

ROCKVILLE GENERAL 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.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$1,772,696	\$2,130,527	\$357,831	20%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,900,702	\$8,279,947	(\$2,620,755)	-24%
4	Current Assets Whose Use is Limited for Current Liabilities	\$323,965	\$265,258	(\$58,707)	-18%
5	Due From Affiliates	\$65,011	\$14,916	(\$50,095)	-77%
6	Due From Third Party Payers	\$148,435	\$751,256	\$602,821	406%
7	Inventories of Supplies	\$1,325,483	\$1,266,636	(\$58,847)	-4%
8	Prepaid Expenses	\$201,349	\$209,439	\$8,090	4%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$14,737,641	\$12,917,979	(\$1,819,662)	-12%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,068,974	\$2,867,611	(\$201,363)	-7%
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	\$14,606,911	\$12,526,596	(\$2,080,315)	-14%
	Total Noncurrent Assets Whose Use is Limited:	\$17,675,885	\$15,394,207	(\$2,281,678)	-13%
5	Interest in Net Assets of Foundation	\$3,599,134	\$3,664,214	\$65,080	2%
6	Long Term Investments	\$3,489,604	\$5,679,183	\$2,189,579	63%
7	Other Noncurrent Assets	\$9,583,805	\$5,544,590	(\$4,039,215)	-42%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$86,739,517	\$87,146,304	\$406,787	0%
2	Less: Accumulated Depreciation	\$61,358,971	\$64,443,314	\$3,084,343	5%
	Property, Plant and Equipment, Net	\$25,380,546	\$22,702,990	(\$2,677,556)	-11%
3	Construction in Progress	\$320,330	\$299,832	(\$20,498)	-6%
	Total Net Fixed Assets	\$25,700,876	\$23,002,822	(\$2,698,054)	-10%
	Total Assets	\$74,786,945	\$66,202,995	(\$8,583,950)	-11%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				
1	Accounts Payable and Accrued Expenses	\$5,481,077	\$4,923,729	(\$557,348)	-10%
2	Salaries, Wages and Payroll Taxes	\$700,314	\$699,543	(\$771)	0%

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<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
3	Due To Third Party Payers	\$1,132,410	\$1,056,682	(\$75,728)	-7%
4	Due To Affiliates	\$0	\$984,268	\$984,268	0%
5	Current Portion of Long Term Debt	\$621,550	\$592,450	(\$29,100)	-5%
6	Current Portion of Notes Payable	\$323,609	\$324,906	\$1,297	0%
7	Other Current Liabilities	\$1,020,925	\$232,337	(\$788,588)	-77%
	Total Current Liabilities	\$9,279,885	\$8,813,915	(\$465,970)	-5%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$22,347,221	\$21,750,022	(\$597,199)	-3%
2	Notes Payable (Net of Current Portion)	\$1,045,087	\$719,366	(\$325,721)	-31%
	Total Long Term Debt	\$23,392,308	\$22,469,388	(\$922,920)	-4%
3	Accrued Pension Liability	\$10,081,347	\$13,968,710	\$3,887,363	39%
4	Other Long Term Liabilities	\$3,699,103	\$2,072,072	(\$1,627,031)	-44%
	Total Long Term Liabilities	\$37,172,758	\$38,510,170	\$1,337,412	4%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$24,211,838	\$14,969,087	(\$9,242,751)	-38%
2	Temporarily Restricted Net Assets	\$549,043	\$537,851	(\$11,192)	-2%
3	Permanently Restricted Net Assets	\$3,573,421	\$3,371,972	(\$201,449)	-6%
	Total Net Assets	\$28,334,302	\$18,878,910	(\$9,455,392)	-33%
	Total Liabilities and Net Assets	\$74,786,945	\$66,202,995	(\$8,583,950)	-11%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$227,300,072	\$227,496,962	\$196,890	0%
2	Less: Allowances	\$154,781,564	\$160,647,774	\$5,866,210	4%
3	Less: Charity Care	\$1,188,543	\$236,079	(\$952,464)	-80%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$71,329,965	\$66,613,109	(\$4,716,856)	-7%
5	Provision for Bad Debts	\$2,801,283	\$3,610,628	\$809,345	29%
	Net Patient Service Revenue less provision for bad debts	\$68,528,682	\$63,002,481	(\$5,526,201)	-8%
6	Other Operating Revenue	\$6,342,519	\$2,175,391	(\$4,167,128)	-66%
7	Net Assets Released from Restrictions	\$49,147	\$50,382	\$1,235	3%
	Total Operating Revenue	\$74,920,348	\$65,228,254	(\$9,692,094)	-13%
B. Operating Expenses:					
1	Salaries and Wages	\$32,460,253	\$30,678,558	(\$1,781,695)	-5%
2	Fringe Benefits	\$9,360,797	\$9,699,209	\$338,412	4%
3	Physicians Fees	\$3,728,005	\$4,225,295	\$497,290	13%
4	Supplies and Drugs	\$9,776,421	\$9,555,437	(\$220,984)	-2%
5	Depreciation and Amortization	\$3,281,014	\$3,138,917	(\$142,097)	-4%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$689,882	\$697,473	\$7,591	1%
8	Malpractice Insurance Cost	\$1,033,082	\$1,134,624	\$101,542	10%
9	Other Operating Expenses	\$11,830,201	\$9,738,402	(\$2,091,799)	-18%
	Total Operating Expenses	\$72,159,655	\$68,867,915	(\$3,291,740)	-5%
	Income/(Loss) From Operations	\$2,760,693	(\$3,639,661)	(\$6,400,354)	-232%
C. Non-Operating Revenue:					
1	Income from Investments	\$24	\$0	(\$24)	-100%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$378,588)	(\$546,692)	(\$168,104)	44%
	Total Non-Operating Revenue	(\$378,564)	(\$546,692)	(\$168,128)	44%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$2,382,129	(\$4,186,353)	(\$6,568,482)	-276%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

ROCKVILLE GENERAL HOSPITAL					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$2,382,129	(\$4,186,353)	(\$6,568,482)	-276%
	Principal Payments	\$874,828	\$960,529	\$85,701	10%

**ROCKVILLE GENERAL 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
I.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$36,261,315	\$36,444,351	\$183,036	1%
2	MEDICARE MANAGED CARE	\$14,580,622	\$14,884,286	\$303,664	2%
3	MEDICAID	\$9,643,810	\$9,112,209	(\$531,601)	-6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$366,000	\$339,163	(\$26,837)	-7%
6	COMMERCIAL INSURANCE	\$1,340,186	\$1,276,261	(\$63,925)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$13,283,116	\$11,717,968	(\$1,565,148)	-12%
8	WORKER'S COMPENSATION	\$611,701	\$361,139	(\$250,562)	-41%
9	SELF- PAY/UNINSURED	\$802,034	\$479,270	(\$322,764)	-40%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$76,888,784	\$74,614,647	(\$2,274,137)	-3%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$35,926,334	\$37,117,247	\$1,190,913	3%
2	MEDICARE MANAGED CARE	\$13,207,433	\$14,569,949	\$1,362,516	10%
3	MEDICAID	\$31,469,205	\$35,637,001	\$4,167,796	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,023,970	\$1,100,397	\$76,427	7%
6	COMMERCIAL INSURANCE	\$3,020,411	\$3,052,062	\$31,651	1%
7	NON-GOVERNMENT MANAGED CARE	\$60,330,470	\$56,083,347	(\$4,247,123)	-7%
8	WORKER'S COMPENSATION	\$2,012,896	\$2,259,875	\$246,979	12%
9	SELF- PAY/UNINSURED	\$3,420,569	\$3,062,437	(\$358,132)	-10%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$150,411,288	\$152,882,315	\$2,471,027	2%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$72,187,649	\$73,561,598	\$1,373,949	2%
2	MEDICARE MANAGED CARE	\$27,788,055	\$29,454,235	\$1,666,180	6%
3	MEDICAID	\$41,113,015	\$44,749,210	\$3,636,195	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,389,970	\$1,439,560	\$49,590	4%
6	COMMERCIAL INSURANCE	\$4,360,597	\$4,328,323	(\$32,274)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$73,613,586	\$67,801,315	(\$5,812,271)	-8%
8	WORKER'S COMPENSATION	\$2,624,597	\$2,621,014	(\$3,583)	0%
9	SELF- PAY/UNINSURED	\$4,222,603	\$3,541,707	(\$680,896)	-16%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$227,300,072	\$227,496,962	\$196,890	0%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$11,058,502	\$10,332,773	(\$725,729)	-7%
2	MEDICARE MANAGED CARE	\$4,159,814	\$3,890,412	(\$269,402)	-6%
3	MEDICAID	\$1,676,207	\$1,544,776	(\$131,431)	-8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$89,721	\$40,842	(\$48,879)	-54%
6	COMMERCIAL INSURANCE	\$397,015	\$556,684	\$159,669	40%

**ROCKVILLE GENERAL 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
7	NON-GOVERNMENT MANAGED CARE	\$6,140,074	\$5,711,976	(\$428,098)	-7%
8	WORKER'S COMPENSATION	\$264,389	\$154,571	(\$109,818)	-42%
9	SELF- PAY/UNINSURED	\$20	\$10,675	\$10,655	53275%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$23,785,742	\$22,242,709	(\$1,543,033)	-6%
B.	<u>OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$7,109,183	\$6,772,232	(\$336,951)	-5%
2	MEDICARE MANAGED CARE	\$2,602,965	\$2,693,193	\$90,228	3%
3	MEDICAID	\$5,770,160	\$5,886,266	\$116,106	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$203,932	\$184,187	(\$19,745)	-10%
6	COMMERCIAL INSURANCE	\$1,210,083	\$1,359,465	\$149,382	12%
7	NON-GOVERNMENT MANAGED CARE	\$27,688,373	\$24,822,595	(\$2,865,778)	-10%
8	WORKER'S COMPENSATION	\$1,134,829	\$1,059,042	(\$75,787)	-7%
9	SELF- PAY/UNINSURED	\$247,084	\$186,014	(\$61,070)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$45,966,609	\$42,962,994	(\$3,003,615)	-7%
C.	<u>TOTAL NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$18,167,685	\$17,105,005	(\$1,062,680)	-6%
2	MEDICARE MANAGED CARE	\$6,762,779	\$6,583,605	(\$179,174)	-3%
3	MEDICAID	\$7,446,367	\$7,431,042	(\$15,325)	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$293,653	\$225,029	(\$68,624)	-23%
6	COMMERCIAL INSURANCE	\$1,607,098	\$1,916,149	\$309,051	19%
7	NON-GOVERNMENT MANAGED CARE	\$33,828,447	\$30,534,571	(\$3,293,876)	-10%
8	WORKER'S COMPENSATION	\$1,399,218	\$1,213,613	(\$185,605)	-13%
9	SELF- PAY/UNINSURED	\$247,104	\$196,689	(\$50,415)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$69,752,351	\$65,205,703	(\$4,546,648)	-7%
III.	<u>STATISTICS BY PAYER</u>				
A.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	1,120	1,027	(93)	-8%
2	MEDICARE MANAGED CARE	404	401	(3)	-1%
3	MEDICAID	317	266	(51)	-16%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	11	9	(2)	-18%
6	COMMERCIAL INSURANCE	45	53	8	18%
7	NON-GOVERNMENT MANAGED CARE	404	331	(73)	-18%
8	WORKER'S COMPENSATION	14	9	(5)	-36%
9	SELF- PAY/UNINSURED	26	16	(10)	-38%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	2,341	2,112	(229)	-10%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	5,522	5,130	(392)	-7%
2	MEDICARE MANAGED CARE	2,212	1,894	(318)	-14%
3	MEDICAID	1,373	1,250	(123)	-9%

