

| SAINT VINCENT'S MEDICAL CENTER                  |   |                      |                      |                      |                   |
|---|---|----------------------|----------------------|----------------------|-------------------|
| TWELVE MONTHS ACTUAL FILING                     |   |                      |                      |                      |                   |
| FISCAL YEAR 2009                                |   |                      |                      |                      |                   |
| REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION |   |                      |                      |                      |                   |
| (1)   | (2)   | (3)                  | (4)                  | (5)                  | (6)               |
|   |   | FY 2008              | FY 2009              | AMOUNT               | %                 |
| <u>LINE</u>                                     | <u>DESCRIPTION</u>  | <u>ACTUAL</u>        | <u>ACTUAL</u>        | <u>DIFFERENCE</u>    | <u>DIFFERENCE</u> |
| I.  | <b><u>ASSETS</u></b>  |                      |                      |                      |                   |
| A.  | <b><u>Current Assets:</u></b>                               |                      |                      |                      |                   |
| 1   | Cash and Cash Equivalents                                   | \$10,785,000         | \$10,599,000         | (\$186,000)          | -2%               |
| 2   | Short Term Investments                                      | \$3,463,000          | \$7,793,000          | \$4,330,000          | 125%              |
| 3   | Accounts Receivable (Less: Allowance for Doubtful Accounts) | \$40,947,000         | \$40,833,000         | (\$114,000)          | 0%                |
| 4   | Current Assets Whose Use is Limited for Current Liabilities | \$0                  | \$0                  | \$0                  | 0%                |
| 5   | Due From Affiliates   | \$4,579,000          | \$2,905,000          | (\$1,674,000)        | -37%              |
| 6   | Due From Third Party Payers                                 | \$0                  | \$0                  | \$0                  | 0%                |
| 7   | Inventories of Supplies                                     | \$5,211,000          | \$4,070,000          | (\$1,141,000)        | -22%              |
| 8   | Prepaid Expenses  | \$2,368,000          | \$2,410,000          | \$42,000             | 2%                |
| 9   | Other Current Assets  | \$1,894,000          | \$1,082,000          | (\$812,000)          | -43%              |
|   | <b>Total Current Assets</b>                                 | <b>\$69,247,000</b>  | <b>\$69,692,000</b>  | <b>\$445,000</b>     | <b>1%</b>         |
| B.  | <b><u>Noncurrent Assets Whose Use is Limited:</u></b>       |                      |                      |                      |                   |
| 1   | Held by Trustee   | \$0                  | \$0                  | \$0                  | 0%                |
| 2   | Board Designated for Capital Acquisition                    | \$0                  | \$0                  | \$0                  | 0%                |
| 3   | Funds Held in Escrow  | \$0                  | \$0                  | \$0                  | 0%                |
| 4   | Other Noncurrent Assets Whose Use is Limited                | \$178,845,000        | \$174,181,000        | (\$4,664,000)        | -3%               |
|   | <b>Total Noncurrent Assets Whose Use is Limited:</b>        | <b>\$178,845,000</b> | <b>\$174,181,000</b> | <b>(\$4,664,000)</b> | <b>-3%</b>        |
| 5   | Interest in Net Assets of Foundation                        | \$47,491,000         | \$41,403,000         | (\$6,088,000)        | -13%              |
| 6   | Long Term Investments                                       | \$52,725,000         | \$35,060,000         | (\$17,665,000)       | -34%              |
| 7   | Other Noncurrent Assets                                     | \$3,623,000          | \$3,735,000          | \$112,000            | 3%                |
| C.  | <b><u>Net Fixed Assets:</u></b>                             |                      |                      |                      |                   |
| 1   | Property, Plant and Equipment                               | \$260,358,000        | \$299,512,000        | \$39,154,000         | 15%               |
| 2   | Less: Accumulated Depreciation                              | \$138,885,000        | \$162,502,000        | \$23,617,000         | 17%               |
|   | <b>Property, Plant and Equipment, Net</b>                   | <b>\$121,473,000</b> | <b>\$137,010,000</b> | <b>\$15,537,000</b>  | <b>13%</b>        |
| 3   | Construction in Progress                                    | \$33,959,000         | \$68,279,000         | \$34,320,000         | 101%              |
|   | <b>Total Net Fixed Assets</b>                               | <b>\$155,432,000</b> | <b>\$205,289,000</b> | <b>\$49,857,000</b>  | <b>32%</b>        |
|   | <b>Total Assets</b>   | <b>\$507,363,000</b> | <b>\$529,360,000</b> | <b>\$21,997,000</b>  | <b>4%</b>         |

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|---|--|----------------------|----------------------|-----------------------|-----------------|
| TWELVE MONTHS ACTUAL FILING                     |  |                      |                      |                       |                 |
| FISCAL YEAR 2009                                |  |                      |                      |                       |                 |
| REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION |  |                      |                      |                       |                 |
| (1)   | (2)  | (3)                  | (4)                  | (5)                   | (6)             |
| LINE  | DESCRIPTION  | FY 2008<br>ACTUAL    | FY 2009<br>ACTUAL    | AMOUNT<br>DIFFERENCE  | %<br>DIFFERENCE |
| <b>II. LIABILITIES AND NET ASSETS</b>           |  |                      |                      |                       |                 |
| <b>A. Current Liabilities:</b>                  |  |                      |                      |                       |                 |
| 1   | Accounts Payable and Accrued Expenses                  | \$30,318,000         | \$26,491,000         | (\$3,827,000)         | -13%            |
| 2   | Salaries, Wages and Payroll Taxes                      | \$9,235,000          | \$17,966,000         | \$8,731,000           | 95%             |
| 3   | Due To Third Party Payers                              | \$9,754,000          | \$9,102,000          | (\$652,000)           | -7%             |
| 4   | Due To Affiliates                                      | \$0                  | \$404,000            | \$404,000             | 0%              |
| 5   | Current Portion of Long Term Debt                      | \$1,084,000          | \$1,162,000          | \$78,000              | 7%              |
| 6   | Current Portion of Notes Payable                       | \$0                  | \$0                  | \$0                   | 0%              |
| 7   | Other Current Liabilities                              | \$0                  | \$0                  | \$0                   | 0%              |
|   | <b>Total Current Liabilities</b>                       | <b>\$50,391,000</b>  | <b>\$55,125,000</b>  | <b>\$4,734,000</b>    | <b>9%</b>       |
| <b>B. Long Term Debt:</b>                       |  |                      |                      |                       |                 |
| 1   | Bonds Payable (Net of Current Portion)                 | \$57,129,000         | \$59,493,000         | \$2,364,000           | 4%              |
| 2   | Notes Payable (Net of Current Portion)                 | \$0                  | \$11,596,000         | \$11,596,000          | 0%              |
|   | <b>Total Long Term Debt</b>                            | <b>\$57,129,000</b>  | <b>\$71,089,000</b>  | <b>\$13,960,000</b>   | <b>24%</b>      |
| 3   | Accrued Pension Liability                              | \$9,642,000          | \$37,094,000         | \$27,452,000          | 285%            |
| 4   | Other Long Term Liabilities                            | \$9,390,000          | \$9,542,000          | \$152,000             | 2%              |
|   | <b>Total Long Term Liabilities</b>                     | <b>\$76,161,000</b>  | <b>\$117,725,000</b> | <b>\$41,564,000</b>   | <b>55%</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                      | \$334,148,000        | \$314,991,000        | (\$19,157,000)        | -6%             |
| 2   | Temporarily Restricted Net Assets                      | \$38,958,000         | \$33,709,000         | (\$5,249,000)         | -13%            |
| 3   | Permanently Restricted Net Assets                      | \$7,705,000          | \$7,810,000          | \$105,000             | 1%              |
|   | <b>Total Net Assets</b>                                | <b>\$380,811,000</b> | <b>\$356,510,000</b> | <b>(\$24,301,000)</b> | <b>-6%</b>      |
|   | <b>Total Liabilities and Net Assets</b>                | <b>\$507,363,000</b> | <b>\$529,360,000</b> | <b>\$21,997,000</b>   | <b>4%</b>       |

| SAINT VINCENT'S MEDICAL CENTER                            |  |                       |                      |                      |                 |
|---|--|-----------------------|----------------------|----------------------|-----------------|
| TWELVE MONTHS ACTUAL FILING                               |  |                       |                      |                      |                 |
| FISCAL YEAR 2009  |  |                       |                      |                      |                 |
| REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION |  |                       |                      |                      |                 |
| (1)   | (2)  | (3)                   | (4)                  | (5)                  | (6)             |
| LINE  | DESCRIPTION  | FY 2008<br>ACTUAL     | FY 2009<br>ACTUAL    | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>A. Operating Revenue:</b>                              |  |                       |                      |                      |                 |
| 1   | Total Gross Patient Revenue  | \$717,916,546         | \$852,498,000        | \$134,581,454        | 19%             |
| 2   | Less: Allowances   | \$402,767,258         | \$501,876,419        | \$99,109,161         | 25%             |
| 3   | Less: Charity Care   | \$5,784,833           | \$8,833,000          | \$3,048,167          | 53%             |
| 4   | Less: Other Deductions   | \$0                   | \$0                  | \$0                  | 0%              |
|   | <b>Total Net Patient Revenue</b>   | <b>\$309,364,455</b>  | <b>\$341,788,581</b> | <b>\$32,424,126</b>  | <b>10%</b>      |
| 5   | Other Operating Revenue  | \$13,083,321          | \$10,624,419         | (\$2,458,902)        | -19%            |
| 6   | Net Assets Released from Restrictions  | \$402,134             | \$396,000            | (\$6,134)            | -2%             |
|   | <b>Total Operating Revenue</b>   | <b>\$322,849,910</b>  | <b>\$352,809,000</b> | <b>\$29,959,090</b>  | <b>9%</b>       |
| <b>B. Operating Expenses:</b>                             |  |                       |                      |                      |                 |
| 1   | Salaries and Wages   | \$128,727,501         | \$146,877,000        | \$18,149,499         | 14%             |
| 2   | Fringe Benefits  | \$30,269,063          | \$33,532,000         | \$3,262,937          | 11%             |
| 3   | Physicians Fees  | \$1,582,302           | \$2,257,000          | \$674,698            | 43%             |
| 4   | Supplies and Drugs   | \$50,496,291          | \$51,456,000         | \$959,709            | 2%              |
| 5   | Depreciation and Amortization  | \$16,786,166          | \$18,628,000         | \$1,841,834          | 11%             |
| 6   | Bad Debts  | \$20,133,762          | \$21,818,000         | \$1,684,238          | 8%              |
| 7   | Interest   | \$1,011,878           | \$678,000            | (\$333,878)          | -33%            |
| 8   | Malpractice  | \$1,922,385           | \$4,752,000          | \$2,829,615          | 147%            |
| 9   | Other Operating Expenses   | \$51,813,972          | \$61,989,000         | \$10,175,028         | 20%             |
|   | <b>Total Operating Expenses</b>  | <b>\$302,743,320</b>  | <b>\$341,987,000</b> | <b>\$39,243,680</b>  | <b>13%</b>      |
|   | <b>Income/(Loss) From Operations</b>   | <b>\$20,106,590</b>   | <b>\$10,822,000</b>  | <b>(\$9,284,590)</b> | <b>-46%</b>     |
| <b>C. Non-Operating Revenue:</b>                          |  |                       |                      |                      |                 |
| 1   | Income from Investments  | (\$33,505,874)        | (\$3,219,000)        | \$30,286,874         | -90%            |
| 2   | Gifts, Contributions and Donations   | \$0                   | \$0                  | \$0                  | 0%              |
| 3   | Other Non-Operating Gains/(Losses)   | (\$1,078,859)         | (\$596,000)          | \$482,859            | -45%            |
|   | <b>Total Non-Operating Revenue</b>   | <b>(\$34,584,733)</b> | <b>(\$3,815,000)</b> | <b>\$30,769,733</b>  | <b>-89%</b>     |
|   | <b>Excess/(Deficiency) of Revenue Over Expenses<br/>(Before Other Adjustments)</b> | <b>(\$14,478,143)</b> | <b>\$7,007,000</b>   | <b>\$21,485,143</b>  | <b>-148%</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>(\$14,478,143)</b> | <b>\$7,007,000</b>   | <b>\$21,485,143</b>  | <b>-148%</b>    |
|   | Principal Payments   | \$0                   | \$912,458            | \$912,458            | 0%              |

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

| (1)                                | (2)                                   | (3)                  | (4)                  | (5)                  | (6)             |
|------------------------------------|---------------------------------------|----------------------|----------------------|----------------------|-----------------|
| LINE                               | DESCRIPTION                           | FY 2008<br>ACTUAL    | FY 2009<br>ACTUAL    | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>I. GROSS REVENUE BY PAYER</b>   |                                       |                      |                      |                      |                 |
| <b>A. INPATIENT GROSS REVENUE</b>  |                                       |                      |                      |                      |                 |
| 1                                  | MEDICARE TRADITIONAL                  | \$214,790,829        | \$236,378,588        | \$21,587,759         | 10%             |
| 2                                  | MEDICARE MANAGED CARE                 | \$77,336,166         | \$97,381,396         | \$20,045,230         | 26%             |
| 3                                  | MEDICAID                              | \$37,260,030         | \$42,312,836         | \$5,052,806          | 14%             |
| 4                                  | MEDICAID MANAGED CARE                 | \$12,065,436         | \$27,827,830         | \$15,762,394         | 131%            |
| 5                                  | CHAMPUS/TRICARE                       | \$171,538            | \$360,974            | \$189,436            | 110%            |
| 6                                  | COMMERCIAL INSURANCE                  | \$43,981,158         | \$53,452,562         | \$9,471,404          | 22%             |
| 7                                  | NON-GOVERNMENT MANAGED CARE           | \$96,808,216         | \$113,101,098        | \$16,292,882         | 17%             |
| 8                                  | WORKER'S COMPENSATION                 | \$4,979,431          | \$5,725,389          | \$745,958            | 15%             |
| 9                                  | SELF- PAY/UNINSURED                   | \$16,126,417         | \$20,406,154         | \$4,279,737          | 27%             |
| 10                                 | SAGA                                  | \$10,545,738         | \$16,127,727         | \$5,581,989          | 53%             |
| 11                                 | OTHER                                 | \$359,088            | \$451,711            | \$92,623             | 26%             |
|                                    | <b>TOTAL INPATIENT GROSS REVENUE</b>  | <b>\$514,424,047</b> | <b>\$613,526,265</b> | <b>\$99,102,218</b>  | <b>19%</b>      |
| <b>B. OUTPATIENT GROSS REVENUE</b> |                                       |                      |                      |                      |                 |
| 1                                  | MEDICARE TRADITIONAL                  | \$49,794,186         | \$55,766,975         | \$5,972,789          | 12%             |
| 2                                  | MEDICARE MANAGED CARE                 | \$17,360,454         | \$24,956,462         | \$7,596,008          | 44%             |
| 3                                  | MEDICAID                              | \$10,286,310         | \$12,356,951         | \$2,070,641          | 20%             |
| 4                                  | MEDICAID MANAGED CARE                 | \$12,819,765         | \$13,866,694         | \$1,046,929          | 8%              |
| 5                                  | CHAMPUS/TRICARE                       | \$209,325            | \$283,642            | \$74,317             | 36%             |
| 6                                  | COMMERCIAL INSURANCE                  | \$27,969,474         | \$33,046,865         | \$5,077,391          | 18%             |
| 7                                  | NON-GOVERNMENT MANAGED CARE           | \$56,206,674         | \$65,349,481         | \$9,142,807          | 16%             |
| 8                                  | WORKER'S COMPENSATION                 | \$4,450,039          | \$4,390,225          | (\$59,814)           | -1%             |
| 9                                  | SELF- PAY/UNINSURED                   | \$18,178,406         | \$20,686,277         | \$2,507,871          | 14%             |
| 10                                 | SAGA                                  | \$6,073,117          | \$7,978,668          | \$1,905,551          | 31%             |
| 11                                 | OTHER                                 | \$144,748            | \$290,363            | \$145,615            | 101%            |
|                                    | <b>TOTAL OUTPATIENT GROSS REVENUE</b> | <b>\$203,492,498</b> | <b>\$238,972,603</b> | <b>\$35,480,105</b>  | <b>17%</b>      |
| <b>C. TOTAL GROSS REVENUE</b>      |                                       |                      |                      |                      |                 |
| 1                                  | MEDICARE TRADITIONAL                  | \$264,585,015        | \$292,145,563        | \$27,560,548         | 10%             |
| 2                                  | MEDICARE MANAGED CARE                 | \$94,696,620         | \$122,337,858        | \$27,641,238         | 29%             |
| 3                                  | MEDICAID                              | \$47,546,340         | \$54,669,787         | \$7,123,447          | 15%             |
| 4                                  | MEDICAID MANAGED CARE                 | \$24,885,201         | \$41,694,524         | \$16,809,323         | 68%             |
| 5                                  | CHAMPUS/TRICARE                       | \$380,863            | \$644,616            | \$263,753            | 69%             |
| 6                                  | COMMERCIAL INSURANCE                  | \$71,950,632         | \$86,499,427         | \$14,548,795         | 20%             |
| 7                                  | NON-GOVERNMENT MANAGED CARE           | \$153,014,890        | \$178,450,579        | \$25,435,689         | 17%             |
| 8                                  | WORKER'S COMPENSATION                 | \$9,429,470          | \$10,115,614         | \$686,144            | 7%              |
| 9                                  | SELF- PAY/UNINSURED                   | \$34,304,823         | \$41,092,431         | \$6,787,608          | 20%             |
| 10                                 | SAGA                                  | \$16,618,855         | \$24,106,395         | \$7,487,540          | 45%             |
| 11                                 | OTHER                                 | \$503,836            | \$742,074            | \$238,238            | 47%             |
|                                    | <b>TOTAL GROSS REVENUE</b>            | <b>\$717,916,545</b> | <b>\$852,498,868</b> | <b>\$134,582,323</b> | <b>19%</b>      |
| <b>II. NET REVENUE BY PAYER</b>    |                                       |                      |                      |                      |                 |
| <b>A. INPATIENT NET REVENUE</b>    |                                       |                      |                      |                      |                 |
| 1                                  | MEDICARE TRADITIONAL                  | \$88,754,231         | \$87,164,920         | (\$1,589,311)        | -2%             |
| 2                                  | MEDICARE MANAGED CARE                 | \$30,312,565         | \$33,638,866         | \$3,326,301          | 11%             |
| 3                                  | MEDICAID                              | \$9,351,645          | \$13,298,979         | \$3,947,334          | 42%             |
| 4                                  | MEDICAID MANAGED CARE                 | \$3,171,591          | \$6,684,131          | \$3,512,540          | 111%            |
| 5                                  | CHAMPUS/TRICARE                       | \$9,078              | \$121,850            | \$112,772            | 1242%           |
| 6                                  | COMMERCIAL INSURANCE                  | \$21,532,355         | \$25,694,944         | \$4,162,589          | 19%             |
| 7                                  | NON-GOVERNMENT MANAGED CARE           | \$53,250,121         | \$59,933,337         | \$6,683,216          | 13%             |
| 8                                  | WORKER'S COMPENSATION                 | \$4,629,423          | \$4,150,747          | (\$478,676)          | -10%            |
| 9                                  | SELF- PAY/UNINSURED                   | \$2,092,200          | \$1,590,034          | (\$502,166)          | -24%            |
| 10                                 | SAGA                                  | \$1,123,735          | \$1,936,674          | \$812,939            | 72%             |

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

| (1)         | (2)                                 | (3)                  | (4)                  | (5)                  | (6)             |
|-------------|-------------------------------------|----------------------|----------------------|----------------------|-----------------|
| LINE        | DESCRIPTION                         | FY 2008<br>ACTUAL    | FY 2009<br>ACTUAL    | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| 11          | OTHER                               | (\$113,677)          | \$48,475             | \$162,152            | -143%           |
|             | <b>TOTAL INPATIENT NET REVENUE</b>  | <b>\$214,113,267</b> | <b>\$234,262,957</b> | <b>\$20,149,690</b>  | <b>9%</b>       |
| <b>B.</b>   | <b>OUTPATIENT NET REVENUE</b>       |                      |                      |                      |                 |
| 1           | MEDICARE TRADITIONAL                | \$14,313,959         | \$17,902,956         | \$3,588,997          | 25%             |
| 2           | MEDICARE MANAGED CARE               | \$5,195,369          | \$6,965,399          | \$1,770,030          | 34%             |
| 3           | MEDICAID                            | \$2,727,363          | \$3,704,922          | \$977,559            | 36%             |
| 4           | MEDICAID MANAGED CARE               | \$4,144,555          | \$4,751,409          | \$606,854            | 15%             |
| 5           | CHAMPUS/TRICARE                     | \$64,863             | \$101,544            | \$36,681             | 57%             |
| 6           | COMMERCIAL INSURANCE                | \$12,440,515         | \$13,285,767         | \$845,252            | 7%              |
| 7           | NON-GOVERNMENT MANAGED CARE         | \$29,386,899         | \$32,866,012         | \$3,479,113          | 12%             |
| 8           | WORKER'S COMPENSATION               | \$3,879,754          | \$3,241,169          | (\$638,585)          | -16%            |
| 9           | SELF- PAY/UNINSURED                 | \$1,732,472          | \$1,462,161          | (\$270,311)          | -16%            |
| 10          | SAGA                                | \$1,200,663          | \$1,381,834          | \$181,171            | 15%             |
| 11          | OTHER                               | \$31,012             | \$44,512             | \$13,500             | 44%             |
|             | <b>TOTAL OUTPATIENT NET REVENUE</b> | <b>\$75,117,424</b>  | <b>\$85,707,685</b>  | <b>\$10,590,261</b>  | <b>14%</b>      |
| <b>C.</b>   | <b>TOTAL NET REVENUE</b>            |                      |                      |                      |                 |
| 1           | MEDICARE TRADITIONAL                | \$103,068,190        | \$105,067,876        | \$1,999,686          | 2%              |
| 2           | MEDICARE MANAGED CARE               | \$35,507,934         | \$40,604,265         | \$5,096,331          | 14%             |
| 3           | MEDICAID                            | \$12,079,008         | \$17,003,901         | \$4,924,893          | 41%             |
| 4           | MEDICAID MANAGED CARE               | \$7,316,146          | \$11,435,540         | \$4,119,394          | 56%             |
| 5           | CHAMPUS/TRICARE                     | \$73,941             | \$223,394            | \$149,453            | 202%            |
| 6           | COMMERCIAL INSURANCE                | \$33,972,870         | \$38,980,711         | \$5,007,841          | 15%             |
| 7           | NON-GOVERNMENT MANAGED CARE         | \$82,637,020         | \$92,799,349         | \$10,162,329         | 12%             |
| 8           | WORKER'S COMPENSATION               | \$8,509,177          | \$7,391,916          | (\$1,117,261)        | -13%            |
| 9           | SELF- PAY/UNINSURED                 | \$3,824,672          | \$3,052,195          | (\$772,477)          | -20%            |
| 10          | SAGA                                | \$2,324,398          | \$3,318,508          | \$994,110            | 43%             |
| 11          | OTHER                               | (\$82,665)           | \$92,987             | \$175,652            | -212%           |
|             | <b>TOTAL NET REVENUE</b>            | <b>\$289,230,691</b> | <b>\$319,970,642</b> | <b>\$30,739,951</b>  | <b>11%</b>      |
| <b>III.</b> | <b>STATISTICS BY PAYER</b>          |                      |                      |                      |                 |
| <b>A.</b>   | <b>DISCHARGES</b>                   |                      |                      |                      |                 |
| 1           | MEDICARE TRADITIONAL                | 6,958                | 6,876                | (82)                 | -1%             |
| 2           | MEDICARE MANAGED CARE               | 2,564                | 2,870                | 306                  | 12%             |
| 3           | MEDICAID                            | 1,561                | 1,616                | 55                   | 4%              |
| 4           | MEDICAID MANAGED CARE               | 1,095                | 1,504                | 409                  | 37%             |
| 5           | CHAMPUS/TRICARE                     | 12                   | 18                   | 6                    | 50%             |
| 6           | COMMERCIAL INSURANCE                | 1,967                | 2,605                | 638                  | 32%             |
| 7           | NON-GOVERNMENT MANAGED CARE         | 4,468                | 4,482                | 14                   | 0%              |
| 8           | WORKER'S COMPENSATION               | 153                  | 158                  | 5                    | 3%              |
| 9           | SELF- PAY/UNINSURED                 | 950                  | 955                  | 5                    | 1%              |
| 10          | SAGA                                | 409                  | 615                  | 206                  | 50%             |
| 11          | OTHER                               | 22                   | 27                   | 5                    | 23%             |
|             | <b>TOTAL DISCHARGES</b>             | <b>20,159</b>        | <b>21,726</b>        | <b>1,567</b>         | <b>8%</b>       |
| <b>B.</b>   | <b>PATIENT DAYS</b>                 |                      |                      |                      |                 |
| 1           | MEDICARE TRADITIONAL                | 44,721               | 46,479               | 1,758                | 4%              |
| 2           | MEDICARE MANAGED CARE               | 15,496               | 17,559               | 2,063                | 13%             |
| 3           | MEDICAID                            | 9,713                | 11,261               | 1,548                | 16%             |
| 4           | MEDICAID MANAGED CARE               | 3,530                | 9,659                | 6,129                | 174%            |
| 5           | CHAMPUS/TRICARE                     | 29                   | 79                   | 50                   | 172%            |
| 6           | COMMERCIAL INSURANCE                | 7,456                | 11,337               | 3,881                | 52%             |
| 7           | NON-GOVERNMENT MANAGED CARE         | 17,022               | 20,193               | 3,171                | 19%             |
| 8           | WORKER'S COMPENSATION               | 573                  | 527                  | (46)                 | -8%             |
| 9           | SELF- PAY/UNINSURED                 | 3,652                | 4,657                | 1,005                | 28%             |
| 10          | SAGA                                | 2,233                | 3,578                | 1,345                | 60%             |
| 11          | OTHER                               | 99                   | 118                  | 19                   | 19%             |

