

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$2,130,527	\$299,540	(\$1,830,987)	-86%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$8,279,947	\$6,032,974	(\$2,246,973)	-27%
4	Current Assets Whose Use is Limited for Current Liabilities	\$265,258	\$0	(\$265,258)	-100%
5	Due From Affiliates	\$14,916	\$0	(\$14,916)	-100%
6	Due From Third Party Payers	\$751,256	\$1,308,851	\$557,595	74%
7	Inventories of Supplies	\$1,266,636	\$1,197,642	(\$68,994)	-5%
8	Prepaid Expenses	\$209,439	\$284,163	\$74,724	36%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$12,917,979</b>	<b>\$9,123,170</b>	<b>(\$3,794,809)</b>	<b>-29%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$2,867,611	\$2,090,243	(\$777,368)	-27%
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	\$12,526,596	\$2,808,042	(\$9,718,554)	-78%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$15,394,207</b>	<b>\$4,898,285</b>	<b>(\$10,495,922)</b>	<b>-68%</b>
5	Interest in Net Assets of Foundation	\$3,664,214	\$282,871	(\$3,381,343)	-92%
6	Long Term Investments	\$5,679,183	\$3,426,894	(\$2,252,289)	-40%
7	Other Noncurrent Assets	\$5,544,590	\$11,303,683	\$5,759,093	104%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$87,146,304	\$91,711,791	\$4,565,487	5%
2	Less: Accumulated Depreciation	\$64,443,314	\$67,516,163	\$3,072,849	5%
	<b>Property, Plant and Equipment, Net</b>	<b>\$22,702,990</b>	<b>\$24,195,628</b>	<b>\$1,492,638</b>	<b>7%</b>
3	Construction in Progress	\$299,832	\$69,208	(\$230,624)	-77%
	<b>Total Net Fixed Assets</b>	<b>\$23,002,822</b>	<b>\$24,264,836</b>	<b>\$1,262,014</b>	<b>5%</b>
	<b>Total Assets</b>	<b>\$66,202,995</b>	<b>\$53,299,739</b>	<b>(\$12,903,256)</b>	<b>-19%</b>
II.	<b>LIABILITIES AND NET ASSETS</b>				
A.	<b>Current Liabilities:</b>				

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounts Payable and Accrued Expenses	\$4,923,729	\$4,374,661	(\$549,068)	-11%
2	Salaries, Wages and Payroll Taxes	\$699,543	\$559,404	(\$140,139)	-20%
3	Due To Third Party Payers	\$1,056,682	\$3,469,684	\$2,413,002	228%
4	Due To Affiliates	\$984,268	\$6,504,197	\$5,519,929	561%
5	Current Portion of Long Term Debt	\$592,450	\$0	(\$592,450)	-100%
6	Current Portion of Notes Payable	\$324,906	\$216,529	(\$108,377)	-33%
7	Other Current Liabilities	\$232,337	\$1,533,166	\$1,300,829	560%
	<b>Total Current Liabilities</b>	<b>\$8,813,915</b>	<b>\$16,657,641</b>	<b>\$7,843,726</b>	<b>89%</b>
	<b>B. Long Term Debt:</b>				
1	Bonds Payable (Net of Current Portion)	\$21,750,022	\$0	(\$21,750,022)	-100%
2	Notes Payable (Net of Current Portion)	\$719,366	\$612,603	(\$106,763)	-15%
	<b>Total Long Term Debt</b>	<b>\$22,469,388</b>	<b>\$612,603</b>	<b>(\$21,856,785)</b>	<b>-97%</b>
3	Accrued Pension Liability	\$13,968,710	\$14,677,465	\$708,755	5%
4	Other Long Term Liabilities	\$2,072,072	\$4,620,854	\$2,548,782	123%
	<b>Total Long Term Liabilities</b>	<b>\$38,510,170</b>	<b>\$19,910,922</b>	<b>(\$18,599,248)</b>	<b>-48%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
	<b>C. Net Assets:</b>				
1	Unrestricted Net Assets or Equity	\$14,969,087	\$11,556,416	(\$3,412,671)	-23%
2	Temporarily Restricted Net Assets	\$537,851	\$582	(\$537,269)	-100%
3	Permanently Restricted Net Assets	\$3,371,972	\$5,174,178	\$1,802,206	53%
	<b>Total Net Assets</b>	<b>\$18,878,910</b>	<b>\$16,731,176</b>	<b>(\$2,147,734)</b>	<b>-11%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$66,202,995</b>	<b>\$53,299,739</b>	<b>(\$12,903,256)</b>	<b>-19%</b>

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$227,496,962	\$228,365,004	\$868,042	0%
2	Less: Allowances	\$160,647,774	\$166,884,884	\$6,237,110	4%
3	Less: Charity Care	\$236,079	\$1,508,204	\$1,272,125	539%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$66,613,109</b>	<b>\$59,971,916</b>	<b>(\$6,641,193)</b>	<b>-10%</b>
5	Provision for Bad Debts	\$3,610,628	\$1,985,773	(\$1,624,855)	-45%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$63,002,481</b>	<b>\$57,986,143</b>	<b>(\$5,016,338)</b>	<b>-8%</b>
6	Other Operating Revenue	\$2,175,391	\$1,135,866	(\$1,039,525)	-48%
7	Net Assets Released from Restrictions	\$50,382	\$158,671	\$108,289	215%
	<b>Total Operating Revenue</b>	<b>\$65,228,254</b>	<b>\$59,280,680</b>	<b>(\$5,947,574)</b>	<b>-9%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$30,678,558	\$28,045,781	(\$2,632,777)	-9%
2	Fringe Benefits	\$9,699,209	\$9,972,356	\$273,147	3%
3	Physicians Fees	\$4,225,295	\$4,496,578	\$271,283	6%
4	Supplies and Drugs	\$9,555,437	\$8,262,777	(\$1,292,660)	-14%
5	Depreciation and Amortization	\$3,138,917	\$3,073,437	(\$65,480)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$697,473	\$678,065	(\$19,408)	-3%
8	Malpractice Insurance Cost	\$1,134,624	\$3,035,790	\$1,901,166	168%
9	Other Operating Expenses	\$9,738,402	\$11,881,734	\$2,143,332	22%
	<b>Total Operating Expenses</b>	<b>\$68,867,915</b>	<b>\$69,446,518</b>	<b>\$578,603</b>	<b>1%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$3,639,661)</b>	<b>(\$10,165,838)</b>	<b>(\$6,526,177)</b>	<b>179%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$546,692)	(\$1,635,175)	(\$1,088,483)	199%
	<b>Total Non-Operating Revenue</b>	<b>(\$546,692)</b>	<b>(\$1,635,175)</b>	<b>(\$1,088,483)</b>	<b>199%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$4,186,353)</b>	<b>(\$11,801,013)</b>	<b>(\$7,614,660)</b>	<b>182%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$4,186,353)</b>	<b>(\$11,801,013)</b>	<b>(\$7,614,660)</b>	<b>182%</b>
	Principal Payments	\$960,529	\$22,704,631	\$21,744,102	2264%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$36,444,351	\$31,970,587	(\$4,473,764)	-12%
2	MEDICARE MANAGED CARE	\$14,884,286	\$13,850,798	(\$1,033,488)	-7%
3	MEDICAID	\$9,112,209	\$10,420,249	\$1,308,040	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$339,163	\$302,370	(\$36,793)	-11%
6	COMMERCIAL INSURANCE	\$1,276,261	\$1,419,357	\$143,096	11%
7	NON-GOVERNMENT MANAGED CARE	\$11,717,968	\$11,879,077	\$161,109	1%
8	WORKER'S COMPENSATION	\$361,139	\$446,894	\$85,755	24%
9	SELF- PAY/UNINSURED	\$479,270	\$483,246	\$3,976	1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$74,614,647</b>	<b>\$70,772,578</b>	<b>(\$3,842,069)</b>	<b>-5%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$37,117,247	\$30,062,472	(\$7,054,775)	-19%
2	MEDICARE MANAGED CARE	\$14,569,949	\$21,970,469	\$7,400,520	51%
3	MEDICAID	\$35,637,001	\$37,354,381	\$1,717,380	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,100,397	\$861,643	(\$238,754)	-22%
6	COMMERCIAL INSURANCE	\$3,052,062	\$4,516,547	\$1,464,485	48%
7	NON-GOVERNMENT MANAGED CARE	\$56,083,347	\$57,415,454	\$1,332,107	2%
8	WORKER'S COMPENSATION	\$2,259,875	\$2,142,974	(\$116,901)	-5%
9	SELF- PAY/UNINSURED	\$3,062,437	\$3,268,488	\$206,051	7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$152,882,315</b>	<b>\$157,592,428</b>	<b>\$4,710,113</b>	<b>3%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$73,561,598	\$62,033,059	(\$11,528,539)	-16%
2	MEDICARE MANAGED CARE	\$29,454,235	\$35,821,267	\$6,367,032	22%
3	MEDICAID	\$44,749,210	\$47,774,630	\$3,025,420	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,439,560	\$1,164,013	(\$275,547)	-19%
6	COMMERCIAL INSURANCE	\$4,328,323	\$5,935,904	\$1,607,581	37%
7	NON-GOVERNMENT MANAGED CARE	\$67,801,315	\$69,294,531	\$1,493,216	2%
8	WORKER'S COMPENSATION	\$2,621,014	\$2,589,868	(\$31,146)	-1%
9	SELF- PAY/UNINSURED	\$3,541,707	\$3,751,734	\$210,027	6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$227,496,962</b>	<b>\$228,365,006</b>	<b>\$868,044</b>	<b>0%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$10,332,773	\$7,921,662	(\$2,411,111)	-23%
2	MEDICARE MANAGED CARE	\$3,890,412	\$3,243,978	(\$646,434)	-17%
3	MEDICAID	\$1,544,776	\$1,950,318	\$405,542	26%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$40,842	\$149,640	\$108,798	266%
6	COMMERCIAL INSURANCE	\$556,684	\$846,950	\$290,266	52%
7	NON-GOVERNMENT MANAGED CARE	\$5,711,976	\$5,072,647	(\$639,329)	-11%
8	WORKER'S COMPENSATION	\$154,571	\$256,876	\$102,305	66%
9	SELF- PAY/UNINSURED	\$10,675	\$0	(\$10,675)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$22,242,709</b>	<b>\$19,442,071</b>	<b>(\$2,800,638)</b>	<b>-13%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$6,772,232	\$5,665,785	(\$1,106,447)	-16%
2	MEDICARE MANAGED CARE	\$2,693,193	\$3,647,779	\$954,586	35%
3	MEDICAID	\$5,886,266	\$5,945,222	\$58,956	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$184,187	\$292,819	\$108,632	59%
6	COMMERCIAL INSURANCE	\$1,359,465	\$2,429,579	\$1,070,114	79%
7	NON-GOVERNMENT MANAGED CARE	\$24,822,595	\$25,386,425	\$563,830	2%
8	WORKER'S COMPENSATION	\$1,059,042	\$803,126	(\$255,916)	-24%
9	SELF- PAY/UNINSURED	\$186,014	\$0	(\$186,014)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$42,962,994</b>	<b>\$44,170,735</b>	<b>\$1,207,741</b>	<b>3%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$17,105,005	\$13,587,447	(\$3,517,558)	-21%
2	MEDICARE MANAGED CARE	\$6,583,605	\$6,891,757	\$308,152	5%
3	MEDICAID	\$7,431,042	\$7,895,540	\$464,498	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$225,029	\$442,459	\$217,430	97%
6	COMMERCIAL INSURANCE	\$1,916,149	\$3,276,529	\$1,360,380	71%
7	NON-GOVERNMENT MANAGED CARE	\$30,534,571	\$30,459,072	(\$75,499)	0%
8	WORKER'S COMPENSATION	\$1,213,613	\$1,060,002	(\$153,611)	-13%
9	SELF- PAY/UNINSURED	\$196,689	\$0	(\$196,689)	-100%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$65,205,703</b>	<b>\$63,612,806</b>	<b>(\$1,592,897)</b>	<b>-2%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	1,027	928	(99)	-10%
2	MEDICARE MANAGED CARE	401	382	(19)	-5%
3	MEDICAID	266	295	29	11%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	9	1	(8)	-89%
6	COMMERCIAL INSURANCE	53	52	(1)	-2%
7	NON-GOVERNMENT MANAGED CARE	331	365	34	10%
8	WORKER'S COMPENSATION	9	13	4	44%
9	SELF- PAY/UNINSURED	16	16	0	0%
10	SAGA	0	0	0	0%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>2,112</b>	<b>2,052</b>	<b>(60)</b>	<b>-3%</b>
<b>B.</b>	<b><u>PATIENT DAYS</u></b>				
1	MEDICARE TRADITIONAL	5,130	4,723	(407)	-8%
2	MEDICARE MANAGED CARE	1,894	2,016	122	6%
3	MEDICAID	1,250	1,399	149	12%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	62	13	(49)	-79%
6	COMMERCIAL INSURANCE	214	152	(62)	-29%
7	NON-GOVERNMENT MANAGED CARE	1,257	1,584	327	26%
8	WORKER'S COMPENSATION	13	32	19	146%
9	SELF- PAY/UNINSURED	53	91	38	72%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>9,873</b>	<b>10,010</b>	<b>137</b>	<b>1%</b>
<b>C.</b>	<b><u>OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	26,726	16,469	(10,257)	-38%
2	MEDICARE MANAGED CARE	10,673	7,675	(2,998)	-28%
3	MEDICAID	22,687	11,150	(11,537)	-51%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	646	181	(465)	-72%
6	COMMERCIAL INSURANCE	2,402	1,588	(814)	-34%
7	NON-GOVERNMENT MANAGED CARE	55,587	29,416	(26,171)	-47%
8	WORKER'S COMPENSATION	1,174	976	(198)	-17%
9	SELF- PAY/UNINSURED	4,365	268	(4,097)	-94%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>124,260</b>	<b>67,723</b>	<b>(56,537)</b>	<b>-45%</b>
<b>IV.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u></b>				
<b>A.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$12,698,943	\$12,957,177	\$258,234	2%
2	MEDICARE MANAGED CARE	\$4,576,389	\$5,413,373	\$836,984	18%
3	MEDICAID	\$24,582,106	\$25,276,721	\$694,615	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$441,684	\$528,612	\$86,928	20%
6	COMMERCIAL INSURANCE	\$2,214,831	\$1,853,645	(\$361,186)	-16%
7	NON-GOVERNMENT MANAGED CARE	\$21,121,617	\$22,436,899	\$1,315,282	6%
8	WORKER'S COMPENSATION	\$1,037,423	\$1,029,324	(\$8,099)	-1%
9	SELF- PAY/UNINSURED	\$2,502,098	\$2,607,858	\$105,760	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$69,175,091</b>	<b>\$72,103,609</b>	<b>\$2,928,518</b>	<b>4%</b>
<b>B.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u></b>				
1	MEDICARE TRADITIONAL	\$2,004,031	\$1,785,811	(\$218,220)	-11%
2	MEDICARE MANAGED CARE	\$760,236	\$774,169	\$13,933	2%

