

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I. <u>ASSETS</u>					
A. <u>Current Assets:</u>					
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%
	Total Current Assets	\$69,247,000	\$69,692,000	\$445,000	1%
B. <u>Noncurrent Assets Whose Use is Limited:</u>					
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%
	Total Noncurrent Assets Whose Use is Limited:	\$178,845,000	\$174,181,000	(\$4,664,000)	-3%
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. <u>Net Fixed Assets:</u>					
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%
	Property, Plant and Equipment, Net	\$121,473,000	\$137,010,000	\$15,537,000	13%
3	Construction in Progress	\$33,959,000	\$68,279,000	\$34,320,000	101%
	Total Net Fixed Assets	\$155,432,000	\$205,289,000	\$49,857,000	32%
	Total Assets	\$507,363,000	\$529,360,000	\$21,997,000	4%

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LINE	DESCRIPTION	FY 2008 <u>ACTUAL</u>	FY 2009 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
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%
Total Current Liabilities		\$50,391,000	\$55,125,000	\$4,734,000	9%
B. Long Term Debt:					
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%
Total Long Term Debt		\$57,129,000	\$71,089,000	\$13,960,000	24%
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%
Total Long Term Liabilities		\$76,161,000	\$117,725,000	\$41,564,000	55%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
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%
Total Net Assets		\$380,811,000	\$356,510,000	(\$24,301,000)	-6%
Total Liabilities and Net Assets		\$507,363,000	\$529,360,000	\$21,997,000	4%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. <u>Operating Revenue:</u>					
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%
	Total Net Patient Revenue	\$309,364,455	\$341,788,581	\$32,424,126	10%
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%
	Total Operating Revenue	\$322,849,910	\$352,809,000	\$29,959,090	9%
B. <u>Operating Expenses:</u>					
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%
	Total Operating Expenses	\$302,743,320	\$341,987,000	\$39,243,680	13%
	Income/(Loss) From Operations	\$20,106,590	\$10,822,000	(\$9,284,590)	-46%
C. <u>Non-Operating Revenue:</u>					
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%
	Total Non-Operating Revenue	(\$34,584,733)	(\$3,815,000)	\$30,769,733	-89%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$14,478,143)	\$7,007,000	\$21,485,143	-148%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$14,478,143)	\$7,007,000	\$21,485,143	-148%
	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 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
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%
	TOTAL INPATIENT GROSS REVENUE	\$514,424,047	\$613,526,265	\$99,102,218	19%
B. OUTPATIENT GROSS REVENUE					
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%
	TOTAL OUTPATIENT GROSS REVENUE	\$203,492,498	\$238,972,603	\$35,480,105	17%
C. TOTAL GROSS REVENUE					
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%
	TOTAL GROSS REVENUE	\$717,916,545	\$852,498,868	\$134,582,323	19%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
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
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FISCAL YEAR 2009
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	(\$113,677)	\$48,475	\$162,152	-143%
	TOTAL INPATIENT NET REVENUE	\$214,113,267	\$234,262,957	\$20,149,690	9%
B.	OUTPATIENT NET REVENUE				
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%
	TOTAL OUTPATIENT NET REVENUE	\$75,117,424	\$85,707,685	\$10,590,261	14%
C.	TOTAL NET REVENUE				
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%
	TOTAL NET REVENUE	\$289,230,691	\$319,970,642	\$30,739,951	11%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
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%
	TOTAL DISCHARGES	20,159	21,726	1,567	8%
B.	PATIENT DAYS				
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%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL PATIENT DAYS	104,524	125,447	20,923	20%
C.	OUTPATIENT VISITS				
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%
	TOTAL OUTPATIENT VISITS	196,603	202,523	5,920	3%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
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%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$55,215,397	\$67,603,805	\$12,388,408	22%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
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%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$16,700,257	\$24,064,314	\$7,364,057	44%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
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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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	47,919	50,431	2,512	5%

