

SAINT VINCENT'S MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<u>LINE</u>	<u>DESCRIPTION</u>				
I. ASSETS:					
A. Current Assets:					
1	Cash and Cash Equivalents	\$4,388,000	\$3,609,000	(\$779,000)	-18%
2	Short Term Investments	\$14,580,000	\$0	(\$14,580,000)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$51,340,000	\$52,068,000	\$728,000	1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$7,676,000	\$18,040,000	\$10,364,000	135%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,920,000	\$4,742,000	\$822,000	21%
8	Prepaid Expenses	\$2,430,000	\$2,605,000	\$175,000	7%
9	Other Current Assets	\$392,000	\$9,738,000	\$9,346,000	2384%
Total Current Assets		\$84,726,000	\$90,802,000	\$6,076,000	7%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$282,000	\$281,000	(\$1,000)	0%
Total Noncurrent Assets Whose Use is Limited:		\$282,000	\$281,000	(\$1,000)	0%
5	Interest in Net Assets of Foundation	\$19,822,000	\$20,351,000	\$529,000	3%
6	Long Term Investments	\$312,210,000	\$342,380,000	\$30,170,000	10%
7	Other Noncurrent Assets	\$18,273,000	\$22,629,000	\$4,356,000	24%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$421,350,000	\$427,386,000	\$6,036,000	1%
2	Less: Accumulated Depreciation	\$218,139,000	\$237,495,000	\$19,356,000	9%
Property, Plant and Equipment, Net		\$203,211,000	\$189,891,000	(\$13,320,000)	-7%
3	Construction in Progress	\$117,000	\$2,003,000	\$1,886,000	1612%
Total Net Fixed Assets		\$203,328,000	\$191,894,000	(\$11,434,000)	-6%
Total Assets		\$638,641,000	\$668,337,000	\$29,696,000	5%
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$27,767,000	\$26,609,000	(\$1,158,000)	-4%
2	Salaries, Wages and Payroll Taxes	\$25,146,000	\$22,510,000	(\$2,636,000)	-10%

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LINE	DESCRIPTION				
3	Due To Third Party Payers	\$12,000,000	\$5,681,000	(\$6,319,000)	-53%
4	Due To Affiliates	\$438,000	\$0	(\$438,000)	-100%
5	Current Portion of Long Term Debt	\$998,000	\$737,000	(\$261,000)	-26%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
Total Current Liabilities		\$66,349,000	\$55,537,000	(\$10,812,000)	-16%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$46,911,000	\$57,489,000	\$10,578,000	23%
2	Notes Payable (Net of Current Portion)	\$10,315,000	\$0	(\$10,315,000)	-100%
Total Long Term Debt		\$57,226,000	\$57,489,000	\$263,000	0%
3	Accrued Pension Liability	\$9,964,000	\$5,704,000	(\$4,260,000)	-43%
4	Other Long Term Liabilities	\$9,818,000	\$11,187,000	\$1,369,000	14%
Total Long Term Liabilities		\$77,008,000	\$74,380,000	(\$2,628,000)	-3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$475,180,000	\$517,788,000	\$42,608,000	9%
2	Temporarily Restricted Net Assets	\$10,570,000	\$10,854,000	\$284,000	3%
3	Permanently Restricted Net Assets	\$9,534,000	\$9,778,000	\$244,000	3%
Total Net Assets		\$495,284,000	\$538,420,000	\$43,136,000	9%
Total Liabilities and Net Assets		\$638,641,000	\$668,337,000	\$29,696,000	5%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
<u>LINE</u>	<u>DESCRIPTION</u>				
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,116,186,000	\$1,192,685,000	\$76,499,000	7%
2	Less: Allowances	\$676,291,000	\$743,693,000	\$67,402,000	10%
3	Less: Charity Care	\$15,330,000	\$14,991,000	(\$339,000)	-2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$424,565,000	\$434,001,000	\$9,436,000	2%
5	Provision for Bad Debts	\$0	\$25,817,000	\$25,817,000	0%
	Net Patient Service Revenue less provision for bad debts	\$424,565,000	\$408,184,000	(\$16,381,000)	-4%
6	Other Operating Revenue	\$12,640,000	\$15,967,000	\$3,327,000	26%
7	Net Assets Released from Restrictions	\$282,000	\$580,000	\$298,000	106%
	Total Operating Revenue	\$437,487,000	\$424,731,000	(\$12,756,000)	-3%
B. Operating Expenses:					
1	Salaries and Wages	\$152,506,000	\$156,332,000	\$3,826,000	3%
2	Fringe Benefits	\$16,644,000	\$44,720,000	\$28,076,000	169%
3	Physicians Fees	\$2,868,000	\$3,988,000	\$1,120,000	39%
4	Supplies and Drugs	\$43,886,000	\$42,973,000	(\$913,000)	-2%
5	Depreciation and Amortization	\$22,796,000	\$24,642,000	\$1,846,000	8%
6	Bad Debts	\$27,411,000	\$0	(\$27,411,000)	-100%
7	Interest Expense	\$2,149,000	\$1,954,000	(\$195,000)	-9%
8	Malpractice Insurance Cost	\$3,407,000	\$3,184,000	(\$223,000)	-7%
9	Other Operating Expenses	\$101,934,000	\$116,698,000	\$14,764,000	14%
	Total Operating Expenses	\$373,601,000	\$394,491,000	\$20,890,000	6%
	Income/(Loss) From Operations	\$63,886,000	\$30,240,000	(\$33,646,000)	-53%
C. Non-Operating Revenue:					
1	Income from Investments	\$23,843,000	\$24,164,000	\$321,000	1%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$619,000)	(\$501,000)	\$118,000	-19%
	Total Non-Operating Revenue	\$23,224,000	\$23,663,000	\$439,000	2%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$87,110,000	\$53,903,000	(\$33,207,000)	-38%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$87,110,000	\$53,903,000	(\$33,207,000)	-38%
	Principal Payments	\$458,802	\$458,802	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$276,920,249	\$294,090,981	\$17,170,732	6%
2	MEDICARE MANAGED CARE	\$126,113,193	\$143,995,290	\$17,882,097	14%
3	MEDICAID	\$123,052,339	\$140,676,638	\$17,624,299	14%
4	MEDICAID MANAGED CARE	\$7,400,239	\$0	(\$7,400,239)	-100%
5	CHAMPUS/TRICARE	\$414,508	\$593,771	\$179,263	43%
6	COMMERCIAL INSURANCE	\$44,326,543	\$42,586,139	(\$1,740,404)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$123,357,974	\$113,045,941	(\$10,312,033)	-8%
8	WORKER'S COMPENSATION	\$3,863,153	\$4,507,042	\$643,889	17%
9	SELF- PAY/UNINSURED	\$22,641,056	\$21,755,534	(\$885,522)	-4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,046,714	\$1,208,411	\$161,697	15%
TOTAL INPATIENT GROSS REVENUE		\$729,135,968	\$762,459,747	\$33,323,779	5%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$80,488,372	\$90,030,823	\$9,542,451	12%
2	MEDICARE MANAGED CARE	\$40,060,910	\$46,902,652	\$6,841,742	17%
3	MEDICAID	\$78,313,625	\$100,790,177	\$22,476,552	29%
4	MEDICAID MANAGED CARE	\$8,322,969	\$0	(\$8,322,969)	-100%
5	CHAMPUS/TRICARE	\$527,215	\$438,381	(\$88,834)	-17%
6	COMMERCIAL INSURANCE	\$41,267,368	\$44,855,822	\$3,588,454	9%
7	NON-GOVERNMENT MANAGED CARE	\$99,113,491	\$106,301,651	\$7,188,160	7%
8	WORKER'S COMPENSATION	\$6,572,718	\$5,425,937	(\$1,146,781)	-17%
9	SELF- PAY/UNINSURED	\$31,706,504	\$34,649,030	\$2,942,526	9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$676,806	\$831,278	\$154,472	23%
TOTAL OUTPATIENT GROSS REVENUE		\$387,049,978	\$430,225,751	\$43,175,773	11%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$357,408,621	\$384,121,804	\$26,713,183	7%
2	MEDICARE MANAGED CARE	\$166,174,103	\$190,897,942	\$24,723,839	15%
3	MEDICAID	\$201,365,964	\$241,466,815	\$40,100,851	20%
4	MEDICAID MANAGED CARE	\$15,723,208	\$0	(\$15,723,208)	-100%
5	CHAMPUS/TRICARE	\$941,723	\$1,032,152	\$90,429	10%
6	COMMERCIAL INSURANCE	\$85,593,911	\$87,441,961	\$1,848,050	2%
7	NON-GOVERNMENT MANAGED CARE	\$222,471,465	\$219,347,592	(\$3,123,873)	-1%
8	WORKER'S COMPENSATION	\$10,435,871	\$9,932,979	(\$502,892)	-5%
9	SELF- PAY/UNINSURED	\$54,347,560	\$56,404,564	\$2,057,004	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,723,520	\$2,039,689	\$316,169	18%
TOTAL GROSS REVENUE		\$1,116,185,946	\$1,192,685,498	\$76,499,552	7%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$94,006,931	\$85,731,752	(\$8,275,179)	-9%
2	MEDICARE MANAGED CARE	\$35,061,844	\$41,197,548	\$6,135,704	17%
3	MEDICAID	\$26,596,233	\$34,020,629	\$7,424,396	28%
4	MEDICAID MANAGED CARE	\$1,874,484	\$0	(\$1,874,484)	-100%
5	CHAMPUS/TRICARE	\$176,111	\$109,681	(\$66,430)	-38%
6	COMMERCIAL INSURANCE	\$22,954,308	\$25,494,992	\$2,540,684	11%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$69,595,396	\$65,846,365	(\$3,749,031)	-5%
8	WORKER'S COMPENSATION	\$3,122,207	\$3,603,966	\$481,759	15%
9	SELF- PAY/UNINSURED	\$580,976	\$167,941	(\$413,035)	-71%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$447,584	\$492,200	\$44,616	10%
	TOTAL INPATIENT NET REVENUE	\$254,416,074	\$256,665,074	\$2,249,000	1%
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$22,308,442	\$22,176,205	(\$132,237)	-1%
2	MEDICARE MANAGED CARE	\$10,693,375	\$11,576,518	\$883,143	8%
3	MEDICAID	\$20,060,434	\$22,452,103	\$2,391,669	12%
4	MEDICAID MANAGED CARE	\$1,554,847	\$0	(\$1,554,847)	-100%
5	CHAMPUS/TRICARE	\$167,724	\$42,995	(\$124,729)	-74%
6	COMMERCIAL INSURANCE	\$22,644,602	\$27,268,599	\$4,623,997	20%
7	NON-GOVERNMENT MANAGED CARE	\$52,194,732	\$57,421,790	\$5,227,058	10%
8	WORKER'S COMPENSATION	\$4,899,166	\$3,988,691	(\$910,475)	-19%
9	SELF- PAY/UNINSURED	\$1,876,106	\$3,298,310	\$1,422,204	76%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$130,183	\$208,992	\$78,809	61%
	TOTAL OUTPATIENT NET REVENUE	\$136,529,611	\$148,434,203	\$11,904,592	9%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$116,315,373	\$107,907,957	(\$8,407,416)	-7%
2	MEDICARE MANAGED CARE	\$45,755,219	\$52,774,066	\$7,018,847	15%
3	MEDICAID	\$46,656,667	\$56,472,732	\$9,816,065	21%
4	MEDICAID MANAGED CARE	\$3,429,331	\$0	(\$3,429,331)	-100%
5	CHAMPUS/TRICARE	\$343,835	\$152,676	(\$191,159)	-56%
6	COMMERCIAL INSURANCE	\$45,598,910	\$52,763,591	\$7,164,681	16%
7	NON-GOVERNMENT MANAGED CARE	\$121,790,128	\$123,268,155	\$1,478,027	1%
8	WORKER'S COMPENSATION	\$8,021,373	\$7,592,657	(\$428,716)	-5%
9	SELF- PAY/UNINSURED	\$2,457,082	\$3,466,251	\$1,009,169	41%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$577,767	\$701,192	\$123,425	21%
	TOTAL NET REVENUE	\$390,945,685	\$405,099,277	\$14,153,592	4%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	7,000	6,375	(625)	-9%
2	MEDICARE MANAGED CARE	3,153	3,175	22	1%
3	MEDICAID	4,374	4,685	311	7%
4	MEDICAID MANAGED CARE	399	0	(399)	-100%
5	CHAMPUS/TRICARE	29	30	1	3%
6	COMMERCIAL INSURANCE	1,660	1,492	(168)	-10%
7	NON-GOVERNMENT MANAGED CARE	4,210	3,646	(564)	-13%
8	WORKER'S COMPENSATION	99	92	(7)	-7%
9	SELF- PAY/UNINSURED	950	793	(157)	-17%
10	SAGA	0	0	0	0%
11	OTHER	38	36	(2)	-5%
	TOTAL DISCHARGES	21,912	20,324	(1,588)	-7%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	45,108	44,479	(629)	-1%
2	MEDICARE MANAGED CARE	18,472	19,742	1,270	7%
3	MEDICAID	25,194	28,549	3,355	13%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	2,082	0	(2,082)	-100%
5	CHAMPUS/TRICARE	97	110	13	13%
6	COMMERCIAL INSURANCE	7,683	6,324	(1,359)	-18%
7	NON-GOVERNMENT MANAGED CARE	19,097	16,566	(2,531)	-13%
8	WORKER'S COMPENSATION	270	281	11	4%
9	SELF- PAY/UNINSURED	4,631	4,263	(368)	-8%
10	SAGA	0	0	0	0%
11	OTHER	244	260	16	7%
TOTAL PATIENT DAYS		122,878	120,574	(2,304)	-2%
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	45,583	45,322	(261)	-1%
2	MEDICARE MANAGED CARE	18,023	19,952	1,929	11%
3	MEDICAID	66,450	80,233	13,783	21%
4	MEDICAID MANAGED CARE	9,017	0	(9,017)	-100%
5	CHAMPUS/TRICARE	356	394	38	11%
6	COMMERCIAL INSURANCE	31,039	30,916	(123)	0%
7	NON-GOVERNMENT MANAGED CARE	59,938	62,414	2,476	4%
8	WORKER'S COMPENSATION	8,325	7,543	(782)	-9%
9	SELF- PAY/UNINSURED	32,759	31,187	(1,572)	-5%
10	SAGA	0	0	0	0%
11	OTHER	417	456	39	9%
TOTAL OUTPATIENT VISITS		271,907	278,417	6,510	2%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$8,501,159	\$8,913,391	\$412,232	5%
2	MEDICARE MANAGED CARE	\$4,979,960	\$4,453,428	(\$526,532)	-11%
3	MEDICAID	\$37,525,968	\$45,495,403	\$7,969,435	21%
4	MEDICAID MANAGED CARE	\$4,805,602	\$0	(\$4,805,602)	-100%
5	CHAMPUS/TRICARE	\$252,270	\$202,111	(\$50,159)	-20%
6	COMMERCIAL INSURANCE	\$10,900,422	\$11,025,648	\$125,226	1%
7	NON-GOVERNMENT MANAGED CARE	\$21,915,698	\$24,494,382	\$2,578,684	12%
8	WORKER'S COMPENSATION	\$1,598,391	\$1,841,633	\$243,242	15%
9	SELF- PAY/UNINSURED	\$17,152,698	\$17,906,431	\$753,733	4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$612,253	\$659,251	\$46,998	8%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE		\$108,244,421	\$114,991,678	\$6,747,257	6%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$3,399,765	\$3,224,739	(\$175,026)	-5%
2	MEDICARE MANAGED CARE	\$1,300,996	\$1,691,573	\$390,577	30%
3	MEDICAID	\$5,272,411	\$7,189,019	\$1,916,608	36%
4	MEDICAID MANAGED CARE	\$1,604,352	\$0	(\$1,604,352)	-100%
5	CHAMPUS/TRICARE	\$61,552	\$37,803	(\$23,749)	-39%
6	COMMERCIAL INSURANCE	\$6,195,884	\$6,584,788	\$388,904	6%
7	NON-GOVERNMENT MANAGED CARE	\$13,799,944	\$14,890,981	\$1,091,037	8%
8	WORKER'S COMPENSATION	\$1,278,582	\$1,520,012	\$241,430	19%
9	SELF- PAY/UNINSURED	\$3,956,636	\$1,502,489	(\$2,454,147)	-62%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$111,917	\$176,601	\$64,684	58%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$36,982,039	\$36,818,005	(\$164,034)	0%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,531	7,755	224	3%
2	MEDICARE MANAGED CARE	2,917	3,386	469	16%
3	MEDICAID	22,902	26,072	3,170	14%
4	MEDICAID MANAGED CARE	3,448	0	(3,448)	-100%
5	CHAMPUS/TRICARE	142	124	(18)	-13%
6	COMMERCIAL INSURANCE	5,629	5,180	(449)	-8%
7	NON-GOVERNMENT MANAGED CARE	10,998	11,226	228	2%
8	WORKER'S COMPENSATION	969	1,035	66	7%
9	SELF- PAY/UNINSURED	9,521	9,144	(377)	-4%
10	SAGA	0	0	0	0%
11	OTHER	341	342	1	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	64,398	64,264	(134)	0%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$64,980,063	\$69,212,911	\$4,232,848	7%
2	Physician Salaries	\$11,509,155	\$10,079,633	(\$1,429,522)	-12%
3	Non-Nursing, Non-Physician Salaries	\$76,016,782	\$77,039,456	\$1,022,674	1%
	Total Salaries & Wages	\$152,506,000	\$156,332,000	\$3,826,000	3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$7,091,846	\$19,798,899	\$12,707,053	179%
2	Physician Fringe Benefits	\$1,256,095	\$2,883,358	\$1,627,263	130%
3	Non-Nursing, Non-Physician Fringe Benefits	\$8,296,059	\$22,037,743	\$13,741,684	166%
	Total Fringe Benefits	\$16,644,000	\$44,720,000	\$28,076,000	169%
C. Contractual Labor Fees:					
1	Nursing Fees	\$1,593,211	\$1,422,020	(\$171,191)	-11%
2	Physician Fees	\$2,868,000	\$3,988,000	\$1,120,000	39%
3	Non-Nursing, Non-Physician Fees	\$880,439	\$1,862,397	\$981,958	112%
	Total Contractual Labor Fees	\$5,341,650	\$7,272,417	\$1,930,767	36%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$29,887,000	\$29,258,000	(\$629,000)	-2%
2	Pharmaceutical Costs	\$13,999,000	\$13,715,000	(\$284,000)	-2%
	Total Medical Supplies and Pharmaceutical Cost	\$43,886,000	\$42,973,000	(\$913,000)	-2%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$10,292,953	\$10,365,973	\$73,020	1%
2	Depreciation-Equipment	\$11,064,673	\$10,490,295	(\$574,378)	-5%
3	Amortization	\$1,438,374	\$3,785,732	\$2,347,358	163%
	Total Depreciation and Amortization	\$22,796,000	\$24,642,000	\$1,846,000	8%
F. Bad Debts:					
1	Bad Debts	\$27,411,000	\$0	(\$27,411,000)	-100%
G. Interest Expense:					
1	Interest Expense	\$2,149,000	\$1,954,000	(\$195,000)	-9%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,407,000	\$3,184,000	(\$223,000)	-7%
I. Utilities:					
1	Water	\$442,431	\$424,199	(\$18,232)	-4%
2	Natural Gas	\$1,281,466	\$1,414,509	\$133,043	10%
3	Oil	\$9,666	\$49,974	\$40,308	417%
4	Electricity	\$3,425,538	\$3,775,182	\$349,644	10%
5	Telephone	\$591,032	\$751,046	\$160,014	27%
6	Other Utilities	\$53,381	\$68,500	\$15,119	28%
	Total Utilities	\$5,803,514	\$6,483,410	\$679,896	12%
J. Business Expenses:					
1	Accounting Fees	\$460,388	\$527,000	\$66,612	14%
2	Legal Fees	\$1,378,129	\$1,229,654	(\$148,475)	-11%
3	Consulting Fees	\$2,420,244	\$3,622,080	\$1,201,836	50%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	Dues and Membership	\$997,670	\$887,128	(\$110,542)	-11%
5	Equipment Leases	\$1,063,171	\$1,270,572	\$207,401	20%
6	Building Leases	\$2,322,431	\$2,643,549	\$321,118	14%
7	Repairs and Maintenance	\$2,323,404	\$2,640,158	\$316,754	14%
8	Insurance	\$512,560	\$542,031	\$29,471	6%
9	Travel	\$220,485	\$257,428	\$36,943	17%
10	Conferences	\$565,276	\$846,732	\$281,456	50%
11	Property Tax	\$78,090	\$86,549	\$8,459	11%
12	General Supplies	\$5,960,841	\$6,198,390	\$237,549	4%
13	Licenses and Subscriptions	\$237,408	\$265,181	\$27,773	12%
14	Postage and Shipping	\$233,664	\$237,358	\$3,694	2%
15	Advertising	\$2,742,386	\$2,273,972	(\$468,414)	-17%
16	Corporate parent/system fees	\$2,669,887	\$2,534,761	(\$135,126)	-5%
17	Computer Software	\$241,533	\$438,919	\$197,386	82%
18	Computer hardware & small equipment	\$986,595	\$770,559	(\$216,036)	-22%
19	Dietary / Food Services	\$3,716,964	\$4,369,116	\$652,152	18%
20	Lab Fees / Red Cross charges	\$5,202,427	\$6,713,486	\$1,511,059	29%
21	Billing & Collection / Bank Fees	\$3,377,323	\$3,471,040	\$93,717	3%
22	Recruiting / Employee Education & Recognition	\$1,403,028	\$572,403	(\$830,625)	-59%
23	Laundry / Linen	\$1,115,781	\$791,143	(\$324,638)	-29%
24	Professional / Physician Fees	\$1,185,754	\$90,075	(\$1,095,679)	-92%
25	Waste disposal	\$18,381	\$0	(\$18,381)	-100%
26	Purchased Services - Medical	\$8,492,734	\$9,751,639	\$1,258,905	15%
27	Purchased Services - Non Medical	\$42,784,398	\$44,296,363	\$1,511,965	4%
28	Other Business Expenses	\$945,884	\$9,602,887	\$8,657,003	915%
Total Business Expenses		\$93,656,836	\$106,930,173	\$13,273,337	14%

