,893,060	\$3,935,153	25%
3	MEDICAID	\$34,584,718	\$39,897,342	\$5,312,624	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$10,582,279	\$9,877,720	(\$704,559)	-7%
6	COMMERCIAL INSURANCE	\$8,558,611	\$7,694,005	(\$864,606)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$146,995,612	\$147,587,884	\$592,272	0%
8	WORKER'S COMPENSATION	\$7,369,136	\$8,719,247	\$1,350,111	18%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,013,458	\$1,862,235	\$848,777	84%
	<b>TOTAL NET REVENUE</b>	<b>\$325,205,386</b>	<b>\$337,823,763</b>	<b>\$12,618,377</b>	<b>4%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	5,522	5,595	73	1%
2	MEDICARE MANAGED CARE	840	932	92	11%
3	MEDICAID	3,032	3,087	55	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	855	812	(43)	-5%
6	COMMERCIAL INSURANCE	469	427	(42)	-9%
7	NON-GOVERNMENT MANAGED CARE	3,167	2,938	(229)	-7%
8	WORKER'S COMPENSATION	70	97	27	39%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	89	59	(30)	-34%
10	SAGA	0	0	0	0%
11	OTHER	106	123	17	16%
	<b>TOTAL DISCHARGES</b>	<b>14,150</b>	<b>14,070</b>	<b>(80)</b>	<b>-1%</b>
<b>B.</b>	<b><u>PATIENT DAYS</u></b>				
1	MEDICARE TRADITIONAL	30,887	27,855	(3,032)	-10%
2	MEDICARE MANAGED CARE	4,216	4,710	494	12%
3	MEDICAID	13,576	13,835	259	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	2,682	2,528	(154)	-6%
6	COMMERCIAL INSURANCE	2,009	1,726	(283)	-14%
7	NON-GOVERNMENT MANAGED CARE	12,061	10,607	(1,454)	-12%
8	WORKER'S COMPENSATION	240	309	69	29%
9	SELF- PAY/UNINSURED	259	166	(93)	-36%
10	SAGA	0	0	0	0%
11	OTHER	402	483	81	20%
	<b>TOTAL PATIENT DAYS</b>	<b>66,332</b>	<b>62,219</b>	<b>(4,113)</b>	<b>-6%</b>
<b>C.</b>	<b><u>OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	129,103	125,896	(3,207)	-2%
2	MEDICARE MANAGED CARE	24,415	26,350	1,935	8%
3	MEDICAID	42,259	45,871	3,612	9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	11,430	10,972	(458)	-4%
6	COMMERCIAL INSURANCE	65,832	60,023	(5,809)	-9%
7	NON-GOVERNMENT MANAGED CARE	73,734	71,298	(2,436)	-3%
8	WORKER'S COMPENSATION	4,338	4,505	167	4%
9	SELF- PAY/UNINSURED	2,804	2,215	(589)	-21%
10	SAGA	0	0	0	0%
11	OTHER	1,013	1,048	35	3%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>354,928</b>	<b>348,178</b>	<b>(6,750)</b>	<b>-2%</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	\$17,281,868	\$20,036,472	\$2,754,604	16%
2	MEDICARE MANAGED CARE	\$2,766,318	\$3,535,453	\$769,135	28%
3	MEDICAID	\$29,842,422	\$35,391,736	\$5,549,314	19%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$6,518,888	\$6,817,553	\$298,665	5%
6	COMMERCIAL INSURANCE	\$3,526,549	\$2,452,599	(\$1,073,950)	-30%
7	NON-GOVERNMENT MANAGED CARE	\$23,545,359	\$26,684,339	\$3,138,980	13%
8	WORKER'S COMPENSATION	\$1,426,993	\$1,684,827	\$257,834	18%
9	SELF- PAY/UNINSURED	\$3,737,996	\$3,246,970	(\$491,026)	-13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$881,641	\$1,184,517	\$302,876	34%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$89,528,034</b>	<b>\$101,034,466</b>	<b>\$11,506,432</b>	<b>13%</b>
<b>B.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$3,794,546	\$4,005,943	\$211,397	6%

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$640,299	\$695,379	\$55,080	9%
3	MEDICAID	\$6,816,525	\$7,004,849	\$188,324	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,770,718	\$1,701,437	(\$69,281)	-4%
6	COMMERCIAL INSURANCE	\$2,307,070	\$1,589,547	(\$717,523)	-31%
7	NON-GOVERNMENT MANAGED CARE	\$13,246,729	\$14,957,591	\$1,710,862	13%
8	WORKER'S COMPENSATION	\$1,084,760	\$1,142,281	\$57,521	5%
9	SELF- PAY/UNINSURED	\$0	\$0	\$0	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$181,477	\$225,624	\$44,147	24%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$29,842,124</b>	<b>\$31,322,651</b>	<b>\$1,480,527</b>	<b>5%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	11,740	12,257	517	4%
2	MEDICARE MANAGED CARE	1,751	2,025	274	16%
3	MEDICAID	27,905	29,360	1,455	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	5,866	5,611	(255)	-4%
6	COMMERCIAL INSURANCE	4,319	1,729	(2,590)	-60%
7	NON-GOVERNMENT MANAGED CARE	18,117	19,622	1,505	8%
8	WORKER'S COMPENSATION	1,669	1,647	(22)	-1%
9	SELF- PAY/UNINSURED	3,682	2,595	(1,087)	-30%
10	SAGA	0	0	0	0%
11	OTHER	418	795	377	90%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>75,467</b>	<b>75,641</b>	<b>174</b>	<b>0%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>OPERATING EXPENSE BY CATEGORY</b>				
<b>A.</b>	<b>Salaries &amp; Wages:</b>				
1	Nursing Salaries	\$40,921,636	\$40,670,258	(\$251,378)	-1%
2	Physician Salaries	\$367,754	\$389,032	\$21,278	6%
3	Non-Nursing, Non-Physician Salaries	\$101,054,229	\$99,580,813	(\$1,473,416)	-1%
	<b>Total Salaries &amp; Wages</b>	<b>\$142,343,619</b>	<b>\$140,640,103</b>	<b>(\$1,703,516)</b>	<b>-1%</b>
<b>B.</b>	<b>Fringe Benefits:</b>				
1	Nursing Fringe Benefits	\$14,645,164	\$14,949,101	\$303,937	2%
2	Physician Fringe Benefits	\$131,613	\$142,996	\$11,383	9%
3	Non-Nursing, Non-Physician Fringe Benefits	\$36,165,592	\$36,602,758	\$437,166	1%
	<b>Total Fringe Benefits</b>	<b>\$50,942,369</b>	<b>\$51,694,855</b>	<b>\$752,486</b>	<b>1%</b>
<b>C.</b>	<b>Contractual Labor Fees:</b>				
1	Nursing Fees	\$227,632	\$182,310	(\$45,322)	-20%
2	Physician Fees	\$0	\$0	\$0	0%
3	Non-Nursing, Non-Physician Fees	\$952,405	\$1,062,834	\$110,429	12%
	<b>Total Contractual Labor Fees</b>	<b>\$1,180,037</b>	<b>\$1,245,144</b>	<b>\$65,107</b>	<b>6%</b>
<b>D.</b>	<b>Medical Supplies and Pharmaceutical Cost:</b>				
1	Medical Supplies	\$29,345,396	\$30,584,247	\$1,238,851	4%
2	Pharmaceutical Costs	\$22,806,049	\$25,549,041	\$2,742,992	12%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$52,151,445</b>	<b>\$56,133,288</b>	<b>\$3,981,843</b>	<b>8%</b>
<b>E.</b>	<b>Depreciation and Amortization:</b>				
1	Depreciation-Building	\$4,329,057	\$4,870,793	\$541,736	13%
2	Depreciation-Equipment	\$17,199,741	\$17,811,015	\$611,274	4%
3	Amortization	\$1,106,327	\$959,727	(\$146,600)	-13%
	<b>Total Depreciation and Amortization</b>	<b>\$22,635,125</b>	<b>\$23,641,535</b>	<b>\$1,006,410</b>	<b>4%</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	\$3,542,721	\$3,553,690	\$10,969	0%
<b>H.</b>	<b>Malpractice Insurance Cost:</b>				
1	Malpractice Insurance Cost	\$4,538,822	\$4,818,820	\$279,998	6%
<b>I.</b>	<b>Utilities:</b>				
1	Water	\$195,930	\$179,870	(\$16,060)	-8%
2	Natural Gas	\$1,026,335	\$1,083,143	\$56,808	6%
3	Oil	\$55,080	\$17,093	(\$37,987)	-69%
4	Electricity	\$3,219,818	\$3,177,410	(\$42,408)	-1%
5	Telephone	\$465,295	\$903,759	\$438,464	94%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$4,962,458</b>	<b>\$5,361,275</b>	<b>\$398,817</b>	<b>8%</b>
<b>J.</b>	<b>Business Expenses:</b>				
1	Accounting Fees	\$746,696	\$744,087	(\$2,609)	0%
2	Legal Fees	\$1,972,751	\$938,011	(\$1,034,740)	-52%
3	Consulting Fees	\$3,424,587	\$6,596,975	\$3,172,388	93%
4	Dues and Membership	\$397,895	\$385,002	(\$12,893)	-3%
5	Equipment Leases	\$2,068,236	\$1,945,609	(\$122,627)	-6%
6	Building Leases	\$2,363,426	\$2,702,266	\$338,840	14%
7	Repairs and Maintenance	\$10,335,192	\$11,575,820	\$1,240,628	12%
8	Insurance	\$1,021,372	\$1,040,315	\$18,943	2%
9	Travel	\$327,728	\$343,325	\$15,597	5%
10	Conferences	\$4,847	\$13,000	\$8,153	168%



<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
11	Property Tax	\$85,101	\$179,170	\$94,069	111%
12	General Supplies	\$1,685,365	\$1,779,347	\$93,982	6%
13	Licenses and Subscriptions	\$515,124	\$640,050	\$124,926	24%
14	Postage and Shipping	\$198,776	\$236,255	\$37,479	19%
15	Advertising	\$1,228,879	\$1,322,291	\$93,412	8%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$374,395	\$632,110	\$257,715	69%
18	Computer hardware & small equipment	\$94,323	\$79,882	(\$14,441)	-15%
19	Dietary / Food Services	\$2,091,455	\$1,982,677	(\$108,778)	-5%
20	Lab Fees / Red Cross charges	\$1,143,749	\$976,698	(\$167,051)	-15%
21	Billing & Collection / Bank Fees	\$538,059	\$487,671	(\$50,388)	-9%
22	Recruiting / Employee Education & Recognition	\$517,699	\$363,597	(\$154,102)	-30%
23	Laundry / Linen	\$47,630	\$40,977	(\$6,653)	-14%
24	Professional / Physician Fees	\$5,868,901	\$8,776,142	\$2,907,241	50%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$15,978,684	\$4,768,761	(\$11,209,923)	-70%
27	Purchased Services - Non Medical	\$11,895,602	\$12,719,370	\$823,768	7%
28	Other Business Expenses	\$608,002	\$1,168,984	\$560,982	92%
	<b>Total Business Expenses</b>	<b>\$65,534,474</b>	<b>\$62,438,392</b>	<b>(\$3,096,082)</b>	<b>-5%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$694,410	\$600,851	(\$93,559)	-13%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$348,525,480</b>	<b>\$350,127,953</b>	<b>\$1,602,473</b>	<b>0%</b>
	<b>*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$22,278,004	\$21,854,054	(\$423,950)	-2%
2	General Accounting	\$2,357,845	\$2,072,390	(\$285,455)	-12%
3	Patient Billing & Collection	\$5,513,327	\$5,452,007	(\$61,320)	-1%
4	Admitting / Registration Office	\$6,679,269	\$6,592,924	(\$86,345)	-1%
5	Data Processing	\$9,845,104	\$10,695,890	\$850,786	9%
6	Communications	\$366,347	\$364,288	(\$2,059)	-1%
7	Personnel	\$53,979,813	\$53,660,271	(\$319,542)	-1%
8	Public Relations	\$755,967	\$1,740,465	\$984,498	130%
9	Purchasing	\$1,624,797	\$2,537,020	\$912,223	56%
10	Dietary and Cafeteria	\$4,907,800	\$4,613,598	(\$294,202)	-6%
11	Housekeeping	\$4,184,889	\$4,202,487	\$17,598	0%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$3,803,595	\$4,018,508	\$214,913	6%
14	Security	\$2,241,726	\$1,540,180	(\$701,546)	-31%
15	Repairs and Maintenance	\$5,918,384	\$6,089,115	\$170,731	3%
16	Central Sterile Supply	\$1,883,816	\$2,028,759	\$144,943	8%
17	Pharmacy Department	\$26,537,072	\$29,691,993	\$3,154,921	12%
18	Other General Services	\$6,032,372	\$7,478,875	\$1,446,503	24%
	<b>Total General Services</b>	<b>\$158,910,127</b>	<b>\$164,632,824</b>	<b>\$5,722,697</b>	<b>4%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$475,124	\$387,046	(\$88,078)	-19%
2	Residency Program	\$116,472	\$122,349	\$5,877	5%
3	Nursing Services Administration	\$2,363,742	\$2,389,086	\$25,344	1%
4	Medical Records	\$4,782,214	\$4,750,469	(\$31,745)	-1%
5	Social Service	\$2,673,264	\$2,727,088	\$53,824	2%
6	Other Professional Services	\$4,773,424	\$5,370,515	\$597,091	13%
	<b>Total Professional Services</b>	<b>\$15,184,240</b>	<b>\$15,746,553</b>	<b>\$562,313</b>	<b>4%</b>
<b>C.</b>	<b>Special Services:</b>				