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

| (1)        | (2)  | (3)                 | (4)                 | (5)                  | (6)             |
|------------|--|---------------------|---------------------|----------------------|-----------------|
| LINE       | DESCRIPTION  | FY 2008<br>ACTUAL   | FY 2009<br>ACTUAL   | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
|            | <b>TOTAL PATIENT DAYS</b>                                      | <b>104,524</b>      | <b>125,447</b>      | <b>20,923</b>        | <b>20%</b>      |
| <b>C.</b>  | <b>OUTPATIENT VISITS</b>                                       |                     |                     |                      |                 |
| 1          | MEDICARE TRADITIONAL   | 33,050              | 32,924              | (126)                | 0%              |
| 2          | MEDICARE MANAGED CARE  | 9,600               | 12,216              | 2,616                | 27%             |
| 3          | MEDICAID   | 12,073              | 11,529              | (544)                | -5%             |
| 4          | MEDICAID MANAGED CARE  | 21,418              | 20,279              | (1,139)              | -5%             |
| 5          | CHAMPUS/TRICARE  | 257                 | 15                  | (242)                | -94%            |
| 6          | COMMERCIAL INSURANCE   | 30,155              | 34,631              | 4,476                | 15%             |
| 7          | NON-GOVERNMENT MANAGED CARE                                    | 45,478              | 45,900              | 422                  | 1%              |
| 8          | WORKER'S COMPENSATION  | 8,111               | 7,378               | (733)                | -9%             |
| 9          | SELF- PAY/UNINSURED  | 29,578              | 29,348              | (230)                | -1%             |
| 10         | SAGA   | 6,697               | 8,037               | 1,340                | 20%             |
| 11         | OTHER  | 186                 | 266                 | 80                   | 43%             |
|            | <b>TOTAL OUTPATIENT VISITS</b>                                 | <b>196,603</b>      | <b>202,523</b>      | <b>5,920</b>         | <b>3%</b>       |
| <b>IV.</b> | <b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>                |                     |                     |                      |                 |
| <b>A.</b>  | <b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>           |                     |                     |                      |                 |
| 1          | MEDICARE TRADITIONAL   | \$8,287,445         | \$10,023,294        | \$1,735,849          | 21%             |
| 2          | MEDICARE MANAGED CARE  | \$2,505,850         | \$3,606,937         | \$1,101,087          | 44%             |
| 3          | MEDICAID   | \$3,974,365         | \$4,481,186         | \$506,821            | 13%             |
| 4          | MEDICAID MANAGED CARE  | \$7,110,500         | \$7,381,860         | \$271,360            | 4%              |
| 5          | CHAMPUS/TRICARE  | \$72,289            | \$104,577           | \$32,288             | 45%             |
| 6          | COMMERCIAL INSURANCE   | \$7,332,639         | \$10,883,047        | \$3,550,408          | 48%             |
| 7          | NON-GOVERNMENT MANAGED CARE                                    | \$11,827,421        | \$13,780,757        | \$1,953,336          | 17%             |
| 8          | WORKER'S COMPENSATION  | \$892,634           | \$1,038,135         | \$145,501            | 16%             |
| 9          | SELF- PAY/UNINSURED  | \$10,597,239        | \$12,167,721        | \$1,570,482          | 15%             |
| 10         | SAGA   | \$2,490,012         | \$3,883,336         | \$1,393,324          | 56%             |
| 11         | OTHER  | \$125,003           | \$252,955           | \$127,952            | 102%            |
|            | <b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT<br/>GROSS REVENUE</b> | <b>\$55,215,397</b> | <b>\$67,603,805</b> | <b>\$12,388,408</b>  | <b>22%</b>      |
| <b>B.</b>  | <b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>             |                     |                     |                      |                 |
| 1          | MEDICARE TRADITIONAL   | \$2,026,507         | \$2,724,306         | \$697,799            | 34%             |
| 2          | MEDICARE MANAGED CARE  | \$958,614           | \$987,263           | \$28,649             | 3%              |
| 3          | MEDICAID   | \$888,901           | \$1,204,804         | \$315,903            | 36%             |
| 4          | MEDICAID MANAGED CARE  | \$1,848,714         | \$2,293,984         | \$445,270            | 24%             |
| 5          | CHAMPUS/TRICARE  | \$20,884            | (\$49,242)          | (\$70,126)           | -336%           |
| 6          | COMMERCIAL INSURANCE   | \$4,376,365         | \$5,941,407         | \$1,565,042          | 36%             |
| 7          | NON-GOVERNMENT MANAGED CARE                                    | \$5,756,803         | \$7,795,105         | \$2,038,302          | 35%             |
| 8          | WORKER'S COMPENSATION  | \$715,963           | \$868,982           | \$153,019            | 21%             |
| 9          | SELF- PAY/UNINSURED  | (\$411,898)         | \$1,788,148         | \$2,200,046          | -534%           |
| 10         | SAGA   | \$498,261           | \$480,235           | (\$18,026)           | -4%             |
| 11         | OTHER  | \$21,143            | \$29,322            | \$8,179              | 39%             |
|            | <b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT<br/>NET REVENUE</b>   | <b>\$16,700,257</b> | <b>\$24,064,314</b> | <b>\$7,364,057</b>   | <b>44%</b>      |
| <b>C.</b>  | <b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>                  |                     |                     |                      |                 |
| 1          | MEDICARE TRADITIONAL   | 5,658               | 5,774               | 116                  | 2%              |
| 2          | MEDICARE MANAGED CARE  | 1,564               | 2,010               | 446                  | 29%             |
| 3          | MEDICAID   | 3,899               | 3,516               | (383)                | -10%            |
| 4          | MEDICAID MANAGED CARE  | 8,465               | 7,608               | (857)                | -10%            |
| 5          | CHAMPUS/TRICARE  | 74                  | 92                  | 18                   | 24%             |
| 6          | COMMERCIAL INSURANCE   | 5,962               | 8,326               | 2,364                | 40%             |
| 7          | NON-GOVERNMENT MANAGED CARE                                    | 9,309               | 9,220               | (89)                 | -1%             |
| 8          | WORKER'S COMPENSATION  | 1,055               | 1,048               | (7)                  | -1%             |
| 9          | SELF- PAY/UNINSURED  | 9,365               | 9,464               | 99                   | 1%              |
| 10         | SAGA   | 2,414               | 3,169               | 755                  | 31%             |
| 11         | OTHER  | 154                 | 204                 | 50                   | 32%             |

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 FISCAL YEAR 2009  
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| (1)  | (2)   | (3)               | (4)               | (5)                  | (6)             |
|------|---|-------------------|-------------------|----------------------|-----------------|
| LINE | DESCRIPTION   | FY 2008<br>ACTUAL | FY 2009<br>ACTUAL | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
|      | <b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b> | 47,919            | 50,431            | 2,512                | 5%              |

**SAINT VINCENT'S MEDICAL CENTER  
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FISCAL YEAR 2009  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

| (1)         | (2)   | (3)                       | (4)                       | (5)                          | (6)                     |
|-------------|---|---------------------------|---------------------------|------------------------------|-------------------------|
| <u>LINE</u> | <u>DESCRIPTION</u>                                      | <u>FY 2008<br/>ACTUAL</u> | <u>FY 2009<br/>ACTUAL</u> | <u>AMOUNT<br/>DIFFERENCE</u> | <u>%<br/>DIFFERENCE</u> |
| <b>I.</b>   | <b><u>OPERATING EXPENSE BY CATEGORY</u></b>             |                           |                           |                              |                         |
| <b>A.</b>   | <b><u>Salaries &amp; Wages:</u></b>                     |                           |                           |                              |                         |
| 1           | Nursing Salaries  | \$52,779,766              | \$59,660,307              | \$6,880,541                  | 13%                     |
| 2           | Physician Salaries                                      | \$21,495,275              | \$23,691,353              | \$2,196,078                  | 10%                     |
| 3           | Non-Nursing, Non-Physician Salaries                     | \$54,452,460              | \$63,525,340              | \$9,072,880                  | 17%                     |
|             | <b>Total Salaries &amp; Wages</b>                       | <b>\$128,727,501</b>      | <b>\$146,877,000</b>      | <b>\$18,149,499</b>          | <b>14%</b>              |
| <b>B.</b>   | <b><u>Fringe Benefits:</u></b>                          |                           |                           |                              |                         |
| 1           | Nursing Fringe Benefits                                 | \$12,410,666              | \$13,620,400              | \$1,209,734                  | 10%                     |
| 2           | Physician Fringe Benefits                               | \$5,054,412               | \$5,408,717               | \$354,305                    | 7%                      |
| 3           | Non-Nursing, Non-Physician Fringe Benefits              | \$12,803,985              | \$14,502,883              | \$1,698,898                  | 13%                     |
|             | <b>Total Fringe Benefits</b>                            | <b>\$30,269,063</b>       | <b>\$33,532,000</b>       | <b>\$3,262,937</b>           | <b>11%</b>              |
| <b>C.</b>   | <b><u>Contractual Labor Fees:</u></b>                   |                           |                           |                              |                         |
| 1           | Nursing Fees  | \$2,008,473               | \$3,112,080               | \$1,103,607                  | 55%                     |
| 2           | Physician Fees  | \$1,582,302               | \$2,257,000               | \$674,698                    | 43%                     |
| 3           | Non-Nursing, Non-Physician Fees                         | \$348,786                 | \$774,258                 | \$425,472                    | 122%                    |
|             | <b>Total Contractual Labor Fees</b>                     | <b>\$3,939,561</b>        | <b>\$6,143,338</b>        | <b>\$2,203,777</b>           | <b>56%</b>              |
| <b>D.</b>   | <b><u>Medical Supplies and Pharmaceutical Cost:</u></b> |                           |                           |                              |                         |
| 1           | Medical Supplies  | \$36,210,264              | \$36,567,269              | \$357,005                    | 1%                      |
| 2           | Pharmaceutical Costs                                    | \$14,286,027              | \$14,888,731              | \$602,704                    | 4%                      |
|             | <b>Total Medical Supplies and Pharmaceutical Cost</b>   | <b>\$50,496,291</b>       | <b>\$51,456,000</b>       | <b>\$959,709</b>             | <b>2%</b>               |
| <b>E.</b>   | <b><u>Depreciation and Amortization:</u></b>            |                           |                           |                              |                         |
| 1           | Depreciation-Building                                   | \$7,917,843               | \$9,092,641               | \$1,174,798                  | 15%                     |
| 2           | Depreciation-Equipment                                  | \$8,868,323               | \$9,535,359               | \$667,036                    | 8%                      |
| 3           | Amortization  | \$0                       | \$0                       | \$0                          | 0%                      |
|             | <b>Total Depreciation and Amortization</b>              | <b>\$16,786,166</b>       | <b>\$18,628,000</b>       | <b>\$1,841,834</b>           | <b>11%</b>              |
| <b>F.</b>   | <b><u>Bad Debts:</u></b>                                |                           |                           |                              |                         |
| 1           | Bad Debts   | \$20,133,762              | \$21,818,000              | \$1,684,238                  | 8%                      |
| <b>G.</b>   | <b><u>Interest Expense:</u></b>                         |                           |                           |                              |                         |
| 1           | Interest Expense  | \$1,011,878               | \$678,000                 | (\$333,878)                  | -33%                    |
| <b>H.</b>   | <b><u>Malpractice Insurance Cost:</u></b>               |                           |                           |                              |                         |
| 1           | Malpractice Insurance Cost                              | \$1,922,385               | \$4,752,000               | \$2,829,615                  | 147%                    |
| <b>I.</b>   | <b><u>Utilities:</u></b>                                |                           |                           |                              |                         |
| 1           | Water   | \$378,709                 | \$324,683                 | (\$54,026)                   | -14%                    |
| 2           | Natural Gas   | \$757,685                 | \$738,920                 | (\$18,765)                   | -2%                     |
| 3           | Oil   | \$755,210                 | \$664,161                 | (\$91,049)                   | -12%                    |
| 4           | Electricity   | \$3,222,530               | \$3,574,130               | \$351,600                    | 11%                     |
| 5           | Telephone   | \$801,190                 | \$1,645,332               | \$844,142                    | 105%                    |
| 6           | Other Utilities   | \$39,943                  | \$45,275                  | \$5,332                      | 13%                     |
|             | <b>Total Utilities</b>                                  | <b>\$5,955,267</b>        | <b>\$6,992,501</b>        | <b>\$1,037,234</b>           | <b>17%</b>              |
| <b>J.</b>   | <b><u>Business Expenses:</u></b>                        |                           |                           |                              |                         |
| 1           | Accounting Fees   | \$227,200                 | \$370,149                 | \$142,949                    | 63%                     |
| 2           | Legal Fees  | \$920,889                 | \$801,028                 | (\$119,861)                  | -13%                    |
| 3           | Consulting Fees   | \$673,134                 | \$1,379,107               | \$705,973                    | 105%                    |
| 4           | Dues and Membership                                     | \$773,388                 | \$772,294                 | (\$1,094)                    | 0%                      |
| 5           | Equipment Leases  | \$1,092,437               | \$1,223,383               | \$130,946                    | 12%                     |
| 6           | Building Leases   | \$1,699,049               | \$1,872,827               | \$173,778                    | 10%                     |
| 7           | Repairs and Maintenance                                 | \$1,297,818               | \$2,328,141               | \$1,030,323                  | 79%                     |
| 8           | Insurance   | \$421,790                 | \$629,984                 | \$208,194                    | 49%                     |



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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

| (1)         | (2)   | (3)                       | (4)                       | (5)                          | (6)                     |
|-------------|---|---------------------------|---------------------------|------------------------------|-------------------------|
| <u>LINE</u> | <u>DESCRIPTION</u>  | <u>FY 2008<br/>ACTUAL</u> | <u>FY 2009<br/>ACTUAL</u> | <u>AMOUNT<br/>DIFFERENCE</u> | <u>%<br/>DIFFERENCE</u> |
| 9           | Travel  | \$365,704                 | \$262,472                 | (\$103,232)                  | -28%                    |
| 10          | Conferences   | \$260,340                 | \$259,879                 | (\$461)                      | 0%                      |
| 11          | Property Tax  | \$145,722                 | \$138,179                 | (\$7,543)                    | -5%                     |
| 12          | General Supplies  | \$5,255,771               | \$8,572,041               | \$3,316,270                  | 63%                     |
| 13          | Licenses and Subscriptions  | \$285,859                 | \$304,605                 | \$18,746                     | 7%                      |
| 14          | Postage and Shipping  | \$575,487                 | \$564,868                 | (\$10,619)                   | -2%                     |
| 15          | Advertising   | \$1,720,130               | \$1,797,738               | \$77,608                     | 5%                      |
| 16          | Other Business Expenses   | \$27,786,728              | \$29,833,466              | \$2,046,738                  | 7%                      |
|             | <b>Total Business Expenses</b>  | <b>\$43,501,446</b>       | <b>\$51,110,161</b>       | <b>\$7,608,715</b>           | <b>17%</b>              |
| <b>K.</b>   | <b><u>Other Operating Expense:</u></b>  |                           |                           |                              |                         |
| 1           | Miscellaneous Other Operating Expenses  | \$0                       | \$0                       | \$0                          | 0%                      |
|             | <b>Total Operating Expenses - All Expense Categories*</b>   | <b>\$302,743,320</b>      | <b>\$341,987,000</b>      | <b>\$39,243,680</b>          | <b>13%</b>              |
|             | <b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b> |                           |                           |                              |                         |
| <b>II.</b>  | <b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>   |                           |                           |                              |                         |
| <b>A.</b>   | <b><u>General Services:</u></b>   |                           |                           |                              |                         |
| 1           | General Administration  | \$53,065,155              | \$69,015,114              | \$15,949,959                 | 30%                     |
| 2           | General Accounting  | \$1,487,701               | \$2,247,475               | \$759,774                    | 51%                     |
| 3           | Patient Billing & Collection  | \$4,491,971               | \$4,484,398               | (\$7,573)                    | 0%                      |
| 4           | Admitting / Registration Office   | \$1,861,806               | \$1,894,008               | \$32,202                     | 2%                      |
| 5           | Data Processing   | \$12,032,171              | \$11,142,108              | (\$890,063)                  | -7%                     |
| 6           | Communications  | \$1,528,498               | \$1,849,064               | \$320,566                    | 21%                     |
| 7           | Personnel   | \$32,900,765              | \$36,005,085              | \$3,104,320                  | 9%                      |
| 8           | Public Relations  | \$1,767,667               | \$2,297,549               | \$529,882                    | 30%                     |
| 9           | Purchasing  | \$448,818                 | \$496,496                 | \$47,678                     | 11%                     |
| 10          | Dietary and Cafeteria   | \$4,959,107               | \$5,585,231               | \$626,124                    | 13%                     |
| 11          | Housekeeping  | \$3,356,727               | \$3,432,080               | \$75,353                     | 2%                      |
| 12          | Laundry & Linen   | \$293,279                 | \$1,242,642               | \$949,363                    | 324%                    |
| 13          | Operation of Plant  | \$5,738,327               | \$6,557,428               | \$819,101                    | 14%                     |
| 14          | Security  | \$1,290,321               | \$1,454,820               | \$164,499                    | 13%                     |
| 15          | Repairs and Maintenance   | \$4,873,094               | \$5,743,669               | \$870,575                    | 18%                     |
| 16          | Central Sterile Supply  | \$931,530                 | \$909,372                 | (\$22,158)                   | -2%                     |
| 17          | Pharmacy Department   | \$15,696,528              | \$19,404,327              | \$3,707,799                  | 24%                     |
| 18          | Other General Services  | \$0                       | \$0                       | \$0                          | 0%                      |
|             | <b>Total General Services</b>   | <b>\$146,723,465</b>      | <b>\$173,760,866</b>      | <b>\$27,037,401</b>          | <b>18%</b>              |
| <b>B.</b>   | <b><u>Professional Services:</u></b>  |                           |                           |                              |                         |
| 1           | Medical Care Administration   | \$624,327                 | \$803,512                 | \$179,185                    | 29%                     |
| 2           | Residency Program   | \$4,889,391               | \$5,122,664               | \$233,273                    | 5%                      |
| 3           | Nursing Services Administration   | \$1,761,401               | \$2,538,730               | \$777,329                    | 44%                     |
| 4           | Medical Records   | \$2,560,699               | \$2,437,846               | (\$122,853)                  | -5%                     |
| 5           | Social Service  | \$0                       | \$647,010                 | \$647,010                    | 0%                      |
| 6           | Other Professional Services   | \$0                       | \$0                       | \$0                          | 0%                      |
|             | <b>Total Professional Services</b>  | <b>\$9,835,818</b>        | <b>\$11,549,762</b>       | <b>\$1,713,944</b>           | <b>17%</b>              |
| <b>C.</b>   | <b><u>Special Services:</u></b>   |                           |                           |                              |                         |
| 1           | Operating Room  | \$23,284,777              | \$24,838,097              | \$1,553,320                  | 7%                      |
| 2           | Recovery Room   | \$1,862,155               | \$1,836,024               | (\$26,131)                   | -1%                     |
| 3           | Anesthesiology  | \$1,254,342               | \$1,073,593               | (\$180,749)                  | -14%                    |
| 4           | Delivery Room   | \$0                       | \$0                       | \$0                          | 0%                      |
| 5           | Diagnostic Radiology  | \$3,607,796               | \$3,684,015               | \$76,219                     | 2%                      |
| 6           | Diagnostic Ultrasound   | \$493,386                 | \$538,845                 | \$45,459                     | 9%                      |
| 7           | Radiation Therapy   | \$1,472,571               | \$1,140,174               | (\$332,397)                  | -23%                    |

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| (1)         | (2)   | (3)                       | (4)                       | (5)                          | (6)                     |
|-------------|---|---------------------------|---------------------------|------------------------------|-------------------------|
| <u>LINE</u> | <u>DESCRIPTION</u>  | <u>FY 2008<br/>ACTUAL</u> | <u>FY 2009<br/>ACTUAL</u> | <u>AMOUNT<br/>DIFFERENCE</u> | <u>%<br/>DIFFERENCE</u> |
| 8           | Radioisotopes   | \$246,263                 | \$461,903                 | \$215,640                    | 88%                     |
| 9           | CT Scan   | \$1,169,226               | \$1,198,375               | \$29,149                     | 2%                      |
| 10          | Laboratory  | \$6,729,184               | \$6,742,835               | \$13,651                     | 0%                      |
| 11          | Blood Storing/Processing  | \$3,497,260               | \$3,641,754               | \$144,494                    | 4%                      |
| 12          | Cardiology  | \$0                       | \$0                       | \$0                          | 0%                      |
| 13          | Electrocardiology   | \$1,378,786               | \$1,469,938               | \$91,152                     | 7%                      |
| 14          | Electroencephalography  | \$37,517                  | \$43,080                  | \$5,563                      | 15%                     |
| 15          | Occupational Therapy  | \$423,108                 | \$466,212                 | \$43,104                     | 10%                     |
| 16          | Speech Pathology  | \$0                       | \$0                       | \$0                          | 0%                      |
| 17          | Audiology   | \$0                       | \$0                       | \$0                          | 0%                      |
| 18          | Respiratory Therapy   | \$2,484,536               | \$2,458,587               | (\$25,949)                   | -1%                     |
| 19          | Pulmonary Function  | \$362,981                 | \$367,609                 | \$4,628                      | 1%                      |
| 20          | Intravenous Therapy   | \$387,783                 | \$376,576                 | (\$11,207)                   | -3%                     |
| 21          | Shock Therapy   | \$0                       | \$0                       | \$0                          | 0%                      |
| 22          | Psychiatry / Psychology Services  | \$0                       | \$0                       | \$0                          | 0%                      |
| 23          | Renal Dialysis  | \$775,984                 | \$890,033                 | \$114,049                    | 15%                     |
| 24          | Emergency Room  | \$12,448,824              | \$12,795,817              | \$346,993                    | 3%                      |
| 25          | MRI   | \$436,264                 | \$450,428                 | \$14,164                     | 3%                      |
| 26          | PET Scan  | \$455,515                 | \$480,400                 | \$24,885                     | 5%                      |
| 27          | PET/CT Scan   | \$0                       | \$0                       | \$0                          | 0%                      |
| 28          | Endoscopy   | \$1,120,696               | \$1,169,057               | \$48,361                     | 4%                      |
| 29          | Sleep Center  | \$0                       | \$0                       | \$0                          | 0%                      |
| 30          | Lithotripsy   | \$0                       | \$0                       | \$0                          | 0%                      |
| 31          | Cardiac Catheterization/Rehabilitation  | \$14,333,438              | \$12,596,449              | (\$1,736,989)                | -12%                    |
| 32          | Occupational Therapy / Physical Therapy   | \$948,735                 | \$1,082,831               | \$134,096                    | 14%                     |
| 33          | Dental Clinic   | \$0                       | \$0                       | \$0                          | 0%                      |
| 34          | Other Special Services  | \$1,514,896               | \$2,853,530               | \$1,338,634                  | 88%                     |
|             | <b>Total Special Services</b>   | <b>\$80,726,023</b>       | <b>\$82,656,162</b>       | <b>\$1,930,139</b>           | <b>2%</b>               |
| <b>D.</b>   | <b><u>Routine Services:</u></b>   |                           |                           |                              |                         |
| 1           | Medical & Surgical Units  | \$35,409,812              | \$38,520,770              | \$3,110,958                  | 9%                      |
| 2           | Intensive Care Unit   | \$8,224,063               | \$7,371,651               | (\$852,412)                  | -10%                    |
| 3           | Coronary Care Unit  | \$0                       | \$0                       | \$0                          | 0%                      |
| 4           | Psychiatric Unit  | \$2,245,110               | \$7,741,565               | \$5,496,455                  | 245%                    |
| 5           | Pediatric Unit  | \$0                       | \$0                       | \$0                          | 0%                      |
| 6           | Maternity Unit  | \$3,116,162               | \$3,219,892               | \$103,730                    | 3%                      |
| 7           | Newborn Nursery Unit  | \$1,067,511               | \$1,081,209               | \$13,698                     | 1%                      |
| 8           | Neonatal ICU  | \$0                       | \$0                       | \$0                          | 0%                      |
| 9           | Rehabilitation Unit   | \$2,077,367               | \$2,076,605               | (\$762)                      | 0%                      |
| 10          | Ambulatory Surgery  | \$5,733,632               | \$5,885,892               | \$152,260                    | 3%                      |
| 11          | Home Care   | \$0                       | \$0                       | \$0                          | 0%                      |
| 12          | Outpatient Clinics  | \$7,345,989               | \$7,927,594               | \$581,605                    | 8%                      |
| 13          | Other Routine Services  | \$0                       | \$0                       | \$0                          | 0%                      |
|             | <b>Total Routine Services</b>   | <b>\$65,219,646</b>       | <b>\$73,825,178</b>       | <b>\$8,605,532</b>           | <b>13%</b>              |
| <b>E.</b>   | <b><u>Other Departments:</u></b>  |                           |                           |                              |                         |
| 1           | Miscellaneous Other Departments   | \$238,368                 | \$195,032                 | (\$43,336)                   | -18%                    |
|             | <b>Total Operating Expenses - All Departments*</b>  | <b>\$302,743,320</b>      | <b>\$341,987,000</b>      | <b>\$39,243,680</b>          | <b>13%</b>              |
|             | <b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b> |                           |                           |                              |                         |

| SAINT VINCENT'S MEDICAL CENTER                                |  |               |                |                |
|---|--|---------------|----------------|----------------|
| TWELVE MONTHS ACTUAL FILING                                   |  |               |                |                |
| FISCAL YEAR 2009  |  |               |                |                |
| REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS |  |               |                |                |
| (1)   | (2)  | (3)           | (4)            | (5)            |
|   |  | ACTUAL        | ACTUAL         | ACTUAL         |
| LINE  | DESCRIPTION                                  | FY 2007       | FY 2008        | FY 2009        |
| <b>A. Statement of Operations Summary</b>                     |  |               |                |                |
| 1   | Total Net Patient Revenue                    | \$288,808,279 | \$ 309,364,455 | \$341,788,581  |
| 2   | Other Operating Revenue                      | 12,926,187    | 13,485,455     | 11,020,419     |
| 3   | Total Operating Revenue                      | \$301,734,466 | \$322,849,910  | \$352,809,000  |
| 4   | Total Operating Expenses                     | 287,076,522   | 302,743,320    | 341,987,000    |
| 5   | Income/(Loss) From Operations                | \$14,657,944  | \$20,106,590   | \$10,822,000   |
| 6   | Total Non-Operating Revenue                  | 33,968,887    | (34,584,733)   | (3,815,000)    |
| 7   | Excess/(Deficiency) of Revenue Over Expenses | \$48,626,831  | (\$14,478,143) | \$7,007,000    |
| <b>B. Profitability Summary</b>                               |  |               |                |                |
| 1   | Hospital Operating Margin                    | 4.37%         | 6.98%          | 3.10%          |
| 2   | Hospital Non Operating Margin                | 10.12%        | -12.00%        | -1.09%         |
| 3   | Hospital Total Margin                        | 14.49%        | -5.02%         | 2.01%          |
| 4   | Income/(Loss) From Operations                | \$14,657,944  | \$20,106,590   | \$10,822,000   |
| 5   | Total Operating Revenue                      | \$301,734,466 | \$322,849,910  | \$352,809,000  |
| 6   | Total Non-Operating Revenue                  | \$33,968,887  | (\$34,584,733) | (\$3,815,000)  |
| 7   | Total Revenue                                | \$335,703,353 | \$288,265,177  | \$348,994,000  |
| 8   | Excess/(Deficiency) of Revenue Over Expenses | \$48,626,831  | (\$14,478,143) | \$7,007,000    |
| <b>C. Net Assets Summary</b>                                  |  |               |                |                |
| 1   | Hospital Unrestricted Net Assets             | \$339,903,000 | \$334,148,000  | \$314,991,000  |
| 2   | Hospital Total Net Assets                    | \$378,665,000 | \$380,811,000  | \$356,510,000  |
| 3   | Hospital Change in Total Net Assets          | \$378,665,000 | \$2,146,000    | (\$24,301,000) |
| 4   | Hospital Change in Total Net Assets %        | 0.0%          | 0.6%           | -6.4%          |
| <b>D. Cost Data Summary</b>                                   |  |               |                |                |
| 1   | <b>Ratio of Cost to Charges</b>              | <b>0.45</b>   | <b>0.41</b>    | <b>0.40</b>    |
| 2   | Total Operating Expenses                     | \$287,076,522 | \$302,743,318  | \$341,987,000  |
| 3   | Total Gross Revenue                          | \$623,542,685 | \$717,916,546  | \$852,498,869  |
| 4   | Total Other Operating Revenue                | \$12,926,188  | \$13,485,455   | \$9,864,000    |
| 5   | <b>Private Payment to Cost Ratio</b>         | <b>1.22</b>   | <b>1.29</b>    | <b>1.28</b>    |
| 6   | Total Non-Government Payments                | \$118,882,821 | \$128,943,739  | \$142,224,171  |

| SAINT VINCENT'S MEDICAL CENTER                                |   |                     |                     |                     |
|---|---|---------------------|---------------------|---------------------|
| TWELVE MONTHS ACTUAL FILING                                   |   |                     |                     |                     |
| FISCAL YEAR 2009  |   |                     |                     |                     |
| REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS |   |                     |                     |                     |
| (1)   | (2)   | (3)                 | (4)                 | (5)                 |
|   |   | ACTUAL              | ACTUAL              | ACTUAL              |
| LINE  | DESCRIPTION   | FY 2007             | FY 2008             | FY 2009             |
| 7   | Total Uninsured Payments                                  | \$6,220,896         | \$3,824,672         | \$3,052,195         |
| 8   | Total Non-Government Charges                              | \$235,514,858       | \$268,699,815       | \$316,158,051       |
| 9   | Total Uninsured Charges                                   | \$31,302,870        | \$34,304,823        | \$41,092,431        |
|   |   |                     |                     |                     |
| <b>10</b>   | <b><u>Medicare Payment to Cost Ratio</u></b>              | <b>0.91</b>         | <b>0.93</b>         | <b>0.89</b>         |
| 11  | Total Medicare Payments                                   | \$129,799,665       | \$138,576,124       | \$145,672,141       |
| 12  | Total Medicare Charges                                    | \$314,731,481       | \$359,281,635       | \$414,483,421       |
|   |   |                     |                     |                     |
| <b>13</b>   | <b><u>Medicaid Payment to Cost Ratio</u></b>              | <b>0.67</b>         | <b>0.65</b>         | <b>0.74</b>         |
| 14  | Total Medicaid Payments                                   | \$18,610,386        | \$19,395,154        | \$28,439,441        |
| 15  | Total Medicaid Charges                                    | \$61,325,463        | \$72,431,541        | \$96,364,311        |
|   |   |                     |                     |                     |
| <b>16</b>   | <b><u>Uncompensated Care Cost</u></b>                     | <b>\$12,688,863</b> | <b>\$13,269,472</b> | <b>\$15,619,940</b> |
| 17  | Charity Care  | \$5,478,066         | \$5,784,833         | \$8,833,000         |
| 18  | Bad Debts   | \$22,654,037        | \$26,273,077        | \$30,554,626        |
| 19  | Total Uncompensated Care                                  | \$28,132,103        | \$32,057,910        | \$39,387,626        |
|   |   |                     |                     |                     |
| <b>20</b>   | <b><u>Uncompensated Care % of Total Expenses</u></b>      | <b>4.4%</b>         | <b>4.4%</b>         | <b>4.6%</b>         |
| 21  | Total Operating Expenses                                  | \$287,076,522       | \$302,743,318       | \$341,987,000       |
|   |   |                     |                     |                     |
| <b>E.</b>   | <b><u>Liquidity Measures Summary</u></b>                  |                     |                     |                     |
|   |   |                     |                     |                     |
| <b>1</b>  | <b><u>Current Ratio</u></b>                               | <b>1.31</b>         | <b>1.37</b>         | <b>1.26</b>         |
| 2   | Total Current Assets                                      | \$60,506,000        | \$69,247,000        | \$69,692,000        |
| 3   | Total Current Liabilities                                 | \$46,109,000        | \$50,391,000        | \$55,125,000        |
|   |   |                     |                     |                     |
| <b>4</b>  | <b><u>Days Cash on Hand</u></b>                           | <b>17</b>           | <b>18</b>           | <b>21</b>           |
| 5   | Cash and Cash Equivalents                                 | \$3,471,000         | \$10,785,000        | \$10,599,000        |
| 6   | Short Term Investments                                    | 9,065,000           | 3,463,000           | 7,793,000           |
| 7   | Total Cash and Short Term Investments                     | \$12,536,000        | \$14,248,000        | \$18,392,000        |
| 8   | Total Operating Expenses                                  | \$287,076,522       | \$302,743,320       | \$341,987,000       |
| 9   | Depreciation Expense                                      | \$14,907,372        | \$16,786,166        | \$18,628,000        |
| 10  | Operating Expenses less Depreciation Expense              | \$272,169,150       | \$285,957,154       | \$323,359,000       |
|   |   |                     |                     |                     |
| <b>11</b>   | <b><u>Days Revenue in Patient Accounts Receivable</u></b> | <b>33.50</b>        | <b>36.80</b>        | <b>33.89</b>        |