**ROCKVILLE GENERAL HOSPITAL
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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
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	43	62	19	44%
6	COMMERCIAL INSURANCE	151	214	63	42%
7	NON-GOVERNMENT MANAGED CARE	1,728	1,257	(471)	-27%
8	WORKER'S COMPENSATION	27	13	(14)	-52%
9	SELF- PAY/UNINSURED	99	53	(46)	-46%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	11,155	9,873	(1,282)	-11%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	25,879	26,726	847	3%
2	MEDICARE MANAGED CARE	9,495	10,673	1,178	12%
3	MEDICAID	20,510	22,687	2,177	11%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	695	646	(49)	-7%
6	COMMERCIAL INSURANCE	1,788	2,402	614	34%
7	NON-GOVERNMENT MANAGED CARE	59,260	55,587	(3,673)	-6%
8	WORKER'S COMPENSATION	1,076	1,174	98	9%
9	SELF- PAY/UNINSURED	5,031	4,365	(666)	-13%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	123,734	124,260	526	0%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$12,410,238	\$12,698,943	\$288,705	2%
2	MEDICARE MANAGED CARE	\$3,828,123	\$4,576,389	\$748,266	20%
3	MEDICAID	\$21,682,580	\$24,582,106	\$2,899,526	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$458,534	\$441,684	(\$16,850)	-4%
6	COMMERCIAL INSURANCE	\$1,816,242	\$2,214,831	\$398,589	22%
7	NON-GOVERNMENT MANAGED CARE	\$21,951,660	\$21,121,617	(\$830,043)	-4%
8	WORKER'S COMPENSATION	\$996,585	\$1,037,423	\$40,838	4%
9	SELF- PAY/UNINSURED	\$3,807,038	\$2,502,098	(\$1,304,940)	-34%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$66,951,000	\$69,175,091	\$2,224,091	3%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,094,369	\$2,004,031	(\$90,338)	-4%
2	MEDICARE MANAGED CARE	\$679,448	\$760,236	\$80,788	12%
3	MEDICAID	\$2,634,815	\$2,787,438	\$152,623	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$87,607	\$85,348	(\$2,259)	-3%
6	COMMERCIAL INSURANCE	\$785,825	\$971,580	\$185,755	24%
7	NON-GOVERNMENT MANAGED CARE	\$11,749,654	\$11,425,281	(\$324,373)	-3%
8	WORKER'S COMPENSATION	\$641,867	\$589,538	(\$52,329)	-8%
9	SELF- PAY/UNINSURED	\$130,914	\$99,965	(\$30,949)	-24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$18,804,499	\$18,723,417	(\$81,082)	0%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	2,752	2,730	(22)	-1%
2	MEDICARE MANAGED CARE	845	957	112	13%
3	MEDICAID	6,399	6,856	457	7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	142	129	(13)	-9%
6	COMMERCIAL INSURANCE	544	602	58	11%
7	NON-GOVERNMENT MANAGED CARE	7,233	6,680	(553)	-8%
8	WORKER'S COMPENSATION	325	336	11	3%
9	SELF- PAY/UNINSURED	1,022	706	(316)	-31%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	19,262	18,996	(266)	-1%

ROCKVILLE GENERAL HOSPITAL					
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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
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$9,189,889	\$8,525,609	(\$664,280)	-7%
2	Physician Salaries	\$4,326,903	\$3,935,827	(\$391,076)	-9%
3	Non-Nursing, Non-Physician Salaries	\$18,943,461	\$18,217,122	(\$726,339)	-4%
	Total Salaries & Wages	\$32,460,253	\$30,678,558	(\$1,781,695)	-5%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$2,915,782	\$3,040,436	\$124,654	4%
2	Physician Fringe Benefits	\$1,304,736	\$1,302,546	(\$2,190)	0%
3	Non-Nursing, Non-Physician Fringe Benefits	\$5,140,279	\$5,356,227	\$215,948	4%
	Total Fringe Benefits	\$9,360,797	\$9,699,209	\$338,412	4%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$3,728,005	\$4,225,295	\$497,290	13%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$3,728,005	\$4,225,295	\$497,290	13%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$8,410,877	\$8,171,482	(\$239,395)	-3%
2	Pharmaceutical Costs	\$1,365,544	\$1,383,955	\$18,411	1%
	Total Medical Supplies and Pharmaceutical Cost	\$9,776,421	\$9,555,437	(\$220,984)	-2%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$1,783,192	\$1,935,607	\$152,415	9%
2	Depreciation-Equipment	\$1,458,133	\$1,163,621	(\$294,512)	-20%
3	Amortization	\$39,689	\$39,689	\$0	0%
	Total Depreciation and Amortization	\$3,281,014	\$3,138,917	(\$142,097)	-4%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$689,882	\$697,473	\$7,591	1%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$1,033,082	\$1,134,624	\$101,542	10%
I.	<u>Utilities:</u>				
1	Water	\$66,454	\$72,280	\$5,826	9%
2	Natural Gas	\$331,907	\$193,223	(\$138,684)	-42%
3	Oil	\$61,375	\$20,504	(\$40,871)	-67%
4	Electricity	\$663,923	\$554,418	(\$109,505)	-16%
5	Telephone	\$233,795	\$299,152	\$65,357	28%
6	Other Utilities	\$36,400	\$49,168	\$12,768	35%
	Total Utilities	\$1,393,854	\$1,188,745	(\$205,109)	-15%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$128,703	\$118,539	(\$10,164)	-8%
2	Legal Fees	\$148,880	\$143,791	(\$5,089)	-3%
3	Consulting Fees	\$513,903	\$465,165	(\$48,738)	-9%

ROCKVILLE GENERAL 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
4	Dues and Membership	\$109,803	\$120,084	\$10,281	9%
5	Equipment Leases	\$255,423	\$166,375	(\$89,048)	-35%
6	Building Leases	\$1,002,169	\$992,099	(\$10,070)	-1%
7	Repairs and Maintenance	\$294,096	\$242,948	(\$51,148)	-17%
8	Insurance	\$146,481	\$138,082	(\$8,399)	-6%
9	Travel	\$18,964	\$31,554	\$12,590	66%
10	Conferences	\$5,525	\$2,049	(\$3,476)	-63%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$408,428	\$357,432	(\$50,996)	-12%
13	Licenses and Subscriptions	\$117,704	\$104,617	(\$13,087)	-11%
14	Postage and Shipping	\$68,576	\$73,086	\$4,510	7%
15	Advertising	\$419,758	\$173,843	(\$245,915)	-59%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$1,139,673	\$1,589,662	\$449,989	39%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$505,407	\$384,288	(\$121,119)	-24%
20	Lab Fees / Red Cross charges	\$436,465	\$265,988	(\$170,477)	-39%
21	Billing & Collection / Bank Fees	\$362,037	\$257,497	(\$104,540)	-29%
22	Recruiting / Employee Education & Recognition	\$167,977	\$138,656	(\$29,321)	-17%
23	Laundry / Linen	\$366,004	\$327,515	(\$38,489)	-11%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$114,215	\$82,324	(\$31,891)	-28%
26	Purchased Services - Medical	\$1,106,841	\$1,035,496	(\$71,345)	-6%
27	Purchased Services - Non Medical	\$1,429,722	\$761,156	(\$668,566)	-47%
28	Other Business Expenses	\$1,106,748	\$540,639	(\$566,109)	-51%
	Total Business Expenses	\$10,373,502	\$8,512,885	(\$1,860,617)	-18%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$62,845	\$36,772	(\$26,073)	-41%
	Total Operating Expenses - All Expense Categories*	\$72,159,655	\$68,867,915	(\$3,291,740)	-5%
*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$1,228,601	\$1,310,284	\$81,683	7%
2	General Accounting	\$1,128,305	\$976,304	(\$152,001)	-13%
3	Patient Billing & Collection	\$1,128,966	\$1,547,686	\$418,720	37%
4	Admitting / Registration Office	\$463,342	\$387,133	(\$76,209)	-16%
5	Data Processing	\$2,320,599	\$2,884,479	\$563,880	24%
6	Communications	\$571,731	\$352,067	(\$219,664)	-38%
7	Personnel	\$7,680,157	\$7,940,648	\$260,491	3%
8	Public Relations	\$193,163	\$158,794	(\$34,369)	-18%
9	Purchasing	\$335,827	\$486,020	\$150,193	45%
10	Dietary and Cafeteria	\$1,091,624	\$952,812	(\$138,812)	-13%
11	Housekeeping	\$895,355	\$844,573	(\$50,782)	-6%
12	Laundry & Linen	\$343,194	\$316,713	(\$26,481)	-8%
13	Operation of Plant	\$1,097,500	\$977,318	(\$120,182)	-11%
14	Security	\$393,018	\$327,837	(\$65,181)	-17%
15	Repairs and Maintenance	\$873,657	\$776,875	(\$96,782)	-11%
16	Central Sterile Supply	\$289,764	\$169,357	(\$120,407)	-42%

ROCKVILLE GENERAL 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
17	Pharmacy Department	\$1,874,163	\$1,931,249	\$57,086	3%
18	Other General Services	\$8,831,830	\$8,256,571	(\$575,259)	-7%
	Total General Services	\$30,740,796	\$30,596,720	(\$144,076)	0%
	B. Professional Services:				
1	Medical Care Administration	\$1,490,487	\$2,297,630	\$807,143	54%
2	Residency Program	\$30,744	\$52,484	\$21,740	71%
3	Nursing Services Administration	\$726,838	\$398,818	(\$328,020)	-45%
4	Medical Records	\$903,533	\$883,570	(\$19,963)	-2%
5	Social Service	\$42,287	\$35,134	(\$7,153)	-17%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$3,193,889	\$3,667,636	\$473,747	15%
	C. Special Services:				
1	Operating Room	\$7,697,906	\$7,672,509	(\$25,397)	0%
2	Recovery Room	\$384,394	\$378,475	(\$5,919)	-2%
3	Anesthesiology	\$182,546	\$147,334	(\$35,212)	-19%
4	Delivery Room	\$283,860	\$287,903	\$4,043	1%
5	Diagnostic Radiology	\$3,998,658	\$3,864,381	(\$134,277)	-3%
6	Diagnostic Ultrasound	\$503,373	\$315,864	(\$187,509)	-37%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$362,859	\$303,807	(\$59,052)	-16%
9	CT Scan	\$277,311	\$290,528	\$13,217	5%
10	Laboratory	\$2,531,500	\$2,372,965	(\$158,535)	-6%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,383,318	\$1,291,233	(\$92,085)	-7%
13	Electrocardiology	\$91,327	\$93,419	\$2,092	2%
14	Electroencephalography	\$21,820	\$29,529	\$7,709	35%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$47,062	\$44,908	(\$2,154)	-5%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$0	\$0	\$0	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$104,707	\$107,513	\$2,806	3%
24	Emergency Room	\$7,793,052	\$6,424,688	(\$1,368,364)	-18%
25	MRI	\$172,210	\$169,166	(\$3,044)	-2%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$996,900	\$1,050,505	\$53,605	5%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,013,283	\$999,320	(\$13,963)	-1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$1,270,014	\$893,692	(\$376,322)	-30%
	Total Special Services	\$29,116,100	\$26,737,739	(\$2,378,361)	-8%
	D. Routine Services:				
1	Medical & Surgical Units	\$5,694,300	\$4,713,282	(\$981,018)	-17%
2	Intensive Care Unit	\$2,271,006	\$2,070,330	(\$200,676)	-9%
3	Coronary Care Unit	\$0	\$0	\$0	0%

