

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,609,000	\$654,000	(\$2,955,000)	-82%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$52,068,000	\$61,867,000	\$9,799,000	19%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$18,040,000	\$5,579,000	(\$12,461,000)	-69%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,742,000	\$4,081,000	(\$661,000)	-14%
8	Prepaid Expenses	\$2,605,000	\$2,778,000	\$173,000	7%
9	Other Current Assets	\$9,738,000	\$3,955,000	(\$5,783,000)	-59%
	Total Current Assets	\$90,802,000	\$78,914,000	(\$11,888,000)	-13%
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	\$281,000	\$290,000	\$9,000	3%
	Total Noncurrent Assets Whose Use is Limited:	\$281,000	\$290,000	\$9,000	3%
5	Interest in Net Assets of Foundation	\$20,351,000	\$21,811,000	\$1,460,000	7%
6	Long Term Investments	\$342,380,000	\$351,018,000	\$8,638,000	3%
7	Other Noncurrent Assets	\$22,629,000	\$44,314,000	\$21,685,000	96%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$427,386,000	\$434,189,000	\$6,803,000	2%
2	Less: Accumulated Depreciation	\$237,495,000	\$258,287,000	\$20,792,000	9%
	Property, Plant and Equipment, Net	\$189,891,000	\$175,902,000	(\$13,989,000)	-7%
3	Construction in Progress	\$2,003,000	\$1,646,000	(\$357,000)	-18%
	Total Net Fixed Assets	\$191,894,000	\$177,548,000	(\$14,346,000)	-7%
	Total Assets	\$668,337,000	\$673,895,000	\$5,558,000	1%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$26,609,000	\$19,930,000	(\$6,679,000)	-25%
2	Salaries, Wages and Payroll Taxes	\$22,510,000	\$23,808,000	\$1,298,000	6%
3	Due To Third Party Payers	\$5,681,000	\$10,642,000	\$4,961,000	87%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$737,000	\$885,000	\$148,000	20%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$55,537,000	\$55,265,000	(\$272,000)	0%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$57,489,000	\$56,503,000	(\$986,000)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$57,489,000	\$56,503,000	(\$986,000)	-2%
3	Accrued Pension Liability	\$5,704,000	\$4,978,000	(\$726,000)	-13%
4	Other Long Term Liabilities	\$11,187,000	\$12,176,000	\$989,000	9%
	Total Long Term Liabilities	\$74,380,000	\$73,657,000	(\$723,000)	-1%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$517,788,000	\$522,872,000	\$5,084,000	1%
2	Temporarily Restricted Net Assets	\$10,854,000	\$12,248,000	\$1,394,000	13%
3	Permanently Restricted Net Assets	\$9,778,000	\$9,853,000	\$75,000	1%
	Total Net Assets	\$538,420,000	\$544,973,000	\$6,553,000	1%
	Total Liabilities and Net Assets	\$668,337,000	\$673,895,000	\$5,558,000	1%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,192,685,000	\$1,199,089,000	\$6,404,000	1%
2	Less: Allowances	\$743,693,000	\$749,837,000	\$6,144,000	1%
3	Less: Charity Care	\$14,991,000	\$17,249,000	\$2,258,000	15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$434,001,000	\$432,003,000	(\$1,998,000)	0%
5	Provision for Bad Debts	\$25,817,000	\$30,938,000	\$5,121,000	20%
	Net Patient Service Revenue less provision for bad debts	\$408,184,000	\$401,065,000	(\$7,119,000)	-2%
6	Other Operating Revenue	\$15,967,000	\$20,396,000	\$4,429,000	28%
7	Net Assets Released from Restrictions	\$580,000	\$252,000	(\$328,000)	-57%
	Total Operating Revenue	\$424,731,000	\$421,713,000	(\$3,018,000)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$156,332,000	\$151,118,000	(\$5,214,000)	-3%
2	Fringe Benefits	\$44,720,000	\$42,619,000	(\$2,101,000)	-5%
3	Physicians Fees	\$3,988,000	\$11,775,000	\$7,787,000	195%
4	Supplies and Drugs	\$42,973,000	\$47,957,000	\$4,984,000	12%
5	Depreciation and Amortization	\$24,642,000	\$26,699,000	\$2,057,000	8%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,954,000	\$1,818,000	(\$136,000)	-7%
8	Malpractice Insurance Cost	\$3,184,000	\$4,187,000	\$1,003,000	32%
9	Other Operating Expenses	\$116,698,000	\$112,219,000	(\$4,479,000)	-4%
	Total Operating Expenses	\$394,491,000	\$398,392,000	\$3,901,000	1%
	Income/(Loss) From Operations	\$30,240,000	\$23,321,000	(\$6,919,000)	-23%
C. Non-Operating Revenue:					
1	Income from Investments	\$24,164,000	\$21,911,000	(\$2,253,000)	-9%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$501,000)	(\$250,000)	\$251,000	-50%
	Total Non-Operating Revenue	\$23,663,000	\$21,661,000	(\$2,002,000)	-8%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$53,903,000	\$44,982,000	(\$8,921,000)	-17%
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)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013</u> <u>ACTUAL</u>	<u>FY 2014</u> <u>ACTUAL</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$53,903,000	\$44,982,000	(\$8,921,000)	-17%
	Principal Payments	\$458,802	\$838,147	\$379,345	83%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$294,090,981	\$292,735,408	(\$1,355,573)	0%
2	MEDICARE MANAGED CARE	\$143,995,290	\$128,326,299	(\$15,668,991)	-11%
3	MEDICAID	\$140,676,638	\$144,867,015	\$4,190,377	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$593,771	\$542,043	(\$51,728)	-9%
6	COMMERCIAL INSURANCE	\$42,586,139	\$39,511,208	(\$3,074,931)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$113,045,941	\$123,696,867	\$10,650,926	9%
8	WORKER'S COMPENSATION	\$4,507,042	\$4,972,144	\$465,102	10%
9	SELF- PAY/UNINSURED	\$21,755,534	\$20,452,129	(\$1,303,405)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,208,411	\$932,663	(\$275,748)	-23%
	TOTAL INPATIENT GROSS REVENUE	\$762,459,747	\$756,035,776	(\$6,423,971)	-1%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$90,030,823	\$106,454,359	\$16,423,536	18%
2	MEDICARE MANAGED CARE	\$46,902,652	\$45,866,214	(\$1,036,438)	-2%
3	MEDICAID	\$100,790,177	\$99,756,592	(\$1,033,585)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$438,381	\$258,853	(\$179,528)	-41%
6	COMMERCIAL INSURANCE	\$44,855,822	\$46,397,607	\$1,541,785	3%
7	NON-GOVERNMENT MANAGED CARE	\$106,301,651	\$110,616,013	\$4,314,362	4%
8	WORKER'S COMPENSATION	\$5,425,937	\$3,578,598	(\$1,847,339)	-34%
9	SELF- PAY/UNINSURED	\$34,649,030	\$29,956,877	(\$4,692,153)	-14%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$831,278	\$167,823	(\$663,455)	-80%
	TOTAL OUTPATIENT GROSS REVENUE	\$430,225,751	\$443,052,936	\$12,827,185	3%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$384,121,804	\$399,189,767	\$15,067,963	4%
2	MEDICARE MANAGED CARE	\$190,897,942	\$174,192,513	(\$16,705,429)	-9%
3	MEDICAID	\$241,466,815	\$244,623,607	\$3,156,792	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,032,152	\$800,896	(\$231,256)	-22%
6	COMMERCIAL INSURANCE	\$87,441,961	\$85,908,815	(\$1,533,146)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$219,347,592	\$234,312,880	\$14,965,288	7%
8	WORKER'S COMPENSATION	\$9,932,979	\$8,550,742	(\$1,382,237)	-14%
9	SELF- PAY/UNINSURED	\$56,404,564	\$50,409,006	(\$5,995,558)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,039,689	\$1,100,486	(\$939,203)	-46%
	TOTAL GROSS REVENUE	\$1,192,685,498	\$1,199,088,712	\$6,403,214	1%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$85,731,752	\$87,654,885	\$1,923,133	2%
2	MEDICARE MANAGED CARE	\$41,197,548	\$32,983,724	(\$8,213,824)	-20%

SAINT VINCENT'S MEDICAL CENTER
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FISCAL YEAR 2014
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$34,020,629	\$36,206,115	\$2,185,486	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$109,681	\$154,612	\$44,931	41%
6	COMMERCIAL INSURANCE	\$25,494,992	\$18,659,535	(\$6,835,457)	-27%
7	NON-GOVERNMENT MANAGED CARE	\$65,846,365	\$70,245,407	\$4,399,042	7%
8	WORKER'S COMPENSATION	\$3,603,966	\$4,035,976	\$432,010	12%
9	SELF- PAY/UNINSURED	\$167,941	\$1,347,825	\$1,179,884	703%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$492,200	\$107,170	(\$385,030)	-78%
	TOTAL INPATIENT NET REVENUE	\$256,665,074	\$251,395,249	(\$5,269,825)	-2%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$22,176,205	\$26,320,581	\$4,144,376	19%
2	MEDICARE MANAGED CARE	\$11,576,518	\$9,696,584	(\$1,879,934)	-16%
3	MEDICAID	\$22,452,103	\$24,150,433	\$1,698,330	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$42,995	\$92,891	\$49,896	116%
6	COMMERCIAL INSURANCE	\$27,268,599	\$26,902,738	(\$365,861)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$57,421,790	\$59,072,491	\$1,650,701	3%
8	WORKER'S COMPENSATION	\$3,988,691	\$2,612,323	(\$1,376,368)	-35%
9	SELF- PAY/UNINSURED	\$3,298,310	\$2,697,891	(\$600,419)	-18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$208,992	\$60,587	(\$148,405)	-71%
	TOTAL OUTPATIENT NET REVENUE	\$148,434,203	\$151,606,519	\$3,172,316	2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$107,907,957	\$113,975,466	\$6,067,509	6%
2	MEDICARE MANAGED CARE	\$52,774,066	\$42,680,308	(\$10,093,758)	-19%
3	MEDICAID	\$56,472,732	\$60,356,548	\$3,883,816	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$152,676	\$247,503	\$94,827	62%
6	COMMERCIAL INSURANCE	\$52,763,591	\$45,562,273	(\$7,201,318)	-14%
7	NON-GOVERNMENT MANAGED CARE	\$123,268,155	\$129,317,898	\$6,049,743	5%
8	WORKER'S COMPENSATION	\$7,592,657	\$6,648,299	(\$944,358)	-12%
9	SELF- PAY/UNINSURED	\$3,466,251	\$4,045,716	\$579,465	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$701,192	\$167,757	(\$533,435)	-76%
	TOTAL NET REVENUE	\$405,099,277	\$403,001,768	(\$2,097,509)	-1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	6,375	6,020	(355)	-6%
2	MEDICARE MANAGED CARE	3,175	2,654	(521)	-16%
3	MEDICAID	4,685	4,548	(137)	-3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	30	28	(2)	-7%
6	COMMERCIAL INSURANCE	1,492	1,121	(371)	-25%
7	NON-GOVERNMENT MANAGED CARE	3,646	3,625	(21)	-1%
8	WORKER'S COMPENSATION	92	90	(2)	-2%