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FISCAL YEAR 2016					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$2,787,438	\$2,785,062	(\$2,376)	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$85,348	\$63,636	(\$21,712)	-25%
6	COMMERCIAL INSURANCE	\$971,580	\$769,219	(\$202,361)	-21%
7	NON-GOVERNMENT MANAGED CARE	\$11,425,281	\$9,893,041	(\$1,532,240)	-13%
8	WORKER'S COMPENSATION	\$589,538	\$373,085	(\$216,453)	-37%
9	SELF- PAY/UNINSURED	\$99,965	\$81,620	(\$18,345)	-18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$18,723,417</b>	<b>\$16,525,643</b>	<b>(\$2,197,774)</b>	<b>-12%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	2,730	2,781	51	2%
2	MEDICARE MANAGED CARE	957	1,097	140	15%
3	MEDICAID	6,856	6,638	(218)	-3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	129	122	(7)	-5%
6	COMMERCIAL INSURANCE	602	461	(141)	-23%
7	NON-GOVERNMENT MANAGED CARE	6,680	6,614	(66)	-1%
8	WORKER'S COMPENSATION	336	286	(50)	-15%
9	SELF- PAY/UNINSURED	706	662	(44)	-6%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>18,996</b>	<b>18,661</b>	<b>(335)</b>	<b>-2%</b>

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$8,525,609	\$8,523,715	(\$1,894)	0%
2	Physician Salaries	\$3,935,827	\$3,657,020	(\$278,807)	-7%
3	Non-Nursing, Non-Physician Salaries	\$18,217,122	\$15,865,046	(\$2,352,076)	-13%
	<b>Total Salaries &amp; Wages</b>	<b>\$30,678,558</b>	<b>\$28,045,781</b>	<b>(\$2,632,777)</b>	<b>-9%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$3,040,436	\$2,857,848	(\$182,588)	-6%
2	Physician Fringe Benefits	\$1,302,546	\$1,333,779	\$31,233	2%
3	Non-Nursing, Non-Physician Fringe Benefits	\$5,356,227	\$5,780,729	\$424,502	8%
	<b>Total Fringe Benefits</b>	<b>\$9,699,209</b>	<b>\$9,972,356</b>	<b>\$273,147</b>	<b>3%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$4,225,295	\$4,496,578	\$271,283	6%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$4,225,295</b>	<b>\$4,496,578</b>	<b>\$271,283</b>	<b>6%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$8,171,482	\$7,163,955	(\$1,007,527)	-12%
2	Pharmaceutical Costs	\$1,383,955	\$1,098,822	(\$285,133)	-21%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$9,555,437</b>	<b>\$8,262,777</b>	<b>(\$1,292,660)</b>	<b>-14%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$1,935,607	\$1,676,237	(\$259,370)	-13%
2	Depreciation-Equipment	\$1,163,621	\$1,357,511	\$193,890	17%
3	Amortization	\$39,689	\$39,689	\$0	0%
	<b>Total Depreciation and Amortization</b>	<b>\$3,138,917</b>	<b>\$3,073,437</b>	<b>(\$65,480)</b>	<b>-2%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$0	\$0	\$0	0%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$697,473	\$678,065	(\$19,408)	-3%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$1,134,624	\$3,035,790	\$1,901,166	168%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$72,280	\$57,955	(\$14,325)	-20%
2	Natural Gas	\$193,223	\$185,315	(\$7,908)	-4%
3	Oil	\$20,504	\$18,307	(\$2,197)	-11%
4	Electricity	\$554,418	\$597,875	\$43,457	8%
5	Telephone	\$299,152	\$285,052	(\$14,100)	-5%
6	Other Utilities	\$49,168	\$66,122	\$16,954	34%
	<b>Total Utilities</b>	<b>\$1,188,745</b>	<b>\$1,210,626</b>	<b>\$21,881</b>	<b>2%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				



<b>ROCKVILLE GENERAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
1	Accounting Fees	\$118,539	\$151,670	\$33,131	28%
2	Legal Fees	\$143,791	\$167,027	\$23,236	16%
3	Consulting Fees	\$465,165	\$662,648	\$197,483	42%
4	Dues and Membership	\$120,084	\$117,866	(\$2,218)	-2%
5	Equipment Leases	\$166,375	\$141,027	(\$25,348)	-15%
6	Building Leases	\$992,099	\$967,814	(\$24,285)	-2%
7	Repairs and Maintenance	\$242,948	\$240,248	(\$2,700)	-1%
8	Insurance	\$138,082	\$165,208	\$27,126	20%
9	Travel	\$31,554	\$26,411	(\$5,143)	-16%
10	Conferences	\$2,049	\$788	(\$1,261)	-62%
11	Property Tax	\$0	\$98,493	\$98,493	0%
12	General Supplies	\$357,432	\$304,229	(\$53,203)	-15%
13	Licenses and Subscriptions	\$104,617	\$133,058	\$28,441	27%
14	Postage and Shipping	\$73,086	\$63,143	(\$9,943)	-14%
15	Advertising	\$173,843	\$169,453	(\$4,390)	-3%
16	Corporate parent/system fees	\$0	\$464,674	\$464,674	0%
17	Computer Software	\$1,589,662	\$2,978,753	\$1,389,091	87%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$384,288	\$334,205	(\$50,083)	-13%
20	Lab Fees / Red Cross charges	\$265,988	\$219,690	(\$46,298)	-17%
21	Billing & Collection / Bank Fees	\$257,497	\$76,352	(\$181,145)	-70%
22	Recruiting / Employee Education & Recognition	\$138,656	\$98,327	(\$40,329)	-29%
23	Laundry / Linen	\$327,515	\$334,189	\$6,674	2%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$82,324	\$80,040	(\$2,284)	-3%
26	Purchased Services - Medical	\$1,035,496	\$1,764,305	\$728,809	70%
27	Purchased Services - Non Medical	\$761,156	\$464,129	(\$297,027)	-39%
28	Other Business Expenses	\$540,639	\$263,557	(\$277,082)	-51%
	<b>Total Business Expenses</b>	<b>\$8,512,885</b>	<b>\$10,487,304</b>	<b>\$1,974,419</b>	<b>23%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$36,772	\$183,804	\$147,032	400%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$68,867,915</b>	<b>\$69,446,518</b>	<b>\$578,603</b>	<b>1%</b>
<b>*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>					
<b>II. OPERATING EXPENSE BY DEPARTMENT</b>					
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$1,310,284	\$1,812,303	\$502,019	38%
2	General Accounting	\$976,304	\$918,908	(\$57,396)	-6%
3	Patient Billing & Collection	\$1,547,686	\$1,637,144	\$89,458	6%
4	Admitting / Registration Office	\$387,133	\$420,217	\$33,084	9%
5	Data Processing	\$2,884,479	\$2,980,693	\$96,214	3%
6	Communications	\$352,067	\$523,600	\$171,533	49%
7	Personnel	\$7,940,648	\$10,623,033	\$2,682,385	34%
8	Public Relations	\$158,794	\$126,275	(\$32,519)	-20%
9	Purchasing	\$486,020	\$291,231	(\$194,789)	-40%
10	Dietary and Cafeteria	\$952,812	\$841,929	(\$110,883)	-12%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Housekeeping	\$844,573	\$762,530	(\$82,043)	-10%
12	Laundry & Linen	\$316,713	\$314,835	(\$1,878)	-1%
13	Operation of Plant	\$977,318	\$1,032,199	\$54,881	6%
14	Security	\$327,837	\$257,253	(\$70,584)	-22%
15	Repairs and Maintenance	\$776,875	\$833,968	\$57,093	7%
16	Central Sterile Supply	\$169,357	\$99,215	(\$70,142)	-41%
17	Pharmacy Department	\$1,931,249	\$1,956,668	\$25,419	1%
18	Other General Services	\$8,256,571	\$8,528,964	\$272,393	3%
	<b>Total General Services</b>	<b>\$30,596,720</b>	<b>\$33,960,965</b>	<b>\$3,364,245</b>	<b>11%</b>
<b>B.</b>	<b>Professional Services:</b>				
1	Medical Care Administration	\$2,297,630	\$2,298,150	\$520	0%
2	Residency Program	\$52,484	\$166,556	\$114,072	217%
3	Nursing Services Administration	\$398,818	\$763,376	\$364,558	91%
4	Medical Records	\$883,570	\$878,129	(\$5,441)	-1%
5	Social Service	\$35,134	\$63,946	\$28,812	82%
6	Other Professional Services	\$0	\$0	\$0	0%
	<b>Total Professional Services</b>	<b>\$3,667,636</b>	<b>\$4,170,157</b>	<b>\$502,521</b>	<b>14%</b>
<b>C.</b>	<b>Special Services:</b>				
1	Operating Room	\$7,672,509	\$6,604,846	(\$1,067,663)	-14%
2	Recovery Room	\$378,475	\$340,305	(\$38,170)	-10%
3	Anesthesiology	\$147,334	\$107,266	(\$40,068)	-27%
4	Delivery Room	\$287,903	\$285,889	(\$2,014)	-1%
5	Diagnostic Radiology	\$3,864,381	\$3,582,896	(\$281,485)	-7%
6	Diagnostic Ultrasound	\$315,864	\$247,096	(\$68,768)	-22%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$303,807	\$278,275	(\$25,532)	-8%
9	CT Scan	\$290,528	\$283,968	(\$6,560)	-2%
10	Laboratory	\$2,372,965	\$2,061,970	(\$310,995)	-13%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$1,291,233	\$1,534,035	\$242,802	19%
13	Electrocardiology	\$93,419	\$81,379	(\$12,040)	-13%
14	Electroencephalography	\$29,529	\$10,759	(\$18,770)	-64%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$44,908	\$44,257	(\$651)	-1%
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	\$107,513	\$126,558	\$19,045	18%
24	Emergency Room	\$6,424,688	\$5,822,973	(\$601,715)	-9%
25	MRI	\$169,166	\$164,854	(\$4,312)	-3%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,050,505	\$1,075,527	\$25,022	2%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%