SAINT VINCENT'S MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
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%
	Total Salaries & Wages	\$128,727,501	\$146,877,000	\$18,149,499	14%
B. Fringe Benefits:					
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%
	Total Fringe Benefits	\$30,269,063	\$33,532,000	\$3,262,937	11%
C. Contractual Labor Fees:					
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%
	Total Contractual Labor Fees	\$3,939,561	\$6,143,338	\$2,203,777	56%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$36,210,264	\$36,567,269	\$357,005	1%
2	Pharmaceutical Costs	\$14,286,027	\$14,888,731	\$602,704	4%
	Total Medical Supplies and Pharmaceutical Cost	\$50,496,291	\$51,456,000	\$959,709	2%
E. Depreciation and Amortization:					
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%
	Total Depreciation and Amortization	\$16,786,166	\$18,628,000	\$1,841,834	11%
F. Bad Debts:					
1	Bad Debts	\$20,133,762	\$21,818,000	\$1,684,238	8%
G. Interest Expense:					
1	Interest Expense	\$1,011,878	\$678,000	(\$333,878)	-33%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,922,385	\$4,752,000	\$2,829,615	147%
I. Utilities:					
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%
	Total Utilities	\$5,955,267	\$6,992,501	\$1,037,234	17%
J. Business Expenses:					
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%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
	Total Business Expenses	\$43,501,446	\$51,110,161	\$7,608,715	17%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$302,743,320	\$341,987,000	\$39,243,680	13%

*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.

II. OPERATING EXPENSE BY DEPARTMENT					
A. General Services:					
1	General Administration	\$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%
	Total General Services	\$146,723,465	\$173,760,866	\$27,037,401	18%
B. Professional Services:					
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%
	Total Professional Services	\$9,835,818	\$11,549,762	\$1,713,944	17%
C. Special Services:					
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%

SAINT VINCENT'S MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2009

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
Total Special Services		\$80,726,023	\$82,656,162	\$1,930,139	2%
D. Routine Services:					
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%
Total Routine Services		\$65,219,646	\$73,825,178	\$8,605,532	13%
E. Other Departments:					
1	Miscellaneous Other Departments	\$238,368	\$195,032	(\$43,336)	-18%
Total Operating Expenses - All Departments*		\$302,743,320	\$341,987,000	\$39,243,680	13%
*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

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
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
A. Statement of Operations Summary				
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. Profitability Summary				
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
C. Net Assets Summary				
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%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.45	0.41	0.40
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	Private Payment to Cost Ratio	1.22	1.29	1.28
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
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
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
10	<u>Medicare Payment to Cost Ratio</u>	0.91	0.93	0.89
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
13	<u>Medicaid Payment to Cost Ratio</u>	0.67	0.65	0.74
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
16	<u>Uncompensated Care Cost</u>	\$12,688,863	\$13,269,472	\$15,619,940
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
20	<u>Uncompensated Care % of Total Expenses</u>	4.4%	4.4%	4.6%
21	Total Operating Expenses	\$287,076,522	\$302,743,318	\$341,987,000
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	1.31	1.37	1.26
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
4	<u>Days Cash on Hand</u>	17	18	21
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
11	<u>Days Revenue in Patient Accounts Receivable</u>	33.50	36.80	33.89