ROCKVILLE GENERAL 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
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$542,263	\$524,929	(\$17,334)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$601,301	\$557,279	(\$44,022)	-7%
	Total Routine Services	\$9,108,870	\$7,865,820	(\$1,243,050)	-14%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$0	\$0	\$0	0%
	Total Operating Expenses - All Departments*	\$72,159,655	\$68,867,915	(\$3,291,740)	-5%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$68,910,644	\$68,528,682	\$63,002,481
2	Other Operating Revenue	6,078,316	6,391,666	2,225,773
3	Total Operating Revenue	\$74,988,960	\$74,920,348	\$65,228,254
4	Total Operating Expenses	71,670,098	72,159,655	68,867,915
5	Income/(Loss) From Operations	\$3,318,862	\$2,760,693	(\$3,639,661)
6	Total Non-Operating Revenue	(660,236)	(378,564)	(546,692)
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,658,626	\$2,382,129	(\$4,186,353)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	4.47%	3.70%	-5.63%
2	Hospital Non Operating Margin	-0.89%	-0.51%	-0.85%
3	Hospital Total Margin	3.58%	3.20%	-6.47%
4	Income/(Loss) From Operations	\$3,318,862	\$2,760,693	(\$3,639,661)
5	Total Operating Revenue	\$74,988,960	\$74,920,348	\$65,228,254
6	Total Non-Operating Revenue	(\$660,236)	(\$378,564)	(\$546,692)
7	Total Revenue	\$74,328,724	\$74,541,784	\$64,681,562
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,658,626	\$2,382,129	(\$4,186,353)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$26,773,989	\$24,211,838	\$14,969,087
2	Hospital Total Net Assets	\$31,052,463	\$28,334,302	\$18,878,910
3	Hospital Change in Total Net Assets	\$9,737,452	(\$2,718,161)	(\$9,455,392)
4	Hospital Change in Total Net Assets %	145.7%	-8.8%	-33.4%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.31	0.31	0.30
2	Total Operating Expenses	\$71,670,098	\$72,159,655	\$68,867,915
3	Total Gross Revenue	\$222,664,628	\$227,300,072	\$227,496,962
4	Total Other Operating Revenue	\$6,078,316	\$6,391,666	\$2,225,773

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
5	<u>Private Payment to Cost Ratio</u>	1.48	1.48	1.50
6	Total Non-Government Payments	\$35,414,192	\$37,081,867	\$33,861,022
7	Total Uninsured Payments	\$177,307	\$247,104	\$196,689
8	Total Non-Government Charges	\$81,627,015	\$84,821,383	\$78,292,359
9	Total Uninsured Charges	\$5,574,229	\$4,222,603	\$3,541,707
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.81	0.77
11	Total Medicare Payments	\$26,977,415	\$24,930,464	\$23,688,610
12	Total Medicare Charges	\$104,118,250	\$99,975,704	\$103,015,833
13	<u>Medicaid Payment to Cost Ratio</u>	0.65	0.59	0.55
14	Total Medicaid Payments	\$7,390,717	\$7,446,367	\$7,431,042
15	Total Medicaid Charges	\$36,071,993	\$41,113,015	\$44,749,210
16	<u>Uncompensated Care Cost</u>	\$1,691,617	\$1,231,984	\$1,321,459
17	Charity Care	\$1,271,767	\$1,188,543	\$797,362
18	Bad Debts	\$4,127,214	\$2,801,283	\$3,610,628
19	Total Uncompensated Care	\$5,398,981	\$3,989,826	\$4,407,990
20	<u>Uncompensated Care % of Total Expenses</u>	2.4%	1.7%	1.9%
21	Total Operating Expenses	\$71,670,098	\$72,159,655	\$68,867,915
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1	2	1
2	Total Current Assets	\$13,879,554	\$14,737,641	\$12,917,979
3	Total Current Liabilities	\$10,561,360	\$9,279,885	\$8,813,915
4	<u>Days Cash on Hand</u>	6	9	12
5	Cash and Cash Equivalents	\$1,059,290	\$1,772,696	\$2,130,527
6	Short Term Investments	0	0	0

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
7	Total Cash and Short Term Investments	\$1,059,290	\$1,772,696	\$2,130,527
8	Total Operating Expenses	\$71,670,098	\$72,159,655	\$68,867,915
9	Depreciation Expense	\$3,565,031	\$3,281,014	\$3,138,917
10	Operating Expenses less Depreciation Expense	\$68,105,067	\$68,878,641	\$65,728,998
11	<u>Days Revenue in Patient Accounts Receivable</u>	51	53	46
12	Net Patient Accounts Receivable	\$10,269,970	\$10,900,702	\$8,279,947
13	Due From Third Party Payers	\$384,274	\$148,435	\$751,256
14	Due To Third Party Payers	\$1,040,198	\$1,132,410	\$1,056,682
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$9,614,046	\$9,916,727	\$7,974,521
16	Total Net Patient Revenue	\$68,910,644	\$68,528,682	\$63,002,481
17	<u>Average Payment Period</u>	57	49	49
18	Total Current Liabilities	\$10,561,360	\$9,279,885	\$8,813,915
19	Total Operating Expenses	\$71,670,098	\$72,159,655	\$68,867,915
20	Depreciation Expense	\$3,565,031	\$3,281,014	\$3,138,917
21	Total Operating Expenses less Depreciation Expense	\$68,105,067	\$68,878,641	\$65,728,998
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	40.6	37.9	28.5
2	Total Net Assets	\$31,052,463	\$28,334,302	\$18,878,910
3	Total Assets	\$76,543,854	\$74,786,945	\$66,202,995
4	<u>Cash Flow to Total Debt Ratio</u>	18.3	17.3	(3.3)
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,658,626	\$2,382,129	(\$4,186,353)
6	Depreciation Expense	\$3,565,031	\$3,281,014	\$3,138,917
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,223,657	\$5,663,143	(\$1,047,436)
8	Total Current Liabilities	\$10,561,360	\$9,279,885	\$8,813,915
9	Total Long Term Debt	\$23,519,254	\$23,392,308	\$22,469,388
10	Total Current Liabilities and Total Long Term Debt	\$34,080,614	\$32,672,193	\$31,283,303

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
11	<u>Long Term Debt to Capitalization Ratio</u>	43.1	45.2	54.3
12	Total Long Term Debt	\$23,519,254	\$23,392,308	\$22,469,388
13	Total Net Assets	\$31,052,463	\$28,334,302	\$18,878,910
14	Total Long Term Debt and Total Net Assets	\$54,571,717	\$51,726,610	\$41,348,298
15	<u>Debt Service Coverage Ratio</u>	3.5	4.1	(0.2)
16	Excess Revenues over Expenses	2,658,626	\$2,382,129	(\$4,186,353)
17	Interest Expense	682,298	\$689,882	\$697,473
18	Depreciation and Amortization Expense	3,565,031	\$3,281,014	\$3,138,917
19	Principal Payments	1,276,419	\$874,828	\$960,529
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	16.3	18.7	20.5
21	Accumulated Depreciation	58,070,717	61,358,971	64,443,314
22	Depreciation and Amortization Expense	3,565,031	3,281,014	3,138,917
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	12,325	11,155	9,873
2	Discharges	2,567	2,341	2,112
3	ALOS	4.8	4.8	4.7
4	Staffed Beds	47	47	47
5	Available Beds	-	118	118
6	Licensed Beds	118	118	118
7	Occupancy of Staffed Beds	71.8%	65.0%	57.6%
8	Occupancy of Available Beds	28.6%	25.9%	22.9%
9	Full Time Equivalent Employees	378.3	422.7	381.1
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	34.2%	35.5%	32.9%
2	Medicare Gross Revenue Payer Mix Percentage	46.8%	44.0%	45.3%

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
3	Medicaid Gross Revenue Payer Mix Percentage	16.2%	18.1%	19.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.5%	1.9%	1.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.6%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$76,052,786	\$80,598,780	\$74,750,652
9	Medicare Gross Revenue (Charges)	\$104,118,250	\$99,975,704	\$103,015,833
10	Medicaid Gross Revenue (Charges)	\$36,071,993	\$41,113,015	\$44,749,210
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$5,574,229	\$4,222,603	\$3,541,707
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$847,370	\$1,389,970	\$1,439,560
14	Total Gross Revenue (Charges)	\$222,664,628	\$227,300,072	\$227,496,962
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	50.3%	52.8%	51.6%
2	Medicare Net Revenue Payer Mix Percentage	38.5%	35.7%	36.3%
3	Medicaid Net Revenue Payer Mix Percentage	10.6%	10.7%	11.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.3%	0.4%	0.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.4%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$35,236,885	\$36,834,763	\$33,664,333
9	Medicare Net Revenue (Payments)	\$26,977,415	\$24,930,464	\$23,688,610
10	Medicaid Net Revenue (Payments)	\$7,390,717	\$7,446,367	\$7,431,042
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$177,307	\$247,104	\$196,689
13	CHAMPUS / TRICARE Net Revenue Payments)	\$253,597	\$293,653	\$225,029
14	Total Net Revenue (Payments)	\$70,035,921	\$69,752,351	\$65,205,703
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	561	489	409
2	Medicare	1,707	1,524	1,428
3	Medical Assistance	292	317	266
4	Medicaid	292	317	266
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	7	11	9

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
7	Uninsured (Included In Non-Government)	48	26	16
8	Total	2,567	2,341	2,112
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.67222	1.61446	1.77478
2	Medicare	1.56631	1.57333	1.71382
3	Medical Assistance	1.42516	1.36050	1.52282
4	Medicaid	1.42516	1.36050	1.52282
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.70347	1.33859	1.02930
7	Uninsured (Included In Non-Government)	1.18444	1.09725	1.05498
8	Total Case Mix Index	1.57377	1.55200	1.69865
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	2,465	2,089	1,893
2	Emergency Room - Treated and Discharged	22,671	19,262	18,996
3	Total Emergency Room Visits	25,136	21,351	20,889

