

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$80,260,000	\$70,507,000	(\$9,753,000)	-12%
2	Short Term Investments	\$30,428,000	\$25,411,000	(\$5,017,000)	-16%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$60,969,000	\$70,949,000	\$9,980,000	16%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,883,000	\$1,459,000	(\$3,424,000)	-70%
5	Due From Affiliates	(\$2,789,000)	\$13,206,000	\$15,995,000	-574%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$7,188,000	\$8,855,000	\$1,667,000	23%
8	Prepaid Expenses	\$5,740,000	\$6,327,000	\$587,000	10%
9	Other Current Assets	\$1,245,000	\$1,443,000	\$198,000	16%
	Total Current Assets	\$187,924,000	\$198,157,000	\$10,233,000	5%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$51,164,000	\$53,033,000	\$1,869,000	4%
2	Board Designated for Capital Acquisition	\$21,396,000	\$25,208,000	\$3,812,000	18%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,167,000	\$3,784,000	(\$383,000)	-9%
	Total Noncurrent Assets Whose Use is Limited:	\$76,727,000	\$82,025,000	\$5,298,000	7%
5	Interest in Net Assets of Foundation	\$10,952,000	\$10,789,000	(\$163,000)	-1%
6	Long Term Investments	\$16,916,000	\$17,495,000	\$579,000	3%
7	Other Noncurrent Assets	\$5,143,000	\$9,717,000	\$4,574,000	89%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$769,669,000	\$839,530,000	\$69,861,000	9%
2	Less: Accumulated Depreciation	\$356,050,000	\$391,133,000	\$35,083,000	10%
	Property, Plant and Equipment, Net	\$413,619,000	\$448,397,000	\$34,778,000	8%
3	Construction in Progress	\$39,905,000	\$13,586,000	(\$26,319,000)	-66%
	Total Net Fixed Assets	\$453,524,000	\$461,983,000	\$8,459,000	2%
	Total Assets	\$751,186,000	\$780,166,000	\$28,980,000	4%

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FISCAL YEAR 2014

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LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$32,109,000	\$32,842,000	\$733,000	2%
2	Salaries, Wages and Payroll Taxes	\$32,532,000	\$33,833,000	\$1,301,000	4%
3	Due To Third Party Payers	\$12,474,000	\$14,939,000	\$2,465,000	20%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$8,819,000	\$8,760,000	(\$59,000)	-1%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,283,000	\$6,978,000	\$695,000	11%
	Total Current Liabilities	\$92,217,000	\$97,352,000	\$5,135,000	6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$258,637,000	\$251,476,000	(\$7,161,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$258,637,000	\$251,476,000	(\$7,161,000)	-3%
3	Accrued Pension Liability	\$191,376,000	\$249,644,000	\$58,268,000	30%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$450,013,000	\$501,120,000	\$51,107,000	11%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$127,892,000	\$100,020,000	(\$27,872,000)	-22%
2	Temporarily Restricted Net Assets	\$25,614,000	\$24,355,000	(\$1,259,000)	-5%
3	Permanently Restricted Net Assets	\$55,450,000	\$57,319,000	\$1,869,000	3%
	Total Net Assets	\$208,956,000	\$181,694,000	(\$27,262,000)	-13%
	Total Liabilities and Net Assets	\$751,186,000	\$780,166,000	\$28,980,000	4%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,930,957,099	\$1,988,630,574	\$57,673,475	3%
2	Less: Allowances	\$1,256,441,255	\$1,299,294,353	\$42,853,098	3%
3	Less: Charity Care	\$19,143,896	\$18,706,495	(\$437,401)	-2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$655,371,948	\$670,629,726	\$15,257,778	2%
5	Provision for Bad Debts	\$20,253,386	\$21,847,988	\$1,594,602	8%
	Net Patient Service Revenue less provision for bad debts	\$635,118,562	\$648,781,738	\$13,663,176	2%
6	Other Operating Revenue	\$30,927,888	\$28,501,028	(\$2,426,860)	-8%
7	Net Assets Released from Restrictions	\$4,399,960	\$3,927,212	(\$472,748)	-11%
	Total Operating Revenue	\$670,446,410	\$681,209,978	\$10,763,568	2%
B. Operating Expenses:					
1	Salaries and Wages	\$252,559,364	\$254,218,537	\$1,659,173	1%
2	Fringe Benefits	\$71,499,556	\$69,078,133	(\$2,421,423)	-3%
3	Physicians Fees	\$46,353,712	\$48,711,341	\$2,357,629	5%
4	Supplies and Drugs	\$101,337,301	\$99,173,950	(\$2,163,351)	-2%
5	Depreciation and Amortization	\$34,869,577	\$35,799,072	\$929,495	3%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$11,600,890	\$11,620,321	\$19,431	0%
8	Malpractice Insurance Cost	\$8,725,455	\$8,757,025	\$31,570	0%
9	Other Operating Expenses	\$139,312,678	\$139,430,204	\$117,526	0%
	Total Operating Expenses	\$666,258,533	\$666,788,583	\$530,050	0%
	Income/(Loss) From Operations	\$4,187,877	\$14,421,395	\$10,233,518	244%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,295,512	\$3,622,812	\$1,327,300	58%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$22,217,941	(\$2,424,088)	(\$24,642,029)	-111%
	Total Non-Operating Revenue	\$24,513,453	\$1,198,724	(\$23,314,729)	-95%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$28,701,330	\$15,620,119	(\$13,081,211)	-46%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$28,701,330	\$15,620,119	(\$13,081,211)	-46%
	Principal Payments	\$9,786,000	\$8,595,000	(\$1,191,000)	-12%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$447,642,193	\$452,375,721	\$4,733,528	1%
2	MEDICARE MANAGED CARE	\$132,805,007	\$162,884,511	\$30,079,504	23%
3	MEDICAID	\$221,760,677	\$227,632,619	\$5,871,942	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,026,698	\$1,771,234	(\$255,464)	-13%
6	COMMERCIAL INSURANCE	\$20,073,842	\$18,259,429	(\$1,814,413)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$265,978,870	\$268,141,260	\$2,162,390	1%
8	WORKER'S COMPENSATION	\$5,128,250	\$5,509,035	\$380,785	7%
9	SELF- PAY/UNINSURED	\$6,566,137	\$8,698,928	\$2,132,791	32%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$1,101,981,674	\$1,145,272,737	\$43,291,063	4%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$196,129,534	\$199,759,243	\$3,629,709	2%
2	MEDICARE MANAGED CARE	\$74,879,122	\$84,739,386	\$9,860,264	13%
3	MEDICAID	\$202,212,572	\$205,257,874	\$3,045,302	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,593,532	\$2,070,268	(\$523,264)	-20%
6	COMMERCIAL INSURANCE	\$27,160,841	\$29,560,318	\$2,399,477	9%
7	NON-GOVERNMENT MANAGED CARE	\$291,040,113	\$290,480,194	(\$559,919)	0%
8	WORKER'S COMPENSATION	\$6,784,447	\$7,684,005	\$899,558	13%
9	SELF- PAY/UNINSURED	\$28,175,261	\$23,806,549	(\$4,368,712)	-16%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$828,975,422	\$843,357,837	\$14,382,415	2%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$643,771,727	\$652,134,964	\$8,363,237	1%
2	MEDICARE MANAGED CARE	\$207,684,129	\$247,623,897	\$39,939,768	19%
3	MEDICAID	\$423,973,249	\$432,890,493	\$8,917,244	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$4,620,230	\$3,841,502	(\$778,728)	-17%
6	COMMERCIAL INSURANCE	\$47,234,683	\$47,819,747	\$585,064	1%
7	NON-GOVERNMENT MANAGED CARE	\$557,018,983	\$558,621,454	\$1,602,471	0%
8	WORKER'S COMPENSATION	\$11,912,697	\$13,193,040	\$1,280,343	11%
9	SELF- PAY/UNINSURED	\$34,741,398	\$32,505,477	(\$2,235,921)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,930,957,096	\$1,988,630,574	\$57,673,478	3%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$157,224,193	\$156,823,914	(\$400,279)	0%
2	MEDICARE MANAGED CARE	\$46,385,603	\$54,684,038	\$8,298,435	18%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$52,943,114	\$64,775,728	\$11,832,614	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$756,322	\$114,523	(\$641,799)	-85%
6	COMMERCIAL INSURANCE	\$13,734,016	\$5,820,811	(\$7,913,205)	-58%
7	NON-GOVERNMENT MANAGED CARE	\$143,301,278	\$141,405,768	(\$1,895,510)	-1%
8	WORKER'S COMPENSATION	\$3,987,443	\$4,212,633	\$225,190	6%
9	SELF- PAY/UNINSURED	\$272,142	\$202,548	(\$69,594)	-26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$418,604,111	\$428,039,963	\$9,435,852	2%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$39,826,236	\$44,106,799	\$4,280,563	11%
2	MEDICARE MANAGED CARE	\$16,838,930	\$19,901,114	\$3,062,184	18%
3	MEDICAID	\$40,967,256	\$36,712,862	(\$4,254,394)	-10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$338,433	\$214,829	(\$123,604)	-37%
6	COMMERCIAL INSURANCE	\$15,030,074	\$12,479,891	(\$2,550,183)	-17%
7	NON-GOVERNMENT MANAGED CARE	\$120,714,206	\$117,580,128	(\$3,134,078)	-3%
8	WORKER'S COMPENSATION	\$5,171,508	\$5,471,683	\$300,175	6%
9	SELF- PAY/UNINSURED	\$670,219	\$533,376	(\$136,843)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$239,556,862	\$237,000,682	(\$2,556,180)	-1%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$197,050,429	\$200,930,713	\$3,880,284	2%
2	MEDICARE MANAGED CARE	\$63,224,533	\$74,585,152	\$11,360,619	18%
3	MEDICAID	\$93,910,370	\$101,488,590	\$7,578,220	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,094,755	\$329,352	(\$765,403)	-70%
6	COMMERCIAL INSURANCE	\$28,764,090	\$18,300,702	(\$10,463,388)	-36%
7	NON-GOVERNMENT MANAGED CARE	\$264,015,484	\$258,985,896	(\$5,029,588)	-2%
8	WORKER'S COMPENSATION	\$9,158,951	\$9,684,316	\$525,365	6%
9	SELF- PAY/UNINSURED	\$942,361	\$735,924	(\$206,437)	-22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$658,160,973	\$665,040,645	\$6,879,672	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	11,080	10,298	(782)	-7%
2	MEDICARE MANAGED CARE	3,191	3,446	255	8%
3	MEDICAID	7,857	7,876	19	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	79	88	9	11%
6	COMMERCIAL INSURANCE	745	583	(162)	-22%
7	NON-GOVERNMENT MANAGED CARE	8,988	8,498	(490)	-5%
8	WORKER'S COMPENSATION	145	126	(19)	-13%