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
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
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	Average Payment Period	61.84	64.32	62.22
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
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	73.9	75.1	67.3
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	<u>Cash Flow to Total Debt Ratio</u>	62.3	2.1	20.3
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	<u>Long Term Debt to Capitalization Ratio</u>	12.8	13.0	16.6
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	<u>Debt Service Coverage Ratio</u>	26.6	3.3	16.5
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
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
19	Principal Payments	\$0	\$0	\$912,458
G. Other Financial Ratios				
20	<u>Average Age of Plant</u>	8.6	8.3	8.7
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
H. Utilization Measures Summary				
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
I. Hospital Gross Revenue Payer Mix Percentage				
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
J. Hospital Net Revenue Payer Mix Percentage				
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
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
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
K. Discharges				
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
L. Case Mix Index				
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
M. Emergency Department Visits				
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
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$364,633	\$518,257	\$153,624	42%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$126,760	\$220,064	\$93,304	74%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,030,717	\$5,474,652	\$4,443,935	431%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$290,187	\$1,642,401	\$1,352,214	466%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$85,979,334	\$102,790,384	\$16,811,050	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$32,606,641	\$34,679,249	\$2,072,608	6%
E. OTHER MEDICARE MANAGED CARE					
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$654	\$0	(\$654)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$381	\$0	(\$381)	-100%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,975,212	\$6,959,813	\$2,984,601	75%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,168,019	\$2,098,223	\$930,204	80%
I. AETNA					
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$918,872	\$1,136,039	\$217,167	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$346,208	\$309,197	(\$37,011)	-11%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$384,524	\$970,510	\$585,986	152%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$146,276	\$274,390	\$128,114	88%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,042,674	\$4,488,203	\$2,445,529	120%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$823,462	\$1,380,741	\$557,279	68%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$77,336,166	\$97,381,396	\$20,045,230	26%
	TOTAL INPATIENT PAYMENTS	\$30,312,565	\$33,638,866	\$3,326,301	11%
	TOTAL OUTPATIENT CHARGES	\$17,360,454	\$24,956,462	\$7,596,008	44%
	TOTAL OUTPATIENT PAYMENTS	\$5,195,369	\$6,965,399	\$1,770,030	34%
	TOTAL DISCHARGES	2,564	2,870	306	12%
	TOTAL PATIENT DAYS	15,496	17,559	2,063	13%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	8,036	10,206	2,170	27%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,564	2,010	446	29%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,859	2,004	145	8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$94,696,620	\$122,337,858	\$27,641,238	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$35,507,934	\$40,604,265	\$5,096,331	14%

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
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%	
TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,356,092	\$3,914,837	(\$5,441,255)	-58%	
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,730,372	\$1,508,347	(\$1,222,025)	-45%	
B. COMMUNITY HEALTH NETWORK OF CT					
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%	
TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,012,511	\$17,196,835	\$12,184,324	243%	
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,245,385	\$5,117,546	\$3,872,161	311%	
C. HEALTHNET OF THE NORTHEAST, INC.					
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%	
TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,951,470	\$8,336	(\$5,943,134)	-100%	
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,377,899	\$8,336	(\$2,369,563)	-100%	

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

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
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%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$3,259,798	\$19,891,369	\$16,631,571	510%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$463,866	\$4,742,559	\$4,278,693	922%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$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) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	22	0	(22)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,305,330	\$2,754	(\$1,302,576)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$498,624	\$1,634	(\$496,990)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$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%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$680,393	\$680,393	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$57,118	\$57,118	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$12,065,436	\$27,827,830	\$15,762,394	131%
	TOTAL INPATIENT PAYMENTS	\$3,171,591	\$6,684,131	\$3,512,540	111%
	TOTAL OUTPATIENT CHARGES	\$12,819,765	\$13,866,694	\$1,046,929	8%
	TOTAL OUTPATIENT PAYMENTS	\$4,144,555	\$4,751,409	\$606,854	15%
	TOTAL DISCHARGES	1,095	1,504	409	37%
	TOTAL PATIENT DAYS	3,530	9,659	6,129	174%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	12,953	12,671	(282)	-2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	8,465	7,608	(857)	-10%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	367	572	205	56%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,885,201	\$41,694,524	\$16,809,323	68%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,316,146	\$11,435,540	\$4,119,394	56%