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
1	Operating Room	\$22,619,858	\$24,566,779	\$1,946,921	9%
2	Recovery Room	\$1,276,538	\$994,955	(\$281,583)	-22%
3	Anesthesiology	\$495,304	\$496,839	\$1,535	0%
4	Delivery Room	\$110,558	\$118,500	\$7,942	7%
5	Diagnostic Radiology	\$4,112,649	\$3,565,288	(\$547,361)	-13%
6	Diagnostic Ultrasound	\$3,605,420	\$2,935,254	(\$670,166)	-19%
7	Radiation Therapy	\$2,706,468	\$2,994,087	\$287,619	11%
8	Radioisotopes	\$1,799,336	\$1,516,757	(\$282,579)	-16%
9	CT Scan	\$2,434,533	\$2,037,069	(\$397,464)	-16%
10	Laboratory	\$15,937,194	\$15,223,990	(\$713,204)	-4%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,722,750	\$1,496,892	(\$225,858)	-13%
13	Electrocardiology	\$661	\$4,158	\$3,497	529%
14	Electroencephalography	\$266,106	\$278,878	\$12,772	5%
15	Occupational Therapy	\$1,815,779	\$1,801,640	(\$14,139)	-1%
16	Speech Pathology	\$844,200	\$744,589	(\$99,611)	-12%
17	Audiology	\$718,986	\$755,221	\$36,235	5%
18	Respiratory Therapy	\$2,913,142	\$2,713,543	(\$199,599)	-7%
19	Pulmonary Function	\$315	\$727	\$412	131%
20	Intravenous Therapy	\$2,418,530	\$2,154,621	(\$263,909)	-11%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,664,378	\$1,736,261	\$71,883	4%
23	Renal Dialysis	\$571,366	\$468,917	(\$102,449)	-18%
24	Emergency Room	\$11,431,003	\$10,593,872	(\$837,131)	-7%
25	MRI	\$1,854,886	\$1,619,012	(\$235,874)	-13%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,001,909	\$982,511	(\$19,398)	-2%
29	Sleep Center	\$1,134,357	\$1,106,596	(\$27,761)	-2%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$5,171,847	\$4,075,654	(\$1,096,193)	-21%
32	Occupational Therapy / Physical Therapy	\$4,019,022	\$3,828,129	(\$190,893)	-5%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$8,570,782	\$7,600,420	(\$970,362)	-11%
	<b>Total Special Services</b>	<b>\$101,217,877</b>	<b>\$96,411,159</b>	<b>(\$4,806,718)</b>	<b>-5%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$22,883,586	\$20,272,594	(\$2,610,992)	-11%
2	Intensive Care Unit	\$3,256,042	\$2,873,975	(\$382,067)	-12%
3	Coronary Care Unit	\$3,525,891	\$3,260,733	(\$265,158)	-8%
4	Psychiatric Unit	\$2,777,800	\$2,346,724	(\$431,076)	-16%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$6,812,166	\$5,986,189	(\$825,977)	-12%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$2,269,030	\$3,397,794	\$1,128,764	50%
9	Rehabilitation Unit	\$2,845,858	\$2,628,328	(\$217,530)	-8%
10	Ambulatory Surgery	\$2,009,327	\$2,000,875	(\$8,452)	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$1,194,912	\$1,211,298	\$16,386	1%
	<b>Total Routine Services</b>	<b>\$47,574,612</b>	<b>\$43,978,510</b>	<b>(\$3,596,102)</b>	<b>-8%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$25,638,624	\$29,358,907	\$3,720,283	15%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$348,525,480</b>	<b>\$350,127,953</b>	<b>\$1,602,473</b>	<b>0%</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 2015</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 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$298,930,165	\$318,785,233	\$325,022,845
2	Other Operating Revenue	23,162,066	30,278,971	31,431,251
3	Total Operating Revenue	\$322,092,231	\$349,064,204	\$356,454,096
4	Total Operating Expenses	312,019,235	348,525,480	350,127,953
5	Income/(Loss) From Operations	\$10,072,996	\$538,724	\$6,326,143
6	Total Non-Operating Revenue	6,163,570	8,788,601	9,936,909
7	Excess/(Deficiency) of Revenue Over Expenses	\$16,236,566	\$9,327,325	\$16,263,052
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	3.07%	0.15%	1.73%
2	Hospital Non Operating Margin	1.88%	2.46%	2.71%
3	Hospital Total Margin	4.95%	2.61%	4.44%
4	Income/(Loss) From Operations	\$10,072,996	\$538,724	\$6,326,143
5	Total Operating Revenue	\$322,092,231	\$349,064,204	\$356,454,096
6	Total Non-Operating Revenue	\$6,163,570	\$8,788,601	\$9,936,909
7	Total Revenue	\$328,255,801	\$357,852,805	\$366,391,005
8	Excess/(Deficiency) of Revenue Over Expenses	\$16,236,566	\$9,327,325	\$16,263,052
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$171,018,998	\$138,729,444	\$103,558,083
2	Hospital Total Net Assets	\$199,164,500	\$168,209,447	\$128,481,722
3	Hospital Change in Total Net Assets	\$29,168,878	(\$30,955,053)	(\$39,727,725)
4	Hospital Change in Total Net Assets %	117.2%	-15.5%	-23.6%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</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 2013</b>	<b>FY 2014</b>	<b>FY 2015</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>0.43</b>	<b>0.40</b>
2	Total Operating Expenses	\$312,019,235	\$348,525,480	\$350,127,953
3	Total Gross Revenue	\$709,327,864	\$788,136,573	\$839,272,510
4	Total Other Operating Revenue	\$22,653,789	\$29,607,174	\$30,854,159
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.47</b>	<b>1.44</b>	<b>1.50</b>
6	Total Non-Government Payments	\$153,692,715	\$162,923,359	\$164,001,136
7	Total Uninsured Payments	\$0	\$0	\$0
8	Total Non-Government Charges	\$257,213,323	\$277,266,300	\$281,621,514
9	Total Uninsured Charges	\$12,102,791	\$11,401,198	\$9,986,651
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.82</b>	<b>0.80</b>	<b>0.83</b>
11	Total Medicare Payments	\$102,576,018	\$116,101,572	\$122,185,330
12	Total Medicare Charges	\$293,561,905	\$338,864,533	\$366,729,313
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.68</b>	<b>0.60</b>	<b>0.65</b>
14	Total Medicaid Payments	\$35,393,428	\$34,584,718	\$39,897,342
15	Total Medicaid Charges	\$121,256,092	\$134,729,323	\$152,447,590
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$6,701,686</b>	<b>\$7,521,803</b>	<b>\$6,054,582</b>
17	Charity Care	\$3,684,045	\$2,681,674	\$2,248,341
18	Bad Debts	\$12,037,777	\$14,966,698	\$12,798,310
19	Total Uncompensated Care	\$15,721,822	\$17,648,372	\$15,046,651
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.1%</b>	<b>2.2%</b>	<b>1.7%</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
21	Total Operating Expenses	\$312,019,235	\$348,525,480	\$350,127,953
<b>E. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>4</b>	<b>3</b>	<b>3</b>
2	Total Current Assets	\$193,504,592	\$188,452,894	\$175,461,033
3	Total Current Liabilities	\$49,256,071	\$55,211,484	\$62,637,173
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>164</b>	<b>152</b>	<b>135</b>
5	Cash and Cash Equivalents	\$301,175	\$6,917,676	\$13,348,901
6	Short Term Investments	130,950,161	128,450,331	107,365,636
7	Total Cash and Short Term Investments	\$131,251,336	\$135,368,007	\$120,714,537
8	Total Operating Expenses	\$312,019,235	\$348,525,480	\$350,127,953
9	Depreciation Expense	\$20,641,159	\$22,635,125	\$23,641,535
10	Operating Expenses less Depreciation Expense	\$291,378,076	\$325,890,355	\$326,486,418
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>37</b>	<b>36</b>	<b>35</b>
12	Net Patient Accounts Receivable	\$33,778,305	\$36,289,187	\$37,925,784
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$3,826,094	\$5,165,225	\$6,711,203
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$29,952,211	\$31,123,962	\$31,214,581
16	Total Net Patient Revenue	\$298,930,165	\$318,785,233	\$325,022,845
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>62</b>	<b>62</b>	<b>70</b>
18	Total Current Liabilities	\$49,256,071	\$55,211,484	\$62,637,173
19	Total Operating Expenses	\$312,019,235	\$348,525,480	\$350,127,953
20	Depreciation Expense	\$20,641,159	\$22,635,125	\$23,641,535