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FISCAL YEAR 2014**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	281	319	38	14%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	32,366	31,234	(1,132)	-3%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	60,748	56,534	(4,214)	-7%
2	MEDICARE MANAGED CARE	17,454	19,462	2,008	12%
3	MEDICAID	40,108	38,518	(1,590)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	323	374	51	16%
6	COMMERCIAL INSURANCE	2,936	2,406	(530)	-18%
7	NON-GOVERNMENT MANAGED CARE	36,400	33,137	(3,263)	-9%
8	WORKER'S COMPENSATION	475	367	(108)	-23%
9	SELF- PAY/UNINSURED	931	1,069	138	15%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	159,375	151,867	(7,508)	-5%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	51,510	48,968	(2,542)	-5%
2	MEDICARE MANAGED CARE	20,620	21,791	1,171	6%
3	MEDICAID	99,051	96,637	(2,414)	-2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	868	769	(99)	-11%
6	COMMERCIAL INSURANCE	8,944	8,402	(542)	-6%
7	NON-GOVERNMENT MANAGED CARE	86,151	77,572	(8,579)	-10%
8	WORKER'S COMPENSATION	2,091	2,165	74	4%
9	SELF- PAY/UNINSURED	15,986	11,721	(4,265)	-27%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	285,221	268,025	(17,196)	-6%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$43,329,480	\$46,938,021	\$3,608,541	8%
2	MEDICARE MANAGED CARE	\$17,953,378	\$22,100,424	\$4,147,046	23%
3	MEDICAID	\$110,474,453	\$110,467,489	(\$6,964)	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$650,350	\$516,295	(\$134,055)	-21%
6	COMMERCIAL INSURANCE	\$7,380,824	\$8,764,032	\$1,383,208	19%
7	NON-GOVERNMENT MANAGED CARE	\$58,230,632	\$57,151,734	(\$1,078,898)	-2%
8	WORKER'S COMPENSATION	\$3,348,976	\$3,757,848	\$408,872	12%
9	SELF- PAY/UNINSURED	\$18,960,476	\$14,501,254	(\$4,459,222)	-24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$260,328,569	\$264,197,097	\$3,868,528	1%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$6,179,113	\$7,248,511	\$1,069,398	17%

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TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$2,786,352	\$3,406,371	\$620,019	22%
3	MEDICAID	\$12,037,769	\$11,900,639	(\$137,130)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$106,927	\$80,577	(\$26,350)	-25%
6	COMMERCIAL INSURANCE	\$3,229,156	\$3,610,778	\$381,622	12%
7	NON-GOVERNMENT MANAGED CARE	\$23,910,928	\$25,007,460	\$1,096,532	5%
8	WORKER'S COMPENSATION	\$2,137,002	\$2,419,408	\$282,406	13%
9	SELF- PAY/UNINSURED	\$241,593	\$180,360	(\$61,233)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$50,628,840	\$53,854,104	\$3,225,264	6%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	8,864	9,358	494	6%
2	MEDICARE MANAGED CARE	3,419	3,938	519	15%
3	MEDICAID	29,375	31,977	2,602	9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	152	140	(12)	-8%
6	COMMERCIAL INSURANCE	1,622	2,006	384	24%
7	NON-GOVERNMENT MANAGED CARE	12,629	12,186	(443)	-4%
8	WORKER'S COMPENSATION	1,254	1,330	76	6%
9	SELF- PAY/UNINSURED	5,889	4,380	(1,509)	-26%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	63,204	65,315	2,111	3%

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TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$110,581,485	\$100,600,169	(\$9,981,316)	-9%
2	Physician Salaries	\$4,569,581	\$5,213,156	\$643,575	14%
3	Non-Nursing, Non-Physician Salaries	\$137,408,298	\$148,405,212	\$10,996,914	8%
	Total Salaries & Wages	\$252,559,364	\$254,218,537	\$1,659,173	1%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$31,316,806	\$27,335,819	(\$3,980,987)	-13%
2	Physician Fringe Benefits	\$1,286,992	\$1,416,557	\$129,565	10%
3	Non-Nursing, Non-Physician Fringe Benefits	\$38,895,758	\$40,325,757	\$1,429,999	4%
	Total Fringe Benefits	\$71,499,556	\$69,078,133	(\$2,421,423)	-3%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$3,542,565	\$2,404,916	(\$1,137,649)	-32%
2	Physician Fees	\$46,353,712	\$48,711,341	\$2,357,629	5%
3	Non-Nursing, Non-Physician Fees	\$12,220,820	\$11,793,982	(\$426,838)	-3%
	Total Contractual Labor Fees	\$62,117,097	\$62,910,239	\$793,142	1%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$72,850,402	\$70,298,935	(\$2,551,467)	-4%
2	Pharmaceutical Costs	\$28,486,899	\$28,875,015	\$388,116	1%
	Total Medical Supplies and Pharmaceutical Cost	\$101,337,301	\$99,173,950	(\$2,163,351)	-2%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$11,551,356	\$13,219,925	\$1,668,569	14%
2	Depreciation-Equipment	\$22,837,228	\$22,157,892	(\$679,336)	-3%
3	Amortization	\$480,993	\$421,255	(\$59,738)	-12%
	Total Depreciation and Amortization	\$34,869,577	\$35,799,072	\$929,495	3%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$11,600,890	\$11,620,321	\$19,431	0%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$8,725,455	\$8,757,025	\$31,570	0%
I.	Utilities:				
1	Water	\$997,285	\$1,023,948	\$26,663	3%
2	Natural Gas	\$3,235,430	\$3,051,138	(\$184,292)	-6%
3	Oil	\$6,497	\$36,255	\$29,758	458%
4	Electricity	\$7,012,124	\$6,921,173	(\$90,951)	-1%
5	Telephone	\$1,614,253	\$1,509,847	(\$104,406)	-6%
6	Other Utilities	\$0	\$0	\$0	0%
	Total Utilities	\$12,865,589	\$12,542,361	(\$323,228)	-3%
J.	Business Expenses:				
1	Accounting Fees	\$655,312	\$619,984	(\$35,328)	-5%
2	Legal Fees	\$2,470,838	\$969,189	(\$1,501,649)	-61%
3	Consulting Fees	\$5,837,461	\$7,489,097	\$1,651,636	28%
4	Dues and Membership	\$2,082,231	\$2,549,791	\$467,560	22%
5	Equipment Leases	\$3,158,687	\$2,837,352	(\$321,335)	-10%
6	Building Leases	\$3,550,677	\$4,221,879	\$671,202	19%
7	Repairs and Maintenance	\$13,963,405	\$13,040,686	(\$922,719)	-7%
8	Insurance	\$1,165,297	\$1,183,713	\$18,416	2%
9	Travel	\$930,925	\$1,195,662	\$264,737	28%
10	Conferences	\$646,027	\$564,181	(\$81,846)	-13%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$1,666,131	\$1,610,768	(\$55,363)	-3%
12	General Supplies	\$4,110,828	\$4,052,763	(\$58,065)	-1%
13	Licenses and Subscriptions	\$572,407	\$548,475	(\$23,932)	-4%
14	Postage and Shipping	\$166,601	\$527,733	\$361,132	217%
15	Advertising	\$1,983,278	\$1,878,420	(\$104,858)	-5%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$8,975,558	\$11,898,606	\$2,923,048	33%
18	Computer hardware & small equipment	\$868	\$417,786	\$416,918	48032%
19	Dietary / Food Services	\$3,169,031	\$3,650,179	\$481,148	15%
20	Lab Fees / Red Cross charges	\$6,279,212	\$5,062,962	(\$1,216,250)	-19%
21	Billing & Collection / Bank Fees	\$2,119,971	\$2,493,618	\$373,647	18%
22	Recruiting / Employee Education & Recognition	\$890,018	\$860,416	(\$29,602)	-3%
23	Laundry / Linen	\$676,327	\$695,670	\$19,343	3%
24	Professional / Physician Fees	\$1,120,810	\$1,738,951	\$618,141	55%
25	Waste disposal	\$16,721	\$9,364	(\$7,357)	-44%
26	Purchased Services - Medical	\$530,483	\$542,300	\$11,817	2%
27	Purchased Services - Non Medical	\$2,715,112	\$1,954,973	(\$760,139)	-28%
28	Other Business Expenses	\$6,616,333	\$6,532,421	(\$83,912)	-1%
	Total Business Expenses	\$76,070,549	\$79,146,939	\$3,076,390	4%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$34,613,155	\$33,542,006	(\$1,071,149)	-3%
	Total Operating Expenses - All Expense Categories*	\$666,258,533	\$666,788,583	\$530,050	0%
	*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	\$85,489,289	\$87,472,639	\$1,983,350	2%
2	General Accounting	\$2,370,358	\$2,604,510	\$234,152	10%
3	Patient Billing & Collection	\$7,559,191	\$8,631,520	\$1,072,329	14%
4	Admitting / Registration Office	\$3,334,173	\$3,676,612	\$342,439	10%
5	Data Processing	\$13,867,724	\$19,600,459	\$5,732,735	41%
6	Communications	\$12,620,241	\$12,829,094	\$208,853	2%
7	Personnel	\$6,227,048	\$5,260,632	(\$966,416)	-16%
8	Public Relations	\$2,468,633	\$2,578,326	\$109,693	4%
9	Purchasing	\$3,223,871	\$3,567,869	\$343,998	11%
10	Dietary and Cafeteria	\$6,487,725	\$7,178,513	\$690,788	11%
11	Housekeeping	\$9,128,435	\$9,119,041	(\$9,394)	0%
12	Laundry & Linen	\$4,258,954	\$4,154,559	(\$104,395)	-2%
13	Operation of Plant	\$17,750,881	\$18,989,388	\$1,238,507	7%
14	Security	\$3,246,583	\$3,283,337	\$36,754	1%
15	Repairs and Maintenance	\$8,154,005	\$7,598,085	(\$555,920)	-7%
16	Central Sterile Supply	\$4,690,776	\$4,444,054	(\$246,722)	-5%
17	Pharmacy Department	\$35,748,657	\$37,025,388	\$1,276,731	4%
18	Other General Services	\$74,822,384	\$71,325,359	(\$3,497,025)	-5%
	Total General Services	\$301,448,928	\$309,339,385	\$7,890,457	3%
B.	Professional Services:				
1	Medical Care Administration	\$27,261,650	\$26,994,276	(\$267,374)	-1%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$8,024,696	\$9,606,181	\$1,581,485	20%
4	Medical Records	\$6,743,315	\$6,399,612	(\$343,703)	-5%
5	Social Service	\$5,137,094	\$4,895,948	(\$241,146)	-5%
6	Other Professional Services	\$24,251,674	\$26,233,538	\$1,981,864	8%
	Total Professional Services	\$71,418,429	\$74,129,555	\$2,711,126	4%
C.	Special Services:				