**SAINT VINCENT'S MEDICAL CENTER
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FISCAL YEAR 2014**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	793	584	(209)	-26%
10	SAGA	0	0	0	0%
11	OTHER	36	41	5	14%
	TOTAL DISCHARGES	20,324	18,711	(1,613)	-8%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	44,479	40,422	(4,057)	-9%
2	MEDICARE MANAGED CARE	19,742	16,724	(3,018)	-15%
3	MEDICAID	28,549	28,260	(289)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	110	117	7	6%
6	COMMERCIAL INSURANCE	6,324	5,120	(1,204)	-19%
7	NON-GOVERNMENT MANAGED CARE	16,566	16,169	(397)	-2%
8	WORKER'S COMPENSATION	281	377	96	34%
9	SELF- PAY/UNINSURED	4,263	3,329	(934)	-22%
10	SAGA	0	0	0	0%
11	OTHER	260	238	(22)	-8%
	TOTAL PATIENT DAYS	120,574	110,756	(9,818)	-8%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	45,322	47,692	2,370	5%
2	MEDICARE MANAGED CARE	19,952	19,344	(608)	-3%
3	MEDICAID	80,233	80,598	365	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	394	351	(43)	-11%
6	COMMERCIAL INSURANCE	30,916	20,864	(10,052)	-33%
7	NON-GOVERNMENT MANAGED CARE	62,414	64,484	2,070	3%
8	WORKER'S COMPENSATION	7,543	6,695	(848)	-11%
9	SELF- PAY/UNINSURED	31,187	32,910	1,723	6%
10	SAGA	0	0	0	0%
11	OTHER	456	0	(456)	-100%
	TOTAL OUTPATIENT VISITS	278,417	272,938	(5,479)	-2%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$8,913,391	\$18,098,019	\$9,184,628	103%
2	MEDICARE MANAGED CARE	\$4,453,428	\$8,178,094	\$3,724,666	84%
3	MEDICAID	\$45,495,403	\$44,886,437	(\$608,966)	-1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$202,111	\$308,238	\$106,127	53%
6	COMMERCIAL INSURANCE	\$11,025,648	\$10,707,885	(\$317,763)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$24,494,382	\$24,601,768	\$107,386	0%
8	WORKER'S COMPENSATION	\$1,841,633	\$1,724,860	(\$116,773)	-6%
9	SELF- PAY/UNINSURED	\$17,906,431	\$14,444,268	(\$3,462,163)	-19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$659,251	\$566,422	(\$92,829)	-14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$114,991,678	\$123,515,991	\$8,524,313	7%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$3,224,739	\$6,366,628	\$3,141,889	97%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$1,691,573	\$3,024,555	\$1,332,982	79%
3	MEDICAID	\$7,189,019	\$6,643,928	(\$545,091)	-8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$37,803	\$54,571	\$16,768	44%
6	COMMERCIAL INSURANCE	\$6,584,788	\$6,287,933	(\$296,855)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$14,890,981	\$14,710,247	(\$180,734)	-1%
8	WORKER'S COMPENSATION	\$1,520,012	\$1,406,384	(\$113,628)	-7%
9	SELF- PAY/UNINSURED	\$1,502,489	\$1,067,544	(\$434,945)	-29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$176,601	\$146,070	(\$30,531)	-17%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$36,818,005	\$39,707,860	\$2,889,855	8%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	7,755	7,547	(208)	-3%
2	MEDICARE MANAGED CARE	3,386	3,447	61	2%
3	MEDICAID	26,072	23,719	(2,353)	-9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	124	129	5	4%
6	COMMERCIAL INSURANCE	5,180	3,823	(1,357)	-26%
7	NON-GOVERNMENT MANAGED CARE	11,226	10,959	(267)	-2%
8	WORKER'S COMPENSATION	1,035	914	(121)	-12%
9	SELF- PAY/UNINSURED	9,144	6,784	(2,360)	-26%
10	SAGA	0	0	0	0%
11	OTHER	342	367	25	7%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	64,264	57,689	(6,575)	-10%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$69,212,911	\$68,135,000	(\$1,077,911)	-2%
2	Physician Salaries	\$10,079,633	\$5,941,000	(\$4,138,633)	-41%
3	Non-Nursing, Non-Physician Salaries	\$77,039,456	\$77,042,000	\$2,544	0%
	Total Salaries & Wages	\$156,332,000	\$151,118,000	(\$5,214,000)	-3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$19,798,899	\$19,216,000	(\$582,899)	-3%
2	Physician Fringe Benefits	\$2,883,358	\$1,676,000	(\$1,207,358)	-42%
3	Non-Nursing, Non-Physician Fringe Benefits	\$22,037,743	\$21,727,000	(\$310,743)	-1%
	Total Fringe Benefits	\$44,720,000	\$42,619,000	(\$2,101,000)	-5%
C. Contractual Labor Fees:					
1	Nursing Fees	\$1,422,020	\$2,213,000	\$790,980	56%
2	Physician Fees	\$3,988,000	\$11,775,000	\$7,787,000	195%
3	Non-Nursing, Non-Physician Fees	\$1,862,397	\$1,302,000	(\$560,397)	-30%
	Total Contractual Labor Fees	\$7,272,417	\$15,290,000	\$8,017,583	110%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$29,258,000	\$30,990,000	\$1,732,000	6%
2	Pharmaceutical Costs	\$13,715,000	\$16,967,000	\$3,252,000	24%
	Total Medical Supplies and Pharmaceutical Cost	\$42,973,000	\$47,957,000	\$4,984,000	12%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$10,365,973	\$12,883,000	\$2,517,027	24%
2	Depreciation-Equipment	\$10,490,295	\$8,083,000	(\$2,407,295)	-23%
3	Amortization	\$3,785,732	\$5,733,000	\$1,947,268	51%
	Total Depreciation and Amortization	\$24,642,000	\$26,699,000	\$2,057,000	8%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$1,954,000	\$1,818,000	(\$136,000)	-7%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$3,184,000	\$4,187,000	\$1,003,000	32%
I. Utilities:					
1	Water	\$424,199	\$568,000	\$143,801	34%
2	Natural Gas	\$1,414,509	\$1,707,000	\$292,491	21%
3	Oil	\$49,974	\$14,000	(\$35,974)	-72%
4	Electricity	\$3,775,182	\$3,503,000	(\$272,182)	-7%
5	Telephone	\$751,046	\$363,000	(\$388,046)	-52%
6	Other Utilities	\$68,500	\$44,000	(\$24,500)	-36%
	Total Utilities	\$6,483,410	\$6,199,000	(\$284,410)	-4%
J. Business Expenses:					
1	Accounting Fees	\$527,000	\$584,000	\$57,000	11%
2	Legal Fees	\$1,229,654	\$1,138,000	(\$91,654)	-7%
3	Consulting Fees	\$3,622,080	\$1,804,000	(\$1,818,080)	-50%
4	Dues and Membership	\$887,128	\$1,335,000	\$447,872	50%
5	Equipment Leases	\$1,270,572	\$1,482,000	\$211,428	17%
6	Building Leases	\$2,643,549	\$3,393,000	\$749,451	28%
7	Repairs and Maintenance	\$2,640,158	\$2,501,000	(\$139,158)	-5%
8	Insurance	\$542,031	\$550,000	\$7,969	1%
9	Travel	\$257,428	\$468,000	\$210,572	82%
10	Conferences	\$846,732	\$889,000	\$42,268	5%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$86,549	\$74,000	(\$12,549)	-14%
12	General Supplies	\$6,198,390	\$5,236,000	(\$962,390)	-16%
13	Licenses and Subscriptions	\$265,181	\$286,000	\$20,819	8%
14	Postage and Shipping	\$237,358	\$192,000	(\$45,358)	-19%
15	Advertising	\$2,273,972	\$2,789,000	\$515,028	23%
16	Corporate parent/system fees	\$2,534,761	\$177,000	(\$2,357,761)	-93%
17	Computer Software	\$438,919	\$443,000	\$4,081	1%
18	Computer hardware & small equipment	\$770,559	\$679,000	(\$91,559)	-12%
19	Dietary / Food Services	\$4,369,116	\$3,635,000	(\$734,116)	-17%
20	Lab Fees / Red Cross charges	\$6,713,486	\$4,981,000	(\$1,732,486)	-26%
21	Billing & Collection / Bank Fees	\$3,471,040	\$3,933,000	\$461,960	13%
22	Recruiting / Employee Education & Recognition	\$572,403	\$451,000	(\$121,403)	-21%
23	Laundry / Linen	\$791,143	\$1,688,000	\$896,857	113%
24	Professional / Physician Fees	\$90,075	\$547,000	\$456,925	507%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$9,751,639	\$9,714,000	(\$37,639)	0%
27	Purchased Services - Non Medical	\$44,296,363	\$51,186,000	\$6,889,637	16%
28	Other Business Expenses	\$9,602,887	\$2,350,000	(\$7,252,887)	-76%
	Total Business Expenses	\$106,930,173	\$102,505,000	(\$4,425,173)	-4%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$394,491,000	\$398,392,000	\$3,901,000	1%
	*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	\$52,668,682	\$51,955,994	(\$712,688)	-1%
2	General Accounting	\$2,483,726	\$2,447,260	(\$36,466)	-1%
3	Patient Billing & Collection	\$4,775,668	\$4,787,736	\$12,068	0%
4	Admitting / Registration Office	\$2,494,991	\$3,181,744	\$686,753	28%
5	Data Processing	\$24,410,483	\$26,571,937	\$2,161,454	9%
6	Communications	\$1,532,851	\$832,920	(\$699,931)	-46%
7	Personnel	\$49,984,491	\$33,041,708	(\$16,942,783)	-34%
8	Public Relations	\$3,572,930	\$3,674,535	\$101,605	3%
9	Purchasing	\$915,161	\$1,233,385	\$318,224	35%
10	Dietary and Cafeteria	\$6,499,169	\$6,629,401	\$130,232	2%
11	Housekeeping	\$4,221,589	\$4,362,326	\$140,737	3%
12	Laundry & Linen	\$1,061,110	\$1,219,520	\$158,410	15%
13	Operation of Plant	\$7,020,778	\$6,946,014	(\$74,764)	-1%
14	Security	\$1,969,499	\$2,298,914	\$329,415	17%
15	Repairs and Maintenance	\$9,537,286	\$9,699,824	\$162,538	2%
16	Central Sterile Supply	\$1,033,457	\$975,114	(\$58,343)	-6%
17	Pharmacy Department	\$20,275,053	\$25,699,553	\$5,424,500	27%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$194,456,924	\$185,557,885	(\$8,899,039)	-5%
B.	Professional Services:				
1	Medical Care Administration	\$419,001	\$276,880	(\$142,121)	-34%
2	Residency Program	\$4,560,477	\$4,842,056	\$281,579	6%
3	Nursing Services Administration	\$2,808,416	\$2,737,342	(\$71,074)	-3%
4	Medical Records	\$3,451,543	\$3,788,315	\$336,772	10%
5	Social Service	\$882,374	\$966,786	\$84,412	10%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$12,121,811	\$12,611,379	\$489,568	4%
C.	Special Services:				

