

RUTLAND REGIONAL MEDICAL CENTER

Budget and Financial Information

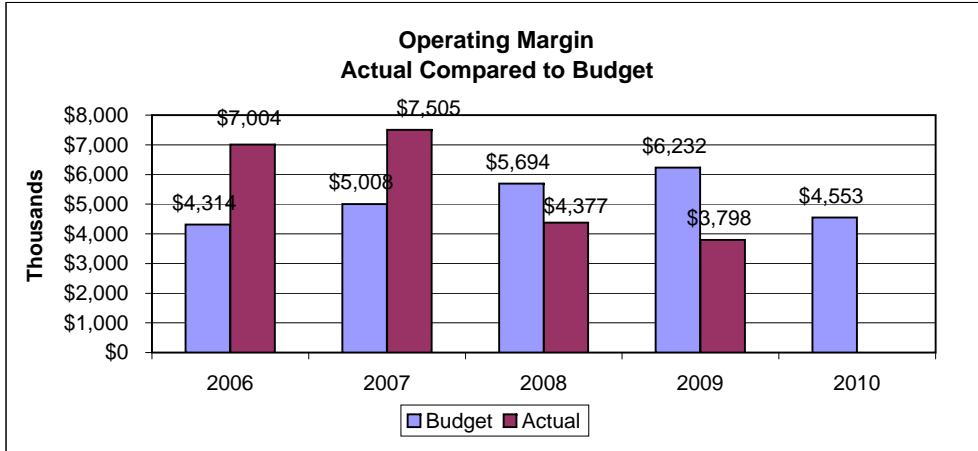
This page provides information about the hospital's finances, workforce, and patient admissions and visits.

Income, Expenses & Margin					
(all #'s in thousands; #'s in parentheses are negative)					
	<u>Definition</u>	Actual <u>2007</u>	Actual <u>2008</u>	Actual <u>2009</u>	Budget <u>2010</u>
Gross Patient Revenue	Total of all patients' bills.	\$257,556	\$275,631	\$311,188	\$328,500
Uncompensated Care	Total of all patient bills not paid by insurance or patients.	(\$2,638)	(\$2,661)	(\$4,442)	(\$5,913)
Contractual Allowances	Discounts or amounts of charges not paid by insurers, Medicare, and Medicaid.	(\$101,535)	(\$111,741)	(\$135,810)	(\$140,992)
Other Operating Revenue	Money collected for non-medical services such as cafeteria services.	\$2,498	\$2,343	\$2,241	\$2,766
Total Net Operating Revenue	Actual money collected for services.	\$155,881	\$163,572	\$173,176	\$184,361
Salaries & Fringe	Wages and benefits for all hospital employees. Includes contracted physicians.	\$80,352	\$84,222	\$92,658	\$98,489
Other Operating Expense	Non-wage costs such as supplies, drugs, utilities, insurance, and bad debt expense.	\$61,547	\$68,052	\$69,169	\$72,972
Depreciation / Amortization	Current costs of buildings, property, and equipment.	\$6,477	\$6,921	\$7,551	\$8,347
Total Operating Expense	Total of the above three items.	\$148,376	\$159,195	\$169,378	\$179,808
Operating Margin	Revenues remaining after expenses are paid.	\$7,505	\$4,377	\$3,798	\$4,553
Non-Operating Revenue	Revenues earned from non-patient services such as investments and contributions.	\$8,842	(\$13,331)	(\$860)	\$6,185
Total Margin	The sum of Operating Margin and Non-Operating Revenue.	\$16,347	(\$8,954)	\$2,939	\$10,738

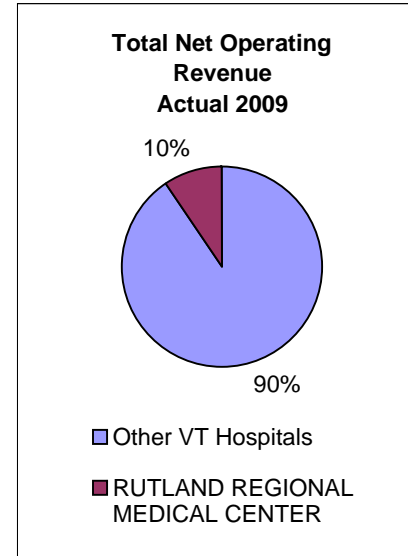
Operating Indicators					
	<u>Definition</u>	Actual <u>2007</u>	Actual <u>2008</u>	Actual <u>2009</u>	Budget <u>2010</u>
Acute Admissions	Number of hospital patients who stay overnight.	6,288	6,210	6,477	6,433
Acute Avg. Length of Stay	How long the average patient stays in the hospital (in days).	4.6	4.6	4.6	4.5
Outpatient Gross Revenue %	Percentage of billings for those receiving care in outpatient settings such as day surgery.	58.8%	58.8%	58.2%	57.3%
Emergency Room Visits	Patient visits to the emergency department.	36,413	34,558	35,352	33,859
Physician Office Visits	Patient visits to hospital-employed doctors. Does not include clinic visits.	0	0	0	0
Direct Service Nurses	Nurses providing hands-on care. Does not include agency nurses.	258	236	253	253
Non-MD Employees	Number of full-time employees who are not doctors.	975	1,001	1,020	1,035
Physician Employees	Number of full-time hospital-employed doctors.	32	35	42	48