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
		<b><u>FY 2013</u></b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>
21	Total Operating Expenses less Depreciation Expense	\$291,378,076	\$325,890,355	\$326,486,418
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>50.4</b>	<b>42.5</b>	<b>34.7</b>
2	Total Net Assets	\$199,164,500	\$168,209,447	\$128,481,722
3	Total Assets	\$394,944,216	\$395,826,273	\$370,738,314
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>27.2</b>	<b>19.5</b>	<b>24.1</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$16,236,566	\$9,327,325	\$16,263,052
6	Depreciation Expense	\$20,641,159	\$22,635,125	\$23,641,535
7	Excess of Revenues Over Expenses and Depreciation Expense	\$36,877,725	\$31,962,450	\$39,904,587
8	Total Current Liabilities	\$49,256,071	\$55,211,484	\$62,637,173
9	Total Long Term Debt	\$86,439,477	\$108,587,802	\$102,938,747
10	Total Current Liabilities and Total Long Term Debt	\$135,695,548	\$163,799,286	\$165,575,920
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>30.3</b>	<b>39.2</b>	<b>44.5</b>
12	Total Long Term Debt	\$86,439,477	\$108,587,802	\$102,938,747
13	Total Net Assets	\$199,164,500	\$168,209,447	\$128,481,722
14	Total Long Term Debt and Total Net Assets	\$285,603,977	\$276,797,249	\$231,420,469
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>6.9</b>	<b>5.3</b>	<b>6.3</b>
16	Excess Revenues over Expenses	16,236,566	\$9,327,325	\$16,263,052
17	Interest Expense	2,705,025	\$3,542,721	\$3,553,690
18	Depreciation and Amortization Expense	20,641,159	\$22,635,125	\$23,641,535
19	Principal Payments	3,060,000	\$3,210,000	\$3,370,000
<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 2015</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 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>20</b>	<b>Average Age of Plant</b>	<b>11.9</b>	<b>11.7</b>	<b>12.0</b>
21	Accumulated Depreciation	245,331,839	265,615,131	283,857,350
22	Depreciation and Amortization Expense	20,641,159	22,635,125	23,641,535
<b>H. Utilization Measures Summary</b>				
1	Patient Days	67,153	66,332	62,219
2	Discharges	14,649	14,150	14,070
3	ALOS	4.6	4.7	4.4
4	Staffed Beds	256	256	248
5	Available Beds	-	256	248
6	Licensed Beds	256	308	308
7	Occupancy of Staffed Beds	71.9%	71.0%	68.7%
8	Occupancy of Available Beds	71.9%	71.0%	68.7%
9	Full Time Equivalent Employees	1,921.0	1,849.1	1,825.7
<b>I. Hospital Gross Revenue Payer Mix Percentage</b>				
1	Non-Government Gross Revenue Payer Mix Percentage	34.6%	33.7%	32.4%
2	Medicare Gross Revenue Payer Mix Percentage	41.4%	43.0%	43.7%
3	Medicaid Gross Revenue Payer Mix Percentage	17.1%	17.1%	18.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.3%	0.5%	0.6%
5	Uninsured Gross Revenue Payer Mix Percentage	1.7%	1.4%	1.2%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	5.0%	4.3%	4.0%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$245,110,532	\$265,865,102	\$271,634,863
9	Medicare Gross Revenue (Charges)	\$293,561,905	\$338,864,533	\$366,729,313
10	Medicaid Gross Revenue (Charges)	\$121,256,092	\$134,729,323	\$152,447,590
11	Other Medical Assistance Gross Revenue (Charges)	\$2,077,758	\$3,609,924	\$4,623,442
12	Uninsured Gross Revenue (Charges)	\$12,102,791	\$11,401,198	\$9,986,651
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$35,218,786	\$33,666,493	\$33,850,651
14	Total Gross Revenue (Charges)	\$709,327,864	\$788,136,573	\$839,272,510
<b>J. Hospital Net Revenue Payer Mix Percentage</b>				
1	Non-Government Net Revenue Payer Mix Percentage	50.7%	50.1%	48.5%
2	Medicare Net Revenue Payer Mix Percentage	33.8%	35.7%	36.2%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
3	Medicaid Net Revenue Payer Mix Percentage	11.7%	10.6%	11.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.2%	0.3%	0.6%
5	Uninsured Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	3.7%	3.3%	2.9%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$153,692,715	\$162,923,359	\$164,001,136
9	Medicare Net Revenue (Payments)	\$102,576,018	\$116,101,572	\$122,185,330
10	Medicaid Net Revenue (Payments)	\$35,393,428	\$34,584,718	\$39,897,342
11	Other Medical Assistance Net Revenue (Payments)	\$545,894	\$1,023,458	\$1,862,234
12	Uninsured Net Revenue (Payments)	\$0	\$0	\$0
13	CHAMPUS / TRICARE Net Revenue Payments)	\$11,154,250	\$10,582,279	\$9,877,720
14	Total Net Revenue (Payments)	\$303,362,305	\$325,215,386	\$337,823,762
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	3,952	3,795	3,521
2	Medicare	6,658	6,362	6,527
3	Medical Assistance	3,096	3,138	3,210
4	Medicaid	3,069	3,032	3,087
5	Other Medical Assistance	27	106	123
6	CHAMPUS / TRICARE	943	855	812
7	Uninsured (Included In Non-Government)	67	89	59
8	Total	14,649	14,150	14,070
<b>L.</b>	<b>Case Mix Index</b>			
1	Non-Government (Including Self Pay / Uninsured)	1.13990	1.15850	1.16320
2	Medicare	1.40940	1.44560	1.44200
3	Medical Assistance	0.97290	1.04852	1.10527
4	Medicaid	0.97390	1.05160	1.11250
5	Other Medical Assistance	0.85900	0.96050	0.92370
6	CHAMPUS / TRICARE	0.88970	0.99040	0.94130
7	Uninsured (Included In Non-Government)	1.02440	1.05920	1.08290
8	Total Case Mix Index	1.21099	1.25304	1.26651
<b>M.</b>	<b>Emergency Department Visits</b>			
1	Emergency Room - Treated and Admitted	7,004	6,903	6,573
2	Emergency Room - Treated and Discharged	77,556	75,467	75,641
3	Total Emergency Room Visits	84,560	82,370	82,214



**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>MEDICARE MANAGED CARE</b>				
<b>A.</b>	<b>ANTHEM - MEDICARE BLUE CONNECTICUT</b>				
1	Inpatient Charges	\$686,409	\$640,251	(\$46,158)	-7%
2	Inpatient Payments	\$238,761	\$292,061	\$53,300	22%
3	Outpatient Charges	\$382,514	\$395,797	\$13,283	3%
4	Outpatient Payments	\$91,458	\$115,306	\$23,848	26%
5	Discharges	26	24	(2)	-8%
6	Patient Days	188	150	(38)	-20%
7	Outpatient Visits (Excludes ED Visits)	249	148	(101)	-41%
8	Emergency Department Outpatient Visits	36	31	(5)	-14%
9	Emergency Department Inpatient Admissions	14	14	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,068,923</b>	<b>\$1,036,048</b>	<b>(\$32,875)</b>	<b>-3%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$330,219</b>	<b>\$407,367</b>	<b>\$77,148</b>	<b>23%</b>
<b>B.</b>	<b>CIGNA HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C.</b>	<b>CONNECTICARE, INC.</b>				
1	Inpatient Charges	\$8,397,001	\$10,623,599	\$2,226,598	27%
2	Inpatient Payments	\$3,602,114	\$4,607,454	\$1,005,340	28%
3	Outpatient Charges	\$10,651,532	\$13,607,072	\$2,955,540	28%
4	Outpatient Payments	\$2,397,049	\$3,113,888	\$716,839	30%
5	Discharges	297	371	74	25%
6	Patient Days	1,502	1,791	289	19%
7	Outpatient Visits (Excludes ED Visits)	8,274	9,782	1,508	18%
8	Emergency Department Outpatient Visits	536	769	233	43%
9	Emergency Department Inpatient Admissions	184	176	(8)	-4%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$19,048,533</b>	<b>\$24,230,671</b>	<b>\$5,182,138</b>	<b>27%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,999,163</b>	<b>\$7,721,342</b>	<b>\$1,722,179</b>	<b>29%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 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	\$356,802	\$805,986	\$449,184	126%
2	Inpatient Payments	\$134,613	\$358,281	\$223,668	166%
3	Outpatient Charges	\$238,215	\$408,662	\$170,447	72%
4	Outpatient Payments	\$35,001	\$86,325	\$51,324	147%
5	Discharges	20	28	8	40%
6	Patient Days	82	163	81	99%
7	Outpatient Visits (Excludes ED Visits)	63	197	134	213%
8	Emergency Department Outpatient Visits	71	69	(2)	-3%
9	Emergency Department Inpatient Admissions	16	17	1	6%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$595,017</b>	<b>\$1,214,648</b>	<b>\$619,631</b>	<b>104%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$169,614</b>	<b>\$444,606</b>	<b>\$274,992</b>	<b>162%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$12,514,016	\$13,343,581	\$829,565	7%
2	Inpatient Payments	\$4,899,079	\$5,470,170	\$571,091	12%
3	Outpatient Charges	\$16,598,987	\$19,601,111	\$3,002,124	18%
4	Outpatient Payments	\$3,872,266	\$5,146,196	\$1,273,930	33%
5	Discharges	457	466	9	2%
6	Patient Days	2,226	2,389	163	7%
7	Outpatient Visits (Excludes ED Visits)	13,227	13,224	(3)	0%
8	Emergency Department Outpatient Visits	1,024	1,073	49	5%
9	Emergency Department Inpatient Admissions	271	280	9	3%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$29,113,003</b>	<b>\$32,944,692</b>	<b>\$3,831,689</b>	<b>13%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$8,771,345</b>	<b>\$10,616,366</b>	<b>\$1,845,021</b>	<b>21%</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	\$779,017	\$1,046,836	\$267,819	34%
2	Inpatient Payments	\$319,308	\$399,697	\$80,389	25%
3	Outpatient Charges	\$1,105,429	\$1,025,988	(\$79,441)	-7%
4	Outpatient Payments	\$292,206	\$209,732	(\$82,474)	-28%
5	Discharges	33	40	7	21%
6	Patient Days	198	204	6	3%
7	Outpatient Visits (Excludes ED Visits)	734	872	138	19%
8	Emergency Department Outpatient Visits	67	68	1	1%
9	Emergency Department Inpatient Admissions	24	17	(7)	-29%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$1,884,446</b>	<b>\$2,072,824</b>	<b>\$188,378</b>	<b>10%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$611,514</b>	<b>\$609,429</b>	<b>(\$2,085)</b>	<b>0%</b>

**LAWRENCE AND MEMORIAL HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$66,242	\$53,037	(\$13,205)	-20%
2	Inpatient Payments	\$26,812	\$30,027	\$3,215	12%
3	Outpatient Charges	\$54,116	\$123,724	\$69,608	129%
4	Outpatient Payments	\$11,160	\$53,401	\$42,241	379%
5	Discharges	4	3	(1)	-25%
6	Patient Days	11	13	2	18%
7	Outpatient Visits (Excludes ED Visits)	59	58	(1)	-2%
8	Emergency Department Outpatient Visits	9	13	4	44%
9	Emergency Department Inpatient Admissions	4	3	(1)	-25%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$120,358</b>	<b>\$176,761</b>	<b>\$56,403</b>	<b>47%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$37,972</b>	<b>\$83,428</b>	<b>\$45,456</b>	<b>120%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$48,902	\$2,892	(\$46,010)	-94%
2	Inpatient Payments	\$26,962	\$553	(\$26,409)	-98%
3	Outpatient Charges	\$72,619	\$46,813	(\$25,806)	-36%
4	Outpatient Payments	\$11,118	\$9,969	(\$1,149)	-10%
5	Discharges	3	0	(3)	-100%
6	Patient Days	9	0	(9)	-100%
7	Outpatient Visits (Excludes ED Visits)	58	44	(14)	-24%
8	Emergency Department Outpatient Visits	8	2	(6)	-75%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$121,521</b>	<b>\$49,705</b>	<b>(\$71,816)</b>	<b>-59%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$38,080</b>	<b>\$10,522</b>	<b>(\$27,558)</b>	<b>-72%</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 2015  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 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>\$22,848,389</b>	<b>\$26,516,182</b>	<b>\$3,667,793</b>	<b>16%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$9,247,649</b>	<b>\$11,158,243</b>	<b>\$1,910,594</b>	<b>21%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$29,103,412</b>	<b>\$35,209,167</b>	<b>\$6,105,755</b>	<b>21%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$6,710,258</b>	<b>\$8,734,817</b>	<b>\$2,024,559</b>	<b>30%</b>
	<b>TOTAL DISCHARGES</b>	<b>840</b>	<b>932</b>	<b>92</b>	<b>11%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>4,216</b>	<b>4,710</b>	<b>494</b>	<b>12%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>22,664</b>	<b>24,325</b>	<b>1,661</b>	<b>7%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>1,751</b>	<b>2,025</b>	<b>274</b>	<b>16%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>515</b>	<b>507</b>	<b>(8)</b>	<b>-2%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$51,951,801</b>	<b>\$61,725,349</b>	<b>\$9,773,548</b>	<b>19%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$15,957,907</b>	<b>\$19,893,060</b>	<b>\$3,935,153</b>	<b>25%</b>

**LAWRENCE AND MEMORIAL HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 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 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 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 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 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>