<b>ROCKVILLE GENERAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
32	Occupational Therapy / Physical Therapy	\$999,320	\$947,837	(\$51,483)	-5%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$893,692	\$685,539	(\$208,153)	-23%
	<b>Total Special Services</b>	<b>\$26,737,739</b>	<b>\$24,286,229</b>	<b>(\$2,451,510)</b>	<b>-9%</b>
<b>D.</b>	<b>Routine Services:</b>				
1	Medical & Surgical Units	\$4,713,282	\$3,857,165	(\$856,117)	-18%
2	Intensive Care Unit	\$2,070,330	\$1,694,449	(\$375,881)	-18%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$0	\$0	\$0	0%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$524,929	\$462,737	(\$62,192)	-12%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$0	\$0	\$0	0%
13	Other Routine Services	\$557,279	\$830,985	\$273,706	49%
	<b>Total Routine Services</b>	<b>\$7,865,820</b>	<b>\$6,845,336</b>	<b>(\$1,020,484)</b>	<b>-13%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$0	\$183,831	\$183,831	0%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$68,867,915</b>	<b>\$69,446,518</b>	<b>\$578,603</b>	<b>1%</b>
<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>					

<b>ROCKVILLE GENERAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>FY 2016</u></b>
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$68,528,682	\$63,002,481	\$57,986,143
2	Other Operating Revenue	6,391,666	2,225,773	1,294,537
3	Total Operating Revenue	\$74,920,348	\$65,228,254	\$59,280,680
4	Total Operating Expenses	72,159,655	68,867,915	69,446,518
5	Income/(Loss) From Operations	\$2,760,693	(\$3,639,661)	(\$10,165,838)
6	Total Non-Operating Revenue	(378,564)	(546,692)	(1,635,175)
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,382,129	(\$4,186,353)	(\$11,801,013)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	3.70%	-5.63%	-17.64%
2	Hospital Non Operating Margin	-0.51%	-0.85%	-2.84%
3	Hospital Total Margin	3.20%	-6.47%	-20.47%
4	Income/(Loss) From Operations	\$2,760,693	(\$3,639,661)	(\$10,165,838)
5	Total Operating Revenue	\$74,920,348	\$65,228,254	\$59,280,680
6	Total Non-Operating Revenue	(\$378,564)	(\$546,692)	(\$1,635,175)
7	Total Revenue	\$74,541,784	\$64,681,562	\$57,645,505
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,382,129	(\$4,186,353)	(\$11,801,013)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$24,211,838	\$14,969,087	\$11,556,416
2	Hospital Total Net Assets	\$28,334,302	\$18,878,910	\$16,731,176
3	Hospital Change in Total Net Assets	(\$2,718,161)	(\$9,455,392)	(\$2,147,734)
4	Hospital Change in Total Net Assets %	91.2%	-33.4%	-11.4%
<b>D. <u>Cost Data Summary</u></b>				
1	<b><u>Ratio of Cost to Charges</u></b>	<b>0.31</b>	<b>0.30</b>	<b>0.30</b>
2	Total Operating Expenses	\$72,159,655	\$68,867,915	\$69,446,518

<b>ROCKVILLE GENERAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>
3	Total Gross Revenue	\$227,300,072	\$227,496,962	\$228,365,006
4	Total Other Operating Revenue	\$6,391,666	\$2,225,773	\$1,294,537
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.48</b>	<b>1.50</b>	<b>1.48</b>
6	Total Non-Government Payments	\$37,081,867	\$33,861,022	\$34,795,603
7	Total Uninsured Payments	\$247,104	\$196,689	\$0
8	Total Non-Government Charges	\$84,821,383	\$78,292,359	\$81,572,037
9	Total Uninsured Charges	\$4,222,603	\$3,541,707	\$3,751,734
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.81</b>	<b>0.77</b>	<b>0.69</b>
11	Total Medicare Payments	\$24,930,464	\$23,688,610	\$20,479,204
12	Total Medicare Charges	\$99,975,704	\$103,015,833	\$97,854,326
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.59</b>	<b>0.55</b>	<b>0.55</b>
14	Total Medicaid Payments	\$7,446,367	\$7,431,042	\$7,895,540
15	Total Medicaid Charges	\$41,113,015	\$44,749,210	\$47,774,630
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$1,231,984</b>	<b>\$1,321,459</b>	<b>\$1,056,540</b>
17	Charity Care	\$1,188,543	\$797,362	\$1,508,204
18	Bad Debts	\$2,801,283	\$3,610,628	\$1,985,773
19	Total Uncompensated Care	\$3,989,826	\$4,407,990	\$3,493,977
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>1.7%</b>	<b>1.9%</b>	<b>1.5%</b>
21	Total Operating Expenses	\$72,159,655	\$68,867,915	\$69,446,518
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2</b>	<b>1</b>	<b>1</b>
2	Total Current Assets	\$14,737,641	\$12,917,979	\$9,123,170
3	Total Current Liabilities	\$9,279,885	\$8,813,915	\$16,657,641

<b>ROCKVILLE GENERAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>9</b>	<b>12</b>	<b>2</b>
5	Cash and Cash Equivalents	\$1,772,696	\$2,130,527	\$299,540
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$1,772,696	\$2,130,527	\$299,540
8	Total Operating Expenses	\$72,159,655	\$68,867,915	\$69,446,518
9	Depreciation Expense	\$3,281,014	\$3,138,917	\$3,073,437
10	Operating Expenses less Depreciation Expense	\$68,878,641	\$65,728,998	\$66,373,081
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>53</b>	<b>46</b>	<b>24</b>
12	Net Patient Accounts Receivable	\$10,900,702	\$8,279,947	\$6,032,974
13	Due From Third Party Payers	\$148,435	\$751,256	\$1,308,851
14	Due To Third Party Payers	\$1,132,410	\$1,056,682	\$3,469,684
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$9,916,727	\$7,974,521	\$3,872,141
16	Total Net Patient Revenue	\$68,528,682	\$63,002,481	\$57,986,143
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>49</b>	<b>49</b>	<b>92</b>
18	Total Current Liabilities	\$9,279,885	\$8,813,915	\$16,657,641
19	Total Operating Expenses	\$72,159,655	\$68,867,915	\$69,446,518
20	Depreciation Expense	\$3,281,014	\$3,138,917	\$3,073,437
21	Total Operating Expenses less Depreciation Expense	\$68,878,641	\$65,728,998	\$66,373,081
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>37.9</b>	<b>28.5</b>	<b>31.4</b>
2	Total Net Assets	\$28,334,302	\$18,878,910	\$16,731,176
3	Total Assets	\$74,786,945	\$66,202,995	\$53,299,739
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>17.3</b>	<b>(3.3)</b>	<b>(50.5)</b>

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(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2014</u></b>	<b><u>FY 2015</u></b>	<b><u>FY 2016</u></b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,382,129	(\$4,186,353)	(\$11,801,013)
6	Depreciation Expense	\$3,281,014	\$3,138,917	\$3,073,437
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,663,143	(\$1,047,436)	(\$8,727,576)
8	Total Current Liabilities	\$9,279,885	\$8,813,915	\$16,657,641
9	Total Long Term Debt	\$23,392,308	\$22,469,388	\$612,603
10	Total Current Liabilities and Total Long Term Debt	\$32,672,193	\$31,283,303	\$17,270,244
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>45.2</b>	<b>54.3</b>	<b>3.5</b>
12	Total Long Term Debt	\$23,392,308	\$22,469,388	\$612,603
13	Total Net Assets	\$28,334,302	\$18,878,910	\$16,731,176
14	Total Long Term Debt and Total Net Assets	\$51,726,610	\$41,348,298	\$17,343,779
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>4.1</b>	<b>(0.2)</b>	<b>(0.3)</b>
16	Excess Revenues over Expenses	2,382,129	(\$4,186,353)	(\$11,801,013)
17	Interest Expense	689,882	\$697,473	\$678,065
18	Depreciation and Amortization Expense	3,281,014	\$3,138,917	\$3,073,437
19	Principal Payments	874,828	\$960,529	\$22,704,631
<b>G.</b>	<b><u>Other Financial Ratios</u></b>			
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>18.7</b>	<b>20.5</b>	<b>22.0</b>
21	Accumulated Depreciation	61,358,971	64,443,314	67,516,163
22	Depreciation and Amortization Expense	3,281,014	3,138,917	3,073,437
<b>H.</b>	<b><u>Utilization Measures Summary</u></b>			
1	Patient Days	11,155	9,873	10,010
2	Discharges	2,341	2,112	2,052
3	ALOS	4.8	4.7	4.9
4	Staffed Beds	47	47	54
5	Available Beds	-	118	118

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<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
6	Licensed Beds	118	118	118
7	Occupancy of Staffed Beds	65.0%	57.6%	50.8%
8	Occupancy of Available Beds	25.9%	22.9%	23.2%
9	Full Time Equivalent Employees	422.7	381.1	343.7
<b>I.</b>	<b>Hospital Gross Revenue Payer Mix Percentage</b>			
1	Non-Government Gross Revenue Payer Mix Percentage	35.5%	32.9%	34.1%
2	Medicare Gross Revenue Payer Mix Percentage	44.0%	45.3%	42.8%
3	Medicaid Gross Revenue Payer Mix Percentage	18.1%	19.7%	20.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.9%	1.6%	1.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.6%	0.6%	0.5%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$80,598,780	\$74,750,652	\$77,820,303
9	Medicare Gross Revenue (Charges)	\$99,975,704	\$103,015,833	\$97,854,326
10	Medicaid Gross Revenue (Charges)	\$41,113,015	\$44,749,210	\$47,774,630
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$4,222,603	\$3,541,707	\$3,751,734
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,389,970	\$1,439,560	\$1,164,013
14	Total Gross Revenue (Charges)	\$227,300,072	\$227,496,962	\$228,365,006
<b>J.</b>	<b>Hospital Net Revenue Payer Mix Percentage</b>			
1	Non-Government Net Revenue Payer Mix Percentage	52.8%	51.6%	54.7%
2	Medicare Net Revenue Payer Mix Percentage	35.7%	36.3%	32.2%
3	Medicaid Net Revenue Payer Mix Percentage	10.7%	11.4%	12.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.4%	0.3%	0.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.3%	0.7%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$36,834,763	\$33,664,333	\$34,795,603
9	Medicare Net Revenue (Payments)	\$24,930,464	\$23,688,610	\$20,479,204
10	Medicaid Net Revenue (Payments)	\$7,446,367	\$7,431,042	\$7,895,540
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0



<b>ROCKVILLE GENERAL HOSPITAL</b>				
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<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
12	Uninsured Net Revenue (Payments)	\$247,104	\$196,689	\$0
13	CHAMPUS / TRICARE Net Revenue Payments)	\$293,653	\$225,029	\$442,459
14	Total Net Revenue (Payments)	\$69,752,351	\$65,205,703	\$63,612,806
<b>K. Discharges</b>				
1	Non-Government (Including Self Pay / Uninsured)	489	409	446
2	Medicare	1,524	1,428	1,310
3	Medical Assistance	317	266	295
4	Medicaid	317	266	295
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	11	9	1
7	Uninsured (Included In Non-Government)	26	16	16
8	Total	2,341	2,112	2,052
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.61446	1.77478	1.75390
2	Medicare	1.57333	1.71382	1.65650
3	Medical Assistance	1.36050	1.52282	1.58360
4	Medicaid	1.36050	1.52282	1.58360
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.33859	1.02930	1.69710
7	Uninsured (Included In Non-Government)	1.09725	1.05498	1.29770
8	Total Case Mix Index	1.55200	1.69865	1.66721
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	2,089	1,893	1,855
2	Emergency Room - Treated and Discharged	19,262	18,996	18,661
3	Total Emergency Room Visits	21,351	20,889	20,516