| SAINT VINCENT'S MEDICAL CENTER                                |  |               |                |                |
|---|--|---------------|----------------|----------------|
| TWELVE MONTHS ACTUAL FILING                                   |  |               |                |                |
| FISCAL YEAR 2009  |  |               |                |                |
| REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS |  |               |                |                |
| (1)   | (2)  | (3)           | (4)            | (5)            |
|   |  | ACTUAL        | ACTUAL         | ACTUAL         |
| LINE  | DESCRIPTION  | FY 2007       | FY 2008        | FY 2009        |
| 12  | Net Patient Accounts Receivable                                      | \$ 38,101,000 | \$ 40,947,000  | \$ 40,833,000  |
| 13  | Due From Third Party Payers  | \$0           | \$0            | \$0            |
| 14  | Due To Third Party Payers  | \$11,591,000  | \$9,754,000    | \$9,102,000    |
| 15  | Total Net Patient Accounts Receivable and Third Party Payer Activity | \$ 26,510,000 | \$ 31,193,000  | \$ 31,731,000  |
| 16  | Total Net Patient Revenue  | \$288,808,279 | \$ 309,364,455 | \$ 341,788,581 |
| 17  | <b>Average Payment Period</b>  | <b>61.84</b>  | <b>64.32</b>   | <b>62.22</b>   |
| 18  | Total Current Liabilities  | \$46,109,000  | \$50,391,000   | \$55,125,000   |
| 19  | Total Operating Expenses   | \$287,076,522 | \$302,743,320  | \$341,987,000  |
| 20  | Depreciation Expense   | \$14,907,372  | \$16,786,166   | \$18,628,000   |
| 21  | Total Operating Expenses less Depreciation Expense                   | \$272,169,150 | \$285,957,154  | \$323,359,000  |
| <b>F. Solvency Measures Summary</b>                           |  |               |                |                |
| 1   | <b>Equity Financing Ratio</b>  | <b>73.9</b>   | <b>75.1</b>    | <b>67.3</b>    |
| 2   | Total Net Assets   | \$378,665,000 | \$380,811,000  | \$356,510,000  |
| 3   | Total Assets   | \$512,078,000 | \$507,363,000  | \$529,360,000  |
| 4   | <b>Cash Flow to Total Debt Ratio</b>                                 | <b>62.3</b>   | <b>2.1</b>     | <b>20.3</b>    |
| 5   | Excess/(Deficiency) of Revenues Over Expenses                        | \$48,626,831  | (\$14,478,143) | \$7,007,000    |
| 6   | Depreciation Expense   | \$14,907,372  | \$16,786,166   | \$18,628,000   |
| 7   | Excess of Revenues Over Expenses and Depreciation Expense            | \$63,534,203  | \$2,308,023    | \$25,635,000   |
| 8   | Total Current Liabilities  | \$46,109,000  | \$50,391,000   | \$55,125,000   |
| 9   | Total Long Term Debt   | \$55,831,000  | \$57,129,000   | \$71,089,000   |
| 10  | Total Current Liabilities and Total Long Term Debt                   | \$101,940,000 | \$107,520,000  | \$126,214,000  |
| 11  | <b>Long Term Debt to Capitalization Ratio</b>                        | <b>12.8</b>   | <b>13.0</b>    | <b>16.6</b>    |
| 12  | Total Long Term Debt   | \$55,831,000  | \$57,129,000   | \$71,089,000   |
| 13  | Total Net Assets   | \$378,665,000 | \$380,811,000  | \$356,510,000  |
| 14  | Total Long Term Debt and Total Net Assets                            | \$434,496,000 | \$437,940,000  | \$427,599,000  |
| 15  | <b>Debt Service Coverage Ratio</b>                                   | <b>26.6</b>   | <b>3.3</b>     | <b>16.5</b>    |
| 16  | Excess Revenues over Expenses  | \$48,626,831  | (\$14,478,143) | \$7,007,000    |
| 17  | Interest Expense   | \$2,481,573   | \$1,011,878    | \$678,000      |
| 18  | Depreciation and Amortization Expense                                | \$14,907,372  | \$16,786,166   | \$18,628,000   |

| SAINT VINCENT'S MEDICAL CENTER                                |   |               |               |               |
|---|---|---------------|---------------|---------------|
| TWELVE MONTHS ACTUAL FILING                                   |   |               |               |               |
| FISCAL YEAR 2009  |   |               |               |               |
| REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS |   |               |               |               |
| (1)   | (2)   | (3)           | (4)           | (5)           |
|   |   | ACTUAL        | ACTUAL        | ACTUAL        |
| LINE  | DESCRIPTION   | FY 2007       | FY 2008       | FY 2009       |
| 19  | Principal Payments  | \$0           | \$0           | \$912,458     |
| <b>G. Other Financial Ratios</b>                              |   |               |               |               |
| 20  | <b>Average Age of Plant</b>                                 | <b>8.6</b>    | <b>8.3</b>    | <b>8.7</b>    |
| 21  | Accumulated Depreciation                                    | \$127,471,000 | \$138,885,000 | \$162,502,000 |
| 22  | Depreciation and Amortization Expense                       | \$14,907,372  | \$16,786,166  | \$18,628,000  |
| <b>H. Utilization Measures Summary</b>                        |   |               |               |               |
| 1   | Patient Days  | 100,497       | 104,524       | 125,447       |
| 2   | Discharges  | 19,434        | 20,159        | 21,743        |
| 3   | ALOS  | 5.2           | 5.2           | 5.8           |
| 4   | Staffed Beds  | 336           | 340           | 415           |
| 5   | Available Beds  | -             | -             | 423           |
| 6   | Licensed Beds   | 444           | 349           | 520           |
| 6   | Occupancy of Staffed Beds                                   | 81.9%         | 84.2%         | 82.8%         |
| 7   | Occupancy of Available Beds                                 | 62.0%         | 82.1%         | 81.3%         |
| 8   | Full Time Equivalent Employees                              | 1,734.9       | 1,829.4       | 2,049.6       |
| <b>I. Hospital Gross Revenue Payer Mix Percentage</b>         |   |               |               |               |
| 1   | Non-Government Gross Revenue Payer Mix Percentage           | 32.8%         | 32.6%         | 32.3%         |
| 2   | Medicare Gross Revenue Payer Mix Percentage                 | 50.5%         | 50.0%         | 48.6%         |
| 3   | Medicaid Gross Revenue Payer Mix Percentage                 | 9.8%          | 10.1%         | 11.3%         |
| 4   | Other Medical Assistance Gross Revenue Payer Mix Percentage | 1.9%          | 2.4%          | 2.9%          |
| 5   | Uninsured Gross Revenue Payer Mix Percentage                | 5.0%          | 4.8%          | 4.8%          |
| 6   | CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage        | 0.1%          | 0.1%          | 0.1%          |
| 7   | Total Gross Revenue Payer Mix Percentage                    | 100.0%        | 100.0%        | 100.0%        |
| 8   | Non-Government Gross Revenue (Charges)                      | \$204,211,988 | \$234,394,992 | \$275,065,620 |
| 9   | Medicare Gross Revenue (Charges)                            | \$314,731,481 | \$359,281,635 | \$414,483,421 |
| 10  | Medicaid Gross Revenue (Charges)                            | \$61,325,463  | \$72,431,541  | \$96,364,311  |
| 11  | Other Medical Assistance Gross Revenue (Charges)            | \$11,584,874  | \$17,122,692  | \$24,848,470  |
| 12  | Uninsured Gross Revenue (Charges)                           | \$31,302,870  | \$34,304,823  | \$41,092,431  |
| 13  | CHAMPUS / TRICARE Gross Revenue (Charges)                   | \$386,009     | \$380,863     | \$644,616     |
| 14  | Total Gross Revenue (Charges)                               | \$623,542,685 | \$717,916,546 | \$852,498,869 |
| <b>J. Hospital Net Revenue Payer Mix Percentage</b>           |   |               |               |               |
| 1   | Non-Government Net Revenue Payer Mix Percentage             | 41.8%         | 43.3%         | 43.5%         |

| SAINT VINCENT'S MEDICAL CENTER                                |   |               |               |               |
|---|---|---------------|---------------|---------------|
| TWELVE MONTHS ACTUAL FILING                                   |   |               |               |               |
| FISCAL YEAR 2009  |   |               |               |               |
| REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS |   |               |               |               |
| (1)   | (2)   | (3)           | (4)           | (5)           |
|   |   | ACTUAL        | ACTUAL        | ACTUAL        |
| LINE  | DESCRIPTION   | FY 2007       | FY 2008       | FY 2009       |
| 2   | Medicare Net Revenue Payer Mix Percentage                 | 48.2%         | 47.9%         | 45.5%         |
| 3   | Medicaid Net Revenue Payer Mix Percentage                 | 6.9%          | 6.7%          | 8.9%          |
| 4   | Other Medical Assistance Net Revenue Payer Mix Percentage | 0.8%          | 0.8%          | 1.1%          |
| 5   | Uninsured Net Revenue Payer Mix Percentage                | 2.3%          | 1.3%          | 1.0%          |
| 6   | CHAMPUS / TRICARE Net Revenue Payer Mix Percentage        | 0.0%          | 0.0%          | 0.1%          |
| 7   | Total Net Revenue Payer Mix Percentage                    | 100.0%        | 100.0%        | 100.0%        |
| 8   | Non-Government Net Revenue (Payments)                     | \$112,661,925 | \$125,119,067 | \$139,171,976 |
| 9   | Medicare Net Revenue (Payments)                           | \$129,799,665 | \$138,576,124 | \$145,672,141 |
| 10  | Medicaid Net Revenue (Payments)                           | \$18,610,386  | \$19,395,154  | \$28,439,441  |
| 11  | Other Medical Assistance Net Revenue (Payments)           | \$2,095,548   | \$2,241,735   | \$3,411,496   |
| 12  | Uninsured Net Revenue (Payments)                          | \$6,220,896   | \$3,824,672   | \$3,052,195   |
| 13  | CHAMPUS / TRICARE Net Revenue Payments)                   | \$131,815     | \$73,941      | \$223,394     |
| 14  | Total Net Revenue (Payments)                              | \$269,520,235 | \$289,230,693 | \$319,970,643 |
| <b>K. Discharges</b>  |   |               |               |               |
| 1   | Non-Government (Including Self Pay / Uninsured)           | 7,156         | 7,538         | 8,200         |
| 2   | Medicare  | 9,179         | 9,522         | 9,746         |
| 3   | Medical Assistance  | 3,093         | 3,087         | 3,779         |
| 4   | Medicaid  | 2,756         | 2,656         | 3,120         |
| 5   | Other Medical Assistance                                  | 337           | 431           | 659           |
| 6   | CHAMPUS / TRICARE   | 6             | 12            | 18            |
| 7   | Uninsured (Included In Non-Government)                    | 808           | 950           | 955           |
| 8   | Total   | 19,434        | 20,159        | 21,743        |
| <b>L. Case Mix Index</b>                                      |   |               |               |               |
| 1   | Non-Government (Including Self Pay / Uninsured)           | 1.313200      | 1.292000      | 1.190900      |
| 2   | Medicare  | 1.542900      | 1.536600      | 1.529900      |
| 3   | Medical Assistance  | 0.959288      | 0.998078      | 0.963437      |
| 4   | Medicaid  | 0.928400      | 0.963900      | 0.912500      |
| 5   | Other Medical Assistance                                  | 1.211900      | 1.208700      | 1.204600      |
| 6   | CHAMPUS / TRICARE   | 1.399900      | 0.697000      | 1.110900      |
| 7   | Uninsured (Included In Non-Government)                    | 1.038500      | 1.099200      | 1.098700      |
| 8   | Total Case Mix Index                                      | 1.365391      | 1.362172      | 1.303252      |
| <b>M. Emergency Department Visits</b>                         |   |               |               |               |
| 1   | Emergency Room - Treated and Admitted                     | 11,570        | 12,721        | 10,882        |
| 2   | Emergency Room - Treated and Discharged                   | 48,718        | 47,919        | 50,431        |
| 3   | Total Emergency Room Visits                               | 60,288        | 60,640        | 61,313        |

**SAINT VINCENT'S MEDICAL CENTER  
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FISCAL YEAR 2009  
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| (1)  | (2)  | (3)                | (4)                | (5)                  | (6)             |
|--|--|--------------------|--------------------|----------------------|-----------------|
| LINE   | DESCRIPTION                                      | FY 2008<br>ACTUAL  | FY 2009<br>ACTUAL  | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>I. MEDICARE MANAGED CARE</b>              |  |                    |                    |                      |                 |
| <b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b> |  |                    |                    |                      |                 |
| 1  | Inpatient Charges                                | \$320,346          | \$430,580          | \$110,234            | 34%             |
| 2  | Inpatient Payments                               | \$119,465          | \$196,795          | \$77,330             | 65%             |
| 3  | Outpatient Charges                               | \$44,287           | \$87,677           | \$43,390             | 98%             |
| 4  | Outpatient Payments                              | \$7,295            | \$23,269           | \$15,974             | 219%            |
| 5  | Discharges                                       | 9                  | 17                 | 8                    | 89%             |
| 6  | Patient Days                                     | 34                 | 84                 | 50                   | 147%            |
| 7  | Outpatient Visits (Excludes ED Visits)           | 28                 | 30                 | 2                    | 7%              |
| 8  | Emergency Department Outpatient Visits           | 6                  | 24                 | 18                   | 300%            |
| 9  | Emergency Department Inpatient Admissions        | 9                  | 16                 | 7                    | 78%             |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$364,633</b>   | <b>\$518,257</b>   | <b>\$153,624</b>     | <b>42%</b>      |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$126,760</b>   | <b>\$220,064</b>   | <b>\$93,304</b>      | <b>74%</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                                | \$584,880          | \$4,076,896        | \$3,492,016          | 597%            |
| 2  | Inpatient Payments                               | \$195,620          | \$1,313,627        | \$1,118,007          | 572%            |
| 3  | Outpatient Charges                               | \$445,837          | \$1,397,756        | \$951,919            | 214%            |
| 4  | Outpatient Payments                              | \$94,567           | \$328,774          | \$234,207            | 248%            |
| 5  | Discharges                                       | 23                 | 133                | 110                  | 478%            |
| 6  | Patient Days                                     | 110                | 692                | 582                  | 529%            |
| 7  | Outpatient Visits (Excludes ED Visits)           | 101                | 633                | 532                  | 527%            |
| 8  | Emergency Department Outpatient Visits           | 11                 | 67                 | 56                   | 509%            |
| 9  | Emergency Department Inpatient Admissions        | 16                 | 86                 | 70                   | 438%            |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$1,030,717</b> | <b>\$5,474,652</b> | <b>\$4,443,935</b>   | <b>431%</b>     |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$290,187</b>   | <b>\$1,642,401</b> | <b>\$1,352,214</b>   | <b>466%</b>     |



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| (1)   | (2)  | (3)                 | (4)                  | (5)                  | (6)             |
|---|--|---------------------|----------------------|----------------------|-----------------|
| LINE  | DESCRIPTION                                      | FY 2008<br>ACTUAL   | FY 2009<br>ACTUAL    | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>D. HEALTHNET OF CONNECTICUT</b>                      |  |                     |                      |                      |                 |
| 1   | Inpatient Charges                                | \$70,643,845        | \$82,801,468         | \$12,157,623         | 17%             |
| 2   | Inpatient Payments                               | \$27,927,692        | \$28,948,852         | \$1,021,160          | 4%              |
| 3   | Outpatient Charges                               | \$15,335,489        | \$19,988,916         | \$4,653,427          | 30%             |
| 4   | Outpatient Payments                              | \$4,678,949         | \$5,730,397          | \$1,051,448          | 22%             |
| 5   | Discharges                                       | 2,322               | 2,412                | 90                   | 4%              |
| 6   | Patient Days                                     | 14,090              | 14,849               | 759                  | 5%              |
| 7   | Outpatient Visits (Excludes ED Visits)           | 7,183               | 8,047                | 864                  | 12%             |
| 8   | Emergency Department Outpatient Visits           | 1,274               | 1,431                | 157                  | 12%             |
| 9   | Emergency Department Inpatient Admissions        | 1,651               | 1,681                | 30                   | 2%              |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$85,979,334</b> | <b>\$102,790,384</b> | <b>\$16,811,050</b>  | <b>20%</b>      |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$32,606,641</b> | <b>\$34,679,249</b>  | <b>\$2,072,608</b>   | <b>6%</b>       |
| <b>E. OTHER MEDICARE MANAGED CARE</b>                   |  |                     |                      |                      |                 |
| 1   | Inpatient Charges                                | \$0                 | \$0                  | \$0                  | 0%              |
| 2   | Inpatient Payments                               | \$0                 | \$0                  | \$0                  | 0%              |
| 3   | Outpatient Charges                               | \$654               | \$0                  | (\$654)              | -100%           |
| 4   | Outpatient Payments                              | \$381               | \$0                  | (\$381)              | -100%           |
| 5   | Discharges                                       | 0                   | 0                    | 0                    | 0%              |
| 6   | Patient Days                                     | 0                   | 0                    | 0                    | 0%              |
| 7   | Outpatient Visits (Excludes ED Visits)           | 1                   | 0                    | (1)                  | -100%           |
| 8   | Emergency Department Outpatient Visits           | 1                   | 0                    | (1)                  | -100%           |
| 9   | Emergency Department Inpatient Admissions        | 0                   | 0                    | 0                    | 0%              |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$654</b>        | <b>\$0</b>           | <b>(\$654)</b>       | <b>-100%</b>    |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$381</b>        | <b>\$0</b>           | <b>(\$381)</b>       | <b>-100%</b>    |
| <b>F. 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>       |

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| (1)   | (2)  | (3)                | (4)                | (5)                  | (6)             |
|---|--|--------------------|--------------------|----------------------|-----------------|
| LINE  | DESCRIPTION                                      | FY 2008<br>ACTUAL  | FY 2009<br>ACTUAL  | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>G. UNITED HEALTHCARE INSURANCE COMPANY</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. WELLCARE OF CONNECTICUT</b>             |  |                    |                    |                      |                 |
| 1   | Inpatient Charges                                | \$2,895,507        | \$5,230,147        | \$2,334,640          | 81%             |
| 2   | Inpatient Payments                               | \$916,168          | \$1,611,513        | \$695,345            | 76%             |
| 3   | Outpatient Charges                               | \$1,079,705        | \$1,729,666        | \$649,961            | 60%             |
| 4   | Outpatient Payments                              | \$251,851          | \$486,710          | \$234,859            | 93%             |
| 5   | Discharges                                       | 103                | 149                | 46                   | 45%             |
| 6   | Patient Days                                     | 630                | 1,049              | 419                  | 67%             |
| 7   | Outpatient Visits (Excludes ED Visits)           | 483                | 713                | 230                  | 48%             |
| 8   | Emergency Department Outpatient Visits           | 195                | 283                | 88                   | 45%             |
| 9   | Emergency Department Inpatient Admissions        | 88                 | 111                | 23                   | 26%             |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$3,975,212</b> | <b>\$6,959,813</b> | <b>\$2,984,601</b>   | <b>75%</b>      |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$1,168,019</b> | <b>\$2,098,223</b> | <b>\$930,204</b>     | <b>80%</b>      |
| <b>I. AETNA</b>                               |  |                    |                    |                      |                 |
| 1   | Inpatient Charges                                | \$777,248          | \$641,282          | (\$135,966)          | -17%            |
| 2   | Inpatient Payments                               | \$288,240          | \$197,624          | (\$90,616)           | -31%            |
| 3   | Outpatient Charges                               | \$141,624          | \$494,757          | \$353,133            | 249%            |
| 4   | Outpatient Payments                              | \$57,968           | \$111,573          | \$53,605             | 92%             |
| 5   | Discharges                                       | 20                 | 25                 | 5                    | 25%             |
| 6   | Patient Days                                     | 171                | 140                | (31)                 | -18%            |
| 7   | Outpatient Visits (Excludes ED Visits)           | 52                 | 255                | 203                  | 390%            |
| 8   | Emergency Department Outpatient Visits           | 21                 | 48                 | 27                   | 129%            |
| 9   | Emergency Department Inpatient Admissions        | 13                 | 19                 | 6                    | 46%             |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$918,872</b>   | <b>\$1,136,039</b> | <b>\$217,167</b>     | <b>24%</b>      |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$346,208</b>   | <b>\$309,197</b>   | <b>(\$37,011)</b>    | <b>-11%</b>     |

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| (1)   | (2)  | (3)               | (4)               | (5)                  | (6)             |
|---|--|-------------------|-------------------|----------------------|-----------------|
| LINE  | DESCRIPTION                                      | FY 2008<br>ACTUAL | FY 2009<br>ACTUAL | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>J. HUMANA</b>                              |  |                   |                   |                      |                 |
| 1   | Inpatient Charges                                | \$366,456         | \$881,276         | \$514,820            | 140%            |
| 2   | Inpatient Payments                               | \$138,872         | \$250,608         | \$111,736            | 80%             |
| 3   | Outpatient Charges                               | \$18,068          | \$89,234          | \$71,166             | 394%            |
| 4   | Outpatient Payments                              | \$7,404           | \$23,782          | \$16,378             | 221%            |
| 5   | Discharges                                       | 8                 | 26                | 18                   | 225%            |
| 6   | Patient Days                                     | 44                | 139               | 95                   | 216%            |
| 7   | Outpatient Visits (Excludes ED Visits)           | 17                | 62                | 45                   | 265%            |
| 8   | Emergency Department Outpatient Visits           | 6                 | 27                | 21                   | 350%            |
| 9   | Emergency Department Inpatient Admissions        | 7                 | 19                | 12                   | 171%            |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$384,524</b>  | <b>\$970,510</b>  | <b>\$585,986</b>     | <b>152%</b>     |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$146,276</b>  | <b>\$274,390</b>  | <b>\$128,114</b>     | <b>88%</b>      |
| <b>K. 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. UNICARE LIFE &amp; HEALTH INSURANCE</b> |  |                   |                   |                      |                 |
| 1   | Inpatient Charges                                | \$0               | \$0               | \$0                  | 0%              |
| 2   | Inpatient Payments                               | \$0               | \$0               | \$0                  | 0%              |
| 3   | Outpatient Charges                               | \$0               | \$0               | \$0                  | 0%              |
| 4   | Outpatient Payments                              | \$0               | \$0               | \$0                  | 0%              |
| 5   | Discharges                                       | 0                 | 0                 | 0                    | 0%              |
| 6   | Patient Days                                     | 0                 | 0                 | 0                    | 0%              |
| 7   | Outpatient Visits (Excludes ED Visits)           | 0                 | 0                 | 0                    | 0%              |
| 8   | Emergency Department Outpatient Visits           | 0                 | 0                 | 0                    | 0%              |
| 9   | Emergency Department Inpatient Admissions        | 0                 | 0                 | 0                    | 0%              |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$0</b>        | <b>\$0</b>        | <b>\$0</b>           | <b>0%</b>       |
|   | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$0</b>        | <b>\$0</b>        | <b>\$0</b>           | <b>0%</b>       |

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| (1)                                    | (2)  | (3)                 | (4)                  | (5)                  | (6)             |
|--|--|---------------------|----------------------|----------------------|-----------------|
| LINE                                   | DESCRIPTION  | FY 2008<br>ACTUAL   | FY 2009<br>ACTUAL    | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>M. UNIVERSAL AMERICAN</b>           |  |                     |                      |                      |                 |
| 1                                      | Inpatient Charges                                      | \$0                 | \$0                  | \$0                  | 0%              |
| 2                                      | Inpatient Payments                                     | \$0                 | \$0                  | \$0                  | 0%              |
| 3                                      | Outpatient Charges                                     | \$0                 | \$0                  | \$0                  | 0%              |
| 4                                      | Outpatient Payments                                    | \$0                 | \$0                  | \$0                  | 0%              |
| 5                                      | Discharges   | 0                   | 0                    | 0                    | 0%              |
| 6                                      | Patient Days   | 0                   | 0                    | 0                    | 0%              |
| 7                                      | Outpatient Visits (Excludes ED Visits)                 | 0                   | 0                    | 0                    | 0%              |
| 8                                      | Emergency Department Outpatient Visits                 | 0                   | 0                    | 0                    | 0%              |
| 9                                      | Emergency Department Inpatient Admissions              | 0                   | 0                    | 0                    | 0%              |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>        | <b>\$0</b>          | <b>\$0</b>           | <b>\$0</b>           | <b>0%</b>       |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>       | <b>\$0</b>          | <b>\$0</b>           | <b>\$0</b>           | <b>0%</b>       |
| <b>N. EVERCARE</b>                     |  |                     |                      |                      |                 |
| 1                                      | Inpatient Charges                                      | \$1,747,884         | \$3,319,747          | \$1,571,863          | 90%             |
| 2                                      | Inpatient Payments                                     | \$726,508           | \$1,119,847          | \$393,339            | 54%             |
| 3                                      | Outpatient Charges                                     | \$294,790           | \$1,168,456          | \$873,666            | 296%            |
| 4                                      | Outpatient Payments                                    | \$96,954            | \$260,894            | \$163,940            | 169%            |
| 5                                      | Discharges   | 79                  | 108                  | 29                   | 37%             |
| 6                                      | Patient Days   | 417                 | 606                  | 189                  | 45%             |
| 7                                      | Outpatient Visits (Excludes ED Visits)                 | 171                 | 466                  | 295                  | 173%            |
| 8                                      | Emergency Department Outpatient Visits                 | 50                  | 130                  | 80                   | 160%            |
| 9                                      | Emergency Department Inpatient Admissions              | 75                  | 72                   | (3)                  | -4%             |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>        | <b>\$2,042,674</b>  | <b>\$4,488,203</b>   | <b>\$2,445,529</b>   | <b>120%</b>     |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>       | <b>\$823,462</b>    | <b>\$1,380,741</b>   | <b>\$557,279</b>     | <b>68%</b>      |
| <b>II. TOTAL MEDICARE MANAGED CARE</b> |  |                     |                      |                      |                 |
|  | <b>TOTAL INPATIENT CHARGES</b>                         | <b>\$77,336,166</b> | <b>\$97,381,396</b>  | <b>\$20,045,230</b>  | <b>26%</b>      |
|  | <b>TOTAL INPATIENT PAYMENTS</b>                        | <b>\$30,312,565</b> | <b>\$33,638,866</b>  | <b>\$3,326,301</b>   | <b>11%</b>      |
|  | <b>TOTAL OUTPATIENT CHARGES</b>                        | <b>\$17,360,454</b> | <b>\$24,956,462</b>  | <b>\$7,596,008</b>   | <b>44%</b>      |
|  | <b>TOTAL OUTPATIENT PAYMENTS</b>                       | <b>\$5,195,369</b>  | <b>\$6,965,399</b>   | <b>\$1,770,030</b>   | <b>34%</b>      |
|  | <b>TOTAL DISCHARGES</b>                                | <b>2,564</b>        | <b>2,870</b>         | <b>306</b>           | <b>12%</b>      |
|  | <b>TOTAL PATIENT DAYS</b>                              | <b>15,496</b>       | <b>17,559</b>        | <b>2,063</b>         | <b>13%</b>      |
|  | <b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>    | <b>8,036</b>        | <b>10,206</b>        | <b>2,170</b>         | <b>27%</b>      |
|  | <b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>    | <b>1,564</b>        | <b>2,010</b>         | <b>446</b>           | <b>29%</b>      |
|  | <b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b> | <b>1,859</b>        | <b>2,004</b>         | <b>145</b>           | <b>8%</b>       |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>        | <b>\$94,696,620</b> | <b>\$122,337,858</b> | <b>\$27,641,238</b>  | <b>29%</b>      |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>       | <b>\$35,507,934</b> | <b>\$40,604,265</b>  | <b>\$5,096,331</b>   | <b>14%</b>      |