LAWRENCE +MEMORIAL CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$16,480,529	\$24,264,612	\$7,784,083	47%
2	Short Term Investments	\$184,426,039	\$162,278,643	(\$22,147,396)	-12%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$47,482,954	\$50,471,594	\$2,988,640	6%
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	\$8,393,007	\$8,154,843	(\$238,164)	-3%
8	Prepaid Expenses	\$3,748,725	\$3,810,426	\$61,701	2%
9	Other Current Assets	\$7,096,977	\$7,379,893	\$282,916	4%
	<b>Total Current Assets</b>	<b>\$267,628,231</b>	<b>\$256,360,011</b>	<b>(\$11,268,220)</b>	<b>-4%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$925,227	\$926,080	\$853	0%
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	\$52,255,363	\$46,192,305	(\$6,063,058)	-12%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$53,180,590</b>	<b>\$47,118,385</b>	<b>(\$6,062,205)</b>	<b>-11%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$0	\$0	\$0	0%
7	Other Noncurrent Assets	\$7,875,163	\$7,609,935	(\$265,228)	-3%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$478,783,309	\$490,575,752	\$11,792,443	2%
2	Less: Accumulated Depreciation	\$274,060,791	\$297,167,005	\$23,106,214	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$204,722,518</b>	<b>\$193,408,747</b>	<b>(\$11,313,771)</b>	<b>-6%</b>
3	Construction in Progress	\$2,127,781	\$2,879,995	\$752,214	35%
	<b>Total Net Fixed Assets</b>	<b>\$206,850,299</b>	<b>\$196,288,742</b>	<b>(\$10,561,557)</b>	<b>-5%</b>
	<b>Total Assets</b>	<b>\$535,534,283</b>	<b>\$507,377,073</b>	<b>(\$28,157,210)</b>	<b>-5%</b>

<b>LAWRENCE +MEMORIAL CORPORATION</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014 ACTUAL</b>	<b>FY 2015 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	\$51,753,578	\$50,862,881	(\$890,697)	-2%
2	Salaries, Wages and Payroll Taxes	\$10,671,516	\$9,618,789	(\$1,052,727)	-10%
3	Due To Third Party Payers	\$7,257,949	\$8,175,846	\$917,897	13%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$5,476,980	\$5,495,740	\$18,760	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$582,553	\$655,581	\$73,028	13%
	<b>Total Current Liabilities</b>	<b>\$75,742,576</b>	<b>\$74,808,837</b>	<b>(\$933,739)</b>	<b>-1%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$108,587,802	\$102,938,747	(\$5,649,055)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$108,587,802</b>	<b>\$102,938,747</b>	<b>(\$5,649,055)</b>	<b>-5%</b>
3	Accrued Pension Liability	\$43,216,010	\$53,468,405	\$10,252,395	24%
4	Other Long Term Liabilities	\$25,610,890	\$31,629,767	\$6,018,877	24%
	<b>Total Long Term Liabilities</b>	<b>\$177,414,702</b>	<b>\$188,036,919</b>	<b>\$10,622,217</b>	<b>6%</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	\$241,902,500	\$208,910,764	(\$32,991,736)	-14%
2	Temporarily Restricted Net Assets	\$24,770,687	\$20,286,597	(\$4,484,090)	-18%
3	Permanently Restricted Net Assets	\$15,703,818	\$15,333,956	(\$369,862)	-2%
	<b>Total Net Assets</b>	<b>\$282,377,005</b>	<b>\$244,531,317</b>	<b>(\$37,845,688)</b>	<b>-13%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$535,534,283</b>	<b>\$507,377,073</b>	<b>(\$28,157,210)</b>	<b>-5%</b>

LAWRENCE +MEMORIAL CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,078,626,933	\$1,138,320,863	\$59,693,930	6%
2	Less: Allowances	\$618,314,900	\$676,730,858	\$58,415,958	9%
3	Less: Charity Care	\$6,782,933	\$6,124,509	(\$658,424)	-10%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$453,529,100</b>	<b>\$455,465,496</b>	<b>\$1,936,396</b>	<b>0%</b>
5	Provision for Bad Debts	\$20,298,386	\$16,683,423	(\$3,614,963)	-18%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$433,230,714</b>	<b>\$438,782,073</b>	<b>\$5,551,359</b>	<b>1%</b>
6	Other Operating Revenue	\$20,795,287	\$16,375,817	(\$4,419,470)	-21%
7	Net Assets Released from Restrictions	\$876,203	\$4,831,645	\$3,955,442	451%
	<b>Total Operating Revenue</b>	<b>\$454,902,204</b>	<b>\$459,989,535</b>	<b>\$5,087,331</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$213,467,507	\$212,124,691	(\$1,342,816)	-1%
2	Fringe Benefits	\$59,185,837	\$59,040,657	(\$145,180)	0%
3	Physicians Fees	\$11,343,273	\$14,547,169	\$3,203,896	28%
4	Supplies and Drugs	\$71,998,110	\$76,774,253	\$4,776,143	7%
5	Depreciation and Amortization	\$27,479,122	\$28,953,704	\$1,474,582	5%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,554,919	\$3,553,690	(\$1,229)	0%
8	Malpractice Insurance Cost	\$13,571,427	\$16,588,039	\$3,016,612	22%
9	Other Operating Expenses	\$72,987,481	\$58,704,219	(\$14,283,262)	-20%
	<b>Total Operating Expenses</b>	<b>\$473,587,676</b>	<b>\$470,286,422</b>	<b>(\$3,301,254)</b>	<b>-1%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$18,685,472)</b>	<b>(\$10,296,887)</b>	<b>\$8,388,585</b>	<b>-45%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$15,297,404	\$11,832,973	(\$3,464,431)	-23%
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>\$15,297,404</b>	<b>\$11,832,973</b>	<b>(\$3,464,431)</b>	<b>-23%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$3,388,068)</b>	<b>\$1,536,086</b>	<b>\$4,924,154</b>	<b>-145%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$3,388,068)</b>	<b>\$1,536,086</b>	<b>\$4,924,154</b>	<b>-145%</b>

<b>LAWRENCE +MEMORIAL CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</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 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$358,189,769	\$433,230,714	\$438,782,073
2	Other Operating Revenue	22,197,644	21,671,490	21,207,462
3	Total Operating Revenue	\$380,387,413	\$454,902,204	\$459,989,535
4	Total Operating Expenses	387,805,077	473,587,676	470,286,422
5	Income/(Loss) From Operations	(\$7,417,664)	(\$18,685,472)	(\$10,296,887)
6	Total Non-Operating Revenue	9,671,018	15,297,404	11,832,973
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,253,354	(\$3,388,068)	\$1,536,086
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	-1.90%	-3.97%	-2.18%
2	Parent Corporation Non-Operating Margin	2.48%	3.25%	2.51%
3	Parent Corporation Total Margin	0.58%	-0.72%	0.33%
4	Income/(Loss) From Operations	(\$7,417,664)	(\$18,685,472)	(\$10,296,887)
5	Total Operating Revenue	\$380,387,413	\$454,902,204	\$459,989,535
6	Total Non-Operating Revenue	\$9,671,018	\$15,297,404	\$11,832,973
7	Total Revenue	\$390,058,431	\$470,199,608	\$471,822,508
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,253,354	(\$3,388,068)	\$1,536,086
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$246,531,146	\$241,902,500	\$208,910,764
2	Parent Corporation Total Net Assets	\$285,975,606	\$282,377,005	\$244,531,317
3	Parent Corporation Change in Total Net Assets	\$32,866,192	(\$3,598,601)	(\$37,845,688)
4	Parent Corporation Change in Total Net Assets %	113.0%	-1.3%	-13.4%

## LAWRENCE +MEMORIAL CORPORATION

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>D.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>3.16</b>	<b>3.53</b>	<b>3.43</b>
2	Total Current Assets	\$254,969,020	\$267,628,231	\$256,360,011
3	Total Current Liabilities	\$80,635,705	\$75,742,576	\$74,808,837
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>193</b>	<b>164</b>	<b>154</b>
5	Cash and Cash Equivalents	\$11,532,247	\$16,480,529	\$24,264,612
6	Short Term Investments	\$181,339,986	\$184,426,039	\$162,278,643
7	Total Cash and Short Term Investments	\$192,872,233	\$200,906,568	\$186,543,255
8	Total Operating Expenses	\$387,805,077	\$473,587,676	\$470,286,422
9	Depreciation Expense	\$23,023,433	\$27,479,122	\$28,953,704
10	Operating Expenses less Depreciation Expense	\$364,781,644	\$446,108,554	\$441,332,718
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>39</b>	<b>34</b>	<b>35</b>
12	Net Patient Accounts Receivable	\$ 44,410,454	\$ 47,482,954	\$ 50,471,594
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$5,870,981	\$7,257,949	\$8,175,846
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 38,539,473	\$ 40,225,005	\$ 42,295,748
16	Total Net Patient Revenue	\$358,189,769	\$433,230,714	\$438,782,073
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>81</b>	<b>62</b>	<b>62</b>
18	Total Current Liabilities	\$80,635,705	\$75,742,576	\$74,808,837
19	Total Operating Expenses	\$387,805,077	\$473,587,676	\$470,286,422
20	Depreciation Expense	\$23,023,433	\$27,479,122	\$28,953,704
20	Total Operating Expenses less Depreciation Expense	\$364,781,644	\$446,108,554	\$441,332,718

<b>LAWRENCE +MEMORIAL CORPORATION</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</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 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>E. Solvency Measures Summary</b>				
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>53.8</b>	<b>52.7</b>	<b>48.2</b>
2	Total Net Assets	\$285,975,606	\$282,377,005	\$244,531,317
3	Total Assets	\$531,599,130	\$535,534,283	\$507,377,073
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>13.9</b>	<b>13.1</b>	<b>17.2</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,253,354	(\$3,388,068)	\$1,536,086
6	Depreciation Expense	\$23,023,433	\$27,479,122	\$28,953,704
7	Excess of Revenues Over Expenses and Depreciation Expense	\$25,276,787	\$24,091,054	\$30,489,790
8	Total Current Liabilities	\$80,635,705	\$75,742,576	\$74,808,837
9	Total Long Term Debt	\$101,001,797	\$108,587,802	\$102,938,747
10	Total Current Liabilities and Total Long Term Debt	\$181,637,502	\$184,330,378	\$177,747,584
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>26.1</b>	<b>27.8</b>	<b>29.6</b>
12	Total Long Term Debt	\$101,001,797	\$108,587,802	\$102,938,747
13	Total Net Assets	\$285,975,606	\$282,377,005	\$244,531,317
14	Total Long Term Debt and Total Net Assets	\$386,977,403	\$390,964,807	\$347,470,064

LAWRENCE AND MEMORIAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
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	37,339	10,014	9,624	140	140	73.1%	73.1%
2	ICU/CCU (Excludes Neonatal ICU)	5,268	390	0	20	20	72.2%	72.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,343	631	631	18	18	81.3%	81.3%
	<b>TOTAL PSYCHIATRIC</b>	<b>5,343</b>	<b>631</b>	<b>631</b>	<b>18</b>	<b>18</b>	<b>81.3%</b>	<b>81.3%</b>
5	Rehabilitation	4,491	313	313	16	16	76.9%	76.9%
6	Maternity	4,293	1,549	1,549	24	24	49.0%	49.0%
7	Newborn	3,311	1,398	1,398	14	14	64.8%	64.8%
8	Neonatal ICU	2,150	159	0	10	10	58.9%	58.9%
9	Pediatric	24	6	6	6	6	1.1%	1.1%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>58,908</b>	<b>12,672</b>	<b>12,123</b>	<b>234</b>	<b>234</b>	<b>69.0%</b>	<b>69.0%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</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>TOTAL INPATIENT REPORTED 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>TOTAL INPATIENT PRIOR YEAR</b>	<b>66,332</b>	<b>14,150</b>	<b>13,546</b>	<b>256</b>	<b>256</b>	<b>71.0%</b>	<b>71.0%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-4,113</b>	<b>-80</b>	<b>-25</b>	<b>-8</b>	<b>-8</b>	<b>-2.3%</b>	<b>-2.3%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-6%</b>	<b>-1%</b>	<b>0%</b>	<b>-3%</b>	<b>-3%</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 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	6,520	6,348	-172	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,978	9,757	-221	-2%
3	Emergency Department Scans	7,596	7,784	188	2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>24,094</b>	<b>23,889</b>	<b>-205</b>	<b>-1%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,308	1,311	3	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	10,062	10,545	483	5%
3	Emergency Department Scans	100	146	46	46%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>11,470</b>	<b>12,002</b>	<b>532</b>	<b>5%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	6	5	-1	-17%
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>6</b>	<b>5</b>	<b>-1</b>	<b>-17%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	2	1	-1	-50%
2	Outpatient Scans (Excluding Emergency Department Scans)	392	549	157	40%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>394</b>	<b>550</b>	<b>156</b>	<b>40%</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	125	83	-42	-34%
2	Outpatient Procedures	11,696	7,723	-3,973	-34%
	<b>Total Linear Accelerator Procedures</b>	<b>11,821</b>	<b>7,806</b>	<b>-4,015</b>	<b>-34%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	344	314	-30	-9%
2	Outpatient Procedures	341	331	-10	-3%
	<b>Total Cardiac Catheterization Procedures</b>	<b>685</b>	<b>645</b>	<b>-40</b>	<b>-6%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	97	121	24	25%
2	Elective Procedures	68	63	-5	-7%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>165</b>	<b>184</b>	<b>19</b>	<b>12%</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	2,495	2,474	-21	-1%
2	Outpatient Surgical Procedures	9,710	9,870	160	2%
	<b>Total Surgical Procedures</b>	<b>12,205</b>	<b>12,344</b>	<b>139</b>	<b>1%</b>
<b>J. Endoscopy Procedures</b>					



LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	835	772	-63	-8%
2	Outpatient Endoscopy Procedures	2,096	1,951	-145	-7%
	<b>Total Endoscopy Procedures</b>	<b>2,931</b>	<b>2,723</b>	<b>-208</b>	<b>-7%</b>
	<b>K. Hospital Emergency Room Visits</b>				
1	Emergency Room Visits: Treated and Admitted	6,903	6,573	-330	-5%
2	Emergency Room Visits: Treated and Discharged	75,467	75,641	174	0%
	<b>Total Emergency Room Visits</b>	<b>82,370</b>	<b>82,214</b>	<b>-156</b>	<b>0%</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	19,789	17,342	-2,447	-12%
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 Speciality Clinics	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>19,789</b>	<b>17,342</b>	<b>-2,447</b>	<b>-12%</b>
	<b>M. Other Hospital Outpatient Visits</b>				
1	Rehabilitation (PT/OT/ST)	76,408	74,977	-1,431	-2%
2	Cardiac Rehabilitation	4,278	5,723	1,445	34%
3	Chemotherapy	6,069	6,961	892	15%
4	Gastroenterology	3,240	3,018	-222	-7%
5	Other Outpatient Visits	264,932	257,499	-7,433	-3%
	<b>Total Other Hospital Outpatient Visits</b>	<b>354,927</b>	<b>348,178</b>	<b>-6,749</b>	<b>-2%</b>
	<b>N. Hospital Full Time Equivalent Employees</b>				
1	Total Nursing FTEs	407.3	417.1	9.8	2%
2	Total Physician FTEs	1.6	1.6	0.0	0%
3	Total Non-Nursing and Non-Physician FTEs	1,440.2	1,407.0	-33.2	-2%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,849.1</b>	<b>1,825.7</b>	<b>-23.4</b>	<b>-1%</b>

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	L&M 365 Montauk Hospital	7,455	7,532	77	1%
2	Pequot Health Center Groton	2,255	2,338	83	4%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>9,710</b>	<b>9,870</b>	<b>160</b>	<b>2%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	L&M 365 Montauk Ave Hospital	2,096	1,951	-145	-7%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,096</b>	<b>1,951</b>	<b>-145</b>	<b>-7%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	L&M 365 Montauk Ave Hospital	42,035	43,083	1,048	2%
2	Pequot Health Center Groton	33,432	32,558	-874	-3%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>75,467</b>	<b>75,641</b>	<b>174</b>	<b>0%</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>					

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$165,812,566	\$168,649,538	\$2,836,972	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$74,387,490	\$70,353,365	(\$4,034,125)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	44.86%	41.72%	-3.15%	-7%
4	DISCHARGES	6,362	6,527	165	3%
5	CASE MIX INDEX (CMI)	1.44560	1.44200	(0.00360)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,196.90720	9,411.93400	215.02680	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,088.32	\$7,474.91	(\$613.41)	-8%
8	PATIENT DAYS	35,103	32,565	(2,538)	-7%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,119.12	\$2,160.40	\$41.28	2%
10	AVERAGE LENGTH OF STAY	5.5	5.0	(0.5)	-10%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$173,051,967	\$198,079,775	\$25,027,808	14%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$41,714,082	\$51,831,965	\$10,117,883	24%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.10%	26.17%	2.06%	9%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	104.37%	117.45%	13.08%	13%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,639.76585	7,665.99605	1,026.23019	15%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,282.46	\$6,761.28	\$478.82	8%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$338,864,533	\$366,729,313	\$27,864,780	8%
18	TOTAL ACCRUED PAYMENTS	\$116,101,572	\$122,185,330	\$6,083,758	5%
19	TOTAL ALLOWANCES	\$222,762,961	\$244,543,983	\$21,781,022	10%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014</b>	<b>ACTUAL FY 2015</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	\$72,646,940	\$70,270,602	(\$2,376,338)	-3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$51,017,386	\$48,458,517	(\$2,558,869)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	70.23%	68.96%	-1.27%	-2%
4	DISCHARGES	3,795	3,521	(274)	-7%
5	CASE MIX INDEX (CMI)	1.15850	1.16320	0.00470	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,396.50750	4,095.62720	(300.88030)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,604.07	\$11,831.77	\$227.70	2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,515.76)	(\$4,356.86)	(\$841.10)	24%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$15,457,045)	(\$17,844,070)	(\$2,387,025)	15%
10	PATIENT DAYS	14,569	12,808	(1,761)	-12%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,501.78	\$3,783.46	\$281.68	8%
12	AVERAGE LENGTH OF STAY	3.8	3.6	(0.2)	-5%
<b><u>NON-GOVERNMENT OUTPATIENT</u></b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$204,619,360	\$211,350,912	\$6,731,552	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$111,905,973	\$115,542,619	\$3,636,646	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	54.69%	54.67%	-0.02%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	281.66%	300.77%	19.10%	7%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	10,689.10089	10,590.01261	(99.08828)	-1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,469.17	\$10,910.53	\$441.36	4%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$4,186.70)	(\$4,149.24)	\$37.46	-1%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$44,752,094)	(\$43,940,552)	\$811,542	-2%
<b><u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u></b>					
21	TOTAL ACCRUED CHARGES	\$277,266,300	\$281,621,514	\$4,355,214	2%
22	TOTAL ACCRUED PAYMENTS	\$162,923,359	\$164,001,136	\$1,077,777	1%
23	TOTAL ALLOWANCES	\$114,342,941	\$117,620,378	\$3,277,437	3%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$60,209,139)	(\$61,784,622)	(\$1,575,483)	3%
<b><u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u></b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$250,404,746	\$257,118,682	\$6,713,936	3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$161,193,549	\$160,242,760	(\$950,789)	-1%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$89,211,197	\$96,875,922	\$7,664,725	9%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.63%	37.68%	2.05%	

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>C.</b>	<b><u>UNINSURED</u></b>				
	<b><u>UNINSURED INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$1,312,711	\$1,054,326	(\$258,385)	-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	89	59	(30)	-34%
5	CASE MIX INDEX (CMI)	1.05920	1.08290	0.02370	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	94.26880	63.89110	(30.37770)	-32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$11,604.07	\$11,831.77	\$227.70	2%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,088.32	\$7,474.91	(\$613.41)	-8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$762,476	\$477,580	(\$284,896)	-37%
11	PATIENT DAYS	259	166	(93)	-36%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	2.9	2.8	(0.1)	-3%
	<b><u>UNINSURED OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,088,487	\$8,932,325	(\$1,156,162)	-11%
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	768.52%	847.21%	78.68%	10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	683.98554	499.85220	(184.13334)	-27%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$10,469.17	\$10,910.53	\$441.36	4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,282.46	\$6,761.28	\$478.82	8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,297,114	\$3,379,642	(\$917,472)	-21%
	<b><u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$11,401,198	\$9,986,651	(\$1,414,547)	-12%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$11,401,198	\$9,986,651	(\$1,414,547)	-12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,059,590	\$3,857,222	(\$1,202,367)	-24%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$53,016,167	\$59,068,288	\$6,052,121	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,703,121	\$16,753,204	\$1,050,083	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.62%	28.36%	-1.26%	-4%
4	DISCHARGES	3,032	3,087	55	2%
5	CASE MIX INDEX (CMI)	1.05160	1.11250	0.06090	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,188.45120	3,434.28750	245.83630	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,925.00	\$4,878.22	(\$46.78)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$6,679.07	\$6,953.55	\$274.48	4%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,163.32	\$2,596.69	(\$566.62)	-18%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,086,079	\$8,917,788	(\$1,168,291)	-12%
11	PATIENT DAYS	13,576	13,835	259	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,156.68	\$1,210.93	\$54.25	5%
13	AVERAGE LENGTH OF STAY	4.5	4.5	0.0	0%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$81,713,156	\$93,379,302	\$11,666,146	14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,881,597	\$23,144,138	\$4,262,541	23%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.11%	24.79%	1.68%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	154.13%	158.09%	3.96%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,673.18373	4,880.14661	206.96288	4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,040.41	\$4,742.51	\$702.09	17%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,428.75	\$6,168.02	(\$260.73)	-4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,242.05	\$2,018.77	(\$223.28)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,477,506	\$9,851,912	(\$625,594)	-6%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$134,729,323	\$152,447,590	\$17,718,267	13%
24	TOTAL ACCRUED PAYMENTS	\$34,584,718	\$39,897,342	\$5,312,624	15%
25	TOTAL ALLOWANCES	\$100,144,605	\$112,550,248	\$12,405,643	12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,563,585	\$18,769,700	(\$1,793,885)	-9%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014</b>	<b>ACTUAL FY 2015</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	\$1,736,683	\$2,140,405	\$403,722	23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$554,981	\$825,171	\$270,190	49%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.96%	38.55%	6.60%	21%
4	DISCHARGES	106	123	17	16%
5	CASE MIX INDEX (CMI)	0.96050	0.92370	(0.03680)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	101.81300	113.61510	11.80210	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,450.98	\$7,262.86	\$1,811.88	33%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$6,153.09	\$4,568.91	(\$1,584.18)	-26%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$2,637.33	\$212.05	(\$2,425.29)	-92%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$268,515	\$24,092	(\$244,423)	-91%
11	PATIENT DAYS	402	483	81	20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,380.55	\$1,708.43	\$327.88	24%
13	AVERAGE LENGTH OF STAY	3.8	3.9	0.1	4%
	<b><u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,873,241	\$2,483,037	\$609,796	33%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$468,477	\$1,037,063	\$568,586	121%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.01%	41.77%	16.76%	67%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	107.86%	116.01%	8.14%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	114.33494	142.68961	28.35467	25%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,097.41	\$7,267.96	\$3,170.56	77%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$6,371.76	\$3,642.56	(\$2,729.19)	-43%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,185.05	(\$506.68)	(\$2,691.74)	-123%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$249,828	(\$72,298)	(\$322,126)	-129%
	<b><u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$3,609,924	\$4,623,442	\$1,013,518	28%
24	TOTAL ACCRUED PAYMENTS	\$1,023,458	\$1,862,234	\$838,776	82%
25	TOTAL ALLOWANCES	\$2,586,466	\$2,761,208	\$174,742	7%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$518,343	(\$48,207)	(\$566,549)	-109%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>F.</b>	<b><u>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</u></b>				
	<b><u>TOTAL MEDICAL ASSISTANCE INPATIENT</u></b>				
1	INPATIENT ACCRUED CHARGES	\$54,752,850	\$61,208,693	\$6,455,843	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$16,258,102	\$17,578,375	\$1,320,273	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.69%	28.72%	-0.97%	-3%
4	DISCHARGES	3,138	3,210	72	2%
5	CASE MIX INDEX (CMI)	1.04852	1.10527	0.05674	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,290.26420	3,547.90260	257.63840	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,941.28	\$4,954.58	\$13.31	0%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$6,662.80	\$6,877.19	\$214.39	3%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,147.04	\$2,520.33	(\$626.71)	-20%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,354,594	\$8,941,880	(\$1,412,714)	-14%
11	PATIENT DAYS	13,978	14,318	340	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,163.12	\$1,227.71	\$64.59	6%
13	AVERAGE LENGTH OF STAY	4.5	4.5	0.0	0%
	<b><u>TOTAL MEDICAL ASSISTANCE OUTPATIENT</u></b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$83,586,397	\$95,862,339	\$12,275,942	15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,350,074	\$24,181,201	\$4,831,127	25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.15%	25.22%	2.08%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	152.66%	156.62%	3.95%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,787.51867	5,022.83622	235.31755	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,041.78	\$4,814.25	\$772.48	19%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,427.39	\$6,096.27	(\$331.12)	-5%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,240.69	\$1,947.03	(\$293.66)	-13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,727,334	\$9,779,614	(\$947,720)	-9%
	<b><u>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u></b>				
23	TOTAL ACCRUED CHARGES	\$138,339,247	\$157,071,032	\$18,731,785	14%
24	TOTAL ACCRUED PAYMENTS	\$35,608,176	\$41,759,576	\$6,151,400	17%
25	TOTAL ALLOWANCES	\$102,731,071	\$115,311,456	\$12,580,385	12%