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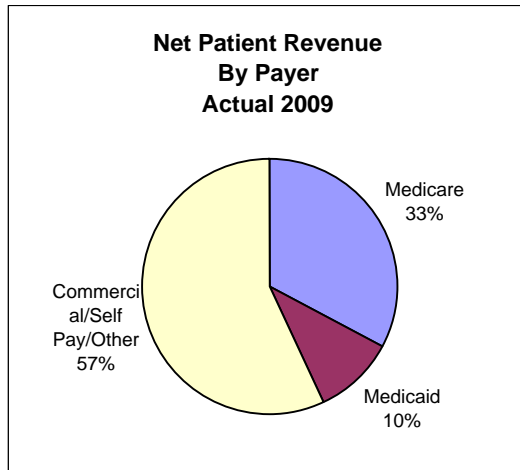
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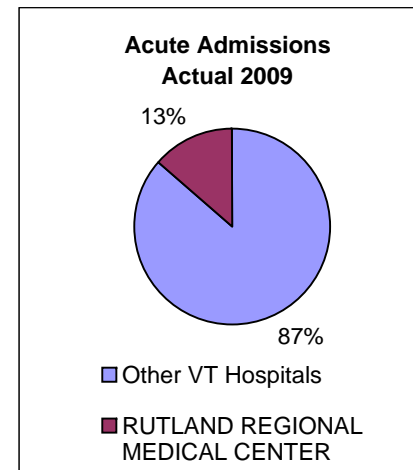
This graph shows the actual total amount the hospital earned as a surplus compared to what it planned to earn. 2010 does not have actual results yet.



This graph shows the hospital's share of the total amount of revenues collected by all Vermont hospitals in 2009.



This graph shows who paid for hospital services by the different payer types (Medicare, Medicaid, commercial insurers, self payers).

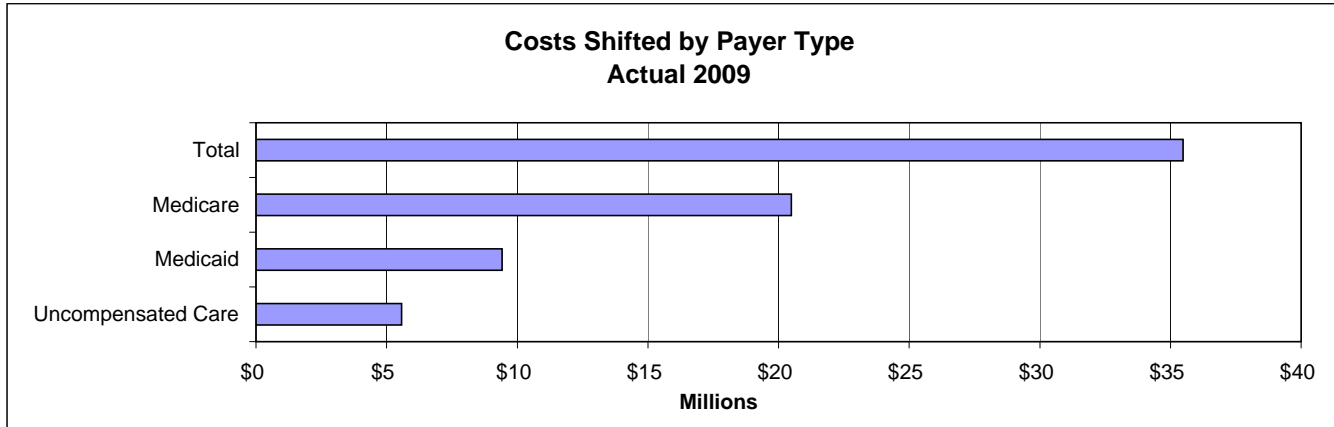


This graph shows the hospital's share of all hospital admissions in Vermont in 2009.