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 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
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%
	Total Current Assets	\$78,424,000	\$76,132,000	(\$2,292,000)	-3%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
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%
	Total Noncurrent Assets Whose Use is Limited:	\$244,935,000	\$234,693,000	(\$10,242,000)	-4%
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.	<u>Net Fixed Assets:</u>				
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
	Property, Plant and Equipment, Net	\$161,108,000	\$162,235,000	\$1,127,000	1%
3	Construction in Progress	\$34,374,000	\$68,279,000	\$33,905,000	99%
	Total Net Fixed Assets	\$195,482,000	\$230,514,000	\$35,032,000	18%
	Total Assets	\$592,711,000	\$602,068,000	\$9,357,000	2%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	<u>Current Liabilities:</u>				
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%
	Total Current Liabilities	\$57,646,000	\$60,648,000	\$3,002,000	5%
B.	<u>Long Term Debt:</u>				
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%
	Total Long Term Debt	\$79,993,000	\$78,872,000	(\$1,121,000)	-1%
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%
	Total Long Term Liabilities	\$101,567,000	\$130,135,000	\$28,568,000	28%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
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%
	Total Net Assets	\$433,498,000	\$411,285,000	(\$22,213,000)	-5%
	Total Liabilities and Net Assets	\$592,711,000	\$602,068,000	\$9,357,000	2%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
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%
	Total Net Patient Revenue	\$328,957,000	\$346,694,000	\$17,737,000	5%
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%
	Total Operating Revenue	\$371,902,000	\$387,052,000	\$15,150,000	4%
B. Operating Expenses:					
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%
	Total Operating Expenses	\$352,513,000	\$375,628,000	\$23,115,000	7%
	Income/(Loss) From Operations	\$19,389,000	\$11,424,000	(\$7,965,000)	-41%
C. Non-Operating Revenue:					
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%
	Total Non-Operating Revenue	(\$39,299,000)	(\$6,287,000)	\$33,012,000	-84%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$19,910,000)	\$5,137,000	\$25,047,000	-126%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$19,910,000)	\$5,137,000	\$25,047,000	-126%

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
A. Parent Corporation Statement of Operations Summary				
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. Parent Corporation Profitability Summary				
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
C. Parent Corporation Net Assets Summary				
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%

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.32	1.36	1.26
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
4	<u>Days Cash on Hand</u>	21	24	24
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
11	<u>Days Revenue in Patient Accounts Receivable</u>	34	38	34
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
17	<u>Average Payment Period</u>	61	63	62
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

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	72.3	73.1	68.3
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
4	<u>Cash Flow to Total Debt Ratio</u>	52.8	(0.8)	18.0
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
11	<u>Long Term Debt to Capitalization Ratio</u>	15.6	15.6	16.1
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)
LINE	DESCRIPTION	PATIENT DAYS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE 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%
	TOTAL PSYCHIATRIC	27,332	92	92	81.4%	81.4%
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%
	TOTAL EXCLUDING NEWBORN	122,089	388	396	86.2%	84.5%
	TOTAL INPATIENT BED UTILIZATION	125,447	415	423	82.8%	81.3%
	TOTAL INPATIENT REPORTED YEAR	125,447	415	423	82.8%	81.3%
	TOTAL INPATIENT PRIOR YEAR	104,524	340	349	84.2%	82.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	20,923	75	74	-1.4%	-0.8%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	20%	22%	21%	-2%	-1%
	Total Licensed Beds and Bassinets	520				
(A) This number may not exceed the number of available beds for each department or in total.						

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	ACTUAL	AMOUNT	%
		FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. CT Scans (A)					
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%
	Total CT Scans	16,045	16,143	98	1%
B. MRI Scans (A)					
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%
	Total MRI Scans	3,206	3,087	-119	-4%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	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%
	Total PET/CT Scans	364	391	27	7%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	991	877	-114	-12%
2	Outpatient Procedures	11,836	12,125	289	2%
	Total Linear Accelerator Procedures	12,827	13,002	175	1%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	1,516	1,395	-121	-8%
2	Outpatient Procedures	588	578	-10	-2%
	Total Cardiac Catheterization Procedures	2,104	1,973	-131	-6%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	132	132	0	0%
2	Elective Procedures	1,120	1,120	0	0%
	Total Cardiac Angioplasty Procedures	1,252	1,252	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	640	751	111	17%
2	Outpatient Studies	276	275	-1	0%
	Total Electrophysiology Studies	916	1,026	110	12%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	5,855	5,806	-49	-1%
2	Outpatient Surgical Procedures	6,831	6,749	-82	-1%
	Total Surgical Procedures	12,686	12,555	-131	-1%