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$25,202,994	\$26,152,076	\$949,082	4%
2	Recovery Room	\$1,831,704	\$1,738,067	(\$93,637)	-5%
3	Anesthesiology	\$1,201,723	\$1,304,481	\$102,758	9%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,923,436	\$3,800,982	(\$122,454)	-3%
6	Diagnostic Ultrasound	\$793,505	\$174,137	(\$619,368)	-78%
7	Radiation Therapy	\$1,739,047	\$2,207,990	\$468,943	27%
8	Radioisotopes	\$430,897	\$303,595	(\$127,302)	-30%
9	CT Scan	\$1,531,271	\$1,527,740	(\$3,531)	0%
10	Laboratory	\$7,897,215	\$8,258,450	\$361,235	5%
11	Blood Storing/Processing	\$3,263,226	\$2,487,088	(\$776,138)	-24%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$6,006,433	\$7,908,833	\$1,902,400	32%
14	Electroencephalography	\$42,085	\$58,103	\$16,018	38%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,722,786	\$2,950,203	\$227,417	8%
19	Pulmonary Function	\$469,098	\$384,642	(\$84,456)	-18%
20	Intravenous Therapy	\$206,903	\$140,555	(\$66,348)	-32%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$1,599,825	\$983,022	(\$616,803)	-39%
24	Emergency Room	\$17,235,710	\$20,758,018	\$3,522,308	20%
25	MRI	\$535,039	\$517,500	(\$17,539)	-3%
26	PET Scan	\$101,230	\$167,214	\$65,984	65%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,184,031	\$1,366,862	\$182,831	15%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$13,489,402	\$13,642,748	\$153,346	1%
32	Occupational Therapy / Physical Therapy	\$2,544,660	\$2,661,178	\$116,518	5%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,814,071	\$3,548,166	\$734,095	26%
	Total Special Services	\$96,766,291	\$103,041,650	\$6,275,359	6%
D.	Routine Services:				
1	Medical & Surgical Units	\$39,985,884	\$46,460,571	\$6,474,687	16%
2	Intensive Care Unit	\$8,671,192	\$9,476,813	\$805,621	9%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$12,928,211	\$10,295,738	(\$2,632,473)	-20%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,128,326	\$4,216,850	\$88,524	2%
7	Newborn Nursery Unit	\$1,302,788	\$1,342,081	\$39,293	3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,270,425	\$2,460,680	\$190,255	8%
10	Ambulatory Surgery	\$6,122,387	\$6,762,581	\$640,194	10%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$15,573,960	\$15,815,651	\$241,691	2%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$90,983,173	\$96,830,965	\$5,847,792	6%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$162,801	\$350,121	\$187,320	115%
	Total Operating Expenses - All Departments*	\$394,491,000	\$398,392,000	\$3,901,000	1%
	*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 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$424,565,000	\$408,184,000	\$401,065,000
2	Other Operating Revenue	12,922,000	16,547,000	20,648,000
3	Total Operating Revenue	\$437,487,000	\$424,731,000	\$421,713,000
4	Total Operating Expenses	373,601,000	394,491,000	398,392,000
5	Income/(Loss) From Operations	\$63,886,000	\$30,240,000	\$23,321,000
6	Total Non-Operating Revenue	23,224,000	23,663,000	21,661,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$87,110,000	\$53,903,000	\$44,982,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	13.87%	6.74%	5.26%
2	Hospital Non Operating Margin	5.04%	5.28%	4.89%
3	Hospital Total Margin	18.91%	12.02%	10.15%
4	Income/(Loss) From Operations	\$63,886,000	\$30,240,000	\$23,321,000
5	Total Operating Revenue	\$437,487,000	\$424,731,000	\$421,713,000
6	Total Non-Operating Revenue	\$23,224,000	\$23,663,000	\$21,661,000
7	Total Revenue	\$460,711,000	\$448,394,000	\$443,374,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$87,110,000	\$53,903,000	\$44,982,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$475,180,000	\$517,788,000	\$522,872,000
2	Hospital Total Net Assets	\$495,284,000	\$538,420,000	\$544,973,000
3	Hospital Change in Total Net Assets	\$49,357,000	\$43,136,000	\$6,553,000
4	Hospital Change in Total Net Assets %	111.1%	8.7%	1.2%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.33	0.33	0.33
2	Total Operating Expenses	\$373,601,000	\$394,491,000	\$398,392,000
3	Total Gross Revenue	\$1,116,185,946	\$1,192,685,498	\$1,199,088,712
4	Total Other Operating Revenue	\$12,640,000	\$15,967,000	\$20,648,000
5	<u>Private Payment to Cost Ratio</u>	1.66	1.78	1.69
6	Total Non-Government Payments	\$177,867,493	\$187,090,654	\$185,574,186
7	Total Uninsured Payments	\$2,457,082	\$3,466,251	\$4,045,716
8	Total Non-Government Charges	\$372,848,807	\$373,127,096	\$379,181,443
9	Total Uninsured Charges	\$54,347,560	\$56,404,564	\$50,409,006
10	<u>Medicare Payment to Cost Ratio</u>	0.94	0.86	0.84
11	Total Medicare Payments	\$162,070,592	\$160,682,023	\$156,655,774
12	Total Medicare Charges	\$523,582,724	\$575,019,746	\$573,382,280
13	<u>Medicaid Payment to Cost Ratio</u>	0.70	0.72	0.76
14	Total Medicaid Payments	\$50,085,998	\$56,472,732	\$60,356,548
15	Total Medicaid Charges	\$217,089,172	\$241,466,815	\$244,623,607
16	<u>Uncompensated Care Cost</u>	\$14,145,742	\$13,319,286	\$15,738,901
17	Charity Care	\$15,330,000	\$14,991,000	\$17,249,000
18	Bad Debts	\$27,411,000	\$25,817,000	\$30,938,000
19	Total Uncompensated Care	\$42,741,000	\$40,808,000	\$48,187,000
20	<u>Uncompensated Care % of Total Expenses</u>	3.8%	3.4%	4.0%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$373,601,000	\$394,491,000	\$398,392,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1	2	1
2	Total Current Assets	\$84,726,000	\$90,802,000	\$78,914,000
3	Total Current Liabilities	\$66,349,000	\$55,537,000	\$55,265,000
4	<u>Days Cash on Hand</u>	20	4	1
5	Cash and Cash Equivalents	\$4,388,000	\$3,609,000	\$654,000
6	Short Term Investments	14,580,000	0	0
7	Total Cash and Short Term Investments	\$18,968,000	\$3,609,000	\$654,000
8	Total Operating Expenses	\$373,601,000	\$394,491,000	\$398,392,000
9	Depreciation Expense	\$22,796,000	\$24,642,000	\$26,699,000
10	Operating Expenses less Depreciation Expense	\$350,805,000	\$369,849,000	\$371,693,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	34	41	47
12	Net Patient Accounts Receivable	\$51,340,000	\$52,068,000	\$61,867,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$12,000,000	\$5,681,000	\$10,642,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$39,340,000	\$46,387,000	\$51,225,000
16	Total Net Patient Revenue	\$424,565,000	\$408,184,000	\$401,065,000
17	<u>Average Payment Period</u>	69	55	54
18	Total Current Liabilities	\$66,349,000	\$55,537,000	\$55,265,000
19	Total Operating Expenses	\$373,601,000	\$394,491,000	\$398,392,000
20	Depreciation Expense	\$22,796,000	\$24,642,000	\$26,699,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
21	Total Operating Expenses less Depreciation Expense	\$350,805,000	\$369,849,000	\$371,693,000
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	77.6	80.6	80.9
2	Total Net Assets	\$495,284,000	\$538,420,000	\$544,973,000
3	Total Assets	\$638,641,000	\$668,337,000	\$673,895,000
4	<u>Cash Flow to Total Debt Ratio</u>	88.9	69.5	64.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$87,110,000	\$53,903,000	\$44,982,000
6	Depreciation Expense	\$22,796,000	\$24,642,000	\$26,699,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$109,906,000	\$78,545,000	\$71,681,000
8	Total Current Liabilities	\$66,349,000	\$55,537,000	\$55,265,000
9	Total Long Term Debt	\$57,226,000	\$57,489,000	\$56,503,000
10	Total Current Liabilities and Total Long Term Debt	\$123,575,000	\$113,026,000	\$111,768,000
11	<u>Long Term Debt to Capitalization Ratio</u>	10.4	9.6	9.4
12	Total Long Term Debt	\$57,226,000	\$57,489,000	\$56,503,000
13	Total Net Assets	\$495,284,000	\$538,420,000	\$544,973,000
14	Total Long Term Debt and Total Net Assets	\$552,510,000	\$595,909,000	\$601,476,000
15	<u>Debt Service Coverage Ratio</u>	43.0	33.4	27.7
16	Excess Revenues over Expenses	87,110,000	\$53,903,000	\$44,982,000
17	Interest Expense	2,149,000	\$1,954,000	\$1,818,000
18	Depreciation and Amortization Expense	22,796,000	\$24,642,000	\$26,699,000
19	Principal Payments	458,802	\$458,802	\$838,147
G. <u>Other Financial Ratios</u>				

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
20	Average Age of Plant	9.6	9.6	9.7
21	Accumulated Depreciation	218,139,000	237,495,000	258,287,000
22	Depreciation and Amortization Expense	22,796,000	24,642,000	26,699,000
H. Utilization Measures Summary				
1	Patient Days	122,878	120,574	110,756
2	Discharges	21,912	20,324	18,711
3	ALOS	5.6	5.9	5.9
4	Staffed Beds	456	424	424
5	Available Beds	-	446	446
6	Licensed Beds	456	520	520
7	Occupancy of Staffed Beds	73.8%	77.9%	71.6%
8	Occupancy of Available Beds	73.8%	74.1%	68.0%
9	Full Time Equivalent Employees	2,078.2	2,263.2	2,281.8
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	28.5%	26.6%	27.4%
2	Medicare Gross Revenue Payer Mix Percentage	46.9%	48.2%	47.8%
3	Medicaid Gross Revenue Payer Mix Percentage	19.4%	20.2%	20.4%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.1%
5	Uninsured Gross Revenue Payer Mix Percentage	4.9%	4.7%	4.2%
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)	\$318,501,247	\$316,722,532	\$328,772,437
9	Medicare Gross Revenue (Charges)	\$523,582,724	\$575,019,746	\$573,382,280
10	Medicaid Gross Revenue (Charges)	\$217,089,172	\$241,466,815	\$244,623,607
11	Other Medical Assistance Gross Revenue (Charges)	\$1,723,520	\$2,039,689	\$1,100,486
12	Uninsured Gross Revenue (Charges)	\$54,347,560	\$56,404,564	\$50,409,006
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$941,723	\$1,032,152	\$800,896
14	Total Gross Revenue (Charges)	\$1,116,185,946	\$1,192,685,498	\$1,199,088,712
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	44.9%	45.3%	45.0%
2	Medicare Net Revenue Payer Mix Percentage	41.5%	39.7%	38.9%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
3	Medicaid Net Revenue Payer Mix Percentage	12.8%	13.9%	15.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.2%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.6%	0.9%	1.0%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.0%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$175,410,411	\$183,624,403	\$181,528,470
9	Medicare Net Revenue (Payments)	\$162,070,592	\$160,682,023	\$156,655,774
10	Medicaid Net Revenue (Payments)	\$50,085,998	\$56,472,732	\$60,356,548
11	Other Medical Assistance Net Revenue (Payments)	\$577,767	\$701,192	\$167,757
12	Uninsured Net Revenue (Payments)	\$2,457,082	\$3,466,251	\$4,045,716
13	CHAMPUS / TRICARE Net Revenue Payments)	\$343,835	\$152,676	\$247,503
14	Total Net Revenue (Payments)	\$390,945,685	\$405,099,277	\$403,001,768
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	6,919	6,023	5,420
2	Medicare	10,153	9,550	8,674
3	Medical Assistance	4,811	4,721	4,589
4	Medicaid	4,773	4,685	4,548
5	Other Medical Assistance	38	36	41
6	CHAMPUS / TRICARE	29	30	28
7	Uninsured (Included In Non-Government)	950	793	584
8	Total	21,912	20,324	18,711
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.24030	1.27660	1.34360
2	Medicare	1.45850	1.53370	1.55610
3	Medical Assistance	1.05072	1.03923	1.07631
4	Medicaid	1.05100	1.04000	1.07420
5	Other Medical Assistance	1.01580	0.93920	1.31090
6	CHAMPUS / TRICARE	0.74760	0.99130	0.84150
7	Uninsured (Included In Non-Government)	1.05670	1.09140	1.19770
8	Total Case Mix Index	1.29913	1.34185	1.37581
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	15,374	14,293	13,155
2	Emergency Room - Treated and Discharged	64,398	64,264	57,689
3	Total Emergency Room Visits	79,772	78,557	70,844