**ROCKVILLE GENERAL 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
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$112,649	\$124,911	\$12,262	11%
2	Inpatient Payments	\$27,268	\$23,928	(\$3,340)	-12%
3	Outpatient Charges	\$229,904	\$240,947	\$11,043	5%
4	Outpatient Payments	\$57,511	\$31,322	(\$26,189)	-46%
5	Discharges	3	3	0	0%
6	Patient Days	19	9	(10)	-53%
7	Outpatient Visits (Excludes ED Visits)	191	172	(19)	-10%
8	Emergency Department Outpatient Visits	19	28	9	47%
9	Emergency Department Inpatient Admissions	3	2	(1)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$342,553	\$365,858	\$23,305	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$84,779	\$55,250	(\$29,529)	-35%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$7,555,638	\$7,307,611	(\$248,027)	-3%
2	Inpatient Payments	\$2,133,894	\$2,052,423	(\$81,471)	-4%
3	Outpatient Charges	\$7,006,405	\$7,414,437	\$408,032	6%
4	Outpatient Payments	\$1,397,369	\$1,426,504	\$29,135	2%
5	Discharges	207	207	0	0%
6	Patient Days	1,201	934	(267)	-22%
7	Outpatient Visits (Excludes ED Visits)	4,761	5,145	384	8%
8	Emergency Department Outpatient Visits	394	419	25	6%
9	Emergency Department Inpatient Admissions	200	183	(17)	-9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,562,043	\$14,722,048	\$160,005	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,531,263	\$3,478,927	(\$52,336)	-1%
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**ROCKVILLE GENERAL 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
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$198,752	\$36,595	(\$162,157)	-82%
2	Inpatient Payments	\$86,720	\$11,649	(\$75,071)	-87%
3	Outpatient Charges	\$39,281	\$123,944	\$84,663	216%
4	Outpatient Payments	\$5,679	\$15,427	\$9,748	172%
5	Discharges	5	2	(3)	-60%
6	Patient Days	23	6	(17)	-74%
7	Outpatient Visits (Excludes ED Visits)	49	31	(18)	-37%
8	Emergency Department Outpatient Visits	15	19	4	27%
9	Emergency Department Inpatient Admissions	4	2	(2)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$238,033	\$160,539	(\$77,494)	-33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$92,399	\$27,076	(\$65,323)	-71%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$5,010,031	\$3,959,469	(\$1,050,562)	-21%
2	Inpatient Payments	\$1,472,897	\$1,014,478	(\$458,419)	-31%
3	Outpatient Charges	\$3,369,925	\$3,363,847	(\$6,078)	0%
4	Outpatient Payments	\$663,507	\$587,950	(\$75,557)	-11%
5	Discharges	127	107	(20)	-16%
6	Patient Days	723	487	(236)	-33%
7	Outpatient Visits (Excludes ED Visits)	1,891	1,935	44	2%
8	Emergency Department Outpatient Visits	235	237	2	1%
9	Emergency Department Inpatient Admissions	118	93	(25)	-21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,379,956	\$7,323,316	(\$1,056,640)	-13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,136,404	\$1,602,428	(\$533,976)	-25%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$673,775	\$1,791,567	\$1,117,792	166%
2	Inpatient Payments	\$154,222	\$399,117	\$244,895	159%
3	Outpatient Charges	\$1,080,739	\$1,431,241	\$350,502	32%
4	Outpatient Payments	\$184,874	\$247,017	\$62,143	34%
5	Discharges	25	41	16	64%
6	Patient Days	86	245	159	185%
7	Outpatient Visits (Excludes ED Visits)	566	748	182	32%
8	Emergency Department Outpatient Visits	108	124	16	15%
9	Emergency Department Inpatient Admissions	25	36	11	44%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,754,514	\$3,222,808	\$1,468,294	84%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$339,096	\$646,134	\$307,038	91%
I. AETNA					

**ROCKVILLE GENERAL 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
1	Inpatient Charges	\$1,015,791	\$1,566,276	\$550,485	54%
2	Inpatient Payments	\$280,573	\$377,787	\$97,214	35%
3	Outpatient Charges	\$1,409,443	\$1,958,452	\$549,009	39%
4	Outpatient Payments	\$282,311	\$379,223	\$96,912	34%
5	Discharges	36	38	2	6%
6	Patient Days	157	199	42	27%
7	Outpatient Visits (Excludes ED Visits)	1,104	1,567	463	42%
8	Emergency Department Outpatient Visits	64	124	60	94%
9	Emergency Department Inpatient Admissions	34	33	(1)	-3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,425,234	\$3,524,728	\$1,099,494	45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$562,884	\$757,010	\$194,126	34%
J.	HUMANA				
1	Inpatient Charges	\$13,986	\$97,857	\$83,871	600%
2	Inpatient Payments	\$4,240	\$11,030	\$6,790	160%
3	Outpatient Charges	\$71,736	\$37,081	(\$34,655)	-48%
4	Outpatient Payments	\$11,714	\$5,750	(\$5,964)	-51%
5	Discharges	1	3	2	200%
6	Patient Days	3	14	11	367%
7	Outpatient Visits (Excludes ED Visits)	88	118	30	34%
8	Emergency Department Outpatient Visits	10	6	(4)	-40%
9	Emergency Department Inpatient Admissions	1	4	3	300%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$85,722	\$134,938	\$49,216	57%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,954	\$16,780	\$826	5%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

**ROCKVILLE GENERAL 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
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$14,580,622	\$14,884,286	\$303,664	2%
	TOTAL INPATIENT PAYMENTS	\$4,159,814	\$3,890,412	(\$269,402)	-6%
	TOTAL OUTPATIENT CHARGES	\$13,207,433	\$14,569,949	\$1,362,516	10%
	TOTAL OUTPATIENT PAYMENTS	\$2,602,965	\$2,693,193	\$90,228	3%
	TOTAL DISCHARGES	404	401	(3)	-1%
	TOTAL PATIENT DAYS	2,212	1,894	(318)	-14%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	8,650	9,716	1,066	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	845	957	112	13%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	385	353	(32)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$27,788,055	\$29,454,235	\$1,666,180	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,762,779	\$6,583,605	(\$179,174)	-3%

**ROCKVILLE GENERAL 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
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%

**ROCKVILLE GENERAL 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
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F.	FIRST CHOICE OF CONNECTICUT, PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**ROCKVILLE GENERAL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

EASTERN CT HEALTH NETWORK , INC					
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.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$20,733,601	\$16,286,829	(\$4,446,772)	-21%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$44,610,272	\$41,607,499	(\$3,002,773)	-7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,163,916	\$1,097,599	(\$66,317)	-6%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,602,585	\$3,573,134	(\$29,451)	-1%
7	Inventories of Supplies	\$5,437,285	\$5,553,809	\$116,524	2%
8	Prepaid Expenses	\$5,686,236	\$6,653,091	\$966,855	17%
9	Other Current Assets	\$0	\$0	\$0	0%
	Total Current Assets	\$81,233,895	\$74,771,961	(\$6,461,934)	-8%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$16,980,766	\$15,981,754	(\$999,012)	-6%
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	\$49,083,777	\$47,693,344	(\$1,390,433)	-3%
	Total Noncurrent Assets Whose Use is Limited:	\$66,064,543	\$63,675,098	(\$2,389,445)	-4%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$24,413,166	\$25,309,242	\$896,076	4%
7	Other Noncurrent Assets	\$10,310,026	\$8,567,926	(\$1,742,100)	-17%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$309,457,919	\$316,413,058	\$6,955,139	2%
2	Less: Accumulated Depreciation	\$218,033,560	\$229,410,757	\$11,377,197	\$0
	Property, Plant and Equipment, Net	\$91,424,359	\$87,002,301	(\$4,422,058)	-5%
3	Construction in Progress	\$2,641,200	\$1,273,117	(\$1,368,083)	-52%
	Total Net Fixed Assets	\$94,065,559	\$88,275,418	(\$5,790,141)	-6%
	Total Assets	\$276,087,189	\$260,599,645	(\$15,487,544)	-6%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

EASTERN CT HEALTH NETWORK , INC					
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
1	Accounts Payable and Accrued Expenses	\$30,917,763	\$27,642,500	(\$3,275,263)	-11%
2	Salaries, Wages and Payroll Taxes	\$5,046,852	\$5,787,051	\$740,199	15%
3	Due To Third Party Payers	\$5,743,160	\$3,124,803	(\$2,618,357)	-46%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,523,279	\$2,562,000	\$38,721	2%
6	Current Portion of Notes Payable	\$9,541,203	\$8,256,708	(\$1,284,495)	-13%
7	Other Current Liabilities	\$7,180,735	\$4,324,901	(\$2,855,834)	-40%
	Total Current Liabilities	\$60,952,992	\$51,697,963	(\$9,255,029)	-15%
	B. Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$69,571,034	\$66,995,612	(\$2,575,422)	-4%
2	Notes Payable (Net of Current Portion)	\$13,024,380	\$13,126,634	\$102,254	1%
	Total Long Term Debt	\$82,595,414	\$80,122,246	(\$2,473,168)	-3%
3	Accrued Pension Liability	\$44,676,486	\$62,407,379	\$17,730,893	40%
4	Other Long Term Liabilities	\$10,168,508	\$7,664,508	(\$2,504,000)	-25%
	Total Long Term Liabilities	\$137,440,408	\$150,194,133	\$12,753,725	9%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
	C. Net Assets:				
1	Unrestricted Net Assets or Equity	\$59,544,873	\$42,167,565	(\$17,377,308)	-29%
2	Temporarily Restricted Net Assets	\$2,096,313	\$1,486,536	(\$609,777)	-29%
3	Permanently Restricted Net Assets	\$16,052,603	\$15,053,448	(\$999,155)	-6%
	Total Net Assets	\$77,693,789	\$58,707,549	(\$18,986,240)	-24%
	Total Liabilities and Net Assets	\$276,087,189	\$260,599,645	(\$15,487,544)	-6%

EASTERN CT HEALTH NETWORK , INC

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
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$925,914,801	\$919,633,538	(\$6,281,263)	-1%
2	Less: Allowances	\$612,343,685	\$609,939,044	(\$2,404,641)	0%
3	Less: Charity Care	\$3,599,806	\$1,650,100	(\$1,949,706)	-54%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$309,971,310	\$308,044,394	(\$1,926,916)	-1%
5	Provision for Bad Debts	\$10,216,094	\$10,899,289	\$683,195	7%
	Net Patient Service Revenue less provision for bad debts	\$299,755,216	\$297,145,105	(\$2,610,111)	-1%
6	Other Operating Revenue	\$28,166,459	\$17,589,913	(\$10,576,546)	-38%
7	Net Assets Released from Restrictions	\$833,650	\$832,608	(\$1,042)	0%
	Total Operating Revenue	\$328,755,325	\$315,567,626	(\$13,187,699)	-4%
B. Operating Expenses:					
1	Salaries and Wages	\$162,727,445	\$156,774,464	(\$5,952,981)	-4%
2	Fringe Benefits	\$43,859,398	\$44,024,084	\$164,686	0%
3	Physicians Fees	\$14,478,331	\$15,492,872	\$1,014,541	7%
4	Supplies and Drugs	\$34,194,649	\$34,144,873	(\$49,776)	0%
5	Depreciation and Amortization	\$12,196,877	\$11,920,720	(\$276,157)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,764,488	\$3,445,934	(\$318,554)	-8%
8	Malpractice Insurance Cost	\$3,807,147	\$3,396,254	(\$410,893)	-11%
9	Other Operating Expenses	\$51,554,269	\$46,648,875	(\$4,905,394)	-10%
	Total Operating Expenses	\$326,582,604	\$315,848,076	(\$10,734,528)	-3%
	Income/(Loss) From Operations	\$2,172,721	(\$280,450)	(\$2,453,171)	-113%
C. Non-Operating Revenue:					
1	Income from Investments	\$645	\$0	(\$645)	-100%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,126,396)	(\$2,235,410)	(\$109,014)	5%
	Total Non-Operating Revenue	(\$2,125,751)	(\$2,235,410)	(\$109,659)	5%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$46,970	(\$2,515,860)	(\$2,562,830)	-5456%
	Other Adjustments:				

EASTERN CT HEALTH NETWORK , INC

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	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$46,970	(\$2,515,860)	(\$2,562,830)	-5456%