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

| (1)  | (2)  | (3)<br>FY 2008<br>ACTUAL | (4)<br>FY 2009<br>ACTUAL | (5)<br>AMOUNT<br>DIFFERENCE | (6)<br>% DIFFERENCE |
|--|--|--------------------------|--------------------------|-----------------------------|---------------------|
| <b>I. MEDICAID MANAGED CARE</b>                            |  |                          |                          |                             |                     |
| <b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b> |  |                          |                          |                             |                     |
| 1  | Inpatient Charges                                | \$4,605,030              | \$1,797,253              | (\$2,807,777)               | -61%                |
| 2  | Inpatient Payments                               | \$1,197,501              | \$592,031                | (\$605,470)                 | -51%                |
| 3  | Outpatient Charges                               | \$4,751,062              | \$2,117,584              | (\$2,633,478)               | -55%                |
| 4  | Outpatient Payments                              | \$1,532,871              | \$916,316                | (\$616,555)                 | -40%                |
| 5  | Discharges                                       | 394                      | 149                      | (245)                       | -62%                |
| 6  | Patient Days                                     | 1,251                    | 431                      | (820)                       | -66%                |
| 7  | Outpatient Visits (Excludes ED Visits)           | 5,796                    | 1,958                    | (3,838)                     | -66%                |
| 8  | Emergency Department Outpatient Visits           | 2,679                    | 891                      | (1,788)                     | -67%                |
| 9  | Emergency Department Inpatient Admissions        | 97                       | 52                       | (45)                        | -46%                |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$9,356,092</b>       | <b>\$3,914,837</b>       | <b>(\$5,441,255)</b>        | <b>-58%</b>         |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$2,730,372</b>       | <b>\$1,508,347</b>       | <b>(\$1,222,025)</b>        | <b>-45%</b>         |
| <b>B. COMMUNITY HEALTH NETWORK OF CT</b>                   |  |                          |                          |                             |                     |
| 1  | Inpatient Charges                                | \$2,050,573              | \$7,315,635              | \$5,265,062                 | 257%                |
| 2  | Inpatient Payments                               | \$499,967                | \$1,746,994              | \$1,247,027                 | 249%                |
| 3  | Outpatient Charges                               | \$2,961,938              | \$9,881,200              | \$6,919,262                 | 234%                |
| 4  | Outpatient Payments                              | \$745,418                | \$3,370,552              | \$2,625,134                 | 352%                |
| 5  | Discharges                                       | 222                      | 609                      | 387                         | 174%                |
| 6  | Patient Days                                     | 641                      | 1,830                    | 1,189                       | 185%                |
| 7  | Outpatient Visits (Excludes ED Visits)           | 2,285                    | 9,678                    | 7,393                       | 324%                |
| 8  | Emergency Department Outpatient Visits           | 2,295                    | 5,487                    | 3,192                       | 139%                |
| 9  | Emergency Department Inpatient Admissions        | 57                       | 161                      | 104                         | 182%                |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$5,012,511</b>       | <b>\$17,196,835</b>      | <b>\$12,184,324</b>         | <b>243%</b>         |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$1,245,385</b>       | <b>\$5,117,546</b>       | <b>\$3,872,161</b>          | <b>311%</b>         |
| <b>C. HEALTHNET OF THE NORTHEAST, INC.</b>                 |  |                          |                          |                             |                     |
| 1  | Inpatient Charges                                | \$2,774,548              | \$0                      | (\$2,774,548)               | -100%               |
| 2  | Inpatient Payments                               | \$1,003,538              | \$0                      | (\$1,003,538)               | -100%               |
| 3  | Outpatient Charges                               | \$3,176,922              | \$8,336                  | (\$3,168,586)               | -100%               |
| 4  | Outpatient Payments                              | \$1,374,361              | \$8,336                  | (\$1,366,025)               | -99%                |
| 5  | Discharges                                       | 270                      | 0                        | (270)                       | -100%               |
| 6  | Patient Days                                     | 808                      | 0                        | (808)                       | -100%               |
| 7  | Outpatient Visits (Excludes ED Visits)           | 4,370                    | 3                        | (4,367)                     | -100%               |
| 8  | Emergency Department Outpatient Visits           | 1,971                    | 1                        | (1,970)                     | -100%               |
| 9  | Emergency Department Inpatient Admissions        | 68                       | 1                        | (67)                        | -99%                |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$5,951,470</b>       | <b>\$8,336</b>           | <b>(\$5,943,134)</b>        | <b>-100%</b>        |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$2,377,899</b>       | <b>\$8,336</b>           | <b>(\$2,369,563)</b>        | <b>-100%</b>        |

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

| (1)  | (2)  | (3)<br>FY 2008<br>ACTUAL | (4)<br>FY 2009<br>ACTUAL | (5)<br>AMOUNT<br>DIFFERENCE | (6)<br>% DIFFERENCE |
|--|--|--------------------------|--------------------------|-----------------------------|---------------------|
| <b>D. OTHER MEDICAID MANAGED CARE</b>                |  |                          |                          |                             |                     |
| 1  | Inpatient Charges                                | \$2,058,764              | \$18,361,105             | \$16,302,341                | 792%                |
| 2  | Inpatient Payments                               | \$265,113                | \$4,341,623              | \$4,076,510                 | 1538%               |
| 3  | Outpatient Charges                               | \$1,201,034              | \$1,530,264              | \$329,230                   | 27%                 |
| 4  | Outpatient Payments                              | \$198,753                | \$400,936                | \$202,183                   | 102%                |
| 5  | Discharges                                       | 153                      | 730                      | 577                         | 377%                |
| 6  | Patient Days                                     | 663                      | 7,302                    | 6,639                       | 1001%               |
| 7  | Outpatient Visits (Excludes ED Visits)           | 314                      | 622                      | 308                         | 98%                 |
| 8  | Emergency Department Outpatient Visits           | 797                      | 1,081                    | 284                         | 36%                 |
| 9  | Emergency Department Inpatient Admissions        | 123                      | 349                      | 226                         | 184%                |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$3,259,798</b>       | <b>\$19,891,369</b>      | <b>\$16,631,571</b>         | <b>510%</b>         |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$463,866</b>         | <b>\$4,742,559</b>       | <b>\$4,278,693</b>          | <b>922%</b>         |
| <b>E. WELLCARE OF CONNECTICUT</b>                    |  |                          |                          |                             |                     |
| 1  | Inpatient Charges                                | \$0                      | \$0                      | \$0                         | 0%                  |
| 2  | Inpatient Payments                               | \$0                      | \$0                      | \$0                         | 0%                  |
| 3  | Outpatient Charges                               | \$0                      | \$0                      | \$0                         | 0%                  |
| 4  | Outpatient Payments                              | \$0                      | \$0                      | \$0                         | 0%                  |
| 5  | Discharges                                       | 0                        | 0                        | 0                           | 0%                  |
| 6  | Patient Days                                     | 0                        | 0                        | 0                           | 0%                  |
| 7  | Outpatient Visits (Excludes ED Visits)           | 0                        | 0                        | 0                           | 0%                  |
| 8  | Emergency Department Outpatient Visits           | 0                        | 0                        | 0                           | 0%                  |
| 9  | Emergency Department Inpatient Admissions        | 0                        | 0                        | 0                           | 0%                  |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>  | <b>\$0</b>               | <b>\$0</b>               | <b>\$0</b>                  | <b>0%</b>           |
|  | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b> | <b>\$0</b>               | <b>\$0</b>               | <b>\$0</b>                  | <b>0%</b>           |
| <b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b> |  |                          |                          |                             |                     |
| 1  | Inpatient Charges                                | \$576,521                | \$0                      | (\$576,521)                 | -100%               |
| 2  | Inpatient Payments                               | \$205,472                | \$0                      | (\$205,472)                 | -100%               |
| 3  | Outpatient Charges                               | \$728,809                | \$2,754                  | (\$726,055)                 | -100%               |
| 4  | Outpatient Payments                              | \$293,152                | \$1,634                  | (\$291,518)                 | -99%                |
| 5  | Discharges                                       | 56                       | 0                        | (56)                        | -100%               |
| 6  | Patient Days                                     | 167                      | 0                        | (167)                       | -100%               |
| 7  | Outpatient Visits (Excludes ED Visits)           | 188                      | 0                        | (188)                       | -100%               |
| 8  | Emergency Department Outpatient Visits           | 723                      | 2                        | (721)                       | -100%               |

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

| (1)        | (2)  | (3)<br>FY 2008<br>ACTUAL | (4)<br>FY 2009<br>ACTUAL | (5)<br>AMOUNT<br>DIFFERENCE | (6)<br>% DIFFERENCE |
|------------|--|--------------------------|--------------------------|-----------------------------|---------------------|
| 9          | Emergency Department Inpatient Admissions              | 22                       | 0                        | (22)                        | -100%               |
|            | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>        | <b>\$1,305,330</b>       | <b>\$2,754</b>           | <b>(\$1,302,576)</b>        | <b>-100%</b>        |
|            | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>       | <b>\$498,624</b>         | <b>\$1,634</b>           | <b>(\$496,990)</b>          | <b>-100%</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                      | \$353,837                | \$353,837                   | 0%                  |
| 2          | Inpatient Payments                                     | \$0                      | \$3,483                  | \$3,483                     | 0%                  |
| 3          | Outpatient Charges                                     | \$0                      | \$326,556                | \$326,556                   | 0%                  |
| 4          | Outpatient Payments                                    | \$0                      | \$53,635                 | \$53,635                    | 0%                  |
| 5          | Discharges   | 0                        | 16                       | 16                          | 0%                  |
| 6          | Patient Days   | 0                        | 96                       | 96                          | 0%                  |
| 7          | Outpatient Visits (Excludes ED Visits)                 | 0                        | 410                      | 410                         | 0%                  |
| 8          | Emergency Department Outpatient Visits                 | 0                        | 146                      | 146                         | 0%                  |
| 9          | Emergency Department Inpatient Admissions              | 0                        | 9                        | 9                           | 0%                  |
|            | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>        | <b>\$0</b>               | <b>\$680,393</b>         | <b>\$680,393</b>            | <b>0%</b>           |
|            | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>       | <b>\$0</b>               | <b>\$57,118</b>          | <b>\$57,118</b>             | <b>0%</b>           |
| <b>II.</b> | <b>TOTAL MEDICAID MANAGED CARE</b>                     |                          |                          |                             |                     |
|            | <b>TOTAL INPATIENT CHARGES</b>                         | <b>\$12,065,436</b>      | <b>\$27,827,830</b>      | <b>\$15,762,394</b>         | <b>131%</b>         |
|            | <b>TOTAL INPATIENT PAYMENTS</b>                        | <b>\$3,171,591</b>       | <b>\$6,684,131</b>       | <b>\$3,512,540</b>          | <b>111%</b>         |
|            | <b>TOTAL OUTPATIENT CHARGES</b>                        | <b>\$12,819,765</b>      | <b>\$13,866,694</b>      | <b>\$1,046,929</b>          | <b>8%</b>           |
|            | <b>TOTAL OUTPATIENT PAYMENTS</b>                       | <b>\$4,144,555</b>       | <b>\$4,751,409</b>       | <b>\$606,854</b>            | <b>15%</b>          |
|            | <b>TOTAL DISCHARGES</b>                                | <b>1,095</b>             | <b>1,504</b>             | <b>409</b>                  | <b>37%</b>          |
|            | <b>TOTAL PATIENT DAYS</b>                              | <b>3,530</b>             | <b>9,659</b>             | <b>6,129</b>                | <b>174%</b>         |
|            | <b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>    | <b>12,953</b>            | <b>12,671</b>            | <b>(282)</b>                | <b>-2%</b>          |
|            | <b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>    | <b>8,465</b>             | <b>7,608</b>             | <b>(857)</b>                | <b>-10%</b>         |
|            | <b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b> | <b>367</b>               | <b>572</b>               | <b>205</b>                  | <b>56%</b>          |
|            | <b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>        | <b>\$24,885,201</b>      | <b>\$41,694,524</b>      | <b>\$16,809,323</b>         | <b>68%</b>          |
|            | <b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>       | <b>\$7,316,146</b>       | <b>\$11,435,540</b>      | <b>\$4,119,394</b>          | <b>56%</b>          |

**SAINT VINCENT'S MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

| (1) | (2) | (3)               | (4)               | (5)                  | (6)          |
|-----|-----|-------------------|-------------------|----------------------|--------------|
|     |     | FY 2008<br>ACTUAL | FY 2009<br>ACTUAL | AMOUNT<br>DIFFERENCE | % DIFFERENCE |
|     |     |                   |                   |                      |              |



| ST VINCENTS HEALTH SERVICES CORPORATION         |   |                      |                      |                       |                   |
|---|---|----------------------|----------------------|-----------------------|-------------------|
| TWELVE MONTHS ACTUAL FILING                     |   |                      |                      |                       |                   |
| FISCAL YEAR 2009                                |   |                      |                      |                       |                   |
| REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION |   |                      |                      |                       |                   |
| (1)   | (2)   | (3)                  | (4)                  | (5)                   | (6)               |
|   |   | FY 2008              | FY 2009              | AMOUNT                | %                 |
| <u>LINE</u>                                     | <u>DESCRIPTION</u>  | <u>ACTUAL</u>        | <u>ACTUAL</u>        | <u>DIFFERENCE</u>     | <u>DIFFERENCE</u> |
| I.  | <b><u>ASSETS</u></b>  |                      |                      |                       |                   |
| A.  | <b><u>Current Assets:</u></b>                               |                      |                      |                       |                   |
| 1   | Cash and Cash Equivalents                                   | \$13,867,000         | \$12,274,000         | (\$1,593,000)         | -11%              |
| 2   | Short Term Investments                                      | \$7,859,000          | \$11,030,000         | \$3,171,000           | 40%               |
| 3   | Accounts Receivable (Less: Allowance for Doubtful Accounts) | \$44,228,000         | \$41,629,000         | (\$2,599,000)         | -6%               |
| 4   | Current Assets Whose Use is Limited for Current Liabilities | \$0                  | \$0                  | \$0                   | 0%                |
| 5   | Due From Affiliates   | \$0                  | \$0                  | \$0                   | 0%                |
| 6   | Due From Third Party Payers                                 | \$0                  | \$0                  | \$0                   | 0%                |
| 7   | Inventories of Supplies                                     | \$5,262,000          | \$4,070,000          | (\$1,192,000)         | -23%              |
| 8   | Prepaid Expenses  | \$2,706,000          | \$2,747,000          | \$41,000              | 2%                |
| 9   | Other Current Assets  | \$4,502,000          | \$4,382,000          | (\$120,000)           | -3%               |
|   | <b>Total Current Assets</b>                                 | <b>\$78,424,000</b>  | <b>\$76,132,000</b>  | <b>(\$2,292,000)</b>  | <b>-3%</b>        |
| B.  | <b><u>Noncurrent Assets Whose Use is Limited:</u></b>       |                      |                      |                       |                   |
| 1   | Held by Trustee   | \$0                  | \$0                  | \$0                   | 0%                |
| 2   | Board Designated for Capital Acquisition                    | \$0                  | \$0                  | \$0                   | 0%                |
| 3   | Funds Held in Escrow  | \$0                  | \$0                  | \$0                   | 0%                |
| 4   | Other Noncurrent Assets Whose Use is Limited                | \$244,935,000        | \$234,693,000        | (\$10,242,000)        | -4%               |
|   | <b>Total Noncurrent Assets Whose Use is Limited:</b>        | <b>\$244,935,000</b> | <b>\$234,693,000</b> | <b>(\$10,242,000)</b> | <b>-4%</b>        |
| 5   | Interest in Net Assets of Foundation                        | \$0                  | \$0                  | \$0                   | 0%                |
| 6   | Long Term Investments                                       | \$69,565,000         | \$55,985,000         | (\$13,580,000)        | -20%              |
| 7   | Other Noncurrent Assets                                     | \$4,305,000          | \$4,744,000          | \$439,000             | 10%               |
| C.  | <b><u>Net Fixed Assets:</u></b>                             |                      |                      |                       |                   |
| 1   | Property, Plant and Equipment                               | \$316,854,000        | \$337,907,000        | \$21,053,000          | 7%                |
| 2   | Less: Accumulated Depreciation                              | \$155,746,000        | \$175,672,000        | \$19,926,000          | \$0               |
|   | <b>Property, Plant and Equipment, Net</b>                   | <b>\$161,108,000</b> | <b>\$162,235,000</b> | <b>\$1,127,000</b>    | <b>1%</b>         |
| 3   | Construction in Progress                                    | \$34,374,000         | \$68,279,000         | \$33,905,000          | 99%               |
|   | <b>Total Net Fixed Assets</b>                               | <b>\$195,482,000</b> | <b>\$230,514,000</b> | <b>\$35,032,000</b>   | <b>18%</b>        |
|   | <b>Total Assets</b>   | <b>\$592,711,000</b> | <b>\$602,068,000</b> | <b>\$9,357,000</b>    | <b>2%</b>         |

| ST VINCENTS HEALTH SERVICES CORPORATION         |   |                      |                      |                       |                   |
|---|---|----------------------|----------------------|-----------------------|-------------------|
| TWELVE MONTHS ACTUAL FILING                     |   |                      |                      |                       |                   |
| FISCAL YEAR 2009                                |   |                      |                      |                       |                   |
| REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION |   |                      |                      |                       |                   |
| (1)   | (2)   | (3)                  | (4)                  | (5)                   | (6)               |
|   |   | FY 2008              | FY 2009              | AMOUNT                | %                 |
| <u>LINE</u>                                     | <u>DESCRIPTION</u>                            | <u>ACTUAL</u>        | <u>ACTUAL</u>        | <u>DIFFERENCE</u>     | <u>DIFFERENCE</u> |
| II.   | <b><u>LIABILITIES AND NET ASSETS</u></b>      |                      |                      |                       |                   |
| A.  | <b><u>Current Liabilities:</u></b>            |                      |                      |                       |                   |
| 1   | Accounts Payable and Accrued Expenses         | \$28,837,000         | \$28,032,000         | (\$805,000)           | -3%               |
| 2   | Salaries, Wages and Payroll Taxes             | \$17,179,000         | \$19,641,000         | \$2,462,000           | 14%               |
| 3   | Due To Third Party Payers                     | \$9,845,000          | \$9,131,000          | (\$714,000)           | -7%               |
| 4   | Due To Affiliates                             | \$0                  | \$0                  | \$0                   | 0%                |
| 5   | Current Portion of Long Term Debt             | \$1,557,000          | \$1,667,000          | \$110,000             | 7%                |
| 6   | Current Portion of Notes Payable              | \$0                  | \$0                  | \$0                   | 0%                |
| 7   | Other Current Liabilities                     | \$228,000            | \$2,177,000          | \$1,949,000           | 855%              |
|   | <b>Total Current Liabilities</b>              | <b>\$57,646,000</b>  | <b>\$60,648,000</b>  | <b>\$3,002,000</b>    | <b>5%</b>         |
| B.  | <b><u>Long Term Debt:</u></b>                 |                      |                      |                       |                   |
| 1   | Bonds Payable (Net of Current Portion)        | \$79,993,000         | \$78,872,000         | (\$1,121,000)         | -1%               |
| 2   | Notes Payable (Net of Current Portion)        | \$0                  | \$0                  | \$0                   | 0%                |
|   | <b>Total Long Term Debt</b>                   | <b>\$79,993,000</b>  | <b>\$78,872,000</b>  | <b>(\$1,121,000)</b>  | <b>-1%</b>        |
| 3   | Accrued Pension Liability                     | \$10,762,000         | \$40,599,000         | \$29,837,000          | 277%              |
| 4   | Other Long Term Liabilities                   | \$10,812,000         | \$10,664,000         | (\$148,000)           | -1%               |
|   | <b>Total Long Term Liabilities</b>            | <b>\$101,567,000</b> | <b>\$130,135,000</b> | <b>\$28,568,000</b>   | <b>28%</b>        |
| 5   | Interest in Net Assets of Affiliates or Joint | \$0                  | \$0                  | \$0                   | 0%                |
| C.  | <b><u>Net Assets:</u></b>                     |                      |                      |                       |                   |
| 1   | Unrestricted Net Assets or Equity             | \$380,972,000        | \$364,490,000        | (\$16,482,000)        | -4%               |
| 2   | Temporarily Restricted Net Assets             | \$42,391,000         | \$36,582,000         | (\$5,809,000)         | -14%              |
| 3   | Permanently Restricted Net Assets             | \$10,135,000         | \$10,213,000         | \$78,000              | 1%                |
|   | <b>Total Net Assets</b>                       | <b>\$433,498,000</b> | <b>\$411,285,000</b> | <b>(\$22,213,000)</b> | <b>-5%</b>        |
|   | <b>Total Liabilities and Net Assets</b>       | <b>\$592,711,000</b> | <b>\$602,068,000</b> | <b>\$9,357,000</b>    | <b>2%</b>         |

| ST VINCENTS HEALTH SERVICES CORPORATION                   |  |                       |                      |                      |                 |
|---|--|-----------------------|----------------------|----------------------|-----------------|
| TWELVE MONTHS ACTUAL FILING                               |  |                       |                      |                      |                 |
| FISCAL YEAR 2009  |  |                       |                      |                      |                 |
| REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION |  |                       |                      |                      |                 |
| (1)   | (2)  | (3)                   | (4)                  | (5)                  | (6)             |
| LINE  | DESCRIPTION  | FY 2008<br>ACTUAL     | FY 2009<br>ACTUAL    | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>A. Operating Revenue:</b>                              |  |                       |                      |                      |                 |
| 1   | Total Gross Patient Revenue  | \$756,569,000         | \$862,620,000        | \$106,051,000        | 14%             |
| 2   | Less: Allowances   | \$421,468,000         | \$507,026,000        | \$85,558,000         | 20%             |
| 3   | Less: Charity Care   | \$6,144,000           | \$8,900,000          | \$2,756,000          | 45%             |
| 4   | Less: Other Deductions   | \$0                   | \$0                  | \$0                  | 0%              |
|   | <b>Total Net Patient Revenue</b>   | <b>\$328,957,000</b>  | <b>\$346,694,000</b> | <b>\$17,737,000</b>  | <b>5%</b>       |
| 5   | Other Operating Revenue  | \$41,833,000          | \$39,313,000         | (\$2,520,000)        | -6%             |
| 6   | Net Assets Released from Restrictions  | \$1,112,000           | \$1,045,000          | (\$67,000)           | -6%             |
|   | <b>Total Operating Revenue</b>   | <b>\$371,902,000</b>  | <b>\$387,052,000</b> | <b>\$15,150,000</b>  | <b>4%</b>       |
| <b>B. Operating Expenses:</b>                             |  |                       |                      |                      |                 |
| 1   | Salaries and Wages   | \$159,107,000         | \$164,670,000        | \$5,563,000          | 3%              |
| 2   | Fringe Benefits  | \$37,145,000          | \$38,973,000         | \$1,828,000          | 5%              |
| 3   | Physicians Fees  | \$1,761,000           | \$2,300,000          | \$539,000            | 31%             |
| 4   | Supplies and Drugs   | \$57,995,000          | \$51,518,000         | (\$6,477,000)        | -11%            |
| 5   | Depreciation and Amortization  | \$18,876,000          | \$20,021,000         | \$1,145,000          | 6%              |
| 6   | Bad Debts  | \$21,098,000          | \$22,118,000         | \$1,020,000          | 5%              |
| 7   | Interest   | \$2,050,000           | \$924,000            | (\$1,126,000)        | -55%            |
| 8   | Malpractice  | \$2,467,000           | \$5,093,000          | \$2,626,000          | 106%            |
| 9   | Other Operating Expenses   | \$52,014,000          | \$70,011,000         | \$17,997,000         | 35%             |
|   | <b>Total Operating Expenses</b>  | <b>\$352,513,000</b>  | <b>\$375,628,000</b> | <b>\$23,115,000</b>  | <b>7%</b>       |
|   | <b>Income/(Loss) From Operations</b>   | <b>\$19,389,000</b>   | <b>\$11,424,000</b>  | <b>(\$7,965,000)</b> | <b>-41%</b>     |
| <b>C. Non-Operating Revenue:</b>                          |  |                       |                      |                      |                 |
| 1   | Income from Investments  | (\$37,455,000)        | (\$5,153,000)        | \$32,302,000         | -86%            |
| 2   | Gifts, Contributions and Donations   | \$0                   | \$0                  | \$0                  | 0%              |
| 3   | Other Non-Operating Gains/(Losses)   | (\$1,844,000)         | (\$1,134,000)        | \$710,000            | -39%            |
|   | <b>Total Non-Operating Revenue</b>   | <b>(\$39,299,000)</b> | <b>(\$6,287,000)</b> | <b>\$33,012,000</b>  | <b>-84%</b>     |
|   | <b>Excess/(Deficiency) of Revenue Over Expenses<br/>(Before Other Adjustments)</b> | <b>(\$19,910,000)</b> | <b>\$5,137,000</b>   | <b>\$25,047,000</b>  | <b>-126%</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>(\$19,910,000)</b> | <b>\$5,137,000</b>   | <b>\$25,047,000</b>  | <b>-126%</b>    |

| <b>ST VINCENTS HEALTH SERVICES CORPORATION</b>                              |   |                       |                       |                       |
|---|---|-----------------------|-----------------------|-----------------------|
| <b>TWELVE MONTHS ACTUAL FILING</b>  |   |                       |                       |                       |
| <b>FISCAL YEAR 2009</b>   |   |                       |                       |                       |
| <b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL 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 2007</u></b> | <b><u>FY 2008</u></b> | <b><u>FY 2009</u></b> |
| <b>A. <u>Parent Corporation Statement of Operations Summary</u></b>         |   |                       |                       |                       |
| 1   | Net Patient Revenue                             | \$307,973,000         | \$328,957,000         | \$346,694,000         |
| 2   | Other Operating Revenue                         | 39,293,000            | 42,945,000            | 40,358,000            |
| 3   | Total Operating Revenue                         | \$347,266,000         | \$371,902,000         | \$387,052,000         |
| 4   | Total Operating Expenses                        | 333,245,000           | 352,513,000           | 375,628,000           |
| 5   | Income/(Loss) From Operations                   | \$14,021,000          | \$19,389,000          | \$11,424,000          |
| 6   | Total Non-Operating Revenue                     | 39,909,000            | (39,299,000)          | (6,287,000)           |
| 7   | Excess/(Deficiency) of Revenue Over Expenses    | \$53,930,000          | (\$19,910,000)        | \$5,137,000           |
| <b>B. <u>Parent Corporation Profitability Summary</u></b>                   |   |                       |                       |                       |
| 1   | Parent Corporation Operating Margin             | 3.62%                 | 5.83%                 | 3.00%                 |
| 2   | Parent Corporation Non-Operating Margin         | 10.31%                | -11.82%               | -1.65%                |
| 3   | Parent Corporation Total Margin                 | 13.93%                | -5.99%                | 1.35%                 |
| 4   | Income/(Loss) From Operations                   | \$14,021,000          | \$19,389,000          | \$11,424,000          |
| 5   | Total Operating Revenue                         | \$347,266,000         | \$371,902,000         | \$387,052,000         |
| 6   | Total Non-Operating Revenue                     | \$39,909,000          | (\$39,299,000)        | (\$6,287,000)         |
| 7   | Total Revenue                                   | \$387,175,000         | \$332,603,000         | \$380,765,000         |
| 8   | Excess/(Deficiency) of Revenue Over Expenses    | \$53,930,000          | (\$19,910,000)        | \$5,137,000           |
| <b>C. <u>Parent Corporation Net Assets Summary</u></b>                      |   |                       |                       |                       |
| 1   | Parent Corporation Unrestricted Net Assets      | \$387,689,000         | \$380,972,000         | \$364,490,000         |
| 2   | Parent Corporation Total Net Assets             | \$439,658,000         | \$433,498,000         | \$411,285,000         |
| 3   | Parent Corporation Change in Total Net Assets   | \$439,658,000         | (\$6,160,000)         | (\$22,213,000)        |
| 4   | Parent Corporation Change in Total Net Assets % | 0.0%                  | -1.4%                 | -5.1%                 |