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$48,611,781	\$48,194,662	(\$417,119)	-1%
2	Recovery Room	\$3,247,386	\$3,154,810	(\$92,576)	-3%
3	Anesthesiology	\$3,398,863	\$2,538,303	(\$860,560)	-25%
4	Delivery Room	\$5,100,869	\$5,106,291	\$5,422	0%
5	Diagnostic Radiology	\$9,915,899	\$9,564,155	(\$351,744)	-4%
6	Diagnostic Ultrasound	\$2,392,496	\$2,496,327	\$103,831	4%
7	Radiation Therapy	\$4,451,237	\$4,328,895	(\$122,342)	-3%
8	Radioisotopes	\$1,544,983	\$1,540,714	(\$4,269)	0%
9	CT Scan	\$2,394,350	\$2,429,934	\$35,584	1%
10	Laboratory	\$25,705,135	\$23,643,253	(\$2,061,882)	-8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$18,988,555	\$19,518,403	\$529,848	3%
13	Electrocardiology	\$436,518	\$342,354	(\$94,164)	-22%
14	Electroencephalography	\$894,832	\$567,265	(\$327,567)	-37%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,462,699	\$3,345,709	(\$116,990)	-3%
19	Pulmonary Function	\$1,545,860	\$1,348,620	(\$197,240)	-13%
20	Intravenous Therapy	\$1,591,857	\$1,591,713	(\$144)	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$672,534	\$711,584	\$39,050	6%
23	Renal Dialysis	\$1,408,315	\$1,388,629	(\$19,686)	-1%
24	Emergency Room	\$17,534,926	\$16,628,141	(\$906,785)	-5%
25	MRI	\$2,540,938	\$2,208,909	(\$332,029)	-13%
26	PET Scan	\$484,545	\$534,250	\$49,705	10%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$5,348,557	\$5,239,020	(\$109,537)	-2%
29	Sleep Center	\$359,834	\$305,727	(\$54,107)	-15%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$8,375,996	\$8,291,793	(\$84,203)	-1%
32	Occupational Therapy / Physical Therapy	\$3,537,348	\$3,601,761	\$64,413	2%
33	Dental Clinic	\$1,450,361	\$1,356,883	(\$93,478)	-6%
34	Other Special Services	\$3,925,772	\$4,292,359	\$366,587	9%
	Total Special Services	\$179,322,446	\$174,270,464	(\$5,051,982)	-3%
D.	Routine Services:				
1	Medical & Surgical Units	\$58,393,359	\$54,769,160	(\$3,624,199)	-6%
2	Intensive Care Unit	\$6,869,100	\$6,726,804	(\$142,296)	-2%
3	Coronary Care Unit	\$5,886,097	\$4,973,635	(\$912,462)	-16%
4	Psychiatric Unit	\$7,274,076	\$7,154,892	(\$119,184)	-2%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$3,907,867	\$3,985,394	\$77,527	2%
7	Newborn Nursery Unit	\$441,146	\$379,817	(\$61,329)	-14%
8	Neonatal ICU	\$4,371,491	\$4,137,599	(\$233,892)	-5%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$12,060,029	\$12,264,378	\$204,349	2%
11	Home Care	\$638,257	\$613,168	(\$25,089)	-4%
12	Outpatient Clinics	\$6,650,996	\$6,133,163	(\$517,833)	-8%
13	Other Routine Services	\$5,290,416	\$5,115,201	(\$175,215)	-3%
	Total Routine Services	\$111,782,834	\$106,253,211	(\$5,529,623)	-5%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$2,285,896	\$2,795,968	\$510,072	22%
	Total Operating Expenses - All Departments*	\$666,258,533	\$666,788,583	\$530,050	0%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$645,464,533	\$635,118,562	\$648,781,738
2	Other Operating Revenue	37,899,033	35,327,848	32,428,240
3	Total Operating Revenue	\$683,363,566	\$670,446,410	\$681,209,978
4	Total Operating Expenses	674,830,699	666,258,533	666,788,583
5	Income/(Loss) From Operations	\$8,532,867	\$4,187,877	\$14,421,395
6	Total Non-Operating Revenue	(10,794,169)	24,513,453	1,198,724
7	Excess/(Deficiency) of Revenue Over Expenses	(\$2,261,302)	\$28,701,330	\$15,620,119
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	1.27%	0.60%	2.11%
2	Hospital Non Operating Margin	-1.60%	3.53%	0.18%
3	Hospital Total Margin	-0.34%	4.13%	2.29%
4	Income/(Loss) From Operations	\$8,532,867	\$4,187,877	\$14,421,395
5	Total Operating Revenue	\$683,363,566	\$670,446,410	\$681,209,978
6	Total Non-Operating Revenue	(\$10,794,169)	\$24,513,453	\$1,198,724
7	Total Revenue	\$672,569,397	\$694,959,863	\$682,408,702
8	Excess/(Deficiency) of Revenue Over Expenses	(\$2,261,302)	\$28,701,330	\$15,620,119
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$5,944,000	\$127,892,000	\$100,020,000
2	Hospital Total Net Assets	\$103,370,000	\$208,956,000	\$181,694,000
3	Hospital Change in Total Net Assets	(\$16,846,253)	\$105,586,000	(\$27,262,000)
4	Hospital Change in Total Net Assets %	86.0%	102.1%	-13.0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.38	0.34	0.33
2	Total Operating Expenses	\$674,830,699	\$666,258,533	\$666,788,583
3	Total Gross Revenue	\$1,757,658,330	\$1,930,957,096	\$1,988,630,574
4	Total Other Operating Revenue	\$31,085,511	\$30,927,888	\$28,501,028
5	<u>Private Payment to Cost Ratio</u>	1.28	1.44	1.40
6	Total Non-Government Payments	\$280,763,754	\$302,880,886	\$287,706,838
7	Total Uninsured Payments	\$976,412	\$942,361	\$735,924
8	Total Non-Government Charges	\$611,779,200	\$650,907,761	\$652,139,718
9	Total Uninsured Charges	\$33,235,776	\$34,741,398	\$32,505,477
10	<u>Medicare Payment to Cost Ratio</u>	0.91	0.90	0.93
11	Total Medicare Payments	\$264,981,399	\$260,274,962	\$275,515,865
12	Total Medicare Charges	\$768,982,042	\$851,455,856	\$899,758,861
13	<u>Medicaid Payment to Cost Ratio</u>	0.67	0.65	0.71
14	Total Medicaid Payments	\$94,027,452	\$93,910,370	\$101,488,590
15	Total Medicaid Charges	\$372,081,678	\$423,973,249	\$432,890,493
16	<u>Uncompensated Care Cost</u>	\$9,333,365	\$8,834,587	\$8,707,888
17	Charity Care	\$6,110,468	\$5,761,205	\$4,494,629
18	Bad Debts	\$18,629,069	\$20,253,386	\$21,847,988
19	Total Uncompensated Care	\$24,739,537	\$26,014,591	\$26,342,617
20	<u>Uncompensated Care % of Total Expenses</u>	1.4%	1.3%	1.3%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
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FISCAL YEAR 2014				
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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$674,830,699	\$666,258,533	\$666,788,583
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2	2	2
2	Total Current Assets	\$182,407,000	\$187,924,000	\$198,157,000
3	Total Current Liabilities	\$81,605,000	\$92,217,000	\$97,352,000
4	<u>Days Cash on Hand</u>	61	64	55
5	Cash and Cash Equivalents	\$73,853,000	\$80,260,000	\$70,507,000
6	Short Term Investments	33,203,000	30,428,000	25,411,000
7	Total Cash and Short Term Investments	\$107,056,000	\$110,688,000	\$95,918,000
8	Total Operating Expenses	\$674,830,699	\$666,258,533	\$666,788,583
9	Depreciation Expense	\$34,807,794	\$34,869,577	\$35,799,072
10	Operating Expenses less Depreciation Expense	\$640,022,905	\$631,388,956	\$630,989,511
11	<u>Days Revenue in Patient Accounts Receivable</u>	33	28	32
12	Net Patient Accounts Receivable	\$60,915,000	\$60,969,000	\$70,949,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,602,000	\$12,474,000	\$14,939,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$58,313,000	\$48,495,000	\$56,010,000
16	Total Net Patient Revenue	\$645,464,533	\$635,118,562	\$648,781,738
17	<u>Average Payment Period</u>	47	53	56
18	Total Current Liabilities	\$81,605,000	\$92,217,000	\$97,352,000
19	Total Operating Expenses	\$674,830,699	\$666,258,533	\$666,788,583
20	Depreciation Expense	\$34,807,794	\$34,869,577	\$35,799,072

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
21	Total Operating Expenses less Depreciation Expense	\$640,022,905	\$631,388,956	\$630,989,511
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	14.1	27.8	23.3
2	Total Net Assets	\$103,370,000	\$208,956,000	\$181,694,000
3	Total Assets	\$730,920,000	\$751,186,000	\$780,166,000
4	<u>Cash Flow to Total Debt Ratio</u>	9.6	18.1	14.7
5	Excess/(Deficiency) of Revenues Over Expenses	(\$2,261,302)	\$28,701,330	\$15,620,119
6	Depreciation Expense	\$34,807,794	\$34,869,577	\$35,799,072
7	Excess of Revenues Over Expenses and Depreciation Expense	\$32,546,492	\$63,570,907	\$51,419,191
8	Total Current Liabilities	\$81,605,000	\$92,217,000	\$97,352,000
9	Total Long Term Debt	\$258,965,000	\$258,637,000	\$251,476,000
10	Total Current Liabilities and Total Long Term Debt	\$340,570,000	\$350,854,000	\$348,828,000
11	<u>Long Term Debt to Capitalization Ratio</u>	71.5	55.3	58.1
12	Total Long Term Debt	\$258,965,000	\$258,637,000	\$251,476,000
13	Total Net Assets	\$103,370,000	\$208,956,000	\$181,694,000
14	Total Long Term Debt and Total Net Assets	\$362,335,000	\$467,593,000	\$433,170,000
15	<u>Debt Service Coverage Ratio</u>	2.4	3.5	3.1
16	Excess Revenues over Expenses	(2,261,302)	\$28,701,330	\$15,620,119
17	Interest Expense	11,964,520	\$11,600,890	\$11,620,321
18	Depreciation and Amortization Expense	34,807,794	\$34,869,577	\$35,799,072
19	Principal Payments	6,229,356	\$9,786,000	\$8,595,000
G.	<u>Other Financial Ratios</u>			

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
20	Average Age of Plant	11.6	10.2	10.9
21	Accumulated Depreciation	402,898,000	356,050,000	391,133,000
22	Depreciation and Amortization Expense	34,807,794	34,869,577	35,799,072
H. Utilization Measures Summary				
1	Patient Days	157,534	159,375	151,867
2	Discharges	32,111	32,366	31,234
3	ALOS	4.9	4.9	4.9
4	Staffed Beds	595	595	595
5	Available Beds	-	595	595
6	Licensed Beds	595	682	682
7	Occupancy of Staffed Beds	72.5%	73.4%	69.9%
8	Occupancy of Available Beds	72.5%	73.4%	69.9%
9	Full Time Equivalent Employees	3,694.5	3,816.6	3,802.8
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	32.9%	31.9%	31.2%
2	Medicare Gross Revenue Payer Mix Percentage	43.8%	44.1%	45.2%
3	Medicaid Gross Revenue Payer Mix Percentage	21.2%	22.0%	21.8%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.9%	1.8%	1.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$578,543,424	\$616,166,363	\$619,634,241
9	Medicare Gross Revenue (Charges)	\$768,982,042	\$851,455,856	\$899,758,861
10	Medicaid Gross Revenue (Charges)	\$372,081,678	\$423,973,249	\$432,890,493
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$33,235,776	\$34,741,398	\$32,505,477
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$4,815,410	\$4,620,230	\$3,841,502
14	Total Gross Revenue (Charges)	\$1,757,658,330	\$1,930,957,096	\$1,988,630,574
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	43.7%	45.9%	43.2%
2	Medicare Net Revenue Payer Mix Percentage	41.4%	39.5%	41.4%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
3	Medicaid Net Revenue Payer Mix Percentage	14.7%	14.3%	15.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.2%	0.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$279,787,342	\$301,938,525	\$286,970,914
9	Medicare Net Revenue (Payments)	\$264,981,399	\$260,274,962	\$275,515,865
10	Medicaid Net Revenue (Payments)	\$94,027,452	\$93,910,370	\$101,488,590
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$976,412	\$942,361	\$735,924
13	CHAMPUS / TRICARE Net Revenue Payments)	\$894,486	\$1,094,755	\$329,352
14	Total Net Revenue (Payments)	\$640,667,091	\$658,160,973	\$665,040,645
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	10,289	10,159	9,526
2	Medicare	13,861	14,271	13,744
3	Medical Assistance	7,872	7,857	7,876
4	Medicaid	7,872	7,857	7,876
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	89	79	88
7	Uninsured (Included In Non-Government)	253	281	319
8	Total	32,111	32,366	31,234
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.40840	1.41960	1.41570
2	Medicare	1.71500	1.68980	1.69600
3	Medical Assistance	1.11310	1.16080	1.15670
4	Medicaid	1.11310	1.16080	1.15670
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.10560	1.09920	1.07000
7	Uninsured (Included In Non-Government)	1.24070	1.21030	1.24480
8	Total Case Mix Index	1.46751	1.47513	1.47276
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	16,654	17,868	17,605
2	Emergency Room - Treated and Discharged	62,547	63,204	65,315
3	Total Emergency Room Visits	79,201	81,072	82,920