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$5,128,097	\$2,410,637	(\$2,717,460)	-53%
2	Inpatient Payments	\$1,502,374	\$665,365	(\$837,009)	-56%
3	Outpatient Charges	\$1,581,624	\$760,978	(\$820,646)	-52%
4	Outpatient Payments	\$844,112	\$239,375	(\$604,737)	-72%
5	Discharges	109	57	(52)	-48%
6	Patient Days	653	331	(322)	-49%
7	Outpatient Visits (Excludes ED Visits)	655	474	(181)	-28%
8	Emergency Department Outpatient Visits	100	59	(41)	-41%
9	Emergency Department Inpatient Admissions	77	42	(35)	-45%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,709,721	\$3,171,615	(\$3,538,106)	-53%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,346,486	\$904,740	(\$1,441,746)	-61%
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	\$19,144,184	\$24,855,573	\$5,711,389	30%
2	Inpatient Payments	\$6,014,372	\$6,307,397	\$293,025	5%
3	Outpatient Charges	\$7,402,606	\$10,436,568	\$3,033,962	41%
4	Outpatient Payments	\$1,593,551	\$2,228,713	\$635,162	40%
5	Discharges	403	517	114	28%
6	Patient Days	2,425	3,040	615	25%
7	Outpatient Visits (Excludes ED Visits)	2,698	3,757	1,059	39%
8	Emergency Department Outpatient Visits	421	502	81	19%
9	Emergency Department Inpatient Admissions	298	407	109	37%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$26,546,790	\$35,292,141	\$8,745,351	33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,607,923	\$8,536,110	\$928,187	12%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$62,450	\$62,450	0%
2	Inpatient Payments	\$0	\$24,962	\$24,962	0%
3	Outpatient Charges	\$25,998	\$155,619	\$129,621	499%
4	Outpatient Payments	\$16,367	\$30,540	\$14,173	87%
5	Discharges	0	10	10	0%
6	Patient Days	0	52	52	0%
7	Outpatient Visits (Excludes ED Visits)	19	498	479	2521%
8	Emergency Department Outpatient Visits	0	51	51	0%
9	Emergency Department Inpatient Admissions	0	40	40	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,998	\$218,069	\$192,071	739%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,367	\$55,502	\$39,135	239%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$196,735	\$196,735	0%
2	Inpatient Payments	\$0	\$27,892	\$27,892	0%
3	Outpatient Charges	\$60,716	\$124,920	\$64,204	106%
4	Outpatient Payments	\$9,172	\$5,665	(\$3,507)	-38%
5	Discharges	0	2	2	0%
6	Patient Days	0	20	20	0%
7	Outpatient Visits (Excludes ED Visits)	52	30	(22)	-42%
8	Emergency Department Outpatient Visits	6	2	(4)	-67%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$60,716	\$321,655	\$260,939	430%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,172	\$33,557	\$24,385	266%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$76,546,496	\$64,718,750	(\$11,827,746)	-15%
2	Inpatient Payments	\$22,615,190	\$17,015,034	(\$5,600,156)	-25%
3	Outpatient Charges	\$23,417,744	\$19,166,550	(\$4,251,194)	-18%
4	Outpatient Payments	\$5,864,409	\$4,114,468	(\$1,749,941)	-30%
5	Discharges	1,746	1,321	(425)	-24%
6	Patient Days	10,628	8,453	(2,175)	-20%
7	Outpatient Visits (Excludes ED Visits)	7,985	5,969	(2,016)	-25%
8	Emergency Department Outpatient Visits	1,710	1,457	(253)	-15%
9	Emergency Department Inpatient Admissions	1,461	1,113	(348)	-24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$99,964,240	\$83,885,300	(\$16,078,940)	-16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$28,479,599	\$21,129,502	(\$7,350,097)	-26%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$10,669,449	\$12,537,273	\$1,867,824	18%
2	Inpatient Payments	\$2,629,807	\$2,572,419	(\$57,388)	-2%
3	Outpatient Charges	\$4,263,098	\$5,224,156	\$961,058	23%
4	Outpatient Payments	\$845,549	\$1,026,140	\$180,591	21%
5	Discharges	235	273	38	16%
6	Patient Days	1,516	1,773	257	17%
7	Outpatient Visits (Excludes ED Visits)	1,392	1,784	392	28%
8	Emergency Department Outpatient Visits	524	791	267	51%
9	Emergency Department Inpatient Admissions	200	246	46	23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,932,547	\$17,761,429	\$2,828,882	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,475,356	\$3,598,559	\$123,203	4%
I.	AETNA				
1	Inpatient Charges	\$30,701,978	\$22,583,872	(\$8,118,106)	-26%
2	Inpatient Payments	\$7,946,578	\$6,139,451	(\$1,807,127)	-23%
3	Outpatient Charges	\$9,564,170	\$9,589,702	\$25,532	0%
4	Outpatient Payments	\$2,277,666	\$1,907,647	(\$370,019)	-16%
5	Discharges	643	459	(184)	-29%
6	Patient Days	4,252	2,968	(1,284)	-30%
7	Outpatient Visits (Excludes ED Visits)	3,578	3,290	(288)	-8%
8	Emergency Department Outpatient Visits	573	557	(16)	-3%
9	Emergency Department Inpatient Admissions	507	340	(167)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$40,266,148	\$32,173,574	(\$8,092,574)	-20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,224,244	\$8,047,098	(\$2,177,146)	-21%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$780,887	\$436,481	(\$344,406)	-44%
2	Inpatient Payments	\$188,828	\$100,926	(\$87,902)	-47%
3	Outpatient Charges	\$346,727	\$230,230	(\$116,497)	-34%
4	Outpatient Payments	\$83,358	\$120,849	\$37,491	45%
5	Discharges	17	11	(6)	-35%
6	Patient Days	116	66	(50)	-43%
7	Outpatient Visits (Excludes ED Visits)	106	61	(45)	-42%
8	Emergency Department Outpatient Visits	35	20	(15)	-43%
9	Emergency Department Inpatient Admissions	17	7	(10)	-59%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,127,614	\$666,711	(\$460,903)	-41%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$272,186	\$221,775	(\$50,411)	-19%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$1,024,199	\$524,528	(\$499,671)	-49%
2	Inpatient Payments	\$300,399	\$130,278	(\$170,121)	-57%
3	Outpatient Charges	\$239,969	\$177,491	(\$62,478)	-26%
4	Outpatient Payments	\$42,334	\$23,187	(\$19,147)	-45%
5	Discharges	22	4	(18)	-82%
6	Patient Days	152	21	(131)	-86%
7	Outpatient Visits (Excludes ED Visits)	81	34	(47)	-58%
8	Emergency Department Outpatient Visits	17	8	(9)	-53%
9	Emergency Department Inpatient Admissions	20	7	(13)	-65%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,264,168	\$702,019	(\$562,149)	-44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$342,733	\$153,465	(\$189,268)	-55%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$143,995,290	\$128,326,299	(\$15,668,991)	-11%
	TOTAL INPATIENT PAYMENTS	\$41,197,548	\$32,983,724	(\$8,213,824)	-20%
	TOTAL OUTPATIENT CHARGES	\$46,902,652	\$45,866,214	(\$1,036,438)	-2%
	TOTAL OUTPATIENT PAYMENTS	\$11,576,518	\$9,696,584	(\$1,879,934)	-16%
	TOTAL DISCHARGES	3,175	2,654	(521)	-16%
	TOTAL PATIENT DAYS	19,742	16,724	(3,018)	-15%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	16,566	15,897	(669)	-4%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,386	3,447	61	2%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,581	2,203	(378)	-15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$190,897,942	\$174,192,513	(\$16,705,429)	-9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$52,774,066	\$42,680,308	(\$10,093,758)	-19%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

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

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

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

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

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

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$5,001,000	\$3,300,000	(\$1,701,000)	-34%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$56,043,000	\$67,589,000	\$11,546,000	21%
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	\$4,877,000	\$4,264,000	(\$613,000)	-13%
8	Prepaid Expenses	\$3,244,000	\$3,691,000	\$447,000	14%
9	Other Current Assets	\$11,601,000	\$13,622,000	\$2,021,000	17%
	Total Current Assets	\$80,766,000	\$92,466,000	\$11,700,000	14%
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	\$41,679,000	\$43,490,000	\$1,811,000	4%
	Total Noncurrent Assets Whose Use is Limited:	\$41,679,000	\$43,490,000	\$1,811,000	4%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$375,348,000	\$385,447,000	\$10,099,000	3%
7	Other Noncurrent Assets	\$24,235,000	\$43,092,000	\$18,857,000	78%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$470,677,000	\$480,748,000	\$10,071,000	2%
2	Less: Accumulated Depreciation	\$253,094,000	\$275,790,000	\$22,696,000	\$0
	Property, Plant and Equipment, Net	\$217,583,000	\$204,958,000	(\$12,625,000)	-6%
3	Construction in Progress	\$3,172,000	\$2,391,000	(\$781,000)	-25%
	Total Net Fixed Assets	\$220,755,000	\$207,349,000	(\$13,406,000)	-6%
	Total Assets	\$742,783,000	\$771,844,000	\$29,061,000	4%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$33,261,000	\$26,124,000	(\$7,137,000)	-21%
2	Salaries, Wages and Payroll Taxes	\$27,155,000	\$29,153,000	\$1,998,000	7%
3	Due To Third Party Payers	\$5,681,000	\$10,642,000	\$4,961,000	87%
4	Due To Affiliates	\$0	\$4,483,000	\$4,483,000	0%
5	Current Portion of Long Term Debt	\$737,000	\$885,000	\$148,000	20%
6	Current Portion of Notes Payable	\$1,075,000	\$0	(\$1,075,000)	-100%
7	Other Current Liabilities	\$340,000	\$335,000	(\$5,000)	-1%
	Total Current Liabilities	\$68,249,000	\$71,622,000	\$3,373,000	5%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$57,489,000	\$56,503,000	(\$986,000)	-2%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$57,489,000	\$56,503,000	(\$986,000)	-2%
3	Accrued Pension Liability	\$8,531,000	\$5,194,000	(\$3,337,000)	-39%
4	Other Long Term Liabilities	\$12,391,000	\$13,607,000	\$1,216,000	10%
	Total Long Term Liabilities	\$78,411,000	\$75,304,000	(\$3,107,000)	-4%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$569,055,000	\$596,405,000	\$27,350,000	5%
2	Temporarily Restricted Net Assets	\$14,844,000	\$15,750,000	\$906,000	6%
3	Permanently Restricted Net Assets	\$12,224,000	\$12,763,000	\$539,000	4%
	Total Net Assets	\$596,123,000	\$624,918,000	\$28,795,000	5%
	Total Liabilities and Net Assets	\$742,783,000	\$771,844,000	\$29,061,000	4%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,280,211,000	\$1,285,467,000	\$5,256,000	0%
2	Less: Allowances	\$804,184,000	\$802,402,000	(\$1,782,000)	0%
3	Less: Charity Care	\$14,991,000	\$17,265,000	\$2,274,000	15%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$461,036,000	\$465,800,000	\$4,764,000	1%
5	Provision for Bad Debts	\$27,679,000	\$34,098,000	\$6,419,000	23%
	Net Patient Service Revenue less provision for bad debts	\$433,357,000	\$431,702,000	(\$1,655,000)	0%
6	Other Operating Revenue	\$39,575,000	\$47,142,000	\$7,567,000	19%
7	Net Assets Released from Restrictions	\$1,685,000	\$1,614,000	(\$71,000)	-4%
	Total Operating Revenue	\$474,617,000	\$480,458,000	\$5,841,000	1%
B. Operating Expenses:					
1	Salaries and Wages	\$207,998,000	\$206,029,000	(\$1,969,000)	-1%
2	Fringe Benefits	\$55,142,000	\$55,142,000	\$0	0%
3	Physicians Fees	\$13,282,000	\$17,610,000	\$4,328,000	33%
4	Supplies and Drugs	\$43,043,000	\$50,105,000	\$7,062,000	16%
5	Depreciation and Amortization	\$26,417,000	\$28,822,000	\$2,405,000	9%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,954,000	\$1,818,000	(\$136,000)	-7%
8	Malpractice Insurance Cost	\$4,634,000	\$3,290,000	(\$1,344,000)	-29%
9	Other Operating Expenses	\$104,231,000	\$101,241,000	(\$2,990,000)	-3%
	Total Operating Expenses	\$456,701,000	\$464,057,000	\$7,356,000	2%
	Income/(Loss) From Operations	\$17,916,000	\$16,401,000	(\$1,515,000)	-8%
C. Non-Operating Revenue:					
1	Income from Investments	\$28,742,000	\$26,670,000	(\$2,072,000)	-7%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,563,000)	(\$1,630,000)	(\$67,000)	4%
	Total Non-Operating Revenue	\$27,179,000	\$25,040,000	(\$2,139,000)	-8%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$45,095,000	\$41,441,000	(\$3,654,000)	-8%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$45,095,000	\$41,441,000	(\$3,654,000)	-8%

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$442,096,000	\$433,357,000	\$431,702,000
2	Other Operating Revenue	44,022,000	41,260,000	48,756,000
3	Total Operating Revenue	\$486,118,000	\$474,617,000	\$480,458,000
4	Total Operating Expenses	424,803,000	456,701,000	464,057,000
5	Income/(Loss) From Operations	\$61,315,000	\$17,916,000	\$16,401,000
6	Total Non-Operating Revenue	25,565,000	27,179,000	25,040,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$86,880,000	\$45,095,000	\$41,441,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	11.98%	3.57%	3.24%
2	Parent Corporation Non-Operating Margin	5.00%	5.42%	4.95%
3	Parent Corporation Total Margin	16.98%	8.99%	8.20%
4	Income/(Loss) From Operations	\$61,315,000	\$17,916,000	\$16,401,000
5	Total Operating Revenue	\$486,118,000	\$474,617,000	\$480,458,000
6	Total Non-Operating Revenue	\$25,565,000	\$27,179,000	\$25,040,000
7	Total Revenue	\$511,683,000	\$501,796,000	\$505,498,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$86,880,000	\$45,095,000	\$41,441,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$537,187,000	\$569,055,000	\$596,405,000
2	Parent Corporation Total Net Assets	\$564,326,000	\$596,123,000	\$624,918,000
3	Parent Corporation Change in Total Net Assets	\$57,965,000	\$31,797,000	\$28,795,000
4	Parent Corporation Change in Total Net Assets %	111.4%	5.6%	4.8%