| <b>ST VINCENTS HEALTH SERVICES CORPORATION</b>                              |  |                       |                       |                       |
|---|--|-----------------------|-----------------------|-----------------------|
| <b>TWELVE MONTHS ACTUAL FILING</b>  |  |                       |                       |                       |
| <b>FISCAL YEAR 2009</b>   |  |                       |                       |                       |
| <b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL 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 2007</u></b> | <b><u>FY 2008</u></b> | <b><u>FY 2009</u></b> |
| <b>D. <u>Liquidity Measures Summary</u></b>                                 |  |                       |                       |                       |
| <b>1</b>  | <b><u>Current Ratio</u></b>  | <b>1.32</b>           | <b>1.36</b>           | <b>1.26</b>           |
| 2   | Total Current Assets   | \$69,992,000          | \$78,424,000          | \$76,132,000          |
| 3   | Total Current Liabilities  | \$52,898,000          | \$57,646,000          | \$60,648,000          |
| <b>4</b>  | <b><u>Days Cash on Hand</u></b>                                      | <b>21</b>             | <b>24</b>             | <b>24</b>             |
| 5   | Cash and Cash Equivalents  | \$5,087,000           | \$13,867,000          | \$12,274,000          |
| 6   | Short Term Investments   | 13,384,000            | 7,859,000             | 11,030,000            |
| 7   | Total Cash and Short Term Investments                                | \$18,471,000          | \$21,726,000          | \$23,304,000          |
| 8   | Total Operating Expenses   | \$333,245,000         | \$352,513,000         | \$375,628,000         |
| 9   | Depreciation Expense   | \$16,844,000          | \$18,876,000          | \$20,021,000          |
| 10  | Operating Expenses less Depreciation Expense                         | \$316,401,000         | \$333,637,000         | \$355,607,000         |
| <b>11</b>   | <b><u>Days Revenue in Patient Accounts Receivable</u></b>            | <b>34</b>             | <b>38</b>             | <b>34</b>             |
| 12  | Net Patient Accounts Receivable                                      | \$ 40,664,000         | \$ 44,228,000         | \$ 41,629,000         |
| 13  | Due From Third Party Payers  | \$0                   | \$0                   | \$0                   |
| 14  | Due To Third Party Payers  | \$11,644,000          | \$9,845,000           | \$9,131,000           |
| 15  | Total Net Patient Accounts Receivable and Third Party Payer Activity | \$ 29,020,000         | \$ 34,383,000         | \$ 32,498,000         |
| 16  | Total Net Patient Revenue  | \$307,973,000         | \$328,957,000         | \$346,694,000         |
| <b>17</b>   | <b><u>Average Payment Period</u></b>                                 | <b>61</b>             | <b>63</b>             | <b>62</b>             |
| 18  | Total Current Liabilities  | \$52,898,000          | \$57,646,000          | \$60,648,000          |
| 19  | Total Operating Expenses   | \$333,245,000         | \$352,513,000         | \$375,628,000         |
| 20  | Depreciation Expense   | \$16,844,000          | \$18,876,000          | \$20,021,000          |
| 21  | Total Operating Expenses less Depreciation Expense                   | \$316,401,000         | \$333,637,000         | \$355,607,000         |

| <b>ST VINCENTS HEALTH SERVICES CORPORATION</b>                              |   |                       |                       |                       |
|---|---|-----------------------|-----------------------|-----------------------|
| <b>TWELVE MONTHS ACTUAL FILING</b>  |   |                       |                       |                       |
| <b>FISCAL YEAR 2009</b>   |   |                       |                       |                       |
| <b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL 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 2007</u></b> | <b><u>FY 2008</u></b> | <b><u>FY 2009</u></b> |
| <b>E. <u>Solvency Measures Summary</u></b>                                  |   |                       |                       |                       |
| <b>1</b>  | <b><u>Equity Financing Ratio</u></b>                      | <b>72.3</b>           | <b>73.1</b>           | <b>68.3</b>           |
| 2   | Total Net Assets  | \$439,658,000         | \$433,498,000         | \$411,285,000         |
| 3   | Total Assets  | \$608,521,000         | \$592,711,000         | \$602,068,000         |
| <b>4</b>  | <b><u>Cash Flow to Total Debt Ratio</u></b>               | <b>52.8</b>           | <b>(0.8)</b>          | <b>18.0</b>           |
| 5   | Excess/(Deficiency) of Revenues Over Expenses             | \$53,930,000          | (\$19,910,000)        | \$5,137,000           |
| 6   | Depreciation Expense                                      | \$16,844,000          | \$18,876,000          | \$20,021,000          |
| 7   | Excess of Revenues Over Expenses and Depreciation Expense | \$70,774,000          | (\$1,034,000)         | \$25,158,000          |
| 8   | Total Current Liabilities                                 | \$52,898,000          | \$57,646,000          | \$60,648,000          |
| 9   | Total Long Term Debt                                      | \$81,243,000          | \$79,993,000          | \$78,872,000          |
| 10  | Total Current Liabilities and Total Long Term Debt        | \$134,141,000         | \$137,639,000         | \$139,520,000         |
| <b>11</b>   | <b><u>Long Term Debt to Capitalization Ratio</u></b>      | <b>15.6</b>           | <b>15.6</b>           | <b>16.1</b>           |
| 12  | Total Long Term Debt                                      | \$81,243,000          | \$79,993,000          | \$78,872,000          |
| 13  | Total Net Assets  | \$439,658,000         | \$433,498,000         | \$411,285,000         |
| 14  | Total Long Term Debt and Total Net Assets                 | \$520,901,000         | \$513,491,000         | \$490,157,000         |

| SAINT VINCENT'S MEDICAL CENTER  |  |                |            |            |              |              |
|---|--|----------------|------------|------------|--------------|--------------|
| TWELVE MONTHS ACTUAL FILING   |  |                |            |            |              |              |
| FISCAL YEAR 2009  |  |                |            |            |              |              |
| REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT                                       |  |                |            |            |              |              |
| (1)   | (2)  | (3)            | (4)        | (5)        | (6)          | (7)          |
|   |  | PATIENT        | STAFFED    | AVAILABLE  | OCCUPANCY    | OCCUPANCY    |
| LINE  | DESCRIPTION                                  | DAYS           | BEDS (A)   | BEDS       | OF STAFFED   | OF AVAILABLE |
|   |  |                |            |            | BEDS (A)     | BEDS         |
| 1   | Adult Medical/Surgical                       | 81,374         | 240        | 242        | 92.9%        | 92.1%        |
| 2   | ICU/CCU (Excludes Neonatal ICU)              | 7,352          | 24         | 30         | 83.9%        | 67.1%        |
| 3   | Psychiatric: Ages 0 to 17                    | 5,924          | 17         | 17         | 95.5%        | 95.5%        |
| 4   | Psychiatric: Ages 18+                        | 21,408         | 75         | 75         | 78.2%        | 78.2%        |
|   | <b>TOTAL PSYCHIATRIC</b>                     | <b>27,332</b>  | <b>92</b>  | <b>92</b>  | <b>81.4%</b> | <b>81.4%</b> |
| 5   | Rehabilitation                               | 2,808          | 10         | 10         | 76.9%        | 76.9%        |
| 6   | Maternity                                    | 3,223          | 22         | 22         | 40.1%        | 40.1%        |
| 7   | Newborn                                      | 3,358          | 27         | 27         | 34.1%        | 34.1%        |
| 8   | Neonatal ICU                                 | 0              | 0          | 0          | 0.0%         | 0.0%         |
| 9   | Pediatric                                    | 0              | 0          | 0          | 0.0%         | 0.0%         |
| 10  | Other  | 0              | 0          | 0          | 0.0%         | 0.0%         |
|   | <b>TOTAL EXCLUDING NEWBORN</b>               | <b>122,089</b> | <b>388</b> | <b>396</b> | <b>86.2%</b> | <b>84.5%</b> |
|   | <b>TOTAL INPATIENT BED UTILIZATION</b>       | <b>125,447</b> | <b>415</b> | <b>423</b> | <b>82.8%</b> | <b>81.3%</b> |
|   | <b>TOTAL INPATIENT REPORTED YEAR</b>         | <b>125,447</b> | <b>415</b> | <b>423</b> | <b>82.8%</b> | <b>81.3%</b> |
|   | <b>TOTAL INPATIENT PRIOR YEAR</b>            | <b>104,524</b> | <b>340</b> | <b>349</b> | <b>84.2%</b> | <b>82.1%</b> |
|   | <b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b> | <b>20,923</b>  | <b>75</b>  | <b>74</b>  | <b>-1.4%</b> | <b>-0.8%</b> |
|   | <b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b> | <b>20%</b>     | <b>22%</b> | <b>21%</b> | <b>-2%</b>   | <b>-1%</b>   |
|   | Total Licensed Beds and Bassinets            | 520            |            |            |              |              |
| <b>(A) This number may not exceed the number of available beds for each department or in total.</b> |  |                |            |            |              |              |

| SAINT VINCENT'S MEDICAL CENTER   |   |                   |                   |                      |                 |
|--|---|-------------------|-------------------|----------------------|-----------------|
| TWELVE MONTHS ACTUAL FILING  |   |                   |                   |                      |                 |
| FISCAL YEAR 2009   |   |                   |                   |                      |                 |
| REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs   |   |                   |                   |                      |                 |
| (1)  | (2)   | (3)               | (4)               | (5)                  | (6)             |
| LINE   | DESCRIPTION   | ACTUAL<br>FY 2008 | ACTUAL<br>FY 2009 | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>A. CT Scans (A)</b>   |   |                   |                   |                      |                 |
| 1  | Inpatient Scans   | 7,017             | 6,951             | -66                  | -1%             |
| 2  | Outpatient Scans (Excluding Emergency Department Scans) | 2,075             | 1,868             | -207                 | -10%            |
| 3  | Emergency Department Scans                              | 6,953             | 7,324             | 371                  | 5%              |
| 4  | Other Non-Hospital Providers' Scans (A)                 | 0                 | 0                 | 0                    | 0%              |
|  | <b>Total CT Scans</b>                                   | <b>16,045</b>     | <b>16,143</b>     | <b>98</b>            | <b>1%</b>       |
| <b>B. MRI Scans (A)</b>  |   |                   |                   |                      |                 |
| 1  | Inpatient Scans   | 1,158             | 1,181             | 23                   | 2%              |
| 2  | Outpatient Scans (Excluding Emergency Department Scans) | 1,940             | 1,786             | -154                 | -8%             |
| 3  | Emergency Department Scans                              | 108               | 120               | 12                   | 11%             |
| 4  | Other Non-Hospital Providers' Scans (A)                 | 0                 | 0                 | 0                    | 0%              |
|  | <b>Total MRI Scans</b>                                  | <b>3,206</b>      | <b>3,087</b>      | <b>-119</b>          | <b>-4%</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   | 6                 | 5                 | -1                   | -17%            |
| 2  | Outpatient Scans (Excluding Emergency Department Scans) | 358               | 385               | 27                   | 8%              |
| 3  | Emergency Department Scans                              | 0                 | 1                 | 1                    | 0%              |
| 4  | Other Non-Hospital Providers' Scans (A)                 | 0                 | 0                 | 0                    | 0%              |
|  | <b>Total PET/CT Scans</b>                               | <b>364</b>        | <b>391</b>        | <b>27</b>            | <b>7%</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                                    | 991               | 877               | -114                 | -12%            |
| 2  | Outpatient Procedures                                   | 11,836            | 12,125            | 289                  | 2%              |
|  | <b>Total Linear Accelerator Procedures</b>              | <b>12,827</b>     | <b>13,002</b>     | <b>175</b>           | <b>1%</b>       |
| <b>F. Cardiac Catheterization Procedures</b>   |   |                   |                   |                      |                 |
| 1  | Inpatient Procedures                                    | 1,516             | 1,395             | -121                 | -8%             |
| 2  | Outpatient Procedures                                   | 588               | 578               | -10                  | -2%             |
|  | <b>Total Cardiac Catheterization Procedures</b>         | <b>2,104</b>      | <b>1,973</b>      | <b>-131</b>          | <b>-6%</b>      |
| <b>G. Cardiac Angioplasty Procedures</b>   |   |                   |                   |                      |                 |
| 1  | Primary Procedures                                      | 132               | 132               | 0                    | 0%              |
| 2  | Elective Procedures                                     | 1,120             | 1,120             | 0                    | 0%              |
|  | <b>Total Cardiac Angioplasty Procedures</b>             | <b>1,252</b>      | <b>1,252</b>      | <b>0</b>             | <b>0%</b>       |
| <b>H. Electrophysiology Studies</b>  |   |                   |                   |                      |                 |
| 1  | Inpatient Studies                                       | 640               | 751               | 111                  | 17%             |
| 2  | Outpatient Studies                                      | 276               | 275               | -1                   | 0%              |
|  | <b>Total Electrophysiology Studies</b>                  | <b>916</b>        | <b>1,026</b>      | <b>110</b>           | <b>12%</b>      |
| <b>I. Surgical Procedures</b>  |   |                   |                   |                      |                 |
| 1  | Inpatient Surgical Procedures                           | 5,855             | 5,806             | -49                  | -1%             |
| 2  | Outpatient Surgical Procedures                          | 6,831             | 6,749             | -82                  | -1%             |
|  | <b>Total Surgical Procedures</b>                        | <b>12,686</b>     | <b>12,555</b>     | <b>-131</b>          | <b>-1%</b>      |



| SAINT VINCENT'S MEDICAL CENTER   |   |                   |                   |                      |                 |
|--|---|-------------------|-------------------|----------------------|-----------------|
| TWELVE MONTHS ACTUAL FILING  |   |                   |                   |                      |                 |
| FISCAL YEAR 2009   |   |                   |                   |                      |                 |
| REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs |   |                   |                   |                      |                 |
| (1)  | (2)   | (3)               | (4)               | (5)                  | (6)             |
| LINE   | DESCRIPTION   | ACTUAL<br>FY 2008 | ACTUAL<br>FY 2009 | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>J.</b>  | <b><u>Endoscopy Procedures</u></b>                    |                   |                   |                      |                 |
| 1  | Inpatient Endoscopy Procedures                        | 723               | 653               | -70                  | -10%            |
| 2  | Outpatient Endoscopy Procedures                       | 1,581             | 1,387             | -194                 | -12%            |
|  | <b>Total Endoscopy Procedures</b>                     | <b>2,304</b>      | <b>2,040</b>      | <b>-264</b>          | <b>-11%</b>     |
| <b>K.</b>  | <b><u>Hospital Emergency Room Visits</u></b>          |                   |                   |                      |                 |
| 1  | Emergency Room Visits: Treated and Admitted           | 12,721            | 10,882            | -1,839               | -14%            |
| 2  | Emergency Room Visits: Treated and Discharged         | 47,919            | 50,431            | 2,512                | 5%              |
|  | <b>Total Emergency Room Visits</b>                    | <b>60,640</b>     | <b>61,313</b>     | <b>673</b>           | <b>1%</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                 | 0                 | 0                    | 0%              |
| 4  | Medical Clinic Visits                                 | 48,549            | 48,196            | -353                 | -1%             |
| 5  | Specialty Clinic Visits                               | 16,399            | 15,751            | -648                 | -4%             |
|  | <b>Total Hospital Clinic Visits</b>                   | <b>64,948</b>     | <b>63,947</b>     | <b>-1,001</b>        | <b>-2%</b>      |
| <b>M.</b>  | <b><u>Other Hospital Outpatient Visits</u></b>        |                   |                   |                      |                 |
| 1  | Rehabilitation (PT/OT/ST)                             | 1,765             | 1,952             | 187                  | 11%             |
| 2  | Cardiology  | 977               | 971               | -6                   | -1%             |
| 3  | Chemotherapy  | 1,439             | 1,610             | 171                  | 12%             |
| 4  | Gastroenterology                                      | 3,357             | 3,217             | -140                 | -4%             |
| 5  | Other Outpatient Visits                               | 76,198            | 80,395            | 4,197                | 6%              |
|  | <b>Total Other Hospital Outpatient Visits</b>         | <b>83,736</b>     | <b>88,145</b>     | <b>4,409</b>         | <b>5%</b>       |
| <b>N.</b>  | <b><u>Hospital Full Time Equivalent Employees</u></b> |                   |                   |                      |                 |
| 1  | Total Nursing FTEs                                    | 670.8             | 766.9             | 96.1                 | 14%             |
| 2  | Total Physician FTEs                                  | 136.5             | 143.8             | 7.3                  | 5%              |
| 3  | Total Non-Nursing and Non-Physician FTEs              | 1,022.1           | 1,138.9           | 116.8                | 11%             |
|  | <b>Total Hospital Full Time Equivalent Employees</b>  | <b>1,829.4</b>    | <b>2,049.6</b>    | <b>220.2</b>         | <b>12%</b>      |

| SAINT VINCENT'S MEDICAL CENTER   |   |               |               |              |             |
|--|---|---------------|---------------|--------------|-------------|
| TWELVE MONTHS ACTUAL FILING  |   |               |               |              |             |
| FISCAL YEAR 2009   |   |               |               |              |             |
| REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION |   |               |               |              |             |
| (1)  | (2)   | (3)           | (4)           | (5)          | (6)         |
|  |   | ACTUAL        | ACTUAL        | AMOUNT       | %           |
| LINE   | DESCRIPTION   | FY 2008       | FY 2009       | DIFFERENCE   | DIFFERENCE  |
| <b>A. Outpatient Surgical Procedures</b>   |   |               |               |              |             |
| 1  | St. Vincents Medical Center                               | 6,831         | 6,749         | -82          | -1%         |
|  | <b>Total Outpatient Surgical Procedures(A)</b>            | <b>6,831</b>  | <b>6,749</b>  | <b>-82</b>   | <b>-1%</b>  |
| <b>B. Outpatient Endoscopy Procedures</b>  |   |               |               |              |             |
| 1  | St. Vincents Medical Center                               | 1,581         | 1,387         | -194         | -12%        |
|  | <b>Total Outpatient Endoscopy Procedures(B)</b>           | <b>1,581</b>  | <b>1,387</b>  | <b>-194</b>  | <b>-12%</b> |
| <b>C. Outpatient Hospital Emergency Room Visits</b>  |   |               |               |              |             |
| 1  | St. Vincents Medical Center                               | 47,919        | 50,431        | 2,512        | 5%          |
|  | <b>Total Outpatient Hospital Emergency Room Visits(C)</b> | <b>47,919</b> | <b>50,431</b> | <b>2,512</b> | <b>5%</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>       |   |               |               |              |             |
|  |   |               |               |              |             |
|  |   |               |               |              |             |
|  |   |               |               |              |             |
|  |   |               |               |              |             |

| SAINT VINCENT'S MEDICAL CENTER                           |  |               |               |              |            |
|--|--|---------------|---------------|--------------|------------|
| TWELVE MONTHS ACTUAL FILING                              |  |               |               |              |            |
| FISCAL YEAR 2009   |  |               |               |              |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT |  |               |               |              |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS     |  |               |               |              |            |
|  |  | ACTUAL        | ACTUAL        | AMOUNT       | %          |
| LINE   | DESCRIPTION                              | FY 2008       | FY 2009       | DIFFERENCE   | DIFFERENCE |
| <b>I. DATA BY MAJOR PAYER CATEGORY</b>                   |  |               |               |              |            |
| <b>A. MEDICARE</b>                                       |  |               |               |              |            |
| <b>MEDICARE INPATIENT</b>                                |  |               |               |              |            |
| 1  | INPATIENT ACCRUED CHARGES                | \$292,126,995 | \$333,759,984 | \$41,632,989 | 14%        |
| 2  | INPATIENT ACCRUED PAYMENTS (IP PMT)      | \$119,066,796 | \$120,803,786 | \$1,736,990  | 1%         |
| 3  | INPATIENT PAYMENTS / INPATIENT CHARGES   | 40.76%        | 36.19%        | -4.56%       | -11%       |
| 4  | DISCHARGES                               | 9,522         | 9,746         | 224          | 2%         |
| 5  | CASE MIX INDEX (CMI)                     | 1.53660       | 1.52990       | (0.00670)    | 0%         |
| 6  | CASE MIX ADJUSTED DISCHARGES (CMAD)      | 14,631.50520  | 14,910.40540  | 278.90020    | 2%         |
| 7  | INPATIENT ACCRUED PAYMENT / CMAD         | \$8,137.70    | \$8,101.98    | (\$35.72)    | 0%         |
| 8  | PATIENT DAYS                             | 60,217        | 64,038        | 3,821        | 6%         |
| 9  | INPATIENT ACCRUED PAYMENT / PATIENT DAY  | \$1,977.30    | \$1,886.44    | (\$90.86)    | -5%        |
| 10   | AVERAGE LENGTH OF STAY                   | 6.3           | 6.6           | 0.2          | 4%         |
| <b>MEDICARE OUTPATIENT</b>                               |  |               |               |              |            |
| 11   | OUTPATIENT ACCRUED CHARGES (OP CHGS)     | \$67,154,640  | \$80,723,437  | \$13,568,797 | 20%        |
| 12   | OUTPATIENT ACCRUED PAYMENTS (OP PMT)     | \$19,509,328  | \$24,868,355  | \$5,359,027  | 27%        |
| 13   | OUTPATIENT PAYMENTS / OUTPATIENT CHARGES | 29.05%        | 30.81%        | 1.76%        | 6%         |
| 14   | OUTPATIENT CHARGES / INPATIENT CHARGES   | 22.99%        | 24.19%        | 1.20%        | 5%         |
| 15   | OUTPATIENT EQUIVALENT DISCHARGES (OPED)  | 2,188.93321   | 2,357.17478   | 168.24157    | 8%         |
| 16   | OUTPATIENT ACCRUED PAYMENTS / OPED       | \$8,912.71    | \$10,550.07   | \$1,637.36   | 18%        |
| <b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>          |  |               |               |              |            |
| 17   | TOTAL ACCRUED CHARGES                    | \$359,281,635 | \$414,483,421 | \$55,201,786 | 15%        |
| 18   | TOTAL ACCRUED PAYMENTS                   | \$138,576,124 | \$145,672,141 | \$7,096,017  | 5%         |
| 19   | TOTAL ALLOWANCES                         | \$220,705,511 | \$268,811,280 | \$48,105,769 | 22%        |

| SAINT VINCENT'S MEDICAL CENTER                            |  |               |                |               |            |
|---|--|---------------|----------------|---------------|------------|
| TWELVE MONTHS ACTUAL FILING                               |  |               |                |               |            |
| FISCAL YEAR 2009  |  |               |                |               |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT  |  |               |                |               |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS      |  |               |                |               |            |
|   |  | ACTUAL        | ACTUAL         | AMOUNT        | %          |
| LINE  | DESCRIPTION  | FY 2008       | FY 2009        | DIFFERENCE    | DIFFERENCE |
| <b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b> |  |               |                |               |            |
| <b>NON-GOVERNMENT INPATIENT</b>                           |  |               |                |               |            |
| 1   | INPATIENT ACCRUED CHARGES  | \$161,895,222 | \$192,685,203  | \$30,789,981  | 19%        |
| 2   | INPATIENT ACCRUED PAYMENTS (IP PMT)  | \$81,504,099  | \$91,369,062   | \$9,864,963   | 12%        |
| 3   | INPATIENT PAYMENTS / INPATIENT CHARGES   | 50.34%        | 47.42%         | -2.92%        | -6%        |
| 4   | DISCHARGES   | 7,538         | 8,200          | 662           | 9%         |
| 5   | CASE MIX INDEX (CMI)   | 1.29200       | 1.19090        | (0.10110)     | -8%        |
| 6   | CASE MIX ADJUSTED DISCHARGES (CMAD)  | 9,739.09600   | 9,765.38000    | 26.28400      | 0%         |
| 7   | INPATIENT ACCRUED PAYMENT / CMAD   | \$8,368.75    | \$9,356.43     | \$987.67      | 12%        |
| 8   | MEDICARE - NON-GOVERNMENT IP PMT / CMAD  | (\$231.05)    | (\$1,254.45)   | (\$1,023.39)  | 443%       |
| 9   | INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT  | (\$2,250,260) | (\$12,250,162) | (\$9,999,902) | 444%       |
| 10  | PATIENT DAYS   | 28,703        | 36,714         | 8,011         | 28%        |
| 11  | INPATIENT ACCRUED PAYMENT / PATIENT DAY  | \$2,839.57    | \$2,488.67     | (\$350.90)    | -12%       |
| 12  | AVERAGE LENGTH OF STAY   | 3.8           | 4.5            | 0.7           | 18%        |
| <b>NON-GOVERNMENT OUTPATIENT</b>                          |  |               |                |               |            |
| 13  | OUTPATIENT ACCRUED CHARGES (OP CHGS)   | \$106,804,593 | \$123,472,848  | \$16,668,255  | 16%        |
| 14  | OUTPATIENT ACCRUED PAYMENTS (OP PMT)   | \$47,439,640  | \$50,855,109   | \$3,415,469   | 7%         |
| 15  | OUTPATIENT PAYMENTS / OUTPATIENT CHARGES   | 44.42%        | 41.19%         | -3.23%        | -7%        |
| 16  | OUTPATIENT CHARGES / INPATIENT CHARGES   | 65.97%        | 64.08%         | -1.89%        | -3%        |
| 17  | OUTPATIENT EQUIVALENT DISCHARGES (OPED)  | 4,972,92639   | 5,254,56723    | 281,64084     | 6%         |
| 18  | OUTPATIENT ACCRUED PAYMENTS / OPED   | \$9,539.58    | \$9,678.27     | \$138.69      | 1%         |
| 19  | MEDICARE- NON-GOVERNMENT OP PMT / OPED   | (\$626.87)    | \$871.80       | \$1,498.67    | -239%      |
| 20  | OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT   | (\$3,117,387) | \$4,580,934    | \$7,698,321   | -247%      |
| <b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>     |  |               |                |               |            |
| 21  | TOTAL ACCRUED CHARGES  | \$268,699,815 | \$316,158,051  | \$47,458,236  | 18%        |
| 22  | TOTAL ACCRUED PAYMENTS   | \$128,943,739 | \$142,224,171  | \$13,280,432  | 10%        |
| 23  | TOTAL ALLOWANCES   | \$139,756,076 | \$173,933,880  | \$34,177,804  | 24%        |
| 24  | TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT  | (\$5,367,647) | (\$7,669,228)  | (\$2,301,581) | 43%        |
| <b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>  |  |               |                |               |            |
| 25  | ACCRUED CHARGES ASSOCIATED WITH NGCA   | \$258,381,243 | \$305,724,906  | \$47,343,663  | 18%        |
| 26  | ACCRUED PAYMENTS ASSOCIATED WITH NGCA<br>(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) | \$159,336,951 | \$174,790,464  | \$15,453,513  | 10%        |
| 27  | TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES  | \$99,044,292  | \$130,934,442  | \$31,890,150  | 32%        |
| 28  | TOTAL ACTUAL DISCOUNT PERCENTAGE   | 38.33%        | 42.83%         | 4.49%         |            |