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$124,911	\$1,666,591	\$1,541,680	1234%
2	Inpatient Payments	\$23,928	\$286,394	\$262,466	1097%
3	Outpatient Charges	\$240,947	\$1,441,241	\$1,200,294	498%
4	Outpatient Payments	\$31,322	\$197,478	\$166,156	530%
5	Discharges	3	42	39	1300%
6	Patient Days	9	233	224	2489%
7	Outpatient Visits (Excludes ED Visits)	172	761	589	342%
8	Emergency Department Outpatient Visits	28	147	119	425%
9	Emergency Department Inpatient Admissions	2	57	55	2750%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$365,858</b>	<b>\$3,107,832</b>	<b>\$2,741,974</b>	<b>749%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$55,250</b>	<b>\$483,872</b>	<b>\$428,622</b>	<b>776%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$7,307,611	\$6,362,477	(\$945,134)	-13%
2	Inpatient Payments	\$2,052,423	\$1,480,508	(\$571,915)	-28%
3	Outpatient Charges	\$7,414,437	\$12,055,412	\$4,640,975	63%
4	Outpatient Payments	\$1,426,504	\$2,248,963	\$822,459	58%
5	Discharges	207	164	(43)	-21%
6	Patient Days	934	968	34	4%
7	Outpatient Visits (Excludes ED Visits)	5,145	2,678	(2,467)	-48%
8	Emergency Department Outpatient Visits	419	333	(86)	-21%
9	Emergency Department Inpatient Admissions	183	211	28	15%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$14,722,048</b>	<b>\$18,417,889</b>	<b>\$3,695,841</b>	<b>25%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$3,478,927</b>	<b>\$3,729,471</b>	<b>\$250,544</b>	<b>7%</b>
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

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<b>REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E.</b>	<b>OTHER MEDICARE MANAGED CARE</b>				
1	Inpatient Charges	\$36,595	\$58,005	\$21,410	59%
2	Inpatient Payments	\$11,649	\$10,128	(\$1,521)	-13%
3	Outpatient Charges	\$123,944	\$74,903	(\$49,041)	-40%
4	Outpatient Payments	\$15,427	\$12,254	(\$3,173)	-21%
5	Discharges	2	3	1	50%
6	Patient Days	6	8	2	33%
7	Outpatient Visits (Excludes ED Visits)	31	3	(28)	-90%
8	Emergency Department Outpatient Visits	19	16	(3)	-16%
9	Emergency Department Inpatient Admissions	2	4	2	100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$160,539</b>	<b>\$132,908</b>	<b>(\$27,631)</b>	<b>-17%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$27,076</b>	<b>\$22,382</b>	<b>(\$4,694)</b>	<b>-17%</b>
<b>F.</b>	<b>OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE INSURANCE COMPANY</b>				
1	Inpatient Charges	\$3,959,469	\$3,704,101	(\$255,368)	-6%
2	Inpatient Payments	\$1,014,478	\$992,776	(\$21,702)	-2%
3	Outpatient Charges	\$3,363,847	\$4,465,853	\$1,102,006	33%
4	Outpatient Payments	\$587,950	\$647,860	\$59,910	10%
5	Discharges	107	110	3	3%
6	Patient Days	487	508	21	4%
7	Outpatient Visits (Excludes ED Visits)	1,935	1,431	(504)	-26%
8	Emergency Department Outpatient Visits	237	307	70	30%
9	Emergency Department Inpatient Admissions	93	161	68	73%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$7,323,316</b>	<b>\$8,169,954</b>	<b>\$846,638</b>	<b>12%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,602,428</b>	<b>\$1,640,636</b>	<b>\$38,208</b>	<b>2%</b>
<b>H.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$1,791,567	\$363,016	(\$1,428,551)	-80%
2	Inpatient Payments	\$399,117	\$82,354	(\$316,763)	-79%
3	Outpatient Charges	\$1,431,241	\$1,167,736	(\$263,505)	-18%
4	Outpatient Payments	\$247,017	\$154,361	(\$92,656)	-38%
5	Discharges	41	10	(31)	-76%
6	Patient Days	245	75	(170)	-69%
7	Outpatient Visits (Excludes ED Visits)	748	254	(494)	-66%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
8	Emergency Department Outpatient Visits	124	105	(19)	-15%
9	Emergency Department Inpatient Admissions	36	11	(25)	-69%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,222,808</b>	<b>\$1,530,752</b>	<b>(\$1,692,056)</b>	<b>-53%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$646,134</b>	<b>\$236,715</b>	<b>(\$409,419)</b>	<b>-63%</b>
<b>I.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$1,566,276	\$1,603,939	\$37,663	2%
2	Inpatient Payments	\$377,787	\$343,023	(\$34,764)	-9%
3	Outpatient Charges	\$1,958,452	\$2,703,865	\$745,413	38%
4	Outpatient Payments	\$379,223	\$380,538	\$1,315	0%
5	Discharges	38	49	11	29%
6	Patient Days	199	208	9	5%
7	Outpatient Visits (Excludes ED Visits)	1,567	1,390	(177)	-11%
8	Emergency Department Outpatient Visits	124	181	57	46%
9	Emergency Department Inpatient Admissions	33	57	24	73%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,524,728</b>	<b>\$4,307,804</b>	<b>\$783,076</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$757,010</b>	<b>\$723,561</b>	<b>(\$33,449)</b>	<b>-4%</b>
<b>J.</b>	<b>HUMANA</b>				
1	Inpatient Charges	\$97,857	\$92,669	(\$5,188)	-5%
2	Inpatient Payments	\$11,030	\$48,795	\$37,765	342%
3	Outpatient Charges	\$37,081	\$61,459	\$24,378	66%
4	Outpatient Payments	\$5,750	\$6,325	\$575	10%
5	Discharges	3	4	1	33%
6	Patient Days	14	16	2	14%
7	Outpatient Visits (Excludes ED Visits)	118	61	(57)	-48%
8	Emergency Department Outpatient Visits	6	8	2	33%
9	Emergency Department Inpatient Admissions	4	6	2	50%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$134,938</b>	<b>\$154,128</b>	<b>\$19,190</b>	<b>14%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$16,780</b>	<b>\$55,120</b>	<b>\$38,340</b>	<b>228%</b>
<b>K.</b>	<b>SECURE HORIZONS</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L.</b>	<b>UNICARE LIFE &amp; HEALTH INSURANCE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$14,884,286</b>	<b>\$13,850,798</b>	<b>(\$1,033,488)</b>	<b>-7%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$3,890,412</b>	<b>\$3,243,978</b>	<b>(\$646,434)</b>	<b>-17%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$14,569,949</b>	<b>\$21,970,469</b>	<b>\$7,400,520</b>	<b>51%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$2,693,193</b>	<b>\$3,647,779</b>	<b>\$954,586</b>	<b>35%</b>
	<b>TOTAL DISCHARGES</b>	<b>401</b>	<b>382</b>	<b>(19)</b>	<b>-5%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>1,894</b>	<b>2,016</b>	<b>122</b>	<b>6%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>9,716</b>	<b>6,578</b>	<b>(3,138)</b>	<b>-32%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>957</b>	<b>1,097</b>	<b>140</b>	<b>15%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>353</b>	<b>507</b>	<b>154</b>	<b>44%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$29,454,235</b>	<b>\$35,821,267</b>	<b>\$6,367,032</b>	<b>22%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$6,583,605</b>	<b>\$6,891,757</b>	<b>\$308,152</b>	<b>5%</b>

<b>ROCKVILLE GENERAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%

<b>ROCKVILLE GENERAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F.</b>	<b>FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%

<b>ROCKVILLE GENERAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY</b>					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICAID MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL DISCHARGES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>



<b>EASTERN CT HEALTH NETWORK , INC</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
I.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$16,286,829	\$5,362,866	(\$10,923,963)	-67%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$41,607,499	\$31,004,506	(\$10,602,993)	-25%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,097,599	\$0	(\$1,097,599)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$3,573,134	\$2,964,558	(\$608,576)	-17%
7	Inventories of Supplies	\$5,553,809	\$5,584,352	\$30,543	1%
8	Prepaid Expenses	\$6,653,091	\$3,462,351	(\$3,190,740)	-48%
9	Other Current Assets	\$0	\$0	\$0	0%
	<b>Total Current Assets</b>	<b>\$74,771,961</b>	<b>\$48,378,633</b>	<b>(\$26,393,328)</b>	<b>-35%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$15,981,754	\$11,228,269	(\$4,753,485)	-30%
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	\$47,693,344	\$9,032,688	(\$38,660,656)	-81%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$63,675,098</b>	<b>\$20,260,957</b>	<b>(\$43,414,141)</b>	<b>-68%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$25,309,242	\$14,697,322	(\$10,611,920)	-42%
7	Other Noncurrent Assets	\$8,567,926	\$6,399,218	(\$2,168,708)	-25%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$316,413,058	\$325,090,116	\$8,677,058	3%
2	Less: Accumulated Depreciation	\$229,410,757	\$239,239,499	\$9,828,742	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$87,002,301</b>	<b>\$85,850,617</b>	<b>(\$1,151,684)</b>	<b>-1%</b>
3	Construction in Progress	\$1,273,117	\$267,414	(\$1,005,703)	-79%
	<b>Total Net Fixed Assets</b>	<b>\$88,275,418</b>	<b>\$86,118,031</b>	<b>(\$2,157,387)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$260,599,645</b>	<b>\$175,854,161</b>	<b>(\$84,745,484)</b>	<b>-33%</b>

<b>EASTERN CT HEALTH NETWORK , INC</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$27,642,500	\$24,001,637	(\$3,640,863)	-13%
2	Salaries, Wages and Payroll Taxes	\$5,787,051	\$4,741,513	(\$1,045,538)	-18%
3	Due To Third Party Payers	\$3,124,803	\$7,647,932	\$4,523,129	145%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,562,000	\$0	(\$2,562,000)	-100%
6	Current Portion of Notes Payable	\$8,256,708	\$3,555,381	(\$4,701,327)	-57%
7	Other Current Liabilities	\$4,324,901	\$25,600,675	\$21,275,774	492%
	<b>Total Current Liabilities</b>	<b>\$51,697,963</b>	<b>\$65,547,138</b>	<b>\$13,849,175</b>	<b>27%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$66,995,612	\$0	(\$66,995,612)	-100%
2	Notes Payable (Net of Current Portion)	\$13,126,634	\$11,436,337	(\$1,690,297)	-13%
	<b>Total Long Term Debt</b>	<b>\$80,122,246</b>	<b>\$11,436,337</b>	<b>(\$68,685,909)</b>	<b>-86%</b>
3	Accrued Pension Liability	\$62,407,379	\$66,741,076	\$4,333,697	7%
4	Other Long Term Liabilities	\$7,664,508	\$15,286,252	\$7,621,744	99%
	<b>Total Long Term Liabilities</b>	<b>\$150,194,133</b>	<b>\$93,463,665</b>	<b>(\$56,730,468)</b>	<b>-38%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$42,167,565	(\$353,131)	(\$42,520,696)	-101%
2	Temporarily Restricted Net Assets	\$1,486,536	\$4,260	(\$1,482,276)	-100%
3	Permanently Restricted Net Assets	\$15,053,448	\$17,192,229	\$2,138,781	14%
	<b>Total Net Assets</b>	<b>\$58,707,549</b>	<b>\$16,843,358</b>	<b>(\$41,864,191)</b>	<b>-71%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$260,599,645</b>	<b>\$175,854,161</b>	<b>(\$84,745,484)</b>	<b>-33%</b>

<b>EASTERN CT HEALTH NETWORK , INC</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015</u> <u>ACTUAL</u>	<u>FY 2016</u> <u>ACTUAL</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
<b>A. <u>Operating Revenue:</u></b>					
1	Total Gross Patient Revenue	\$919,633,538	\$992,353,011	\$72,719,473	8%
2	Less: Allowances	\$609,939,044	\$686,142,055	\$76,203,011	12%
3	Less: Charity Care	\$1,650,100	\$1,917,782	\$267,682	16%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$308,044,394</b>	<b>\$304,293,174</b>	<b>(\$3,751,220)</b>	<b>-1%</b>
5	Provision for Bad Debts	\$10,899,289	\$20,615,864	\$9,716,575	89%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$297,145,105</b>	<b>\$283,677,310</b>	<b>(\$13,467,795)</b>	<b>-5%</b>
6	Other Operating Revenue	\$17,589,913	\$13,283,878	(\$4,306,035)	-24%
7	Net Assets Released from Restrictions	\$832,608	\$736,110	(\$96,498)	-12%
	<b>Total Operating Revenue</b>	<b>\$315,567,626</b>	<b>\$297,697,298</b>	<b>(\$17,870,328)</b>	<b>-6%</b>
<b>B. <u>Operating Expenses:</u></b>					
1	Salaries and Wages	\$156,774,464	\$150,100,277	(\$6,674,187)	-4%
2	Fringe Benefits	\$44,024,084	\$46,795,665	\$2,771,581	6%
3	Physicians Fees	\$15,492,872	\$17,072,828	\$1,579,956	10%
4	Supplies and Drugs	\$34,144,873	\$36,562,383	\$2,417,510	7%
5	Depreciation and Amortization	\$11,920,720	\$18,925,240	\$7,004,520	59%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$3,445,934	\$3,293,007	(\$152,927)	-4%
8	Malpractice Insurance Cost	\$3,396,254	\$2,930,631	(\$465,623)	-14%
9	Other Operating Expenses	\$46,648,875	\$55,878,453	\$9,229,578	20%
	<b>Total Operating Expenses</b>	<b>\$315,848,076</b>	<b>\$331,558,484</b>	<b>\$15,710,408</b>	<b>5%</b>
	<b>Income/(Loss) From Operations</b>	<b>(\$280,450)</b>	<b>(\$33,861,186)</b>	<b>(\$33,580,736)</b>	<b>11974%</b>
<b>C. <u>Non-Operating Revenue:</u></b>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,235,410)	(\$5,136,276)	(\$2,900,866)	130%
	<b>Total Non-Operating Revenue</b>	<b>(\$2,235,410)</b>	<b>(\$5,136,276)</b>	<b>(\$2,900,866)</b>	<b>130%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>(\$2,515,860)</b>	<b>(\$38,997,462)</b>	<b>(\$36,481,602)</b>	<b>1450%</b>

