

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$70,507,000	\$76,694,000	\$6,187,000	9%
2	Short Term Investments	\$25,411,000	\$9,418,000	(\$15,993,000)	-63%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$70,949,000	\$65,284,000	(\$5,665,000)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,459,000	\$1,521,000	\$62,000	4%
5	Due From Affiliates	\$13,206,000	\$4,864,000	(\$8,342,000)	-63%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$8,855,000	\$9,701,000	\$846,000	10%
8	Prepaid Expenses	\$6,327,000	\$8,457,000	\$2,130,000	34%
9	Other Current Assets	\$1,443,000	\$2,211,000	\$768,000	53%
	<b>Total Current Assets</b>	<b>\$198,157,000</b>	<b>\$178,150,000</b>	<b>(\$20,007,000)</b>	<b>-10%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$53,033,000	\$48,893,000	(\$4,140,000)	-8%
2	Board Designated for Capital Acquisition	\$25,208,000	\$21,784,000	(\$3,424,000)	-14%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$3,784,000	\$3,582,000	(\$202,000)	-5%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$82,025,000</b>	<b>\$74,259,000</b>	<b>(\$7,766,000)</b>	<b>-9%</b>
5	Interest in Net Assets of Foundation	\$10,789,000	\$9,394,000	(\$1,395,000)	-13%
6	Long Term Investments	\$17,495,000	\$25,350,000	\$7,855,000	45%
7	Other Noncurrent Assets	\$9,717,000	\$7,117,000	(\$2,600,000)	-27%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$839,530,000	\$873,910,000	\$34,380,000	4%
2	Less: Accumulated Depreciation	\$391,133,000	\$427,558,000	\$36,425,000	9%
	<b>Property, Plant and Equipment, Net</b>	<b>\$448,397,000</b>	<b>\$446,352,000</b>	<b>(\$2,045,000)</b>	<b>0%</b>
3	Construction in Progress	\$13,586,000	\$8,411,000	(\$5,175,000)	-38%
	<b>Total Net Fixed Assets</b>	<b>\$461,983,000</b>	<b>\$454,763,000</b>	<b>(\$7,220,000)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$780,166,000</b>	<b>\$749,033,000</b>	<b>(\$31,133,000)</b>	<b>-4%</b>
II.	<b>LIABILITIES AND NET ASSETS</b>				
A.	<b>Current Liabilities:</b>				
1	Accounts Payable and Accrued Expenses	\$32,842,000	\$36,361,000	\$3,519,000	11%
2	Salaries, Wages and Payroll Taxes	\$33,833,000	\$33,492,000	(\$341,000)	-1%

## SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
3	Due To Third Party Payers	\$14,939,000	\$12,528,000	(\$2,411,000)	-16%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$8,760,000	\$7,298,000	(\$1,462,000)	-17%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,978,000	\$6,680,000	(\$298,000)	-4%
	<b>Total Current Liabilities</b>	<b>\$97,352,000</b>	<b>\$96,359,000</b>	<b>(\$993,000)</b>	<b>-1%</b>
<b>B.</b>	<b><u>Long Term Debt:</u></b>				
1	Bonds Payable (Net of Current Portion)	\$251,476,000	\$244,154,000	(\$7,322,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$251,476,000</b>	<b>\$244,154,000</b>	<b>(\$7,322,000)</b>	<b>-3%</b>
3	Accrued Pension Liability	\$249,644,000	\$278,582,000	\$28,938,000	12%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	<b>Total Long Term Liabilities</b>	<b>\$501,120,000</b>	<b>\$522,736,000</b>	<b>\$21,616,000</b>	<b>4%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C.</b>	<b><u>Net Assets:</u></b>				
1	Unrestricted Net Assets or Equity	\$100,020,000	\$52,342,000	(\$47,678,000)	-48%
2	Temporarily Restricted Net Assets	\$24,355,000	\$24,417,000	\$62,000	0%
3	Permanently Restricted Net Assets	\$57,319,000	\$53,179,000	(\$4,140,000)	-7%
	<b>Total Net Assets</b>	<b>\$181,694,000</b>	<b>\$129,938,000</b>	<b>(\$51,756,000)</b>	<b>-28%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$780,166,000</b>	<b>\$749,033,000</b>	<b>(\$31,133,000)</b>	<b>-4%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$1,988,630,574	\$2,104,370,392	\$115,739,818	6%
2	Less: Allowances	\$1,299,294,353	\$1,420,599,391	\$121,305,038	9%
3	Less: Charity Care	\$18,706,495	\$13,558,599	(\$5,147,896)	-28%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$670,629,726</b>	<b>\$670,212,402</b>	<b>(\$417,324)</b>	<b>0%</b>
5	Provision for Bad Debts	\$21,847,988	\$20,980,833	(\$867,155)	-4%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$648,781,738</b>	<b>\$649,231,569</b>	<b>\$449,831</b>	<b>0%</b>
6	Other Operating Revenue	\$28,501,028	\$31,281,747	\$2,780,719	10%
7	Net Assets Released from Restrictions	\$3,927,212	\$4,156,122	\$228,910	6%
	<b>Total Operating Revenue</b>	<b>\$681,209,978</b>	<b>\$684,669,438</b>	<b>\$3,459,460</b>	<b>1%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$254,218,537	\$257,621,228	\$3,402,691	1%
2	Fringe Benefits	\$69,078,133	\$68,082,765	(\$995,368)	-1%
3	Physicians Fees	\$48,711,341	\$47,535,764	(\$1,175,577)	-2%
4	Supplies and Drugs	\$99,173,950	\$99,464,711	\$290,761	0%
5	Depreciation and Amortization	\$35,799,072	\$37,713,710	\$1,914,638	5%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$11,620,321	\$11,151,596	(\$468,725)	-4%
8	Malpractice Insurance Cost	\$8,757,025	\$10,303,205	\$1,546,180	18%
9	Other Operating Expenses	\$139,430,204	\$149,739,353	\$10,309,149	7%
	<b>Total Operating Expenses</b>	<b>\$666,788,583</b>	<b>\$681,612,332</b>	<b>\$14,823,749</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$14,421,395</b>	<b>\$3,057,106</b>	<b>(\$11,364,289)</b>	<b>-79%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$3,622,812	(\$2,527,631)	(\$6,150,443)	-170%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,424,088)	(\$17,532,605)	(\$15,108,517)	623%
	<b>Total Non-Operating Revenue</b>	<b>\$1,198,724</b>	<b>(\$20,060,236)</b>	<b>(\$21,258,960)</b>	<b>-1773%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$15,620,119</b>	<b>(\$17,003,130)</b>	<b>(\$32,623,249)</b>	<b>-209%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u> <u>ACTUAL</u>	<u>FY 2015</u> <u>ACTUAL</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$15,620,119</b>	<b>(\$17,003,130)</b>	<b>(\$32,623,249)</b>	<b>-209%</b>
	Principal Payments	\$8,595,000	\$8,785,000	\$190,000	2%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$452,375,721	\$485,425,305	\$33,049,584	7%
2	MEDICARE MANAGED CARE	\$162,884,511	\$186,354,533	\$23,470,022	14%
3	MEDICAID	\$227,632,619	\$244,382,955	\$16,750,336	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,771,234	\$1,968,932	\$197,698	11%
6	COMMERCIAL INSURANCE	\$18,259,429	\$15,198,993	(\$3,060,436)	-17%
7	NON-GOVERNMENT MANAGED CARE	\$268,141,260	\$289,785,095	\$21,643,835	8%
8	WORKER'S COMPENSATION	\$5,509,035	\$6,037,299	\$528,264	10%
9	SELF- PAY/UNINSURED	\$8,698,928	\$7,628,171	(\$1,070,757)	-12%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$1,145,272,737</b>	<b>\$1,236,781,283</b>	<b>\$91,508,546</b>	<b>8%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$199,759,243	\$200,813,167	\$1,053,924	1%
2	MEDICARE MANAGED CARE	\$84,739,386	\$96,979,672	\$12,240,286	14%
3	MEDICAID	\$205,257,874	\$218,258,357	\$13,000,483	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$2,070,268	\$2,957,650	\$887,382	43%
6	COMMERCIAL INSURANCE	\$29,560,318	\$23,654,818	(\$5,905,500)	-20%
7	NON-GOVERNMENT MANAGED CARE	\$290,480,194	\$294,728,044	\$4,247,850	1%
8	WORKER'S COMPENSATION	\$7,684,005	\$8,756,957	\$1,072,952	14%
9	SELF- PAY/UNINSURED	\$23,806,549	\$21,440,444	(\$2,366,105)	-10%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$843,357,837</b>	<b>\$867,589,109</b>	<b>\$24,231,272</b>	<b>3%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$652,134,964	\$686,238,472	\$34,103,508	5%
2	MEDICARE MANAGED CARE	\$247,623,897	\$283,334,205	\$35,710,308	14%
3	MEDICAID	\$432,890,493	\$462,641,312	\$29,750,819	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$3,841,502	\$4,926,582	\$1,085,080	28%
6	COMMERCIAL INSURANCE	\$47,819,747	\$38,853,811	(\$8,965,936)	-19%
7	NON-GOVERNMENT MANAGED CARE	\$558,621,454	\$584,513,139	\$25,891,685	5%
8	WORKER'S COMPENSATION	\$13,193,040	\$14,794,256	\$1,601,216	12%
9	SELF- PAY/UNINSURED	\$32,505,477	\$29,068,615	(\$3,436,862)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$1,988,630,574</b>	<b>\$2,104,370,392</b>	<b>\$115,739,818</b>	<b>6%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$156,823,914	\$150,461,981	(\$6,361,933)	-4%
2	MEDICARE MANAGED CARE	\$54,684,038	\$53,492,336	(\$1,191,702)	-2%
3	MEDICAID	\$64,775,728	\$55,421,145	(\$9,354,583)	-14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$114,523	\$627,627	\$513,104	448%
6	COMMERCIAL INSURANCE	\$5,820,811	\$9,599,885	\$3,779,074	65%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$141,405,768	\$154,995,712	\$13,589,944	10%
8	WORKER'S COMPENSATION	\$4,212,633	\$4,328,799	\$116,166	3%
9	SELF- PAY/UNINSURED	\$202,548	\$295,974	\$93,426	46%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$428,039,963</b>	<b>\$429,223,459</b>	<b>\$1,183,496</b>	<b>0%</b>
<b>B.</b>	<b>OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$44,106,799	\$40,740,412	(\$3,366,387)	-8%
2	MEDICARE MANAGED CARE	\$19,901,114	\$18,069,456	(\$1,831,658)	-9%
3	MEDICAID	\$36,712,862	\$42,867,455	\$6,154,593	17%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$214,829	\$403,767	\$188,938	88%
6	COMMERCIAL INSURANCE	\$12,479,891	\$10,431,185	(\$2,048,706)	-16%
7	NON-GOVERNMENT MANAGED CARE	\$117,580,128	\$122,470,467	\$4,890,339	4%
8	WORKER'S COMPENSATION	\$5,471,683	\$6,316,610	\$844,927	15%
9	SELF- PAY/UNINSURED	\$533,376	\$1,301,392	\$768,016	144%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$237,000,682</b>	<b>\$242,600,744</b>	<b>\$5,600,062</b>	<b>2%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$200,930,713	\$191,202,393	(\$9,728,320)	-5%
2	MEDICARE MANAGED CARE	\$74,585,152	\$71,561,792	(\$3,023,360)	-4%
3	MEDICAID	\$101,488,590	\$98,288,600	(\$3,199,990)	-3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$329,352	\$1,031,394	\$702,042	213%
6	COMMERCIAL INSURANCE	\$18,300,702	\$20,031,070	\$1,730,368	9%
7	NON-GOVERNMENT MANAGED CARE	\$258,985,896	\$277,466,179	\$18,480,283	7%
8	WORKER'S COMPENSATION	\$9,684,316	\$10,645,409	\$961,093	10%
9	SELF- PAY/UNINSURED	\$735,924	\$1,597,366	\$861,442	117%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$665,040,645</b>	<b>\$671,824,203</b>	<b>\$6,783,558</b>	<b>1%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	10,298	10,660	362	4%
2	MEDICARE MANAGED CARE	3,446	3,749	303	9%
3	MEDICAID	7,876	7,833	(43)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	88	76	(12)	-14%
6	COMMERCIAL INSURANCE	583	468	(115)	-20%
7	NON-GOVERNMENT MANAGED CARE	8,498	8,446	(52)	-1%
8	WORKER'S COMPENSATION	126	134	8	6%
9	SELF- PAY/UNINSURED	319	266	(53)	-17%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>31,234</b>	<b>31,632</b>	<b>398</b>	<b>1%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	56,534	57,188	654	1%
2	MEDICARE MANAGED CARE	19,462	20,949	1,487	8%
3	MEDICAID	38,518	38,467	(51)	0%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	374	230	(144)	-39%
6	COMMERCIAL INSURANCE	2,406	1,775	(631)	-26%
7	NON-GOVERNMENT MANAGED CARE	33,137	32,566	(571)	-2%
8	WORKER'S COMPENSATION	367	337	(30)	-8%
9	SELF- PAY/UNINSURED	1,069	978	(91)	-9%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>151,867</b>	<b>152,490</b>	<b>623</b>	<b>0%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	48,968	45,602	(3,366)	-7%
2	MEDICARE MANAGED CARE	21,791	22,570	779	4%
3	MEDICAID	96,637	89,312	(7,325)	-8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	769	719	(50)	-7%
6	COMMERCIAL INSURANCE	8,402	6,787	(1,615)	-19%
7	NON-GOVERNMENT MANAGED CARE	77,572	72,029	(5,543)	-7%
8	WORKER'S COMPENSATION	2,165	2,207	42	2%
9	SELF- PAY/UNINSURED	11,721	10,236	(1,485)	-13%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>268,025</b>	<b>249,462</b>	<b>(18,563)</b>	<b>-7%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$46,938,021	\$48,516,920	\$1,578,899	3%
2	MEDICARE MANAGED CARE	\$22,100,424	\$26,203,899	\$4,103,475	19%
3	MEDICAID	\$110,467,489	\$119,276,038	\$8,808,549	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$516,295	\$577,476	\$61,181	12%
6	COMMERCIAL INSURANCE	\$8,764,032	\$6,381,661	(\$2,382,371)	-27%
7	NON-GOVERNMENT MANAGED CARE	\$57,151,734	\$61,801,036	\$4,649,302	8%
8	WORKER'S COMPENSATION	\$3,757,848	\$4,147,384	\$389,536	10%
9	SELF- PAY/UNINSURED	\$14,501,254	\$14,170,654	(\$330,600)	-2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$264,197,097</b>	<b>\$281,075,068</b>	<b>\$16,877,971</b>	<b>6%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$7,248,511	\$7,188,208	(\$60,303)	-1%
2	MEDICARE MANAGED CARE	\$3,406,371	\$3,853,311	\$446,940	13%
3	MEDICAID	\$11,900,639	\$12,671,710	\$771,071	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$80,577	\$81,164	\$587	1%
6	COMMERCIAL INSURANCE	\$3,610,778	\$2,898,178	(\$712,600)	-20%
7	NON-GOVERNMENT MANAGED CARE	\$25,007,460	\$28,463,169	\$3,455,709	14%
8	WORKER'S COMPENSATION	\$2,419,408	\$2,487,321	\$67,913	3%
9	SELF- PAY/UNINSURED	\$180,360	\$194,026	\$13,666	8%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$53,854,104</b>	<b>\$57,837,087</b>	<b>\$3,982,983</b>	<b>7%</b>
<b>C.</b>	<b><u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u></b>				
1	MEDICARE TRADITIONAL	9,358	9,206	(152)	-2%
2	MEDICARE MANAGED CARE	3,938	4,429	491	12%
3	MEDICAID	31,977	32,138	161	1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	140	131	(9)	-6%
6	COMMERCIAL INSURANCE	2,006	1,342	(664)	-33%
7	NON-GOVERNMENT MANAGED CARE	12,186	12,743	557	5%
8	WORKER'S COMPENSATION	1,330	1,317	(13)	-1%
9	SELF- PAY/UNINSURED	4,380	4,058	(322)	-7%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>65,315</b>	<b>65,364</b>	<b>49</b>	<b>0%</b>