EASTERN CT HEALTH NETWORK , INC

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
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$298,979,957	\$299,755,216	\$297,145,105
2	Other Operating Revenue	28,987,736	29,000,109	18,422,521
3	Total Operating Revenue	\$327,967,693	\$328,755,325	\$315,567,626
4	Total Operating Expenses	327,855,198	326,582,604	315,848,076
5	Income/(Loss) From Operations	\$112,495	\$2,172,721	(\$280,450)
6	Total Non-Operating Revenue	(2,138,589)	(2,125,751)	(2,235,410)
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,026,094)	\$46,970	(\$2,515,860)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.03%	0.67%	-0.09%
2	Parent Corporation Non-Operating Margin	-0.66%	-0.65%	-0.71%
3	Parent Corporation Total Margin	-0.62%	0.01%	-0.80%
4	Income/(Loss) From Operations	\$112,495	\$2,172,721	(\$280,450)
5	Total Operating Revenue	\$327,967,693	\$328,755,325	\$315,567,626
6	Total Non-Operating Revenue	(\$2,138,589)	(\$2,125,751)	(\$2,235,410)
7	Total Revenue	\$325,829,104	\$326,629,574	\$313,332,216
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,026,094)	\$46,970	(\$2,515,860)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$70,965,928	\$59,544,873	\$42,167,565
2	Parent Corporation Total Net Assets	\$85,849,149	\$77,693,789	\$58,707,549
3	Parent Corporation Change in Total Net Assets	\$34,247,888	(\$8,155,360)	(\$18,986,240)
4	Parent Corporation Change in Total Net Assets %	166.4%	-9.5%	-24.4%
D. Liquidity Measures Summary				
1	Current Ratio	1.31	1.33	1.45
2	Total Current Assets	\$84,389,707	\$81,233,895	\$74,771,961
3	Total Current Liabilities	\$64,345,517	\$60,952,992	\$51,697,963
4	Days Cash on Hand	26	24	20

EASTERN CT HEALTH NETWORK , INC

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
5	Cash and Cash Equivalents	\$22,439,356	\$20,733,601	\$16,286,829
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$22,439,356	\$20,733,601	\$16,286,829
8	Total Operating Expenses	\$327,855,198	\$326,582,604	\$315,848,076
9	Depreciation Expense	\$12,290,822	\$12,196,877	\$11,920,720
10	Operating Expenses less Depreciation Expense	\$315,564,376	\$314,385,727	\$303,927,356
11	<u>Days Revenue in Patient Accounts Receivable</u>	56	52	52
12	Net Patient Accounts Receivable	\$ 46,524,143	\$ 44,610,272	\$ 41,607,499
13	Due From Third Party Payers	\$3,463,096	\$3,602,585	\$3,573,134
14	Due To Third Party Payers	\$4,512,361	\$5,743,160	\$3,124,803
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 45,474,878	\$ 42,469,697	\$ 42,055,830
16	Total Net Patient Revenue	\$298,979,957	\$299,755,216	\$297,145,105
17	<u>Average Payment Period</u>	74	71	62
18	Total Current Liabilities	\$64,345,517	\$60,952,992	\$51,697,963
19	Total Operating Expenses	\$327,855,198	\$326,582,604	\$315,848,076
20	Depreciation Expense	\$12,290,822	\$12,196,877	\$11,920,720
20	Total Operating Expenses less Depreciation Expense	\$315,564,376	\$314,385,727	\$303,927,356
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	30.4	28.1	22.5
2	Total Net Assets	\$85,849,149	\$77,693,789	\$58,707,549
3	Total Assets	\$282,466,736	\$276,087,189	\$260,599,645
4	<u>Cash Flow to Total Debt Ratio</u>	6.9	8.5	7.1
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,026,094)	\$46,970	(\$2,515,860)
6	Depreciation Expense	\$12,290,822	\$12,196,877	\$11,920,720
7	Excess of Revenues Over Expenses and Depreciation Expense	\$10,264,728	\$12,243,847	\$9,404,860
8	Total Current Liabilities	\$64,345,517	\$60,952,992	\$51,697,963
9	Total Long Term Debt	\$84,416,006	\$82,595,414	\$80,122,246

EASTERN CT HEALTH NETWORK , INC				
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
10	Total Current Liabilities and Total Long Term Debt	\$148,761,523	\$143,548,406	\$131,820,209
11	<u>Long Term Debt to Capitalization Ratio</u>	49.6	51.5	57.7
12	Total Long Term Debt	\$84,416,006	\$82,595,414	\$80,122,246
13	Total Net Assets	\$85,849,149	\$77,693,789	\$58,707,549
14	Total Long Term Debt and Total Net Assets	\$170,265,155	\$160,289,203	\$138,829,795

ROCKVILLE GENERAL 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	7,735	2,112	2,037	38	81	55.8%	26.2%
2	ICU/CCU (Excludes Neonatal ICU)	2,138	182	0	9	9	65.1%	65.1%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	0	0	0	0	0	0.0%	0.0%
	TOTAL PSYCHIATRIC	0	0	0	0	0	0.0%	0.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	0	0	0	0	12	0.0%	0.0%
7	Newborn	0	0	0	0	16	0.0%	0.0%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	9,873	2,112	2,037	47	102	57.6%	26.5%
	TOTAL INPATIENT BED UTILIZATION	9,873	2,112	2,037	47	118	57.6%	22.9%
	TOTAL INPATIENT REPORTED YEAR	9,873	2,112	2,037	47	118	57.6%	22.9%
	TOTAL INPATIENT PRIOR YEAR	11,155	2,341	2,266	47	118	65.0%	25.9%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-1,282	-229	-229	0	0	-7.5%	-3.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-11%	-10%	-10%	0%	0%	-11%	-11%
	Total Licensed Beds and Bassinets	118						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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
A. CT Scans (A)					
1	Inpatient Scans	1,676	1,764	88	5%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,357	4,630	273	6%
3	Emergency Department Scans	1,695	1,800	105	6%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	7,728	8,194	466	6%
B. MRI Scans (A)					
1	Inpatient Scans	194	268	74	38%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,323	1,182	-1,141	-49%
3	Emergency Department Scans	115	24	-91	-79%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	2,632	1,474	-1,158	-44%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%

ROCKVILLE GENERAL 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
I. Surgical Procedures					
1	Inpatient Surgical Procedures	508	470	-38	-7%
2	Outpatient Surgical Procedures	1,380	1,434	54	4%
	Total Surgical Procedures	1,888	1,904	16	1%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	198	184	-14	-7%
2	Outpatient Endoscopy Procedures	2,421	2,325	-96	-4%
	Total Endoscopy Procedures	2,619	2,509	-110	-4%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	2,089	1,893	-196	-9%
2	Emergency Room Visits: Treated and Discharged	19,262	18,996	-266	-1%
	Total Emergency Room Visits	21,351	20,889	-462	-2%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	6,721	5,405	-1,316	-20%
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	1,167	905	-262	-22%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	Total Hospital Clinic Visits	7,888	6,310	-1,578	-20%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	38,400	38,849	449	1%
2	Cardiac Rehabilitation	7,730	7,543	-187	-2%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	2,421	2,325	-96	-4%
5	Other Outpatient Visits	45,944	48,344	2,400	5%
	Total Other Hospital Outpatient Visits	94,495	97,061	2,566	3%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	112.3	102.9	-9.4	-8%
2	Total Physician FTEs	6.0	4.6	-1.4	-23%
3	Total Non-Nursing and Non-Physician FTEs	304.4	273.6	-30.8	-10%
	Total Hospital Full Time Equivalent Employees	422.7	381.1	-41.6	-10%

ROCKVILLE GENERAL 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
A. Outpatient Surgical Procedures					
1	Hospital Operating Room	1,380	1,434	54	4%
	Total Outpatient Surgical Procedures(A)	1,380	1,434	54	4%
B. Outpatient Endoscopy Procedures					
1	Hospital Operating Room	2,421	2,325	-96	-4%
	Total Outpatient Endoscopy Procedures(B)	2,421	2,325	-96	-4%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital Emergency Room	19,262	18,996	-266	-1%
	Total Outpatient Hospital Emergency Room Visits(C)	19,262	18,996	-266	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

ROCKVILLE GENERAL HOSPITAL					
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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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$50,841,937	\$51,328,637	\$486,700	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,218,316	\$14,223,185	(\$995,131)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.93%	27.71%	-2.22%	-7%
4	DISCHARGES	1,524	1,428	(96)	-6%
5	CASE MIX INDEX (CMI)	1.57333	1.71382	0.14049	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,397.75492	2,447.33496	49.58004	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,346.90	\$5,811.70	(\$535.20)	-8%
8	PATIENT DAYS	7,734	7,024	(710)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,967.72	\$2,024.94	\$57.22	3%
10	AVERAGE LENGTH OF STAY	5.1	4.9	(0.2)	-3%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$49,133,767	\$51,687,196	\$2,553,429	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,712,148	\$9,465,425	(\$246,723)	-3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.77%	18.31%	-1.45%	-7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	96.64%	100.70%	4.06%	4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,472.79717	1,437.97537	(34.82180)	-2%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,594.36	\$6,582.47	(\$11.89)	0%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$99,975,704	\$103,015,833	\$3,040,129	3%
18	TOTAL ACCRUED PAYMENTS	\$24,930,464	\$23,688,610	(\$1,241,854)	-5%
19	TOTAL ALLOWANCES	\$75,045,240	\$79,327,223	\$4,281,983	6%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$16,037,037	\$13,834,638	(\$2,202,399)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,801,498	\$6,433,906	(\$367,592)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.41%	46.51%	4.09%	10%
4	DISCHARGES	489	409	(80)	-16%
5	CASE MIX INDEX (CMI)	1.61446	1.77478	0.16032	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	789.47094	725.88502	(63.58592)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,615.26	\$8,863.53	\$248.27	3%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,268.36)	(\$3,051.83)	(\$783.47)	35%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,790,803)	(\$2,215,278)	(\$424,474)	24%
10	PATIENT DAYS	2,005	1,537	(468)	-23%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,392.27	\$4,186.02	\$793.75	23%
12	AVERAGE LENGTH OF STAY	4.1	3.8	(0.3)	-8%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$68,784,346	\$64,457,721	(\$4,326,625)	-6%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$30,280,369	\$27,427,116	(\$2,853,253)	-9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.02%	42.55%	-1.47%	-3%