K. Other Operating Expense:

1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
Total Operating Expenses - All Expense Categories*		\$373,601,000	\$394,491,000	\$20,890,000	6%

***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	\$57,118,652	\$52,668,682	(\$4,449,970)	-8%
2	General Accounting	\$2,287,629	\$2,483,726	\$196,097	9%
3	Patient Billing & Collection	\$4,877,772	\$4,775,668	(\$102,104)	-2%
4	Admitting / Registration Office	\$2,418,865	\$2,494,991	\$76,126	3%
5	Data Processing	\$16,380,015	\$24,410,483	\$8,030,468	49%
6	Communications	\$1,934,728	\$1,532,851	(\$401,877)	-21%
7	Personnel	\$44,303,581	\$49,984,491	\$5,680,910	13%
8	Public Relations	\$3,728,917	\$3,572,930	(\$155,987)	-4%
9	Purchasing	\$810,522	\$915,161	\$104,639	13%
10	Dietary and Cafeteria	\$6,003,281	\$6,499,169	\$495,888	8%
11	Housekeeping	\$4,216,323	\$4,221,589	\$5,266	0%
12	Laundry & Linen	\$1,033,595	\$1,061,110	\$27,515	3%
13	Operation of Plant	\$6,757,114	\$7,020,778	\$263,664	4%
14	Security	\$1,787,229	\$1,969,499	\$182,270	10%
15	Repairs and Maintenance	\$8,455,304	\$9,537,286	\$1,081,982	13%
16	Central Sterile Supply	\$1,019,852	\$1,033,457	\$13,605	1%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
17	Pharmacy Department	\$19,141,708	\$20,275,053	\$1,133,345	6%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$182,275,087	\$194,456,924	\$12,181,837	7%
	B. Professional Services:				
1	Medical Care Administration	\$29,391	\$419,001	\$389,610	1326%
2	Residency Program	\$5,019,792	\$4,560,477	(\$459,315)	-9%
3	Nursing Services Administration	\$2,764,469	\$2,808,416	\$43,947	2%
4	Medical Records	\$3,309,210	\$3,451,543	\$142,333	4%
5	Social Service	\$821,604	\$882,374	\$60,770	7%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$11,944,466	\$12,121,811	\$177,345	1%
	C. Special Services:				
1	Operating Room	\$21,821,728	\$25,202,994	\$3,381,266	15%
2	Recovery Room	\$1,882,335	\$1,831,704	(\$50,631)	-3%
3	Anesthesiology	\$1,275,722	\$1,201,723	(\$73,999)	-6%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,877,185	\$3,923,436	\$46,251	1%
6	Diagnostic Ultrasound	\$805,376	\$793,505	(\$11,871)	-1%
7	Radiation Therapy	\$1,694,528	\$1,739,047	\$44,519	3%
8	Radioisotopes	\$475,134	\$430,897	(\$44,237)	-9%
9	CT Scan	\$1,403,081	\$1,531,271	\$128,190	9%
10	Laboratory	\$7,285,072	\$7,897,215	\$612,143	8%
11	Blood Storing/Processing	\$3,835,402	\$3,263,226	(\$572,176)	-15%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$5,509,447	\$6,006,433	\$496,986	9%
14	Electroencephalography	\$58,316	\$42,085	(\$16,231)	-28%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,621,264	\$2,722,786	\$101,522	4%
19	Pulmonary Function	\$400,229	\$469,098	\$68,869	17%
20	Intravenous Therapy	\$272,348	\$206,903	(\$65,445)	-24%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$1,068,863	\$1,599,825	\$530,962	50%
24	Emergency Room	\$19,191,393	\$17,235,710	(\$1,955,683)	-10%
25	MRI	\$506,191	\$535,039	\$28,848	6%
26	PET Scan	\$128,640	\$101,230	(\$27,410)	-21%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,181,770	\$1,184,031	\$2,261	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$12,727,069	\$13,489,402	\$762,333	6%
32	Occupational Therapy / Physical Therapy	\$1,831,791	\$2,544,660	\$712,869	39%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,801,443	\$2,814,071	\$12,628	0%
	Total Special Services	\$92,654,327	\$96,766,291	\$4,111,964	4%
	D. Routine Services:				
1	Medical & Surgical Units	\$40,627,649	\$39,985,884	(\$641,765)	-2%
2	Intensive Care Unit	\$9,173,736	\$8,671,192	(\$502,544)	-5%
3	Coronary Care Unit	\$0	\$0	\$0	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 <u>ACTUAL</u>	FY 2013 <u>ACTUAL</u>	AMOUNT <u>DIFFERENCE</u>	% <u>DIFFERENCE</u>
4	Psychiatric Unit	\$10,584,292	\$12,928,211	\$2,343,919	22%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,273,038	\$4,128,326	(\$144,712)	-3%
7	Newborn Nursery Unit	\$1,269,661	\$1,302,788	\$33,127	3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,256,742	\$2,270,425	\$13,683	1%
10	Ambulatory Surgery	\$6,494,009	\$6,122,387	(\$371,622)	-6%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$11,901,205	\$15,573,960	\$3,672,755	31%
13	Other Routine Services	\$0	\$0	\$0	0%
Total Routine Services		\$86,580,332	\$90,983,173	\$4,402,841	5%
E. Other Departments:					
1	Miscellaneous Other Departments	\$146,788	\$162,801	\$16,013	11%
Total Operating Expenses - All Departments*		\$373,601,000	\$394,491,000	\$20,890,000	6%