<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>G. <u>CHAMPUS / TRICARE</u></b>					
<b><u>CHAMPUS / TRICARE INPATIENT</u></b>					
1	INPATIENT ACCRUED CHARGES	\$11,029,201	\$11,008,953	(\$20,248)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,008,631	\$4,609,438	(\$399,193)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.41%	41.87%	-3.54%	-8%
4	DISCHARGES	855	812	(43)	-5%
5	CASE MIX INDEX (CMI)	0.99040	0.94130	(0.04910)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	846.79200	764.33560	(82.45640)	-10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,914.83	\$6,030.65	\$115.82	2%
8	PATIENT DAYS	2,682	2,528	(154)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,867.50	\$1,823.35	(\$44.14)	-2%
10	AVERAGE LENGTH OF STAY	3.1	3.1	(0.0)	-1%
<b><u>CHAMPUS / TRICARE OUTPATIENT</u></b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,637,292	\$22,841,698	\$204,406	1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,573,648	\$5,268,282	(\$305,366)	-5%
<b><u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u></b>					
13	TOTAL ACCRUED CHARGES	\$33,666,493	\$33,850,651	\$184,158	1%
14	TOTAL ACCRUED PAYMENTS	\$10,582,279	\$9,877,720	(\$704,559)	-7%
15	TOTAL ALLOWANCES	\$23,084,214	\$23,972,931	\$888,717	4%
<b>H. <u>OTHER DATA</u></b>					
1	OTHER OPERATING REVENUE	\$29,607,174	\$30,854,159	\$1,246,985	4%
2	TOTAL OPERATING EXPENSES	\$348,525,480	\$350,127,953	\$1,602,473	0%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b><u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u></b>					
4	CHARITY CARE (CHARGES)	\$2,681,674	\$2,248,341	(\$433,333)	-16%
5	BAD DEBTS (CHARGES)	\$14,966,698	\$12,798,310	(\$2,168,388)	-14%
6	UNCOMPENSATED CARE (CHARGES)	\$17,648,372	\$15,046,651	(\$2,601,721)	-15%
7	COST OF UNCOMPENSATED CARE	\$7,282,395	\$6,035,765	(\$1,246,631)	-17%
<b><u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u></b>					
8	TOTAL ACCRUED CHARGES	\$138,339,247	\$157,071,032	\$18,731,785	14%
9	TOTAL ACCRUED PAYMENTS	\$35,608,176	\$41,759,576	\$6,151,400	17%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$57,084,081	\$63,006,963	\$5,922,882	10%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,475,905	\$21,247,387	(\$228,518)	-1%

LAWRENCE AND MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$304,241,557	\$311,137,786	\$6,896,229	2%
2	TOTAL INPATIENT PAYMENTS	\$146,671,609	\$140,999,695	(\$5,671,914)	-4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	48.21%	45.32%	-2.89%	-6%
4	TOTAL DISCHARGES	14,150	14,070	(80)	-1%
5	TOTAL CASE MIX INDEX	1.25304	1.26651	0.01347	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	17,730.47090	17,819.79940	89.32850	1%
7	TOTAL OUTPATIENT CHARGES	\$483,895,016	\$528,134,724	\$44,239,708	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	159.05%	169.74%	10.69%	7%
9	TOTAL OUTPATIENT PAYMENTS	\$178,543,777	\$196,824,067	\$18,280,290	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.90%	37.27%	0.37%	1%
11	TOTAL CHARGES	\$788,136,573	\$839,272,510	\$51,135,937	6%
12	TOTAL PAYMENTS	\$325,215,386	\$337,823,762	\$12,608,376	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	41.26%	40.25%	-1.01%	-2%
14	PATIENT DAYS	66,332	62,219	(4,113)	-6%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$231,594,617	\$240,867,184	\$9,272,567	4%
2	INPATIENT PAYMENTS	\$95,654,223	\$92,541,178	(\$3,113,045)	-3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	41.30%	38.42%	-2.88%	-7%
4	DISCHARGES	10,355	10,549	194	2%
5	CASE MIX INDEX	1.28768	1.30099	0.01331	1%
6	CASE MIX ADJUSTED DISCHARGES	13,333.96340	13,724.17220	390.20880	3%
7	OUTPATIENT CHARGES	\$279,275,656	\$316,783,812	\$37,508,156	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	120.59%	131.52%	10.93%	9%
9	OUTPATIENT PAYMENTS	\$66,637,804	\$81,281,448	\$14,643,644	22%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.86%	25.66%	1.80%	8%
11	TOTAL CHARGES	\$510,870,273	\$557,650,996	\$46,780,723	9%
12	TOTAL PAYMENTS	\$162,292,027	\$173,822,626	\$11,530,599	7%
13	TOTAL PAYMENTS / CHARGES	31.77%	31.17%	-0.60%	-2%
14	PATIENT DAYS	51,763	49,411	(2,352)	-5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$348,578,246	\$383,828,370	\$35,250,124	10%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.5	5.0	(0.5)	-10%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.6	(0.2)	-5%
3	UNINSURED	2.9	2.8	(0.1)	-3%
4	MEDICAID	4.5	4.5	0.0	0%
5	OTHER MEDICAL ASSISTANCE	3.8	3.9	0.1	4%
6	CHAMPUS / TRICARE	3.1	3.1	(0.0)	-1%
7	TOTAL AVERAGE LENGTH OF STAY	4.7	4.4	(0.3)	-6%

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</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 2014</b>	<b>ACTUAL FY 2015</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$788,136,573	\$839,272,510	\$51,135,937	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$348,578,246	\$383,828,370	\$35,250,124	10%
3	UNCOMPENSATED CARE	\$17,648,372	\$15,046,651	(\$2,601,721)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$89,211,197	\$96,875,922	\$7,664,725	9%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,483,372	\$6,858,523	(\$624,849)	-8%
6	TOTAL ADJUSTMENTS	\$462,921,187	\$502,609,466	\$39,688,279	9%
7	TOTAL ACCRUED PAYMENTS	\$325,215,386	\$336,663,044	\$11,447,658	4%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$325,215,386	\$336,663,044	\$11,447,658	4%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4126383639	0.4011367464	(0.0115016175)	-3%
11	COST OF UNCOMPENSATED CARE	\$7,282,395	\$6,035,765	(\$1,246,631)	-17%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,475,905	\$21,247,387	(\$228,518)	-1%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$28,758,300	\$27,283,151	(\$1,475,149)	-5%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$10,477,506	\$9,851,912	(\$625,594)	-6%
2	OTHER MEDICAL ASSISTANCE	\$518,343	(\$48,207)	(\$566,549)	-109%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,059,590	\$3,857,222	(\$1,202,367)	-24%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$16,055,438	\$13,660,928	(\$2,394,511)	-15%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,460,356	\$14,516,181	(\$944,175)	-6.11%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$6,430,155)	(\$12,800,916)	(\$6,370,761)	99.08%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$318,785,233	\$325,022,845	\$6,237,612	1.96%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$7,150,730	\$3,751,716	(\$3,399,014)	-47.53%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$795,287,303	\$843,024,228	\$47,736,925	6.00%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$2,730,999	\$3,202,503	\$471,504	17.26%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$20,379,371	\$18,249,154	(\$2,130,217)	-10.45%

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$72,646,940	\$70,270,602	(\$2,376,338)
2	MEDICARE	\$165,812,566	168,649,538	\$2,836,972
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$54,752,850	61,208,693	\$6,455,843
4	MEDICAID	\$53,016,167	59,068,288	\$6,052,121
5	OTHER MEDICAL ASSISTANCE	\$1,736,683	2,140,405	\$403,722
6	CHAMPUS / TRICARE	\$11,029,201	11,008,953	(\$20,248)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,312,711	1,054,326	(\$258,385)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$231,594,617</b>	<b>\$240,867,184</b>	<b>\$9,272,567</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$304,241,557</b>	<b>\$311,137,786</b>	<b>\$6,896,229</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$204,619,360	\$211,350,912	\$6,731,552
2	MEDICARE	\$173,051,967	198,079,775	\$25,027,808
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$83,586,397	95,862,339	\$12,275,942
4	MEDICAID	\$81,713,156	93,379,302	\$11,666,146
5	OTHER MEDICAL ASSISTANCE	\$1,873,241	2,483,037	\$609,796
6	CHAMPUS / TRICARE	\$22,637,292	22,841,698	\$204,406
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,088,487	8,932,325	(\$1,156,162)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$279,275,656</b>	<b>\$316,783,812</b>	<b>\$37,508,156</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$483,895,016</b>	<b>\$528,134,724</b>	<b>\$44,239,708</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$277,266,300	\$281,621,514	\$4,355,214
2	TOTAL MEDICARE	\$338,864,533	\$366,729,313	\$27,864,780
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$138,339,247	\$157,071,032	\$18,731,785
4	TOTAL MEDICAID	\$134,729,323	\$152,447,590	\$17,718,267
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,609,924	\$4,623,442	\$1,013,518
6	TOTAL CHAMPUS / TRICARE	\$33,666,493	\$33,850,651	\$184,158
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,401,198	\$9,986,651	(\$1,414,547)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$510,870,273</b>	<b>\$557,650,996</b>	<b>\$46,780,723</b>
	<b>TOTAL CHARGES</b>	<b>\$788,136,573</b>	<b>\$839,272,510</b>	<b>\$51,135,937</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$51,017,386	\$48,458,517	(\$2,558,869)
2	MEDICARE	\$74,387,490	70,353,365	(\$4,034,125)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,258,102	17,578,375	\$1,320,273
4	MEDICAID	\$15,703,121	16,753,204	\$1,050,083
5	OTHER MEDICAL ASSISTANCE	\$554,981	825,171	\$270,190
6	CHAMPUS / TRICARE	\$5,008,631	4,609,438	(\$399,193)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$95,654,223</b>	<b>\$92,541,178</b>	<b>(\$3,113,045)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$146,671,609</b>	<b>\$140,999,695</b>	<b>(\$5,671,914)</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$111,905,973	\$115,542,619	\$3,636,646
2	MEDICARE	\$41,714,082	51,831,965	\$10,117,883
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$19,350,074	24,181,201	\$4,831,127
4	MEDICAID	\$18,881,597	23,144,138	\$4,262,541
5	OTHER MEDICAL ASSISTANCE	\$468,477	1,037,063	\$568,586
6	CHAMPUS / TRICARE	\$5,573,648	5,268,282	(\$305,366)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	0	\$0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$66,637,804</b>	<b>\$81,281,448</b>	<b>\$14,643,644</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$178,543,777</b>	<b>\$196,824,067</b>	<b>\$18,280,290</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$162,923,359	\$164,001,136	\$1,077,777
2	TOTAL MEDICARE	\$116,101,572	\$122,185,330	\$6,083,758
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,608,176	\$41,759,576	\$6,151,400
4	TOTAL MEDICAID	\$34,584,718	\$39,897,342	\$5,312,624
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,023,458	\$1,862,234	\$838,776
6	TOTAL CHAMPUS / TRICARE	\$10,582,279	\$9,877,720	(\$704,559)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$162,292,027</b>	<b>\$173,822,626</b>	<b>\$11,530,599</b>
	<b>TOTAL PAYMENTS</b>	<b>\$325,215,386</b>	<b>\$337,823,762</b>	<b>\$12,608,376</b>