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 FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	723	653	-70	-10%
2	Outpatient Endoscopy Procedures	1,581	1,387	-194	-12%
	Total Endoscopy Procedures	2,304	2,040	-264	-11%
K. Hospital Emergency Room Visits					
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%
	Total Emergency Room Visits	60,640	61,313	673	1%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	48,549	48,196	-353	-1%
5	Specialty Clinic Visits	16,399	15,751	-648	-4%
	Total Hospital Clinic Visits	64,948	63,947	-1,001	-2%
M. Other Hospital Outpatient Visits					
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%
	Total Other Hospital Outpatient Visits	83,736	88,145	4,409	5%
N. Hospital Full Time Equivalent Employees					
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%
	Total Hospital Full Time Equivalent Employees	1,829.4	2,049.6	220.2	12%

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					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
	MEDICARE INPATIENT				
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%
	MEDICARE OUTPATIENT				
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%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
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%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
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%
NON-GOVERNMENT OUTPATIENT					
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%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
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%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$258,381,243	\$305,724,906	\$47,343,663	18%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$159,336,951	\$174,790,464	\$15,453,513	10%
(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
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%	

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LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
	UNINSURED INPATIENT				
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%
	UNINSURED OUTPATIENT				
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%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
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%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
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%
MEDICAID OUTPATIENT					
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%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
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%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
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%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
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%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
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%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
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%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
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%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
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%

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LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
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%
CHAMPUS / TRICARE OUTPATIENT					
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%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
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%
H. OTHER DATA					
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%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
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%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
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%

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LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
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. TOTALS - ALL GOVERNMENT PAYERS					
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%
C. AVERAGE LENGTH OF STAY					
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					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
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 PYMTS.	\$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 MEDICAL ASSISTANCE UNDERPAYMENT	\$28,253,498	\$28,387,583	\$134,085	0%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
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%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
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 FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
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	
TOTAL INPATIENT GOVERNMENT CHARGES	\$352,528,826	\$420,841,062	\$68,312,236	
TOTAL INPATIENT CHARGES	\$514,424,048	\$613,526,265	\$99,102,217	
B. OUTPATIENT ACCRUED CHARGES				
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	
TOTAL OUTPATIENT GOVERNMENT CHARGES	\$96,687,905	\$115,499,756	\$18,811,851	
TOTAL OUTPATIENT CHARGES	\$203,492,498	\$238,972,604	\$35,480,106	
C. TOTAL ACCRUED CHARGES				
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	
TOTAL GOVERNMENT CHARGES	\$449,216,731	\$536,340,818	\$87,124,087	
TOTAL CHARGES	\$717,916,546	\$852,498,869	\$134,582,323	
D. INPATIENT ACCRUED PAYMENTS				
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)	
TOTAL INPATIENT GOVERNMENT PAYMENTS	\$132,609,169	\$142,893,895	\$10,284,726	
TOTAL INPATIENT PAYMENTS	\$214,113,268	\$234,262,957	\$20,149,689	
E. OUTPATIENT ACCRUED PAYMENTS				
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	9,982,678	\$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)	
TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$27,677,785	\$34,852,577	\$7,174,792	
TOTAL OUTPATIENT PAYMENTS	\$75,117,425	\$85,707,686	\$10,590,261	
F. TOTAL ACCRUED PAYMENTS				
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	(\$72,477)	
TOTAL GOVERNMENT PAYMENTS	\$160,286,954	\$177,746,472	\$17,459,518	
TOTAL PAYMENTS	\$289,230,693	\$319,970,643	\$30,739,950	