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

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013
A.	<u>Statement of Operations Summary</u>			
1	Total Net Patient Revenue	\$389,074,000	\$424,565,000	\$408,184,000
2	Other Operating Revenue	7,963,000	12,922,000	16,547,000
3	Total Operating Revenue	\$397,037,000	\$437,487,000	\$424,731,000
4	Total Operating Expenses	382,310,000	373,601,000	394,491,000
5	Income/(Loss) From Operations	\$14,727,000	\$63,886,000	\$30,240,000
6	Total Non-Operating Revenue	7,135,000	23,224,000	23,663,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$21,862,000	\$87,110,000	\$53,903,000
B.	<u>Profitability Summary</u>			
1	Hospital Operating Margin	3.64%	13.87%	6.74%
2	Hospital Non Operating Margin	1.77%	5.04%	5.28%
3	Hospital Total Margin	5.41%	18.91%	12.02%
4	Income/(Loss) From Operations	\$14,727,000	\$63,886,000	\$30,240,000
5	Total Operating Revenue	\$397,037,000	\$437,487,000	\$424,731,000
6	Total Non-Operating Revenue	\$7,135,000	\$23,224,000	\$23,663,000
7	Total Revenue	\$404,172,000	\$460,711,000	\$448,394,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$21,862,000	\$87,110,000	\$53,903,000
C.	<u>Net Assets Summary</u>			
1	Hospital Unrestricted Net Assets	\$427,407,000	\$475,180,000	\$517,788,000
2	Hospital Total Net Assets	\$445,927,000	\$495,284,000	\$538,420,000
3	Hospital Change in Total Net Assets	\$49,201,000	\$49,357,000	\$43,136,000
4	Hospital Change in Total Net Assets %	112.4%	11.1%	8.7%
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.38	0.33	0.33
2	Total Operating Expenses	\$382,310,000	\$373,601,000	\$394,491,000
3	Total Gross Revenue	\$1,004,233,370	\$1,116,185,946	\$1,192,685,498
4	Total Other Operating Revenue	\$7,720,000	\$12,640,000	\$15,967,000

SAINT VINCENT'S MEDICAL CENTER				
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FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
5	<u>Private Payment to Cost Ratio</u>	1.37	1.66	1.78
6	Total Non-Government Payments	\$155,511,639	\$177,867,493	\$187,090,654
7	Total Uninsured Payments	\$2,660,291	\$2,457,082	\$3,466,251
8	Total Non-Government Charges	\$340,013,820	\$372,848,807	\$373,127,096
9	Total Uninsured Charges	\$44,248,629	\$54,347,560	\$56,404,564
10	<u>Medicare Payment to Cost Ratio</u>	0.83	0.94	0.86
11	Total Medicare Payments	\$151,557,176	\$162,070,592	\$160,682,023
12	Total Medicare Charges	\$481,731,638	\$523,582,724	\$575,019,746
13	<u>Medicaid Payment to Cost Ratio</u>	0.64	0.70	0.72
14	Total Medicaid Payments	\$43,280,559	\$50,085,998	\$56,472,732
15	Total Medicaid Charges	\$180,109,238	\$217,089,172	\$241,466,815
16	<u>Uncompensated Care Cost</u>	\$15,805,393	\$14,145,742	\$13,319,286
17	Charity Care	\$9,025,000	\$15,330,000	\$14,991,000
18	Bad Debts	\$32,811,000	\$27,411,000	\$25,817,000
19	Total Uncompensated Care	\$41,836,000	\$42,741,000	\$40,808,000
20	<u>Uncompensated Care % of Total Expenses</u>	4.1%	3.8%	3.4%
21	Total Operating Expenses	\$382,310,000	\$373,601,000	\$394,491,000
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	1	1	2
2	Total Current Assets	\$75,794,000	\$84,726,000	\$90,802,000
3	Total Current Liabilities	\$56,576,000	\$66,349,000	\$55,537,000
4	<u>Days Cash on Hand</u>	7	20	4
5	Cash and Cash Equivalents	\$6,480,000	\$4,388,000	\$3,609,000
6	Short Term Investments	97,000	14,580,000	0

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013
7	Total Cash and Short Term Investments	\$6,577,000	\$18,968,000	\$3,609,000
8	Total Operating Expenses	\$382,310,000	\$373,601,000	\$394,491,000
9	Depreciation Expense	\$22,895,000	\$22,796,000	\$24,642,000
10	Operating Expenses less Depreciation Expense	\$359,415,000	\$350,805,000	\$369,849,000
11	Days Revenue in Patient Accounts Receivable	33	34	41
12	Net Patient Accounts Receivable	\$46,049,000	\$51,340,000	\$52,068,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$10,883,000	\$12,000,000	\$5,681,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$35,166,000	\$39,340,000	\$46,387,000
16	Total Net Patient Revenue	\$389,074,000	\$424,565,000	\$408,184,000
17	Average Payment Period	57	69	55
18	Total Current Liabilities	\$56,576,000	\$66,349,000	\$55,537,000
19	Total Operating Expenses	\$382,310,000	\$373,601,000	\$394,491,000
20	Depreciation Expense	\$22,895,000	\$22,796,000	\$24,642,000
21	Total Operating Expenses less Depreciation Expense	\$359,415,000	\$350,805,000	\$369,849,000
F. Solvency Measures Summary				
1	Equity Financing Ratio	76.4	77.6	80.6
2	Total Net Assets	\$445,927,000	\$495,284,000	\$538,420,000
3	Total Assets	\$583,472,000	\$638,641,000	\$668,337,000
4	Cash Flow to Total Debt Ratio	39.2	88.9	69.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$21,862,000	\$87,110,000	\$53,903,000
6	Depreciation Expense	\$22,895,000	\$22,796,000	\$24,642,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$44,757,000	\$109,906,000	\$78,545,000
8	Total Current Liabilities	\$56,576,000	\$66,349,000	\$55,537,000
9	Total Long Term Debt	\$57,659,000	\$57,226,000	\$57,489,000
10	Total Current Liabilities and Total Long Term Debt	\$114,235,000	\$123,575,000	\$113,026,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
11	<u>Long Term Debt to Capitalization Ratio</u>	11.4	10.4	9.6
12	Total Long Term Debt	\$57,659,000	\$57,226,000	\$57,489,000
13	Total Net Assets	\$445,927,000	\$495,284,000	\$538,420,000
14	Total Long Term Debt and Total Net Assets	\$503,586,000	\$552,510,000	\$595,909,000
15	<u>Debt Service Coverage Ratio</u>	15.1	43.0	33.4
16	Excess Revenues over Expenses	21,862,000	\$87,110,000	\$53,903,000
17	Interest Expense	2,562,000	\$2,149,000	\$1,954,000
18	Depreciation and Amortization Expense	22,895,000	\$22,796,000	\$24,642,000
19	Principal Payments	580,330	\$458,802	\$458,802
G. Other Financial Ratios				
20	<u>Average Age of Plant</u>	8.6	9.6	9.6
21	Accumulated Depreciation	197,451,000	218,139,000	237,495,000
22	Depreciation and Amortization Expense	22,895,000	22,796,000	24,642,000
H. Utilization Measures Summary				
1	Patient Days	122,440	122,878	120,574
2	Discharges	22,100	21,912	20,324
3	ALOS	5.5	5.6	5.9
4	Staffed Beds	423	456	424
5	Available Beds	-	456	446
6	Licensed Beds	423	520	520
7	Occupancy of Staffed Beds	79.3%	73.8%	77.9%
8	Occupancy of Available Beds	79.3%	73.8%	74.1%
9	Full Time Equivalent Employees	2,047.2	2,078.2	2,263.2
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	29.5%	28.5%	26.6%
2	Medicare Gross Revenue Payer Mix Percentage	48.0%	46.9%	48.2%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2011	FY 2012	FY 2013
3	Medicaid Gross Revenue Payer Mix Percentage	17.9%	19.4%	20.2%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	4.4%	4.9%	4.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$295,765,191	\$318,501,247	\$316,722,532
9	Medicare Gross Revenue (Charges)	\$481,731,638	\$523,582,724	\$575,019,746
10	Medicaid Gross Revenue (Charges)	\$180,109,238	\$217,089,172	\$241,466,815
11	Other Medical Assistance Gross Revenue (Charges)	\$1,606,870	\$1,723,520	\$2,039,689
12	Uninsured Gross Revenue (Charges)	\$44,248,629	\$54,347,560	\$56,404,564
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$771,804	\$941,723	\$1,032,152
14	Total Gross Revenue (Charges)	\$1,004,233,370	\$1,116,185,946	\$1,192,685,498
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	43.5%	44.9%	45.3%
2	Medicare Net Revenue Payer Mix Percentage	43.1%	41.5%	39.7%
3	Medicaid Net Revenue Payer Mix Percentage	12.3%	12.8%	13.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.2%	0.1%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	0.8%	0.6%	0.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.0%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$152,851,348	\$175,410,411	\$183,624,403
9	Medicare Net Revenue (Payments)	\$151,557,176	\$162,070,592	\$160,682,023
10	Medicaid Net Revenue (Payments)	\$43,280,559	\$50,085,998	\$56,472,732
11	Other Medical Assistance Net Revenue (Payments)	\$731,280	\$577,767	\$701,192
12	Uninsured Net Revenue (Payments)	\$2,660,291	\$2,457,082	\$3,466,251
13	CHAMPUS / TRICARE Net Revenue Payments)	\$246,515	\$343,835	\$152,676
14	Total Net Revenue (Payments)	\$351,327,169	\$390,945,685	\$405,099,277
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	7,399	6,919	6,023
2	Medicare	10,164	10,153	9,550
3	Medical Assistance	4,516	4,811	4,721
4	Medicaid	4,488	4,773	4,685
5	Other Medical Assistance	28	38	36
6	CHAMPUS / TRICARE	21	29	30

SAINT VINCENT'S MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
7	Uninsured (Included In Non-Government)	991	950	793
8	Total	22,100	21,912	20,324
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.23690	1.24030	1.27660
2	Medicare	1.49710	1.45850	1.53370
3	Medical Assistance	0.99571	1.05072	1.03923
4	Medicaid	0.99540	1.05100	1.04000
5	Other Medical Assistance	1.04490	1.01580	0.93920
6	CHAMPUS / TRICARE	1.38360	0.74760	0.99130
7	Uninsured (Included In Non-Government)	1.02600	1.05670	1.09140
8	Total Case Mix Index	1.30742	1.29913	1.34185
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	15,163	15,374	14,293
2	Emergency Room - Treated and Discharged	60,360	64,398	64,264
3	Total Emergency Room Visits	75,523	79,772	78,557

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$9,416,762	\$5,128,097	(\$4,288,665)	-46%
2	Inpatient Payments	\$3,957,364	\$1,502,374	(\$2,454,990)	-62%
3	Outpatient Charges	\$3,497,536	\$1,581,624	(\$1,915,912)	-55%
4	Outpatient Payments	\$1,484,838	\$844,112	(\$640,726)	-43%
5	Discharges	240	109	(131)	-55%
6	Patient Days	1,355	653	(702)	-52%
7	Outpatient Visits (Excludes ED Visits)	1,038	655	(383)	-37%
8	Emergency Department Outpatient Visits	205	100	(105)	-51%
9	Emergency Department Inpatient Admissions	196	77	(119)	-61%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,914,298	\$6,709,721	(\$6,204,577)	-48%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,442,202	\$2,346,486	(\$3,095,716)	-57%
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	\$18,522,354	\$19,144,184	\$621,830	3%
2	Inpatient Payments	\$4,650,348	\$6,014,372	\$1,364,024	29%
3	Outpatient Charges	\$6,380,993	\$7,402,606	\$1,021,613	16%
4	Outpatient Payments	\$1,666,174	\$1,593,551	(\$72,623)	-4%
5	Discharges	469	403	(66)	-14%
6	Patient Days	2,569	2,425	(144)	-6%
7	Outpatient Visits (Excludes ED Visits)	2,752	2,698	(54)	-2%
8	Emergency Department Outpatient Visits	392	421	29	7%
9	Emergency Department Inpatient Admissions	365	298	(67)	-18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,903,347	\$26,546,790	\$1,643,443	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,316,522	\$7,607,923	\$1,291,401	20%
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%