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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
16	OUTPATIENT CHARGES / INPATIENT CHARGES	428.91%	465.92%	37.01%	9%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,097.36656	1,905.59434	(191.77222)	-9%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,437.33	\$14,392.95	(\$44.38)	0%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$7,842.97)	(\$7,810.48)	\$32.49	0%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$16,449,588)	(\$14,883,605)	\$1,565,984	-10%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$84,821,383	\$78,292,359	(\$6,529,024)	-8%
22	TOTAL ACCRUED PAYMENTS	\$37,081,867	\$33,861,022	(\$3,220,845)	-9%
23	TOTAL ALLOWANCES	\$47,739,516	\$44,431,337	(\$3,308,179)	-7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,240,392)	(\$17,098,882)	\$1,141,509	-6%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$84,821,383	\$78,292,359	(\$6,529,024)	-8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$37,081,867	\$33,861,022	(\$3,220,845)	-9%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,739,516	\$44,431,337	(\$3,308,179)	-7%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.28%	56.75%	0.47%	
<u>C. UNINSURED</u>					
<u>UNINSURED INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$802,034	\$479,270	(\$322,764)	-40%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$20	\$10,675	\$10,655	53275%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	2.23%	2.22%	89220%
4	DISCHARGES	26	16	(10)	-38%
5	CASE MIX INDEX (CMI)	1.09725	1.05498	(0.04227)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	28.52850	16.87968	(11.64882)	-41%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.70	\$632.42	\$631.72	90110%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,614.56	\$8,231.12	(\$383.44)	-4%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,346.20	\$5,179.29	(\$1,166.91)	-18%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$181,048	\$87,425	(\$93,623)	-52%
11	PATIENT DAYS	99	53	(46)	-46%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.20	\$201.42	\$201.21	99600%
13	AVERAGE LENGTH OF STAY	3.8	3.3	(0.5)	-13%
<u>UNINSURED OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,420,569	\$3,062,437	(\$358,132)	-10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$247,084	\$186,014	(\$61,070)	-25%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.22%	6.07%	-1.15%	-16%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	426.49%	638.98%	212.49%	50%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	110.88656	102.23672	(8.64985)	-8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,228.26	\$1,819.44	(\$408.81)	-18%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$12,209.07	\$12,573.50	\$364.43	3%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,366.10	\$4,763.02	\$396.93	9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$484,141	\$486,956	\$2,814	1%
<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$4,222,603	\$3,541,707	(\$680,896)	-16%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
24	TOTAL ACCRUED PAYMENTS	\$247,104	\$196,689	(\$50,415)	-20%
25	TOTAL ALLOWANCES	\$3,975,499	\$3,345,018	(\$630,481)	-16%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$665,189	\$574,380	(\$90,809)	-14%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$9,643,810	\$9,112,209	(\$531,601)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,676,207	\$1,544,776	(\$131,431)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.38%	16.95%	-0.43%	-2%
4	DISCHARGES	317	266	(51)	-16%
5	CASE MIX INDEX (CMI)	1.36050	1.52282	0.16232	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	431.27850	405.07012	(26.20838)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,886.60	\$3,813.60	(\$73.00)	-2%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,728.66	\$5,049.93	\$321.27	7%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,460.30	\$1,998.10	(\$462.20)	-19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,061,075	\$809,371	(\$251,704)	-24%
11	PATIENT DAYS	1,373	1,250	(123)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,220.84	\$1,235.82	\$14.99	1%
13	AVERAGE LENGTH OF STAY	4.3	4.7	0.4	8%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,469,205	\$35,637,001	\$4,167,796	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,770,160	\$5,886,266	\$116,106	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.34%	16.52%	-1.82%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	326.32%	391.09%	64.78%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,034.41876	1,040.30123	5.88247	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,578.17	\$5,658.23	\$80.07	1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,859.16	\$8,734.71	(\$124.45)	-1%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,016.19	\$924.23	(\$91.95)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,051,165	\$961,482	(\$89,683)	-9%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$41,113,015	\$44,749,210	\$3,636,195	9%
24	TOTAL ACCRUED PAYMENTS	\$7,446,367	\$7,431,042	(\$15,325)	0%
25	TOTAL ALLOWANCES	\$33,666,648	\$37,318,168	\$3,651,520	11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,112,240	\$1,770,854	(\$341,387)	-16%
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%

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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
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$8,615.26	\$8,863.53	\$248.27	3%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,346.90	\$5,811.70	(\$535.20)	-8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$14,437.33	\$14,392.95	(\$44.38)	0%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,594.36	\$6,582.47	(\$11.89)	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$9,643,810	\$9,112,209	(\$531,601)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,676,207	\$1,544,776	(\$131,431)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.38%	16.95%	-0.43%	-2%
4	DISCHARGES	317	266	(51)	-16%
5	CASE MIX INDEX (CMI)	1.36050	1.52282	0.16232	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	431.27850	405.07012	(26.20838)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,886.60	\$3,813.60	(\$73.00)	-2%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,728.66	\$5,049.93	\$321.27	7%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,460.30	\$1,998.10	(\$462.20)	-19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,061,075	\$809,371	(\$251,704)	-24%
11	PATIENT DAYS	1,373	1,250	(123)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,220.84	\$1,235.82	\$14.99	1%
13	AVERAGE LENGTH OF STAY	4.3	4.7	0.4	8%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,469,205	\$35,637,001	\$4,167,796	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,770,160	\$5,886,266	\$116,106	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.34%	16.52%	-1.82%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	326.32%	391.09%	64.78%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,034.41876	1,040.30123	5.88247	1%

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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,578.17	\$5,658.23	\$80.07	1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,859.16	\$8,734.71	(\$124.45)	-1%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,016.19	\$924.23	(\$91.95)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,051,165	\$961,482	(\$89,683)	-9%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$41,113,015	\$44,749,210	\$3,636,195	9%
24	TOTAL ACCRUED PAYMENTS	\$7,446,367	\$7,431,042	(\$15,325)	0%
25	TOTAL ALLOWANCES	\$33,666,648	\$37,318,168	\$3,651,520	11%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$366,000	\$339,163	(\$26,837)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$89,721	\$40,842	(\$48,879)	-54%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.51%	12.04%	-12.47%	-51%
4	DISCHARGES	11	9	(2)	-18%
5	CASE MIX INDEX (CMI)	1.33859	1.02930	(0.30929)	-23%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14.72449	9.26370	(5.46079)	-37%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,093.32	\$4,408.82	(\$1,684.50)	-28%
8	PATIENT DAYS	43	62	19	44%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,086.53	\$658.74	(\$1,427.79)	-68%
10	AVERAGE LENGTH OF STAY	3.9	6.9	3.0	76%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,023,970	\$1,100,397	\$76,427	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$203,932	\$184,187	(\$19,745)	-10%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,389,970	\$1,439,560	\$49,590	4%
14	TOTAL ACCRUED PAYMENTS	\$293,653	\$225,029	(\$68,624)	-23%
15	TOTAL ALLOWANCES	\$1,096,317	\$1,214,531	\$118,214	11%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$6,391,666	\$2,225,773	(\$4,165,893)	-65%
2	TOTAL OPERATING EXPENSES	\$72,159,655	\$68,867,915	(\$3,291,740)	-5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,188,543	\$797,362	(\$391,181)	-33%
5	BAD DEBTS (CHARGES)	\$2,801,283	\$3,610,628	\$809,345	29%
6	UNCOMPENSATED CARE (CHARGES)	\$3,989,826	\$4,407,990	\$418,164	10%
7	COST OF UNCOMPENSATED CARE	\$1,154,338	\$1,178,019	\$23,681	2%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$41,113,015	\$44,749,210	\$3,636,195	9%
9	TOTAL ACCRUED PAYMENTS	\$7,446,367	\$7,431,042	(\$15,325)	0%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$11,894,830	\$11,959,059	\$64,229	1%

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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,448,463	\$4,528,017	\$79,554	2%
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$76,888,784	\$74,614,647	(\$2,274,137)	-3%
2	TOTAL INPATIENT PAYMENTS	\$23,785,742	\$22,242,709	(\$1,543,033)	-6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	30.94%	29.81%	-1.13%	-4%
4	TOTAL DISCHARGES	2,341	2,112	(229)	-10%
5	TOTAL CASE MIX INDEX	1.55200	1.69865	0.14665	9%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,633.22885	3,587.55380	(45.67505)	-1%
7	TOTAL OUTPATIENT CHARGES	\$150,411,288	\$152,882,315	\$2,471,027	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	195.62%	204.90%	9.27%	5%
9	TOTAL OUTPATIENT PAYMENTS	\$45,966,609	\$42,962,994	(\$3,003,615)	-7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.56%	28.10%	-2.46%	-8%
11	TOTAL CHARGES	\$227,300,072	\$227,496,962	\$196,890	0%
12	TOTAL PAYMENTS	\$69,752,351	\$65,205,703	(\$4,546,648)	-7%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.69%	28.66%	-2.03%	-7%
14	PATIENT DAYS	11,155	9,873	(1,282)	-11%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$60,851,747	\$60,780,009	(\$71,738)	0%
2	INPATIENT PAYMENTS	\$16,984,244	\$15,808,803	(\$1,175,441)	-7%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.91%	26.01%	-1.90%	-7%
4	DISCHARGES	1,852	1,703	(149)	-8%
5	CASE MIX INDEX	1.53551	1.68037	0.14486	9%
6	CASE MIX ADJUSTED DISCHARGES	2,843.75791	2,861.66878	17.91087	1%
7	OUTPATIENT CHARGES	\$81,626,942	\$88,424,594	\$6,797,652	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	134.14%	145.48%	11.34%	8%
9	OUTPATIENT PAYMENTS	\$15,686,240	\$15,535,878	(\$150,362)	-1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.22%	17.57%	-1.65%	-9%
11	TOTAL CHARGES	\$142,478,689	\$149,204,603	\$6,725,914	5%
12	TOTAL PAYMENTS	\$32,670,484	\$31,344,681	(\$1,325,803)	-4%
13	TOTAL PAYMENTS / CHARGES	22.93%	21.01%	-1.92%	-8%
14	PATIENT DAYS	9,150	8,336	(814)	-9%
15	TOTAL GOVERNMENT DEDUCTIONS	\$109,808,205	\$117,859,922	\$8,051,717	7%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	4.9	(0.2)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.1	3.8	(0.3)	-8%
3	UNINSURED	3.8	3.3	(0.5)	-13%
4	MEDICAID	4.3	4.7	0.4	8%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	3.9	6.9	3.0	76%
7	TOTAL AVERAGE LENGTH OF STAY	4.8	4.7	(0.1)	-2%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$227,300,072	\$227,496,962	\$196,890	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$109,808,205	\$117,859,922	\$8,051,717	7%

ROCKVILLE GENERAL 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
3	UNCOMPENSATED CARE	\$3,989,826	\$4,407,990	\$418,164	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,739,516	\$44,431,337	(\$3,308,179)	-7%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$161,537,547	\$166,699,249	\$5,161,702	3%
7	TOTAL ACCRUED PAYMENTS	\$65,762,525	\$60,797,713	(\$4,964,812)	-8%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$65,762,525	\$60,797,713	(\$4,964,812)	-8%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2893202999	0.2672462633	(0.0220740366)	-8%
11	COST OF UNCOMPENSATED CARE	\$1,154,338	\$1,178,019	\$23,681	2%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,448,463	\$4,528,017	\$79,554	2%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,602,800	\$5,706,036	\$103,236	2%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$1,051,165	\$961,482	(\$89,683)	-9%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$665,189	\$574,380	(\$90,809)	-14%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,716,354	\$1,535,863	(\$180,491)	-11%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$1,223,668)	(\$2,203,222)	(\$979,554)	80.05%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$68,528,682	\$63,002,481	(\$5,526,201)	-8.06%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$227,300,072	\$227,496,962	\$196,890	0.09%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,989,826	\$4,407,990	\$418,164	10.48%