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$7,916,801	\$6,097,468	(\$1,819,333)	-23%
2	Inpatient Payments	\$2,434,962	\$1,842,214	(\$592,748)	-24%
3	Outpatient Charges	\$5,331,972	\$3,380,062	(\$1,951,910)	-37%
4	Outpatient Payments	\$1,618,281	\$1,002,912	(\$615,369)	-38%
5	Discharges	192	117	(75)	-39%
6	Patient Days	1,084	733	(351)	-32%
7	Outpatient Visits (Excludes ED Visits)	1,197	714	(483)	-40%
8	Emergency Department Outpatient Visits	239	118	(121)	-51%
9	Emergency Department Inpatient Admissions	139	83	(56)	-40%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,248,773	\$9,477,530	(\$3,771,243)	-28%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,053,243	\$2,845,126	(\$1,208,117)	-30%
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	\$38,475,876	\$52,717,232	\$14,241,356	37%
2	Inpatient Payments	\$14,586,590	\$18,365,461	\$3,778,871	26%
3	Outpatient Charges	\$21,049,496	\$21,675,186	\$625,690	3%
4	Outpatient Payments	\$5,427,268	\$5,031,455	(\$395,813)	-7%
5	Discharges	849	994	145	17%
6	Patient Days	4,562	5,522	960	21%
7	Outpatient Visits (Excludes ED Visits)	3,761	3,571	(190)	-5%
8	Emergency Department Outpatient Visits	513	551	38	7%
9	Emergency Department Inpatient Admissions	492	627	135	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$59,525,372	\$74,392,418	\$14,867,046	25%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$20,013,858	\$23,396,916	\$3,383,058	17%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$1,361,169	\$1,771,472	\$410,303	30%
2	Inpatient Payments	\$1,127,244	\$1,116,467	(\$10,777)	-1%
3	Outpatient Charges	\$788,470	\$842,440	\$53,970	7%
4	Outpatient Payments	\$295,104	\$365,959	\$70,855	24%
5	Discharges	66	78	12	18%
6	Patient Days	354	724	370	105%
7	Outpatient Visits (Excludes ED Visits)	106	79	(27)	-25%
8	Emergency Department Outpatient Visits	69	79	10	14%
9	Emergency Department Inpatient Admissions	49	43	(6)	-12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,149,639	\$2,613,912	\$464,273	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,422,348	\$1,482,426	\$60,078	4%
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 FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 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	\$13,273,609	\$23,292,189	\$10,018,580	75%
2	Inpatient Payments	\$4,711,692	\$7,451,404	\$2,739,712	58%
3	Outpatient Charges	\$10,066,684	\$15,020,708	\$4,954,024	49%
4	Outpatient Payments	\$1,754,059	\$3,846,254	\$2,092,195	119%
5	Discharges	392	516	124	32%
6	Patient Days	1,937	2,988	1,051	54%
7	Outpatient Visits (Excludes ED Visits)	3,419	4,463	1,044	31%
8	Emergency Department Outpatient Visits	889	1,181	292	33%
9	Emergency Department Inpatient Admissions	343	436	93	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,340,293	\$38,312,897	\$14,972,604	64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,465,751	\$11,297,658	\$4,831,907	75%
I. AETNA					
1	Inpatient Charges	\$15,030,451	\$22,393,615	\$7,363,164	49%
2	Inpatient Payments	\$4,626,084	\$7,448,446	\$2,822,362	61%
3	Outpatient Charges	\$8,836,481	\$12,028,709	\$3,192,228	36%
4	Outpatient Payments	\$1,892,298	\$2,526,216	\$633,918	33%
5	Discharges	393	514	121	31%
6	Patient Days	1,907	2,485	578	30%
7	Outpatient Visits (Excludes ED Visits)	1,710	2,321	611	36%
8	Emergency Department Outpatient Visits	376	512	136	36%
9	Emergency Department Inpatient Admissions	267	364	97	36%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,866,932	\$34,422,324	\$10,555,392	44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,518,382	\$9,974,662	\$3,456,280	53%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
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%
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 FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 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	\$56,747,101	\$56,612,535	(\$134,566)	0%
2	Inpatient Payments	\$18,899,031	\$18,460,046	(\$438,985)	-2%
3	Outpatient Charges	\$28,806,019	\$31,792,281	\$2,986,262	10%
4	Outpatient Payments	\$5,851,920	\$7,128,318	\$1,276,398	22%
5	Discharges	1,299	1,227	(72)	-6%
6	Patient Days	7,610	7,010	(600)	-8%
7	Outpatient Visits (Excludes ED Visits)	7,008	6,705	(303)	-4%
8	Emergency Department Outpatient Visits	1,333	1,497	164	12%
9	Emergency Department Inpatient Admissions	962	914	(48)	-5%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$85,553,120	\$88,404,816	\$2,851,696	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$24,750,951	\$25,588,364	\$837,413	3%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$132,805,007	\$162,884,511	\$30,079,504	23%
	TOTAL INPATIENT PAYMENTS	\$46,385,603	\$54,684,038	\$8,298,435	18%
	TOTAL OUTPATIENT CHARGES	\$74,879,122	\$84,739,386	\$9,860,264	13%
	TOTAL OUTPATIENT PAYMENTS	\$16,838,930	\$19,901,114	\$3,062,184	18%
	TOTAL DISCHARGES	3,191	3,446	255	8%
	TOTAL PATIENT DAYS	17,454	19,462	2,008	12%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	17,201	17,853	652	4%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,419	3,938	519	15%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,252	2,467	215	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$207,684,129	\$247,623,897	\$39,939,768	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$63,224,533	\$74,585,152	\$11,360,619	18%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$97,524,000	\$93,155,000	(\$4,369,000)	-4%
2	Short Term Investments	\$50,685,000	\$42,241,000	(\$8,444,000)	-17%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$72,901,000	\$84,904,000	\$12,003,000	16%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,883,000	\$1,459,000	(\$3,424,000)	-70%
5	Due From Affiliates	\$1,812,000	\$1,346,000	(\$466,000)	-26%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$7,209,000	\$8,855,000	\$1,646,000	23%
8	Prepaid Expenses	\$5,829,000	\$6,778,000	\$949,000	16%
9	Other Current Assets	\$5,889,000	\$5,547,000	(\$342,000)	-6%
	Total Current Assets	\$246,732,000	\$244,285,000	(\$2,447,000)	-1%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$51,164,000	\$53,033,000	\$1,869,000	4%
2	Board Designated for Capital Acquisition	\$51,522,000	\$60,751,000	\$9,229,000	18%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$4,167,000	\$3,784,000	(\$383,000)	-9%
	Total Noncurrent Assets Whose Use is Limited:	\$106,853,000	\$117,568,000	\$10,715,000	10%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$15,209,000	\$16,156,000	\$947,000	6%
7	Other Noncurrent Assets	\$18,549,000	\$22,987,000	\$4,438,000	24%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$807,881,000	\$878,962,000	\$71,081,000	9%
2	Less: Accumulated Depreciation	\$379,697,000	\$416,786,000	\$37,089,000	\$0
	Property, Plant and Equipment, Net	\$428,184,000	\$462,176,000	\$33,992,000	8%
3	Construction in Progress	\$40,032,000	\$13,587,000	(\$26,445,000)	-66%
	Total Net Fixed Assets	\$468,216,000	\$475,763,000	\$7,547,000	2%
	Total Assets	\$855,559,000	\$876,759,000	\$21,200,000	2%

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. <u>LIABILITIES AND NET ASSETS</u>					
A. <u>Current Liabilities:</u>					
1	Accounts Payable and Accrued Expenses	\$37,123,000	\$37,210,000	\$87,000	0%
2	Salaries, Wages and Payroll Taxes	\$46,219,000	\$49,723,000	\$3,504,000	8%
3	Due To Third Party Payers	\$14,021,000	\$15,780,000	\$1,759,000	13%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$8,819,000	\$8,760,000	(\$59,000)	-1%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,550,000	\$7,455,000	\$905,000	14%
	Total Current Liabilities	\$112,732,000	\$118,928,000	\$6,196,000	5%
B. <u>Long Term Debt:</u>					
1	Bonds Payable (Net of Current Portion)	\$258,637,000	\$251,476,000	(\$7,161,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$258,637,000	\$251,476,000	(\$7,161,000)	-3%
3	Accrued Pension Liability	\$223,617,000	\$285,634,000	\$62,017,000	28%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$482,254,000	\$537,110,000	\$54,856,000	11%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. <u>Net Assets:</u>					
1	Unrestricted Net Assets or Equity	\$178,467,000	\$137,311,000	(\$41,156,000)	-23%
2	Temporarily Restricted Net Assets	\$26,656,000	\$26,091,000	(\$565,000)	-2%
3	Permanently Restricted Net Assets	\$55,450,000	\$57,319,000	\$1,869,000	3%
	Total Net Assets	\$260,573,000	\$220,721,000	(\$39,852,000)	-15%
	Total Liabilities and Net Assets	\$855,559,000	\$876,759,000	\$21,200,000	2%

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$2,200,109,000	\$2,287,499,000	\$87,390,000	4%
2	Less: Allowances	\$1,422,379,000	\$1,485,018,000	\$62,639,000	4%
3	Less: Charity Care	\$19,567,000	\$19,154,000	(\$413,000)	-2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$758,163,000	\$783,327,000	\$25,164,000	3%
5	Provision for Bad Debts	\$23,311,000	\$26,546,000	\$3,235,000	14%
	Net Patient Service Revenue less provision for bad debts	\$734,852,000	\$756,781,000	\$21,929,000	3%
6	Other Operating Revenue	\$39,764,000	\$38,797,000	(\$967,000)	-2%
7	Net Assets Released from Restrictions	\$9,519,000	\$9,644,000	\$125,000	1%
	Total Operating Revenue	\$784,135,000	\$805,222,000	\$21,087,000	3%
B. Operating Expenses:					
1	Salaries and Wages	\$349,214,000	\$363,599,000	\$14,385,000	4%
2	Fringe Benefits	\$87,301,000	\$86,707,000	(\$594,000)	-1%
3	Physicians Fees	\$8,506,000	\$25,149,000	\$16,643,000	196%
4	Supplies and Drugs	\$120,574,000	\$120,366,000	(\$208,000)	0%
5	Depreciation and Amortization	\$36,733,000	\$37,887,000	\$1,154,000	3%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$11,601,000	\$11,620,000	\$19,000	0%
8	Malpractice Insurance Cost	\$18,323,000	\$9,863,000	(\$8,460,000)	-46%
9	Other Operating Expenses	\$143,657,000	\$138,508,000	(\$5,149,000)	-4%
	Total Operating Expenses	\$775,909,000	\$793,699,000	\$17,790,000	2%
	Income/(Loss) From Operations	\$8,226,000	\$11,523,000	\$3,297,000	40%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,299,000	\$3,625,000	\$1,326,000	58%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$22,218,000	(\$2,424,000)	(\$24,642,000)	-111%
	Total Non-Operating Revenue	\$24,517,000	\$1,201,000	(\$23,316,000)	-95%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$32,743,000	\$12,724,000	(\$20,019,000)	-61%
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	\$32,743,000	\$12,724,000	(\$20,019,000)	-61%