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$11,781	\$0	(\$11,781)	-100%
2	Inpatient Payments	\$3,153	\$0	(\$3,153)	-100%
3	Outpatient Charges	\$11,672	\$25,998	\$14,326	123%
4	Outpatient Payments	\$1,450	\$16,367	\$14,917	1029%
5	Discharges	1	0	(1)	-100%
6	Patient Days	1	0	(1)	-100%
7	Outpatient Visits (Excludes ED Visits)	12	19	7	58%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,453	\$25,998	\$2,545	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,603	\$16,367	\$11,764	256%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$157,721	\$0	(\$157,721)	-100%
2	Inpatient Payments	\$120,318	\$0	(\$120,318)	-100%
3	Outpatient Charges	\$127,298	\$60,716	(\$66,582)	-52%
4	Outpatient Payments	\$39,487	\$9,172	(\$30,315)	-77%
5	Discharges	5	0	(5)	-100%
6	Patient Days	32	0	(32)	-100%
7	Outpatient Visits (Excludes ED Visits)	176	52	(124)	-70%
8	Emergency Department Outpatient Visits	4	6	2	50%
9	Emergency Department Inpatient Admissions	3	1	(2)	-67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$285,019	\$60,716	(\$224,303)	-79%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$159,805	\$9,172	(\$150,633)	-94%
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$71,972,538	\$76,546,496	\$4,573,958	6%
2	Inpatient Payments	\$19,525,472	\$22,615,190	\$3,089,718	16%
3	Outpatient Charges	\$21,973,589	\$23,417,744	\$1,444,155	7%
4	Outpatient Payments	\$5,692,447	\$5,864,409	\$171,962	3%
5	Discharges	1,771	1,746	(25)	-1%
6	Patient Days	10,568	10,628	60	1%
7	Outpatient Visits (Excludes ED Visits)	7,950	7,985	35	0%
8	Emergency Department Outpatient Visits	1,536	1,710	174	11%
9	Emergency Department Inpatient Admissions	1,466	1,461	(5)	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$93,946,127	\$99,964,240	\$6,018,113	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$25,217,919	\$28,479,599	\$3,261,680	13%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$7,223,874	\$10,669,449	\$3,445,575	48%
2	Inpatient Payments	\$2,008,022	\$2,629,807	\$621,785	31%
3	Outpatient Charges	\$3,049,737	\$4,263,098	\$1,213,361	40%
4	Outpatient Payments	\$525,873	\$845,549	\$319,676	61%
5	Discharges	194	235	41	21%
6	Patient Days	1,113	1,516	403	36%
7	Outpatient Visits (Excludes ED Visits)	1,045	1,392	347	33%
8	Emergency Department Outpatient Visits	401	524	123	31%
9	Emergency Department Inpatient Admissions	169	200	31	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,273,611	\$14,932,547	\$4,658,936	45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,533,895	\$3,475,356	\$941,461	37%
I. AETNA					

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Charges	\$15,971,639	\$30,701,978	\$14,730,339	92%
2	Inpatient Payments	\$3,897,533	\$7,946,578	\$4,049,045	104%
3	Outpatient Charges	\$4,274,397	\$9,564,170	\$5,289,773	124%
4	Outpatient Payments	\$1,066,080	\$2,277,666	\$1,211,586	114%
5	Discharges	390	643	253	65%
6	Patient Days	2,362	4,252	1,890	80%
7	Outpatient Visits (Excludes ED Visits)	1,850	3,578	1,728	93%
8	Emergency Department Outpatient Visits	301	573	272	90%
9	Emergency Department Inpatient Admissions	322	507	185	57%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$20,246,036	\$40,266,148	\$20,020,112	99%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$4,963,613	\$10,224,244	\$5,260,631	106%
J. HUMANA					
1	Inpatient Charges	\$981,963	\$780,887	(\$201,076)	-20%
2	Inpatient Payments	\$361,826	\$188,828	(\$172,998)	-48%
3	Outpatient Charges	\$307,647	\$346,727	\$39,080	13%
4	Outpatient Payments	\$64,506	\$83,358	\$18,852	29%
5	Discharges	29	17	(12)	-41%
6	Patient Days	147	116	(31)	-21%
7	Outpatient Visits (Excludes ED Visits)	106	106	0	0%
8	Emergency Department Outpatient Visits	27	35	8	30%
9	Emergency Department Inpatient Admissions	25	17	(8)	-32%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$1,289,610	\$1,127,614	(\$161,996)	-13%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$426,332	\$272,186	(\$154,146)	-36%
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%
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2012 ACTUAL	FY 2013 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$1,854,561	\$1,024,199	(\$830,362)	-45%
2	Inpatient Payments	\$537,808	\$300,399	(\$237,409)	-44%
3	Outpatient Charges	\$438,041	\$239,969	(\$198,072)	-45%
4	Outpatient Payments	\$152,520	\$42,334	(\$110,186)	-72%
5	Discharges	54	22	(32)	-59%
6	Patient Days	325	152	(173)	-53%
7	Outpatient Visits (Excludes ED Visits)	177	81	(96)	-54%
8	Emergency Department Outpatient Visits	49	17	(32)	-65%
9	Emergency Department Inpatient Admissions	50	20	(30)	-60%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$2,292,602	\$1,264,168	(\$1,028,434)	-45%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$690,328	\$342,733	(\$347,595)	-50%
II. TOTAL MEDICARE MANAGED CARE					
TOTAL INPATIENT CHARGES		\$126,113,193	\$143,995,290	\$17,882,097	14%
TOTAL INPATIENT PAYMENTS		\$35,061,844	\$41,197,548	\$6,135,704	17%
TOTAL OUTPATIENT CHARGES		\$40,060,910	\$46,902,652	\$6,841,742	17%
TOTAL OUTPATIENT PAYMENTS		\$10,693,375	\$11,576,518	\$883,143	8%
TOTAL DISCHARGES		3,153	3,175	22	1%
TOTAL PATIENT DAYS		18,472	19,742	1,270	7%
TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)		15,106	16,566	1,460	10%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS		2,917	3,386	469	16%
TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS		2,597	2,581	(16)	-1%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$166,174,103	\$190,897,942	\$24,723,839	15%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$45,755,219	\$52,774,066	\$7,018,847	15%

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 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	\$2,037,538	\$0	(\$2,037,538)	-100%
2	Inpatient Payments	\$378,850	\$0	(\$378,850)	-100%
3	Outpatient Charges	\$4,719,796	\$0	(\$4,719,796)	-100%
4	Outpatient Payments	\$857,973	\$0	(\$857,973)	-100%
5	Discharges	148	0	(148)	-100%
6	Patient Days	422	0	(422)	-100%
7	Outpatient Visits (Excludes ED Visits)	3,116	0	(3,116)	-100%
8	Emergency Department Outpatient Visits	2,010	0	(2,010)	-100%
9	Emergency Department Inpatient Admissions	56	0	(56)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$6,757,334	\$0	(\$6,757,334)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$1,236,823	\$0	(\$1,236,823)	-100%
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%
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$4,107,984	\$0	(\$4,107,984)	-100%
2	Inpatient Payments	\$1,254,250	\$0	(\$1,254,250)	-100%
3	Outpatient Charges	\$242,688	\$0	(\$242,688)	-100%
4	Outpatient Payments	\$155,337	\$0	(\$155,337)	-100%
5	Discharges	126	0	(126)	-100%
6	Patient Days	1,328	0	(1,328)	-100%
7	Outpatient Visits (Excludes ED Visits)	390	0	(390)	-100%
8	Emergency Department Outpatient Visits	7	0	(7)	-100%
9	Emergency Department Inpatient Admissions	57	0	(57)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$4,350,672	\$0	(\$4,350,672)	-100%

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,409,587	\$0	(\$1,409,587)	-100%
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%
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	\$511,485	\$0	(\$511,485)	-100%
2	Inpatient Payments	\$92,063	\$0	(\$92,063)	-100%
3	Outpatient Charges	\$1,347,926	\$0	(\$1,347,926)	-100%
4	Outpatient Payments	\$199,977	\$0	(\$199,977)	-100%
5	Discharges	52	0	(52)	-100%
6	Patient Days	123	0	(123)	-100%
7	Outpatient Visits (Excludes ED Visits)	823	0	(823)	-100%
8	Emergency Department Outpatient Visits	623	0	(623)	-100%
9	Emergency Department Inpatient Admissions	11	0	(11)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,859,411	\$0	(\$1,859,411)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$292,040	\$0	(\$292,040)	-100%
H. AETNA					
1	Inpatient Charges	\$743,232	\$0	(\$743,232)	-100%
2	Inpatient Payments	\$149,321	\$0	(\$149,321)	-100%
3	Outpatient Charges	\$2,012,559	\$0	(\$2,012,559)	-100%
4	Outpatient Payments	\$341,560	\$0	(\$341,560)	-100%
5	Discharges	73	0	(73)	-100%
6	Patient Days	209	0	(209)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,240	0	(1,240)	-100%
8	Emergency Department Outpatient Visits	808	0	(808)	-100%
9	Emergency Department Inpatient Admissions	24	0	(24)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,755,791	\$0	(\$2,755,791)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$490,881	\$0	(\$490,881)	-100%

SAINT VINCENT'S MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

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REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2012 ACTUAL	(4) FY 2013 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
II. TOTAL MEDICAID MANAGED CARE					
TOTAL INPATIENT CHARGES	\$7,400,239	\$0	(\$7,400,239)		-100%
TOTAL INPATIENT PAYMENTS	\$1,874,484	\$0	(\$1,874,484)		-100%
TOTAL OUTPATIENT CHARGES	\$8,322,969	\$0	(\$8,322,969)		-100%
TOTAL OUTPATIENT PAYMENTS	\$1,554,847	\$0	(\$1,554,847)		-100%
TOTAL DISCHARGES	399	0	(399)		-100%
TOTAL PATIENT DAYS	2,082	0	(2,082)		-100%
TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	5,569	0	(5,569)		-100%
TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,448	0	(3,448)		-100%
TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	148	0	(148)		-100%
TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,723,208	\$0	(\$15,723,208)		-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,429,331	\$0	(\$3,429,331)		-100%

ST VINCENTS HEALTH SERVICES CORPORATION

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FISCAL YEAR 2013

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1) <u>LINE</u>	(2) <u>DESCRIPTION</u>	(3) <u>FY 2012 ACTUAL</u>	(4) <u>FY 2013 ACTUAL</u>	(5) <u>AMOUNT DIFFERENCE</u>	(6) <u>% DIFFERENCE</u>
I. ASSETS					
A. Current Assets:					
1 Cash and Cash Equivalents					
1	Cash and Cash Equivalents	\$7,416,000	\$5,001,000	(\$2,415,000)	-33%
2	Short Term Investments	\$20,274,000	\$0	(\$20,274,000)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$54,446,000	\$56,043,000	\$1,597,000	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,075,000	\$4,877,000	\$802,000	20%
8	Prepaid Expenses	\$3,302,000	\$3,244,000	(\$58,000)	-2%
9	Other Current Assets	\$5,650,000	\$11,601,000	\$5,951,000	105%
Total Current Assets		\$95,163,000	\$80,766,000	(\$14,397,000)	-15%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$39,566,000	\$41,679,000	\$2,113,000	5%
Total Noncurrent Assets Whose Use is Limited:		\$39,566,000	\$41,679,000	\$2,113,000	5%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$341,371,000	\$375,348,000	\$33,977,000	10%
7	Other Noncurrent Assets	\$19,727,000	\$24,235,000	\$4,508,000	23%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$464,333,000	\$470,677,000	\$6,344,000	1%
2	Less: Accumulated Depreciation	\$234,011,000	\$253,094,000	\$19,083,000	\$0
Property, Plant and Equipment, Net		\$230,322,000	\$217,583,000	(\$12,739,000)	-6%
3	Construction in Progress	\$388,000	\$3,172,000	\$2,784,000	718%
Total Net Fixed Assets		\$230,710,000	\$220,755,000	(\$9,955,000)	-4%
Total Assets					
Total Assets		\$726,537,000	\$742,783,000	\$16,246,000	2%
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					

ST VINCENTS HEALTH SERVICES CORPORATION

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REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3) FY 2012 <u>ACTUAL</u>	(4) FY 2013 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
LINE	DESCRIPTION				
1	Accounts Payable and Accrued Expenses	\$34,319,000	\$33,261,000	(\$1,058,000)	-3%
2	Salaries, Wages and Payroll Taxes	\$30,300,000	\$27,155,000	(\$3,145,000)	-10%
3	Due To Third Party Payers	\$12,000,000	\$5,681,000	(\$6,319,000)	-53%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,436,000	\$737,000	(\$699,000)	-49%
6	Current Portion of Notes Payable	\$1,075,000	\$1,075,000	\$0	0%
7	Other Current Liabilities	\$461,000	\$340,000	(\$121,000)	-26%
Total Current Liabilities		\$79,591,000	\$68,249,000	(\$11,342,000)	-14%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$57,226,000	\$57,489,000	\$263,000	0%
2	Notes Payable (Net of Current Portion)	\$1,075,000	\$0	(\$1,075,000)	-100%
Total Long Term Debt		\$58,301,000	\$57,489,000	(\$812,000)	-1%
3	Accrued Pension Liability	\$13,433,000	\$8,531,000	(\$4,902,000)	-36%
4	Other Long Term Liabilities	\$10,886,000	\$12,391,000	\$1,505,000	14%
Total Long Term Liabilities		\$82,620,000	\$78,411,000	(\$4,209,000)	-5%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$537,187,000	\$569,055,000	\$31,868,000	6%
2	Temporarily Restricted Net Assets	\$15,159,000	\$14,844,000	(\$315,000)	-2%
3	Permanently Restricted Net Assets	\$11,980,000	\$12,224,000	\$244,000	2%
Total Net Assets		\$564,326,000	\$596,123,000	\$31,797,000	6%
Total Liabilities and Net Assets		\$726,537,000	\$742,783,000	\$16,246,000	2%