**ROCKVILLE GENERAL 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 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,037,037	\$13,834,638	(\$2,202,399)
2	MEDICARE	\$50,841,937	51,328,637	\$486,700
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,643,810	9,112,209	(\$531,601)
4	MEDICAID	\$9,643,810	9,112,209	(\$531,601)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$366,000	339,163	(\$26,837)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$802,034	479,270	(\$322,764)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$60,851,747	\$60,780,009	(\$71,738)
	TOTAL INPATIENT CHARGES	\$76,888,784	\$74,614,647	(\$2,274,137)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$68,784,346	\$64,457,721	(\$4,326,625)
2	MEDICARE	\$49,133,767	51,687,196	\$2,553,429
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$31,469,205	35,637,001	\$4,167,796
4	MEDICAID	\$31,469,205	35,637,001	\$4,167,796
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,023,970	1,100,397	\$76,427
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,420,569	3,062,437	(\$358,132)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$81,626,942	\$88,424,594	\$6,797,652
	TOTAL OUTPATIENT CHARGES	\$150,411,288	\$152,882,315	\$2,471,027
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$84,821,383	\$78,292,359	(\$6,529,024)
2	TOTAL MEDICARE	\$99,975,704	\$103,015,833	\$3,040,129
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$41,113,015	\$44,749,210	\$3,636,195
4	TOTAL MEDICAID	\$41,113,015	\$44,749,210	\$3,636,195
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,389,970	\$1,439,560	\$49,590
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,222,603	\$3,541,707	(\$680,896)
	TOTAL GOVERNMENT CHARGES	\$142,478,689	\$149,204,603	\$6,725,914
	TOTAL CHARGES	\$227,300,072	\$227,496,962	\$196,890
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,801,498	\$6,433,906	(\$367,592)
2	MEDICARE	\$15,218,316	14,223,185	(\$995,131)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,676,207	1,544,776	(\$131,431)
4	MEDICAID	\$1,676,207	1,544,776	(\$131,431)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$89,721	40,842	(\$48,879)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20	10,675	\$10,655
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$16,984,244	\$15,808,803	(\$1,175,441)
	TOTAL INPATIENT PAYMENTS	\$23,785,742	\$22,242,709	(\$1,543,033)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,280,369	\$27,427,116	(\$2,853,253)
2	MEDICARE	\$9,712,148	9,465,425	(\$246,723)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,770,160	5,886,266	\$116,106
4	MEDICAID	\$5,770,160	5,886,266	\$116,106
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$203,932	184,187	(\$19,745)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$247,084	186,014	(\$61,070)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$15,686,240	\$15,535,878	(\$150,362)
	TOTAL OUTPATIENT PAYMENTS	\$45,966,609	\$42,962,994	(\$3,003,615)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,081,867	\$33,861,022	(\$3,220,845)
2	TOTAL MEDICARE	\$24,930,464	\$23,688,610	(\$1,241,854)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,446,367	\$7,431,042	(\$15,325)
4	TOTAL MEDICAID	\$7,446,367	\$7,431,042	(\$15,325)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$293,653	\$225,029	(\$68,624)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$247,104	\$196,689	(\$50,415)
	TOTAL GOVERNMENT PAYMENTS	\$32,670,484	\$31,344,681	(\$1,325,803)
	TOTAL PAYMENTS	\$69,752,351	\$65,205,703	(\$4,546,648)
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.06%	6.08%	-0.97%
2	MEDICARE	22.37%	22.56%	0.19%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.24%	4.01%	-0.24%

ROCKVILLE GENERAL 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 2014	FY	ACTUAL 2015	FY	AMOUNT DIFFERENCE
4	MEDICAID		4.24%		4.01%	-0.24%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.16%		0.15%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.35%		0.21%	-0.14%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		26.77%		26.72%	-0.05%
	TOTAL INPATIENT PAYER MIX		33.83%		32.80%	-1.03%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		30.26%		28.33%	-1.93%
2	MEDICARE		21.62%		22.72%	1.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		13.84%		15.66%	1.82%
4	MEDICAID		13.84%		15.66%	1.82%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.45%		0.48%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.50%		1.35%	-0.16%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		35.91%		38.87%	2.96%
	TOTAL OUTPATIENT PAYER MIX		66.17%		67.20%	1.03%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES		100.00%		100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		9.75%		9.87%	0.12%
2	MEDICARE		21.82%		21.81%	0.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		2.40%		2.37%	-0.03%
4	MEDICAID		2.40%		2.37%	-0.03%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.13%		0.06%	-0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.00%		0.02%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		24.35%		24.24%	-0.10%
	TOTAL INPATIENT PAYER MIX		34.10%		34.11%	0.01%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		43.41%		42.06%	-1.35%
2	MEDICARE		13.92%		14.52%	0.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		8.27%		9.03%	0.75%
4	MEDICAID		8.27%		9.03%	0.75%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.29%		0.28%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.35%		0.29%	-0.07%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		22.49%		23.83%	1.34%
	TOTAL OUTPATIENT PAYER MIX		65.90%		65.89%	-0.01%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%		100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA						
A. DISCHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		489		409	(80)
2	MEDICARE		1,524		1,428	(96)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		317		266	(51)
4	MEDICAID		317		266	(51)
5	OTHER MEDICAL ASSISTANCE		0		0	-
6	CHAMPUS / TRICARE		11		9	(2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		26		16	(10)
	TOTAL GOVERNMENT DISCHARGES		1,852		1,703	(149)
	TOTAL DISCHARGES		2,341		2,112	(229)
B. PATIENT DAYS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		2,005		1,537	(468)
2	MEDICARE		7,734		7,024	(710)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		1,373		1,250	(123)
4	MEDICAID		1,373		1,250	(123)
5	OTHER MEDICAL ASSISTANCE		0		0	-
6	CHAMPUS / TRICARE		43		62	19
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		99		53	(46)
	TOTAL GOVERNMENT PATIENT DAYS		9,150		8,336	(814)
	TOTAL PATIENT DAYS		11,155		9,873	(1,282)
C. AVERAGE LENGTH OF STAY (ALOS)						

ROCKVILLE GENERAL 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	ACTUAL	FY	AMOUNT
		2014		2015		DIFFERENCE
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		4.1		3.8	(0.3)
2	MEDICARE		5.1		4.9	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		4.3		4.7	0.4
4	MEDICAID		4.3		4.7	0.4
5	OTHER MEDICAL ASSISTANCE		0.0		0.0	-
6	CHAMPUS / TRICARE		3.9		6.9	3.0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		3.8		3.3	(0.5)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY		4.9		4.9	(0.0)
	TOTAL AVERAGE LENGTH OF STAY		4.8		4.7	(0.1)
D. CASE MIX INDEX						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		1.61446		1.77478	0.16032
2	MEDICARE		1.57333		1.71382	0.14049
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		1.36050		1.52282	0.16232
4	MEDICAID		1.36050		1.52282	0.16232
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		1.33859		1.02930	(0.30929)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.09725		1.05498	(0.04227)
	TOTAL GOVERNMENT CASE MIX INDEX		1.53551		1.68037	0.14486
	TOTAL CASE MIX INDEX		1.55200		1.69865	0.14665
E. OTHER REQUIRED DATA						
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$84,821,383		\$78,292,359	(\$6,529,024)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$37,081,867		\$33,861,022	(\$3,220,845)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$47,739,516		\$44,431,337	(\$3,308,179)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE		56.28%		56.75%	0.47%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE		\$0		\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE		\$0		\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)		\$0		\$0	\$0
8	CHARITY CARE		\$1,188,543		\$797,362	(\$391,181)
9	BAD DEBTS		\$2,801,283		\$3,610,628	\$809,345
10	TOTAL UNCOMPENSATED CARE		\$3,989,826		\$4,407,990	\$418,164
11	TOTAL OTHER OPERATING REVENUE		\$6,391,666		\$2,225,773	(\$4,165,893)
12	TOTAL OPERATING EXPENSES		\$72,159,655		\$68,867,915	(\$3,291,740)
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS						
A. CASE MIX ADJUSTED DISCHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		789.47094		725.88502	(63.58592)
2	MEDICARE		2,397.75492		2,447.33496	49.58004
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		431.27850		405.07012	(26.20838)
4	MEDICAID		431.27850		405.07012	(26.20838)
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		14.72449		9.26370	(5.46079)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		28.52850		16.87968	(11.64882)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES		2,843.75791		2,861.66878	17.91087
	TOTAL CASE MIX ADJUSTED DISCHARGES		3,633.22885		3,587.55380	(45.67505)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		2,097.36656		1,905.59434	-191.77222
2	MEDICARE		1,472.79717		1,437.97537	-34.82180
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		1,034.41876		1,040.30123	5.88247
4	MEDICAID		1,034.41876		1,040.30123	5.88247
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		30.77505		29.20004	-1.57502
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		110.88656		102.23672	-8.64985
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES		2,537.99098		2,507.47665	-30.51434
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES		4,635.35755		4,413.07099	-222.28656
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		\$8,615.26		\$8,863.53	\$248.27
2	MEDICARE		\$6,346.90		\$5,811.70	(\$535.20)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		\$3,886.60		\$3,813.60	(\$73.00)
4	MEDICAID		\$3,886.60		\$3,813.60	(\$73.00)
5	OTHER MEDICAL ASSISTANCE		\$0.00		\$0.00	\$0.00
6	CHAMPUS / TRICARE		\$6,093.32		\$4,408.82	(\$1,684.50)

ROCKVILLE GENERAL 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 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE	
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		\$0.70	\$632.42	\$631.72
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE		\$5,972.46	\$5,524.33	(\$448.13)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE		\$6,546.72	\$6,199.97	(\$346.76)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		\$14,437.33	\$14,392.95	(\$44.38)
2	MEDICARE		\$6,594.36	\$6,582.47	(\$11.89)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		\$5,578.17	\$5,658.23	\$80.07
4	MEDICAID		\$5,578.17	\$5,658.23	\$80.07
5	OTHER MEDICAL ASSISTANCE		\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE		\$6,626.54	\$6,307.77	(\$318.77)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		\$2,228.26	\$1,819.44	(\$408.81)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE		\$6,180.57	\$6,195.82	\$15.25
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE		\$9,916.52	\$9,735.40	(\$181.12)
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID		\$1,051,165	\$961,482	(\$89,683)
2	OTHER MEDICAL ASSISTANCE		\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)		\$665,189	\$574,380	(\$90,809)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)		\$1,716,354	\$1,535,863	(\$180,491)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES		\$227,300,072	\$227,496,962	\$196,890
2	TOTAL GOVERNMENT DEDUCTIONS		\$109,808,205	\$117,859,922	\$8,051,717
3	UNCOMPENSATED CARE		\$3,989,826	\$4,407,990	\$418,164
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$47,739,516	\$44,431,337	(\$3,308,179)
5	EMPLOYEE SELF INSURANCE ALLOWANCE		\$0	\$0	\$0
6	TOTAL ADJUSTMENTS		\$161,537,547	\$166,699,249	\$5,161,702
7	TOTAL ACCRUED PAYMENTS		\$65,762,525	\$60,797,713	(\$4,964,812)
8	UCP DSH PAYMENTS (OHCA INPUT)		\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS		\$65,762,525	\$60,797,713	(\$4,964,812)
10	RATIO OF NET REVENUE TO TOTAL CHARGES		0.2893202999	0.2672462633	(0.0220740366)
11	COST OF UNCOMPENSATED CARE		\$1,154,338	\$1,178,019	\$23,681
12	MEDICAL ASSISTANCE UNDERPAYMENT		\$4,448,463	\$4,528,017	\$79,554
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)		\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT		\$5,602,800	\$5,706,036	\$103,236
VII.	RATIOS				
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		42.41%	46.51%	4.09%
2	MEDICARE		29.93%	27.71%	-2.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		17.38%	16.95%	-0.43%
4	MEDICAID		17.38%	16.95%	-0.43%
5	OTHER MEDICAL ASSISTANCE		0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE		24.51%	12.04%	-12.47%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.00%	2.23%	2.22%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES		27.91%	26.01%	-1.90%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES		30.94%	29.81%	-1.13%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		44.02%	42.55%	-1.47%
2	MEDICARE		19.77%	18.31%	-1.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		18.34%	16.52%	-1.82%
4	MEDICAID		18.34%	16.52%	-1.82%
5	OTHER MEDICAL ASSISTANCE		0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE		19.92%	16.74%	-3.18%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		7.22%	6.07%	-1.15%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES		19.22%	17.57%	-1.65%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES		30.56%	28.10%	-2.46%
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS		\$69,752,351	\$65,205,703	(\$4,546,648)