SAINT FRANCIS CARE, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$734,727,000	\$734,852,000	\$756,781,000
2	Other Operating Revenue	55,322,000	49,283,000	48,441,000
3	Total Operating Revenue	\$790,049,000	\$784,135,000	\$805,222,000
4	Total Operating Expenses	774,695,000	775,909,000	793,699,000
5	Income/(Loss) From Operations	\$15,354,000	\$8,226,000	\$11,523,000
6	Total Non-Operating Revenue	(10,790,000)	24,517,000	1,201,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,564,000	\$32,743,000	\$12,724,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	1.97%	1.02%	1.43%
2	Parent Corporation Non-Operating Margin	-1.38%	3.03%	0.15%
3	Parent Corporation Total Margin	0.59%	4.05%	1.58%
4	Income/(Loss) From Operations	\$15,354,000	\$8,226,000	\$11,523,000
5	Total Operating Revenue	\$790,049,000	\$784,135,000	\$805,222,000
6	Total Non-Operating Revenue	(\$10,790,000)	\$24,517,000	\$1,201,000
7	Total Revenue	\$779,259,000	\$808,652,000	\$806,423,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,564,000	\$32,743,000	\$12,724,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$45,665,000	\$178,467,000	\$137,311,000
2	Parent Corporation Total Net Assets	\$144,158,000	\$260,573,000	\$220,721,000
3	Parent Corporation Change in Total Net Assets	(\$39,864,801)	\$116,415,000	(\$39,852,000)
4	Parent Corporation Change in Total Net Assets %	78.3%	80.8%	-15.3%

SAINT FRANCIS CARE, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.33	2.19	2.05
2	Total Current Assets	\$236,506,000	\$246,732,000	\$244,285,000
3	Total Current Liabilities	\$101,326,000	\$112,732,000	\$118,928,000
4	<u>Days Cash on Hand</u>	71	73	65
5	Cash and Cash Equivalents	\$89,328,000	\$97,524,000	\$93,155,000
6	Short Term Investments	\$53,728,000	\$50,685,000	\$42,241,000
7	Total Cash and Short Term Investments	\$143,056,000	\$148,209,000	\$135,396,000
8	Total Operating Expenses	\$774,695,000	\$775,909,000	\$793,699,000
9	Depreciation Expense	\$36,527,000	\$36,733,000	\$37,887,000
10	Operating Expenses less Depreciation Expense	\$738,168,000	\$739,176,000	\$755,812,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	33	29	33
12	Net Patient Accounts Receivable	\$ 69,853,000	\$ 72,901,000	\$ 84,904,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$2,994,000	\$14,021,000	\$15,780,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 66,859,000	\$ 58,880,000	\$ 69,124,000
16	Total Net Patient Revenue	\$734,727,000	\$734,852,000	\$756,781,000
17	<u>Average Payment Period</u>	50	56	57
18	Total Current Liabilities	\$101,326,000	\$112,732,000	\$118,928,000
19	Total Operating Expenses	\$774,695,000	\$775,909,000	\$793,699,000
20	Depreciation Expense	\$36,527,000	\$36,733,000	\$37,887,000
20	Total Operating Expenses less Depreciation Expense	\$738,168,000	\$739,176,000	\$755,812,000

SAINT FRANCIS CARE, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	17.5	30.5	25.2
2	Total Net Assets	\$144,158,000	\$260,573,000	\$220,721,000
3	Total Assets	\$823,275,000	\$855,559,000	\$876,759,000
4	<u>Cash Flow to Total Debt Ratio</u>	11.4	18.7	13.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,564,000	\$32,743,000	\$12,724,000
6	Depreciation Expense	\$36,527,000	\$36,733,000	\$37,887,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$41,091,000	\$69,476,000	\$50,611,000
8	Total Current Liabilities	\$101,326,000	\$112,732,000	\$118,928,000
9	Total Long Term Debt	\$258,965,000	\$258,637,000	\$251,476,000
10	Total Current Liabilities and Total Long Term Debt	\$360,291,000	\$371,369,000	\$370,404,000
11	<u>Long Term Debt to Capitalization Ratio</u>	64.2	49.8	53.3
12	Total Long Term Debt	\$258,965,000	\$258,637,000	\$251,476,000
13	Total Net Assets	\$144,158,000	\$260,573,000	\$220,721,000
14	Total Long Term Debt and Total Net Assets	\$403,123,000	\$519,210,000	\$472,197,000

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	105,466	23,264	21,332	394	394	73.3%	73.3%
2	ICU/CCU (Excludes Neonatal ICU)	10,827	378	0	42	42	70.6%	70.6%
3	Psychiatric: Ages 0 to 17	4,085	379	375	20	20	56.0%	56.0%
4	Psychiatric: Ages 18+	10,542	1,582	1,587	55	55	52.5%	52.5%
	TOTAL PSYCHIATRIC	14,627	1,961	1,962	75	75	53.4%	53.4%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	9,630	3,075	3,069	30	30	87.9%	87.9%
7	Newborn	6,307	2,640	2,566	26	26	66.5%	66.5%
8	Neonatal ICU	5,010	294	0	28	28	49.0%	49.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	145,560	28,594	26,363	569	569	70.1%	70.1%
	TOTAL INPATIENT BED UTILIZATION	151,867	31,234	28,929	595	595	69.9%	69.9%
	TOTAL INPATIENT REPORTED YEAR	151,867	31,234	28,929	595	595	69.9%	69.9%
	TOTAL INPATIENT PRIOR YEAR	159,375	32,366	30,287	595	595	73.4%	73.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-7,508	-1,132	-1,358	0	0	-3.5%	-3.5%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-5%	-3%	-4%	0%	0%	-5%	-5%
	Total Licensed Beds and Bassinets	682						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	18,641	18,714	73	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,804	9,886	82	1%
3	Emergency Department Scans	12,946	12,985	39	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	41,391	41,585	194	0%
B. MRI Scans (A)					
1	Inpatient Scans	4,892	4,739	-153	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,877	8,909	32	0%
3	Emergency Department Scans	594	594	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	14,363	14,242	-121	-1%
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	28	80	52	186%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,280	1,135	-145	-11%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	1,308	1,215	-93	-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	788	790	2	0%
2	Outpatient Procedures	16,630	17,623	993	6%
	Total Linear Accelerator Procedures	17,418	18,413	995	6%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	1,363	1,310	-53	-4%
2	Outpatient Procedures	1,514	1,337	-177	-12%
	Total Cardiac Catheterization Procedures	2,877	2,647	-230	-8%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	398	404	6	2%
2	Elective Procedures	544	455	-89	-16%
	Total Cardiac Angioplasty Procedures	942	859	-83	-9%
H. Electrophysiology Studies					
1	Inpatient Studies	345	298	-47	-14%
2	Outpatient Studies	455	326	-129	-28%
	Total Electrophysiology Studies	800	624	-176	-22%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	10,447	9,987	-460	-4%
2	Outpatient Surgical Procedures	17,663	16,695	-968	-5%
	Total Surgical Procedures	28,110	26,682	-1,428	-5%
J. Endoscopy Procedures					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	1,630	1,644	14	1%
2	Outpatient Endoscopy Procedures	6,841	6,168	-673	-10%
	Total Endoscopy Procedures	8,471	7,812	-659	-8%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	17,868	17,605	-263	-1%
2	Emergency Room Visits: Treated and Discharged	63,204	65,315	2,111	3%
	Total Emergency Room Visits	81,072	82,920	1,848	2%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	17,434	15,754	-1,680	-10%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	20,895	16,377	-4,518	-22%
8	Medical Clinic Visits - Other Medical Clinics	42	21	-21	-50%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	977	1,421	444	45%
11	Specialty Clinic Visits - Chronic Pain Clinic	2,130	1,730	-400	-19%
12	Specialty Clinic Visits - OB-GYN Clinic	3	0	-3	-100%
13	Specialty Clinic Visits - Other Speciality Clinics	16,806	15,964	-842	-5%
	Total Hospital Clinic Visits	58,287	51,267	-7,020	-12%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	837	977	140	17%
2	Cardiac Rehabilitation	548	655	107	20%
3	Chemotherapy	3,779	4,199	420	11%
4	Gastroenterology	1,496	1,296	-200	-13%
5	Other Outpatient Visits	157,070	144,316	-12,754	-8%
	Total Other Hospital Outpatient Visits	163,730	151,443	-12,287	-8%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	1,396.0	1,322.9	-73.1	-5%
2	Total Physician FTEs	40.5	40.0	-0.5	-1%
3	Total Non-Nursing and Non-Physician FTEs	2,380.1	2,439.9	59.8	3%
	Total Hospital Full Time Equivalent Employees	3,816.6	3,802.8	-13.8	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Saint Francis Hospital	16,368	15,824	-544	-3%
2	SFHMC - Mount Sinai Campus	1,295	871	-424	-33%
	Total Outpatient Surgical Procedures(A)	17,663	16,695	-968	-5%
B. Outpatient Endoscopy Procedures					
1	Saint Francis Hospital	6,841	6,168	-673	-10%
	Total Outpatient Endoscopy Procedures(B)	6,841	6,168	-673	-10%
C. Outpatient Hospital Emergency Room Visits					
1	Saint Francis Hospital	63,204	65,315	2,111	3%
	Total Outpatient Hospital Emergency Room Visits(C)	63,204	65,315	2,111	3%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$580,447,200	\$615,260,232	\$34,813,032	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$203,609,796	\$211,507,952	\$7,898,156	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.08%	34.38%	-0.70%	-2%
4	DISCHARGES	14,271	13,744	(527)	-4%
5	CASE MIX INDEX (CMI)	1.68980	1.69600	0.00620	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	24,115.13580	23,309.82400	(805.31180)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,443.24	\$9,073.77	\$630.53	7%
8	PATIENT DAYS	78,202	75,996	(2,206)	-3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,603.64	\$2,783.15	\$179.51	7%
10	AVERAGE LENGTH OF STAY	5.5	5.5	0.0	1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$271,008,656	\$284,498,629	\$13,489,973	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$56,665,166	\$64,007,913	\$7,342,747	13%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.91%	22.50%	1.59%	8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	46.69%	46.24%	-0.45%	-1%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,663.07724	6,355.27693	(307.80032)	-5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,504.35	\$10,071.62	\$1,567.26	18%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$851,455,856	\$899,758,861	\$48,303,005	6%
18	TOTAL ACCRUED PAYMENTS	\$260,274,962	\$275,515,865	\$15,240,903	6%
19	TOTAL ALLOWANCES	\$591,180,894	\$624,242,996	\$33,062,102	6%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$297,747,099	\$300,608,652	\$2,861,553	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$161,294,879	\$151,641,760	(\$9,653,119)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	54.17%	50.44%	-3.73%	-7%
4	DISCHARGES	10,159	9,526	(633)	-6%
5	CASE MIX INDEX (CMI)	1.41960	1.41570	(0.00390)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,421.71640	13,485.95820	(935.75820)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,184.17	\$11,244.42	\$60.25	1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,740.93)	(\$2,170.65)	\$570.28	-21%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$39,528,916)	(\$29,273,294)	\$10,255,622	-26%
10	PATIENT DAYS	40,742	36,979	(3,763)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,958.93	\$4,100.75	\$141.82	4%
12	AVERAGE LENGTH OF STAY	4.0	3.9	(0.1)	-3%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$353,160,662	\$351,531,066	(\$1,629,596)	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$141,586,007	\$136,065,078	(\$5,520,929)	-4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.09%	38.71%	-1.38%	-3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	118.61%	116.94%	-1.67%	-1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	12,049.68639	11,139.68248	(910.00390)	-8%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,750.18	\$12,214.45	\$464.27	4%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$3,245.83)	(\$2,142.83)	\$1,103.00	-34%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$39,111,211)	(\$23,870,466)	\$15,240,745	-39%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$650,907,761	\$652,139,718	\$1,231,957	0%
22	TOTAL ACCRUED PAYMENTS	\$302,880,886	\$287,706,838	(\$15,174,048)	-5%
23	TOTAL ALLOWANCES	\$348,026,875	\$364,432,880	\$16,406,005	5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$78,640,127)	(\$53,143,761)	\$25,496,367	-32%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$545,975,025	\$558,621,454	\$12,646,429	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$258,276,116	\$269,000,765	\$10,724,649	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$287,698,909	\$289,620,689	\$1,921,780	1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.69%	51.85%	-0.85%	