| SAINT VINCENT'S MEDICAL CENTER                           |  |              |              |             |            |
|--|--|--------------|--------------|-------------|------------|
| TWELVE MONTHS ACTUAL FILING                              |  |              |              |             |            |
| FISCAL YEAR 2009   |  |              |              |             |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT |  |              |              |             |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS     |  |              |              |             |            |
|  |  | ACTUAL       | ACTUAL       | AMOUNT      | %          |
| LINE   | DESCRIPTION  | FY 2008      | FY 2009      | DIFFERENCE  | DIFFERENCE |
| <b>C.</b>  | <b>UNINSURED</b>                                   |              |              |             |            |
|  | <b>UNINSURED INPATIENT</b>                         |              |              |             |            |
| 1  | INPATIENT ACCRUED CHARGES                          | \$16,126,417 | \$20,406,154 | \$4,279,737 | 27%        |
| 2  | INPATIENT ACCRUED PAYMENTS (IP PMT)                | \$2,092,200  | \$1,590,034  | (\$502,166) | -24%       |
| 3  | INPATIENT PAYMENTS / INPATIENT CHARGES             | 12.97%       | 7.79%        | -5.18%      | -40%       |
| 4  | DISCHARGES   | 950          | 955          | 5           | 1%         |
| 5  | CASE MIX INDEX (CMI)                               | 1.09920      | 1.09870      | (0.00050)   | 0%         |
| 6  | CASE MIX ADJUSTED DISCHARGES (CMAD)                | 1,044.24000  | 1,049.25850  | 5.01850     | 0%         |
| 7  | INPATIENT ACCRUED PAYMENT / CMAD                   | \$2,003.56   | \$1,515.39   | (\$488.17)  | -24%       |
| 8  | NON-GOVERNMENT - UNINSURED IP PMT / CMAD           | \$6,365.19   | \$7,841.04   | \$1,475.85  | 23%        |
| 9  | MEDICARE - UNINSURED IP PMT / CMAD                 | \$6,134.14   | \$6,586.59   | \$452.45    | 7%         |
| 10   | INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT        | \$6,405,512  | \$6,911,036  | \$505,524   | 8%         |
| 11   | PATIENT DAYS                                       | 3,652        | 4,657        | 1,005       | 28%        |
| 12   | INPATIENT ACCRUED PAYMENT / PATIENT DAY            | \$572.89     | \$341.43     | (\$231.46)  | -40%       |
| 13   | AVERAGE LENGTH OF STAY                             | 3.8          | 4.9          | 1.0         | 27%        |
|  | <b>UNINSURED OUTPATIENT</b>                        |              |              |             |            |
| 14   | OUTPATIENT ACCRUED CHARGES (OP CHGS)               | \$18,178,406 | \$20,686,277 | \$2,507,871 | 14%        |
| 15   | OUTPATIENT ACCRUED PAYMENTS (OP PMT)               | \$1,732,472  | \$1,462,161  | (\$270,311) | -16%       |
| 16   | OUTPATIENT PAYMENTS / OUTPATIENT CHARGES           | 9.53%        | 7.07%        | -2.46%      | -26%       |
| 17   | OUTPATIENT CHARGES / INPATIENT CHARGES             | 112.72%      | 101.37%      | -11.35%     | -10%       |
| 18   | OUTPATIENT EQUIVALENT DISCHARGES (OPED)            | 1,070.88175  | 968.10965    | (102.77211) | -10%       |
| 19   | OUTPATIENT ACCRUED PAYMENTS / OPED                 | \$1,617.80   | \$1,510.33   | (\$107.47)  | -7%        |
| 20   | NON-GOVERNMENT - UNINSURED OP PMT / OPED           | \$7,921.78   | \$8,167.94   | \$246.16    | 3%         |
| 21   | MEDICARE - UNINSURED OP PMT / OPED                 | \$7,294.91   | \$9,039.74   | \$1,744.83  | 24%        |
| 22   | OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT       | \$7,811,987  | \$8,751,462  | \$939,475   | 12%        |
|  | <b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b> |              |              |             |            |
| 23   | TOTAL ACCRUED CHARGES                              | \$34,304,823 | \$41,092,431 | \$6,787,608 | 20%        |
| 24   | TOTAL ACCRUED PAYMENTS                             | \$3,824,672  | \$3,052,195  | (\$772,477) | -20%       |
| 25   | TOTAL ALLOWANCES                                   | \$30,480,151 | \$38,040,236 | \$7,560,085 | 25%        |
| 26   | TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT            | \$14,217,499 | \$15,662,498 | \$1,444,999 | 10%        |

| SAINT VINCENT'S MEDICAL CENTER                           |  |              |              |               |            |
|--|--|--------------|--------------|---------------|------------|
| TWELVE MONTHS ACTUAL FILING                              |  |              |              |               |            |
| FISCAL YEAR 2009   |  |              |              |               |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT |  |              |              |               |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS     |  |              |              |               |            |
|  |  | ACTUAL       | ACTUAL       | AMOUNT        | %          |
| LINE   | DESCRIPTION                                  | FY 2008      | FY 2009      | DIFFERENCE    | DIFFERENCE |
| <b>D. STATE OF CONNECTICUT MEDICAID</b>                  |  |              |              |               |            |
| <b>MEDICAID INPATIENT</b>                                |  |              |              |               |            |
| 1  | INPATIENT ACCRUED CHARGES                    | \$49,325,466 | \$70,140,666 | \$20,815,200  | 42%        |
| 2  | INPATIENT ACCRUED PAYMENTS (IP PMT)          | \$12,523,236 | \$19,983,110 | \$7,459,874   | 60%        |
| 3  | INPATIENT PAYMENTS / INPATIENT CHARGES       | 25.39%       | 28.49%       | 3.10%         | 12%        |
| 4  | DISCHARGES                                   | 2,656        | 3,120        | 464           | 17%        |
| 5  | CASE MIX INDEX (CMI)                         | 0.96390      | 0.91250      | (0.05140)     | -5%        |
| 6  | CASE MIX ADJUSTED DISCHARGES (CMAD)          | 2,560.11840  | 2,847.00000  | 286.88160     | 11%        |
| 7  | INPATIENT ACCRUED PAYMENT / CMAD             | \$4,891.66   | \$7,019.01   | \$2,127.34    | 43%        |
| 8  | NON-GOVERNMENT - MEDICAID IP PMT / CMAD      | \$3,477.09   | \$2,337.42   | (\$1,139.67)  | -33%       |
| 9  | MEDICARE - MEDICAID IP PMT / CMAD            | \$3,246.04   | \$1,082.97   | (\$2,163.06)  | -67%       |
| 10   | INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT  | \$8,310,239  | \$3,083,223  | (\$5,227,016) | -63%       |
| 11   | PATIENT DAYS                                 | 13,243       | 20,920       | 7,677         | 58%        |
| 12   | INPATIENT ACCRUED PAYMENT / PATIENT DAY      | \$945.65     | \$955.22     | \$9.57        | 1%         |
| 13   | AVERAGE LENGTH OF STAY                       | 5.0          | 6.7          | 1.7           | 34%        |
| <b>MEDICAID OUTPATIENT</b>                               |  |              |              |               |            |
| 14   | OUTPATIENT ACCRUED CHARGES (OP CHGS)         | \$23,106,075 | \$26,223,645 | \$3,117,570   | 13%        |
| 15   | OUTPATIENT ACCRUED PAYMENTS (OP PMT)         | \$6,871,918  | \$8,456,331  | \$1,584,413   | 23%        |
| 16   | OUTPATIENT PAYMENTS / OUTPATIENT CHARGES     | 29.74%       | 32.25%       | 2.51%         | 8%         |
| 17   | OUTPATIENT CHARGES / INPATIENT CHARGES       | 46.84%       | 37.39%       | -9.46%        | -20%       |
| 18   | OUTPATIENT EQUIVALENT DISCHARGES (OPED)      | 1,244.17953  | 1,166.48126  | (77.69827)    | -6%        |
| 19   | OUTPATIENT ACCRUED PAYMENTS / OPED           | \$5,523.25   | \$7,249.44   | \$1,726.18    | 31%        |
| 20   | NON-GOVERNMENT - MEDICAID OP PMT / OPED      | \$4,016.33   | \$2,428.83   | (\$1,587.50)  | -40%       |
| 21   | MEDICARE - MEDICAID OP PMT / OPED            | \$3,389.46   | \$3,300.63   | (\$88.83)     | -3%        |
| 22   | OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT | \$4,217,094  | \$3,850,126  | (\$366,968)   | -9%        |
| <b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>          |  |              |              |               |            |
| 23   | TOTAL ACCRUED CHARGES                        | \$72,431,541 | \$96,364,311 | \$23,932,770  | 33%        |
| 24   | TOTAL ACCRUED PAYMENTS                       | \$19,395,154 | \$28,439,441 | \$9,044,287   | 47%        |
| 25   | TOTAL ALLOWANCES                             | \$53,036,387 | \$67,924,870 | \$14,888,483  | 28%        |
| 26   | TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT      | \$12,527,333 | \$6,933,349  | (\$5,593,984) | -45%       |

| SAINT VINCENT'S MEDICAL CENTER                           |   |              |              |             |            |
|--|---|--------------|--------------|-------------|------------|
| TWELVE MONTHS ACTUAL FILING                              |   |              |              |             |            |
| FISCAL YEAR 2009   |   |              |              |             |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT |   |              |              |             |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS     |   |              |              |             |            |
|  |   | ACTUAL       | ACTUAL       | AMOUNT      | %          |
| LINE   | DESCRIPTION   | FY 2008      | FY 2009      | DIFFERENCE  | DIFFERENCE |
| <b>E.</b>  | <b>OTHER MEDICAL ASSISTANCE (O.M.A.)</b>                        |              |              |             |            |
|  | <b>OTHER MEDICAL ASSISTANCE INPATIENT</b>                       |              |              |             |            |
| 1  | INPATIENT ACCRUED CHARGES                                       | \$10,904,827 | \$16,579,438 | \$5,674,611 | 52%        |
| 2  | INPATIENT ACCRUED PAYMENTS (IP PMT)                             | \$1,010,059  | \$1,985,149  | \$975,090   | 97%        |
| 3  | INPATIENT PAYMENTS / INPATIENT CHARGES                          | 9.26%        | 11.97%       | 2.71%       | 29%        |
| 4  | DISCHARGES  | 431          | 659          | 228         | 53%        |
| 5  | CASE MIX INDEX (CMI)  | 1.20870      | 1.20460      | (0.00410)   | 0%         |
| 6  | CASE MIX ADJUSTED DISCHARGES (CMAD)                             | 520.94970    | 793.83140    | 272.88170   | 52%        |
| 7  | INPATIENT ACCRUED PAYMENT / CMAD                                | \$1,938.88   | \$2,500.72   | \$561.84    | 29%        |
| 8  | NON-GOVERNMENT - O.M.A. IP PMT / CMAD                           | \$6,429.87   | \$6,855.71   | \$425.83    | 7%         |
| 9  | MEDICARE - O.M.A. IP PMT / CMAD                                 | \$6,198.82   | \$5,601.26   | (\$597.56)  | -10%       |
| 10   | INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT                     | \$3,229,273  | \$4,446,456  | \$1,217,183 | 38%        |
| 11   | PATIENT DAYS  | 2,332        | 3,696        | 1,364       | 58%        |
| 12   | INPATIENT ACCRUED PAYMENT / PATIENT DAY                         | \$433.13     | \$537.11     | \$103.98    | 24%        |
| 13   | AVERAGE LENGTH OF STAY  | 5.4          | 5.6          | 0.2         | 4%         |
|  | <b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>                      |              |              |             |            |
| 14   | OUTPATIENT ACCRUED CHARGES (OP CHGS)                            | \$6,217,865  | \$8,269,032  | \$2,051,167 | 33%        |
| 15   | OUTPATIENT ACCRUED PAYMENTS (OP PMT)                            | \$1,231,676  | \$1,426,347  | \$194,671   | 16%        |
| 16   | OUTPATIENT PAYMENTS / OUTPATIENT CHARGES                        | 19.81%       | 17.25%       | -2.56%      | -13%       |
| 17   | OUTPATIENT CHARGES / INPATIENT CHARGES                          | 57.02%       | 49.88%       | -7.14%      | -13%       |
| 18   | OUTPATIENT EQUIVALENT DISCHARGES (OPED)                         | 245.75354    | 328.67773    | 82.92419    | 34%        |
| 19   | OUTPATIENT ACCRUED PAYMENTS / OPED                              | \$5,011.83   | \$4,339.65   | (\$672.18)  | -13%       |
| 20   | NON-GOVERNMENT - O.M.A. OP PMT / CMAD                           | \$4,527.75   | \$5,338.62   | \$810.87    | 18%        |
| 21   | MEDICARE - O.M.A. OP PMT / CMAD                                 | \$3,900.88   | \$6,210.42   | \$2,309.54  | 59%        |
| 22   | OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT                    | \$958,654    | \$2,041,226  | \$1,082,571 | 113%       |
|  | <b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b> |              |              |             |            |
| 23   | TOTAL ACCRUED CHARGES   | \$17,122,692 | \$24,848,470 | \$7,725,778 | 45%        |
| 24   | TOTAL ACCRUED PAYMENTS  | \$2,241,735  | \$3,411,496  | \$1,169,761 | 52%        |
| 25   | TOTAL ALLOWANCES  | \$14,880,957 | \$21,436,974 | \$6,556,017 | 44%        |
| 26   | TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT         | \$4,187,927  | \$6,487,682  | \$2,299,754 | 55%        |

| SAINT VINCENT'S MEDICAL CENTER                           |   |              |               |               |            |
|--|---|--------------|---------------|---------------|------------|
| TWELVE MONTHS ACTUAL FILING                              |   |              |               |               |            |
| FISCAL YEAR 2009   |   |              |               |               |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT |   |              |               |               |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS     |   |              |               |               |            |
|  |   | ACTUAL       | ACTUAL        | AMOUNT        | %          |
| LINE   | DESCRIPTION   | FY 2008      | FY 2009       | DIFFERENCE    | DIFFERENCE |
| <b>F.</b>  | <b>TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b> |              |               |               |            |
|  | <b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>                             |              |               |               |            |
| 1  | INPATIENT ACCRUED CHARGES   | \$60,230,293 | \$86,720,104  | \$26,489,811  | 44%        |
| 2  | INPATIENT ACCRUED PAYMENTS (IP PMT)                                   | \$13,533,295 | \$21,968,259  | \$8,434,964   | 62%        |
| 3  | INPATIENT PAYMENTS / INPATIENT CHARGES                                | 22.47%       | 25.33%        | 2.86%         | 13%        |
| 4  | DISCHARGES  | 3,087        | 3,779         | 692           | 22%        |
| 5  | CASE MIX INDEX (CMI)  | 0.99808      | 0.96344       | (0.03464)     | -3%        |
| 6  | CASE MIX ADJUSTED DISCHARGES (CMAD)                                   | 3,081.06810  | 3,640.83140   | 559.76330     | 18%        |
| 7  | INPATIENT ACCRUED PAYMENT / CMAD                                      | \$4,392.40   | \$6,033.86    | \$1,641.45    | 37%        |
| 8  | NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD               | \$3,976.35   | \$3,322.57    | (\$653.78)    | -16%       |
| 9  | MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD                     | \$3,745.30   | \$2,068.12    | (\$1,677.18)  | -45%       |
| 10   | INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT                           | \$11,539,512 | \$7,529,679   | (\$4,009,833) | -35%       |
| 11   | PATIENT DAYS  | 15,575       | 24,616        | 9,041         | 58%        |
| 12   | INPATIENT ACCRUED PAYMENT / PATIENT DAY                               | \$868.91     | \$892.44      | \$23.53       | 3%         |
| 13   | AVERAGE LENGTH OF STAY  | 5.0          | 6.5           | 1.5           | 29%        |
|  | <b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>                            |              |               |               |            |
| 14   | OUTPATIENT ACCRUED CHARGES (OP CHGS)                                  | \$29,323,940 | \$34,492,677  | \$5,168,737   | 18%        |
| 15   | OUTPATIENT ACCRUED PAYMENTS (OP PMT)                                  | \$8,103,594  | \$9,882,678   | \$1,779,084   | 22%        |
| 16   | OUTPATIENT PAYMENTS / OUTPATIENT CHARGES                              | 27.63%       | 28.65%        | 1.02%         | 4%         |
| 17   | OUTPATIENT CHARGES / INPATIENT CHARGES                                | 48.69%       | 39.77%        | -8.91%        | -18%       |
| 18   | OUTPATIENT EQUIVALENT DISCHARGES (OPED)                               | 1,489.93307  | 1,495.15899   | 5.22592       | 0%         |
| 19   | OUTPATIENT ACCRUED PAYMENTS / OPED                                    | \$5,438.90   | \$6,609.78    | \$1,170.89    | 22%        |
| 20   | NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED               | \$4,100.68   | \$3,068.48    | (\$1,032.20)  | -25%       |
| 21   | MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED                     | \$3,473.81   | \$3,940.28    | \$466.47      | 13%        |
| 22   | OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT                          | \$5,175,748  | \$5,891,352   | \$715,603     | 14%        |
|  | <b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>       |              |               |               |            |
| 23   | TOTAL ACCRUED CHARGES   | \$89,554,233 | \$121,212,781 | \$31,658,548  | 35%        |
| 24   | TOTAL ACCRUED PAYMENTS  | \$21,636,889 | \$31,850,937  | \$10,214,048  | 47%        |
| 25   | TOTAL ALLOWANCES  | \$67,917,344 | \$89,361,844  | \$21,444,500  | 32%        |



| SAINT VINCENT'S MEDICAL CENTER                                      |  |               |               |               |            |
|---|--|---------------|---------------|---------------|------------|
| TWELVE MONTHS ACTUAL FILING   |  |               |               |               |            |
| FISCAL YEAR 2009  |  |               |               |               |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT            |  |               |               |               |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS                |  |               |               |               |            |
|   |  | ACTUAL        | ACTUAL        | AMOUNT        | %          |
| LINE  | DESCRIPTION  | FY 2008       | FY 2009       | DIFFERENCE    | DIFFERENCE |
| <b>G. CHAMPUS / TRICARE</b>   |  |               |               |               |            |
| <b>CHAMPUS / TRICARE INPATIENT</b>                                  |  |               |               |               |            |
| 1   | INPATIENT ACCRUED CHARGES                                | \$171,538     | \$360,974     | \$189,436     | 110%       |
| 2   | INPATIENT ACCRUED PAYMENTS (IP PMT)                      | \$9,078       | \$121,850     | \$112,772     | 1242%      |
| 3   | INPATIENT PAYMENTS / INPATIENT CHARGES                   | 5.29%         | 33.76%        | 28.46%        | 538%       |
| 4   | DISCHARGES   | 12            | 18            | 6             | 50%        |
| 5   | CASE MIX INDEX (CMI)                                     | 0.69700       | 1.11090       | 0.41390       | 59%        |
| 6   | CASE MIX ADJUSTED DISCHARGES (CMAD)                      | 8.36400       | 19.99620      | 11.63220      | 139%       |
| 7   | INPATIENT ACCRUED PAYMENT / CMAD                         | \$1,085.37    | \$6,093.66    | \$5,008.29    | 461%       |
| 8   | PATIENT DAYS   | 29            | 79            | 50            | 172%       |
| 9   | INPATIENT ACCRUED PAYMENT / PATIENT DAY                  | \$313.03      | \$1,542.41    | \$1,229.37    | 393%       |
| 10  | AVERAGE LENGTH OF STAY                                   | 2.4           | 4.4           | 2.0           | 82%        |
| <b>CHAMPUS / TRICARE OUTPATIENT</b>                                 |  |               |               |               |            |
| 11  | OUTPATIENT ACCRUED CHARGES (OP CHGS)                     | \$209,325     | \$283,642     | \$74,317      | 36%        |
| 12  | OUTPATIENT ACCRUED PAYMENTS (OP PMT)                     | \$64,863      | \$101,544     | \$36,681      | 57%        |
| <b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>            |  |               |               |               |            |
| 13  | TOTAL ACCRUED CHARGES                                    | \$380,863     | \$644,616     | \$263,753     | 69%        |
| 14  | TOTAL ACCRUED PAYMENTS                                   | \$73,941      | \$223,394     | \$149,453     | 202%       |
| 15  | TOTAL ALLOWANCES   | \$306,922     | \$421,222     | \$114,300     | 37%        |
| <b>H. OTHER DATA</b>  |  |               |               |               |            |
| 1   | OTHER OPERATING REVENUE                                  | \$13,485,455  | \$9,864,000   | (\$3,621,455) | -27%       |
| 2   | TOTAL OPERATING EXPENSES                                 | \$302,743,318 | \$341,987,000 | \$39,243,682  | 13%        |
| 3   | UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment) | \$2,299,246   | \$2,290,216   | (\$9,030)     | 0%         |
| <b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>            |  |               |               |               |            |
| 4   | CHARITY CARE (CHARGES)                                   | \$5,784,833   | \$8,833,000   | \$3,048,167   | 53%        |
| 5   | BAD DEBTS (CHARGES)                                      | \$26,273,077  | \$30,554,626  | \$4,281,549   | 16%        |
| 6   | UNCOMPENSATED CARE (CHARGES)                             | \$32,057,910  | \$39,387,626  | \$7,329,716   | 23%        |
| 7   | COST OF UNCOMPENSATED CARE                               | \$13,151,495  | \$14,773,638  | \$1,622,143   | 12%        |
| <b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b> |  |               |               |               |            |
| 8   | TOTAL ACCRUED CHARGES                                    | \$89,554,233  | \$121,212,781 | \$31,658,548  | 35%        |
| 9   | TOTAL ACCRUED PAYMENTS                                   | \$21,636,889  | \$31,850,937  | \$10,214,048  | 47%        |
| 10  | COST OF TOTAL MEDICAL ASSISTANCE                         | \$36,738,892  | \$45,464,882  | \$8,725,991   | 24%        |
| 11  | MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT                 | \$15,102,003  | \$13,613,945  | (\$1,488,057) | -10%       |

| SAINT VINCENT'S MEDICAL CENTER                           |   |               |               |               |            |
|--|---|---------------|---------------|---------------|------------|
| TWELVE MONTHS ACTUAL FILING                              |   |               |               |               |            |
| FISCAL YEAR 2009   |   |               |               |               |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT |   |               |               |               |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS     |   |               |               |               |            |
|  |   | ACTUAL        | ACTUAL        | AMOUNT        | %          |
| LINE   | DESCRIPTION                                     | FY 2008       | FY 2009       | DIFFERENCE    | DIFFERENCE |
| <b>II. AGGREGATE DATA</b>                                |   |               |               |               |            |
| <b>A. TOTALS - ALL PAYERS</b>                            |   |               |               |               |            |
| 1  | TOTAL INPATIENT CHARGES                         | \$514,424,048 | \$613,526,265 | \$99,102,217  | 19%        |
| 2  | TOTAL INPATIENT PAYMENTS                        | \$214,113,268 | \$234,262,957 | \$20,149,689  | 9%         |
| 3  | TOTAL INPATIENT PAYMENTS / CHARGES              | 41.62%        | 38.18%        | -3.44%        | -8%        |
| 4  | TOTAL DISCHARGES                                | 20,159        | 21,743        | 1,584         | 8%         |
| 5  | TOTAL CASE MIX INDEX                            | 1.36217       | 1.30325       | (0.05892)     | -4%        |
| 6  | TOTAL CASE MIX ADJUSTED DISCHARGES              | 27,460.03330  | 28,336.61300  | 876.57970     | 3%         |
| 7  | TOTAL OUTPATIENT CHARGES                        | \$203,492,498 | \$238,972,604 | \$35,480,106  | 17%        |
| 8  | OUTPATIENT CHARGES / INPATIENT CHARGES          | 39.56%        | 38.95%        | -0.61%        | -2%        |
| 9  | TOTAL OUTPATIENT PAYMENTS                       | \$75,117,425  | \$85,707,686  | \$10,590,261  | 14%        |
| 10   | OUTPATIENT PAYMENTS / OUTPATIENT CHARGES        | 36.91%        | 35.87%        | -1.05%        | -3%        |
| 11   | TOTAL CHARGES                                   | \$717,916,546 | \$852,498,869 | \$134,582,323 | 19%        |
| 12   | TOTAL PAYMENTS                                  | \$289,230,693 | \$319,970,643 | \$30,739,950  | 11%        |
| 13   | TOTAL PAYMENTS / TOTAL CHARGES                  | 40.29%        | 37.53%        | -2.75%        | -7%        |
| 14   | PATIENT DAYS                                    | 104,524       | 125,447       | 20,923        | 20%        |
| <b>B. TOTALS - ALL GOVERNMENT PAYERS</b>                 |   |               |               |               |            |
| 1  | INPATIENT CHARGES                               | \$352,528,826 | \$420,841,062 | \$68,312,236  | 19%        |
| 2  | INPATIENT PAYMENTS                              | \$132,609,169 | \$142,893,895 | \$10,284,726  | 8%         |
| 3  | GOVT. INPATIENT PAYMENTS / CHARGES              | 37.62%        | 33.95%        | -3.66%        | -10%       |
| 4  | DISCHARGES                                      | 12,621        | 13,543        | 922           | 7%         |
| 5  | CASE MIX INDEX                                  | 1.40408       | 1.37128       | (0.03280)     | -2%        |
| 6  | CASE MIX ADJUSTED DISCHARGES                    | 17,720.93730  | 18,571.23300  | 850.29570     | 5%         |
| 7  | OUTPATIENT CHARGES                              | \$96,687,905  | \$115,499,756 | \$18,811,851  | 19%        |
| 8  | OUTPATIENT CHARGES / INPATIENT CHARGES          | 27.43%        | 27.44%        | 0.02%         | 0%         |
| 9  | OUTPATIENT PAYMENTS                             | \$27,677,785  | \$34,852,577  | \$7,174,792   | 26%        |
| 10   | OUTPATIENT PAYMENTS / OUTPATIENT CHARGES        | 28.63%        | 30.18%        | 1.55%         | 5%         |
| 11   | TOTAL CHARGES                                   | \$449,216,731 | \$536,340,818 | \$87,124,087  | 19%        |
| 12   | TOTAL PAYMENTS                                  | \$160,286,954 | \$177,746,472 | \$17,459,518  | 11%        |
| 13   | TOTAL PAYMENTS / CHARGES                        | 35.68%        | 33.14%        | -2.54%        | -7%        |
| 14   | PATIENT DAYS                                    | 75,821        | 88,733        | 12,912        | 17%        |
| 15   | TOTAL GOVERNMENT DEDUCTIONS                     | \$288,929,777 | \$358,594,346 | \$69,664,569  | 24%        |
| <b>C. AVERAGE LENGTH OF STAY</b>                         |   |               |               |               |            |
| 1  | MEDICARE  | 6.3           | 6.6           | 0.2           | 4%         |
| 2  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) | 3.8           | 4.5           | 0.7           | 18%        |
| 3  | UNINSURED                                       | 3.8           | 4.9           | 1.0           | 27%        |
| 4  | MEDICAID  | 5.0           | 6.7           | 1.7           | 34%        |
| 5  | OTHER MEDICAL ASSISTANCE                        | 5.4           | 5.6           | 0.2           | 4%         |
| 6  | CHAMPUS / TRICARE                               | 2.4           | 4.4           | 2.0           | 82%        |
| 7  | TOTAL AVERAGE LENGTH OF STAY                    | 5.2           | 5.8           | 0.6           | 11%        |

| SAINT VINCENT'S MEDICAL CENTER                                |   |               |               |                |            |
|---|---|---------------|---------------|----------------|------------|
| TWELVE MONTHS ACTUAL FILING                                   |   |               |               |                |            |
| FISCAL YEAR 2009  |   |               |               |                |            |
| REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT      |   |               |               |                |            |
| AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS          |   |               |               |                |            |
|   |   | ACTUAL        | ACTUAL        | AMOUNT         | %          |
| LINE  | DESCRIPTION   | FY 2008       | FY 2009       | DIFFERENCE     | DIFFERENCE |
| <b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>    |   |               |               |                |            |
| 1   | TOTAL CHARGES   | \$717,916,546 | \$852,498,869 | \$134,582,323  | 19%        |
| 2   | TOTAL GOVERNMENT DEDUCTIONS   | \$288,929,777 | \$358,594,346 | \$69,664,569   | 24%        |
| 3   | UNCOMPENSATED CARE  | \$32,057,910  | \$39,387,626  | \$7,329,716    |            |
| 4   | TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES                             | \$99,044,292  | \$130,934,442 | \$31,890,150   | 32%        |
| 5   | EMPLOYEE SELF INSURANCE ALLOWANCE                                       | \$5,664,422   | \$6,114,636   | \$450,214      | 8%         |
| 6   | TOTAL ADJUSTMENTS   | \$425,696,401 | \$535,031,050 | \$109,334,649  | 26%        |
| 7   | TOTAL ACCRUED PAYMENTS  | \$292,220,145 | \$317,467,819 | \$25,247,674   | 9%         |
| 8   | UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)                | \$2,299,246   | \$2,290,216   | (\$9,030)      | 0%         |
| 9   | NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.                        | \$294,519,391 | \$319,758,035 | \$25,238,644   | 9%         |
| 10  | RATIO OF NET REVENUE TO TOTAL CHARGES                                   | 0.4102418208  | 0.3750832366  | (0.0351585842) | -9%        |
| 11  | COST OF UNCOMPENSATED CARE  | \$13,151,495  | \$14,773,638  | \$1,622,143    | 12%        |
| 12  | MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT                                | \$15,102,003  | \$13,613,945  | (\$1,488,057)  | -10%       |
| 13  | PLUS OHCA ADJUSTMENT (OHCA INPUT)                                       | \$0           | \$0           | \$0            | 0%         |
| 14  | TOTAL COST OF UNCOMPENSATED CARE AND<br>MEDICAL ASSISTANCE UNDERPAYMENT | \$28,253,498  | \$28,387,583  | \$134,085      | 0%         |
| <b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>  |   |               |               |                |            |
| 1   | MEDICAID  | \$4,217,094   | \$3,850,126   | (\$366,968)    | -9%        |
| 2   | OTHER MEDICAL ASSISTANCE  | \$4,187,927   | \$6,487,682   | \$2,299,754    | 55%        |
| 3   | UNINSURED (INCLUDED IN NON-GOVERNMENT)                                  | \$14,217,499  | \$15,662,498  | \$1,444,999    | 10%        |
| 4   | TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)                 | \$22,622,520  | \$26,000,305  | \$3,377,786    | 15%        |
| <b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b> |   |               |               |                |            |
| 1   | EMPLOYEE SELF INSURANCE GROSS REVENUE                                   | \$10,318,573  | \$10,433,144  | \$114,571      | 1.11%      |
| 2   | PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE                    | \$17,834,516  | \$20,683,932  | \$2,849,416    | 15.98%     |
| 3   | NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS                  | \$309,364,455 | \$342,945,000 | \$33,580,545   | 10.85%     |
| 4   | PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE                  | \$0           | \$0           | \$0            | 0.00%      |
| 5   | GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS                     | \$717,916,546 | \$852,499,000 | \$134,582,454  | 18.75%     |
| 6   | PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE                   | (\$6,139,315) | (\$8,736,821) | (\$2,597,506)  | 42.31%     |
| 7   | UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS                 | \$25,918,595  | \$30,651,000  | \$4,732,405    | 18.26%     |