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.20	1.18	1.29
2	Total Current Assets	\$95,163,000	\$80,766,000	\$92,466,000
3	Total Current Liabilities	\$79,591,000	\$68,249,000	\$71,622,000
4	<u>Days Cash on Hand</u>	25	4	3
5	Cash and Cash Equivalents	\$7,416,000	\$5,001,000	\$3,300,000
6	Short Term Investments	\$20,274,000	\$0	\$0
7	Total Cash and Short Term Investments	\$27,690,000	\$5,001,000	\$3,300,000
8	Total Operating Expenses	\$424,803,000	\$456,701,000	\$464,057,000
9	Depreciation Expense	\$24,176,000	\$26,417,000	\$28,822,000
10	Operating Expenses less Depreciation Expense	\$400,627,000	\$430,284,000	\$435,235,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	35	42	48
12	Net Patient Accounts Receivable	\$ 54,446,000	\$ 56,043,000	\$ 67,589,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$12,000,000	\$5,681,000	\$10,642,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 42,446,000	\$ 50,362,000	\$ 56,947,000
16	Total Net Patient Revenue	\$442,096,000	\$433,357,000	\$431,702,000
17	<u>Average Payment Period</u>	73	58	60
18	Total Current Liabilities	\$79,591,000	\$68,249,000	\$71,622,000
19	Total Operating Expenses	\$424,803,000	\$456,701,000	\$464,057,000
20	Depreciation Expense	\$24,176,000	\$26,417,000	\$28,822,000
20	Total Operating Expenses less Depreciation Expense	\$400,627,000	\$430,284,000	\$435,235,000

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	77.7	80.3	81.0
2	Total Net Assets	\$564,326,000	\$596,123,000	\$624,918,000
3	Total Assets	\$726,537,000	\$742,783,000	\$771,844,000
4	<u>Cash Flow to Total Debt Ratio</u>	80.5	56.9	54.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$86,880,000	\$45,095,000	\$41,441,000
6	Depreciation Expense	\$24,176,000	\$26,417,000	\$28,822,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$111,056,000	\$71,512,000	\$70,263,000
8	Total Current Liabilities	\$79,591,000	\$68,249,000	\$71,622,000
9	Total Long Term Debt	\$58,301,000	\$57,489,000	\$56,503,000
10	Total Current Liabilities and Total Long Term Debt	\$137,892,000	\$125,738,000	\$128,125,000
11	<u>Long Term Debt to Capitalization Ratio</u>	9.4	8.8	8.3
12	Total Long Term Debt	\$58,301,000	\$57,489,000	\$56,503,000
13	Total Net Assets	\$564,326,000	\$596,123,000	\$624,918,000
14	Total Long Term Debt and Total Net Assets	\$622,627,000	\$653,612,000	\$681,421,000

SAINT VINCENT'S MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	67,605	13,248	14,153	243	253	76.2%	73.2%
2	ICU/CCU (Excludes Neonatal ICU)	6,499	355	0	30	30	59.4%	59.4%
3	Psychiatric: Ages 0 to 17	4,156	500	395	17	17	67.0%	67.0%
4	Psychiatric: Ages 18+	23,710	2,319	1,727	75	75	86.6%	86.6%
	TOTAL PSYCHIATRIC	27,866	2,819	2,122	92	92	83.0%	83.0%
5	Rehabilitation	3,060	209	226	10	10	83.8%	83.8%
6	Maternity	2,657	1,022	1,176	22	26	33.1%	28.0%
7	Newborn	3,069	1,058	971	27	35	31.1%	24.0%
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	107,687	17,298	17,677	397	411	74.3%	71.8%
	TOTAL INPATIENT BED UTILIZATION	110,756	18,356	18,648	424	446	71.6%	68.0%
	TOTAL INPATIENT REPORTED YEAR	110,756	18,356	18,648	424	446	71.6%	68.0%
	TOTAL INPATIENT PRIOR YEAR	120,574	20,324	18,236	424	446	77.9%	74.1%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-9,818	-1,968	412	0	0	-6.3%	-6.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-8%	-10%	2%	0%	0%	-8%	-8%
	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 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	13,667	12,350	-1,317	-10%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,854	6,161	307	5%
3	Emergency Department Scans	14,174	13,544	-630	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	33,695	32,055	-1,640	-5%
B. MRI Scans (A)					
1	Inpatient Scans	1,754	1,727	-27	-2%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,064	1,899	-165	-8%
3	Emergency Department Scans	279	251	-28	-10%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,097	3,877	-220	-5%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	3	3	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	3	3	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	46	28	-18	-39%
2	Outpatient Scans (Excluding Emergency Department Scans)	569	584	15	3%
3	Emergency Department Scans	1	0	-1	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	616	612	-4	-1%
(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	1,034	1,141	107	10%
2	Outpatient Procedures	17,479	14,696	-2,783	-16%
	Total Linear Accelerator Procedures	18,513	15,837	-2,676	-14%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	902	706	-196	-22%
2	Outpatient Procedures	760	686	-74	-10%
	Total Cardiac Catheterization Procedures	1,662	1,392	-270	-16%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	307	567	260	85%
2	Elective Procedures	511	428	-83	-16%
	Total Cardiac Angioplasty Procedures	818	995	177	22%
H. Electrophysiology Studies					
1	Inpatient Studies	589	419	-170	-29%
2	Outpatient Studies	438	289	-149	-34%
	Total Electrophysiology Studies	1,027	708	-319	-31%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	4,424	5,182	758	17%
2	Outpatient Surgical Procedures	5,983	3,503	-2,480	-41%
	Total Surgical Procedures	10,407	8,685	-1,722	-17%
J. Endoscopy Procedures					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	1,691	1,955	264	16%
2	Outpatient Endoscopy Procedures	4,856	5,065	209	4%
	Total Endoscopy Procedures	6,547	7,020	473	7%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	14,293	13,155	-1,138	-8%
2	Emergency Room Visits: Treated and Discharged	64,264	57,689	-6,575	-10%
	Total Emergency Room Visits	78,557	70,844	-7,713	-10%
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	20,634	18,590	-2,044	-10%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	62,109	47,258	-14,851	-24%
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	0	0	0	0%
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 Speciality Clinics	19,377	15,070	-4,307	-22%
	Total Hospital Clinic Visits	102,120	80,918	-21,202	-21%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	11,997	9,305	-2,692	-22%
2	Cardiac Rehabilitation	5,738	5,346	-392	-7%
3	Chemotherapy	1,759	2,815	1,056	60%
4	Gastroenterology	3,387	3,184	-203	-6%
5	Other Outpatient Visits	89,152	79,469	-9,683	-11%
	Total Other Hospital Outpatient Visits	112,033	100,119	-11,914	-11%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	853.0	936.7	83.7	10%
2	Total Physician FTEs	69.9	65.2	-4.7	-7%
3	Total Non-Nursing and Non-Physician FTEs	1,340.3	1,279.9	-60.4	-5%
	Total Hospital Full Time Equivalent Employees	2,263.2	2,281.8	18.6	1%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	St. Vincents Medical Center	5,983	3,503	-2,480	-41%
	Total Outpatient Surgical Procedures(A)	5,983	3,503	-2,480	-41%
B. Outpatient Endoscopy Procedures					
1	St. Vincents Medical Center	4,856	5,065	209	4%
	Total Outpatient Endoscopy Procedures(B)	4,856	5,065	209	4%
C. Outpatient Hospital Emergency Room Visits					
1	St. Vincents Medical Center	64,264	57,689	-6,575	-10%
	Total Outpatient Hospital Emergency Room Visits(C)	64,264	57,689	-6,575	-10%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$438,086,271	\$421,061,707	(\$17,024,564)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$126,929,300	\$120,638,609	(\$6,290,691)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.97%	28.65%	-0.32%	-1%
4	DISCHARGES	9,550	8,674	(876)	-9%
5	CASE MIX INDEX (CMI)	1.53370	1.55610	0.02240	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,646.83500	13,497.61140	(1,149.22360)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,665.99	\$8,937.77	\$271.79	3%
8	PATIENT DAYS	64,221	57,146	(7,075)	-11%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,976.45	\$2,111.06	\$134.61	7%
10	AVERAGE LENGTH OF STAY	6.7	6.6	(0.1)	-2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$136,933,475	\$152,320,573	\$15,387,098	11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$33,752,723	\$36,017,165	\$2,264,442	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.65%	23.65%	-1.00%	-4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	31.26%	36.18%	4.92%	16%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,985.06201	3,137.85041	152.78840	5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,307.21	\$11,478.29	\$171.08	2%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$575,019,746	\$573,382,280	(\$1,637,466)	0%
18	TOTAL ACCRUED PAYMENTS	\$160,682,023	\$156,655,774	(\$4,026,249)	-3%
19	TOTAL ALLOWANCES	\$414,337,723	\$416,726,506	\$2,388,783	1%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$181,894,656	\$188,632,348	\$6,737,692	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$95,113,264	\$94,288,743	(\$824,521)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.29%	49.99%	-2.30%	-4%
4	DISCHARGES	6,023	5,420	(603)	-10%
5	CASE MIX INDEX (CMI)	1.27660	1.34360	0.06700	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,688.96180	7,282.31200	(406.64980)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,370.10	\$12,947.64	\$577.53	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,704.12)	(\$4,009.86)	(\$305.75)	8%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$28,480,811)	(\$29,201,079)	(\$720,268)	3%
10	PATIENT DAYS	27,434	24,995	(2,439)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,466.98	\$3,772.30	\$305.32	9%
12	AVERAGE LENGTH OF STAY	4.6	4.6	0.1	1%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$191,232,440	\$190,549,095	(\$683,345)	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$91,977,390	\$91,285,443	(\$691,947)	-1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	48.10%	47.91%	-0.19%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	105.13%	101.02%	-4.12%	-4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,332.19805	5,475.07416	(857.12389)	-14%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$14,525.35	\$16,672.91	\$2,147.56	15%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$3,218.14)	(\$5,194.62)	(\$1,976.48)	61%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$20,377,897)	(\$28,440,940)	(\$8,063,043)	40%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$373,127,096	\$379,181,443	\$6,054,347	2%
22	TOTAL ACCRUED PAYMENTS	\$187,090,654	\$185,574,186	(\$1,516,468)	-1%
23	TOTAL ALLOWANCES	\$186,036,442	\$193,607,257	\$7,570,815	4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$48,858,708)	(\$57,642,019)	(\$8,783,311)	18%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$349,570,952	\$328,772,437	(\$20,798,515)	-6%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$205,239,440	\$181,528,473	(\$23,710,967)	-12%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$144,331,512	\$147,243,964	\$2,912,452	2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.29%	44.79%	3.50%	