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$6,566,137	\$8,698,928	\$2,132,791	32%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$272,142	\$202,548	(\$69,594)	-26%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.14%	2.33%	-1.82%	-44%
4	DISCHARGES	281	319	38	14%
5	CASE MIX INDEX (CMI)	1.21030	1.24480	0.03450	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	340.09430	397.09120	56.99690	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$800.20	\$510.08	(\$290.12)	-36%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$10,383.97	\$10,734.34	\$350.37	3%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,643.04	\$8,563.69	\$920.65	12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,599,355	\$3,400,566	\$801,211	31%
11	PATIENT DAYS	931	1,069	138	15%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$292.31	\$189.47	(\$102.84)	-35%
13	AVERAGE LENGTH OF STAY	3.3	3.4	0.0	1%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$28,175,261	\$23,806,549	(\$4,368,712)	-16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$670,219	\$533,376	(\$136,843)	-20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.38%	2.24%	-0.14%	-6%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	429.10%	273.67%	-155.43%	-36%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,205.76959	873.01437	(332.75523)	-28%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$555.84	\$610.96	\$55.12	10%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,194.34	\$11,603.49	\$409.15	4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,948.51	\$9,460.66	\$1,512.15	19%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,584,072	\$8,259,290	(\$1,324,782)	-14%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$34,741,398	\$32,505,477	(\$2,235,921)	-6%
24	TOTAL ACCRUED PAYMENTS	\$942,361	\$735,924	(\$206,437)	-22%
25	TOTAL ALLOWANCES	\$33,799,037	\$31,769,553	(\$2,029,484)	-6%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,183,427	\$11,659,856	(\$523,571)	-4%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$221,760,677	\$227,632,619	\$5,871,942	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,943,114	\$64,775,728	\$11,832,614	22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.87%	28.46%	4.58%	19%
4	DISCHARGES	7,857	7,876	19	0%
5	CASE MIX INDEX (CMI)	1.16080	1.15670	(0.00410)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,120.40560	9,110.16920	(10.23640)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,804.91	\$7,110.27	\$1,305.36	22%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,379.26	\$4,134.15	(\$1,245.11)	-23%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,638.33	\$1,963.50	(\$674.83)	-26%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,062,628	\$17,887,840	(\$6,174,788)	-26%
11	PATIENT DAYS	40,108	38,518	(1,590)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,320.01	\$1,681.70	\$361.69	27%
13	AVERAGE LENGTH OF STAY	5.1	4.9	(0.2)	-4%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$202,212,572	\$205,257,874	\$3,045,302	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$40,967,256	\$36,712,862	(\$4,254,394)	-10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.26%	17.89%	-2.37%	-12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	91.19%	90.17%	-1.01%	-1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,164.40895	7,101.84253	(62.56641)	-1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,718.16	\$5,169.48	(\$548.68)	-10%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,032.02	\$7,044.96	\$1,012.95	17%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,786.19	\$4,902.13	\$2,115.94	76%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,961,412	\$34,814,174	\$14,852,761	74%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$423,973,249	\$432,890,493	\$8,917,244	2%
24	TOTAL ACCRUED PAYMENTS	\$93,910,370	\$101,488,590	\$7,578,220	8%
25	TOTAL ALLOWANCES	\$330,062,879	\$331,401,903	\$1,339,024	0%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$44,024,040	\$52,702,014	\$8,677,974	20%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$11,184.17	\$11,244.42	\$60.25	1%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,443.24	\$9,073.77	\$630.53	7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$11,750.18	\$12,214.45	\$464.27	4%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$8,504.35	\$10,071.62	\$1,567.26	18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$221,760,677	\$227,632,619	\$5,871,942	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,943,114	\$64,775,728	\$11,832,614	22%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.87%	28.46%	4.58%	19%
4	DISCHARGES	7,857	7,876	19	0%
5	CASE MIX INDEX (CMI)	1.16080	1.15670	(0.00410)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,120.40560	9,110.16920	(10.23640)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,804.91	\$7,110.27	\$1,305.36	22%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,379.26	\$4,134.15	(\$1,245.11)	-23%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,638.33	\$1,963.50	(\$674.83)	-26%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,062,628	\$17,887,840	(\$6,174,788)	-26%
11	PATIENT DAYS	40,108	38,518	(1,590)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,320.01	\$1,681.70	\$361.69	27%
13	AVERAGE LENGTH OF STAY	5.1	4.9	(0.2)	-4%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$202,212,572	\$205,257,874	\$3,045,302	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$40,967,256	\$36,712,862	(\$4,254,394)	-10%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.26%	17.89%	-2.37%	-12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	91.19%	90.17%	-1.01%	-1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,164.40895	7,101.84253	(62.56641)	-1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,718.16	\$5,169.48	(\$548.68)	-10%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,032.02	\$7,044.96	\$1,012.95	17%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,786.19	\$4,902.13	\$2,115.94	76%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,961,412	\$34,814,174	\$14,852,761	74%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$423,973,249	\$432,890,493	\$8,917,244	2%
24	TOTAL ACCRUED PAYMENTS	\$93,910,370	\$101,488,590	\$7,578,220	8%
25	TOTAL ALLOWANCES	\$330,062,879	\$331,401,903	\$1,339,024	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,026,698	\$1,771,234	(\$255,464)	-13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$756,322	\$114,523	(\$641,799)	-85%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.32%	6.47%	-30.85%	-83%
4	DISCHARGES	79	88	9	11%
5	CASE MIX INDEX (CMI)	1.09920	1.07000	(0.02920)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	86.83680	94.16000	7.32320	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,709.69	\$1,216.26	(\$7,493.43)	-86%
8	PATIENT DAYS	323	374	51	16%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,341.55	\$306.21	(\$2,035.34)	-87%
10	AVERAGE LENGTH OF STAY	4.1	4.3	0.2	4%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,593,532	\$2,070,268	(\$523,264)	-20%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$338,433	\$214,829	(\$123,604)	-37%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$4,620,230	\$3,841,502	(\$778,728)	-17%
14	TOTAL ACCRUED PAYMENTS	\$1,094,755	\$329,352	(\$765,403)	-70%
15	TOTAL ALLOWANCES	\$3,525,475	\$3,512,150	(\$13,325)	0%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$30,927,888	\$28,501,028	(\$2,426,860)	-8%
2	TOTAL OPERATING EXPENSES	\$666,258,533	\$666,788,583	\$530,050	0%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$5,761,205	\$4,494,629	(\$1,266,576)	-22%
5	BAD DEBTS (CHARGES)	\$20,253,386	\$21,847,988	\$1,594,602	8%
6	UNCOMPENSATED CARE (CHARGES)	\$26,014,591	\$26,342,617	\$328,026	1%
7	COST OF UNCOMPENSATED CARE	\$9,123,823	\$9,256,882	\$133,059	1%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$423,973,249	\$432,890,493	\$8,917,244	2%
9	TOTAL ACCRUED PAYMENTS	\$93,910,370	\$101,488,590	\$7,578,220	8%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$148,695,664	\$152,119,144	\$3,423,480	2%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$54,785,294	\$50,630,554	(\$4,154,740)	-8%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$1,101,981,674	\$1,145,272,737	\$43,291,063	4%
2	TOTAL INPATIENT PAYMENTS	\$418,604,111	\$428,039,963	\$9,435,852	2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	37.99%	37.37%	-0.61%	-2%
4	TOTAL DISCHARGES	32,366	31,234	(1,132)	-3%
5	TOTAL CASE MIX INDEX	1.47513	1.47276	(0.00237)	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	47,744.09460	46,000.11140	(1,743.98320)	-4%
7	TOTAL OUTPATIENT CHARGES	\$828,975,422	\$843,357,837	\$14,382,415	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	75.23%	73.64%	-1.59%	-2%
9	TOTAL OUTPATIENT PAYMENTS	\$239,556,862	\$237,000,682	(\$2,556,180)	-1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.90%	28.10%	-0.80%	-3%
11	TOTAL CHARGES	\$1,930,957,096	\$1,988,630,574	\$57,673,478	3%
12	TOTAL PAYMENTS	\$658,160,973	\$665,040,645	\$6,879,672	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.08%	33.44%	-0.64%	-2%
14	PATIENT DAYS	159,375	151,867	(7,508)	-5%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$804,234,575	\$844,664,085	\$40,429,510	5%
2	INPATIENT PAYMENTS	\$257,309,232	\$276,398,203	\$19,088,971	7%
3	GOVT. INPATIENT PAYMENTS / CHARGES	31.99%	32.72%	0.73%	2%
4	DISCHARGES	22,207	21,708	(499)	-2%
5	CASE MIX INDEX	1.50053	1.49780	(0.00274)	0%
6	CASE MIX ADJUSTED DISCHARGES	33,322.37820	32,514.15320	(808.22500)	-2%
7	OUTPATIENT CHARGES	\$475,814,760	\$491,826,771	\$16,012,011	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	59.16%	58.23%	-0.94%	-2%
9	OUTPATIENT PAYMENTS	\$97,970,855	\$100,935,604	\$2,964,749	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.59%	20.52%	-0.07%	0%
11	TOTAL CHARGES	\$1,280,049,335	\$1,336,490,856	\$56,441,521	4%
12	TOTAL PAYMENTS	\$355,280,087	\$377,333,807	\$22,053,720	6%
13	TOTAL PAYMENTS / CHARGES	27.76%	28.23%	0.48%	2%
14	PATIENT DAYS	118,633	114,888	(3,745)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$924,769,248	\$959,157,049	\$34,387,801	4%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.5	5.5	0.0	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)	-3%
3	UNINSURED	3.3	3.4	0.0	1%
4	MEDICAID	5.1	4.9	(0.2)	-4%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.1	4.3	0.2	4%
7	TOTAL AVERAGE LENGTH OF STAY	4.9	4.9	(0.1)	-1%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,930,957,096	\$1,988,630,574	\$57,673,478	3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$924,769,248	\$959,157,049	\$34,387,801	4%
3	UNCOMPENSATED CARE	\$26,014,591	\$26,342,617	\$328,026	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$287,698,909	\$289,620,689	\$1,921,780	1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$15,250,142	\$14,698,892	(\$551,250)	-4%
6	TOTAL ADJUSTMENTS	\$1,253,732,890	\$1,289,819,247	\$36,086,357	3%
7	TOTAL ACCRUED PAYMENTS	\$677,224,206	\$698,811,327	\$21,587,121	3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$677,224,206	\$698,811,327	\$21,587,121	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3507194476	0.3514032904	0.0006838428	0%
11	COST OF UNCOMPENSATED CARE	\$9,123,823	\$9,256,882	\$133,059	1%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$54,785,294	\$50,630,554	(\$4,154,740)	-8%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$63,909,117	\$59,887,436	(\$4,021,681)	-6%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$19,961,412	\$34,814,174	\$14,852,761	74%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,183,427	\$11,659,856	(\$523,571)	-4%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$32,144,839	\$46,474,029	\$14,329,190	45%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$28,070,395	\$24,439,253	(\$3,631,142)	-12.94%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$23,042,415)	(\$16,258,906)	\$6,783,509	-29.44%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$635,118,552	\$648,781,738	\$13,663,186	2.15%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$59,718,025	\$60,226,057	\$508,032	0.85%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,990,675,124	\$2,048,856,630	\$58,181,506	2.92%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$13,601,304	\$14,423,163	\$821,859	6.04%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$39,615,895	\$40,765,779	\$1,149,884	2.90%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$297,747,099	\$300,608,652	\$2,861,553
2	MEDICARE	\$580,447,200	615,260,232	\$34,813,032
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$221,760,677	227,632,619	\$5,871,942
4	MEDICAID	\$221,760,677	227,632,619	\$5,871,942
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$2,026,698	1,771,234	(\$255,464)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,566,137	8,698,928	\$2,132,791
	TOTAL INPATIENT GOVERNMENT CHARGES	\$804,234,575	\$844,664,085	\$40,429,510
	TOTAL INPATIENT CHARGES	\$1,101,981,674	\$1,145,272,737	\$43,291,063
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$353,160,662	\$351,531,066	(\$1,629,596)
2	MEDICARE	\$271,008,656	284,498,629	\$13,489,973
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$202,212,572	205,257,874	\$3,045,302
4	MEDICAID	\$202,212,572	205,257,874	\$3,045,302
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$2,593,532	2,070,268	(\$523,264)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$28,175,261	23,806,549	(\$4,368,712)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$475,814,760	\$491,826,771	\$16,012,011
	TOTAL OUTPATIENT CHARGES	\$828,975,422	\$843,357,837	\$14,382,415
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$650,907,761	\$652,139,718	\$1,231,957
2	TOTAL MEDICARE	\$851,455,856	\$899,758,861	\$48,303,005
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$423,973,249	\$432,890,493	\$8,917,244
4	TOTAL MEDICAID	\$423,973,249	\$432,890,493	\$8,917,244
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$4,620,230	\$3,841,502	(\$778,728)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$34,741,398	\$32,505,477	(\$2,235,921)
	TOTAL GOVERNMENT CHARGES	\$1,280,049,335	\$1,336,490,856	\$56,441,521
	TOTAL CHARGES	\$1,930,957,096	\$1,988,630,574	\$57,673,478
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$161,294,879	\$151,641,760	(\$9,653,119)
2	MEDICARE	\$203,609,796	211,507,952	\$7,898,156
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$52,943,114	64,775,728	\$11,832,614
4	MEDICAID	\$52,943,114	64,775,728	\$11,832,614
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$756,322	114,523	(\$641,799)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$272,142	202,548	(\$69,594)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$257,309,232	\$276,398,203	\$19,088,971
	TOTAL INPATIENT PAYMENTS	\$418,604,111	\$428,039,963	\$9,435,852
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$141,586,007	\$136,065,078	(\$5,520,929)
2	MEDICARE	\$56,665,166	64,007,913	\$7,342,747
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$40,967,256	36,712,862	(\$4,254,394)
4	MEDICAID	\$40,967,256	36,712,862	(\$4,254,394)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$338,433	214,829	(\$123,604)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$670,219	533,376	(\$136,843)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$97,970,855	\$100,935,604	\$2,964,749
	TOTAL OUTPATIENT PAYMENTS	\$239,556,862	\$237,000,682	(\$2,556,180)
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$302,880,886	\$287,706,838	(\$15,174,048)
2	TOTAL MEDICARE	\$260,274,962	\$275,515,865	\$15,240,903
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$93,910,370	\$101,488,590	\$7,578,220
4	TOTAL MEDICAID	\$93,910,370	\$101,488,590	\$7,578,220
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,094,755	\$329,352	(\$765,403)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$942,361	\$735,924	(\$206,437)
	TOTAL GOVERNMENT PAYMENTS	\$355,280,087	\$377,333,807	\$22,053,720
	TOTAL PAYMENTS	\$658,160,973	\$665,040,645	\$6,879,672