<b>EASTERN CT HEALTH NETWORK , INC</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION</b>					
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015 ACTUAL</b>	<b>FY 2016 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
	<b>Other Adjustments:</b>				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>(\$2,515,860)</b>	<b>(\$38,997,462)</b>	<b>(\$36,481,602)</b>	<b>1450%</b>

<b>EASTERN CT HEALTH NETWORK , INC</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$299,755,216	\$297,145,105	\$283,677,310
2	Other Operating Revenue	29,000,109	18,422,521	14,019,988
3	Total Operating Revenue	\$328,755,325	\$315,567,626	\$297,697,298
4	Total Operating Expenses	326,582,604	315,848,076	331,558,484
5	Income/(Loss) From Operations	\$2,172,721	(\$280,450)	(\$33,861,186)
6	Total Non-Operating Revenue	(2,125,751)	(2,235,410)	(5,136,276)
7	Excess/(Deficiency) of Revenue Over Expenses	\$46,970	(\$2,515,860)	(\$38,997,462)
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	0.67%	-0.09%	-11.57%
2	Parent Corporation Non-Operating Margin	-0.65%	-0.71%	-1.76%
3	Parent Corporation Total Margin	0.01%	-0.80%	-13.33%
4	Income/(Loss) From Operations	\$2,172,721	(\$280,450)	(\$33,861,186)
5	Total Operating Revenue	\$328,755,325	\$315,567,626	\$297,697,298
6	Total Non-Operating Revenue	(\$2,125,751)	(\$2,235,410)	(\$5,136,276)
7	Total Revenue	\$326,629,574	\$313,332,216	\$292,561,022
8	Excess/(Deficiency) of Revenue Over Expenses	\$46,970	(\$2,515,860)	(\$38,997,462)
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	\$59,544,873	\$42,167,565	(\$353,131)
2	Parent Corporation Total Net Assets	\$77,693,789	\$58,707,549	\$16,843,358
3	Parent Corporation Change in Total Net Assets	(\$8,155,360)	(\$18,986,240)	(\$41,864,191)
4	Parent Corporation Change in Total Net Assets %	90.5%	-24.4%	-71.3%
<b>D. <u>Liquidity Measures Summary</u></b>				
1	<b>Current Ratio</b>	<b>1.33</b>	<b>1.45</b>	<b>0.74</b>

EASTERN CT HEALTH NETWORK , INC				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
2	Total Current Assets	\$81,233,895	\$74,771,961	\$48,378,633
3	Total Current Liabilities	\$60,952,992	\$51,697,963	\$65,547,138
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>24</b>	<b>20</b>	<b>6</b>
5	Cash and Cash Equivalents	\$20,733,601	\$16,286,829	\$5,362,866
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$20,733,601	\$16,286,829	\$5,362,866
8	Total Operating Expenses	\$326,582,604	\$315,848,076	\$331,558,484
9	Depreciation Expense	\$12,196,877	\$11,920,720	\$18,925,240
10	Operating Expenses less Depreciation Expense	\$314,385,727	\$303,927,356	\$312,633,244
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>52</b>	<b>52</b>	<b>34</b>
12	Net Patient Accounts Receivable	\$ 44,610,272	\$ 41,607,499	\$ 31,004,506
13	Due From Third Party Payers	\$3,602,585	\$3,573,134	\$2,964,558
14	Due To Third Party Payers	\$5,743,160	\$3,124,803	\$7,647,932
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 42,469,697	\$ 42,055,830	\$ 26,321,132
16	Total Net Patient Revenue	\$299,755,216	\$297,145,105	\$283,677,310
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>71</b>	<b>62</b>	<b>77</b>
18	Total Current Liabilities	\$60,952,992	\$51,697,963	\$65,547,138
19	Total Operating Expenses	\$326,582,604	\$315,848,076	\$331,558,484
20	Depreciation Expense	\$12,196,877	\$11,920,720	\$18,925,240
20	Total Operating Expenses less Depreciation Expense	\$314,385,727	\$303,927,356	\$312,633,244
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>28.1</b>	<b>22.5</b>	<b>9.6</b>
2	Total Net Assets	\$77,693,789	\$58,707,549	\$16,843,358

<b>EASTERN CT HEALTH NETWORK , INC</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014</b>	<b>FY 2015</b>	<b>FY 2016</b>
3	Total Assets	\$276,087,189	\$260,599,645	\$175,854,161
4	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>8.5</b>	<b>7.1</b>	<b>(26.1)</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$46,970	(\$2,515,860)	(\$38,997,462)
6	Depreciation Expense	\$12,196,877	\$11,920,720	\$18,925,240
7	Excess of Revenues Over Expenses and Depreciation Expense	\$12,243,847	\$9,404,860	(\$20,072,222)
8	Total Current Liabilities	\$60,952,992	\$51,697,963	\$65,547,138
9	Total Long Term Debt	\$82,595,414	\$80,122,246	\$11,436,337
10	Total Current Liabilities and Total Long Term Debt	\$143,548,406	\$131,820,209	\$76,983,475
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>51.5</b>	<b>57.7</b>	<b>40.4</b>
12	Total Long Term Debt	\$82,595,414	\$80,122,246	\$11,436,337
13	Total Net Assets	\$77,693,789	\$58,707,549	\$16,843,358
14	Total Long Term Debt and Total Net Assets	\$160,289,203	\$138,829,795	\$28,279,695

ROCKVILLE GENERAL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
							BEDS (A)	BEDS
1	Adult Medical/Surgical	7,961	2,040	2,035	27	51	80.8%	42.8%
2	ICU/CCU (Excludes Neonatal ICU)	2,009	222	0	9	9	61.2%	61.2%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	40	12	17	18	30	0.6%	0.4%
	<b>TOTAL PSYCHIATRIC</b>	<b>40</b>	<b>12</b>	<b>17</b>	<b>18</b>	<b>30</b>	<b>0.6%</b>	<b>0.4%</b>
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%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>10,010</b>	<b>2,052</b>	<b>2,052</b>	<b>54</b>	<b>102</b>	<b>50.8%</b>	<b>26.9%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>10,010</b>	<b>2,052</b>	<b>2,052</b>	<b>54</b>	<b>118</b>	<b>50.8%</b>	<b>23.2%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>10,010</b>	<b>2,052</b>	<b>2,052</b>	<b>54</b>	<b>118</b>	<b>50.8%</b>	<b>23.2%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>9,873</b>	<b>2,112</b>	<b>2,037</b>	<b>47</b>	<b>118</b>	<b>57.6%</b>	<b>22.9%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>137</b>	<b>-60</b>	<b>15</b>	<b>7</b>	<b>0</b>	<b>-6.8%</b>	<b>0.3%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>1%</b>	<b>-3%</b>	<b>1%</b>	<b>15%</b>	<b>0%</b>	<b>-12%</b>	<b>1%</b>
	Total Licensed Beds and Bassinets	118						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								



ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	1,764	1,578	-186	-11%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,630	4,422	-208	-4%
3	Emergency Department Scans	1,800	1,720	-80	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>8,194</b>	<b>7,720</b>	<b>-474</b>	<b>-6%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	268	190	-78	-29%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,182	1,083	-99	-8%
3	Emergency Department Scans	24	22	-2	-8%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>1,474</b>	<b>1,295</b>	<b>-179</b>	<b>-12%</b>
<b>C. PET Scans (A)</b>					
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%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
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%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Linear Accelerator Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	<b>Total Cardiac Catheterization Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>H. Electrophysiology Studies</b>					

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	<b>Total Electrophysiology Studies</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>I.</b>	<b><u>Surgical Procedures</u></b>				
1	Inpatient Surgical Procedures	470	424	-46	-10%
2	Outpatient Surgical Procedures	1,434	1,266	-168	-12%
	<b>Total Surgical Procedures</b>	<b>1,904</b>	<b>1,690</b>	<b>-214</b>	<b>-11%</b>
<b>J.</b>	<b><u>Endoscopy Procedures</u></b>				
1	Inpatient Endoscopy Procedures	184	145	-39	-21%
2	Outpatient Endoscopy Procedures	2,325	1,897	-428	-18%
	<b>Total Endoscopy Procedures</b>	<b>2,509</b>	<b>2,042</b>	<b>-467</b>	<b>-19%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	1,893	1,855	-38	-2%
2	Emergency Room Visits: Treated and Discharged	18,996	18,661	-335	-2%
	<b>Total Emergency Room Visits</b>	<b>20,889</b>	<b>20,516</b>	<b>-373</b>	<b>-2%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	2,036	2,036	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	5,405	6,201	796	15%
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	905	754	-151	-17%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>6,310</b>	<b>8,991</b>	<b>2,681</b>	<b>42%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	38,849	34,657	-4,192	-11%
2	Cardiac Rehabilitation	7,543	6,641	-902	-12%
3	Chemotherapy	0	0	0	0%
4	Gastroenterology	2,325	1,897	-428	-18%
5	Other Outpatient Visits	48,344	38,955	-9,389	-19%
	<b>Total Other Hospital Outpatient Visits</b>	<b>97,061</b>	<b>82,150</b>	<b>-14,911</b>	<b>-15%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	102.9	88.4	-14.5	-14%
2	Total Physician FTEs	4.6	5.6	1.0	22%
3	Total Non-Nursing and Non-Physician FTEs	273.6	249.7	-23.9	-9%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>381.1</b>	<b>343.7</b>	<b>-37.4</b>	<b>-10%</b>

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital Operating Room	1,434	1,266	-168	-12%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>1,434</b>	<b>1,266</b>	<b>-168</b>	<b>-12%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital Operating Room	2,325	1,897	-428	-18%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,325</b>	<b>1,897</b>	<b>-428</b>	<b>-18%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital Emergency Room	18,996	18,661	-335	-2%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>18,996</b>	<b>18,661</b>	<b>-335</b>	<b>-2%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$51,328,637	\$45,821,385	(\$5,507,252)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$14,223,185	\$11,165,640	(\$3,057,545)	-21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.71%	24.37%	-3.34%	-12%
4	DISCHARGES	1,428	1,310	(118)	-8%
5	CASE MIX INDEX (CMI)	1.71382	1.65650	(0.05732)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,447.33496	2,170.01500	(277.31996)	-11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,811.70	\$5,145.42	(\$666.28)	-11%
8	PATIENT DAYS	7,024	6,739	(285)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,024.94	\$1,656.87	(\$368.07)	-18%
10	AVERAGE LENGTH OF STAY	4.9	5.1	0.2	5%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$51,687,196	\$52,032,941	\$345,745	1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,465,425	\$9,313,564	(\$151,861)	-2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.31%	17.90%	-0.41%	-2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	100.70%	113.56%	12.86%	13%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,437.97537	1,487.58386	49.60849	3%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,582.47	\$6,260.87	(\$321.60)	-5%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$103,015,833	\$97,854,326	(\$5,161,507)	-5%
18	TOTAL ACCRUED PAYMENTS	\$23,688,610	\$20,479,204	(\$3,209,406)	-14%
19	TOTAL ALLOWANCES	\$79,327,223	\$77,375,122	(\$1,952,101)	-2%
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$13,834,638	\$14,228,574	\$393,936	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$6,433,906	\$6,176,473	(\$257,433)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.51%	43.41%	-3.10%	-7%
4	DISCHARGES	409	446	37	9%
5	CASE MIX INDEX (CMI)	1.77478	1.75390	(0.02088)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	725.88502	782.23940	56.35438	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,863.53	\$7,895.89	(\$967.65)	-11%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,051.83)	(\$2,750.47)	\$301.36	-10%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,215,278)	(\$2,151,522)	\$63,755	-3%
10	PATIENT DAYS	1,537	1,859	322	21%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,186.02	\$3,322.47	(\$863.54)	-21%
12	AVERAGE LENGTH OF STAY	3.8	4.2	0.4	11%
<b>NON-GOVERNMENT OUTPATIENT</b>					