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 FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
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%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	49.10%	49.37%	0.26%
	TOTAL INPATIENT PAYER MIX	71.66%	71.97%	0.31%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
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%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.47%	13.55%	0.08%
	TOTAL OUTPATIENT PAYER MIX	28.34%	28.03%	-0.31%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	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%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	45.85%	44.66%	-1.19%
	TOTAL INPATIENT PAYER MIX	74.03%	73.21%	-0.81%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
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%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	9.57%	10.89%	1.32%
	TOTAL OUTPATIENT PAYER MIX	25.97%	26.79%	0.81%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

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 FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
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
	TOTAL GOVERNMENT DISCHARGES	12,621	13,543	922
	TOTAL DISCHARGES	20,159	21,743	1,584
B. PATIENT DAYS				
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
	TOTAL GOVERNMENT PATIENT DAYS	75,821	88,733	12,912
	TOTAL PATIENT DAYS	104,524	125,447	20,923
C. AVERAGE LENGTH OF STAY (ALOS)				
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
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.0	6.6	0.5
	TOTAL AVERAGE LENGTH OF STAY	5.2	5.8	0.6
D. CASE MIX INDEX				
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)
	TOTAL GOVERNMENT CASE MIX INDEX	1.40408	1.37128	(0.03280)
	TOTAL CASE MIX INDEX	1.36217	1.30325	(0.05892)
E. OTHER REQUIRED DATA				
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 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

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 FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE

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 FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
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
TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES		17,720.93730	18,571.23300	850.29570
TOTAL CASE MIX ADJUSTED DISCHARGES		27,460.03330	28,336.61300	876.57970
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
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
TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES		3,693.50969	3,866.47761	172.96792
TOTAL OUTPATIENT EQUIVALENT DISCHARGES		8,666.43608	9,121.04484	454.60876
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
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)
TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE		\$7,483.19	\$7,694.37	\$211.18
TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE		\$7,797.27	\$8,267.15	\$469.88
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
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)
TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE		\$7,493.63	\$9,014.04	\$1,520.41
TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE		\$8,667.63	\$9,396.70	\$729.07

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 FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
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	
TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$22,622,520	\$26,000,305	\$3,377,786	
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
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	
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
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%	
TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.62%	33.95%	-3.66%	
TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	41.62%	38.18%	-3.44%	
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
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%	
TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.63%	30.18%	1.55%	
TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	36.91%	35.87%	-1.05%	

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 FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$289,230,693	\$319,970,643	\$30,739,950
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,299,246	\$2,290,216	(\$9,030)
	OHCA DEFINED NET REVENUE	\$291,529,939	\$322,260,859	\$30,730,920
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$17,834,516	\$20,683,932	\$2,849,416
4	CALCULATED NET REVENUE	\$340,291,683	\$342,944,791	\$2,653,108
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$309,364,455	\$342,945,000	\$33,580,545
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$30,927,228	(\$209)	(\$30,927,437)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
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
	CALCULATED GROSS REVENUE	\$717,916,546	\$852,498,869	\$134,582,323
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$717,916,546	\$852,499,000	\$134,582,454
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$131)	(\$131)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
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)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$25,918,595	\$30,650,805	\$4,732,210
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$25,918,595	\$30,651,000	\$4,732,405
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$195)	(\$195)

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
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
	TOTAL INPATIENT GOVERNMENT CHARGES	\$420,841,062
	TOTAL INPATIENT CHARGES	\$613,526,265
B. OUTPATIENT ACCRUED CHARGES		
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
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$115,499,756
	TOTAL OUTPATIENT CHARGES	\$238,972,604
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$316,158,051
2	TOTAL GOVERNMENT ACCRUED CHARGES	536,340,818
	TOTAL ACCRUED CHARGES	\$852,498,869
D. INPATIENT ACCRUED PAYMENTS		
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
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$142,893,895
	TOTAL INPATIENT PAYMENTS	\$234,262,957
E. OUTPATIENT ACCRUED PAYMENTS		
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
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$34,852,577
	TOTAL OUTPATIENT PAYMENTS	\$85,707,686
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$142,224,171
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	177,746,472
	TOTAL ACCRUED PAYMENTS	\$319,970,643