ST VINCENTS HEALTH SERVICES CORPORATION

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3) FY 2012 <u>ACTUAL</u>	(4) FY 2013 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
<u>LINE</u>	<u>DESCRIPTION</u>				
A. <u>Operating Revenue:</u>					
1	Total Gross Patient Revenue	\$1,178,334,000	\$1,280,211,000	\$101,877,000	9%
2	Less: Allowances	\$720,908,000	\$804,184,000	\$83,276,000	12%
3	Less: Charity Care	\$15,330,000	\$14,991,000	(\$339,000)	-2%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$442,096,000	\$461,036,000	\$18,940,000	4%
5	Provision for Bad Debts	\$0	\$27,679,000	\$27,679,000	0%
	Net Patient Service Revenue less provision for bad debts	\$442,096,000	\$433,357,000	(\$8,739,000)	-2%
6	Other Operating Revenue	\$42,644,000	\$39,575,000	(\$3,069,000)	-7%
7	Net Assets Released from Restrictions	\$1,378,000	\$1,685,000	\$307,000	22%
	Total Operating Revenue	\$486,118,000	\$474,617,000	(\$11,501,000)	-2%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$199,782,000	\$207,998,000	\$8,216,000	4%
2	Fringe Benefits	\$25,038,000	\$55,142,000	\$30,104,000	120%
3	Physicians Fees	\$5,114,000	\$13,282,000	\$8,168,000	160%
4	Supplies and Drugs	\$44,049,000	\$43,043,000	(\$1,006,000)	-2%
5	Depreciation and Amortization	\$24,176,000	\$26,417,000	\$2,241,000	9%
6	Bad Debts	\$29,355,000	\$0	(\$29,355,000)	-100%
7	Interest Expense	\$2,149,000	\$1,954,000	(\$195,000)	-9%
8	Malpractice Insurance Cost	\$5,465,000	\$4,634,000	(\$831,000)	-15%
9	Other Operating Expenses	\$89,675,000	\$104,231,000	\$14,556,000	16%
	Total Operating Expenses	\$424,803,000	\$456,701,000	\$31,898,000	8%
	Income/(Loss) From Operations	\$61,315,000	\$17,916,000	(\$43,399,000)	-71%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$26,921,000	\$28,742,000	\$1,821,000	7%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,356,000)	(\$1,563,000)	(\$207,000)	15%
	Total Non-Operating Revenue	\$25,565,000	\$27,179,000	\$1,614,000	6%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$86,880,000	\$45,095,000	(\$41,785,000)	-48%
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

ST VINCENTS HEALTH SERVICES CORPORATION

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REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3) FY 2012 <u>ACTUAL</u>	(4) FY 2013 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
<u>LINE</u>	<u>DESCRIPTION</u>				
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$86,880,000	\$45,095,000	(\$41,785,000)	-48%

ST VINCENTS HEALTH SERVICES CORPORATION

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2011	FY 2012	FY 2013
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$400,348,000	\$442,096,000	\$433,357,000
2	Other Operating Revenue	38,558,000	44,022,000	41,260,000
3	Total Operating Revenue	\$438,906,000	\$486,118,000	\$474,617,000
4	Total Operating Expenses	426,595,000	424,803,000	456,701,000
5	Income/(Loss) From Operations	\$12,311,000	\$61,315,000	\$17,916,000
6	Total Non-Operating Revenue	10,431,000	25,565,000	27,179,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$22,742,000	\$86,880,000	\$45,095,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	2.74%	11.98%	3.57%
2	Parent Corporation Non-Operating Margin	2.32%	5.00%	5.42%
3	Parent Corporation Total Margin	5.06%	16.98%	8.99%
4	Income/(Loss) From Operations	\$12,311,000	\$61,315,000	\$17,916,000
5	Total Operating Revenue	\$438,906,000	\$486,118,000	\$474,617,000
6	Total Non-Operating Revenue	\$10,431,000	\$25,565,000	\$27,179,000
7	Total Revenue	\$449,337,000	\$511,683,000	\$501,796,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$22,742,000	\$86,880,000	\$45,095,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$482,267,000	\$537,187,000	\$569,055,000
2	Parent Corporation Total Net Assets	\$506,361,000	\$564,326,000	\$596,123,000
3	Parent Corporation Change in Total Net Assets	\$51,739,000	\$57,965,000	\$31,797,000
4	Parent Corporation Change in Total Net Assets %	111.4%	11.4%	5.6%
D. Liquidity Measures Summary				
1	Current Ratio	1.14	1.20	1.18
2	Total Current Assets	\$74,312,000	\$95,163,000	\$80,766,000
3	Total Current Liabilities	\$65,275,000	\$79,591,000	\$68,249,000

ST VINCENTS HEALTH SERVICES CORPORATION

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		FY 2011	FY 2012	FY 2013
4	<u>Days Cash on Hand</u>	12	25	4
5	Cash and Cash Equivalents	\$8,155,000	\$7,416,000	\$5,001,000
6	Short Term Investments	\$4,548,000	\$20,274,000	\$0
7	Total Cash and Short Term Investments	\$12,703,000	\$27,690,000	\$5,001,000
8	Total Operating Expenses	\$426,595,000	\$424,803,000	\$456,701,000
9	Depreciation Expense	\$24,213,000	\$24,176,000	\$26,417,000
10	Operating Expenses less Depreciation Expense	\$402,382,000	\$400,627,000	\$430,284,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	33	35	42
12	Net Patient Accounts Receivable	\$ 47,626,000	\$ 54,446,000	\$ 56,043,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$10,883,000	\$12,000,000	\$5,681,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 36,743,000	\$ 42,446,000	\$ 50,362,000
16	Total Net Patient Revenue	\$400,348,000	\$442,096,000	\$433,357,000
17	<u>Average Payment Period</u>	59	73	58
18	Total Current Liabilities	\$65,275,000	\$79,591,000	\$68,249,000
19	Total Operating Expenses	\$426,595,000	\$424,803,000	\$456,701,000
20	Depreciation Expense	\$24,213,000	\$24,176,000	\$26,417,000
20	Total Operating Expenses less Depreciation Expense	\$402,382,000	\$400,627,000	\$430,284,000
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	77.1	77.7	80.3
2	Total Net Assets	\$506,361,000	\$564,326,000	\$596,123,000
3	Total Assets	\$656,678,000	\$726,537,000	\$742,783,000
4	<u>Cash Flow to Total Debt Ratio</u>	38.2	80.5	56.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$22,742,000	\$86,880,000	\$45,095,000

ST VINCENTS HEALTH SERVICES CORPORATION

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2011</u>	<u>FY 2012</u>	<u>FY 2013</u>
6	Depreciation Expense	\$24,213,000	\$24,176,000	\$26,417,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$46,955,000	\$111,056,000	\$71,512,000
8	Total Current Liabilities	\$65,275,000	\$79,591,000	\$68,249,000
9	Total Long Term Debt	\$57,659,000	\$58,301,000	\$57,489,000
10	Total Current Liabilities and Total Long Term Debt	\$122,934,000	\$137,892,000	\$125,738,000
11	<u>Long Term Debt to Capitalization Ratio</u>	10.2	9.4	8.8
12	Total Long Term Debt	\$57,659,000	\$58,301,000	\$57,489,000
13	Total Net Assets	\$506,361,000	\$564,326,000	\$596,123,000
14	Total Long Term Debt and Total Net Assets	\$564,020,000	\$622,627,000	\$653,612,000

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2013 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	75,987	15,357	13,349	243	253	85.7%	82.3%
2	ICU/CCU (Excludes Neonatal ICU)	6,528	348	0	30	30	59.6%	59.6%
3	Psychiatric: Ages 0 to 17	4,802	478	476	17	17	77.4%	77.4%
4	Psychiatric: Ages 18+	24,294	2,215	2,205	75	75	88.7%	88.7%
	TOTAL PSYCHIATRIC	29,096	2,693	2,681	92	92	86.6%	86.6%
5	Rehabilitation	2,864	211	212	10	10	78.5%	78.5%
6	Maternity	2,747	1,040	970	22	26	34.2%	28.9%
7	Newborn	3,352	1,023	1,024	27	35	34.0%	26.2%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	117,222	19,301	17,212	397	411	80.9%	78.1%
	TOTAL INPATIENT BED UTILIZATION	120,574	20,324	18,236	424	446	77.9%	74.1%
	TOTAL INPATIENT REPORTED YEAR	120,574	20,324	18,236	424	446	77.9%	74.1%
	TOTAL INPATIENT PRIOR YEAR	122,878	21,912	20,173	456	456	73.8%	73.8%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,304	-1,588	-1,937	-32	-10	4.1%	0.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	-7%	-10%	-7%	-2%	6%	0%
	Total Licensed Beds and Bassinets	520						
(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 VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	14,465	13,667	-798	-6%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,316	5,854	1,538	36%
3	Emergency Department Scans	14,197	14,174	-23	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	32,978	33,695	717	2%
B. MRI Scans (A)					
1	Inpatient Scans	1,880	1,754	-126	-7%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,022	2,064	42	2%
3	Emergency Department Scans	235	279	44	19%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,137	4,097	-40	-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	76	46	-30	-39%
2	Outpatient Scans (Excluding Emergency Department Scans)	562	569	7	1%
3	Emergency Department Scans	2	1	-1	-50%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	640	616	-24	-4%
(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	1,241	1,034	-207	-17%
2	Outpatient Procedures	18,552	17,479	-1,073	-6%
	Total Linear Accelerator Procedures	19,793	18,513	-1,280	-6%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	997	902	-95	-10%
2	Outpatient Procedures	933	760	-173	-19%
	Total Cardiac Catheterization Procedures	1,930	1,662	-268	-14%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	271	307	36	13%
2	Elective Procedures	645	511	-134	-21%
	Total Cardiac Angioplasty Procedures	916	818	-98	-11%
H. Electrophysiology Studies					
1	Inpatient Studies	532	589	57	11%
2	Outpatient Studies	477	438	-39	-8%
	Total Electrophysiology Studies	1,009	1,027	18	2%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
I. Surgical Procedures					
1	Inpatient Surgical Procedures	4,990	4,424	-566	-11%
2	Outpatient Surgical Procedures	6,542	5,983	-559	-9%
	Total Surgical Procedures	11,532	10,407	-1,125	-10%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	1,882	1,691	-191	-10%
2	Outpatient Endoscopy Procedures	4,592	4,856	264	6%
	Total Endoscopy Procedures	6,474	6,547	73	1%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	15,374	14,293	-1,081	-7%
2	Emergency Room Visits: Treated and Discharged	64,398	64,264	-134	0%
	Total Emergency Room Visits	79,772	78,557	-1,215	-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	19,168	20,634	1,466	8%
4	Medical Clinic Visits	60,841	0	-60,841	-100%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	0	62,109	62,109	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	19,929	0	-19,929	-100%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Specialty Clinics	0	19,377	19,377	0%
	Total Hospital Clinic Visits	99,938	102,120	2,182	2%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	10,502	11,997	1,495	14%
2	Cardiac Rehabilitation	6,001	5,738	-263	-4%
3	Chemotherapy	1,560	1,759	199	13%
4	Gastroenterology	3,253	3,387	134	4%
5	Other Outpatient Visits	86,255	89,152	2,897	3%
	Total Other Hospital Outpatient Visits	107,571	112,033	4,462	4%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	790.3	853.0	62.7	8%
2	Total Physician FTEs	74.5	69.9	-4.6	-6%
3	Total Non-Nursing and Non-Physician FTEs	1,213.4	1,340.3	126.9	10%
	Total Hospital Full Time Equivalent Employees	2,078.2	2,263.2	185.0	9%

SAINT VINCENT'S MEDICAL CENTER

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REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
A.	<u>Outpatient Surgical Procedures</u>				
1	St. Vincents Medical Center	6,542	5,983	-559	-9%
	Total Outpatient Surgical Procedures(A)	6,542	5,983	-559	-9%
B.	<u>Outpatient Endoscopy Procedures</u>				
1	St. Vincents Medical Center	4,592	4,856	264	6%
	Total Outpatient Endoscopy Procedures(B)	4,592	4,856	264	6%
C.	<u>Outpatient Hospital Emergency Room Visits</u>				
1	St. Vincents Medical Center	64,398	64,264	-134	0%
	Total Outpatient Hospital Emergency Room Visits(C)	64,398	64,264	-134	0%
(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.					