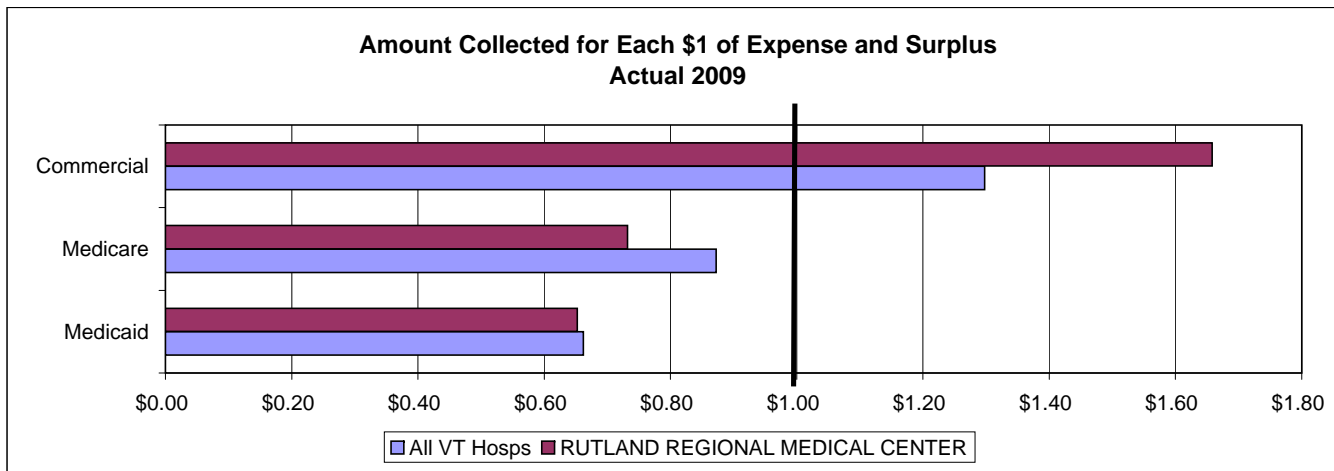
RUTLAND REGIONAL MEDICAL CENTER

Cost Shift

A hospital incurs costs to provide services to their patients. All patients, regardless of their ability to pay, are billed the same price for the same service. Sometimes the payment received by the hospital is less than cost for the services provided. This includes payments from uninsured, Medicare, and Medicaid patients. When the payment doesn't cover the cost to provide those services, this unreimbursed cost is passed on to other payers; this is the "cost shift". The ability to cost shift helps the hospital maintain its financial health.



This graph shows the costs shifted by Medicare, Medicaid, and Uncompensated Care to other payers. The top line shows the total cost shift, which is the sum of the costs shifted to others who pay.



This graph shows amount of money collected for each dollar of expense and surplus. If a payer (Commercial, Medicare, or Medicaid) is above \$1.00, then it pays more on average than the costs of its patients. If a payer is below \$1.00, then it pays less on average than the costs of its patients.

RRMC Medicare reimbursement is lower than the State average due to the fact that several VT hospitals have Critical Access Status which provides them with increased reimbursement. RRMC does not qualify for the Critical Access Program due to our size.

RUTLAND REGIONAL MEDICAL CENTER

Financial Health Benchmarks & Indicators

This page provides information about the hospital's financial health. It includes information on the hospital's ability to pay its bills and how much it costs to run the hospital.

		National Benchmarks			Hospital Data				Vermont
		2008 ¹		2008	Actual	Actual	Actual	Budget	Budget 2010
<u>Cash & Revenue Indicators</u>	Definition	New England	RNFP ³ 100-249 Beds	S & P ² A- Rated	2007	2008	2009	2010	Median
Days Cash on Hand	The number of days of cash available to run the hospital.	N/A	N/A	170.3	241.3	182.9	183.8	140.6	91.6
Current Ratio ⁴	Ability to pay short-term bills.	1.5	2.4	N/A	4.7	4.0	3.3	3.7	3.2
Outpatient Gross Revenue %	Percentage of billings for those receiving care in less than 24 hours.	57.6%	50.6%	N/A	58.8%	58.8%	58.2%	57.3%	71.9%
Total Margin as % of Net Revenues	Percent of revenue left over after expenses are paid.	0.8%	3.0%	5.5%	9.9%	-6.0%	1.7%	5.6%	3.1%
<u>Productivity & Cost Indicators</u>									
Return on Assets	One measure of how a hospital is doing financially.	1.1%	2.8%	N/A	9.0%	-5.5%	1.8%	6.4%	3.5%
FTEs per 100 Adjusted Discharges	A measure of employee efficiency.	5.8	5.3	N/A	6.1	6.4	6.3	6.6	5.7
Overhead Expense, as % of Total Operating Expense	Another measure of efficiency.	31.8%	29.1%	N/A	25.5%	25.6%	26.1%	26.1%	21.6%
Salary & Benefits per FTE, Non-MD	Total average cost for a full time employee who is not a doctor.	\$76,989	\$59,283	N/A	\$71,472	\$72,517	\$77,647	\$81,358	\$71,572
Cost per Adjusted Admission	The average hospital cost for a patient.	\$8,649	\$7,417	N/A	\$9,323	\$10,154	\$10,521	\$11,472	\$8,729