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$64,457,721	\$67,343,463	\$2,885,742	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$27,427,116	\$28,619,130	\$1,192,014	4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	42.55%	42.50%	-0.05%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	465.92%	473.30%	7.38%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,905.59434	2,110.90616	205.31182	11%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,392.95	\$13,557.75	(\$835.20)	-6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$7,810.48)	(\$7,296.88)	\$513.60	-7%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$14,883,605)	(\$15,403,028)	(\$519,424)	3%
	<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>				
21	TOTAL ACCRUED CHARGES	\$78,292,359	\$81,572,037	\$3,279,678	4%
22	TOTAL ACCRUED PAYMENTS	\$33,861,022	\$34,795,603	\$934,581	3%
23	TOTAL ALLOWANCES	\$44,431,337	\$46,776,434	\$2,345,097	5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$17,098,882)	(\$17,554,551)	(\$455,668)	3%
	<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$78,292,359	\$77,680,331	(\$612,028)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$33,861,022	\$31,870,120	(\$1,990,902)	-6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$44,431,337	\$45,810,211	\$1,378,874	3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.75%	58.97%	2.22%	
<b>C.</b>	<b>UNINSURED</b>				
	<b>UNINSURED INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$479,270	\$483,246	\$3,976	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$10,675	\$0	(\$10,675)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.23%	0.00%	-2.23%	-100%
4	DISCHARGES	16	16	0	0%
5	CASE MIX INDEX (CMI)	1.05498	1.29770	0.24272	23%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	16.87968	20.76320	3.88352	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$632.42	\$0.00	(\$632.42)	-100%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,231.12	\$7,895.89	(\$335.23)	-4%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,179.29	\$5,145.42	(\$33.87)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$87,425	\$106,835	\$19,411	22%
11	PATIENT DAYS	53	91	38	72%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$201.42	\$0.00	(\$201.42)	-100%
13	AVERAGE LENGTH OF STAY	3.3	5.7	2.4	72%
	<b>UNINSURED OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,062,437	\$3,268,488	\$206,051	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$186,014	\$0	(\$186,014)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.07%	0.00%	-6.07%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	638.98%	676.36%	37.38%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	102.23672	108.21778	5.98106	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,819.44	\$0.00	(\$1,819.44)	-100%

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<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$12,573.50	\$13,557.75	\$984.24	8%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,763.02	\$6,260.87	\$1,497.84	31%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$486,956	\$677,537	\$190,581	39%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$3,541,707	\$3,751,734	\$210,027	6%
24	TOTAL ACCRUED PAYMENTS	\$196,689	\$0	(\$196,689)	-100%
25	TOTAL ALLOWANCES	\$3,345,018	\$3,751,734	\$406,716	12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$574,380	\$784,372	\$209,992	37%
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$9,112,209	\$10,420,249	\$1,308,040	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,544,776	\$1,950,318	\$405,542	26%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.95%	18.72%	1.76%	10%
4	DISCHARGES	266	295	29	11%
5	CASE MIX INDEX (CMI)	1.52282	1.58360	0.06078	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	405.07012	467.16200	62.09188	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,813.60	\$4,174.82	\$361.22	9%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,049.93	\$3,721.06	(\$1,328.87)	-26%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,998.10	\$970.60	(\$1,027.50)	-51%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$809,371	\$453,427	(\$355,944)	-44%
11	PATIENT DAYS	1,250	1,399	149	12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,235.82	\$1,394.08	\$158.26	13%
13	AVERAGE LENGTH OF STAY	4.7	4.7	0.0	1%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$35,637,001	\$37,354,381	\$1,717,380	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,886,266	\$5,945,222	\$58,956	1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.52%	15.92%	-0.60%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	391.09%	358.48%	-32.61%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,040.30123	1,057.51239	17.21115	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,658.23	\$5,621.89	(\$36.34)	-1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,734.71	\$7,935.85	(\$798.86)	-9%
21	MEDICARE - MEDICAID OP PMT / OPED	\$924.23	\$638.97	(\$285.26)	-31%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$961,482	\$675,722	(\$285,760)	-30%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$44,749,210	\$47,774,630	\$3,025,420	7%
24	TOTAL ACCRUED PAYMENTS	\$7,431,042	\$7,895,540	\$464,498	6%
25	TOTAL ALLOWANCES	\$37,318,168	\$39,879,090	\$2,560,922	7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,770,854	\$1,129,149	(\$641,705)	-36%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$8,863.53	\$7,895.89	(\$967.65)	-11%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,811.70	\$5,145.42	(\$666.28)	-11%
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%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
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	\$14,392.95	\$13,557.75	(\$835.20)	-6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,582.47	\$6,260.87	(\$321.60)	-5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
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%
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$9,112,209	\$10,420,249	\$1,308,040	14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,544,776	\$1,950,318	\$405,542	26%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.95%	18.72%	1.76%	10%
4	DISCHARGES	266	295	29	11%
5	CASE MIX INDEX (CMI)	1.52282	1.58360	0.06078	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	405.07012	467.16200	62.09188	15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,813.60	\$4,174.82	\$361.22	9%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,049.93	\$3,721.06	(\$1,328.87)	-26%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,998.10	\$970.60	(\$1,027.50)	-51%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$809,371	\$453,427	(\$355,944)	-44%
11	PATIENT DAYS	1,250	1,399	149	12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,235.82	\$1,394.08	\$158.26	13%
13	AVERAGE LENGTH OF STAY	4.7	4.7	0.0	1%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$35,637,001	\$37,354,381	\$1,717,380	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,886,266	\$5,945,222	\$58,956	1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.52%	15.92%	-0.60%	-4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	391.09%	358.48%	-32.61%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,040.30123	1,057.51239	17.21115	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,658.23	\$5,621.89	(\$36.34)	-1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,734.71	\$7,935.85	(\$798.86)	-9%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$924.23	\$638.97	(\$285.26)	-31%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$961,482	\$675,722	(\$285,760)	-30%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$44,749,210	\$47,774,630	\$3,025,420	7%
24	TOTAL ACCRUED PAYMENTS	\$7,431,042	\$7,895,540	\$464,498	6%
25	TOTAL ALLOWANCES	\$37,318,168	\$39,879,090	\$2,560,922	7%
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$339,163	\$302,370	(\$36,793)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$40,842	\$149,640	\$108,798	266%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.04%	49.49%	37.45%	311%
4	DISCHARGES	9	1	(8)	-89%
5	CASE MIX INDEX (CMI)	1.02930	1.69710	0.66780	65%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9.26370	1.69710	(7.56660)	-82%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,408.82	\$88,173.94	\$83,765.12	1900%
8	PATIENT DAYS	62	13	(49)	-79%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$658.74	\$11,510.77	\$10,852.03	1647%
10	AVERAGE LENGTH OF STAY	6.9	13.0	6.1	89%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,100,397	\$861,643	(\$238,754)	-22%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$184,187	\$292,819	\$108,632	59%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$1,439,560	\$1,164,013	(\$275,547)	-19%
14	TOTAL ACCRUED PAYMENTS	\$225,029	\$442,459	\$217,430	97%
15	TOTAL ALLOWANCES	\$1,214,531	\$721,554	(\$492,977)	-41%
<b>H. OTHER DATA</b>					



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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
1	OTHER OPERATING REVENUE	\$2,225,773	\$1,294,537	(\$931,236)	-42%
2	TOTAL OPERATING EXPENSES	\$68,867,915	\$69,446,518	\$578,603	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$797,362	\$1,508,204	\$710,842	89%
5	BAD DEBTS (CHARGES)	\$3,610,628	\$1,985,773	(\$1,624,855)	-45%
6	UNCOMPENSATED CARE (CHARGES)	\$4,407,990	\$3,493,977	(\$914,013)	-21%
7	COST OF UNCOMPENSATED CARE	\$1,178,019	\$934,599	(\$243,420)	-21%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$44,749,210	\$47,774,630	\$3,025,420	7%
9	TOTAL ACCRUED PAYMENTS	\$7,431,042	\$7,895,540	\$464,498	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$11,959,059	\$12,779,172	\$820,113	7%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,528,017	\$4,883,632	\$355,615	8%
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$74,614,647	\$70,772,578	(\$3,842,069)	-5%
2	TOTAL INPATIENT PAYMENTS	\$22,242,709	\$19,442,071	(\$2,800,638)	-13%
3	TOTAL INPATIENT PAYMENTS / CHARGES	29.81%	27.47%	-2.34%	-8%
4	TOTAL DISCHARGES	2,112	2,052	(60)	-3%
5	TOTAL CASE MIX INDEX	1.69865	1.66721	(0.03144)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	3,587.55380	3,421.11350	(166.44030)	-5%
7	TOTAL OUTPATIENT CHARGES	\$152,882,315	\$157,592,428	\$4,710,113	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	204.90%	222.67%	17.78%	9%
9	TOTAL OUTPATIENT PAYMENTS	\$42,962,994	\$44,170,735	\$1,207,741	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.10%	28.03%	-0.07%	0%
11	TOTAL CHARGES	\$227,496,962	\$228,365,006	\$868,044	0%
12	TOTAL PAYMENTS	\$65,205,703	\$63,612,806	(\$1,592,897)	-2%
13	TOTAL PAYMENTS / TOTAL CHARGES	28.66%	27.86%	-0.81%	-3%
14	PATIENT DAYS	9,873	10,010	137	1%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$60,780,009	\$56,544,004	(\$4,236,005)	-7%
2	INPATIENT PAYMENTS	\$15,808,803	\$13,265,598	(\$2,543,205)	-16%
3	GOVT. INPATIENT PAYMENTS / CHARGES	26.01%	23.46%	-2.55%	-10%
4	DISCHARGES	1,703	1,606	(97)	-6%
5	CASE MIX INDEX	1.68037	1.64313	(0.03723)	-2%
6	CASE MIX ADJUSTED DISCHARGES	2,861.66878	2,638.87410	(222.79468)	-8%
7	OUTPATIENT CHARGES	\$88,424,594	\$90,248,965	\$1,824,371	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	145.48%	159.61%	14.13%	10%
9	OUTPATIENT PAYMENTS	\$15,535,878	\$15,551,605	\$15,727	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.57%	17.23%	-0.34%	-2%
11	TOTAL CHARGES	\$149,204,603	\$146,792,969	(\$2,411,634)	-2%

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
12	TOTAL PAYMENTS	\$31,344,681	\$28,817,203	(\$2,527,478)	-8%
13	TOTAL PAYMENTS / CHARGES	21.01%	19.63%	-1.38%	-7%
14	PATIENT DAYS	8,336	8,151	(185)	-2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$117,859,922	\$117,975,766	\$115,844	0%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	4.9	5.1	0.2	5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	4.2	0.4	11%
3	UNINSURED	3.3	5.7	2.4	72%
4	MEDICAID	4.7	4.7	0.0	1%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	6.9	13.0	6.1	89%
7	TOTAL AVERAGE LENGTH OF STAY	4.7	4.9	0.2	4%
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$227,496,962	\$228,365,006	\$868,044	0%
2	TOTAL GOVERNMENT DEDUCTIONS	\$117,859,922	\$117,975,766	\$115,844	0%
3	UNCOMPENSATED CARE	\$4,407,990	\$3,493,977	(\$914,013)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$44,431,337	\$45,810,211	\$1,378,874	3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$166,699,249	\$167,279,954	\$580,705	0%
7	TOTAL ACCRUED PAYMENTS	\$60,797,713	\$61,085,052	\$287,339	0%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$60,797,713	\$61,085,052	\$287,339	0%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2672462633	0.2674886712	0.0002424079	0%
11	COST OF UNCOMPENSATED CARE	\$1,178,019	\$934,599	(\$243,420)	-21%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,528,017	\$4,883,632	\$355,615	8%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,706,036	\$5,818,232	\$112,196	2%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$961,482	\$675,722	(\$285,760)	-30%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$574,380	\$784,372	\$209,992	37%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$1,535,863	\$1,460,094	(\$75,768)	-5%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$2,203,222)	(\$3,640,891)	(\$1,437,669)	65.25%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$63,002,481	\$59,971,916	(\$3,030,565)	-4.81%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%