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.22%	8.37%	-0.84%
2	MEDICARE	21.04%	20.09%	-0.94%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.95%	7.29%	0.35%
4	MEDICAID	6.73%	7.04%	0.31%
5	OTHER MEDICAL ASSISTANCE	0.22%	0.26%	0.03%
6	CHAMPUS / TRICARE	1.40%	1.31%	-0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.13%	-0.04%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>29.39%</b>	<b>28.70%</b>	<b>-0.69%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>38.60%</b>	<b>37.07%</b>	<b>-1.53%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.96%	25.18%	-0.78%
2	MEDICARE	21.96%	23.60%	1.64%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.61%	11.42%	0.82%
4	MEDICAID	10.37%	11.13%	0.76%
5	OTHER MEDICAL ASSISTANCE	0.24%	0.30%	0.06%
6	CHAMPUS / TRICARE	2.87%	2.72%	-0.15%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.28%	1.06%	-0.22%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>35.43%</b>	<b>37.75%</b>	<b>2.31%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>61.40%</b>	<b>62.93%</b>	<b>1.53%</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)	15.69%	14.34%	-1.34%
2	MEDICARE	22.87%	20.83%	-2.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.00%	5.20%	0.20%
4	MEDICAID	4.83%	4.96%	0.13%
5	OTHER MEDICAL ASSISTANCE	0.17%	0.24%	0.07%
6	CHAMPUS / TRICARE	1.54%	1.36%	-0.18%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>29.41%</b>	<b>27.39%</b>	<b>-2.02%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>45.10%</b>	<b>41.74%</b>	<b>-3.36%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	34.41%	34.20%	-0.21%
2	MEDICARE	12.83%	15.34%	2.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.95%	7.16%	1.21%
4	MEDICAID	5.81%	6.85%	1.05%
5	OTHER MEDICAL ASSISTANCE	0.14%	0.31%	0.16%
6	CHAMPUS / TRICARE	1.71%	1.56%	-0.15%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>20.49%</b>	<b>24.06%</b>	<b>3.57%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>54.90%</b>	<b>58.26%</b>	<b>3.36%</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				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	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)	3,795	3,521	(274)
2	MEDICARE	6,362	6,527	165
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,138	3,210	72
4	MEDICAID	3,032	3,087	55
5	OTHER MEDICAL ASSISTANCE	106	123	17
6	CHAMPUS / TRICARE	855	812	(43)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	89	59	(30)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>10,355</b>	<b>10,549</b>	<b>194</b>
	<b>TOTAL DISCHARGES</b>	<b>14,150</b>	<b>14,070</b>	<b>(80)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,569	12,808	(1,761)
2	MEDICARE	35,103	32,565	(2,538)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,978	14,318	340
4	MEDICAID	13,576	13,835	259
5	OTHER MEDICAL ASSISTANCE	402	483	81
6	CHAMPUS / TRICARE	2,682	2,528	(154)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	259	166	(93)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>51,763</b>	<b>49,411</b>	<b>(2,352)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>66,332</b>	<b>62,219</b>	<b>(4,113)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.6	(0.2)
2	MEDICARE	5.5	5.0	(0.5)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	4.5	0.0
4	MEDICAID	4.5	4.5	0.0
5	OTHER MEDICAL ASSISTANCE	3.8	3.9	0.1
6	CHAMPUS / TRICARE	3.1	3.1	(0.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.9	2.8	(0.1)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>5.0</b>	<b>4.7</b>	<b>(0.3)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.7</b>	<b>4.4</b>	<b>(0.3)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.15850	1.16320	0.00470
2	MEDICARE	1.44560	1.44200	(0.00360)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.04852	1.10527	0.05674
4	MEDICAID	1.05160	1.11250	0.06090
5	OTHER MEDICAL ASSISTANCE	0.96050	0.92370	(0.03680)
6	CHAMPUS / TRICARE	0.99040	0.94130	(0.04910)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05920	1.08290	0.02370
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.28768</b>	<b>1.30099</b>	<b>0.01331</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.25304</b>	<b>1.26651</b>	<b>0.01347</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$250,404,746	\$257,118,682	\$6,713,936
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$161,193,549	\$160,242,760	(\$950,789)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$89,211,197	\$96,875,922	\$7,664,725
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	35.63%	37.68%	2.05%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,460,356	\$14,516,181	(\$944,175)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,483,372	\$6,858,523	(\$624,849)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$2,681,674	\$2,248,341	(\$433,333)
9	BAD DEBTS	\$14,966,698	\$12,798,310	(\$2,168,388)
10	TOTAL UNCOMPENSATED CARE	\$17,648,372	\$15,046,651	(\$2,601,721)
11	TOTAL OTHER OPERATING REVENUE	\$29,607,174	\$30,854,159	\$1,246,985
12	TOTAL OPERATING EXPENSES	\$348,525,480	\$350,127,953	\$1,602,473

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,396.50750	4,095.62720	(300.88030)
2	MEDICARE	9,196.90720	9,411.93400	215.02680
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,290.26420	3,547.90260	257.63840
4	MEDICAID	3,188.45120	3,434.28750	245.83630
5	OTHER MEDICAL ASSISTANCE	101.81300	113.61510	11.80210
6	CHAMPUS / TRICARE	846.79200	764.33560	(82.45640)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	94.26880	63.89110	(30.37770)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>13,333.96340</b>	<b>13,724.17220</b>	<b>390.20880</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>17,730.47090</b>	<b>17,819.79940</b>	<b>89.32850</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,689.10089	10,590.01261	-99.08828
2	MEDICARE	6,639.76585	7,665.99605	1,026.23019
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,787.51867	5,022.83622	235.31755
4	MEDICAID	4,673.18373	4,880.14661	206.96288
5	OTHER MEDICAL ASSISTANCE	114.33494	142.68961	28.35467
6	CHAMPUS / TRICARE	1,754.87641	1,684.76137	-70.11504
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	683.98554	499.85220	-184.13334
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>13,182.16093</b>	<b>14,373.59363</b>	<b>1,191.43270</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>23,871.26183</b>	<b>24,963.60624</b>	<b>1,092.34442</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,604.07	\$11,831.77	\$227.70
2	MEDICARE	\$8,088.32	\$7,474.91	(\$613.41)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,941.28	\$4,954.58	\$13.31
4	MEDICAID	\$4,925.00	\$4,878.22	(\$46.78)
5	OTHER MEDICAL ASSISTANCE	\$5,450.98	\$7,262.86	\$1,811.88
6	CHAMPUS / TRICARE	\$5,914.83	\$6,030.65	\$115.82
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,173.73</b>	<b>\$6,742.93</b>	<b>(\$430.79)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,272.29</b>	<b>\$7,912.53</b>	<b>(\$359.76)</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,469.17	\$10,910.53	\$441.36
2	MEDICARE	\$6,282.46	\$6,761.28	\$478.82
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,041.78	\$4,814.25	\$772.48
4	MEDICAID	\$4,040.41	\$4,742.51	\$702.09
5	OTHER MEDICAL ASSISTANCE	\$4,097.41	\$7,267.96	\$3,170.56
6	CHAMPUS / TRICARE	\$3,176.09	\$3,127.02	(\$49.07)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$0.00	\$0.00
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$5,055.15</b>	<b>\$5,654.91</b>	<b>\$599.76</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,479.44</b>	<b>\$7,884.44</b>	<b>\$405.00</b>

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$10,477,506	\$9,851,912	(\$625,594)
2	OTHER MEDICAL ASSISTANCE	\$518,343	(\$48,207)	(\$566,549)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	\$0	\$0
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$10,995,849</b>	<b>\$9,803,705</b>	<b>(\$1,192,143)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$788,136,573	\$839,272,510	\$51,135,937
2	TOTAL GOVERNMENT DEDUCTIONS	\$348,578,246	\$383,828,370	\$35,250,124
3	UNCOMPENSATED CARE	\$17,648,372	\$15,046,651	(\$2,601,721)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$89,211,197	\$96,875,922	\$7,664,725
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,483,372	\$6,858,523	(\$624,849)
6	TOTAL ADJUSTMENTS	\$462,921,187	\$502,609,466	\$39,688,279
7	TOTAL ACCRUED PAYMENTS	\$325,215,386	\$336,663,044	\$11,447,658
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$325,215,386	\$336,663,044	\$11,447,658
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4126383639	0.4011367464	(0.0115016175)
11	COST OF UNCOMPENSATED CARE	\$7,282,395	\$6,035,765	(\$1,246,631)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$21,475,905	\$21,247,387	(\$228,518)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$28,758,300	\$27,283,151	(\$1,475,149)
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	70.23%	68.96%	-1.27%
2	MEDICARE	44.86%	41.72%	-3.15%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.69%	28.72%	-0.97%
4	MEDICAID	29.62%	28.36%	-1.26%
5	OTHER MEDICAL ASSISTANCE	31.96%	38.55%	6.60%
6	CHAMPUS / TRICARE	45.41%	41.87%	-3.54%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>41.30%</b>	<b>38.42%</b>	<b>-2.88%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>48.21%</b>	<b>45.32%</b>	<b>-2.89%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.69%	54.67%	-0.02%
2	MEDICARE	24.10%	26.17%	2.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.15%	25.22%	2.08%
4	MEDICAID	23.11%	24.79%	1.68%
5	OTHER MEDICAL ASSISTANCE	25.01%	41.77%	16.76%
6	CHAMPUS / TRICARE	24.62%	23.06%	-1.56%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.00%	0.00%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>23.86%</b>	<b>25.66%</b>	<b>1.80%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>36.90%</b>	<b>37.27%</b>	<b>0.37%</b>



LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	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	\$325,215,386	\$337,823,762	\$12,608,376
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$325,215,386</b>	<b>\$337,823,762</b>	<b>\$12,608,376</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$6,430,155)	(\$12,800,916)	(\$6,370,761)
4	<b>CALCULATED NET REVENUE</b>	<b>\$341,728,913</b>	<b>\$325,022,846</b>	<b>(\$16,706,067)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$318,785,233	\$325,022,845	\$6,237,612
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$22,943,680</b>	<b>\$1</b>	<b>(\$22,943,679)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$788,136,573	\$839,272,510	\$51,135,937
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$7,150,730	\$3,751,716	(\$3,399,014)
	<b>CALCULATED GROSS REVENUE</b>	<b>\$795,287,303</b>	<b>\$843,024,226</b>	<b>\$47,736,923</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$795,287,303	\$843,024,228	\$47,736,925
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>(\$2)</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)	\$17,648,372	\$15,046,651	(\$2,601,721)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$2,730,999	\$3,202,503	\$471,504
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$20,379,371</b>	<b>\$18,249,154</b>	<b>(\$2,130,217)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$20,379,371	\$18,249,154	(\$2,130,217)
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 2015</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 2015</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,270,602
2	MEDICARE	168,649,538
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	61,208,693
4	MEDICAID	59,068,288
5	OTHER MEDICAL ASSISTANCE	2,140,405
6	CHAMPUS / TRICARE	11,008,953
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,054,326
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$240,867,184</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$311,137,786</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$211,350,912
2	MEDICARE	198,079,775
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	95,862,339
4	MEDICAID	93,379,302
5	OTHER MEDICAL ASSISTANCE	2,483,037
6	CHAMPUS / TRICARE	22,841,698
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,932,325
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$316,783,812</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$528,134,724</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$281,621,514
2	TOTAL GOVERNMENT ACCRUED CHARGES	557,650,996
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$839,272,510</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,458,517
2	MEDICARE	70,353,365
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,578,375
4	MEDICAID	16,753,204
5	OTHER MEDICAL ASSISTANCE	825,171
6	CHAMPUS / TRICARE	4,609,438
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$92,541,178</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$140,999,695</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$115,542,619
2	MEDICARE	51,831,965
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,181,201
4	MEDICAID	23,144,138
5	OTHER MEDICAL ASSISTANCE	1,037,063
6	CHAMPUS / TRICARE	5,268,282
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$81,281,448</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$196,824,067</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$164,001,136
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	173,822,626
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$337,823,762</b>