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$21,755,534	\$20,452,129	(\$1,303,405)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$167,941	\$1,347,825	\$1,179,884	703%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.77%	6.59%	5.82%	754%
4	DISCHARGES	793	584	(209)	-26%
5	CASE MIX INDEX (CMI)	1.09140	1.19770	0.10630	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	865.48020	699.45680	(166.02340)	-19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$194.04	\$1,926.96	\$1,732.92	893%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$12,176.06	\$11,020.68	(\$1,155.38)	-9%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,471.94	\$7,010.82	(\$1,461.13)	-17%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,332,300	\$4,903,762	(\$2,428,538)	-33%
11	PATIENT DAYS	4,263	3,329	(934)	-22%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$39.40	\$404.87	\$365.48	928%
13	AVERAGE LENGTH OF STAY	5.4	5.7	0.3	6%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,649,030	\$29,956,877	(\$4,692,153)	-14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$3,298,310	\$2,697,891	(\$600,419)	-18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	9.52%	9.01%	-0.51%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	159.27%	146.47%	-12.79%	-8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,262.97432	855.40318	(407.57114)	-32%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,611.54	\$3,153.94	\$542.40	21%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,913.81	\$13,518.97	\$1,605.17	13%
21	MEDICARE - UNINSURED OP PMT / OPED	\$8,695.67	\$8,324.35	(\$371.32)	-4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,982,406	\$7,120,677	(\$3,861,729)	-35%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$56,404,564	\$50,409,006	(\$5,995,558)	-11%
24	TOTAL ACCRUED PAYMENTS	\$3,466,251	\$4,045,716	\$579,465	17%
25	TOTAL ALLOWANCES	\$52,938,313	\$46,363,290	(\$6,575,023)	-12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,314,706	\$12,024,439	(\$6,290,267)	-34%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$140,676,638	\$144,867,015	\$4,190,377	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$34,020,629	\$36,206,115	\$2,185,486	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.18%	24.99%	0.81%	3%
4	DISCHARGES	4,685	4,548	(137)	-3%
5	CASE MIX INDEX (CMI)	1.04000	1.07420	0.03420	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,872.40000	4,885.46160	13.06160	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,982.31	\$7,410.99	\$428.68	6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,387.79	\$5,536.65	\$148.86	3%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,683.67	\$1,526.78	(\$156.89)	-9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,203,532	\$7,459,040	(\$744,492)	-9%
11	PATIENT DAYS	28,549	28,260	(289)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,191.66	\$1,281.18	\$89.52	8%
13	AVERAGE LENGTH OF STAY	6.1	6.2	0.1	2%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$100,790,177	\$99,756,592	(\$1,033,585)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,452,103	\$24,150,433	\$1,698,330	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.28%	24.21%	1.93%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	71.65%	68.86%	-2.79%	-4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,356.64817	3,131.78939	(224.85878)	-7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,688.85	\$7,711.38	\$1,022.54	15%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,836.50	\$8,961.53	\$1,125.03	14%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,618.36	\$3,766.91	(\$851.46)	-18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,502,223	\$11,797,162	(\$3,705,061)	-24%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$241,466,815	\$244,623,607	\$3,156,792	1%
24	TOTAL ACCRUED PAYMENTS	\$56,472,732	\$60,356,548	\$3,883,816	7%
25	TOTAL ALLOWANCES	\$184,994,083	\$184,267,059	(\$727,024)	0%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$23,705,755	\$19,256,202	(\$4,449,553)	-19%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$1,208,411	\$932,663	(\$275,748)	-23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$492,200	\$107,170	(\$385,030)	-78%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.73%	11.49%	-29.24%	-72%
4	DISCHARGES	36	41	5	14%
5	CASE MIX INDEX (CMI)	0.93920	1.31090	0.37170	40%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	33.81120	53.74690	19.93570	59%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$14,557.31	\$1,993.98	(\$12,563.33)	-86%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$2,187.20)	\$10,953.66	\$13,140.86	-601%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$5,891.32)	\$6,943.80	\$12,835.12	-218%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$199,193)	\$373,208	\$572,400	-287%
11	PATIENT DAYS	260	238	(22)	-8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,893.08	\$450.29	(\$1,442.78)	-76%
13	AVERAGE LENGTH OF STAY	7.2	5.8	(1.4)	-20%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$831,278	\$167,823	(\$663,455)	-80%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$208,992	\$60,587	(\$148,405)	-71%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.14%	36.10%	10.96%	44%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	68.79%	17.99%	-50.80%	-74%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	24.76476	7.37752	(17.38724)	-70%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,439.09	\$8,212.38	(\$226.71)	-3%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,086.26	\$8,460.54	\$2,374.28	39%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,868.12	\$3,265.92	\$397.79	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$71,028	\$24,094	(\$46,934)	-66%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$2,039,689	\$1,100,486	(\$939,203)	-46%
24	TOTAL ACCRUED PAYMENTS	\$701,192	\$167,757	(\$533,435)	-76%
25	TOTAL ALLOWANCES	\$1,338,497	\$932,729	(\$405,768)	-30%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$128,164)	\$397,302	\$525,466	-410%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$141,885,049	\$145,799,678	\$3,914,629	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$34,512,829	\$36,313,285	\$1,800,456	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.32%	24.91%	0.58%	2%
4	DISCHARGES	4,721	4,589	(132)	-3%
5	CASE MIX INDEX (CMI)	1.03923	1.07631	0.03708	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,906.21120	4,939.20850	32.99730	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,034.52	\$7,352.05	\$317.53	5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,335.59	\$5,595.59	\$260.01	5%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,631.47	\$1,585.73	(\$45.74)	-3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,004,340	\$7,832,248	(\$172,092)	-2%
11	PATIENT DAYS	28,809	28,498	(311)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,197.99	\$1,274.24	\$76.25	6%
13	AVERAGE LENGTH OF STAY	6.1	6.2	0.1	2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$101,621,455	\$99,924,415	(\$1,697,040)	-2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,661,095	\$24,211,020	\$1,549,925	7%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.30%	24.23%	1.93%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	71.62%	68.54%	-3.09%	-4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,381.41293	3,139.16691	(242.24602)	-7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,701.66	\$7,712.56	\$1,010.90	15%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,823.69	\$8,960.35	\$1,136.67	15%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,605.55	\$3,765.73	(\$839.82)	-18%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,573,251	\$11,821,256	(\$3,751,995)	-24%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$243,506,504	\$245,724,093	\$2,217,589	1%
24	TOTAL ACCRUED PAYMENTS	\$57,173,924	\$60,524,305	\$3,350,381	6%
25	TOTAL ALLOWANCES	\$186,332,580	\$185,199,788	(\$1,132,792)	-1%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$593,771	\$542,043	(\$51,728)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$109,681	\$154,612	\$44,931	41%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.47%	28.52%	10.05%	54%
4	DISCHARGES	30	28	(2)	-7%
5	CASE MIX INDEX (CMI)	0.99130	0.84150	(0.14980)	-15%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	29.73900	23.56200	(6.17700)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,688.12	\$6,561.92	\$2,873.80	78%
8	PATIENT DAYS	110	117	7	6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$997.10	\$1,321.47	\$324.37	33%
10	AVERAGE LENGTH OF STAY	3.7	4.2	0.5	14%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$438,381	\$258,853	(\$179,528)	-41%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$42,995	\$92,891	\$49,896	116%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,032,152	\$800,896	(\$231,256)	-22%
14	TOTAL ACCRUED PAYMENTS	\$152,676	\$247,503	\$94,827	62%
15	TOTAL ALLOWANCES	\$879,476	\$553,393	(\$326,083)	-37%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$15,967,000	\$20,648,000	\$4,681,000	29%
2	TOTAL OPERATING EXPENSES	\$394,491,000	\$398,392,000	\$3,901,000	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$14,991,000	\$17,249,000	\$2,258,000	15%
5	BAD DEBTS (CHARGES)	\$25,817,000	\$30,938,000	\$5,121,000	20%
6	UNCOMPENSATED CARE (CHARGES)	\$40,808,000	\$48,187,000	\$7,379,000	18%
7	COST OF UNCOMPENSATED CARE	\$13,352,022	\$15,999,138	\$2,647,116	20%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$243,506,504	\$245,724,093	\$2,217,589	1%
9	TOTAL ACCRUED PAYMENTS	\$57,173,924	\$60,524,305	\$3,350,381	6%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$79,673,206	\$81,585,774	\$1,912,568	2%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$22,499,282	\$21,061,469	(\$1,437,813)	-6%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$762,459,747	\$756,035,776	(\$6,423,971)	-1%
2	TOTAL INPATIENT PAYMENTS	\$256,665,074	\$251,395,249	(\$5,269,825)	-2%
3	TOTAL INPATIENT PAYMENTS / CHARGES	33.66%	33.25%	-0.41%	-1%
4	TOTAL DISCHARGES	20,324	18,711	(1,613)	-8%
5	TOTAL CASE MIX INDEX	1.34185	1.37581	0.03396	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	27,271.74700	25,742.69390	(1,529.05310)	-6%
7	TOTAL OUTPATIENT CHARGES	\$430,225,751	\$443,052,936	\$12,827,185	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	56.43%	58.60%	2.18%	4%
9	TOTAL OUTPATIENT PAYMENTS	\$148,434,203	\$151,606,519	\$3,172,316	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.50%	34.22%	-0.28%	-1%
11	TOTAL CHARGES	\$1,192,685,498	\$1,199,088,712	\$6,403,214	1%
12	TOTAL PAYMENTS	\$405,099,277	\$403,001,768	(\$2,097,509)	-1%
13	TOTAL PAYMENTS / TOTAL CHARGES	33.97%	33.61%	-0.36%	-1%
14	PATIENT DAYS	120,574	110,756	(9,818)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$580,565,091	\$567,403,428	(\$13,161,663)	-2%
2	INPATIENT PAYMENTS	\$161,551,810	\$157,106,506	(\$4,445,304)	-3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.83%	27.69%	-0.14%	0%
4	DISCHARGES	14,301	13,291	(1,010)	-7%
5	CASE MIX INDEX	1.36933	1.38894	0.01961	1%
6	CASE MIX ADJUSTED DISCHARGES	19,582.78520	18,460.38190	(1,122.40330)	-6%
7	OUTPATIENT CHARGES	\$238,993,311	\$252,503,841	\$13,510,530	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	41.17%	44.50%	3.34%	8%
9	OUTPATIENT PAYMENTS	\$56,456,813	\$60,321,076	\$3,864,263	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.62%	23.89%	0.27%	1%
11	TOTAL CHARGES	\$819,558,402	\$819,907,269	\$348,867	0%
12	TOTAL PAYMENTS	\$218,008,623	\$217,427,582	(\$581,041)	0%
13	TOTAL PAYMENTS / CHARGES	26.60%	26.52%	-0.08%	0%
14	PATIENT DAYS	93,140	85,761	(7,379)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$601,549,779	\$602,479,687	\$929,908	0%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.7	6.6	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.6	4.6	0.1	1%
3	UNINSURED	5.4	5.7	0.3	6%
4	MEDICAID	6.1	6.2	0.1	2%
5	OTHER MEDICAL ASSISTANCE	7.2	5.8	(1.4)	-20%
6	CHAMPUS / TRICARE	3.7	4.2	0.5	14%
7	TOTAL AVERAGE LENGTH OF STAY	5.9	5.9	(0.0)	0%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,192,685,498	\$1,199,088,712	\$6,403,214	1%
2	TOTAL GOVERNMENT DEDUCTIONS	\$601,549,779	\$602,479,687	\$929,908	0%
3	UNCOMPENSATED CARE	\$40,808,000	\$48,187,000	\$7,379,000	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$144,331,512	\$147,243,964	\$2,912,452	2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$15,759,908	\$3,054,381	(\$12,705,527)	-81%
6	TOTAL ADJUSTMENTS	\$802,449,199	\$800,965,032	(\$1,484,167)	0%
7	TOTAL ACCRUED PAYMENTS	\$390,236,299	\$398,123,680	\$7,887,381	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.	\$390,236,299	\$398,123,680	\$7,887,381	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3271912836	0.3320218730	0.0048305894	1%
11	COST OF UNCOMPENSATED CARE	\$13,352,022	\$15,999,138	\$2,647,116	20%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$22,499,282	\$21,061,469	(\$1,437,813)	-6%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$35,851,304	\$37,060,607	\$1,209,303	3%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$15,502,223	\$11,797,162	(\$3,705,061)	-24%
2	OTHER MEDICAL ASSISTANCE	(\$128,164)	\$397,302	\$525,466	-410%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18,314,706	\$12,024,439	(\$6,290,267)	-34%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$33,688,765	\$24,218,903	(\$9,469,862)	-28%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$23,556,144	\$19,559,565	(\$3,996,579)	-16.97%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,085,057	(\$1,936,980)	(\$5,022,037)	-162.79%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$408,184,000	\$401,065,000	(\$7,119,000)	-1.74%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,192,685,000	\$1,199,089,000	\$6,404,000	0.54%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$40,808,000	\$48,187,000	\$7,379,000	18.08%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$181,894,656	\$188,632,348	\$6,737,692
2	MEDICARE	\$438,086,271	421,061,707	(\$17,024,564)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$141,885,049	145,799,678	\$3,914,629
4	MEDICAID	\$140,676,638	144,867,015	\$4,190,377
5	OTHER MEDICAL ASSISTANCE	\$1,208,411	932,663	(\$275,748)
6	CHAMPUS / TRICARE	\$593,771	542,043	(\$51,728)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,755,534	20,452,129	(\$1,303,405)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$580,565,091	\$567,403,428	(\$13,161,663)
	TOTAL INPATIENT CHARGES	\$762,459,747	\$756,035,776	(\$6,423,971)
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$191,232,440	\$190,549,095	(\$683,345)
2	MEDICARE	\$136,933,475	152,320,573	\$15,387,098
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$101,621,455	99,924,415	(\$1,697,040)
4	MEDICAID	\$100,790,177	99,756,592	(\$1,033,585)
5	OTHER MEDICAL ASSISTANCE	\$831,278	167,823	(\$663,455)
6	CHAMPUS / TRICARE	\$438,381	258,853	(\$179,528)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$34,649,030	29,956,877	(\$4,692,153)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$238,993,311	\$252,503,841	\$13,510,530
	TOTAL OUTPATIENT CHARGES	\$430,225,751	\$443,052,936	\$12,827,185
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$373,127,096	\$379,181,443	\$6,054,347
2	TOTAL MEDICARE	\$575,019,746	\$573,382,280	(\$1,637,466)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$243,506,504	\$245,724,093	\$2,217,589
4	TOTAL MEDICAID	\$241,466,815	\$244,623,607	\$3,156,792
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,039,689	\$1,100,486	(\$939,203)
6	TOTAL CHAMPUS / TRICARE	\$1,032,152	\$800,896	(\$231,256)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$56,404,564	\$50,409,006	(\$5,995,558)
	TOTAL GOVERNMENT CHARGES	\$819,558,402	\$819,907,269	\$348,867
	TOTAL CHARGES	\$1,192,685,498	\$1,199,088,712	\$6,403,214
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$95,113,264	\$94,288,743	(\$824,521)
2	MEDICARE	\$126,929,300	120,638,609	(\$6,290,691)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,512,829	36,313,285	\$1,800,456
4	MEDICAID	\$34,020,629	36,206,115	\$2,185,486
5	OTHER MEDICAL ASSISTANCE	\$492,200	107,170	(\$385,030)
6	CHAMPUS / TRICARE	\$109,681	154,612	\$44,931
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$167,941	1,347,825	\$1,179,884
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$161,551,810	\$157,106,506	(\$4,445,304)
	TOTAL INPATIENT PAYMENTS	\$256,665,074	\$251,395,249	(\$5,269,825)
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,977,390	\$91,285,443	(\$691,947)
2	MEDICARE	\$33,752,723	36,017,165	\$2,264,442
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,661,095	24,211,020	\$1,549,925
4	MEDICAID	\$22,452,103	24,150,433	\$1,698,330
5	OTHER MEDICAL ASSISTANCE	\$208,992	60,587	(\$148,405)
6	CHAMPUS / TRICARE	\$42,995	92,891	\$49,896
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,298,310	2,697,891	(\$600,419)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$56,456,813	\$60,321,076	\$3,864,263
	TOTAL OUTPATIENT PAYMENTS	\$148,434,203	\$151,606,519	\$3,172,316
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$187,090,654	\$185,574,186	(\$1,516,468)
2	TOTAL MEDICARE	\$160,682,023	\$156,655,774	(\$4,026,249)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$57,173,924	\$60,524,305	\$3,350,381
4	TOTAL MEDICAID	\$56,472,732	\$60,356,548	\$3,883,816
5	TOTAL OTHER MEDICAL ASSISTANCE	\$701,192	\$167,757	(\$533,435)
6	TOTAL CHAMPUS / TRICARE	\$152,676	\$247,503	\$94,827
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,466,251	\$4,045,716	\$579,465
	TOTAL GOVERNMENT PAYMENTS	\$218,008,623	\$217,427,582	(\$581,041)
	TOTAL PAYMENTS	\$405,099,277	\$403,001,768	(\$2,097,509)