<b>ROCKVILLE GENERAL HOSPITAL</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2016</b>					
<b>REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT</b>					
<b>AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS</b>					
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>AMOUNT</b>	<b>%</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>DIFFERENCE</b>	<b>DIFFERENCE</b>
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$227,496,962	\$228,365,004	\$868,042	0.38%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,407,990	\$3,493,977	(\$914,013)	-20.74%

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
<b>I.</b>	<b>ACCRUED CHARGES AND PAYMENTS</b>			
<b>A.</b>	<b>INPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,834,638	\$14,228,574	\$393,936
2	MEDICARE	\$51,328,637	45,821,385	(\$5,507,252)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,112,209	10,420,249	\$1,308,040
4	MEDICAID	\$9,112,209	10,420,249	\$1,308,040
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$339,163	302,370	(\$36,793)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$479,270	483,246	\$3,976
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$60,780,009</b>	<b>\$56,544,004</b>	<b>(\$4,236,005)</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$74,614,647</b>	<b>\$70,772,578</b>	<b>(\$3,842,069)</b>
<b>B.</b>	<b>OUTPATIENT ACCRUED CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,457,721	\$67,343,463	\$2,885,742
2	MEDICARE	\$51,687,196	52,032,941	\$345,745
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,637,001	37,354,381	\$1,717,380
4	MEDICAID	\$35,637,001	37,354,381	\$1,717,380
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$1,100,397	861,643	(\$238,754)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,062,437	3,268,488	\$206,051
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$88,424,594</b>	<b>\$90,248,965</b>	<b>\$1,824,371</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$152,882,315</b>	<b>\$157,592,428</b>	<b>\$4,710,113</b>
<b>C.</b>	<b>TOTAL ACCRUED CHARGES</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$78,292,359	\$81,572,037	\$3,279,678
2	TOTAL MEDICARE	\$103,015,833	\$97,854,326	(\$5,161,507)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$44,749,210	\$47,774,630	\$3,025,420
4	TOTAL MEDICAID	\$44,749,210	\$47,774,630	\$3,025,420
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,439,560	\$1,164,013	(\$275,547)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,541,707	\$3,751,734	\$210,027
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$149,204,603</b>	<b>\$146,792,969</b>	<b>(\$2,411,634)</b>
	<b>TOTAL CHARGES</b>	<b>\$227,496,962</b>	<b>\$228,365,006</b>	<b>\$868,044</b>
<b>D.</b>	<b>INPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,433,906	\$6,176,473	(\$257,433)
2	MEDICARE	\$14,223,185	11,165,640	(\$3,057,545)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$1,544,776	1,950,318	\$405,542
4	MEDICAID	\$1,544,776	1,950,318	\$405,542
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$40,842	149,640	\$108,798
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,675	0	(\$10,675)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$15,808,803</b>	<b>\$13,265,598</b>	<b>(\$2,543,205)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$22,242,709</b>	<b>\$19,442,071</b>	<b>(\$2,800,638)</b>
<b>E.</b>	<b>OUTPATIENT ACCRUED PAYMENTS</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$27,427,116	\$28,619,130	\$1,192,014
2	MEDICARE	\$9,465,425	9,313,564	(\$151,861)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,886,266	5,945,222	\$58,956
4	MEDICAID	\$5,886,266	5,945,222	\$58,956
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$184,187	292,819	\$108,632
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$186,014	0	(\$186,014)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$15,535,878</b>	<b>\$15,551,605</b>	<b>\$15,727</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$42,962,994</b>	<b>\$44,170,735</b>	<b>\$1,207,741</b>
<b>F.</b>	<b>TOTAL ACCRUED PAYMENTS</b>			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,861,022	\$34,795,603	\$934,581
2	TOTAL MEDICARE	\$23,688,610	\$20,479,204	(\$3,209,406)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,431,042	\$7,895,540	\$464,498
4	TOTAL MEDICAID	\$7,431,042	\$7,895,540	\$464,498

<b>ROCKVILLE GENERAL HOSPITAL                      TWELVE MONTHS ACTUAL FILING                      FISCAL YEAR 2016                      REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND                      BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>	<b>AMOUNT DIFFERENCE</b>
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$225,029	\$442,459	\$217,430
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$196,689	\$0	(\$196,689)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$31,344,681</b>	<b>\$28,817,203</b>	<b>(\$2,527,478)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$65,205,703</b>	<b>\$63,612,806</b>	<b>(\$1,592,897)</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6.08%	6.23%	0.15%
2	MEDICARE	22.56%	20.06%	-2.50%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.01%	4.56%	0.56%
4	MEDICAID	4.01%	4.56%	0.56%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.15%	0.13%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21%	0.21%	0.00%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>26.72%</b>	<b>24.76%</b>	<b>-1.96%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>32.80%</b>	<b>30.99%</b>	<b>-1.81%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.33%	29.49%	1.16%
2	MEDICARE	22.72%	22.78%	0.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.66%	16.36%	0.69%
4	MEDICAID	15.66%	16.36%	0.69%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.48%	0.38%	-0.11%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.35%	1.43%	0.09%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>38.87%</b>	<b>39.52%</b>	<b>0.65%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>67.20%</b>	<b>69.01%</b>	<b>1.81%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.87%	9.71%	-0.16%
2	MEDICARE	21.81%	17.55%	-4.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2.37%	3.07%	0.70%
4	MEDICAID	2.37%	3.07%	0.70%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.06%	0.24%	0.17%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.00%	-0.02%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>24.24%</b>	<b>20.85%</b>	<b>-3.39%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>34.11%</b>	<b>30.56%</b>	<b>-3.55%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42.06%	44.99%	2.93%
2	MEDICARE	14.52%	14.64%	0.12%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.03%	9.35%	0.32%
4	MEDICAID	9.03%	9.35%	0.32%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.28%	0.46%	0.18%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.29%	0.00%	-0.29%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>23.83%</b>	<b>24.45%</b>	<b>0.62%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>65.89%</b>	<b>69.44%</b>	<b>3.55%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				

<b>ROCKVILLE GENERAL HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2016</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>	<b>AMOUNT DIFFERENCE</b>
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	409	446	37
2	MEDICARE	1,428	1,310	(118)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	266	295	29
4	MEDICAID	266	295	29
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	9	1	(8)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16	16	-
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>1,703</b>	<b>1,606</b>	<b>(97)</b>
	<b>TOTAL DISCHARGES</b>	<b>2,112</b>	<b>2,052</b>	<b>(60)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,537	1,859	322
2	MEDICARE	7,024	6,739	(285)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,250	1,399	149
4	MEDICAID	1,250	1,399	149
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	62	13	(49)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	53	91	38
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>8,336</b>	<b>8,151</b>	<b>(185)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>9,873</b>	<b>10,010</b>	<b>137</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	4.2	0.4
2	MEDICARE	4.9	5.1	0.2
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.7	4.7	0.0
4	MEDICAID	4.7	4.7	0.0
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	6.9	13.0	6.1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.3	5.7	2.4
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.9</b>	<b>5.1</b>	<b>0.2</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.7</b>	<b>4.9</b>	<b>0.2</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.77478	1.75390	(0.02088)
2	MEDICARE	1.71382	1.65650	(0.05732)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.52282	1.58360	0.06078
4	MEDICAID	1.52282	1.58360	0.06078
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.02930	1.69710	0.66780
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05498	1.29770	0.24272
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.68037</b>	<b>1.64313</b>	<b>(0.03723)</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.69865</b>	<b>1.66721</b>	<b>(0.03144)</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$78,292,359	\$77,680,331	(\$612,028)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$33,861,022	\$31,870,120	(\$1,990,902)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$44,431,337	\$45,810,211	\$1,378,874
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.75%	58.97%	2.22%
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

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
8	CHARITY CARE	\$797,362	\$1,508,204	\$710,842
9	BAD DEBTS	\$3,610,628	\$1,985,773	(\$1,624,855)
10	TOTAL UNCOMPENSATED CARE	\$4,407,990	\$3,493,977	(\$914,013)
11	TOTAL OTHER OPERATING REVENUE	\$2,225,773	\$1,294,537	(\$931,236)
12	TOTAL OPERATING EXPENSES	\$68,867,915	\$69,446,518	\$578,603
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	725.88502	782.23940	56.35438
2	MEDICARE	2,447.33496	2,170.01500	(277.31996)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	405.07012	467.16200	62.09188
4	MEDICAID	405.07012	467.16200	62.09188
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	9.26370	1.69710	(7.56660)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16.87968	20.76320	3.88352
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>2,861.66878</b>	<b>2,638.87410</b>	<b>(222.79468)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>3,587.55380</b>	<b>3,421.11350</b>	<b>(166.44030)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,905.59434	2,110.90616	205.31182
2	MEDICARE	1,437.97537	1,487.58386	49.60849
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,040.30123	1,057.51239	17.21115
4	MEDICAID	1,040.30123	1,057.51239	17.21115
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	29.20004	2,84963	-26.35041
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	102.23672	108.21778	5.98106
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>2,507.47665</b>	<b>2,547.94588</b>	<b>40.46923</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>4,413.07099</b>	<b>4,658.85204</b>	<b>245.78105</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,863.53	\$7,895.89	(\$967.65)
2	MEDICARE	\$5,811.70	\$5,145.42	(\$666.28)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,813.60	\$4,174.82	\$361.22
4	MEDICAID	\$3,813.60	\$4,174.82	\$361.22
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$4,408.82	\$88,173.94	\$83,765.12
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$632.42	\$0.00	(\$632.42)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$5,524.33</b>	<b>\$5,026.99</b>	<b>(\$497.34)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$6,199.97</b>	<b>\$5,682.97</b>	<b>(\$517.00)</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,392.95	\$13,557.75	(\$835.20)
2	MEDICARE	\$6,582.47	\$6,260.87	(\$321.60)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,658.23	\$5,621.89	(\$36.34)
4	MEDICAID	\$5,658.23	\$5,621.89	(\$36.34)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,307.77	\$102,756.80	\$96,449.04
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,819.44	\$0.00	(\$1,819.44)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$6,195.82</b>	<b>\$6,103.59</b>	<b>(\$92.24)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$9,735.40</b>	<b>\$9,481.03</b>	<b>(\$254.36)</b>
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$961,482	\$675,722	(\$285,760)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0

ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$574,380	\$0	(\$574,380)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$1,535,863</b>	<b>\$675,722</b>	<b>(\$860,141)</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$227,496,962	\$228,365,006	\$868,044
2	TOTAL GOVERNMENT DEDUCTIONS	\$117,859,922	\$117,975,766	\$115,844
3	UNCOMPENSATED CARE	\$4,407,990	\$3,493,977	(\$914,013)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$44,431,337	\$45,810,211	\$1,378,874
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$166,699,249	\$167,279,954	\$580,705
7	TOTAL ACCRUED PAYMENTS	\$60,797,713	\$61,085,052	\$287,339
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$60,797,713	\$61,085,052	\$287,339
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2672462633	0.2674886712	0.0002424079
11	COST OF UNCOMPENSATED CARE	\$1,178,019	\$934,599	(\$243,420)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,528,017	\$4,883,632	\$355,615
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$5,706,036	\$5,818,232	\$112,196
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.51%	43.41%	-3.10%
2	MEDICARE	27.71%	24.37%	-3.34%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.95%	18.72%	1.76%
4	MEDICAID	16.95%	18.72%	1.76%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	12.04%	49.49%	37.45%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.23%	0.00%	-2.23%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>26.01%</b>	<b>23.46%</b>	<b>-2.55%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>29.81%</b>	<b>27.47%</b>	<b>-2.34%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	42.55%	42.50%	-0.05%
2	MEDICARE	18.31%	17.90%	-0.41%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16.52%	15.92%	-0.60%
4	MEDICAID	16.52%	15.92%	-0.60%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	16.74%	33.98%	17.25%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.07%	0.00%	-6.07%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>17.57%</b>	<b>17.23%</b>	<b>-0.34%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>28.10%</b>	<b>28.03%</b>	<b>-0.07%</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$65,205,703	\$63,612,806	(\$1,592,897)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$65,205,703</b>	<b>\$63,612,806</b>	<b>(\$1,592,897)</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$2,203,222)	(\$3,640,891)	(\$1,437,669)
4	<b>CALCULATED NET REVENUE</b>	<b>\$66,613,109</b>	<b>\$59,971,915</b>	<b>(\$6,641,194)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$63,002,481	\$59,971,916	(\$3,030,565)