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY 2014	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.42%	15.12%	-0.30%
2	MEDICARE	30.06%	30.94%	0.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.48%	11.45%	-0.04%
4	MEDICAID	11.48%	11.45%	-0.04%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.10%	0.09%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.34%	0.44%	0.10%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	41.65%	42.47%	0.83%
	TOTAL INPATIENT PAYER MIX	57.07%	57.59%	0.52%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.29%	17.68%	-0.61%
2	MEDICARE	14.03%	14.31%	0.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.47%	10.32%	-0.15%
4	MEDICAID	10.47%	10.32%	-0.15%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.13%	0.10%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.46%	1.20%	-0.26%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.64%	24.73%	0.09%
	TOTAL OUTPATIENT PAYER MIX	42.93%	42.41%	-0.52%
	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)	24.51%	22.80%	-1.71%
2	MEDICARE	30.94%	31.80%	0.87%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.04%	9.74%	1.70%
4	MEDICAID	8.04%	9.74%	1.70%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.11%	0.02%	-0.10%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04%	0.03%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	39.10%	41.56%	2.47%
	TOTAL INPATIENT PAYER MIX	63.60%	64.36%	0.76%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.51%	20.46%	-1.05%
2	MEDICARE	8.61%	9.62%	1.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.22%	5.52%	-0.70%
4	MEDICAID	6.22%	5.52%	-0.70%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.05%	0.03%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.10%	0.08%	-0.02%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.89%	15.18%	0.29%
	TOTAL OUTPATIENT PAYER MIX	36.40%	35.64%	-0.76%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,159	9,526	(633)
2	MEDICARE	14,271	13,744	(527)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,857	7,876	19
4	MEDICAID	7,857	7,876	19
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	79	88	9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	281	319	38
	TOTAL GOVERNMENT DISCHARGES	22,207	21,708	(499)
	TOTAL DISCHARGES	32,366	31,234	(1,132)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40,742	36,979	(3,763)
2	MEDICARE	78,202	75,996	(2,206)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	40,108	38,518	(1,590)
4	MEDICAID	40,108	38,518	(1,590)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	323	374	51
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	931	1,069	138
	TOTAL GOVERNMENT PATIENT DAYS	118,633	114,888	(3,745)
	TOTAL PATIENT DAYS	159,375	151,867	(7,508)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)
2	MEDICARE	5.5	5.5	0.0
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.1	4.9	(0.2)
4	MEDICAID	5.1	4.9	(0.2)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	4.1	4.3	0.2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.3	3.4	0.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.3	5.3	(0.0)
	TOTAL AVERAGE LENGTH OF STAY	4.9	4.9	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41960	1.41570	(0.00390)
2	MEDICARE	1.68980	1.69600	0.00620
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.16080	1.15670	(0.00410)
4	MEDICAID	1.16080	1.15670	(0.00410)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.09920	1.07000	(0.02920)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.21030	1.24480	0.03450
	TOTAL GOVERNMENT CASE MIX INDEX	1.50053	1.49780	(0.00274)
	TOTAL CASE MIX INDEX	1.47513	1.47276	(0.00237)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$545,975,025	\$558,621,454	\$12,646,429
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$258,276,116	\$269,000,765	\$10,724,649
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$287,698,909	\$289,620,689	\$1,921,780
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.69%	51.85%	-0.85%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$28,070,395	\$24,439,253	(\$3,631,142)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$15,250,142	\$14,698,892	(\$551,250)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$5,761,205	\$4,494,629	(\$1,266,576)
9	BAD DEBTS	\$20,253,386	\$21,847,988	\$1,594,602
10	TOTAL UNCOMPENSATED CARE	\$26,014,591	\$26,342,617	\$328,026
11	TOTAL OTHER OPERATING REVENUE	\$30,927,888	\$28,501,028	(\$2,426,860)
12	TOTAL OPERATING EXPENSES	\$666,258,533	\$666,788,583	\$530,050

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,421.71640	13,485.95820	(935.75820)
2	MEDICARE	24,115.13580	23,309.82400	(805.31180)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,120.40560	9,110.16920	(10.23640)
4	MEDICAID	9,120.40560	9,110.16920	(10.23640)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	86.83680	94.16000	7.32320
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	340.09430	397.09120	56.99690
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	33,322.37820	32,514.15320	(808.22500)
	TOTAL CASE MIX ADJUSTED DISCHARGES	47,744.09460	46,000.11140	(1,743.98320)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,049.68639	11,139.68248	-910.00390
2	MEDICARE	6,663.07724	6,355.27693	-307.80032
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,164.40895	7,101.84253	-62.56641
4	MEDICAID	7,164.40895	7,101.84253	-62.56641
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	101.09500	102.85687	1.76187
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,205.76959	873.01437	-332.75523
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	13,928.58119	13,559.97633	-368.60486
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	25,978.26757	24,699.65881	-1,278.60876
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,184.17	\$11,244.42	\$60.25
2	MEDICARE	\$8,443.24	\$9,073.77	\$630.53
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,804.91	\$7,110.27	\$1,305.36
4	MEDICAID	\$5,804.91	\$7,110.27	\$1,305.36
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$8,709.69	\$1,216.26	(\$7,493.43)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$800.20	\$510.08	(\$290.12)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,721.81	\$8,500.86	\$779.04
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,767.66	\$9,305.19	\$537.53
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,750.18	\$12,214.45	\$464.27
2	MEDICARE	\$8,504.35	\$10,071.62	\$1,567.26
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,718.16	\$5,169.48	(\$548.68)
4	MEDICAID	\$5,718.16	\$5,169.48	(\$548.68)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,347.67	\$2,088.62	(\$1,259.05)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$555.84	\$610.96	\$55.12
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,033.80	\$7,443.64	\$409.84
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,221.43	\$9,595.30	\$373.87