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b><u>OPERATING EXPENSE BY CATEGORY</u></b>				
<b>A.</b>	<b><u>Salaries &amp; Wages:</u></b>				
1	Nursing Salaries	\$100,600,169	\$112,764,341	\$12,164,172	12%
2	Physician Salaries	\$5,213,156	\$5,224,559	\$11,403	0%
3	Non-Nursing, Non-Physician Salaries	\$148,405,212	\$139,632,328	(\$8,772,884)	-6%
	<b>Total Salaries &amp; Wages</b>	<b>\$254,218,537</b>	<b>\$257,621,228</b>	<b>\$3,402,691</b>	<b>1%</b>
<b>B.</b>	<b><u>Fringe Benefits:</u></b>				
1	Nursing Fringe Benefits	\$27,335,819	\$29,800,759	\$2,464,940	9%
2	Physician Fringe Benefits	\$1,416,557	\$1,380,719	(\$35,838)	-3%
3	Non-Nursing, Non-Physician Fringe Benefits	\$40,325,757	\$36,901,287	(\$3,424,470)	-8%
	<b>Total Fringe Benefits</b>	<b>\$69,078,133</b>	<b>\$68,082,765</b>	<b>(\$995,368)</b>	<b>-1%</b>
<b>C.</b>	<b><u>Contractual Labor Fees:</u></b>				
1	Nursing Fees	\$2,404,916	\$3,021,592	\$616,676	26%
2	Physician Fees	\$48,711,341	\$47,535,764	(\$1,175,577)	-2%
3	Non-Nursing, Non-Physician Fees	\$11,793,982	\$11,574,127	(\$219,855)	-2%
	<b>Total Contractual Labor Fees</b>	<b>\$62,910,239</b>	<b>\$62,131,483</b>	<b>(\$778,756)</b>	<b>-1%</b>
<b>D.</b>	<b><u>Medical Supplies and Pharmaceutical Cost:</u></b>				
1	Medical Supplies	\$70,298,935	\$70,091,969	(\$206,966)	0%
2	Pharmaceutical Costs	\$28,875,015	\$29,372,742	\$497,727	2%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$99,173,950</b>	<b>\$99,464,711</b>	<b>\$290,761</b>	<b>0%</b>
<b>E.</b>	<b><u>Depreciation and Amortization:</u></b>				
1	Depreciation-Building	\$13,219,925	\$13,831,599	\$611,674	5%
2	Depreciation-Equipment	\$22,157,892	\$23,473,172	\$1,315,280	6%
3	Amortization	\$421,255	\$408,939	(\$12,316)	-3%
	<b>Total Depreciation and Amortization</b>	<b>\$35,799,072</b>	<b>\$37,713,710</b>	<b>\$1,914,638</b>	<b>5%</b>
<b>F.</b>	<b><u>Bad Debts:</u></b>				
1	Bad Debts	\$0	\$0	\$0	0%
<b>G.</b>	<b><u>Interest Expense:</u></b>				
1	Interest Expense	\$11,620,321	\$11,151,596	(\$468,725)	-4%
<b>H.</b>	<b><u>Malpractice Insurance Cost:</u></b>				
1	Malpractice Insurance Cost	\$8,757,025	\$10,303,205	\$1,546,180	18%
<b>I.</b>	<b><u>Utilities:</u></b>				
1	Water	\$1,023,948	\$921,343	(\$102,605)	-10%
2	Natural Gas	\$3,051,138	\$3,191,276	\$140,138	5%
3	Oil	\$36,255	\$19,611	(\$16,644)	-46%
4	Electricity	\$6,921,173	\$7,072,327	\$151,154	2%
5	Telephone	\$1,509,847	\$1,623,999	\$114,152	8%
6	Other Utilities	\$0	\$0	\$0	0%
	<b>Total Utilities</b>	<b>\$12,542,361</b>	<b>\$12,828,556</b>	<b>\$286,195</b>	<b>2%</b>
<b>J.</b>	<b><u>Business Expenses:</u></b>				
1	Accounting Fees	\$619,984	\$615,565	(\$4,419)	-1%
2	Legal Fees	\$969,189	\$2,329,779	\$1,360,590	140%
3	Consulting Fees	\$7,489,097	\$10,613,420	\$3,124,323	42%

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
4	Dues and Membership	\$2,549,791	\$2,217,392	(\$332,399)	-13%
5	Equipment Leases	\$2,837,352	\$3,553,318	\$715,966	25%
6	Building Leases	\$4,221,879	\$4,828,080	\$606,201	14%
7	Repairs and Maintenance	\$13,040,686	\$12,665,795	(\$374,891)	-3%
8	Insurance	\$1,183,713	\$1,377,743	\$194,030	16%
9	Travel	\$1,195,662	\$1,399,156	\$203,494	17%
10	Conferences	\$564,181	\$727,955	\$163,774	29%
11	Property Tax	\$1,610,768	\$2,111,955	\$501,187	31%
12	General Supplies	\$4,052,763	\$3,856,318	(\$196,445)	-5%
13	Licenses and Subscriptions	\$548,475	\$479,725	(\$68,750)	-13%
14	Postage and Shipping	\$527,733	\$696,720	\$168,987	32%
15	Advertising	\$1,878,420	\$1,682,924	(\$195,496)	-10%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$11,898,606	\$13,352,198	\$1,453,592	12%
18	Computer hardware & small equipment	\$417,786	\$1,168,479	\$750,693	180%
19	Dietary / Food Services	\$3,650,179	\$5,618,300	\$1,968,121	54%
20	Lab Fees / Red Cross charges	\$5,062,962	\$4,133,968	(\$928,994)	-18%
21	Billing & Collection / Bank Fees	\$2,493,618	\$2,856,315	\$362,697	15%
22	Recruiting / Employee Education & Recognition	\$860,416	\$635,599	(\$224,817)	-26%
23	Laundry / Linen	\$695,670	\$1,625,930	\$930,260	134%
24	Professional / Physician Fees	\$1,738,951	\$1,504,826	(\$234,125)	-13%
25	Waste disposal	\$9,364	\$1,466,601	\$1,457,237	15562%
26	Purchased Services - Medical	\$542,300	\$510,909	(\$31,391)	-6%
27	Purchased Services - Non Medical	\$1,954,973	\$1,461,150	(\$493,823)	-25%
28	Other Business Expenses	\$6,532,421	\$6,102,067	(\$430,354)	-7%
	<b>Total Business Expenses</b>	<b>\$79,146,939</b>	<b>\$89,592,187</b>	<b>\$10,445,248</b>	<b>13%</b>
<b>K.</b>	<b>Other Operating Expense:</b>				
1	Miscellaneous Other Operating Expenses	\$33,542,006	\$32,722,891	(\$819,115)	-2%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$666,788,583</b>	<b>\$681,612,332</b>	<b>\$14,823,749</b>	<b>2%</b>
	<b>*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150</b>				
<b>II.</b>	<b>OPERATING EXPENSE BY DEPARTMENT</b>				
<b>A.</b>	<b>General Services:</b>				
1	General Administration	\$87,472,639	\$91,759,854	\$4,287,215	5%
2	General Accounting	\$2,604,510	\$3,129,580	\$525,070	20%
3	Patient Billing & Collection	\$8,631,520	\$8,154,927	(\$476,593)	-6%
4	Admitting / Registration Office	\$3,676,612	\$3,560,167	(\$116,445)	-3%
5	Data Processing	\$19,600,459	\$22,090,779	\$2,490,320	13%
6	Communications	\$12,829,094	\$12,956,535	\$127,441	1%
7	Personnel	\$5,260,632	\$5,833,771	\$573,139	11%
8	Public Relations	\$2,578,326	\$2,046,933	(\$531,393)	-21%
9	Purchasing	\$3,567,869	\$3,171,762	(\$396,107)	-11%
10	Dietary and Cafeteria	\$7,178,513	\$9,471,360	\$2,292,847	32%
11	Housekeeping	\$9,119,041	\$9,213,880	\$94,839	1%
12	Laundry & Linen	\$4,154,559	\$4,544,812	\$390,253	9%
13	Operation of Plant	\$18,989,388	\$19,966,356	\$976,968	5%
14	Security	\$3,283,337	\$3,474,089	\$190,752	6%
15	Repairs and Maintenance	\$7,598,085	\$8,918,316	\$1,320,231	17%
16	Central Sterile Supply	\$4,444,054	\$4,541,794	\$97,740	2%