ROCKVILLE GENERAL 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 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$69,752,351	\$65,205,703	(\$4,546,648)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,223,668)	(\$2,203,222)	(\$979,554)
4	CALCULATED NET REVENUE	\$71,329,966	\$63,002,481	(\$8,327,485)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$68,528,682	\$63,002,481	(\$5,526,201)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2,801,284	\$0	(\$2,801,284)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$227,300,072	\$227,496,962	\$196,890
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$227,300,072	\$227,496,962	\$196,890
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$227,300,072	\$227,496,962	\$196,890
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,989,826	\$4,407,990	\$418,164
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,989,826	\$4,407,990	\$418,164
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,989,826	\$4,407,990	\$418,164
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

ROCKVILLE GENERAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,834,638
2	MEDICARE	51,328,637
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,112,209
4	MEDICAID	9,112,209
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	339,163
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	479,270
	TOTAL INPATIENT GOVERNMENT CHARGES	\$60,780,009
	TOTAL INPATIENT CHARGES	\$74,614,647
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,457,721
2	MEDICARE	51,687,196
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35,637,001
4	MEDICAID	35,637,001
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,100,397
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,062,437
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$88,424,594
	TOTAL OUTPATIENT CHARGES	\$152,882,315
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$78,292,359
2	TOTAL GOVERNMENT ACCRUED CHARGES	149,204,603
	TOTAL ACCRUED CHARGES	\$227,496,962
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,433,906
2	MEDICARE	14,223,185
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,544,776
4	MEDICAID	1,544,776
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	40,842
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10,675
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$15,808,803
	TOTAL INPATIENT PAYMENTS	\$22,242,709
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,427,116
2	MEDICARE	9,465,425
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,886,266
4	MEDICAID	5,886,266
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	184,187
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	186,014
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$15,535,878
	TOTAL OUTPATIENT PAYMENTS	\$42,962,994
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$33,861,022
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	31,344,681
	TOTAL ACCRUED PAYMENTS	\$65,205,703
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	409
2	MEDICARE	1,428
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	266
4	MEDICAID	266
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	9

ROCKVILLE GENERAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16
	TOTAL GOVERNMENT DISCHARGES	1,703
	TOTAL DISCHARGES	2,112
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,77478
2	MEDICARE	1,71382
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,52282
4	MEDICAID	1,52282
5	OTHER MEDICAL ASSISTANCE	0,00000
6	CHAMPUS / TRICARE	1,02930
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,05498
	TOTAL GOVERNMENT CASE MIX INDEX	1,68037
	TOTAL CASE MIX INDEX	1,69865
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$78,292,359
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$33,861,022
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$44,431,337
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.75%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$797,362
9	BAD DEBTS	\$3,610,628
10	TOTAL UNCOMPENSATED CARE	\$4,407,990
11	TOTAL OTHER OPERATING REVENUE	\$2,225,773
12	TOTAL OPERATING EXPENSES	\$68,867,915
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$65,205,703
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$65,205,703
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$2,203,222)
	CALCULATED NET REVENUE	\$63,002,481
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$63,002,481
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$227,496,962
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$227,496,962
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$227,496,962
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,407,990
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,407,990

ROCKVILLE GENERAL HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,407,990
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

ROCKVILLE GENERAL 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
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	337	349	12	4%
2	Number of Approved Applicants	305	322	17	6%
3	Total Charges (A)	\$1,188,543	\$797,362	(\$391,181)	-33%
4	Average Charges	\$3,897	\$2,476	(\$1,421)	-36%
5	Ratio of Cost to Charges (RCC)	0.313322	0.308781	(0.004541)	-1%
6	Total Cost	\$372,397	\$246,210	(\$126,186)	-34%
7	Average Cost	\$1,221	\$765	(\$456)	-37%
8	Charity Care - Inpatient Charges	\$362,107	\$163,974	(\$198,133)	-55%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	628,554	539,804	(88,750)	-14%
10	Charity Care - Emergency Department Charges	197,882	93,584	(104,298)	-53%
11	Total Charges (A)	\$1,188,543	\$797,362	(\$391,181)	-33%
12	Charity Care - Number of Patient Days	207	134	(73)	-35%
13	Charity Care - Number of Discharges	37	27	(10)	-27%
14	Charity Care - Number of Outpatient ED Visits	403	264	(139)	-34%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	310	191	(119)	-38%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$523,552	\$638,016	\$114,464	22%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	758,910	1,231,210	472,300	62%
3	Bad Debts - Emergency Department	1,518,821	1,741,402	222,581	15%
4	Total Bad Debts (A)	\$2,801,283	\$3,610,628	\$809,345	29%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$1,188,543	\$797,362	(\$391,181)	-33%
2	Bad Debts (A)	2,801,283	3,610,628	809,345	29%
3	Total Uncompensated Care (A)	\$3,989,826	\$4,407,990	\$418,164	10%
4	Uncompensated Care - Inpatient Services	\$885,659	\$801,990	(\$83,669)	-9%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,387,464	1,771,014	383,550	28%
6	Uncompensated Care - Emergency Department	1,716,703	1,834,986	118,283	7%
7	Total Uncompensated Care (A)	\$3,989,826	\$4,407,990	\$418,164	10%

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

ROCKVILLE GENERAL 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)
		FY 2014	FY 2015		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$84,821,383	\$78,292,359	(\$6,529,024)	-8%
2	Total Contractual Allowances	\$47,739,516	\$44,431,337	(\$3,308,179)	-7%
	Total Accrued Payments (A)	\$37,081,867	\$33,861,022	(\$3,220,845)	-9%
	Total Discount Percentage	56.28%	56.75%	0.47%	1%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$79,250,360	\$76,888,784	\$74,614,647
2	Outpatient Gross Revenue	\$143,414,268	\$150,411,288	\$152,882,315
3	Total Gross Patient Revenue	\$222,664,628	\$227,300,072	\$227,496,962
4	Net Patient Revenue	\$68,910,644	\$68,528,682	\$63,002,481
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$71,670,098	\$72,159,655	\$68,867,915
C.	<u>Utilization Statistics</u>			
1	Patient Days	12,325	11,155	9,873
2	Discharges	2,567	2,341	2,112
3	Average Length of Stay	4.8	4.8	4.7
4	Equivalent (Adjusted) Patient Days (EPD)	34,629	32,977	30,102
0	Equivalent (Adjusted) Discharges (ED)	7,212	6,921	6,439
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.57377	1.55200	1.69865
2	Case Mix Adjusted Patient Days (CMAPD)	19,397	17,313	16,771
3	Case Mix Adjusted Discharges (CMAD)	4,040	3,633	3,588
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	54,498	51,180	51,133
5	Case Mix Adjusted Equivalent Discharges (CMAED)	11,351	10,741	10,938
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$18,066	\$20,377	\$23,042
2	Total Gross Revenue per Discharge	\$86,741	\$97,095	\$107,716
3	Total Gross Revenue per EPD	\$6,430	\$6,893	\$7,557
4	Total Gross Revenue per ED	\$30,873	\$32,844	\$35,329
5	Total Gross Revenue per CMAEPD	\$4,086	\$4,441	\$4,449
6	Total Gross Revenue per CMAED	\$19,617	\$21,163	\$20,798
7	Inpatient Gross Revenue per EPD	\$2,289	\$2,332	\$2,479
8	Inpatient Gross Revenue per ED	\$10,988	\$11,110	\$11,587

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$5,591	\$6,143	\$6,381
2	Net Patient Revenue per Discharge	\$26,845	\$29,273	\$29,831
3	Net Patient Revenue per EPD	\$1,990	\$2,078	\$2,093
4	Net Patient Revenue per ED	\$9,555	\$9,902	\$9,784
5	Net Patient Revenue per CMAEPD	\$1,264	\$1,339	\$1,232
6	Net Patient Revenue per CMAED	\$6,071	\$6,380	\$5,760
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$5,815	\$6,469	\$6,975
2	Total Operating Expense per Discharge	\$27,920	\$30,824	\$32,608
3	Total Operating Expense per EPD	\$2,070	\$2,188	\$2,288
4	Total Operating Expense per ED	\$9,937	\$10,427	\$10,695
5	Total Operating Expense per CMAEPD	\$1,315	\$1,410	\$1,347
6	Total Operating Expense per CMAED	\$6,314	\$6,718	\$6,296
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$9,743,100	\$9,189,889	\$8,525,609
2	Nursing Fringe Benefits Expense	\$3,448,259	\$2,915,782	\$3,040,436
3	Total Nursing Salary and Fringe Benefits Expense	\$13,191,359	\$12,105,671	\$11,566,045
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$3,972,965	\$4,326,903	\$3,935,827
2	Physician Fringe Benefits Expense	\$1,318,628	\$1,304,736	\$1,302,546
3	Total Physician Salary and Fringe Benefits Expense	\$5,291,593	\$5,631,639	\$5,238,373
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$17,793,574	\$18,943,461	\$18,217,122
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$5,257,714	\$5,140,279	\$5,356,227
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$23,051,288	\$24,083,740	\$23,573,349

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$31,509,639	\$32,460,253	\$30,678,558
2	Total Fringe Benefits Expense	\$10,024,601	\$9,360,797	\$9,699,209
3	Total Salary and Fringe Benefits Expense	\$41,534,240	\$41,821,050	\$40,377,767
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	116.6	112.3	102.9
2	Total Physician FTEs	5.2	6.0	4.6
3	Total Non-Nursing, Non-Physician FTEs	256.5	304.4	273.6
4	Total Full Time Equivalent Employees (FTEs)	378.3	422.7	381.1
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$83,560	\$81,833	\$82,853
2	Nursing Fringe Benefits Expense per FTE	\$29,573	\$25,964	\$29,547
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$113,133	\$107,798	\$112,401
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$764,032	\$721,151	\$855,615
2	Physician Fringe Benefits Expense per FTE	\$253,582	\$217,456	\$283,162
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$1,017,614	\$938,607	\$1,138,777
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$69,371	\$62,232	\$66,583
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,498	\$16,887	\$19,577
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$89,869	\$79,119	\$86,160
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$83,293	\$76,793	\$80,500
2	Total Fringe Benefits Expense per FTE	\$26,499	\$22,145	\$25,451
3	Total Salary and Fringe Benefits Expense per FTE	\$109,792	\$98,938	\$105,951
Q.	Total Salary and Fringe Ben. Expense per Statistic			

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,370	\$3,749	\$4,090
2	Total Salary and Fringe Benefits Expense per Discharge	\$16,180	\$17,865	\$19,118
3	Total Salary and Fringe Benefits Expense per EPD	\$1,199	\$1,268	\$1,341
4	Total Salary and Fringe Benefits Expense per ED	\$5,759	\$6,043	\$6,270
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$762	\$817	\$790
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,659	\$3,894	\$3,691