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$19,961,412	\$34,814,174	\$14,852,761
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,183,427	\$11,659,856	(\$523,571)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$32,144,839	\$46,474,029	\$14,329,190
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$1,930,957,096	\$1,988,630,574	\$57,673,478
2	TOTAL GOVERNMENT DEDUCTIONS	\$924,769,248	\$959,157,049	\$34,387,801
3	UNCOMPENSATED CARE	\$26,014,591	\$26,342,617	\$328,026
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$287,698,909	\$289,620,689	\$1,921,780
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$15,250,142	\$14,698,892	(\$551,250)
6	TOTAL ADJUSTMENTS	\$1,253,732,890	\$1,289,819,247	\$36,086,357
7	TOTAL ACCRUED PAYMENTS	\$677,224,206	\$698,811,327	\$21,587,121
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$677,224,206	\$698,811,327	\$21,587,121
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3507194476	0.3514032904	0.0006838428
11	COST OF UNCOMPENSATED CARE	\$9,123,823	\$9,256,882	\$133,059
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$54,785,294	\$50,630,554	(\$4,154,740)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$63,909,117	\$59,887,436	(\$4,021,681)
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	54.17%	50.44%	-3.73%
2	MEDICARE	35.08%	34.38%	-0.70%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.87%	28.46%	4.58%
4	MEDICAID	23.87%	28.46%	4.58%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	37.32%	6.47%	-30.85%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.14%	2.33%	-1.82%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.99%	32.72%	0.73%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.99%	37.37%	-0.61%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.09%	38.71%	-1.38%
2	MEDICARE	20.91%	22.50%	1.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.26%	17.89%	-2.37%
4	MEDICAID	20.26%	17.89%	-2.37%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	13.05%	10.38%	-2.67%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.38%	2.24%	-0.14%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	20.59%	20.52%	-0.07%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.90%	28.10%	-0.80%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	FY 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	\$658,160,973	\$665,040,645	\$6,879,672
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$658,160,973	\$665,040,645	\$6,879,672
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$23,042,415)	(\$16,258,906)	\$6,783,509
4	CALCULATED NET REVENUE	\$668,192,197	\$648,781,739	(\$19,410,458)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$635,118,552	\$648,781,738	\$13,663,186
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$33,073,645	\$1	(\$33,073,644)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,930,957,096	\$1,988,630,574	\$57,673,478
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$59,718,025	\$60,226,057	\$508,032
	CALCULATED GROSS REVENUE	\$1,990,675,121	\$2,048,856,631	\$58,181,510
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,990,675,124	\$2,048,856,630	\$58,181,506
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$3)	\$1	\$4
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,014,591	\$26,342,617	\$328,026
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$13,601,304	\$14,423,163	\$821,859
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$39,615,895	\$40,765,780	\$1,149,885
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$39,615,895	\$40,765,779	\$1,149,884
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$1	\$1

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$300,608,652
2	MEDICARE	615,260,232
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	227,632,619
4	MEDICAID	227,632,619
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,771,234
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,698,928
	TOTAL INPATIENT GOVERNMENT CHARGES	\$844,664,085
	TOTAL INPATIENT CHARGES	\$1,145,272,737
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$351,531,066
2	MEDICARE	284,498,629
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	205,257,874
4	MEDICAID	205,257,874
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,070,268
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	23,806,549
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$491,826,771
	TOTAL OUTPATIENT CHARGES	\$843,357,837
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$652,139,718
2	TOTAL GOVERNMENT ACCRUED CHARGES	1,336,490,856
	TOTAL ACCRUED CHARGES	\$1,988,630,574
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$151,641,760
2	MEDICARE	211,507,952
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	64,775,728
4	MEDICAID	64,775,728
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	114,523
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	202,548
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$276,398,203
	TOTAL INPATIENT PAYMENTS	\$428,039,963
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$136,065,078
2	MEDICARE	64,007,913
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36,712,862
4	MEDICAID	36,712,862
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	214,829
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	533,376
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$100,935,604
	TOTAL OUTPATIENT PAYMENTS	\$237,000,682
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$287,706,838
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	377,333,807
	TOTAL ACCRUED PAYMENTS	\$665,040,645

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,526
2	MEDICARE	13,744
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,876
4	MEDICAID	7,876
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	88
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	319
	TOTAL GOVERNMENT DISCHARGES	21,708
	TOTAL DISCHARGES	31,234
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41570
2	MEDICARE	1.69600
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.15670
4	MEDICAID	1.15670
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.07000
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.24480
	TOTAL GOVERNMENT CASE MIX INDEX	1.49780
	TOTAL CASE MIX INDEX	1.47276
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$558,621,454
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$269,000,765
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$289,620,689
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.85%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$24,439,253
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,698,892
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$4,494,629
9	BAD DEBTS	\$21,847,988
10	TOTAL UNCOMPENSATED CARE	\$26,342,617
11	TOTAL OTHER OPERATING REVENUE	\$28,501,028
12	TOTAL OPERATING EXPENSES	\$666,788,583

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
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	\$665,040,645
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$665,040,645
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$16,258,906)
	CALCULATED NET REVENUE	\$648,781,739
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$648,781,738
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,988,630,574
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$60,226,057
	CALCULATED GROSS REVENUE	\$2,048,856,631
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,048,856,630
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,342,617
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$14,423,163
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$40,765,780
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$40,765,779
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	11,769	6,687	(5,082)	-43%
2	Number of Approved Applicants	11,093	6,226	(4,867)	-44%
3	Total Charges (A)	\$5,761,205	\$4,494,629	(\$1,266,576)	-22%
4	Average Charges	\$519	\$722	\$203	39%
5	Ratio of Cost to Charges (RCC)	0.377265	0.339601	(0.037664)	-10%
6	Total Cost	\$2,173,501	\$1,526,381	(\$647,121)	-30%
7	Average Cost	\$196	\$245	\$49	25%
8	Charity Care - Inpatient Charges	\$1,497,913	\$1,258,496	(\$239,417)	-16%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,325,077	1,168,604	(156,473)	-12%
10	Charity Care - Emergency Department Charges	2,938,215	2,067,529	(870,686)	-30%
11	Total Charges (A)	\$5,761,205	\$4,494,629	(\$1,266,576)	-22%
12	Charity Care - Number of Patient Days	1,284	785	(499)	-39%
13	Charity Care - Number of Discharges	270	164	(106)	-39%
14	Charity Care - Number of Outpatient ED Visits	1,023	496	(527)	-52%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3,889	2,324	(1,565)	-40%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$5,265,880	\$6,117,437	\$851,557	16%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,658,279	5,680,477	1,022,198	22%
3	Bad Debts - Emergency Department	10,329,227	10,050,074	(279,153)	-3%
4	Total Bad Debts (A)	\$20,253,386	\$21,847,988	\$1,594,602	8%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$5,761,205	\$4,494,629	(\$1,266,576)	-22%
2	Bad Debts (A)	20,253,386	21,847,988	1,594,602	8%
3	Total Uncompensated Care (A)	\$26,014,591	\$26,342,617	\$328,026	1%
4	Uncompensated Care - Inpatient Services	\$6,763,793	\$7,375,933	\$612,140	9%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	5,983,356	6,849,081	865,725	14%
6	Uncompensated Care - Emergency Department	13,267,442	12,117,603	(1,149,839)	-9%
7	Total Uncompensated Care (A)	\$26,014,591	\$26,342,617	\$328,026	1%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL TOTAL NON-GOVERNMENT	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$545,975,025	\$558,621,454	\$12,646,429	2%
2	Total Contractual Allowances	\$287,698,909	\$289,620,689	\$1,921,780	1%
	Total Accrued Payments (A)	\$258,276,116	\$269,000,765	\$10,724,649	4%
	Total Discount Percentage	52.69%	51.85%	-0.85%	-2%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$992,068,952	\$1,101,981,674	\$1,145,272,737
2	Outpatient Gross Revenue	\$765,589,378	\$828,975,422	\$843,357,837
3	Total Gross Patient Revenue	\$1,757,658,330	\$1,930,957,096	\$1,988,630,574
4	Net Patient Revenue	\$645,464,533	\$635,118,562	\$648,781,738
B. Total Operating Expenses				
1	Total Operating Expense	\$674,830,699	\$666,258,533	\$666,788,583
C. Utilization Statistics				
1	Patient Days	157,534	159,375	151,867
2	Discharges	32,111	32,366	31,234
3	Average Length of Stay	4.9	4.9	4.9
4	Equivalent (Adjusted) Patient Days (EPD)	279,105	279,266	263,699
0	Equivalent (Adjusted) Discharges (ED)	56,891	56,714	54,234
D. Case Mix Statistics				
1	Case Mix Index	1.46751	1.47513	1.47276
2	Case Mix Adjusted Patient Days (CMAPD)	231,183	235,099	223,663
3	Case Mix Adjusted Discharges (CMAD)	47,123	47,744	46,000
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	409,590	411,954	388,365
5	Case Mix Adjusted Equivalent Discharges (CMAED)	83,489	83,660	79,874
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$11,157	\$12,116	\$13,095
2	Total Gross Revenue per Discharge	\$54,737	\$59,660	\$63,669
3	Total Gross Revenue per EPD	\$6,297	\$6,914	\$7,541
4	Total Gross Revenue per ED	\$30,895	\$34,048	\$36,668
5	Total Gross Revenue per CMAEPD	\$4,291	\$4,687	\$5,121
6	Total Gross Revenue per CMAED	\$21,053	\$23,081	\$24,897
7	Inpatient Gross Revenue per EPD	\$3,554	\$3,946	\$4,343
8	Inpatient Gross Revenue per ED	\$17,438	\$19,431	\$21,117

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,097	\$3,985	\$4,272
2	Net Patient Revenue per Discharge	\$20,101	\$19,623	\$20,772
3	Net Patient Revenue per EPD	\$2,313	\$2,274	\$2,460
4	Net Patient Revenue per ED	\$11,346	\$11,199	\$11,963
5	Net Patient Revenue per CMAEPD	\$1,576	\$1,542	\$1,671
6	Net Patient Revenue per CMAED	\$7,731	\$7,592	\$8,123
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,284	\$4,180	\$4,391
2	Total Operating Expense per Discharge	\$21,016	\$20,585	\$21,348
3	Total Operating Expense per EPD	\$2,418	\$2,386	\$2,529
4	Total Operating Expense per ED	\$11,862	\$11,748	\$12,295
5	Total Operating Expense per CMAEPD	\$1,648	\$1,617	\$1,717
6	Total Operating Expense per CMAED	\$8,083	\$7,964	\$8,348
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$96,936,155	\$110,581,485	\$100,600,169
2	Nursing Fringe Benefits Expense	\$26,485,580	\$31,316,806	\$27,335,819
3	Total Nursing Salary and Fringe Benefits Expense	\$123,421,735	\$141,898,291	\$127,935,988
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$4,418,450	\$4,569,581	\$5,213,156
2	Physician Fringe Benefits Expense	\$1,200,857	\$1,286,992	\$1,416,557
3	Total Physician Salary and Fringe Benefits Expense	\$5,619,307	\$5,856,573	\$6,629,713
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$142,595,158	\$137,408,298	\$148,405,212
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$39,027,868	\$38,895,758	\$40,325,757
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$181,623,026	\$176,304,056	\$188,730,969
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$243,949,763	\$252,559,364	\$254,218,537
2	Total Fringe Benefits Expense	\$66,714,305	\$71,499,556	\$69,078,133
3	Total Salary and Fringe Benefits Expense	\$310,664,068	\$324,058,920	\$323,296,670

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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	1330.2	1396.0	1322.9
2	Total Physician FTEs	38.5	40.5	40.0
3	Total Non-Nursing, Non-Physician FTEs	2325.8	2380.1	2439.9
4	Total Full Time Equivalent Employees (FTEs)	3,694.5	3,816.6	3,802.8
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$72,873	\$79,213	\$76,045
2	Nursing Fringe Benefits Expense per FTE	\$19,911	\$22,433	\$20,664
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$92,784	\$101,646	\$96,709
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$114,765	\$112,829	\$130,329
2	Physician Fringe Benefits Expense per FTE	\$31,191	\$31,778	\$35,414
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$145,956	\$144,607	\$165,743
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$61,310	\$57,732	\$60,824
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,780	\$16,342	\$16,528
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$78,091	\$74,074	\$77,352
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$66,031	\$66,174	\$66,850
2	Total Fringe Benefits Expense per FTE	\$18,058	\$18,734	\$18,165
3	Total Salary and Fringe Benefits Expense per FTE	\$84,088	\$84,908	\$85,015
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,972	\$2,033	\$2,129
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,675	\$10,012	\$10,351
3	Total Salary and Fringe Benefits Expense per EPD	\$1,113	\$1,160	\$1,226
4	Total Salary and Fringe Benefits Expense per ED	\$5,461	\$5,714	\$5,961
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$758	\$787	\$832
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,721	\$3,874	\$4,048