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
17	Pharmacy Department	\$37,025,388	\$36,591,140	(\$434,248)	-1%
18	Other General Services	\$71,325,359	\$69,655,000	(\$1,670,359)	-2%
	<b>Total General Services</b>	<b>\$309,339,385</b>	<b>\$319,081,055</b>	<b>\$9,741,670</b>	<b>3%</b>
	<b>B. Professional Services:</b>				
1	Medical Care Administration	\$26,994,276	\$26,258,606	(\$735,670)	-3%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$9,606,181	\$13,266,849	\$3,660,668	38%
4	Medical Records	\$6,399,612	\$5,105,584	(\$1,294,028)	-20%
5	Social Service	\$4,895,948	\$4,649,253	(\$246,695)	-5%
6	Other Professional Services	\$26,233,538	\$25,582,454	(\$651,084)	-2%
	<b>Total Professional Services</b>	<b>\$74,129,555</b>	<b>\$74,862,746</b>	<b>\$733,191</b>	<b>1%</b>
	<b>C. Special Services:</b>				
1	Operating Room	\$48,194,662	\$49,076,827	\$882,165	2%
2	Recovery Room	\$3,154,810	\$3,190,315	\$35,505	1%
3	Anesthesiology	\$2,538,303	\$2,602,363	\$64,060	3%
4	Delivery Room	\$5,106,291	\$5,263,698	\$157,407	3%
5	Diagnostic Radiology	\$9,564,155	\$9,247,480	(\$316,675)	-3%
6	Diagnostic Ultrasound	\$2,496,327	\$2,442,605	(\$53,722)	-2%
7	Radiation Therapy	\$4,328,895	\$4,123,063	(\$205,832)	-5%
8	Radioisotopes	\$1,540,714	\$1,718,178	\$177,464	12%
9	CT Scan	\$2,429,934	\$2,341,241	(\$88,693)	-4%
10	Laboratory	\$23,643,253	\$21,690,614	(\$1,952,639)	-8%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$19,518,403	\$19,699,097	\$180,694	1%
13	Electrocardiology	\$342,354	\$308,007	(\$34,347)	-10%
14	Electroencephalography	\$567,265	\$303,053	(\$264,212)	-47%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,345,709	\$3,295,920	(\$49,789)	-1%
19	Pulmonary Function	\$1,348,620	\$1,167,066	(\$181,554)	-13%
20	Intravenous Therapy	\$1,591,713	\$1,628,105	\$36,392	2%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$711,584	\$706,437	(\$5,147)	-1%
23	Renal Dialysis	\$1,388,629	\$1,523,944	\$135,315	10%
24	Emergency Room	\$16,628,141	\$17,252,641	\$624,500	4%
25	MRI	\$2,208,909	\$2,193,483	(\$15,426)	-1%
26	PET Scan	\$534,250	\$274,415	(\$259,835)	-49%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$5,239,020	\$5,304,244	\$65,224	1%
29	Sleep Center	\$305,727	\$325,481	\$19,754	6%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$8,291,793	\$7,984,317	(\$307,476)	-4%
32	Occupational Therapy / Physical Therapy	\$3,601,761	\$3,523,533	(\$78,228)	-2%
33	Dental Clinic	\$1,356,883	\$1,425,916	\$69,033	5%
34	Other Special Services	\$4,292,359	\$6,384,741	\$2,092,382	49%
	<b>Total Special Services</b>	<b>\$174,270,464</b>	<b>\$174,996,784</b>	<b>\$726,320</b>	<b>0%</b>
	<b>D. Routine Services:</b>				
1	Medical & Surgical Units	\$54,769,160	\$57,638,812	\$2,869,652	5%
2	Intensive Care Unit	\$6,726,804	\$7,303,390	\$576,586	9%
3	Coronary Care Unit	\$4,973,635	\$4,948,317	(\$25,318)	-1%

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>					
<b>TWELVE MONTHS ACTUAL FILING</b>					
<b>FISCAL YEAR 2015</b>					
<b>REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT</b>					
(1)	(2)	(3)	(4)	(5)	(6)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2014 ACTUAL</b>	<b>FY 2015 ACTUAL</b>	<b>AMOUNT DIFFERENCE</b>	<b>% DIFFERENCE</b>
4	Psychiatric Unit	\$7,154,892	\$7,263,740	\$108,848	2%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$3,985,394	\$4,027,887	\$42,493	1%
7	Newborn Nursery Unit	\$379,817	\$443,932	\$64,115	17%
8	Neonatal ICU	\$4,137,599	\$4,317,732	\$180,133	4%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$12,264,378	\$12,562,426	\$298,048	2%
11	Home Care	\$613,168	\$660,832	\$47,664	8%
12	Outpatient Clinics	\$6,133,163	\$5,799,200	(\$333,963)	-5%
13	Other Routine Services	\$5,115,201	\$5,388,307	\$273,106	5%
	<b>Total Routine Services</b>	<b>\$106,253,211</b>	<b>\$110,354,575</b>	<b>\$4,101,364</b>	<b>4%</b>
<b>E.</b>	<b>Other Departments:</b>				
1	Miscellaneous Other Departments	\$2,795,968	\$2,317,172	(\$478,796)	-17%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$666,788,583</b>	<b>\$681,612,332</b>	<b>\$14,823,749</b>	<b>2%</b>
<b>*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>A. <u>Statement of Operations Summary</u></b>				
1	Total Net Patient Revenue	\$635,118,562	\$648,781,738	\$649,231,569
2	Other Operating Revenue	35,327,848	32,428,240	35,437,869
3	Total Operating Revenue	\$670,446,410	\$681,209,978	\$684,669,438
4	Total Operating Expenses	666,258,533	666,788,583	681,612,332
5	Income/(Loss) From Operations	\$4,187,877	\$14,421,395	\$3,057,106
6	Total Non-Operating Revenue	24,513,453	1,198,724	(20,060,236)
7	Excess/(Deficiency) of Revenue Over Expenses	\$28,701,330	\$15,620,119	(\$17,003,130)
<b>B. <u>Profitability Summary</u></b>				
1	Hospital Operating Margin	0.60%	2.11%	0.46%
2	Hospital Non Operating Margin	3.53%	0.18%	-3.02%
3	Hospital Total Margin	4.13%	2.29%	-2.56%
4	Income/(Loss) From Operations	\$4,187,877	\$14,421,395	\$3,057,106
5	Total Operating Revenue	\$670,446,410	\$681,209,978	\$684,669,438
6	Total Non-Operating Revenue	\$24,513,453	\$1,198,724	(\$20,060,236)
7	Total Revenue	\$694,959,863	\$682,408,702	\$664,609,202
8	Excess/(Deficiency) of Revenue Over Expenses	\$28,701,330	\$15,620,119	(\$17,003,130)
<b>C. <u>Net Assets Summary</u></b>				
1	Hospital Unrestricted Net Assets	\$127,892,000	\$100,020,000	\$52,342,000
2	Hospital Total Net Assets	\$208,956,000	\$181,694,000	\$129,938,000
3	Hospital Change in Total Net Assets	\$105,586,000	(\$27,262,000)	(\$51,756,000)
4	Hospital Change in Total Net Assets %	202.1%	-13.0%	-28.5%
<b>D. <u>Cost Data Summary</u></b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.34</b>	<b>0.33</b>	<b>0.32</b>
2	Total Operating Expenses	\$666,258,533	\$666,788,583	\$681,612,332
3	Total Gross Revenue	\$1,930,957,096	\$1,988,630,574	\$2,104,370,392
4	Total Other Operating Revenue	\$30,927,888	\$28,501,028	\$31,281,747

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>5</b>	<b><u>Private Payment to Cost Ratio</u></b>	<b>1.44</b>	<b>1.40</b>	<b>1.51</b>
6	Total Non-Government Payments	\$302,880,886	\$287,706,838	\$309,740,024
7	Total Uninsured Payments	\$942,361	\$735,924	\$1,597,366
8	Total Non-Government Charges	\$650,907,761	\$652,139,718	\$667,229,821
9	Total Uninsured Charges	\$34,741,398	\$32,505,477	\$29,068,615
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>0.90</b>	<b>0.93</b>	<b>0.85</b>
11	Total Medicare Payments	\$260,274,962	\$275,515,865	\$262,764,185
12	Total Medicare Charges	\$851,455,856	\$899,758,861	\$969,572,677
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.65</b>	<b>0.71</b>	<b>0.67</b>
14	Total Medicaid Payments	\$93,910,370	\$101,488,590	\$98,288,600
15	Total Medicaid Charges	\$423,973,249	\$432,890,493	\$462,641,312
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$8,834,587</b>	<b>\$8,707,888</b>	<b>\$8,006,401</b>
17	Charity Care	\$5,761,205	\$4,494,629	\$4,105,108
18	Bad Debts	\$20,253,386	\$21,847,988	\$20,980,833
19	Total Uncompensated Care	\$26,014,591	\$26,342,617	\$25,085,941
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>1.3%</b>	<b>1.3%</b>	<b>1.2%</b>
21	Total Operating Expenses	\$666,258,533	\$666,788,583	\$681,612,332
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>2</b>	<b>2</b>	<b>2</b>
2	Total Current Assets	\$187,924,000	\$198,157,000	\$178,150,000
3	Total Current Liabilities	\$92,217,000	\$97,352,000	\$96,359,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>64</b>	<b>55</b>	<b>49</b>
5	Cash and Cash Equivalents	\$80,260,000	\$70,507,000	\$76,694,000
6	Short Term Investments	30,428,000	25,411,000	9,418,000