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%	
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE	
I. DATA BY MAJOR PAYER CATEGORY						
A. MEDICARE						
MEDICARE INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$403,033,442	\$438,086,271	\$35,052,829	9%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$129,068,775	\$126,929,300	(\$2,139,475)	-2%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	32.02%	28.97%	-3.05%	-10%	
4	DISCHARGES	10,153	9,550	(603)	-6%	
5	CASE MIX INDEX (CMI)	1.45850	1.53370	0.07520	5%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,808.15050	14,646.83500	(161.31550)	-1%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,716.06	\$8,665.99	(\$50.07)	-1%	
8	PATIENT DAYS	63,580	64,221	641	1%	
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,030.02	\$1,976.45	(\$53.58)	-3%	
10	AVERAGE LENGTH OF STAY	6.3	6.7	0.5	7%	
MEDICARE OUTPATIENT						
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$120,549,282	\$136,933,475	\$16,384,193	14%	
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$33,001,817	\$33,752,723	\$750,906	2%	
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.38%	24.65%	-2.73%	-10%	
14	OUTPATIENT CHARGES / INPATIENT CHARGES	29.91%	31.26%	1.35%	5%	
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,036.81217	2,985.06201	(51.75015)	-2%	
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,867.26	\$11,307.21	\$439.95	4%	
MEDICARE TOTALS (INPATIENT + OUTPATIENT)						
17	TOTAL ACCRUED CHARGES	\$523,582,724	\$575,019,746	\$51,437,022	10%	
18	TOTAL ACCRUED PAYMENTS	\$162,070,592	\$160,682,023	(\$1,388,569)	-1%	
19	TOTAL ALLOWANCES	\$361,512,132	\$414,337,723	\$52,825,591	15%	
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)						
NON-GOVERNMENT INPATIENT						
1	INPATIENT ACCRUED CHARGES	\$194,188,726	\$181,894,656	(\$12,294,070)	-6%	
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$96,252,887	\$95,113,264	(\$1,139,623)	-1%	
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.57%	52.29%	2.72%	5%	
4	DISCHARGES	6,919	6,023	(896)	-13%	
5	CASE MIX INDEX (CMI)	1.24030	1.27660	0.03630	3%	
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,581.63570	7,688.96180	(892.67390)	-10%	
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,216.15	\$12,370.10	\$1,153.96	10%	
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,500.08)	(\$3,704.12)	(\$1,204.03)	48%	
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$21,454,808)	(\$28,480,811)	(\$7,026,003)	33%	
10	PATIENT DAYS	31,681	27,434	(4,247)	-13%	
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,038.19	\$3,466.98	\$428.80	14%	
12	AVERAGE LENGTH OF STAY	4.6	4.6	(0.0)	-1%	
NON-GOVERNMENT OUTPATIENT						
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$178,660,081	\$191,232,440	\$12,572,359	7%	
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$81,614,606	\$91,977,390	\$10,362,784	13%	
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.68%	48.10%	2.42%	5%	

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
16	OUTPATIENT CHARGES / INPATIENT CHARGES	92.00%	105.13%	13.13%	14%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,365.70993	6,332.19805	(33.51187)	-1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,820.97	\$14,525.35	\$1,704.37	13%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,953.72)	(\$3,218.14)	(\$1,264.42)	65%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,436,803)	(\$20,377,897)	(\$7,941,094)	64%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$372,848,807	\$373,127,096	\$278,289	0%
22	TOTAL ACCRUED PAYMENTS	\$177,867,493	\$187,090,654	\$9,223,161	5%
23	TOTAL ALLOWANCES	\$194,981,314	\$186,036,442	(\$8,944,872)	-5%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$33,891,611)	(\$48,858,708)	(\$14,967,097)	44%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$351,375,285	\$349,570,952	(\$1,804,333)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$204,854,864	\$205,239,440	\$384,576	0%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$146,520,421	\$144,331,512	(\$2,188,909)	-1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.70%	41.29%	-0.41%	
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$22,641,056	\$21,755,534	(\$885,522)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$580,976	\$167,941	(\$413,035)	-71%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.57%	0.77%	-1.79%	-70%
4	DISCHARGES	950	793	(157)	-17%
5	CASE MIX INDEX (CMI)	1.05670	1.09140	0.03470	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,003.86500	865.48020	(138.38480)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$578.74	\$194.04	(\$384.70)	-66%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$10,637.41	\$12,176.06	\$1,538.65	14%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,137.32	\$8,471.94	\$334.62	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,168,775	\$7,332,300	(\$836,474)	-10%
11	PATIENT DAYS	4,631	4,263	(368)	-8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$125.45	\$39.40	(\$86.06)	-69%
13	AVERAGE LENGTH OF STAY	4.9	5.4	0.5	10%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,706,504	\$34,649,030	\$2,942,526	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,876,106	\$3,298,310	\$1,422,204	76%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	5.92%	9.52%	3.60%	61%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	140.04%	159.27%	19.23%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,330.37871	1,262.97432	(67.40439)	-5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,410.20	\$2,611.54	\$1,201.34	85%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,410.77	\$11,913.81	\$503.04	4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$9,457.05	\$8,695.67	(\$761.38)	-8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,581,461	\$10,982,406	(\$1,599,055)	-13%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$54,347,560	\$56,404,564	\$2,057,004	4%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
24	TOTAL ACCRUED PAYMENTS	\$2,457,082	\$3,466,251	\$1,009,169	41%
25	TOTAL ALLOWANCES	\$51,890,478	\$52,938,313	\$1,047,835	2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,750,235	\$18,314,706	(\$2,435,529)	-12%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$130,452,578	\$140,676,638	\$10,224,060	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$28,470,717	\$34,020,629	\$5,549,912	19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.82%	24.18%	2.36%	11%
4	DISCHARGES	4,773	4,685	(88)	-2%
5	CASE MIX INDEX (CMI)	1.05100	1.04000	(0.01100)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,016.42300	4,872.40000	(144.02300)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,675.50	\$6,982.31	\$1,306.81	23%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,540.65	\$5,387.79	(\$152.85)	-3%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,040.56	\$1,683.67	(\$1,356.89)	-45%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,252,743	\$8,203,532	(\$7,049,211)	-46%
11	PATIENT DAYS	27,276	28,549	1,273	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,043.80	\$1,191.66	\$147.86	14%
13	AVERAGE LENGTH OF STAY	5.7	6.1	0.4	7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$86,636,594	\$100,790,177	\$14,153,583	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,615,281	\$22,452,103	\$836,822	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.95%	22.28%	-2.67%	-11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	66.41%	71.65%	5.23%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,169.86042	3,356.64817	186.78775	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,819.00	\$6,688.85	(\$130.15)	-2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$6,001.97	\$7,836.50	\$1,834.53	31%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,048.26	\$4,618.36	\$570.11	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,832,405	\$15,502,223	\$2,669,817	21%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$217,089,172	\$241,466,815	\$24,377,643	11%
24	TOTAL ACCRUED PAYMENTS	\$50,085,998	\$56,472,732	\$6,386,734	13%
25	TOTAL ALLOWANCES	\$167,003,174	\$184,994,083	\$17,990,909	11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$28,085,148	\$23,705,755	(\$4,379,393)	-16%
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,046,714	\$1,208,411	\$161,697	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$447,584	\$492,200	\$44,616	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.76%	40.73%	-2.03%	-5%
4	DISCHARGES	38	36	(2)	-5%
5	CASE MIX INDEX (CMI)	1.01580	0.93920	(0.07660)	-8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	38.60040	33.81120	(4.78920)	-12%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,595.32	\$14,557.31	\$2,961.99	26%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	(\$379.17)	(\$2,187.20)	(\$1,808.03)	477%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$2,879.26)	(\$5,891.32)	(\$3,012.06)	105%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$111,140)	(\$199,193)	(\$88,052)	79%
11	PATIENT DAYS	244	260	16	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,834.36	\$1,893.08	\$58.72	3%
13	AVERAGE LENGTH OF STAY	6.4	7.2	0.8	12%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$676,806	\$831,278	\$154,472	23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$130,183	\$208,992	\$78,809	61%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.23%	25.14%	5.91%	31%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	64.66%	68.79%	4.13%	6%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	24,57083	24,76476	0.19393	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,298.28	\$8,439.09	\$3,140.81	59%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$7,522.70	\$6,086.26	(\$1,436.44)	-19%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,568.98	\$2,868.12	(\$2,700.86)	-48%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$136,834	\$71,028	(\$65,806)	-48%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$1,723,520	\$2,039,689	\$316,169	18%
24	TOTAL ACCRUED PAYMENTS	\$577,767	\$701,192	\$123,425	21%
25	TOTAL ALLOWANCES	\$1,145,753	\$1,338,497	\$192,744	17%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$25,694	(\$128,164)	(\$153,858)	-599%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$131,499,292	\$141,885,049	\$10,385,757	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$28,918,301	\$34,512,829	\$5,594,528	19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	21.99%	24.32%	2.33%	11%
4	DISCHARGES	4,811	4,721	(90)	-2%
5	CASE MIX INDEX (CMI)	1.05072	1.03923	(0.01149)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,055.02340	4,906.21120	(148.81220)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,720.71	\$7,034.52	\$1,313.81	23%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,495.44	\$5,335.59	(\$159.85)	-3%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,995.36	\$1,631.47	(\$1,363.89)	-46%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,141,602	\$8,004,340	(\$7,137,263)	-47%
11	PATIENT DAYS	27,520	28,809	1,289	5%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,050.81	\$1,197.99	\$147.18	14%
13	AVERAGE LENGTH OF STAY	5.7	6.1	0.4	7%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$87,313,400	\$101,621,455	\$14,308,055	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,745,464	\$22,661,095	\$915,631	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.91%	22.30%	-2.61%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	66.40%	71.62%	5.22%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,194,43124	3,381,41293	186,98169	6%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	AMOUNT DIFFERENCE	% DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,807.30	\$6,701.66	(\$105.64)	-2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$6,013.67	\$7,823.69	\$1,810.01	30%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,059.95	\$4,605.55	\$545.59	13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,969,240	\$15,573,251	\$2,604,011	20%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$218,812,692	\$243,506,504	\$24,693,812	11%
24	TOTAL ACCRUED PAYMENTS	\$50,663,765	\$57,173,924	\$6,510,159	13%
25	TOTAL ALLOWANCES	\$168,148,927	\$186,332,580	\$18,183,653	11%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$414,508	\$593,771	\$179,263	43%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$176,111	\$109,681	(\$66,430)	-38%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.49%	18.47%	-24.01%	-57%
4	DISCHARGES	29	30	1	3%
5	CASE MIX INDEX (CMI)	0.74760	0.99130	0.24370	33%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	21.68040	29.73900	8.05860	37%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,123.05	\$3,688.12	(\$4,434.93)	-55%
8	PATIENT DAYS	97	110	13	13%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,815.58	\$997.10	(\$818.48)	-45%
10	AVERAGE LENGTH OF STAY	3.3	3.7	0.3	10%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$527,215	\$438,381	(\$88,834)	-17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$167,724	\$42,995	(\$124,729)	-74%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$941,723	\$1,032,152	\$90,429	10%
14	TOTAL ACCRUED PAYMENTS	\$343,835	\$152,676	(\$191,159)	-56%
15	TOTAL ALLOWANCES	\$597,888	\$879,476	\$281,588	47%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$12,640,000	\$15,967,000	\$3,327,000	26%
2	TOTAL OPERATING EXPENSES	\$373,601,000	\$394,491,000	\$20,890,000	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$15,330,000	\$14,991,000	(\$339,000)	-2%
5	BAD DEBTS (CHARGES)	\$27,411,000	\$25,817,000	(\$1,594,000)	-6%
6	UNCOMPENSATED CARE (CHARGES)	\$42,741,000	\$40,808,000	(\$1,933,000)	-5%
7	COST OF UNCOMPENSATED CARE	\$14,677,503	\$13,352,022	(\$1,325,481)	-9%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$218,812,692	\$243,506,504	\$24,693,812	11%
9	TOTAL ACCRUED PAYMENTS	\$50,663,765	\$57,173,924	\$6,510,159	13%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$75,141,527	\$79,673,206	\$4,531,678	6%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2013					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$24,477,762	\$22,499,282	(\$1,978,481)	-8%
II.	AGGREGATE DATA				
A.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$729,135,968	\$762,459,747	\$33,323,779	5%
2	TOTAL INPATIENT PAYMENTS	\$254,416,074	\$256,665,074	\$2,249,000	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.89%	33.66%	-1.23%	-4%
4	TOTAL DISCHARGES	21,912	20,324	(1,588)	-7%
5	TOTAL CASE MIX INDEX	1.29913	1.34185	0.04272	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	28,466.49000	27,271.74700	(1,194.74300)	-4%
7	TOTAL OUTPATIENT CHARGES	\$387,049,978	\$430,225,751	\$43,175,773	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	53.08%	56.43%	3.34%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$136,529,611	\$148,434,203	\$11,904,592	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.27%	34.50%	-0.77%	-2%
11	TOTAL CHARGES	\$1,116,185,946	\$1,192,685,498	\$76,499,552	7%
12	TOTAL PAYMENTS	\$390,945,685	\$405,099,277	\$14,153,592	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	35.03%	33.97%	-1.06%	-3%
14	PATIENT DAYS	122,878	120,574	(2,304)	-2%
B.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$534,947,242	\$580,565,091	\$45,617,849	9%
2	INPATIENT PAYMENTS	\$158,163,187	\$161,551,810	\$3,388,623	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	29.57%	27.83%	-1.74%	-6%
4	DISCHARGES	14,993	14,301	(692)	-5%
5	CASE MIX INDEX	1.32628	1.36933	0.04305	3%
6	CASE MIX ADJUSTED DISCHARGES	19,884.85430	19,582.78520	(302.06910)	-2%
7	OUTPATIENT CHARGES	\$208,389,897	\$238,993,311	\$30,603,414	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	38.96%	41.17%	2.21%	6%
9	OUTPATIENT PAYMENTS	\$54,915,005	\$56,456,813	\$1,541,808	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.35%	23.62%	-2.73%	-10%
11	TOTAL CHARGES	\$743,337,139	\$819,558,402	\$76,221,263	10%
12	TOTAL PAYMENTS	\$213,078,192	\$218,008,623	\$4,930,431	2%
13	TOTAL PAYMENTS / CHARGES	28.67%	26.60%	-2.06%	-7%
14	PATIENT DAYS	91,197	93,140	1,943	2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$530,258,947	\$601,549,779	\$71,290,832	13%
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	6.3	6.7	0.5	7%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.6	4.6	(0.0)	-1%
3	UNINSURED	4.9	5.4	0.5	10%
4	MEDICAID	5.7	6.1	0.4	7%
5	OTHER MEDICAL ASSISTANCE	6.4	7.2	0.8	12%
6	CHAMPUS / TRICARE	3.3	3.7	0.3	10%
7	TOTAL AVERAGE LENGTH OF STAY	5.6	5.9	0.3	6%
III.	DATA USED IN BASELINE UNDERPAYMENT CALCULATION				
1	TOTAL CHARGES	\$1,116,185,946	\$1,192,685,498	\$76,499,552	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$530,258,947	\$601,549,779	\$71,290,832	13%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2013
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		FY 2012	FY 2013	DIFFERENCE	DIFFERENCE
3	UNCOMPENSATED CARE	\$42,741,000	\$40,808,000	(\$1,933,000)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$146,520,421	\$144,331,512	(\$2,188,909)	-1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,360,954	\$15,759,908	\$2,398,954	18%
6	TOTAL ADJUSTMENTS	\$732,881,322	\$802,449,199	\$69,567,877	9%
7	TOTAL ACCRUED PAYMENTS	\$383,304,624	\$390,236,299	\$6,931,675	2%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$383,304,624	\$390,236,299	\$6,931,675	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3434057071	0.3271912836	(0.0162144235)	-5%
11	COST OF UNCOMPENSATED CARE	\$14,677,503	\$13,352,022	(\$1,325,481)	-9%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$24,477,762	\$22,499,282	(\$1,978,481)	-8%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$39,155,266	\$35,851,304	(\$3,303,962)	-8%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$12,832,405	\$15,502,223	\$2,669,817	21%
2	OTHER MEDICAL ASSISTANCE	\$25,694	(\$128,164)	(\$153,858)	-599%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,750,235	\$18,314,706	(\$2,435,529)	-12%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$33,608,335	\$33,688,765	\$80,430	0%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,473,522	\$23,556,144	\$2,082,622	9.70%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$33,619,490	\$3,085,057	(\$30,534,433)	-90.82%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$424,565,000	\$408,184,000	(\$16,381,000)	-3.86%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,116,186,000	\$1,192,685,000	\$76,499,000	6.85%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$42,741,000	\$40,808,000	(\$1,933,000)	-4.52%