| SAINT VINCENT'S MEDICAL CENTER                          |   |                      |                      |                      |
|---|---|----------------------|----------------------|----------------------|
| TWELVE MONTHS ACTUAL FILING                             |   |                      |                      |                      |
| FISCAL YEAR 2009  |   |                      |                      |                      |
| REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND |   |                      |                      |                      |
| BASELINE UNDERPAYMENT DATA                              |   |                      |                      |                      |
| (1)   | (2)   | (3)                  | (4)                  | (5)                  |
| LINE  | DESCRIPTION   | ACTUAL<br>FY 2008    | ACTUAL<br>FY 2009    | AMOUNT<br>DIFFERENCE |
| <b>I. ACCRUED CHARGES AND PAYMENTS</b>                  |   |                      |                      |                      |
| <b>A. INPATIENT ACCRUED CHARGES</b>                     |   |                      |                      |                      |
| 1   | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)               | \$161,895,222        | \$192,685,203        | \$30,789,981         |
| 2   | MEDICARE  | \$292,126,995        | 333,759,984          | \$41,632,989         |
| 3   | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       | \$60,230,293         | 86,720,104           | \$26,489,811         |
| 4   | MEDICAID  | \$49,325,466         | 70,140,666           | \$20,815,200         |
| 5   | OTHER MEDICAL ASSISTANCE                                      | \$10,904,827         | 16,579,438           | \$5,674,611          |
| 6   | CHAMPUS / TRICARE   | \$171,538            | 360,974              | \$189,436            |
| 7   | UNINSURED (INCLUDED IN NON-GOVERNMENT)                        | \$16,126,417         | 20,406,154           | \$4,279,737          |
|   | <b>TOTAL INPATIENT GOVERNMENT CHARGES</b>                     | <b>\$352,528,826</b> | <b>\$420,841,062</b> | <b>\$68,312,236</b>  |
|   | <b>TOTAL INPATIENT CHARGES</b>                                | <b>\$514,424,048</b> | <b>\$613,526,265</b> | <b>\$99,102,217</b>  |
| <b>B. OUTPATIENT ACCRUED CHARGES</b>                    |   |                      |                      |                      |
| 1   | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)               | \$106,804,593        | \$123,472,848        | \$16,668,255         |
| 2   | MEDICARE  | \$67,154,640         | 80,723,437           | \$13,568,797         |
| 3   | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       | \$29,323,940         | 34,492,677           | \$5,168,737          |
| 4   | MEDICAID  | \$23,106,075         | 26,223,645           | \$3,117,570          |
| 5   | OTHER MEDICAL ASSISTANCE                                      | \$6,217,865          | 8,269,032            | \$2,051,167          |
| 6   | CHAMPUS / TRICARE   | \$209,325            | 283,642              | \$74,317             |
| 7   | UNINSURED (INCLUDED IN NON-GOVERNMENT)                        | \$18,178,406         | 20,686,277           | \$2,507,871          |
|   | <b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>                    | <b>\$96,687,905</b>  | <b>\$115,499,756</b> | <b>\$18,811,851</b>  |
|   | <b>TOTAL OUTPATIENT CHARGES</b>                               | <b>\$203,492,498</b> | <b>\$238,972,604</b> | <b>\$35,480,106</b>  |
| <b>C. TOTAL ACCRUED CHARGES</b>                         |   |                      |                      |                      |
| 1   | TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)          | \$268,699,815        | \$316,158,051        | \$47,458,236         |
| 2   | TOTAL MEDICARE  | \$359,281,635        | \$414,483,421        | \$55,201,786         |
| 3   | TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) | \$89,554,233         | \$121,212,781        | \$31,658,548         |
| 4   | TOTAL MEDICAID  | \$72,431,541         | \$96,364,311         | \$23,932,770         |
| 5   | TOTAL OTHER MEDICAL ASSISTANCE                                | \$17,122,692         | \$24,848,470         | \$7,725,778          |
| 6   | TOTAL CHAMPUS / TRICARE                                       | \$380,863            | \$644,616            | \$263,753            |
| 7   | TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)                  | \$34,304,823         | \$41,092,431         | \$6,787,608          |
|   | <b>TOTAL GOVERNMENT CHARGES</b>                               | <b>\$449,216,731</b> | <b>\$536,340,818</b> | <b>\$87,124,087</b>  |
|   | <b>TOTAL CHARGES</b>  | <b>\$717,916,546</b> | <b>\$852,498,869</b> | <b>\$134,582,323</b> |
| <b>D. INPATIENT ACCRUED PAYMENTS</b>                    |   |                      |                      |                      |
| 1   | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)               | \$81,504,099         | \$91,369,062         | \$9,864,963          |
| 2   | MEDICARE  | \$119,066,796        | 120,803,786          | \$1,736,990          |
| 3   | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       | \$13,533,295         | 21,968,259           | \$8,434,964          |
| 4   | MEDICAID  | \$12,523,236         | 19,983,110           | \$7,459,874          |
| 5   | OTHER MEDICAL ASSISTANCE                                      | \$1,010,059          | 1,985,149            | \$975,090            |
| 6   | CHAMPUS / TRICARE   | \$9,078              | 121,850              | \$112,772            |
| 7   | UNINSURED (INCLUDED IN NON-GOVERNMENT)                        | \$2,092,200          | 1,590,034            | (\$502,166)          |
|   | <b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>                    | <b>\$132,609,169</b> | <b>\$142,893,895</b> | <b>\$10,284,726</b>  |
|   | <b>TOTAL INPATIENT PAYMENTS</b>                               | <b>\$214,113,268</b> | <b>\$234,262,957</b> | <b>\$20,149,689</b>  |
| <b>E. OUTPATIENT ACCRUED PAYMENTS</b>                   |   |                      |                      |                      |
| 1   | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)               | \$47,439,640         | \$50,855,109         | \$3,415,469          |
| 2   | MEDICARE  | \$19,509,328         | 24,868,355           | \$5,359,027          |
| 3   | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)       | \$8,103,594          | 9,882,678            | \$1,779,084          |
| 4   | MEDICAID  | \$6,871,918          | 8,456,331            | \$1,584,413          |
| 5   | OTHER MEDICAL ASSISTANCE                                      | \$1,231,676          | 1,426,347            | \$194,671            |
| 6   | CHAMPUS / TRICARE   | \$64,863             | 101,544              | \$36,681             |
| 7   | UNINSURED (INCLUDED IN NON-GOVERNMENT)                        | \$1,732,472          | 1,462,161            | (\$270,311)          |
|   | <b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>                   | <b>\$27,677,785</b>  | <b>\$34,852,577</b>  | <b>\$7,174,792</b>   |
|   | <b>TOTAL OUTPATIENT PAYMENTS</b>                              | <b>\$75,117,425</b>  | <b>\$85,707,686</b>  | <b>\$10,590,261</b>  |
| <b>F. TOTAL ACCRUED PAYMENTS</b>                        |   |                      |                      |                      |
| 1   | TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)          | \$128,943,739        | \$142,224,171        | \$13,280,432         |
| 2   | TOTAL MEDICARE  | \$138,576,124        | \$145,672,141        | \$7,096,017          |
| 3   | TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) | \$21,636,889         | \$31,850,937         | \$10,214,048         |
| 4   | TOTAL MEDICAID  | \$19,395,154         | \$28,439,441         | \$9,044,287          |
| 5   | TOTAL OTHER MEDICAL ASSISTANCE                                | \$2,241,735          | \$3,411,496          | \$1,169,761          |
| 6   | TOTAL CHAMPUS / TRICARE                                       | \$73,941             | \$223,394            | \$149,453            |
| 7   | TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)                  | \$3,824,672          | \$3,052,195          | (\$772,477)          |
|   | <b>TOTAL GOVERNMENT PAYMENTS</b>                              | <b>\$160,286,954</b> | <b>\$177,746,472</b> | <b>\$17,459,518</b>  |
|   | <b>TOTAL PAYMENTS</b>   | <b>\$289,230,693</b> | <b>\$319,970,643</b> | <b>\$30,739,950</b>  |

| SAINT VINCENT'S MEDICAL CENTER<br>TWELVE MONTHS ACTUAL FILING<br>FISCAL YEAR 2009<br>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND<br>BASELINE UNDERPAYMENT DATA |   |                   |                   |                      |
|--|---|-------------------|-------------------|----------------------|
| (1)  | (2)   | (3)               | (4)               | (5)                  |
| LINE   | DESCRIPTION   | ACTUAL<br>FY 2008 | ACTUAL<br>FY 2009 | AMOUNT<br>DIFFERENCE |
| <b>II. PAYER MIX</b>   |   |                   |                   |                      |
| <b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>   |   |                   |                   |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         | 22.55%            | 22.60%            | 0.05%                |
| 2  | MEDICARE  | 40.69%            | 39.15%            | -1.54%               |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) | 8.39%             | 10.17%            | 1.78%                |
| 4  | MEDICAID  | 6.87%             | 8.23%             | 1.36%                |
| 5  | OTHER MEDICAL ASSISTANCE                                | 1.52%             | 1.94%             | 0.43%                |
| 6  | CHAMPUS / TRICARE                                       | 0.02%             | 0.04%             | 0.02%                |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                  | 2.25%             | 2.39%             | 0.15%                |
|  | <b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>             | <b>49.10%</b>     | <b>49.37%</b>     | <b>0.26%</b>         |
|  | <b>TOTAL INPATIENT PAYER MIX</b>                        | <b>71.66%</b>     | <b>71.97%</b>     | <b>0.31%</b>         |
| <b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>  |   |                   |                   |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         | 14.88%            | 14.48%            | -0.39%               |
| 2  | MEDICARE  | 9.35%             | 9.47%             | 0.11%                |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) | 4.08%             | 4.05%             | -0.04%               |
| 4  | MEDICAID  | 3.22%             | 3.08%             | -0.14%               |
| 5  | OTHER MEDICAL ASSISTANCE                                | 0.87%             | 0.97%             | 0.10%                |
| 6  | CHAMPUS / TRICARE                                       | 0.03%             | 0.03%             | 0.00%                |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                  | 2.53%             | 2.43%             | -0.11%               |
|  | <b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>            | <b>13.47%</b>     | <b>13.55%</b>     | <b>0.08%</b>         |
|  | <b>TOTAL OUTPATIENT PAYER MIX</b>                       | <b>28.34%</b>     | <b>28.03%</b>     | <b>-0.31%</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)         | 28.18%            | 28.56%            | 0.38%                |
| 2  | MEDICARE  | 41.17%            | 37.75%            | -3.41%               |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) | 4.68%             | 6.87%             | 2.19%                |
| 4  | MEDICAID  | 4.33%             | 6.25%             | 1.92%                |
| 5  | OTHER MEDICAL ASSISTANCE                                | 0.35%             | 0.62%             | 0.27%                |
| 6  | CHAMPUS / TRICARE                                       | 0.00%             | 0.04%             | 0.03%                |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                  | 0.72%             | 0.50%             | -0.23%               |
|  | <b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>             | <b>45.85%</b>     | <b>44.66%</b>     | <b>-1.19%</b>        |
|  | <b>TOTAL INPATIENT PAYER MIX</b>                        | <b>74.03%</b>     | <b>73.21%</b>     | <b>-0.81%</b>        |
| <b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>   |   |                   |                   |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)         | 16.40%            | 15.89%            | -0.51%               |
| 2  | MEDICARE  | 6.75%             | 7.77%             | 1.03%                |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) | 2.80%             | 3.09%             | 0.29%                |
| 4  | MEDICAID  | 2.38%             | 2.64%             | 0.27%                |
| 5  | OTHER MEDICAL ASSISTANCE                                | 0.43%             | 0.45%             | 0.02%                |
| 6  | CHAMPUS / TRICARE                                       | 0.02%             | 0.03%             | 0.01%                |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                  | 0.60%             | 0.46%             | -0.14%               |
|  | <b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>            | <b>9.57%</b>      | <b>10.89%</b>     | <b>1.32%</b>         |
|  | <b>TOTAL OUTPATIENT PAYER MIX</b>                       | <b>25.97%</b>     | <b>26.79%</b>     | <b>0.81%</b>         |
|  | <b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>        | <b>100.00%</b>    | <b>100.00%</b>    | <b>0.00%</b>         |

| SAINT VINCENT'S MEDICAL CENTER   |   |                   |                   |                      |
|--|---|-------------------|-------------------|----------------------|
| TWELVE MONTHS ACTUAL FILING  |   |                   |                   |                      |
| FISCAL YEAR 2009   |   |                   |                   |                      |
| REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND                            |   |                   |                   |                      |
| BASELINE UNDERPAYMENT DATA   |   |                   |                   |                      |
| (1)  | (2)   | (3)               | (4)               | (5)                  |
| LINE   | DESCRIPTION   | ACTUAL<br>FY 2008 | ACTUAL<br>FY 2009 | AMOUNT<br>DIFFERENCE |
| <b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b> |   |                   |                   |                      |
| <b>A. DISCHARGES</b>   |   |                   |                   |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                                 | 7,538             | 8,200             | 662                  |
| 2  | MEDICARE  | 9,522             | 9,746             | 224                  |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                         | 3,087             | 3,779             | 692                  |
| 4  | MEDICAID  | 2,656             | 3,120             | 464                  |
| 5  | OTHER MEDICAL ASSISTANCE  | 431               | 659               | 228                  |
| 6  | CHAMPUS / TRICARE   | 12                | 18                | 6                    |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)  | 950               | 955               | 5                    |
|  | <b>TOTAL GOVERNMENT DISCHARGES</b>  | <b>12,621</b>     | <b>13,543</b>     | <b>922</b>           |
|  | <b>TOTAL DISCHARGES</b>   | <b>20,159</b>     | <b>21,743</b>     | <b>1,584</b>         |
| <b>B. PATIENT DAYS</b>   |   |                   |                   |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                                 | 28,703            | 36,714            | 8,011                |
| 2  | MEDICARE  | 60,217            | 64,038            | 3,821                |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                         | 15,575            | 24,616            | 9,041                |
| 4  | MEDICAID  | 13,243            | 20,920            | 7,677                |
| 5  | OTHER MEDICAL ASSISTANCE  | 2,332             | 3,696             | 1,364                |
| 6  | CHAMPUS / TRICARE   | 29                | 79                | 50                   |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)  | 3,652             | 4,657             | 1,005                |
|  | <b>TOTAL GOVERNMENT PATIENT DAYS</b>  | <b>75,821</b>     | <b>88,733</b>     | <b>12,912</b>        |
|  | <b>TOTAL PATIENT DAYS</b>   | <b>104,524</b>    | <b>125,447</b>    | <b>20,923</b>        |
| <b>C. AVERAGE LENGTH OF STAY (ALOS)</b>  |   |                   |                   |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                                 | 3.8               | 4.5               | 0.7                  |
| 2  | MEDICARE  | 6.3               | 6.6               | 0.2                  |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                         | 5.0               | 6.5               | 1.5                  |
| 4  | MEDICAID  | 5.0               | 6.7               | 1.7                  |
| 5  | OTHER MEDICAL ASSISTANCE  | 5.4               | 5.6               | 0.2                  |
| 6  | CHAMPUS / TRICARE   | 2.4               | 4.4               | 2.0                  |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)  | 3.8               | 4.9               | 1.0                  |
|  | <b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>                                  | <b>6.0</b>        | <b>6.6</b>        | <b>0.5</b>           |
|  | <b>TOTAL AVERAGE LENGTH OF STAY</b>   | <b>5.2</b>        | <b>5.8</b>        | <b>0.6</b>           |
| <b>D. CASE MIX INDEX</b>   |   |                   |                   |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                                 | 1.29200           | 1.19090           | (0.10110)            |
| 2  | MEDICARE  | 1.53660           | 1.52990           | (0.00670)            |
| 0  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                         | 0.99808           | 0.96344           | (0.03464)            |
| 4  | MEDICAID  | 0.96390           | 0.91250           | (0.05140)            |
| 5  | OTHER MEDICAL ASSISTANCE  | 1.20870           | 1.20460           | (0.00410)            |
| 6  | CHAMPUS / TRICARE   | 0.69700           | 1.11090           | 0.41390              |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)  | 1.09920           | 1.09870           | (0.00050)            |
|  | <b>TOTAL GOVERNMENT CASE MIX INDEX</b>  | <b>1.40408</b>    | <b>1.37128</b>    | <b>(0.03280)</b>     |
|  | <b>TOTAL CASE MIX INDEX</b>   | <b>1.36217</b>    | <b>1.30325</b>    | <b>(0.05892)</b>     |
| <b>E. OTHER REQUIRED DATA</b>  |   |                   |                   |                      |
| 1  | TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES             | \$258,381,243     | \$305,724,906     | \$47,343,663         |
| 2  | ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES          | \$159,336,951     | \$174,790,464     | \$15,453,513         |
|  | (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)                                 |                   |                   |                      |
| 3  | TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES                                     | \$99,044,292      | \$130,934,442     | \$31,890,150         |
| 4  | TOTAL ACTUAL DISCOUNT PERCENTAGE  | 38.33%            | 42.83%            | 4.49%                |
| 5  | EMPLOYEE SELF INSURANCE GROSS REVENUE   | \$10,318,573      | \$10,433,144      | \$114,571            |
| 6  | EMPLOYEE SELF INSURANCE ALLOWANCE   | \$5,664,422       | \$6,114,636       | \$450,214            |
| 7  | UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT<br>OHCA INPUT) | \$2,299,246       | \$2,290,216       | (\$9,030)            |
| 8  | CHARITY CARE  | \$5,784,833       | \$8,833,000       | \$3,048,167          |
| 9  | BAD DEBTS   | \$26,273,077      | \$30,554,626      | \$4,281,549          |
| 10   | TOTAL UNCOMPENSATED CARE  | \$32,057,910      | \$39,387,626      | \$7,329,716          |
| 11   | TOTAL OTHER OPERATING REVENUE   | \$258,381,243     | \$305,724,906     | \$47,343,663         |
| 12   | TOTAL OPERATING EXPENSES  | \$302,743,318     | \$341,987,000     | \$39,243,682         |

| <b>SAINT VINCENT'S MEDICAL CENTER</b><br><b>TWELVE MONTHS ACTUAL FILING</b><br><b>FISCAL YEAR 2009</b><br><b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b><br><b>BASELINE UNDERPAYMENT DATA</b> |                    |                                 |                                 |                                    |
|---|--------------------|---------------------------------|---------------------------------|------------------------------------|
| (1)   | (2)                | (3)                             | (4)                             | (5)                                |
| <u>LINE</u>   | <u>DESCRIPTION</u> | <u>ACTUAL</u><br><u>FY 2008</u> | <u>ACTUAL</u><br><u>FY 2009</u> | <u>AMOUNT</u><br><u>DIFFERENCE</u> |
|   |                    |                                 |                                 |                                    |
|   |                    |                                 |                                 |                                    |

| SAINT VINCENT'S MEDICAL CENTER   |  |                     |                     |                      |
|--|--|---------------------|---------------------|----------------------|
| TWELVE MONTHS ACTUAL FILING  |  |                     |                     |                      |
| FISCAL YEAR 2009   |  |                     |                     |                      |
| REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND                      |  |                     |                     |                      |
| BASELINE UNDERPAYMENT DATA   |  |                     |                     |                      |
| (1)  | (2)  | (3)                 | (4)                 | (5)                  |
| LINE   | DESCRIPTION  | ACTUAL<br>FY 2008   | ACTUAL<br>FY 2009   | AMOUNT<br>DIFFERENCE |
| <b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>                              |  |                     |                     |                      |
| <b>A. CASE MIX ADJUSTED DISCHARGES</b>                                       |  |                     |                     |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                                | 9,739.09600         | 9,765.38000         | 26.28400             |
| 2  | MEDICARE   | 14,631.50520        | 14,910.40540        | 278.90020            |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                        | 3,081.06810         | 3,640.83140         | 559.76330            |
| 4  | MEDICAID   | 2,560.11840         | 2,847.00000         | 286.88160            |
| 5  | OTHER MEDICAL ASSISTANCE   | 520.94970           | 793.83140           | 272.88170            |
| 6  | CHAMPUS / TRICARE  | 8.36400             | 19.99620            | 11.63220             |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)   | 1,044.24000         | 1,049.25850         | 5.01850              |
|  | <b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>                           | <b>17,720.93730</b> | <b>18,571.23300</b> | <b>850.29570</b>     |
|  | <b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>                                      | <b>27,460.03330</b> | <b>28,336.61300</b> | <b>876.57970</b>     |
| <b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b> |  |                     |                     |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                                | 4,972.92639         | 5,254.56723         | 281.64084            |
| 2  | MEDICARE   | 2,188.93321         | 2,357.17478         | 168.24157            |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                        | 1,489.93307         | 1,495.15899         | 5.22592              |
| 4  | MEDICAID   | 1,244.17953         | 1,166.48126         | -77.69827            |
| 5  | OTHER MEDICAL ASSISTANCE   | 245.75354           | 328.67773           | 82.92419             |
| 6  | CHAMPUS / TRICARE  | 14.64340            | 14.14383            | -0.49957             |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)   | 1,070.88175         | 968.10965           | -102.77211           |
|  | <b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>                       | <b>3,693.50969</b>  | <b>3,866.47761</b>  | <b>172.96792</b>     |
|  | <b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>                                  | <b>8,666.43608</b>  | <b>9,121.04484</b>  | <b>454.60876</b>     |
| <b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>                  |  |                     |                     |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                                | \$8,368.75          | \$9,356.43          | \$987.67             |
| 2  | MEDICARE   | \$8,137.70          | \$8,101.98          | (\$35.72)            |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                        | \$4,392.40          | \$6,033.86          | \$1,641.45           |
| 4  | MEDICAID   | \$4,891.66          | \$7,019.01          | \$2,127.34           |
| 5  | OTHER MEDICAL ASSISTANCE   | \$1,938.88          | \$2,500.72          | \$561.84             |
| 6  | CHAMPUS / TRICARE  | \$1,085.37          | \$6,093.66          | \$5,008.29           |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)   | \$2,003.56          | \$1,515.39          | (\$488.17)           |
|  | <b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>      | <b>\$7,483.19</b>   | <b>\$7,694.37</b>   | <b>\$211.18</b>      |
|  | <b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>                 | <b>\$7,797.27</b>   | <b>\$8,267.15</b>   | <b>\$469.88</b>      |
| <b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>             |  |                     |                     |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                                | \$9,539.58          | \$9,678.27          | \$138.69             |
| 2  | MEDICARE   | \$8,912.71          | \$10,550.07         | \$1,637.36           |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                        | \$5,438.90          | \$6,609.78          | \$1,170.89           |
| 4  | MEDICAID   | \$5,523.25          | \$7,249.44          | \$1,726.18           |
| 5  | OTHER MEDICAL ASSISTANCE   | \$5,011.83          | \$4,339.65          | (\$672.18)           |
| 6  | CHAMPUS / TRICARE  | \$4,429.50          | \$7,179.38          | \$2,749.88           |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)   | \$1,617.80          | \$1,510.33          | (\$107.47)           |
|  | <b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b> | <b>\$7,493.63</b>   | <b>\$9,014.04</b>   | <b>\$1,520.41</b>    |
|  | <b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>            | <b>\$8,667.63</b>   | <b>\$9,396.70</b>   | <b>\$729.07</b>      |



| SAINT VINCENT'S MEDICAL CENTER   |  |                     |                     |                      |
|--|--|---------------------|---------------------|----------------------|
| TWELVE MONTHS ACTUAL FILING  |  |                     |                     |                      |
| FISCAL YEAR 2009   |  |                     |                     |                      |
| REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND                      |  |                     |                     |                      |
| BASELINE UNDERPAYMENT DATA   |  |                     |                     |                      |
| (1)  | (2)  | (3)                 | (4)                 | (5)                  |
| LINE   | DESCRIPTION  | ACTUAL<br>FY 2008   | ACTUAL<br>FY 2009   | AMOUNT<br>DIFFERENCE |
| <b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>                  |  |                     |                     |                      |
| 1  | MEDICAID   | \$4,217,094         | \$3,850,126         | (\$366,968)          |
| 2  | OTHER MEDICAL ASSISTANCE   | \$4,187,927         | \$6,487,682         | \$2,299,754          |
| 3  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                                     | \$14,217,499        | \$15,662,498        | \$1,444,999          |
|  | <b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>             | <b>\$22,622,520</b> | <b>\$26,000,305</b> | <b>\$3,377,786</b>   |
| <b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b> |  |                     |                     |                      |
| 1  | TOTAL CHARGES  | \$717,916,546       | \$852,498,869       | \$134,582,323        |
| 2  | TOTAL GOVERNMENT DEDUCTIONS  | \$288,929,777       | \$358,594,346       | \$69,664,569         |
| 3  | UNCOMPENSATED CARE   | \$32,057,910        | \$39,387,626        | \$7,329,716          |
| 4  | TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES                                | \$99,044,292        | \$130,934,442       | \$31,890,150         |
| 5  | EMPLOYEE SELF INSURANCE ALLOWANCE  | \$5,664,422         | \$6,114,636         | \$450,214            |
| 6  | TOTAL ADJUSTMENTS  | \$425,696,401       | \$535,031,050       | \$109,334,649        |
| 7  | TOTAL ACCRUED PAYMENTS   | \$292,220,145       | \$317,467,819       | \$25,247,674         |
| 8  | UCP DSH PAYMENTS (OHCA INPUT)  | \$2,299,246         | \$2,290,216         | (\$9,030)            |
| 9  | NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS                          | \$294,519,391       | \$319,758,035       | \$25,238,644         |
| 10   | RATIO OF NET REVENUE TO TOTAL CHARGES                                      | 0.4102418208        | 0.3750832366        | (0.0351585842)       |
| 11   | COST OF UNCOMPENSATED CARE   | \$13,151,495        | \$14,773,638        | \$1,622,143          |
| 12   | MEDICAL ASSISTANCE UNDERPAYMENT  | \$15,102,003        | \$13,613,945        | (\$1,488,057)        |
| 13   | PLUS OHCA ADJUSTMENT (OHCA INPUT)  | \$0                 | \$0                 | \$0                  |
| 14   | TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT       | \$28,253,498        | \$28,387,583        | \$134,085            |
| <b>VII. RATIOS</b>   |  |                     |                     |                      |
| <b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>                   |  |                     |                     |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                            | 50.34%              | 47.42%              | -2.92%               |
| 2  | MEDICARE   | 40.76%              | 36.19%              | -4.56%               |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                    | 22.47%              | 25.33%              | 2.86%                |
| 4  | MEDICAID   | 25.39%              | 28.49%              | 3.10%                |
| 5  | OTHER MEDICAL ASSISTANCE   | 9.26%               | 11.97%              | 2.71%                |
| 6  | CHAMPUS / TRICARE  | 5.29%               | 33.76%              | 28.46%               |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                                     | 12.97%              | 7.79%               | -5.18%               |
|  | <b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>   | <b>37.62%</b>       | <b>33.95%</b>       | <b>-3.66%</b>        |
|  | <b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>              | <b>41.62%</b>       | <b>38.18%</b>       | <b>-3.44%</b>        |
| <b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>                 |  |                     |                     |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                            | 44.42%              | 41.19%              | -3.23%               |
| 2  | MEDICARE   | 29.05%              | 30.81%              | 1.76%                |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                    | 27.63%              | 28.65%              | 1.02%                |
| 4  | MEDICAID   | 29.74%              | 32.25%              | 2.51%                |
| 5  | OTHER MEDICAL ASSISTANCE   | 19.81%              | 17.25%              | -2.56%               |
| 6  | CHAMPUS / TRICARE  | 30.99%              | 35.80%              | 4.81%                |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                                     | 9.53%               | 7.07%               | -2.46%               |
|  | <b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b> | <b>28.63%</b>       | <b>30.18%</b>       | <b>1.55%</b>         |
|  | <b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>            | <b>36.91%</b>       | <b>35.87%</b>       | <b>-1.05%</b>        |