A major component of our benefit cost is the continuing expense of our closed Defined Benefit Pension Plan, which is a result of unfavorable market conditions.

Cost per Adjusted Admission is in part driven by oncology drug expense. Only 4 Vermont hospitals operate oncology programs.

¹ 2008 benchmarks are 50th percentile data from "The Sourcebook: The Comparative Performance of U.S. Hospitals", published by Solucient, LLC, and are all national groupings except for New England.

² 2008 stand-alone hospital medians from Standard and Poor's, the bond rating agency. The bond rating is one indicator of how likely it is that a hospital would be able to borrow money.

³ Rural Not-For-Profit. The grouping includes rural not-for-profit hospitals in the U.S. having a number of beds between the number shown.

⁴ The calculation of current ratio includes funded depreciation, which is not included in the national benchmarks shown.

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Hospital Capital Investments

This page provides information about the hospital's capital spending plans for the next four years. Capital spending is money spent on purchases and improvements to the hospital including buildings, property, and equipment. Certificate of Need (CON) projects may have changed since the publication of this report.

<u>Capital Indicators</u>	Definition	National Benchmarks			Hospital Data				Vermont
		2008 ¹		2008	Actual	Actual	Actual	Budget	Budget 2010
		New England	RNFP ³ 100-249 Beds	S & P ² A- Rated	2007	2008	2009	2010	Median
Age of Plant	The average age (in years) of buildings and equipment.	10.4	10.8	9.9	13.4	13.3	11.7	13.0	9.8
Age of Plant - Building	The average age (in years) of buildings.	N/A	N/A	N/A	15.6	16.6	15.4	19.5	12.6
Age of Plant - Equipment	The average age (in years) of equipment.	N/A	N/A	N/A	11.4	10.8	9.3	9.1	8.0
Net Property, Plant & Equipment per Staffed Bed	On average, the amount of buildings, property, and equipment for each hospital bed.	\$400,091	\$311,398	N/A	\$353,565	\$359,479	\$345,212	\$402,710	\$439,859
Long Term Debt to Total Assets	The hospital's borrowing compared to what it owns.	33.0%	27.0%	N/A	17.7%	17.6%	16.6%	21.5%	23.8%
Capital Acquisitions as % of Net Patient Revenue	A measure of spending on buildings, property, and equipment.	N/A	N/A	N/A	4.5%	5.4%	3.3%	7.2%	5.5%
					Hospital Data				
					Actual	Budget	Plan	Plan	Plan
					2009	2010	2011	2012	2013
(all #'s in thousands)									
Building & Property Capital Expenditures	Money spent to buy hospital buildings and property.				\$1,050	\$6,307	\$6,584	\$7,931	\$6,158
Equipment Capital Expenditures	Money spent to buy hospital equipment.				\$4,523	\$6,788	\$5,916	\$2,069	\$3,842
<u>Possible Certificate of Need (CON) Projects</u>		Projects the hospital needs a permit from the state to build or acquire.							
Hospital Information System (HIS)						\$15,000	\$0	\$0	\$0
Linear Accelerator Renovations / Equipment						\$5,500	\$0	\$0	\$0
Total Capital Expenditures	Total money spent on buildings, property, equipment, and possible CONs.				\$5,573	\$33,595	\$12,500	\$10,000	\$10,000

In April 2010, RRMC submitted a Certificate of Need (CoN) application for approximately \$3.9 million for Central Sterile Supply renovations and equipment.

¹ 2008 benchmarks are 50th percentile data from "The Sourcebook: The Comparative Performance of U.S. Hospitals", published by Solucient, LLC, and are all national groupings except for New England.

² 2008 stand-alone hospital medians from Standard and Poor's, the bond rating agency. The bond rating is one indicator of how likely it is that a hospital would be able to borrow money.

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