SAINT VINCENT'S MEDICAL CENTER
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FISCAL YEAR 2013
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2012	FY ACTUAL 2013	FY AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$194,188,726	\$181,894,656	(\$12,294,070)
2	MEDICARE	\$403,033,442	438,086,271	\$35,052,829
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$131,499,292	141,885,049	\$10,385,757
4	MEDICAID	\$130,452,578	140,676,638	\$10,224,060
5	OTHER MEDICAL ASSISTANCE	\$1,046,714	1,208,411	\$161,697
6	CHAMPUS / TRICARE	\$414,508	593,771	\$179,263
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,641,056	21,755,534	(\$885,522)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$534,947,242	\$580,565,091	\$45,617,849
	TOTAL INPATIENT CHARGES	\$729,135,968	\$762,459,747	\$33,323,779
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$178,660,081	\$191,232,440	\$12,572,359
2	MEDICARE	\$120,549,282	136,933,475	\$16,384,193
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$87,313,400	101,621,455	\$14,308,055
4	MEDICAID	\$86,636,594	100,790,177	\$14,153,583
5	OTHER MEDICAL ASSISTANCE	\$676,806	831,278	\$154,472
6	CHAMPUS / TRICARE	\$527,215	438,381	(\$88,834)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$31,706,504	34,649,030	\$2,942,526
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$208,389,897	\$238,993,311	\$30,603,414
	TOTAL OUTPATIENT CHARGES	\$387,049,978	\$430,225,751	\$43,175,773
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$372,848,807	\$373,127,096	\$278,289
2	TOTAL MEDICARE	\$523,582,724	\$575,019,746	\$51,437,022
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$218,812,692	\$243,506,504	\$24,693,812
4	TOTAL MEDICAID	\$217,089,172	\$241,466,815	\$24,377,643
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,723,520	\$2,039,689	\$316,169
6	TOTAL CHAMPUS / TRICARE	\$941,723	\$1,032,152	\$90,429
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$54,347,560	\$56,404,564	\$2,057,004
	TOTAL GOVERNMENT CHARGES	\$743,337,139	\$819,558,402	\$76,221,263
	TOTAL CHARGES	\$1,116,185,946	\$1,192,685,498	\$76,499,552
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$96,252,887	\$95,113,264	(\$1,139,623)
2	MEDICARE	\$129,068,775	126,929,300	(\$2,139,475)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$28,918,301	34,512,829	\$5,594,528
4	MEDICAID	\$28,470,717	34,020,629	\$5,549,912
5	OTHER MEDICAL ASSISTANCE	\$447,584	492,200	\$44,616
6	CHAMPUS / TRICARE	\$176,111	109,681	(\$66,430)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$580,976	167,941	(\$413,035)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$158,163,187	\$161,551,810	\$3,388,623
	TOTAL INPATIENT PAYMENTS	\$254,416,074	\$256,665,074	\$2,249,000
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,614,606	\$91,977,390	\$10,362,784
2	MEDICARE	\$33,001,817	33,752,723	\$750,906
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,745,464	22,661,095	\$915,631
4	MEDICAID	\$21,615,281	22,452,103	\$836,822
5	OTHER MEDICAL ASSISTANCE	\$130,183	208,992	\$78,809
6	CHAMPUS / TRICARE	\$167,724	42,995	(\$124,729)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,876,106	3,298,310	\$1,422,204
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$54,915,005	\$56,456,813	\$1,541,808
	TOTAL OUTPATIENT PAYMENTS	\$136,529,611	\$148,434,203	\$11,904,592
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$177,867,493	\$187,090,654	\$9,223,161
2	TOTAL MEDICARE	\$162,070,592	\$160,682,023	(\$1,388,569)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$50,663,765	\$57,173,924	\$6,510,159
4	TOTAL MEDICAID	\$50,085,998	\$56,472,732	\$6,386,734
5	TOTAL OTHER MEDICAL ASSISTANCE	\$577,767	\$701,192	\$123,425
6	TOTAL CHAMPUS / TRICARE	\$343,835	\$152,676	(\$191,159)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,457,082	\$3,466,251	\$1,009,169
	TOTAL GOVERNMENT PAYMENTS	\$213,078,192	\$218,008,623	\$4,930,431
	TOTAL PAYMENTS	\$390,945,685	\$405,099,277	\$14,153,592
II. PAYER MIX				

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
		ACTUAL 2012	FY ACTUAL 2013	FY AMOUNT DIFFERENCE
LINE	DESCRIPTION			
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.40%	15.25%	-2.15%
2	MEDICARE	36.11%	36.73%	0.62%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.78%	11.90%	0.12%
4	MEDICAID	11.69%	11.79%	0.11%
5	OTHER MEDICAL ASSISTANCE	0.09%	0.10%	0.01%
6	CHAMPUS / TRICARE	0.04%	0.05%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.03%	1.82%	-0.20%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	47.93%	48.68%	0.75%
	TOTAL INPATIENT PAYER MIX	65.32%	63.93%	-1.40%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.01%	16.03%	0.03%
2	MEDICARE	10.80%	11.48%	0.68%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.82%	8.52%	0.70%
4	MEDICAID	7.76%	8.45%	0.69%
5	OTHER MEDICAL ASSISTANCE	0.06%	0.07%	0.01%
6	CHAMPUS / TRICARE	0.05%	0.04%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.84%	2.91%	0.06%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	18.67%	20.04%	1.37%
	TOTAL OUTPATIENT PAYER MIX	34.68%	36.07%	1.40%
	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)	24.62%	23.48%	-1.14%
2	MEDICARE	33.01%	31.33%	-1.68%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.40%	8.52%	1.12%
4	MEDICAID	7.28%	8.40%	1.12%
5	OTHER MEDICAL ASSISTANCE	0.11%	0.12%	0.01%
6	CHAMPUS / TRICARE	0.05%	0.03%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.15%	0.04%	-0.11%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	40.46%	39.88%	-0.58%
	TOTAL INPATIENT PAYER MIX	65.08%	63.36%	-1.72%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.88%	22.70%	1.83%
2	MEDICARE	8.44%	8.33%	-0.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.56%	5.59%	0.03%
4	MEDICAID	5.53%	5.54%	0.01%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.05%	0.02%
6	CHAMPUS / TRICARE	0.04%	0.01%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.48%	0.81%	0.33%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.05%	13.94%	-0.11%
	TOTAL OUTPATIENT PAYER MIX	34.92%	36.64%	1.72%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,919	6,023	(896)
2	MEDICARE	10,153	9,550	(603)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,811	4,721	(90)
4	MEDICAID	4,773	4,685	(88)
5	OTHER MEDICAL ASSISTANCE	38	36	(2)
6	CHAMPUS / TRICARE	29	30	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	950	793	(157)
	TOTAL GOVERNMENT DISCHARGES	14,993	14,301	(692)
	TOTAL DISCHARGES	21,912	20,324	(1,588)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	31,681	27,434	(4,247)
2	MEDICARE	63,580	64,221	641

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2012	FY ACTUAL 2013	FY AMOUNT DIFFERENCE
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	27,520	28,809	1,289
4	MEDICAID	27,276	28,549	1,273
5	OTHER MEDICAL ASSISTANCE	244	260	16
6	CHAMPUS / TRICARE	97	110	13
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,631	4,263	(368)
	TOTAL GOVERNMENT PATIENT DAYS	91,197	93,140	1,943
	TOTAL PATIENT DAYS	122,878	120,574	(2,304)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.6	4.6	(0.0)
2	MEDICARE	6.3	6.7	0.5
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.7	6.1	0.4
4	MEDICAID	5.7	6.1	0.4
5	OTHER MEDICAL ASSISTANCE	6.4	7.2	0.8
6	CHAMPUS / TRICARE	3.3	3.7	0.3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.9	5.4	0.5
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.1	6.5	0.4
	TOTAL AVERAGE LENGTH OF STAY	5.6	5.9	0.3
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.24030	1.27660	0.03630
2	MEDICARE	1.45850	1.53370	0.07520
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05072	1.03923	(0.01149)
4	MEDICAID	1.05100	1.04000	(0.01100)
5	OTHER MEDICAL ASSISTANCE	1.01580	0.93920	(0.07660)
6	CHAMPUS / TRICARE	0.74760	0.99130	0.24370
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.05670	1.09140	0.03470
	TOTAL GOVERNMENT CASE MIX INDEX	1.32628	1.36933	0.04305
	TOTAL CASE MIX INDEX	1.29913	1.34185	0.04272
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$351,375,285	\$349,570,952	(\$1,804,333)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$204,854,864	\$205,239,440	\$384,576
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$146,520,421	\$144,331,512	(\$2,188,909)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.70%	41.29%	-0.41%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,473,522	\$23,556,144	\$2,082,622
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,360,954	\$15,759,908	\$2,398,954
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$15,330,000	\$14,991,000	(\$339,000)
9	BAD DEBTS	\$27,411,000	\$25,817,000	(\$1,594,000)
10	TOTAL UNCOMPENSATED CARE	\$42,741,000	\$40,808,000	(\$1,933,000)
11	TOTAL OTHER OPERATING REVENUE	\$12,640,000	\$15,967,000	\$3,327,000
12	TOTAL OPERATING EXPENSES	\$373,601,000	\$394,491,000	\$20,890,000
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,581,63570	7,688,96180	(892,67390)
2	MEDICARE	14,808,15050	14,646,83500	(161,31550)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,055,02340	4,906,21120	(148,81220)
4	MEDICAID	5,016,42300	4,872,40000	(144,02300)
5	OTHER MEDICAL ASSISTANCE	38,60040	33,81120	(4,78920)
6	CHAMPUS / TRICARE	21,68040	29,73900	8,05860
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,003,86500	865,48020	(138,38480)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	19,884,85430	19,582,78520	(302,06910)
	TOTAL CASE MIX ADJUSTED DISCHARGES	28,466,49000	27,271,74700	(1,194,74300)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,365,70993	6,332,19805	-33,51187
2	MEDICARE	3,036,81217	2,985,06201	-51,75015
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,194,43124	3,381,41293	186,98169

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
		ACTUAL 2012	FY ACTUAL 2013	FY 2013
LINE	DESCRIPTION			
4	MEDICAID	3,169,86042	3,356,64817	186,78775
5	OTHER MEDICAL ASSISTANCE	24,57083	24,76476	0,19393
6	CHAMPUS / TRICARE	36,88526	22,14899	-14,73627
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,330,37871	1,262,97432	-67,40439
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,268,12867	6,388,62393	120,49527
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	12,633,83859	12,720,82199	86,98339
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,216.15	\$12,370.10	\$1,153.96
2	MEDICARE	\$8,716.06	\$8,665.99	(\$50.07)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,720.71	\$7,034.52	\$1,313.81
4	MEDICAID	\$5,675.50	\$6,982.31	\$1,306.81
5	OTHER MEDICAL ASSISTANCE	\$11,595.32	\$14,557.31	\$2,961.99
6	CHAMPUS / TRICARE	\$8,123.05	\$3,688.12	(\$4,434.93)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$578.74	\$194.04	(\$384.70)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,953.95	\$8,249.69	\$295.73
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,937.39	\$9,411.39	\$474.00
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,820.97	\$14,525.35	\$1,704.37
2	MEDICARE	\$10,867.26	\$11,307.21	\$439.95
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,807.30	\$6,701.66	(\$105.64)
4	MEDICAID	\$6,819.00	\$6,688.85	(\$130.15)
5	OTHER MEDICAL ASSISTANCE	\$5,298.28	\$8,439.09	\$3,140.81
6	CHAMPUS / TRICARE	\$4,547.18	\$1,941.17	(\$2,606.01)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,410.20	\$2,611.54	\$1,201.34
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,760.99	\$8,837.09	\$76.10
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$10,806.66	\$11,668.60	\$861.94
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$12,832,405	\$15,502,223	\$2,669,817
2	OTHER MEDICAL ASSISTANCE	\$25,694	(\$128,164)	(\$153,858)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,750,235	\$18,314,706	(\$2,435,529)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$33,608,335	\$33,688,765	\$80,430
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$1,116,185,946	\$1,192,685,498	\$76,499,552
2	TOTAL GOVERNMENT DEDUCTIONS	\$530,258,947	\$601,549,779	\$71,290,832
3	UNCOMPENSATED CARE	\$42,741,000	\$40,808,000	(\$1,933,000)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$146,520,421	\$144,331,512	(\$2,188,909)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$13,360,954	\$15,759,908	\$2,398,954
6	TOTAL ADJUSTMENTS	\$732,881,322	\$802,449,199	\$69,567,877
7	TOTAL ACCRUED PAYMENTS	\$383,304,624	\$390,236,299	\$6,931,675
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$383,304,624	\$390,236,299	\$6,931,675
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3434057071	0.3271912836	(0.0162144235)
11	COST OF UNCOMPENSATED CARE	\$14,677,503	\$13,352,022	(\$1,325,481)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$24,477,762	\$22,499,282	(\$1,978,481)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$39,155,266	\$35,851,304	(\$3,303,962)
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.57%	52.29%	2.72%
2	MEDICARE	32.02%	28.97%	-3.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21.99%	24.32%	2.33%
4	MEDICAID	21.82%	24.18%	2.36%
5	OTHER MEDICAL ASSISTANCE	42.76%	40.73%	-2.03%
6	CHAMPUS / TRICARE	42.49%	18.47%	-24.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.57%	0.77%	-1.79%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	29.57%	27.83%	-1.74%