| <b>SAINT VINCENT'S MEDICAL CENTER</b>  |   |                           |                           |                              |
|--|---|---------------------------|---------------------------|------------------------------|
| <b>TWELVE MONTHS ACTUAL FILING</b>   |   |                           |                           |                              |
| <b>FISCAL YEAR 2009</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<br/>FY 2008</b> | <b>ACTUAL<br/>FY 2009</b> | <b>AMOUNT<br/>DIFFERENCE</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  | \$289,230,693             | \$319,970,643             | \$30,739,950                 |
| 2  | PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.)<br>(OHCA INPUT) | \$2,299,246               | \$2,290,216               | (\$9,030)                    |
|  | <b>OHCA DEFINED NET REVENUE</b>   | <b>\$291,529,939</b>      | <b>\$322,260,859</b>      | <b>\$30,730,920</b>          |
| 3  | PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE                            | \$17,834,516              | \$20,683,932              | \$2,849,416                  |
| 4  | <b>CALCULATED NET REVENUE</b>   | <b>\$340,291,683</b>      | <b>\$342,944,791</b>      | <b>\$2,653,108</b>           |
| 5  | NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)        | \$309,364,455             | \$342,945,000             | \$33,580,545                 |
| 6  | <b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>                                 | <b>\$30,927,228</b>       | <b>(\$209)</b>            | <b>(\$30,927,437)</b>        |
| <b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b> |   |                           |                           |                              |
| 1  | OHCA DEFINED GROSS REVENUE  | \$717,916,546             | \$852,498,869             | \$134,582,323                |
| 2  | PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE                          | \$0                       | \$0                       | \$0                          |
|  | <b>CALCULATED GROSS REVENUE</b>   | <b>\$717,916,546</b>      | <b>\$852,498,869</b>      | <b>\$134,582,323</b>         |
| 3  | GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)      | \$717,916,546             | \$852,499,000             | \$134,582,454                |
| 4  | <b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>                                 | <b>\$0</b>                | <b>(\$131)</b>            | <b>(\$131)</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)                          | \$32,057,910              | \$39,387,626              | \$7,329,716                  |
| 2  | PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE                             | (\$6,139,315)             | (\$8,736,821)             | (\$2,597,506)                |
|  | <b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>                     | <b>\$25,918,595</b>       | <b>\$30,650,805</b>       | <b>\$4,732,210</b>           |
| 3  | UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)            | \$25,918,595              | \$30,651,000              | \$4,732,405                  |
| 4  | <b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>                                 | <b>\$0</b>                | <b>(\$195)</b>            | <b>(\$195)</b>               |
|  |   |                           |                           |                              |
|  |   |                           |                           |                              |
|  |   |                           |                           |                              |
|  |   |                           |                           |                              |

| SAINT VINCENT'S MEDICAL CENTER<br>TWELVE MONTHS ACTUAL FILING<br>FISCAL YEAR 2009<br>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND<br>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES |  |                      |
|--|--|----------------------|
| (1)  | (2)  | (3)                  |
| LINE   | DESCRIPTION  | ACTUAL<br>FY 2009    |
| <b>I. ACCRUED CHARGES AND PAYMENTS</b>   |  |                      |
| <b>A. INPATIENT ACCRUED CHARGES</b>  |  |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                        | \$192,685,203        |
| 2  | MEDICARE   | 333,759,984          |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                | 86,720,104           |
| 4  | MEDICAID   | 70,140,666           |
| 5  | OTHER MEDICAL ASSISTANCE   | 16,579,438           |
| 6  | CHAMPUS / TRICARE  | 360,974              |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                                 | 20,406,154           |
|  | <b>TOTAL INPATIENT GOVERNMENT CHARGES</b>                              | <b>\$420,841,062</b> |
|  | <b>TOTAL INPATIENT CHARGES</b>   | <b>\$613,526,265</b> |
| <b>B. OUTPATIENT ACCRUED CHARGES</b>   |  |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                        | \$123,472,848        |
| 2  | MEDICARE   | 80,723,437           |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                | 34,492,677           |
| 4  | MEDICAID   | 26,223,645           |
| 5  | OTHER MEDICAL ASSISTANCE   | 8,269,032            |
| 6  | CHAMPUS / TRICARE  | 283,642              |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                                 | 20,686,277           |
|  | <b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>                             | <b>\$115,499,756</b> |
|  | <b>TOTAL OUTPATIENT CHARGES</b>  | <b>\$238,972,604</b> |
| <b>C. TOTAL ACCRUED CHARGES</b>  |  |                      |
| 1  | TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)  | \$316,158,051        |
| 2  | TOTAL GOVERNMENT ACCRUED CHARGES                                       | 536,340,818          |
|  | <b>TOTAL ACCRUED CHARGES</b>   | <b>\$852,498,869</b> |
| <b>D. INPATIENT ACCRUED PAYMENTS</b>   |  |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                        | \$91,369,062         |
| 2  | MEDICARE   | 120,803,786          |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                | 21,968,259           |
| 4  | MEDICAID   | 19,983,110           |
| 5  | OTHER MEDICAL ASSISTANCE   | 1,985,149            |
| 6  | CHAMPUS / TRICARE  | 121,850              |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                                 | 1,590,034            |
|  | <b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>                             | <b>\$142,893,895</b> |
|  | <b>TOTAL INPATIENT PAYMENTS</b>  | <b>\$234,262,957</b> |
| <b>E. OUTPATIENT ACCRUED PAYMENTS</b>  |  |                      |
| 1  | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)                        | \$50,855,109         |
| 2  | MEDICARE   | 24,868,355           |
| 3  | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)                | 9,882,678            |
| 4  | MEDICAID   | 8,456,331            |
| 5  | OTHER MEDICAL ASSISTANCE   | 1,426,347            |
| 6  | CHAMPUS / TRICARE  | 101,544              |
| 7  | UNINSURED (INCLUDED IN NON-GOVERNMENT)                                 | 1,462,161            |
|  | <b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>                            | <b>\$34,852,577</b>  |
|  | <b>TOTAL OUTPATIENT PAYMENTS</b>                                       | <b>\$85,707,686</b>  |
| <b>F. TOTAL ACCRUED PAYMENTS</b>   |  |                      |
| 1  | TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED) | \$142,224,171        |
| 2  | TOTAL GOVERNMENT ACCRUED PAYMENTS                                      | 177,746,472          |
|  | <b>TOTAL ACCRUED PAYMENTS</b>  | <b>\$319,970,643</b> |

| <b>SAINT VINCENT'S MEDICAL CENTER</b><br><b>TWELVE MONTHS ACTUAL FILING</b><br><b>FISCAL YEAR 2009</b><br><b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b><br><b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b> |   |                           |
|---|---|---------------------------|
| (1)   | (2)   | (3)                       |
| <u>LINE</u>   | <u>DESCRIPTION</u>  | <u>ACTUAL<br/>FY 2009</u> |
| <b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>   |   |                           |
| <b>A. ACCRUED DISCHARGES</b>  |   |                           |
| 1   | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)   | 8,200                     |
| 2   | MEDICARE  | 9,746                     |
| 3   | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   | 3,779                     |
| 4   | MEDICAID  | 3,120                     |
| 5   | OTHER MEDICAL ASSISTANCE  | 659                       |
| 6   | CHAMPUS / TRICARE   | 18                        |
| 7   | UNINSURED (INCLUDED IN NON-GOVERNMENT)  | 955                       |
|   | <b>TOTAL GOVERNMENT DISCHARGES</b>  | <b>13,543</b>             |
|   | <b>TOTAL DISCHARGES</b>   | <b>21,743</b>             |
| <b>B. CASE MIX INDEX</b>  |   |                           |
| 1   | NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)   | 1.19090                   |
| 2   | MEDICARE  | 1.52990                   |
| 3   | MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)   | 0.96344                   |
| 4   | MEDICAID  | 0.91250                   |
| 5   | OTHER MEDICAL ASSISTANCE  | 1.20460                   |
| 6   | CHAMPUS / TRICARE   | 1.11090                   |
| 7   | UNINSURED (INCLUDED IN NON-GOVERNMENT)  | 1.09870                   |
|   | <b>TOTAL GOVERNMENT CASE MIX INDEX</b>  | <b>1.37128</b>            |
|   | <b>TOTAL CASE MIX INDEX</b>   | <b>1.30325</b>            |
| <b>C. OTHER REQUIRED DATA</b>   |   |                           |
| 1   | TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES   | \$305,724,906             |
| 2   | ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES<br>(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE) | \$174,790,464             |
| 3   | TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES   | \$130,934,442             |
| 4   | TOTAL ACTUAL DISCOUNT PERCENTAGE  | 42.83%                    |
| 5   | EMPLOYEE SELF INSURANCE GROSS REVENUE   | \$10,433,144              |
| 6   | EMPLOYEE SELF INSURANCE ALLOWANCE   | \$6,114,636               |
| 7   | UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)  | \$2,290,216               |
| 8   | CHARITY CARE  | \$8,833,000               |
| 9   | BAD DEBTS   | \$30,554,626              |
| 10  | TOTAL UNCOMPENSATED CARE  | \$39,387,626              |
| 11  | TOTAL OTHER OPERATING REVENUE   | \$9,864,000               |
| 12  | TOTAL OPERATING EXPENSES  | \$341,987,000             |

| <b>SAINT VINCENT'S MEDICAL CENTER</b><br><b>TWELVE MONTHS ACTUAL FILING</b><br><b>FISCAL YEAR 2009</b><br><b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b><br><b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b> |  |                           |
|---|--|---------------------------|
| (1)   | (2)  | (3)                       |
| <u>LINE</u>   | <u>DESCRIPTION</u>   | <u>ACTUAL<br/>FY 2009</u> |
| <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   | \$319,970,643             |
| 2   | PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT) | \$2,290,216               |
|   | <b>OHCA DEFINED NET REVENUE</b>  | <b>\$322,260,859</b>      |
| 3   | PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE                         | \$20,683,932              |
|   | <b>CALCULATED NET REVENUE</b>  | <b>\$342,944,791</b>      |
| 4   | NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)     | \$342,945,000             |
|   | <b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>                              | <b>(\$209)</b>            |
| <b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>  |  |                           |
| 1   | OHCA DEFINED GROSS REVENUE   | \$852,498,869             |
| 2   | PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE                       | \$0                       |
|   | <b>CALCULATED GROSS REVENUE</b>  | <b>\$852,498,869</b>      |
| 3   | GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)   | \$852,499,000             |
|   | <b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>                              | <b>(\$131)</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)                       | \$39,387,626              |
| 2   | PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE                  | (\$8,736,821)             |
|   | <b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>                  | <b>\$30,650,805</b>       |
| 3   | UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)   | \$30,651,000              |
|   | <b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>                              | <b>(\$195)</b>            |

| SAINT VINCENT'S MEDICAL CENTER<br>TWELVE MONTHS ACTUAL FILING<br>FISCAL YEAR 2009<br>REPORT 650 - HOSPITAL UNCOMPENSATED CARE |  |                     |                     |                      |                 |
|---|--|---------------------|---------------------|----------------------|-----------------|
| (1)   | (2)  | (3)                 | (4)                 | (5)                  | (6)             |
| LINE  | DESCRIPTION  | ACTUAL<br>FY 2008   | ACTUAL<br>FY 2009   | AMOUNT<br>DIFFERENCE | %<br>DIFFERENCE |
| <b>A. Hospital Charity Care (from HRS Report 500)</b>   |  |                     |                     |                      |                 |
| 1   | Number of Applicants   | 2,548               | 2,481               | (67)                 | -3%             |
| 2   | Number of Approved Applicants                                    | 2,344               | 2,406               | 62                   | 3%              |
| 3   | <b>Total Charges (A)</b>   | \$5,784,833         | \$8,833,000         | \$3,048,167          | 53%             |
| 4   | <b>Average Charges</b>   | <b>\$2,468</b>      | <b>\$3,671</b>      | <b>\$1,203</b>       | <b>49%</b>      |
| 5   | Ratio of Cost to Charges (RCC)                                   | 0.451046            | 0.413922            | (0.037124)           | -8%             |
| 6   | <b>Total Cost</b>  | <b>\$2,609,226</b>  | <b>\$3,656,173</b>  | <b>\$1,046,947</b>   | <b>40%</b>      |
| 7   | <b>Average Cost</b>  | <b>\$1,113</b>      | <b>\$1,520</b>      | <b>\$406</b>         | <b>37%</b>      |
| 8   | Charity Care - Inpatient Charges                                 | \$1,482,432         | \$3,774,000         | \$2,291,568          | 155%            |
| 9   | Charity Care - Outpatient Charges (Excludes ED Charges)          | 3,492,437           | 3,959,294           | 466,857              | 13%             |
| 10  | Charity Care - Emergency Department Charges                      | 809,964             | 1,099,706           | 289,742              | 36%             |
| 11  | <b>Total Charges (A)</b>   | <b>\$5,784,833</b>  | <b>\$8,833,000</b>  | <b>\$3,048,167</b>   | <b>53%</b>      |
| 12  | Charity Care - Number of Patient Days                            | 335                 | 774                 | 439                  | 131%            |
| 13  | Charity Care - Number of Discharges                              | 65                  | 138                 | 73                   | 112%            |
| 14  | Charity Care - Number of Outpatient ED Visits                    | 660                 | 880                 | 220                  | 33%             |
| 15  | Charity Care - Number of Outpatient Visits (Excludes ED Visits)  | 6,544               | 6,880               | 336                  | 5%              |
| <b>B. Hospital Bad Debts (from HRS Report 500)</b>  |  |                     |                     |                      |                 |
| 1   | Bad Debts - Inpatient Services                                   | \$13,020,202        | \$15,637,101        | \$2,616,899          | 20%             |
| 2   | Bad Debts - Outpatient Services (Excludes ED Bad Debts)          | 5,721,909           | 6,827,944           | 1,106,035            | 19%             |
| 3   | Bad Debts - Emergency Department                                 | 7,530,966           | 8,089,581           | 558,615              | 7%              |
| 4   | <b>Total Bad Debts (A)</b>                                       | <b>\$26,273,077</b> | <b>\$30,554,626</b> | <b>\$4,281,549</b>   | <b>16%</b>      |
| <b>C. Hospital Uncompensated Care (from HRS Report 500)</b>   |  |                     |                     |                      |                 |
| 1   | Charity Care (A)   | \$5,784,833         | \$8,833,000         | \$3,048,167          | 53%             |
| 2   | Bad Debts (A)  | 26,273,077          | 30,554,626          | 4,281,549            | 16%             |
| 3   | <b>Total Uncompensated Care (A)</b>                              | <b>\$32,057,910</b> | <b>\$39,387,626</b> | <b>\$7,329,716</b>   | <b>23%</b>      |
| 4   | Uncompensated Care - Inpatient Services                          | \$14,502,634        | \$19,411,101        | \$4,908,467          | 34%             |
| 5   | Uncompensated Care - Outpatient Services (Excludes ED Unc. Care) | 9,214,346           | 10,787,238          | 1,572,892            | 17%             |
| 6   | Uncompensated Care - Emergency Department                        | 8,340,930           | 9,189,287           | 848,357              | 10%             |
| 7   | <b>Total Uncompensated Care (A)</b>                              | <b>\$32,057,910</b> | <b>\$39,387,626</b> | <b>\$7,329,716</b>   | <b>23%</b>      |
| <b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>                            |  |                     |                     |                      |                 |

| SAINT VINCENT'S MEDICAL CENTER   |                                       |  |  |                                    |                               |
|--|---------------------------------------|--|--|------------------------------------|-------------------------------|
| TWELVE MONTHS ACTUAL FILING  |                                       |  |  |                                    |                               |
| FISCAL YEAR 2009   |                                       |  |  |                                    |                               |
| REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,<br>ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE              |                                       |  |  |                                    |                               |
| (1)  | (2)                                   | (3)  | (4)  | (5)                                | (6)                           |
|  |                                       | FY 2008                                      | FY 2009                                      |                                    |                               |
| <u>LINE</u>  | <u>DESCRIPTION</u>                    | <u>ACTUAL TOTAL</u><br><u>NON-GOVERNMENT</u> | <u>ACTUAL TOTAL</u><br><u>NON-GOVERNMENT</u> | <u>AMOUNT</u><br><u>DIFFERENCE</u> | <u>%</u><br><u>DIFFERENCE</u> |
|  | <b><u>COMMERCIAL - ALL PAYERS</u></b> |  |  |                                    |                               |
| 1  | Total Gross Revenue                   | \$258,381,243                                | \$305,724,906                                | \$47,343,663                       | 18%                           |
| 2  | Total Contractual Allowances          | \$99,044,292                                 | \$130,934,442                                | \$31,890,150                       | 32%                           |
|  | <b>Total Accrued Payments (A)</b>     | <b>\$159,336,951</b>                         | <b>\$174,790,464</b>                         | <b>\$15,453,513</b>                | <b>10%</b>                    |
|  | <b>Total Discount Percentage</b>      | <b>38.33%</b>                                | <b>42.83%</b>                                | <b>4.49%</b>                       | <b>12%</b>                    |
|  |                                       |  |  |                                    |                               |
|  |                                       |  |  |                                    |                               |
|  |                                       |  |  |                                    |                               |
|  |                                       |  |  |                                    |                               |
| <b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b> |                                       |  |  |                                    |                               |

| SAINT VINCENT'S MEDICAL CENTER                                    |  |                   |                   |                   |
|---|--|-------------------|-------------------|-------------------|
| TWELVE MONTHS ACTUAL FILING                                       |  |                   |                   |                   |
| FISCAL YEAR 2009  |  |                   |                   |                   |
| REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE |  |                   |                   |                   |
| (1)   | (2)  | (3)               | (4)               | (5)               |
| LINE  | DESCRIPTION  | ACTUAL<br>FY 2007 | ACTUAL<br>FY 2008 | ACTUAL<br>FY 2009 |
| <b>A. <u>Gross and Net Revenue</u></b>                            |  |                   |                   |                   |
| 1   | Inpatient Gross Revenue                            | \$450,603,145     | \$514,424,048     | \$613,526,265     |
| 2   | Outpatient Gross Revenue                           | \$172,939,540     | \$203,492,498     | \$238,972,604     |
| 3   | Total Gross Patient Revenue                        | \$623,542,685     | \$717,916,546     | \$852,498,869     |
| 4   | Net Patient Revenue                                | \$288,808,279     | \$309,364,455     | \$341,788,581     |
| <b>B. <u>Total Operating Expenses</u></b>                         |  |                   |                   |                   |
| 1   | Total Operating Expense                            | \$287,076,522     | \$302,743,320     | \$341,987,000     |
| <b>C. <u>Utilization Statistics</u></b>                           |  |                   |                   |                   |
| 1   | Patient Days                                       | 100,497           | 104,524           | 125,447           |
| 2   | Discharges   | 19,434            | 20,159            | 21,743            |
| 3   | Average Length of Stay                             | 5.2               | 5.2               | 5.8               |
| 4   | Equivalent (Adjusted) Patient Days (EPD)           | 139,067           | 145,871           | 174,309           |
| 0   | Equivalent (Adjusted) Discharges (ED)              | 26,893            | 28,133            | 30,212            |
| <b>D. <u>Case Mix Statistics</u></b>                              |  |                   |                   |                   |
| 1   | Case Mix Index                                     | 1.36539           | 1.36217           | 1.30325           |
| 2   | Case Mix Adjusted Patient Days (CMAPD)             | 137,218           | 142,380           | 163,489           |
| 3   | Case Mix Adjusted Discharges (CMAD)                | 26,535            | 27,460            | 28,337            |
| 4   | Case Mix Adjusted Equivalent Patient Days (CMAEPD) | 189,881           | 198,701           | 227,169           |
| 5   | Case Mix Adjusted Equivalent Discharges (CMAED)    | 36,719            | 38,322            | 39,374            |
| <b>E. <u>Gross Revenue Per Statistic</u></b>                      |  |                   |                   |                   |
| 1   | Total Gross Revenue per Patient Day                | \$6,205           | \$6,868           | \$6,796           |
| 2   | Total Gross Revenue per Discharge                  | \$32,085          | \$35,613          | \$39,208          |
| 3   | Total Gross Revenue per EPD                        | \$4,484           | \$4,922           | \$4,891           |
| 4   | Total Gross Revenue per ED                         | \$23,186          | \$25,518          | \$28,217          |
| 5   | Total Gross Revenue per CMAEPD                     | \$3,284           | \$3,613           | \$3,753           |
| 6   | Total Gross Revenue per CMAED                      | \$16,981          | \$18,734          | \$21,651          |
| 7   | Inpatient Gross Revenue per EPD                    | \$3,240           | \$3,527           | \$3,520           |
| 8   | Inpatient Gross Revenue per ED                     | \$16,756          | \$18,285          | \$20,307          |



| SAINT VINCENT'S MEDICAL CENTER   |  |                           |                           |                           |
|--|--|---------------------------|---------------------------|---------------------------|
| TWELVE MONTHS ACTUAL FILING  |  |                           |                           |                           |
| FISCAL YEAR 2009   |  |                           |                           |                           |
| REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE              |  |                           |                           |                           |
| (1)  | (2)  | (3)                       | (4)                       | (5)                       |
| <u>LINE</u>  | <u>DESCRIPTION</u>   | <u>ACTUAL<br/>FY 2007</u> | <u>ACTUAL<br/>FY 2008</u> | <u>ACTUAL<br/>FY 2009</u> |
| <b>F. <u>Net Revenue Per Statistic</u></b>                                     |  |                           |                           |                           |
| 1  | Net Patient Revenue per Patient Day                              | \$2,874                   | \$2,960                   | \$2,725                   |
| 2  | Net Patient Revenue per Discharge                                | \$14,861                  | \$15,346                  | \$15,719                  |
| 3  | Net Patient Revenue per EPD                                      | \$2,077                   | \$2,121                   | \$1,961                   |
| 4  | Net Patient Revenue per ED                                       | \$10,739                  | \$10,996                  | \$11,313                  |
| 5  | Net Patient Revenue per CMAEPD                                   | \$1,521                   | \$1,557                   | \$1,505                   |
| 6  | Net Patient Revenue per CMAED                                    | \$7,865                   | \$8,073                   | \$8,681                   |
| <b>G. <u>Operating Expense Per Statistic</u></b>                               |  |                           |                           |                           |
| 1  | Total Operating Expense per Patient Day                          | \$2,857                   | \$2,896                   | \$2,726                   |
| 2  | Total Operating Expense per Discharge                            | \$14,772                  | \$15,018                  | \$15,729                  |
| 3  | Total Operating Expense per EPD                                  | \$2,064                   | \$2,075                   | \$1,962                   |
| 4  | Total Operating Expense per ED                                   | \$10,675                  | \$10,761                  | \$11,320                  |
| 5  | Total Operating Expense per CMAEPD                               | \$1,512                   | \$1,524                   | \$1,505                   |
| 6  | Total Operating Expense per CMAED                                | \$7,818                   | \$7,900                   | \$8,686                   |
| <b>H. <u>Nursing Salary and Fringe Benefits Expense</u></b>                    |  |                           |                           |                           |
| 1  | Nursing Salary Expense   | \$48,527,344              | \$52,779,766              | \$59,660,307              |
| 2  | Nursing Fringe Benefits Expense                                  | \$12,376,776              | \$12,410,666              | \$13,620,400              |
| 3  | <b>Total Nursing Salary and Fringe Benefits Expense</b>          | <b>\$60,904,120</b>       | <b>\$65,190,432</b>       | <b>\$73,280,707</b>       |
| <b>I. <u>Physician Salary and Fringe Expense</u></b>                           |  |                           |                           |                           |
| 1  | Physician Salary Expense   | \$18,735,006              | \$21,495,275              | \$23,691,353              |
| 2  | Physician Fringe Benefits Expense                                | \$4,778,316               | \$5,054,412               | \$5,408,717               |
| 3  | <b>Total Physician Salary and Fringe Benefits Expense</b>        | <b>\$23,513,322</b>       | <b>\$26,549,687</b>       | <b>\$29,100,070</b>       |
| <b>J. <u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b> |  |                           |                           |                           |
| 1  | Non-Nursing, Non-Physician Salary Expense                        | \$50,210,539              | \$54,452,460              | \$63,525,340              |
| 2  | Non-Nursing, Non-Physician Fringe Benefits Expense               | \$12,806,071              | \$12,803,985              | \$14,502,883              |
| 3  | <b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b> | <b>\$63,016,610</b>       | <b>\$67,256,445</b>       | <b>\$78,028,223</b>       |
| <b>K. <u>Total Salary and Fringe Benefits Expense</u></b>                      |  |                           |                           |                           |
| 1  | Total Salary Expense   | \$117,472,889             | \$128,727,501             | \$146,877,000             |
| 2  | Total Fringe Benefits Expense                                    | \$29,961,163              | \$30,269,063              | \$33,532,000              |
| 3  | <b>Total Salary and Fringe Benefits Expense</b>                  | <b>\$147,434,052</b>      | <b>\$158,996,564</b>      | <b>\$180,409,000</b>      |

| SAINT VINCENT'S MEDICAL CENTER                                    |  |                   |                   |                   |
|---|--|-------------------|-------------------|-------------------|
| TWELVE MONTHS ACTUAL FILING                                       |  |                   |                   |                   |
| FISCAL YEAR 2009  |  |                   |                   |                   |
| REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE |  |                   |                   |                   |
| (1)   | (2)  | (3)               | (4)               | (5)               |
| LINE  | DESCRIPTION  | ACTUAL<br>FY 2007 | ACTUAL<br>FY 2008 | ACTUAL<br>FY 2009 |
| <b>L.</b>   | <b>Total Full Time Equivalent Employees (FTEs)</b>                             |                   |                   |                   |
| 1   | Total Nursing FTEs   | 636.0             | 670.8             | 766.9             |
| 2   | Total Physician FTEs   | 128.8             | 136.5             | 143.8             |
| 3   | Total Non-Nursing, Non-Physician FTEs  | 970.1             | 1022.1            | 1138.9            |
| <b>4</b>  | <b>Total Full Time Equivalent Employees (FTEs)</b>                             | <b>1,734.9</b>    | <b>1,829.4</b>    | <b>2,049.6</b>    |
| <b>M.</b>   | <b>Nursing Salaries and Fringe Benefits Expense per FTE</b>                    |                   |                   |                   |
| 1   | Nursing Salary Expense per FTE   | \$76,301          | \$78,682          | \$77,794          |
| 2   | Nursing Fringe Benefits Expense per FTE  | \$19,460          | \$18,501          | \$17,760          |
| <b>3</b>  | <b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>                | <b>\$95,761</b>   | <b>\$97,183</b>   | <b>\$95,554</b>   |
| <b>N.</b>   | <b>Physician Salary and Fringe Expense per FTE</b>                             |                   |                   |                   |
| 1   | Physician Salary Expense per FTE   | \$145,458         | \$157,475         | \$164,752         |
| 2   | Physician Fringe Benefits Expense per FTE                                      | \$37,099          | \$37,029          | \$37,613          |
| <b>3</b>  | <b>Total Physician Salary and Fringe Benefits Expense per FTE</b>              | <b>\$182,557</b>  | <b>\$194,503</b>  | <b>\$202,365</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                              | \$51,758          | \$53,275          | \$55,778          |
| 2   | Non-Nursing, Non-Physician Fringe Benefits Expense per FTE                     | \$13,201          | \$12,527          | \$12,734          |
| <b>3</b>  | <b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>            | <b>\$64,959</b>   | <b>\$65,802</b>   | <b>\$68,512</b>   |
| <b>P.</b>   | <b>Total Salary and Fringe Benefits Expense per FTE</b>                        |                   |                   |                   |
| 1   | Total Salary Expense per FTE   | \$67,712          | \$70,366          | \$71,661          |
| 2   | Total Fringe Benefits Expense per FTE  | \$17,270          | \$16,546          | \$16,360          |
| <b>3</b>  | <b>Total Salary and Fringe Benefits Expense per FTE</b>                        | <b>\$84,981</b>   | <b>\$86,912</b>   | <b>\$88,022</b>   |
| <b>Q.</b>   | <b>Total Salary and Fringe Ben. Expense per Statistic</b>                      |                   |                   |                   |
| 1   | Total Salary and Fringe Benefits Expense per Patient Day                       | \$1,467           | \$1,521           | \$1,438           |
| 2   | Total Salary and Fringe Benefits Expense per Discharge                         | \$7,586           | \$7,887           | \$8,297           |
| 3   | Total Salary and Fringe Benefits Expense per EPD                               | \$1,060           | \$1,090           | \$1,035           |
| 4   | Total Salary and Fringe Benefits Expense per ED                                | \$5,482           | \$5,652           | \$5,971           |
| 5   | Total Salary and Fringe Benefits Expense per CMAEPD                            | \$776             | \$800             | \$794             |
| 6   | Total Salary and Fringe Benefits Expense per CMAED                             | \$4,015           | \$4,149           | \$4,582           |