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
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
	TOTAL GOVERNMENT DISCHARGES	13,543
	TOTAL DISCHARGES	21,743
B. CASE MIX INDEX		
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
	TOTAL GOVERNMENT CASE MIX INDEX	1.37128
	TOTAL CASE MIX INDEX	1.30325
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$305,724,906
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (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

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

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3) ACTUAL FY 2008	(4) ACTUAL FY 2009	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
LINE	DESCRIPTION				
A.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	2,548	2,481	(67)	-3%
2	Number of Approved Applicants	2,344	2,406	62	3%
3	Total Charges (A)	\$5,784,833	\$8,833,000	\$3,048,167	53%
4	Average Charges	\$2,468	\$3,671	\$1,203	49%
5	Ratio of Cost to Charges (RCC)	0.451046	0.413922	(0.037124)	-8%
6	Total Cost	\$2,609,226	\$3,656,173	\$1,046,947	40%
7	Average Cost	\$1,113	\$1,520	\$406	37%
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	Total Charges (A)	\$5,784,833	\$8,833,000	\$3,048,167	53%
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.	Hospital Bad Debts (from HRS Report 500)				
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	Total Bad Debts (A)	\$26,273,077	\$30,554,626	\$4,281,549	16%
C.	Hospital Uncompensated Care (from HRS Report 500)				
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	Total Uncompensated Care (A)	\$32,057,910	\$39,387,626	\$7,329,716	23%
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	Total Uncompensated Care (A)	\$32,057,910	\$39,387,626	\$7,329,716	23%

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

SAINT VINCENT`S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009

**REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES,
 ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE**

(1)	(2)	(3) FY 2008 ACTUAL TOTAL <u>NON-GOVERNMENT</u>	(4) FY 2009 ACTUAL TOTAL <u>NON-GOVERNMENT</u>	(5)	(6)
				AMOUNT	%
				<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
<u>COMMERCIAL - ALL PAYERS</u>					
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%
Total Accrued Payments (A)		\$159,336,951	\$174,790,464	\$15,453,513	10%
Total Discount Percentage		38.33%	42.83%	4.49%	12%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

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 FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. Gross and Net Revenue				
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. Total Operating Expenses				
1	Total Operating Expense	\$287,076,522	\$302,743,320	\$341,987,000
C. Utilization Statistics				
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
D. Case Mix Statistics				
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
E. Gross Revenue Per Statistic				
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)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F.	<u>Net Revenue Per Statistic</u>			
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
G.	<u>Operating Expense Per Statistic</u>			
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
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
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	Total Nursing Salary and Fringe Benefits Expense	\$60,904,120	\$65,190,432	\$73,280,707
I.	<u>Physician Salary and Fringe Expense</u>			
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	Total Physician Salary and Fringe Benefits Expense	\$23,513,322	\$26,549,687	\$29,100,070
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
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	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$63,016,610	\$67,256,445	\$78,028,223
K.	<u>Total Salary and Fringe Benefits Expense</u>			
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	Total Salary and Fringe Benefits Expense	\$147,434,052	\$158,996,564	\$180,409,000

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 FY 2007</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
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
4	Total Full Time Equivalent Employees (FTEs)	1,734.9	1,829.4	2,049.6
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
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
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$95,761	\$97,183	\$95,554
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
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
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$182,557	\$194,503	\$202,365
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
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
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$64,959	\$65,802	\$68,512
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
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
3	Total Salary and Fringe Benefits Expense per FTE	\$84,981	\$86,912	\$88,022
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
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