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REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
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(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2012	FY ACTUAL 2013	FY AMOUNT DIFFERENCE
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.89%	33.66%	-1.23%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	45.68%	48.10%	2.42%
2	MEDICARE	27.38%	24.65%	-2.73%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.91%	22.30%	-2.61%
4	MEDICAID	24.95%	22.28%	-2.67%
5	OTHER MEDICAL ASSISTANCE	19.23%	25.14%	5.91%
6	CHAMPUS / TRICARE	31.81%	9.81%	-22.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.92%	9.52%	3.60%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.35%	23.62%	-2.73%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.27%	34.50%	-0.77%
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	\$390,945,685	\$405,099,277	\$14,153,592
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$390,945,685	\$405,099,277	\$14,153,592
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$33,619,490	\$3,085,057	(\$30,534,433)
4	CALCULATED NET REVENUE	\$460,088,743	\$408,184,334	(\$51,904,409)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$424,565,000	\$408,184,000	(\$16,381,000)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$35,523,743	\$334	(\$35,523,409)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,116,185,946	\$1,192,685,498	\$76,499,552
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,116,185,946	\$1,192,685,498	\$76,499,552
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,116,186,000	\$1,192,685,000	\$76,499,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$54)	\$498	\$552
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,741,000	\$40,808,000	(\$1,933,000)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,741,000	\$40,808,000	(\$1,933,000)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$42,741,000	\$40,808,000	(\$1,933,000)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

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REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES

(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$181,894,656
2	MEDICARE	438,086,271
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	141,885,049
4	MEDICAID	140,676,638
5	OTHER MEDICAL ASSISTANCE	1,208,411
6	CHAMPUS / TRICARE	593,771
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21,755,534
TOTAL INPATIENT GOVERNMENT CHARGES		\$580,565,091
TOTAL INPATIENT CHARGES		\$762,459,747
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$191,232,440
2	MEDICARE	136,933,475
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	101,621,455
4	MEDICAID	100,790,177
5	OTHER MEDICAL ASSISTANCE	831,278
6	CHAMPUS / TRICARE	438,381
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	34,649,030
TOTAL OUTPATIENT GOVERNMENT CHARGES		\$238,993,311
TOTAL OUTPATIENT CHARGES		\$430,225,751
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$373,127,096
2	TOTAL GOVERNMENT ACCRUED CHARGES	819,558,402
TOTAL ACCRUED CHARGES		\$1,192,685,498
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$95,113,264
2	MEDICARE	126,929,300
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34,512,829
4	MEDICAID	34,020,629
5	OTHER MEDICAL ASSISTANCE	492,200
6	CHAMPUS / TRICARE	109,681
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	167,941
TOTAL INPATIENT GOVERNMENT PAYMENTS		\$161,551,810
TOTAL INPATIENT PAYMENTS		\$256,665,074
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,977,390
2	MEDICARE	33,752,723
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,661,095
4	MEDICAID	22,452,103
5	OTHER MEDICAL ASSISTANCE	208,992
6	CHAMPUS / TRICARE	42,995
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,298,310
TOTAL OUTPATIENT GOVERNMENT PAYMENTS		\$56,456,813
TOTAL OUTPATIENT PAYMENTS		\$148,434,203
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$187,090,654
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	218,008,623
TOTAL ACCRUED PAYMENTS		\$405,099,277
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		

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REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES

(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2013</u>
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,023
2	MEDICARE	9,550
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,721
4	MEDICAID	4,685
5	OTHER MEDICAL ASSISTANCE	36
6	CHAMPUS / TRICARE	30
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	793
	TOTAL GOVERNMENT DISCHARGES	14,301
	TOTAL DISCHARGES	20,324
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.27660
2	MEDICARE	1.53370
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.03923
4	MEDICAID	1.04000
5	OTHER MEDICAL ASSISTANCE	0.93920
6	CHAMPUS / TRICARE	0.99130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.09140
	TOTAL GOVERNMENT CASE MIX INDEX	1.36933
	TOTAL CASE MIX INDEX	1.34185
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$349,570,952
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$205,239,440
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$144,331,512
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.29%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$23,556,144
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$15,759,908
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$14,991,000
9	BAD DEBTS	\$25,817,000
10	TOTAL UNCOMPENSATED CARE	\$40,808,000
11	TOTAL OTHER OPERATING REVENUE	\$15,967,000
12	TOTAL OPERATING EXPENSES	\$394,491,000
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	\$405,099,277
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$405,099,277
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,085,057
	CALCULATED NET REVENUE	\$408,184,334
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$408,184,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$334
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,192,685,498
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0

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REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES

(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>
	CALCULATED GROSS REVENUE	\$1,192,685,498
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,192,685,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$498
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$40,808,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$40,808,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$40,808,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

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REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3) ACTUAL <u>FY 2012</u>	(4) ACTUAL <u>FY 2013</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
LINE	DESCRIPTION				
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	3,003	3,142	139	5%
2	Number of Approved Applicants	2,978	3,047	69	2%
3	Total Charges (A)	\$15,330,000	\$14,991,000	(\$339,000)	-2%
4	Average Charges	\$5,148	\$4,920	(\$228)	-4%
5	Ratio of Cost to Charges (RCC)	0.377794	0.330964	(0.046830)	-12%
6	Total Cost	\$5,791,582	\$4,961,481	(\$830,101)	-14%
7	Average Cost	\$1,945	\$1,628	(\$316)	-16%
8	Charity Care - Inpatient Charges	\$3,948,573	\$3,339,705	(\$608,868)	-15%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	2,974,043	2,803,331	(170,712)	-6%
10	Charity Care - Emergency Department Charges	8,407,384	8,847,964	440,580	5%
11	Total Charges (A)	\$15,330,000	\$14,991,000	(\$339,000)	-2%
12	Charity Care - Number of Patient Days	671	587	(84)	-13%
13	Charity Care - Number of Discharges	144	95	(49)	-34%
14	Charity Care - Number of Outpatient ED Visits	1,412	1,299	(113)	-8%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,629	7,283	(346)	-5%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$13,336,000	\$11,631,000	(\$1,705,000)	-13%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	3,171,000	3,863,000	692,000	22%
3	Bad Debts - Emergency Department	10,904,000	10,323,000	(581,000)	-5%
4	Total Bad Debts (A)	\$27,411,000	\$25,817,000	(\$1,594,000)	-6%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$15,330,000	\$14,991,000	(\$339,000)	-2%
2	Bad Debts (A)	27,411,000	25,817,000	(1,594,000)	-6%
3	Total Uncompensated Care (A)	\$42,741,000	\$40,808,000	(\$1,933,000)	-5%
4	Uncompensated Care - Inpatient Services	\$17,284,573	\$14,970,705	(\$2,313,868)	-13%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	6,145,043	6,666,331	521,288	8%
6	Uncompensated Care - Emergency Department	19,311,384	19,170,964	(140,420)	-1%
7	Total Uncompensated Care (A)	\$42,741,000	\$40,808,000	(\$1,933,000)	-5%

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

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

(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
		ACTUAL TOTAL NON-GOVERNMENT	ACTUAL TOTAL NON-GOVERNMENT		
LINE	DESCRIPTION				
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$351,375,285	\$349,570,952	(\$1,804,333)	-1%
2	Total Contractual Allowances	\$146,520,421	\$144,331,512	(\$2,188,909)	-1%
	Total Accrued Payments (A)	\$204,854,864	\$205,239,440	\$384,576	0%
	Total Discount Percentage	41.70%	41.29%	-0.41%	-1%

(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$684,144,505	\$729,135,968	\$762,459,747
2	Outpatient Gross Revenue	\$320,088,865	\$387,049,978	\$430,225,751
3	Total Gross Patient Revenue	\$1,004,233,370	\$1,116,185,946	\$1,192,685,498
4	Net Patient Revenue	\$389,074,000	\$424,565,000	\$408,184,000
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$382,310,000	\$373,601,000	\$394,491,000
C.	<u>Utilization Statistics</u>			
1	Patient Days	122,440	122,878	120,574
2	Discharges	22,100	21,912	20,324
3	Average Length of Stay	5.5	5.6	5.9
4	Equivalent (Adjusted) Patient Days (EPD)	179,726	188,106	188,609
0	Equivalent (Adjusted) Discharges (ED)	32,440	33,544	31,792
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.30742	1.29913	1.34185
2	Case Mix Adjusted Patient Days (CMAPD)	160,081	159,634	161,792
3	Case Mix Adjusted Discharges (CMAD)	28,894	28,466	27,272
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	234,977	244,373	253,085
5	Case Mix Adjusted Equivalent Discharges (CMAED)	42,413	43,577	42,660
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$8,202	\$9,084	\$9,892
2	Total Gross Revenue per Discharge	\$45,440	\$50,939	\$58,684
3	Total Gross Revenue per EPD	\$5,588	\$5,934	\$6,324
4	Total Gross Revenue per ED	\$30,957	\$33,276	\$37,515
5	Total Gross Revenue per CMAEPD	\$4,274	\$4,568	\$4,713
6	Total Gross Revenue per CMAED	\$23,678	\$25,614	\$27,958
7	Inpatient Gross Revenue per EPD	\$3,807	\$3,876	\$4,043
8	Inpatient Gross Revenue per ED	\$21,090	\$21,737	\$23,983

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$3,178	\$3,455	\$3,385
2	Net Patient Revenue per Discharge	\$17,605	\$19,376	\$20,084
3	Net Patient Revenue per EPD	\$2,165	\$2,257	\$2,164
4	Net Patient Revenue per ED	\$11,994	\$12,657	\$12,839
5	Net Patient Revenue per CMAEPD	\$1,656	\$1,737	\$1,613
6	Net Patient Revenue per CMAED	\$9,174	\$9,743	\$9,568
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$3,122	\$3,040	\$3,272
2	Total Operating Expense per Discharge	\$17,299	\$17,050	\$19,410
3	Total Operating Expense per EPD	\$2,127	\$1,986	\$2,092
4	Total Operating Expense per ED	\$11,785	\$11,138	\$12,408
5	Total Operating Expense per CMAEPD	\$1,627	\$1,529	\$1,559
6	Total Operating Expense per CMAED	\$9,014	\$8,573	\$9,247
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$62,345,375	\$64,980,063	\$69,212,911
2	Nursing Fringe Benefits Expense	\$17,202,845	\$7,091,846	\$19,798,899
3	Total Nursing Salary and Fringe Benefits Expense	\$79,548,220	\$72,071,909	\$89,011,810
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$10,691,645	\$11,509,155	\$10,079,633
2	Physician Fringe Benefits Expense	\$2,950,126	\$1,256,095	\$2,883,358
3	Total Physician Salary and Fringe Benefits Expense	\$13,641,771	\$12,765,250	\$12,962,991
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$69,982,980	\$76,016,782	\$77,039,456
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$19,310,029	\$8,296,059	\$22,037,743
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$89,293,009	\$84,312,841	\$99,077,199

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2013				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
K.	<u>Total Salary and Fringe Benefits Expense</u>			
1	Total Salary Expense	\$143,020,000	\$152,506,000	\$156,332,000
2	Total Fringe Benefits Expense	\$39,463,000	\$16,644,000	\$44,720,000
3	Total Salary and Fringe Benefits Expense	\$182,483,000	\$169,150,000	\$201,052,000
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	783.7	790.3	853.0
2	Total Physician FTEs	77.1	74.5	69.9
3	Total Non-Nursing, Non-Physician FTEs	1186.4	1213.4	1340.3
4	Total Full Time Equivalent Employees (FTEs)	2,047.2	2,078.2	2,263.2
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$79,553	\$82,222	\$81,141
2	Nursing Fringe Benefits Expense per FTE	\$21,951	\$8,974	\$23,211
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$101,503	\$91,196	\$104,351
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$138,672	\$154,485	\$144,201
2	Physician Fringe Benefits Expense per FTE	\$38,264	\$16,860	\$41,250
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$176,936	\$171,346	\$185,451
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$58,988	\$62,648	\$57,479
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,276	\$6,837	\$16,442
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$75,264	\$69,485	\$73,922
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$69,861	\$73,384	\$69,076
2	Total Fringe Benefits Expense per FTE	\$19,277	\$8,009	\$19,760
3	Total Salary and Fringe Benefits Expense per FTE	\$89,138	\$81,393	\$88,835
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			

SAINT VINCENT'S MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2013

REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2011	ACTUAL FY 2012	ACTUAL FY 2013
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,490	\$1,377	\$1,667
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,257	\$7,720	\$9,892
3	Total Salary and Fringe Benefits Expense per EPD	\$1,015	\$899	\$1,066
4	Total Salary and Fringe Benefits Expense per ED	\$5,625	\$5,043	\$6,324
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$777	\$692	\$794
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,303	\$3,882	\$4,713