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
7	Total Cash and Short Term Investments	\$110,688,000	\$95,918,000	\$86,112,000
8	Total Operating Expenses	\$666,258,533	\$666,788,583	\$681,612,332
9	Depreciation Expense	\$34,869,577	\$35,799,072	\$37,713,710
10	Operating Expenses less Depreciation Expense	\$631,388,956	\$630,989,511	\$643,898,622
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>28</b>	<b>32</b>	<b>30</b>
12	Net Patient Accounts Receivable	\$60,969,000	\$70,949,000	\$65,284,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$12,474,000	\$14,939,000	\$12,528,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$48,495,000	\$56,010,000	\$52,756,000
16	Total Net Patient Revenue	\$635,118,562	\$648,781,738	\$649,231,569
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>53</b>	<b>56</b>	<b>55</b>
18	Total Current Liabilities	\$92,217,000	\$97,352,000	\$96,359,000
19	Total Operating Expenses	\$666,258,533	\$666,788,583	\$681,612,332
20	Depreciation Expense	\$34,869,577	\$35,799,072	\$37,713,710
21	Total Operating Expenses less Depreciation Expense	\$631,388,956	\$630,989,511	\$643,898,622
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>27.8</b>	<b>23.3</b>	<b>17.3</b>
2	Total Net Assets	\$208,956,000	\$181,694,000	\$129,938,000
3	Total Assets	\$751,186,000	\$780,166,000	\$749,033,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>18.1</b>	<b>14.7</b>	<b>6.1</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$28,701,330	\$15,620,119	(\$17,003,130)
6	Depreciation Expense	\$34,869,577	\$35,799,072	\$37,713,710
7	Excess of Revenues Over Expenses and Depreciation Expense	\$63,570,907	\$51,419,191	\$20,710,580
8	Total Current Liabilities	\$92,217,000	\$97,352,000	\$96,359,000
9	Total Long Term Debt	\$258,637,000	\$251,476,000	\$244,154,000
10	Total Current Liabilities and Total Long Term Debt	\$350,854,000	\$348,828,000	\$340,513,000

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>55.3</b>	<b>58.1</b>	<b>65.3</b>
12	Total Long Term Debt	\$258,637,000	\$251,476,000	\$244,154,000
13	Total Net Assets	\$208,956,000	\$181,694,000	\$129,938,000
14	Total Long Term Debt and Total Net Assets	\$467,593,000	\$433,170,000	\$374,092,000
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>3.5</b>	<b>3.1</b>	<b>1.6</b>
16	Excess Revenues over Expenses	28,701,330	\$15,620,119	(\$17,003,130)
17	Interest Expense	11,600,890	\$11,620,321	\$11,151,596
18	Depreciation and Amortization Expense	34,869,577	\$35,799,072	\$37,713,710
19	Principal Payments	9,786,000	\$8,595,000	\$8,785,000
<b>G.</b>	<b><u>Other Financial Ratios</u></b>			
<b>20</b>	<b><u>Average Age of Plant</u></b>	<b>10.2</b>	<b>10.9</b>	<b>11.3</b>
21	Accumulated Depreciation	356,050,000	391,133,000	427,558,000
22	Depreciation and Amortization Expense	34,869,577	35,799,072	37,713,710
<b>H.</b>	<b><u>Utilization Measures Summary</u></b>			
1	Patient Days	159,375	151,867	152,490
2	Discharges	32,366	31,234	31,632
3	ALOS	4.9	4.9	4.8
4	Staffed Beds	595	595	607
5	Available Beds	-	595	607
6	Licensed Beds	595	682	682
7	Occupancy of Staffed Beds	73.4%	69.9%	68.8%
8	Occupancy of Available Beds	73.4%	69.9%	68.8%
9	Full Time Equivalent Employees	3,816.6	3,802.8	3,789.1
<b>I.</b>	<b><u>Hospital Gross Revenue Payer Mix Percentage</u></b>			
1	Non-Government Gross Revenue Payer Mix Percentage	31.9%	31.2%	30.3%
2	Medicare Gross Revenue Payer Mix Percentage	44.1%	45.2%	46.1%



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
3	Medicaid Gross Revenue Payer Mix Percentage	22.0%	21.8%	22.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.8%	1.6%	1.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$616,166,363	\$619,634,241	\$638,161,206
9	Medicare Gross Revenue (Charges)	\$851,455,856	\$899,758,861	\$969,572,677
10	Medicaid Gross Revenue (Charges)	\$423,973,249	\$432,890,493	\$462,641,312
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$34,741,398	\$32,505,477	\$29,068,615
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$4,620,230	\$3,841,502	\$4,926,582
14	Total Gross Revenue (Charges)	\$1,930,957,096	\$1,988,630,574	\$2,104,370,392
<b>J.</b>	<b>Hospital Net Revenue Payer Mix Percentage</b>			
1	Non-Government Net Revenue Payer Mix Percentage	45.9%	43.2%	45.9%
2	Medicare Net Revenue Payer Mix Percentage	39.5%	41.4%	39.1%
3	Medicaid Net Revenue Payer Mix Percentage	14.3%	15.3%	14.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.0%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$301,938,525	\$286,970,914	\$308,142,658
9	Medicare Net Revenue (Payments)	\$260,274,962	\$275,515,865	\$262,764,185
10	Medicaid Net Revenue (Payments)	\$93,910,370	\$101,488,590	\$98,288,600
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$942,361	\$735,924	\$1,597,366
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,094,755	\$329,352	\$1,031,394
14	Total Net Revenue (Payments)	\$658,160,973	\$665,040,645	\$671,824,203
<b>K.</b>	<b>Discharges</b>			
1	Non-Government (Including Self Pay / Uninsured)	10,159	9,526	9,314
2	Medicare	14,271	13,744	14,409
3	Medical Assistance	7,857	7,876	7,833
4	Medicaid	7,857	7,876	7,833
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	79	88	76

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
7	Uninsured (Included In Non-Government)	281	319	266
8	Total	32,366	31,234	31,632
<b>L. Case Mix Index</b>				
1	Non-Government (Including Self Pay / Uninsured)	1.41960	1.41570	1.45540
2	Medicare	1.68980	1.69600	1.67850
3	Medical Assistance	1.16080	1.15670	1.20700
4	Medicaid	1.16080	1.15670	1.20700
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.09920	1.07000	1.32470
7	Uninsured (Included In Non-Government)	1.21030	1.24480	1.23360
8	Total Case Mix Index	1.47513	1.47276	1.49520
<b>M. Emergency Department Visits</b>				
1	Emergency Room - Treated and Admitted	17,868	17,605	18,352
2	Emergency Room - Treated and Discharged	63,204	65,315	65,364
3	Total Emergency Room Visits	81,072	82,920	83,716