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY 2014	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.25%	15.73%	0.48%
2	MEDICARE	36.73%	35.12%	-1.62%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.90%	12.16%	0.26%
4	MEDICAID	11.79%	12.08%	0.29%
5	OTHER MEDICAL ASSISTANCE	0.10%	0.08%	-0.02%
6	CHAMPUS / TRICARE	0.05%	0.05%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.82%	1.71%	-0.12%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	48.68%	47.32%	-1.36%
	TOTAL INPATIENT PAYER MIX	63.93%	63.05%	-0.88%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.03%	15.89%	-0.14%
2	MEDICARE	11.48%	12.70%	1.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.52%	8.33%	-0.19%
4	MEDICAID	8.45%	8.32%	-0.13%
5	OTHER MEDICAL ASSISTANCE	0.07%	0.01%	-0.06%
6	CHAMPUS / TRICARE	0.04%	0.02%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.91%	2.50%	-0.41%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	20.04%	21.06%	1.02%
	TOTAL OUTPATIENT PAYER MIX	36.07%	36.95%	0.88%
	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)	23.48%	23.40%	-0.08%
2	MEDICARE	31.33%	29.94%	-1.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.52%	9.01%	0.49%
4	MEDICAID	8.40%	8.98%	0.59%
5	OTHER MEDICAL ASSISTANCE	0.12%	0.03%	-0.09%
6	CHAMPUS / TRICARE	0.03%	0.04%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04%	0.33%	0.29%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	39.88%	38.98%	-0.90%
	TOTAL INPATIENT PAYER MIX	63.36%	62.38%	-0.98%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.70%	22.65%	-0.05%
2	MEDICARE	8.33%	8.94%	0.61%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.59%	6.01%	0.41%
4	MEDICAID	5.54%	5.99%	0.45%
5	OTHER MEDICAL ASSISTANCE	0.05%	0.02%	-0.04%
6	CHAMPUS / TRICARE	0.01%	0.02%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.81%	0.67%	-0.14%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.94%	14.97%	1.03%
	TOTAL OUTPATIENT PAYER MIX	36.64%	37.62%	0.98%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,023	5,420	(603)
2	MEDICARE	9,550	8,674	(876)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,721	4,589	(132)
4	MEDICAID	4,685	4,548	(137)
5	OTHER MEDICAL ASSISTANCE	36	41	5
6	CHAMPUS / TRICARE	30	28	(2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	793	584	(209)
	TOTAL GOVERNMENT DISCHARGES	14,301	13,291	(1,010)
	TOTAL DISCHARGES	20,324	18,711	(1,613)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27,434	24,995	(2,439)
2	MEDICARE	64,221	57,146	(7,075)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28,809	28,498	(311)
4	MEDICAID	28,549	28,260	(289)
5	OTHER MEDICAL ASSISTANCE	260	238	(22)
6	CHAMPUS / TRICARE	110	117	7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,263	3,329	(934)
	TOTAL GOVERNMENT PATIENT DAYS	93,140	85,761	(7,379)
	TOTAL PATIENT DAYS	120,574	110,756	(9,818)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.6	4.6	0.1
2	MEDICARE	6.7	6.6	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.1	6.2	0.1
4	MEDICAID	6.1	6.2	0.1
5	OTHER MEDICAL ASSISTANCE	7.2	5.8	(1.4)
6	CHAMPUS / TRICARE	3.7	4.2	0.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.4	5.7	0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.5	6.5	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	5.9	5.9	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.27660	1.34360	0.06700
2	MEDICARE	1.53370	1.55610	0.02240
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.03923	1.07631	0.03708
4	MEDICAID	1.04000	1.07420	0.03420
5	OTHER MEDICAL ASSISTANCE	0.93920	1.31090	0.37170
6	CHAMPUS / TRICARE	0.99130	0.84150	(0.14980)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.09140	1.19770	0.10630
	TOTAL GOVERNMENT CASE MIX INDEX	1.36933	1.38894	0.01961
	TOTAL CASE MIX INDEX	1.34185	1.37581	0.03396
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$349,570,952	\$328,772,437	(\$20,798,515)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$205,239,440	\$181,528,473	(\$23,710,967)
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$144,331,512	\$147,243,964	\$2,912,452
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.29%	44.79%	3.50%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$23,556,144	\$19,559,565	(\$3,996,579)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$15,759,908	\$3,054,381	(\$12,705,527)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$14,991,000	\$17,249,000	\$2,258,000
9	BAD DEBTS	\$25,817,000	\$30,938,000	\$5,121,000
10	TOTAL UNCOMPENSATED CARE	\$40,808,000	\$48,187,000	\$7,379,000
11	TOTAL OTHER OPERATING REVENUE	\$15,967,000	\$20,648,000	\$4,681,000
12	TOTAL OPERATING EXPENSES	\$394,491,000	\$398,392,000	\$3,901,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,688.96180	7,282.31200	(406.64980)
2	MEDICARE	14,646.83500	13,497.61140	(1,149.22360)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,906.21120	4,939.20850	32.99730
4	MEDICAID	4,872.40000	4,885.46160	13.06160
5	OTHER MEDICAL ASSISTANCE	33.81120	53.74690	19.93570
6	CHAMPUS / TRICARE	29.73900	23.56200	(6.17700)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	865.48020	699.45680	(166.02340)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	19,582.78520	18,460.38190	(1,122.40330)
	TOTAL CASE MIX ADJUSTED DISCHARGES	27,271.74700	25,742.69390	(1,529.05310)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,332.19805	5,475.07416	-857.12389
2	MEDICARE	2,985.06201	3,137.85041	152.78840
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,381.41293	3,139.16691	-242.24602
4	MEDICAID	3,356.64817	3,131.78939	-224.85878
5	OTHER MEDICAL ASSISTANCE	24.76476	7.37752	-17.38724
6	CHAMPUS / TRICARE	22.14899	13.37142	-8.77757
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,262.97432	855.40318	-407.57114
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,388.62393	6,290.38874	-98.23519
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	12,720.82199	11,765.46291	-955.35908
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,370.10	\$12,947.64	\$577.53
2	MEDICARE	\$8,665.99	\$8,937.77	\$271.79
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,034.52	\$7,352.05	\$317.53
4	MEDICAID	\$6,982.31	\$7,410.99	\$428.68
5	OTHER MEDICAL ASSISTANCE	\$14,557.31	\$1,993.98	(\$12,563.33)
6	CHAMPUS / TRICARE	\$3,688.12	\$6,561.92	\$2,873.80
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$194.04	\$1,926.96	\$1,732.92
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,249.69	\$8,510.47	\$260.78
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,411.39	\$9,765.69	\$354.30
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,525.35	\$16,672.91	\$2,147.56
2	MEDICARE	\$11,307.21	\$11,478.29	\$171.08
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,701.66	\$7,712.56	\$1,010.90
4	MEDICAID	\$6,688.85	\$7,711.38	\$1,022.54
5	OTHER MEDICAL ASSISTANCE	\$8,439.09	\$8,212.38	(\$226.71)
6	CHAMPUS / TRICARE	\$1,941.17	\$6,946.98	\$5,005.81
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,611.54	\$3,153.94	\$542.40
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,837.09	\$9,589.40	\$752.32
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,668.60	\$12,885.72	\$1,217.12