ROCKVILLE GENERAL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3,610,628	(\$1)	(\$3,610,629)
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$227,496,962	\$228,365,006	\$868,044
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$227,496,962</b>	<b>\$228,365,006</b>	<b>\$868,044</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$227,496,962	\$228,365,004	\$868,042
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$2	\$2
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,407,990	\$3,493,977	(\$914,013)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$4,407,990</b>	<b>\$3,493,977</b>	<b>(\$914,013)</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,407,990	\$3,493,977	(\$914,013)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

<b>ROCKVILLE GENERAL HOSPITAL                      TWELVE MONTHS ACTUAL FILING                      FISCAL YEAR 2016                      REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND                      BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,228,574
2	MEDICARE	45,821,385
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,420,249
4	MEDICAID	10,420,249
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	302,370
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	483,246
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$56,544,004</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$70,772,578</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$67,343,463
2	MEDICARE	52,032,941
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,354,381
4	MEDICAID	37,354,381
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	861,643
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,268,488
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$90,248,965</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$157,592,428</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$81,572,037
2	TOTAL GOVERNMENT ACCRUED CHARGES	146,792,969
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$228,365,006</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,176,473
2	MEDICARE	11,165,640
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,950,318
4	MEDICAID	1,950,318
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	149,640
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$13,265,598</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$19,442,071</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$28,619,130
2	MEDICARE	9,313,564
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,945,222
4	MEDICAID	5,945,222
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	292,819
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$15,551,605</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$44,170,735</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$34,795,603
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	28,817,203
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$63,612,806</b>

<b>ROCKVILLE GENERAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	446
2	MEDICARE	1,310
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	295
4	MEDICAID	295
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>1,606</b>
	<b>TOTAL DISCHARGES</b>	<b>2,052</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.75390
2	MEDICARE	1.65650
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.58360
4	MEDICAID	1.58360
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.69710
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.29770
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.64313</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.66721</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$77,680,331
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$31,870,120
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$45,810,211
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	58.97%
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	\$1,508,204
9	BAD DEBTS	\$1,985,773
10	TOTAL UNCOMPENSATED CARE	\$3,493,977
11	TOTAL OTHER OPERATING REVENUE	\$1,294,537
12	TOTAL OPERATING EXPENSES	\$69,446,518
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$63,612,806
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$63,612,806</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,640,891)
	<b>CALCULATED NET REVENUE</b>	<b>\$59,971,915</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$59,971,916

<b>ROCKVILLE GENERAL HOSPITAL</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2016</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2016</b>
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$1)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$228,365,006
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$228,365,006</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$228,365,004
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$2</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,493,977
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$3,493,977</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,493,977
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

ROCKVILLE GENERAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	349	564	215	62%
2	Number of Approved Applicants	322	529	207	64%
3	<b>Total Charges (A)</b>	<b>\$797,362</b>	<b>\$1,508,204</b>	<b>\$710,842</b>	<b>89%</b>
4	<b>Average Charges</b>	<b>\$2,476</b>	<b>\$2,851</b>	<b>\$375</b>	<b>15%</b>
5	Ratio of Cost to Charges (RCC)	0.308781	0.299787	(0.008994)	-3%
6	<b>Total Cost</b>	<b>\$246,210</b>	<b>\$452,140</b>	<b>\$205,930</b>	<b>84%</b>
7	<b>Average Cost</b>	<b>\$765</b>	<b>\$855</b>	<b>\$90</b>	<b>12%</b>
8	Charity Care - Inpatient Charges	\$163,974	\$259,338	\$95,364	58%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	539,804	127,682	(412,122)	-76%
10	Charity Care - Emergency Department Charges	93,584	1,121,184	1,027,600	1098%
11	<b>Total Charges (A)</b>	<b>\$797,362</b>	<b>\$1,508,204</b>	<b>\$710,842</b>	<b>89%</b>
12	Charity Care - Number of Patient Days	134	569	435	325%
13	Charity Care - Number of Discharges	27	42	15	56%
14	Charity Care - Number of Outpatient ED Visits	264	1,535	1,271	481%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	191	268	77	40%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$638,016	\$341,457	(\$296,559)	-46%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,231,210	168,112	(1,063,098)	-86%
3	Bad Debts - Emergency Department	1,741,402	1,476,204	(265,198)	-15%
4	<b>Total Bad Debts (A)</b>	<b>\$3,610,628</b>	<b>\$1,985,773</b>	<b>(\$1,624,855)</b>	<b>-45%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$797,362	\$1,508,204	\$710,842	89%
2	Bad Debts (A)	3,610,628	1,985,773	(1,624,855)	-45%
3	<b>Total Uncompensated Care (A)</b>	<b>\$4,407,990</b>	<b>\$3,493,977</b>	<b>(\$914,013)</b>	<b>-21%</b>
4	Uncompensated Care - Inpatient Services	\$801,990	\$600,795	(\$201,195)	-25%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,771,014	295,794	(1,475,220)	-83%
6	Uncompensated Care - Emergency Department	1,834,986	2,597,388	762,402	42%
7	<b>Total Uncompensated Care (A)</b>	<b>\$4,407,990</b>	<b>\$3,493,977</b>	<b>(\$914,013)</b>	<b>-21%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					

ROCKVILLE GENERAL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	FY 2016 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<b>COMMERCIAL - ALL PAYERS</b>					
1	Total Gross Revenue	\$78,292,359	\$77,680,331	(\$612,028)	-1%
2	Total Contractual Allowances	\$44,431,337	\$45,810,211	\$1,378,874	3%
	<b>Total Accrued Payments (A)</b>	<b>\$33,861,022</b>	<b>\$31,870,120</b>	<b>(\$1,990,902)</b>	<b>-6%</b>
	<b>Total Discount Percentage</b>	<b>56.75%</b>	<b>58.97%</b>	<b>2.22%</b>	<b>4%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

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FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
<b>A. Gross and Net Revenue</b>				
1	Inpatient Gross Revenue	\$76,888,784	\$74,614,647	\$70,772,578
2	Outpatient Gross Revenue	\$150,411,288	\$152,882,315	\$157,592,428
3	Total Gross Patient Revenue	\$227,300,072	\$227,496,962	\$228,365,006
4	Net Patient Revenue	\$68,528,682	\$63,002,481	\$57,986,143
<b>B. Total Operating Expenses</b>				
1	Total Operating Expense	\$72,159,655	\$68,867,915	\$69,446,518
<b>C. Utilization Statistics</b>				
1	Patient Days	11,155	9,873	10,010
2	Discharges	2,341	2,112	2,052
3	Average Length of Stay	4.8	4.7	4.9
4	Equivalent (Adjusted) Patient Days (EPD)	32,977	30,102	32,300
0	Equivalent (Adjusted) Discharges (ED)	6,921	6,439	6,621
<b>D. Case Mix Statistics</b>				
1	Case Mix Index	1.55200	1.69865	1.66721
2	Case Mix Adjusted Patient Days (CMAPD)	17,313	16,771	16,689
3	Case Mix Adjusted Discharges (CMAD)	3,633	3,588	3,421
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	51,180	51,133	53,850
5	Case Mix Adjusted Equivalent Discharges (CMAED)	10,741	10,938	11,039
<b>E. Gross Revenue Per Statistic</b>				
1	Total Gross Revenue per Patient Day	\$20,377	\$23,042	\$22,814
2	Total Gross Revenue per Discharge	\$97,095	\$107,716	\$111,289
3	Total Gross Revenue per EPD	\$6,893	\$7,557	\$7,070
4	Total Gross Revenue per ED	\$32,844	\$35,329	\$34,490
5	Total Gross Revenue per CMAEPD	\$4,441	\$4,449	\$4,241
6	Total Gross Revenue per CMAED	\$21,163	\$20,798	\$20,687

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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
7	Inpatient Gross Revenue per EPD	\$2,332	\$2,479	\$2,191
8	Inpatient Gross Revenue per ED	\$11,110	\$11,587	\$10,689
<b>F.</b>	<b><u>Net Revenue Per Statistic</u></b>			
1	Net Patient Revenue per Patient Day	\$6,143	\$6,381	\$5,793
2	Net Patient Revenue per Discharge	\$29,273	\$29,831	\$28,258
3	Net Patient Revenue per EPD	\$2,078	\$2,093	\$1,795
4	Net Patient Revenue per ED	\$9,902	\$9,784	\$8,758
5	Net Patient Revenue per CMAEPD	\$1,339	\$1,232	\$1,077
6	Net Patient Revenue per CMAED	\$6,380	\$5,760	\$5,253
<b>G.</b>	<b><u>Operating Expense Per Statistic</u></b>			
1	Total Operating Expense per Patient Day	\$6,469	\$6,975	\$6,938
2	Total Operating Expense per Discharge	\$30,824	\$32,608	\$33,843
3	Total Operating Expense per EPD	\$2,188	\$2,288	\$2,150
4	Total Operating Expense per ED	\$10,427	\$10,695	\$10,488
5	Total Operating Expense per CMAEPD	\$1,410	\$1,347	\$1,290
6	Total Operating Expense per CMAED	\$6,718	\$6,296	\$6,291
<b>H.</b>	<b><u>Nursing Salary and Fringe Benefits Expense</u></b>			
1	Nursing Salary Expense	\$9,189,889	\$8,525,609	\$8,523,715
2	Nursing Fringe Benefits Expense	\$2,915,782	\$3,040,436	\$2,857,848
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$12,105,671</b>	<b>\$11,566,045</b>	<b>\$11,381,563</b>
<b>I.</b>	<b><u>Physician Salary and Fringe Expense</u></b>			
1	Physician Salary Expense	\$4,326,903	\$3,935,827	\$3,657,020
2	Physician Fringe Benefits Expense	\$1,304,736	\$1,302,546	\$1,333,779
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$5,631,639</b>	<b>\$5,238,373</b>	<b>\$4,990,799</b>
<b>J.</b>	<b><u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>			
1	Non-Nursing, Non-Physician Salary Expense	\$18,943,461	\$18,217,122	\$15,865,046



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LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$5,140,279	\$5,356,227	\$5,780,729
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$24,083,740</b>	<b>\$23,573,349</b>	<b>\$21,645,775</b>
<b>K.</b>	<b>Total Salary and Fringe Benefits Expense</b>			
1	Total Salary Expense	\$32,460,253	\$30,678,558	\$28,045,781
2	Total Fringe Benefits Expense	\$9,360,797	\$9,699,209	\$9,972,356
<b>3</b>	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$41,821,050</b>	<b>\$40,377,767</b>	<b>\$38,018,137</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	112.3	102.9	88.4
2	Total Physician FTEs	6.0	4.6	5.6
3	Total Non-Nursing, Non-Physician FTEs	304.4	273.6	249.7
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>422.7</b>	<b>381.1</b>	<b>343.7</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$81,833	\$82,853	\$96,422
2	Nursing Fringe Benefits Expense per FTE	\$25,964	\$29,547	\$32,329
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$107,798</b>	<b>\$112,401</b>	<b>\$128,751</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$721,151	\$855,615	\$653,039
2	Physician Fringe Benefits Expense per FTE	\$217,456	\$283,162	\$238,175
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$938,607</b>	<b>\$1,138,777</b>	<b>\$891,214</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$62,232	\$66,583	\$63,536
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,887	\$19,577	\$23,151
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$79,119</b>	<b>\$86,160</b>	<b>\$86,687</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$76,793	\$80,500	\$81,600

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<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>	<b>ACTUAL FY 2016</b>
2	Total Fringe Benefits Expense per FTE	\$22,145	\$25,451	\$29,015
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$98,938</b>	<b>\$105,951</b>	<b>\$110,614</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$3,749	\$4,090	\$3,798
2	Total Salary and Fringe Benefits Expense per Discharge	\$17,865	\$19,118	\$18,527
3	Total Salary and Fringe Benefits Expense per EPD	\$1,268	\$1,341	\$1,177
4	Total Salary and Fringe Benefits Expense per ED	\$6,043	\$6,270	\$5,742
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$817	\$790	\$706
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,894	\$3,691	\$3,444