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</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 2015</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)	3,521
2	MEDICARE	6,527
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,210
4	MEDICAID	3,087
5	OTHER MEDICAL ASSISTANCE	123
6	CHAMPUS / TRICARE	812
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	59
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>10,549</b>
	<b>TOTAL DISCHARGES</b>	<b>14,070</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.16320
2	MEDICARE	1.44200
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.10527
4	MEDICAID	1.11250
5	OTHER MEDICAL ASSISTANCE	0.92370
6	CHAMPUS / TRICARE	0.94130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08290
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.30099</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.26651</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$257,118,682
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$160,242,760
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$96,875,922
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	37.68%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,516,181
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,858,523
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$2,248,341
9	BAD DEBTS	\$12,798,310
10	TOTAL UNCOMPENSATED CARE	\$15,046,651
11	TOTAL OTHER OPERATING REVENUE	\$30,854,159
12	TOTAL OPERATING EXPENSES	\$350,127,953

<b>LAWRENCE AND MEMORIAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</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 2015</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	\$337,823,762
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$337,823,762</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$12,800,916)
	<b>CALCULATED NET REVENUE</b>	<b>\$325,022,846</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$325,022,845
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$1</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$839,272,510
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$3,751,716
	<b>CALCULATED GROSS REVENUE</b>	<b>\$843,024,226</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$843,024,228
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</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
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$3,202,503
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$18,249,154</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$18,249,154
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

**LAWRENCE AND MEMORIAL HOSPITAL**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 650 - HOSPITAL UNCOMPENSATED CARE**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	885	675	(210)	-24%
2	Number of Approved Applicants	763	545	(218)	-29%
3	<b>Total Charges (A)</b>	<b>\$2,681,674</b>	<b>\$2,248,341</b>	<b>(\$433,333)</b>	<b>-16%</b>
4	<b>Average Charges</b>	<b>\$3,515</b>	<b>\$4,125</b>	<b>\$611</b>	<b>17%</b>
5	Ratio of Cost to Charges (RCC)	0.426266	0.426204	(0.000062)	0%
6	<b>Total Cost</b>	<b>\$1,143,106</b>	<b>\$958,252</b>	<b>(\$184,855)</b>	<b>-16%</b>
7	<b>Average Cost</b>	<b>\$1,498</b>	<b>\$1,758</b>	<b>\$260</b>	<b>17%</b>
8	Charity Care - Inpatient Charges	\$478,038	\$520,407	\$42,369	9%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,612,052	1,142,151	(469,901)	-29%
10	Charity Care - Emergency Department Charges	591,584	585,783	(5,801)	-1%
11	<b>Total Charges (A)</b>	<b>\$2,681,674</b>	<b>\$2,248,341</b>	<b>(\$433,333)</b>	<b>-16%</b>
12	Charity Care - Number of Patient Days	96	111	15	16%
13	Charity Care - Number of Discharges	27	32	5	19%
14	Charity Care - Number of Outpatient ED Visits	448	304	(144)	-32%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,026	754	(272)	-27%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$3,910,121	\$3,602,658	(\$307,463)	-8%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,632,939	3,649,610	(983,329)	-21%
3	Bad Debts - Emergency Department	6,423,638	5,546,042	(877,596)	-14%
4	<b>Total Bad Debts (A)</b>	<b>\$14,966,698</b>	<b>\$12,798,310</b>	<b>(\$2,168,388)</b>	<b>-14%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$2,681,674	\$2,248,341	(\$433,333)	-16%
2	Bad Debts (A)	14,966,698	12,798,310	(2,168,388)	-14%
3	<b>Total Uncompensated Care (A)</b>	<b>\$17,648,372</b>	<b>\$15,046,651</b>	<b>(\$2,601,721)</b>	<b>-15%</b>
4	Uncompensated Care - Inpatient Services	\$4,388,159	\$4,123,065	(\$265,094)	-6%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	6,244,991	4,791,761	(1,453,230)	-23%
6	Uncompensated Care - Emergency Department	7,015,222	6,131,825	(883,397)	-13%
7	<b>Total Uncompensated Care (A)</b>	<b>\$17,648,372</b>	<b>\$15,046,651</b>	<b>(\$2,601,721)</b>	<b>-15%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

LAWRENCE AND MEMORIAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>COMMERCIAL - ALL PAYERS</b>				
1	Total Gross Revenue	\$250,404,746	\$257,118,682	\$6,713,936	3%
2	Total Contractual Allowances	\$89,211,197	\$96,875,922	\$7,664,725	9%
	<b>Total Accrued Payments (A)</b>	<b>\$161,193,549</b>	<b>\$160,242,760</b>	<b>(\$950,789)</b>	<b>-1%</b>
	<b>Total Discount Percentage</b>	<b>35.63%</b>	<b>37.68%</b>	<b>2.05%</b>	<b>6%</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 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$293,047,902	\$304,241,557	\$311,137,786
2	Outpatient Gross Revenue	\$416,279,962	\$483,895,016	\$528,134,724
3	Total Gross Patient Revenue	\$709,327,864	\$788,136,573	\$839,272,510
4	Net Patient Revenue	\$298,930,165	\$318,785,233	\$325,022,845
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$312,019,235	\$348,525,480	\$350,127,953
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	67,153	66,332	62,219
2	Discharges	14,649	14,150	14,070
3	Average Length of Stay	4.6	4.7	4.4
4	Equivalent (Adjusted) Patient Days (EPD)	162,545	171,833	167,831
0	Equivalent (Adjusted) Discharges (ED)	35,458	36,656	37,953
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.21099	1.25304	1.26651
2	Case Mix Adjusted Patient Days (CMAPD)	81,321	83,116	78,801
3	Case Mix Adjusted Discharges (CMAD)	17,740	17,730	17,820
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	196,840	215,313	212,560
5	Case Mix Adjusted Equivalent Discharges (CMAED)	42,939	45,931	48,068
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$10,563	\$11,882	\$13,489
2	Total Gross Revenue per Discharge	\$48,422	\$55,699	\$59,650
3	Total Gross Revenue per EPD	\$4,364	\$4,587	\$5,001
4	Total Gross Revenue per ED	\$20,005	\$21,501	\$22,114
5	Total Gross Revenue per CMAEPD	\$3,604	\$3,660	\$3,948
6	Total Gross Revenue per CMAED	\$16,519	\$17,159	\$17,460
7	Inpatient Gross Revenue per EPD	\$1,803	\$1,771	\$1,854
8	Inpatient Gross Revenue per ED	\$8,265	\$8,300	\$8,198

LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
<b>F. Net Revenue Per Statistic</b>				
1	Net Patient Revenue per Patient Day	\$4,451	\$4,806	\$5,224
2	Net Patient Revenue per Discharge	\$20,406	\$22,529	\$23,100
3	Net Patient Revenue per EPD	\$1,839	\$1,855	\$1,937
4	Net Patient Revenue per ED	\$8,431	\$8,697	\$8,564
5	Net Patient Revenue per CMAEPD	\$1,519	\$1,481	\$1,529
6	Net Patient Revenue per CMAED	\$6,962	\$6,941	\$6,762
<b>G. Operating Expense Per Statistic</b>				
1	Total Operating Expense per Patient Day	\$4,646	\$5,254	\$5,627
2	Total Operating Expense per Discharge	\$21,300	\$24,631	\$24,885
3	Total Operating Expense per EPD	\$1,920	\$2,028	\$2,086
4	Total Operating Expense per ED	\$8,800	\$9,508	\$9,225
5	Total Operating Expense per CMAEPD	\$1,585	\$1,619	\$1,647
6	Total Operating Expense per CMAED	\$7,267	\$7,588	\$7,284
<b>H. Nursing Salary and Fringe Benefits Expense</b>				
1	Nursing Salary Expense	\$43,409,289	\$40,921,636	\$40,670,258
2	Nursing Fringe Benefits Expense	\$13,009,754	\$14,645,164	\$14,949,101
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$56,419,043</b>	<b>\$55,566,800</b>	<b>\$55,619,359</b>
<b>I. Physician Salary and Fringe Expense</b>				
1	Physician Salary Expense	\$376,629	\$367,754	\$389,032
2	Physician Fringe Benefits Expense	\$112,876	\$131,613	\$142,996
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$489,505</b>	<b>\$499,367</b>	<b>\$532,028</b>
<b>J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</b>				
1	Non-Nursing, Non-Physician Salary Expense	\$100,758,446	\$101,054,229	\$99,580,813
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$30,197,282	\$36,165,592	\$36,602,758
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$130,955,728</b>	<b>\$137,219,821</b>	<b>\$136,183,571</b>
<b>K. Total Salary and Fringe Benefits Expense</b>				
1	Total Salary Expense	\$144,544,364	\$142,343,619	\$140,640,103
2	Total Fringe Benefits Expense	\$43,319,912	\$50,942,369	\$51,694,855
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$187,864,276</b>	<b>\$193,285,988</b>	<b>\$192,334,958</b>



LAWRENCE AND MEMORIAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
<b>L.</b>	<b><u>Total Full Time Equivalent Employees (FTEs)</u></b>			
1	Total Nursing FTEs	452.3	407.3	417.1
2	Total Physician FTEs	1.7	1.6	1.6
3	Total Non-Nursing, Non-Physician FTEs	1467.0	1440.2	1407.0
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,921.0</b>	<b>1,849.1</b>	<b>1,825.7</b>
<b>M.</b>	<b><u>Nursing Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Nursing Salary Expense per FTE	\$95,975	\$100,471	\$97,507
2	Nursing Fringe Benefits Expense per FTE	\$28,764	\$35,957	\$35,841
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$124,738</b>	<b>\$136,427</b>	<b>\$133,348</b>
<b>N.</b>	<b><u>Physician Salary and Fringe Expense per FTE</u></b>			
1	Physician Salary Expense per FTE	\$221,546	\$229,846	\$243,145
2	Physician Fringe Benefits Expense per FTE	\$66,398	\$82,258	\$89,373
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$287,944</b>	<b>\$312,104</b>	<b>\$332,518</b>
<b>O.</b>	<b><u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u></b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$68,683	\$70,167	\$70,775
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,584	\$25,112	\$26,015
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$89,268</b>	<b>\$95,278</b>	<b>\$96,790</b>
<b>P.</b>	<b><u>Total Salary and Fringe Benefits Expense per FTE</u></b>			
1	Total Salary Expense per FTE	\$75,244	\$76,980	\$77,034
2	Total Fringe Benefits Expense per FTE	\$22,551	\$27,550	\$28,315
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$97,795</b>	<b>\$104,530</b>	<b>\$105,349</b>
<b>Q.</b>	<b><u>Total Salary and Fringe Ben. Expense per Statistic</u></b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,798	\$2,914	\$3,091
2	Total Salary and Fringe Benefits Expense per Discharge	\$12,824	\$13,660	\$13,670
3	Total Salary and Fringe Benefits Expense per EPD	\$1,156	\$1,125	\$1,146
4	Total Salary and Fringe Benefits Expense per ED	\$5,298	\$5,273	\$5,068
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$954	\$898	\$905
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,375	\$4,208	\$4,001