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$15,502,223	\$11,797,162	(\$3,705,061)
2	OTHER MEDICAL ASSISTANCE	(\$128,164)	\$397,302	\$525,466
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18,314,706	\$12,024,439	(\$6,290,267)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$33,688,765	\$24,218,903	(\$9,469,862)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,192,685,498	\$1,199,088,712	\$6,403,214
2	TOTAL GOVERNMENT DEDUCTIONS	\$601,549,779	\$602,479,687	\$929,908
3	UNCOMPENSATED CARE	\$40,808,000	\$48,187,000	\$7,379,000
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$144,331,512	\$147,243,964	\$2,912,452
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$15,759,908	\$3,054,381	(\$12,705,527)
6	TOTAL ADJUSTMENTS	\$802,449,199	\$800,965,032	(\$1,484,167)
7	TOTAL ACCRUED PAYMENTS	\$390,236,299	\$398,123,680	\$7,887,381
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$390,236,299	\$398,123,680	\$7,887,381
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3271912836	0.3320218730	0.0048305894
11	COST OF UNCOMPENSATED CARE	\$13,352,022	\$15,999,138	\$2,647,116
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$22,499,282	\$21,061,469	(\$1,437,813)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$35,851,304	\$37,060,607	\$1,209,303
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	52.29%	49.99%	-2.30%
2	MEDICARE	28.97%	28.65%	-0.32%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.32%	24.91%	0.58%
4	MEDICAID	24.18%	24.99%	0.81%
5	OTHER MEDICAL ASSISTANCE	40.73%	11.49%	-29.24%
6	CHAMPUS / TRICARE	18.47%	28.52%	10.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.77%	6.59%	5.82%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.83%	27.69%	-0.14%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.66%	33.25%	-0.41%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	48.10%	47.91%	-0.19%
2	MEDICARE	24.65%	23.65%	-1.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.30%	24.23%	1.93%
4	MEDICAID	22.28%	24.21%	1.93%
5	OTHER MEDICAL ASSISTANCE	25.14%	36.10%	10.96%
6	CHAMPUS / TRICARE	9.81%	35.89%	26.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9.52%	9.01%	-0.51%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	23.62%	23.89%	0.27%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.50%	34.22%	-0.28%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
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	\$405,099,277	\$403,001,768	(\$2,097,509)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$405,099,277	\$403,001,768	(\$2,097,509)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,085,057	(\$1,936,980)	(\$5,022,037)
4	CALCULATED NET REVENUE	\$441,797,570	\$401,064,788	(\$40,732,782)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$408,184,000	\$401,065,000	(\$7,119,000)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$33,613,570	(\$212)	(\$33,613,782)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS			
1	OHCA DEFINED GROSS REVENUE	\$1,192,685,498	\$1,199,088,712	\$6,403,214
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,192,685,498	\$1,199,088,712	\$6,403,214
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,192,685,000	\$1,199,089,000	\$6,404,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$498	(\$288)	(\$786)
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	\$48,187,000	\$7,379,000
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$40,808,000	\$48,187,000	\$7,379,000
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$40,808,000	\$48,187,000	\$7,379,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$188,632,348
2	MEDICARE	421,061,707
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	145,799,678
4	MEDICAID	144,867,015
5	OTHER MEDICAL ASSISTANCE	932,663
6	CHAMPUS / TRICARE	542,043
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20,452,129
	TOTAL INPATIENT GOVERNMENT CHARGES	\$567,403,428
	TOTAL INPATIENT CHARGES	\$756,035,776
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$190,549,095
2	MEDICARE	152,320,573
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	99,924,415
4	MEDICAID	99,756,592
5	OTHER MEDICAL ASSISTANCE	167,823
6	CHAMPUS / TRICARE	258,853
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	29,956,877
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$252,503,841
	TOTAL OUTPATIENT CHARGES	\$443,052,936
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$379,181,443
2	TOTAL GOVERNMENT ACCRUED CHARGES	819,907,269
	TOTAL ACCRUED CHARGES	\$1,199,088,712
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$94,288,743
2	MEDICARE	120,638,609
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36,313,285
4	MEDICAID	36,206,115
5	OTHER MEDICAL ASSISTANCE	107,170
6	CHAMPUS / TRICARE	154,612
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,347,825
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$157,106,506
	TOTAL INPATIENT PAYMENTS	\$251,395,249
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,285,443
2	MEDICARE	36,017,165
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,211,020
4	MEDICAID	24,150,433
5	OTHER MEDICAL ASSISTANCE	60,587
6	CHAMPUS / TRICARE	92,891
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,697,891
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$60,321,076
	TOTAL OUTPATIENT PAYMENTS	\$151,606,519
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$185,574,186
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	217,427,582
	TOTAL ACCRUED PAYMENTS	\$403,001,768

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,420
2	MEDICARE	8,674
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,589
4	MEDICAID	4,548
5	OTHER MEDICAL ASSISTANCE	41
6	CHAMPUS / TRICARE	28
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	584
	TOTAL GOVERNMENT DISCHARGES	13,291
	TOTAL DISCHARGES	18,711
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.34360
2	MEDICARE	1.55610
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.07631
4	MEDICAID	1.07420
5	OTHER MEDICAL ASSISTANCE	1.31090
6	CHAMPUS / TRICARE	0.84150
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.19770
	TOTAL GOVERNMENT CASE MIX INDEX	1.38894
	TOTAL CASE MIX INDEX	1.37581
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$328,772,437
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$181,528,473
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,243,964
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.79%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,559,565
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$3,054,381
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$17,249,000
9	BAD DEBTS	\$30,938,000
10	TOTAL UNCOMPENSATED CARE	\$48,187,000
11	TOTAL OTHER OPERATING REVENUE	\$20,648,000
12	TOTAL OPERATING EXPENSES	\$398,392,000

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$403,001,768
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$403,001,768
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,936,980)
	CALCULATED NET REVENUE	\$401,064,788
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$401,065,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$212)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,199,088,712
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,199,088,712
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,199,089,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$288)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$48,187,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$48,187,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$48,187,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	3,142	4,002	860	27%
2	Number of Approved Applicants	3,047	3,910	863	28%
3	Total Charges (A)	\$14,991,000	\$17,249,000	\$2,258,000	15%
4	Average Charges	\$4,920	\$4,412	(\$508)	-10%
5	Ratio of Cost to Charges (RCC)	0.330964	0.326389	(0.004575)	-1%
6	Total Cost	\$4,961,481	\$5,629,884	\$668,403	13%
7	Average Cost	\$1,628	\$1,440	(\$188)	-12%
8	Charity Care - Inpatient Charges	\$3,339,705	\$8,536,000	\$5,196,295	156%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	8,847,964	5,613,000	(3,234,964)	-37%
10	Charity Care - Emergency Department Charges	2,803,331	3,100,000	296,669	11%
11	Total Charges (A)	\$14,991,000	\$17,249,000	\$2,258,000	15%
12	Charity Care - Number of Patient Days	587	503	(84)	-14%
13	Charity Care - Number of Discharges	95	108	13	14%
14	Charity Care - Number of Outpatient ED Visits	1,299	760	(539)	-41%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	7,283	4,879	(2,404)	-33%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$11,631,000	\$13,199,000	\$1,568,000	13%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	10,323,000	14,254,000	3,931,000	38%
3	Bad Debts - Emergency Department	3,863,000	3,485,000	(378,000)	-10%
4	Total Bad Debts (A)	\$25,817,000	\$30,938,000	\$5,121,000	20%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$14,991,000	\$17,249,000	\$2,258,000	15%
2	Bad Debts (A)	25,817,000	30,938,000	5,121,000	20%
3	Total Uncompensated Care (A)	\$40,808,000	\$48,187,000	\$7,379,000	18%
4	Uncompensated Care - Inpatient Services	\$14,970,705	\$21,735,000	\$6,764,295	45%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	19,170,964	19,867,000	696,036	4%
6	Uncompensated Care - Emergency Department	6,666,331	6,585,000	(81,331)	-1%
7	Total Uncompensated Care (A)	\$40,808,000	\$48,187,000	\$7,379,000	18%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2012</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$729,135,968	\$762,459,747	\$756,035,776
2	Outpatient Gross Revenue	\$387,049,978	\$430,225,751	\$443,052,936
3	Total Gross Patient Revenue	\$1,116,185,946	\$1,192,685,498	\$1,199,088,712
4	Net Patient Revenue	\$424,565,000	\$408,184,000	\$401,065,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$373,601,000	\$394,491,000	\$398,392,000
C. <u>Utilization Statistics</u>				
1	Patient Days	122,878	120,574	110,756
2	Discharges	21,912	20,324	18,711
3	Average Length of Stay	5.6	5.9	5.9
4	Equivalent (Adjusted) Patient Days (EPD)	188,106	188,609	175,661
0	Equivalent (Adjusted) Discharges (ED)	33,544	31,792	29,676
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.29913	1.34185	1.37581
2	Case Mix Adjusted Patient Days (CMAPD)	159,634	161,792	152,379
3	Case Mix Adjusted Discharges (CMAD)	28,466	27,272	25,743
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	244,373	253,085	241,676
5	Case Mix Adjusted Equivalent Discharges (CMAED)	43,577	42,660	40,828
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,084	\$9,892	\$10,826
2	Total Gross Revenue per Discharge	\$50,939	\$58,684	\$64,085
3	Total Gross Revenue per EPD	\$5,934	\$6,324	\$6,826
4	Total Gross Revenue per ED	\$33,276	\$37,515	\$40,406
5	Total Gross Revenue per CMAEPD	\$4,568	\$4,713	\$4,962
6	Total Gross Revenue per CMAED	\$25,614	\$27,958	\$29,369
7	Inpatient Gross Revenue per EPD	\$3,876	\$4,043	\$4,304
8	Inpatient Gross Revenue per ED	\$21,737	\$23,983	\$25,476

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,455	\$3,385	\$3,621
2	Net Patient Revenue per Discharge	\$19,376	\$20,084	\$21,435
3	Net Patient Revenue per EPD	\$2,257	\$2,164	\$2,283
4	Net Patient Revenue per ED	\$12,657	\$12,839	\$13,515
5	Net Patient Revenue per CMAEPD	\$1,737	\$1,613	\$1,660
6	Net Patient Revenue per CMAED	\$9,743	\$9,568	\$9,823
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,040	\$3,272	\$3,597
2	Total Operating Expense per Discharge	\$17,050	\$19,410	\$21,292
3	Total Operating Expense per EPD	\$1,986	\$2,092	\$2,268
4	Total Operating Expense per ED	\$11,138	\$12,408	\$13,425
5	Total Operating Expense per CMAEPD	\$1,529	\$1,559	\$1,648
6	Total Operating Expense per CMAED	\$8,573	\$9,247	\$9,758
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$64,980,063	\$69,212,911	\$68,135,000
2	Nursing Fringe Benefits Expense	\$7,091,846	\$19,798,899	\$19,216,000
3	Total Nursing Salary and Fringe Benefits Expense	\$72,071,909	\$89,011,810	\$87,351,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$11,509,155	\$10,079,633	\$5,941,000
2	Physician Fringe Benefits Expense	\$1,256,095	\$2,883,358	\$1,676,000
3	Total Physician Salary and Fringe Benefits Expense	\$12,765,250	\$12,962,991	\$7,617,000
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$76,016,782	\$77,039,456	\$77,042,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$8,296,059	\$22,037,743	\$21,727,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$84,312,841	\$99,077,199	\$98,769,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$152,506,000	\$156,332,000	\$151,118,000
2	Total Fringe Benefits Expense	\$16,644,000	\$44,720,000	\$42,619,000
3	Total Salary and Fringe Benefits Expense	\$169,150,000	\$201,052,000	\$193,737,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	790.3	853.0	936.7
2	Total Physician FTEs	74.5	69.9	65.2
3	Total Non-Nursing, Non-Physician FTEs	1213.4	1340.3	1279.9
4	Total Full Time Equivalent Employees (FTEs)	2,078.2	2,263.2	2,281.8
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$82,222	\$81,141	\$72,739
2	Nursing Fringe Benefits Expense per FTE	\$8,974	\$23,211	\$20,515
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$91,196	\$104,351	\$93,254
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$154,485	\$144,201	\$91,120
2	Physician Fringe Benefits Expense per FTE	\$16,860	\$41,250	\$25,706
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$171,346	\$185,451	\$116,825
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$62,648	\$57,479	\$60,194
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$6,837	\$16,442	\$16,976
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$69,485	\$73,922	\$77,169
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$73,384	\$69,076	\$66,228
2	Total Fringe Benefits Expense per FTE	\$8,009	\$19,760	\$18,678
3	Total Salary and Fringe Benefits Expense per FTE	\$81,393	\$88,835	\$84,905
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,377	\$1,667	\$1,749
2	Total Salary and Fringe Benefits Expense per Discharge	\$7,720	\$9,892	\$10,354
3	Total Salary and Fringe Benefits Expense per EPD	\$899	\$1,066	\$1,103
4	Total Salary and Fringe Benefits Expense per ED	\$5,043	\$6,324	\$6,528
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$692	\$794	\$802
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,882	\$4,713	\$4,745