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I.</b>	<b>MEDICARE MANAGED CARE</b>				
<b>A.</b>	<b>ANTHEM - MEDICARE BLUE CONNECTICUT</b>				
1	Inpatient Charges	\$6,097,468	\$11,472,691	\$5,375,223	88%
2	Inpatient Payments	\$1,842,214	\$3,186,770	\$1,344,556	73%
3	Outpatient Charges	\$3,380,062	\$4,776,595	\$1,396,533	41%
4	Outpatient Payments	\$1,002,912	\$1,147,347	\$144,435	14%
5	Discharges	117	198	81	69%
6	Patient Days	733	1,292	559	76%
7	Outpatient Visits (Excludes ED Visits)	714	1,136	422	59%
8	Emergency Department Outpatient Visits	118	292	174	147%
9	Emergency Department Inpatient Admissions	83	160	77	93%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$9,477,530</b>	<b>\$16,249,286</b>	<b>\$6,771,756</b>	<b>71%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,845,126</b>	<b>\$4,334,117</b>	<b>\$1,488,991</b>	<b>52%</b>
<b>B.</b>	<b>CIGNA HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C.</b>	<b>CONNECTICARE, INC.</b>				
1	Inpatient Charges	\$52,717,232	\$54,861,784	\$2,144,552	4%
2	Inpatient Payments	\$18,365,461	\$15,573,146	(\$2,792,315)	-15%
3	Outpatient Charges	\$21,675,186	\$24,019,766	\$2,344,580	11%
4	Outpatient Payments	\$5,031,455	\$4,915,007	(\$116,448)	-2%
5	Discharges	994	1,038	44	4%
6	Patient Days	5,522	5,530	8	0%
7	Outpatient Visits (Excludes ED Visits)	3,571	3,501	(70)	-2%
8	Emergency Department Outpatient Visits	551	618	67	12%
9	Emergency Department Inpatient Admissions	627	637	10	2%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$74,392,418</b>	<b>\$78,881,550</b>	<b>\$4,489,132</b>	<b>6%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$23,396,916</b>	<b>\$20,488,153</b>	<b>(\$2,908,763)</b>	<b>-12%</b>
<b>D.</b>	<b>HEALTHNET OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$1,771,472	\$2,531,339	\$759,867	43%
2	Inpatient Payments	\$1,116,467	\$1,521,374	\$404,907	36%
3	Outpatient Charges	\$842,440	\$800,837	(\$41,603)	-5%
4	Outpatient Payments	\$365,959	\$40,260	(\$325,699)	-89%
5	Discharges	78	85	7	9%
6	Patient Days	724	501	(223)	-31%
7	Outpatient Visits (Excludes ED Visits)	79	98	19	24%
8	Emergency Department Outpatient Visits	79	99	20	25%
9	Emergency Department Inpatient Admissions	43	26	(17)	-40%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,613,912</b>	<b>\$3,332,176</b>	<b>\$718,264</b>	<b>27%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,482,426</b>	<b>\$1,561,634</b>	<b>\$79,208</b>	<b>5%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$23,292,189	\$25,859,513	\$2,567,324	11%
2	Inpatient Payments	\$7,451,404	\$6,660,196	(\$791,208)	-11%
3	Outpatient Charges	\$15,020,708	\$16,763,762	\$1,743,054	12%
4	Outpatient Payments	\$3,846,254	\$2,433,854	(\$1,412,400)	-37%
5	Discharges	516	565	49	9%
6	Patient Days	2,988	3,303	315	11%
7	Outpatient Visits (Excludes ED Visits)	4,463	4,506	43	1%
8	Emergency Department Outpatient Visits	1,181	1,225	44	4%
9	Emergency Department Inpatient Admissions	436	493	57	13%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$38,312,897</b>	<b>\$42,623,275</b>	<b>\$4,310,378</b>	<b>11%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$11,297,658</b>	<b>\$9,094,050</b>	<b>(\$2,203,608)</b>	<b>-20%</b>
<b>I. AETNA</b>					

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Charges	\$22,393,615	\$29,790,121	\$7,396,506	33%
2	Inpatient Payments	\$7,448,446	\$8,580,462	\$1,132,016	15%
3	Outpatient Charges	\$12,028,709	\$17,215,266	\$5,186,557	43%
4	Outpatient Payments	\$2,526,216	\$3,673,069	\$1,146,853	45%
5	Discharges	514	626	112	22%
6	Patient Days	2,485	3,366	881	35%
7	Outpatient Visits (Excludes ED Visits)	2,321	2,808	487	21%
8	Emergency Department Outpatient Visits	512	676	164	32%
9	Emergency Department Inpatient Admissions	364	454	90	25%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$34,422,324</b>	<b>\$47,005,387</b>	<b>\$12,583,063</b>	<b>37%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$9,974,662</b>	<b>\$12,253,531</b>	<b>\$2,278,869</b>	<b>23%</b>
<b>J.</b>	<b>HUMANA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K.</b>	<b>SECURE HORIZONS</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L.</b>	<b>UNICARE LIFE &amp; HEALTH INSURANCE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>M.</b>	<b>UNIVERSAL AMERICAN</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N.</b>	<b>EVERCARE</b>				
1	Inpatient Charges	\$56,612,535	\$61,839,085	\$5,226,550	9%
2	Inpatient Payments	\$18,460,046	\$17,970,388	(\$489,658)	-3%
3	Outpatient Charges	\$31,792,281	\$33,403,446	\$1,611,165	5%
4	Outpatient Payments	\$7,128,318	\$5,859,919	(\$1,268,399)	-18%
5	Discharges	1,227	1,237	10	1%
6	Patient Days	7,010	6,957	(53)	-1%
7	Outpatient Visits (Excludes ED Visits)	6,705	6,092	(613)	-9%
8	Emergency Department Outpatient Visits	1,497	1,519	22	1%
9	Emergency Department Inpatient Admissions	914	928	14	2%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$88,404,816</b>	<b>\$95,242,531</b>	<b>\$6,837,715</b>	<b>8%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$25,588,364</b>	<b>\$23,830,307</b>	<b>(\$1,758,057)</b>	<b>-7%</b>
<b>II.</b>	<b>TOTAL MEDICARE MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$162,884,511</b>	<b>\$186,354,533</b>	<b>\$23,470,022</b>	<b>14%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$54,684,038</b>	<b>\$53,492,336</b>	<b>(\$1,191,702)</b>	<b>-2%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$84,739,386</b>	<b>\$96,979,672</b>	<b>\$12,240,286</b>	<b>14%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$19,901,114</b>	<b>\$18,069,456</b>	<b>(\$1,831,658)</b>	<b>-9%</b>
	<b>TOTAL DISCHARGES</b>	<b>3,446</b>	<b>3,749</b>	<b>303</b>	<b>9%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>19,462</b>	<b>20,949</b>	<b>1,487</b>	<b>8%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>17,853</b>	<b>18,141</b>	<b>288</b>	<b>2%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>3,938</b>	<b>4,429</b>	<b>491</b>	<b>12%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>2,467</b>	<b>2,698</b>	<b>231</b>	<b>9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$247,623,897</b>	<b>\$283,334,205</b>	<b>\$35,710,308</b>	<b>14%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$74,585,152</b>	<b>\$71,561,792</b>	<b>(\$3,023,360)</b>	<b>-4%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>E.</b>	<b>WELLCARE OF CONNECTICUT</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F.</b>	<b>FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>



**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2015  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	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%

## TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$93,155,000	\$102,071,000	\$8,916,000	10%
2	Short Term Investments	\$42,241,000	\$33,496,000	(\$8,745,000)	-21%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$84,904,000	\$77,445,000	(\$7,459,000)	-9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,459,000	\$1,521,000	\$62,000	4%
5	Due From Affiliates	\$1,346,000	\$3,400,000	\$2,054,000	153%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$8,855,000	\$9,701,000	\$846,000	10%
8	Prepaid Expenses	\$6,778,000	\$7,851,000	\$1,073,000	16%
9	Other Current Assets	\$5,547,000	\$6,745,000	\$1,198,000	22%
	<b>Total Current Assets</b>	<b>\$244,285,000</b>	<b>\$242,230,000</b>	<b>(\$2,055,000)</b>	<b>-1%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$53,033,000	\$48,893,000	(\$4,140,000)	-8%
2	Board Designated for Capital Acquisition	\$60,751,000	\$64,100,000	\$3,349,000	6%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$3,784,000	\$4,755,000	\$971,000	26%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$117,568,000</b>	<b>\$117,748,000</b>	<b>\$180,000</b>	<b>0%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$16,156,000	\$25,097,000	\$8,941,000	55%
7	Other Noncurrent Assets	\$22,987,000	\$15,864,000	(\$7,123,000)	-31%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$878,962,000	\$912,915,000	\$33,953,000	4%
2	Less: Accumulated Depreciation	\$416,786,000	\$454,078,000	\$37,292,000	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$462,176,000</b>	<b>\$458,837,000</b>	<b>(\$3,339,000)</b>	<b>-1%</b>
3	Construction in Progress	\$13,587,000	\$8,411,000	(\$5,176,000)	-38%
	<b>Total Net Fixed Assets</b>	<b>\$475,763,000</b>	<b>\$467,248,000</b>	<b>(\$8,515,000)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$876,759,000</b>	<b>\$868,187,000</b>	<b>(\$8,572,000)</b>	<b>-1%</b>
II.	<b>LIABILITIES AND NET ASSETS</b>				
A.	<b>Current Liabilities:</b>				

## TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
1	Accounts Payable and Accrued Expenses	\$37,210,000	\$41,686,000	\$4,476,000	12%
2	Salaries, Wages and Payroll Taxes	\$49,723,000	\$51,151,000	\$1,428,000	3%
3	Due To Third Party Payers	\$15,780,000	\$13,630,000	(\$2,150,000)	-14%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$8,760,000	\$7,298,000	(\$1,462,000)	-17%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$7,455,000	\$8,658,000	\$1,203,000	16%
	<b>Total Current Liabilities</b>	<b>\$118,928,000</b>	<b>\$122,423,000</b>	<b>\$3,495,000</b>	<b>3%</b>
	<b>B. Long Term Debt:</b>				
1	Bonds Payable (Net of Current Portion)	\$251,476,000	\$244,154,000	(\$7,322,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$251,476,000</b>	<b>\$244,154,000</b>	<b>(\$7,322,000)</b>	<b>-3%</b>
3	Accrued Pension Liability	\$285,634,000	\$320,956,000	\$35,322,000	12%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	<b>Total Long Term Liabilities</b>	<b>\$537,110,000</b>	<b>\$565,110,000</b>	<b>\$28,000,000</b>	<b>5%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
	<b>C. Net Assets:</b>				
1	Unrestricted Net Assets or Equity	\$137,311,000	\$101,295,000	(\$36,016,000)	-26%
2	Temporarily Restricted Net Assets	\$26,091,000	\$26,180,000	\$89,000	0%
3	Permanently Restricted Net Assets	\$57,319,000	\$53,179,000	(\$4,140,000)	-7%
	<b>Total Net Assets</b>	<b>\$220,721,000</b>	<b>\$180,654,000</b>	<b>(\$40,067,000)</b>	<b>-18%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$876,759,000</b>	<b>\$868,187,000</b>	<b>(\$8,572,000)</b>	<b>-1%</b>

## TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$2,287,499,000	\$2,433,798,000	\$146,299,000	6%
2	Less: Allowances	\$1,485,018,000	\$1,621,115,000	\$136,097,000	9%
3	Less: Charity Care	\$19,154,000	\$14,331,000	(\$4,823,000)	-25%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$783,327,000</b>	<b>\$798,352,000</b>	<b>\$15,025,000</b>	<b>2%</b>
5	Provision for Bad Debts	\$26,546,000	\$25,600,000	(\$946,000)	-4%
	<b>Net Patient Service Revenue less provision for bad debts</b>	<b>\$756,781,000</b>	<b>\$772,752,000</b>	<b>\$15,971,000</b>	<b>2%</b>
6	Other Operating Revenue	\$38,797,000	\$38,303,000	(\$494,000)	-1%
7	Net Assets Released from Restrictions	\$9,644,000	\$10,911,000	\$1,267,000	13%
	<b>Total Operating Revenue</b>	<b>\$805,222,000</b>	<b>\$821,966,000</b>	<b>\$16,744,000</b>	<b>2%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$363,599,000	\$378,595,000	\$14,996,000	4%
2	Fringe Benefits	\$86,707,000	\$86,980,000	\$273,000	0%
3	Physicians Fees	\$25,149,000	\$24,836,000	(\$313,000)	-1%
4	Supplies and Drugs	\$120,366,000	\$119,805,000	(\$561,000)	0%
5	Depreciation and Amortization	\$37,887,000	\$39,696,000	\$1,809,000	5%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$11,620,000	\$11,152,000	(\$468,000)	-4%
8	Malpractice Insurance Cost	\$9,863,000	\$6,887,000	(\$2,976,000)	-30%
9	Other Operating Expenses	\$138,508,000	\$148,043,000	\$9,535,000	7%
	<b>Total Operating Expenses</b>	<b>\$793,699,000</b>	<b>\$815,994,000</b>	<b>\$22,295,000</b>	<b>3%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$11,523,000</b>	<b>\$5,972,000</b>	<b>(\$5,551,000)</b>	<b>-48%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	\$3,625,000	(\$2,530,000)	(\$6,155,000)	-170%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$2,424,000)	(\$17,533,000)	(\$15,109,000)	623%
	<b>Total Non-Operating Revenue</b>	<b>\$1,201,000</b>	<b>(\$20,063,000)</b>	<b>(\$21,264,000)</b>	<b>-1771%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$12,724,000</b>	<b>(\$14,091,000)</b>	<b>(\$26,815,000)</b>	<b>-211%</b>
	<b>Other Adjustments:</b>				

**TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)**

**TWELVE MONTHS ACTUAL FILING**

**FISCAL YEAR 2015**

**REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$12,724,000</b>	<b>(\$14,091,000)</b>	<b>(\$26,815,000)</b>	<b>-211%</b>

## TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
<b>A. Parent Corporation Statement of Operations Summary</b>				
1	Net Patient Revenue	\$734,852,000	\$756,781,000	\$772,752,000
2	Other Operating Revenue	49,283,000	48,441,000	49,214,000
3	Total Operating Revenue	\$784,135,000	\$805,222,000	\$821,966,000
4	Total Operating Expenses	775,909,000	793,699,000	815,994,000
5	Income/(Loss) From Operations	\$8,226,000	\$11,523,000	\$5,972,000
6	Total Non-Operating Revenue	24,517,000	1,201,000	(20,063,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$32,743,000	\$12,724,000	(\$14,091,000)
<b>B. Parent Corporation Profitability Summary</b>				
1	Parent Corporation Operating Margin	1.02%	1.43%	0.74%
2	Parent Corporation Non-Operating Margin	3.03%	0.15%	-2.50%
3	Parent Corporation Total Margin	4.05%	1.58%	-1.76%
4	Income/(Loss) From Operations	\$8,226,000	\$11,523,000	\$5,972,000
5	Total Operating Revenue	\$784,135,000	\$805,222,000	\$821,966,000
6	Total Non-Operating Revenue	\$24,517,000	\$1,201,000	(\$20,063,000)
7	Total Revenue	\$808,652,000	\$806,423,000	\$801,903,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$32,743,000	\$12,724,000	(\$14,091,000)
<b>C. Parent Corporation Net Assets Summary</b>				
1	Parent Corporation Unrestricted Net Assets	\$178,467,000	\$137,311,000	\$101,295,000
2	Parent Corporation Total Net Assets	\$260,573,000	\$220,721,000	\$180,654,000
3	Parent Corporation Change in Total Net Assets	\$116,415,000	(\$39,852,000)	(\$40,067,000)
4	Parent Corporation Change in Total Net Assets %	180.8%	-15.3%	-18.2%
<b>D. Liquidity Measures Summary</b>				
1	<b>Current Ratio</b>	<b>2.19</b>	<b>2.05</b>	<b>1.98</b>
2	Total Current Assets	\$246,732,000	\$244,285,000	\$242,230,000
3	Total Current Liabilities	\$112,732,000	\$118,928,000	\$122,423,000
4	<b>Days Cash on Hand</b>	<b>73</b>	<b>65</b>	<b>64</b>

## TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

## TWELVE MONTHS ACTUAL FILING

## FISCAL YEAR 2015

## REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
5	Cash and Cash Equivalents	\$97,524,000	\$93,155,000	\$102,071,000
6	Short Term Investments	\$50,685,000	\$42,241,000	\$33,496,000
7	Total Cash and Short Term Investments	\$148,209,000	\$135,396,000	\$135,567,000
8	Total Operating Expenses	\$775,909,000	\$793,699,000	\$815,994,000
9	Depreciation Expense	\$36,733,000	\$37,887,000	\$39,696,000
10	Operating Expenses less Depreciation Expense	\$739,176,000	\$755,812,000	\$776,298,000
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>29</b>	<b>33</b>	<b>30</b>
12	Net Patient Accounts Receivable	\$ 72,901,000	\$ 84,904,000	\$ 77,445,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$14,021,000	\$15,780,000	\$13,630,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 58,880,000	\$ 69,124,000	\$ 63,815,000
16	Total Net Patient Revenue	\$734,852,000	\$756,781,000	\$772,752,000
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>56</b>	<b>57</b>	<b>58</b>
18	Total Current Liabilities	\$112,732,000	\$118,928,000	\$122,423,000
19	Total Operating Expenses	\$775,909,000	\$793,699,000	\$815,994,000
20	Depreciation Expense	\$36,733,000	\$37,887,000	\$39,696,000
20	Total Operating Expenses less Depreciation Expense	\$739,176,000	\$755,812,000	\$776,298,000
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>30.5</b>	<b>25.2</b>	<b>20.8</b>
2	Total Net Assets	\$260,573,000	\$220,721,000	\$180,654,000
3	Total Assets	\$855,559,000	\$876,759,000	\$868,187,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>18.7</b>	<b>13.7</b>	<b>7.0</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$32,743,000	\$12,724,000	(\$14,091,000)
6	Depreciation Expense	\$36,733,000	\$37,887,000	\$39,696,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$69,476,000	\$50,611,000	\$25,605,000
8	Total Current Liabilities	\$112,732,000	\$118,928,000	\$122,423,000
9	Total Long Term Debt	\$258,637,000	\$251,476,000	\$244,154,000

**TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)**

**TWELVE MONTHS ACTUAL FILING**

**FISCAL YEAR 2015**

**REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS**

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
		FY 2013	FY 2014	FY 2015
<u>LINE</u>	<u>DESCRIPTION</u>			
10	Total Current Liabilities and Total Long Term Debt	\$371,369,000	\$370,404,000	\$366,577,000
11	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>49.8</b>	<b>53.3</b>	<b>57.5</b>
12	Total Long Term Debt	\$258,637,000	\$251,476,000	\$244,154,000
13	Total Net Assets	\$260,573,000	\$220,721,000	\$180,654,000
14	Total Long Term Debt and Total Net Assets	\$519,210,000	\$472,197,000	\$424,808,000



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
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	107,176	23,950	24,271	398	398	73.8%	73.8%
2	ICU/CCU (Excludes Neonatal ICU)	10,803	402	0	42	42	70.5%	70.5%
3	Psychiatric: Ages 0 to 17	4,160	387	392	23	23	49.6%	49.6%
4	Psychiatric: Ages 18+	10,578	1,574	1,568	60	60	48.3%	48.3%
	<b>TOTAL PSYCHIATRIC</b>	<b>14,738</b>	<b>1,961</b>	<b>1,960</b>	<b>83</b>	<b>83</b>	<b>48.6%</b>	<b>48.6%</b>
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	8,731	2,910	2,820	30	30	79.7%	79.7%
7	Newborn	5,974	2,535	2,534	26	26	63.0%	63.0%
8	Neonatal ICU	5,068	276	0	28	28	49.6%	49.6%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>146,516</b>	<b>29,097</b>	<b>29,051</b>	<b>581</b>	<b>581</b>	<b>69.1%</b>	<b>69.1%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>152,490</b>	<b>31,632</b>	<b>31,585</b>	<b>607</b>	<b>607</b>	<b>68.8%</b>	<b>68.8%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>152,490</b>	<b>31,632</b>	<b>31,585</b>	<b>607</b>	<b>607</b>	<b>68.8%</b>	<b>68.8%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>151,867</b>	<b>31,234</b>	<b>28,929</b>	<b>595</b>	<b>595</b>	<b>69.9%</b>	<b>69.9%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>623</b>	<b>398</b>	<b>2,656</b>	<b>12</b>	<b>12</b>	<b>-1.1%</b>	<b>-1.1%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>0%</b>	<b>1%</b>	<b>9%</b>	<b>2%</b>	<b>2%</b>	<b>-2%</b>	<b>-2%</b>
	Total Licensed Beds and Bassinets	682						
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>								
<b>Note: Total discharges do not include ICU/CCU patients.</b>								

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	18,714	18,952	238	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,886	10,131	245	2%
3	Emergency Department Scans	12,985	13,249	264	2%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total CT Scans</b>	<b>41,585</b>	<b>42,332</b>	<b>747</b>	<b>2%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	4,739	4,585	-154	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	8,909	8,626	-283	-3%
3	Emergency Department Scans	594	558	-36	-6%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total MRI Scans</b>	<b>14,242</b>	<b>13,769</b>	<b>-473</b>	<b>-3%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	80	95	15	19%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,135	1,197	62	5%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>1,215</b>	<b>1,292</b>	<b>77</b>	<b>6%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	790	812	22	3%
2	Outpatient Procedures	17,623	14,955	-2,668	-15%
	<b>Total Linear Accelerator Procedures</b>	<b>18,413</b>	<b>15,767</b>	<b>-2,646</b>	<b>-14%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	1,310	1,118	-192	-15%
2	Outpatient Procedures	1,337	1,240	-97	-7%
	<b>Total Cardiac Catheterization Procedures</b>	<b>2,647</b>	<b>2,358</b>	<b>-289</b>	<b>-11%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	404	368	-36	-9%
2	Elective Procedures	455	432	-23	-5%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>859</b>	<b>800</b>	<b>-59</b>	<b>-7%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	298	292	-6	-2%
2	Outpatient Studies	326	345	19	6%
	<b>Total Electrophysiology Studies</b>	<b>624</b>	<b>637</b>	<b>13</b>	<b>2%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	9,987	10,165	178	2%
2	Outpatient Surgical Procedures	16,695	16,080	-615	-4%
	<b>Total Surgical Procedures</b>	<b>26,682</b>	<b>26,245</b>	<b>-437</b>	<b>-2%</b>
<b>J. Endoscopy Procedures</b>					
1	Inpatient Endoscopy Procedures	1,644	1,556	-88	-5%
2	Outpatient Endoscopy Procedures	6,168	5,418	-750	-12%
	<b>Total Endoscopy Procedures</b>	<b>7,812</b>	<b>6,974</b>	<b>-838</b>	<b>-11%</b>
<b>K. Hospital Emergency Room Visits</b>					
1	Emergency Room Visits: Treated and Admitted	17,605	18,352	747	4%
2	Emergency Room Visits: Treated and Discharged	65,315	65,364	49	0%
	<b>Total Emergency Room Visits</b>	<b>82,920</b>	<b>83,716</b>	<b>796</b>	<b>1%</b>
<b>L. Hospital Clinic Visits</b>					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	0	0	0%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	15,754	9,490	-6,264	-40%
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	16,377	15,536	-841	-5%
8	Medical Clinic Visits - Other Medical Clinics	21	24	3	14%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	1,421	1,864	443	31%
11	Specialty Clinic Visits - Chronic Pain Clinic	1,730	1,244	-486	-28%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	15,964	16,235	271	2%
	<b>Total Hospital Clinic Visits</b>	<b>51,267</b>	<b>44,393</b>	<b>-6,874</b>	<b>-13%</b>
<b>M. Other Hospital Outpatient Visits</b>					
1	Rehabilitation (PT/OT/ST)	977	909	-68	-7%
2	Cardiac Rehabilitation	655	649	-6	-1%
3	Chemotherapy	4,199	4,184	-15	0%
4	Gastroenterology	1,296	1,385	89	7%
5	Other Outpatient Visits	144,316	132,578	-11,738	-8%
	<b>Total Other Hospital Outpatient Visits</b>	<b>151,443</b>	<b>139,705</b>	<b>-11,738</b>	<b>-8%</b>
<b>N. Hospital Full Time Equivalent Employees</b>					
1	Total Nursing FTEs	1,322.9	1,402.6	79.7	6%
2	Total Physician FTEs	40.0	38.8	-1.2	-3%
3	Total Non-Nursing and Non-Physician FTEs	2,439.9	2,347.7	-92.2	-4%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>3,802.8</b>	<b>3,789.1</b>	<b>-13.7</b>	<b>0%</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	SFHMC - Mount Sinai Campus	871	431	-440	-51%
2	Saint Francis Hospital	15,824	15,649	-175	-1%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>16,695</b>	<b>16,080</b>	<b>-615</b>	<b>-4%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Saint Francis Hospital	6,168	5,418	-750	-12%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>6,168</b>	<b>5,418</b>	<b>-750</b>	<b>-12%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Saint Francis Hospital	65,315	65,364	49	0%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>65,315</b>	<b>65,364</b>	<b>49</b>	<b>0%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$615,260,232	\$671,779,838	\$56,519,606	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$211,507,952	\$203,954,317	(\$7,553,635)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.38%	30.36%	-4.02%	-12%
4	DISCHARGES	13,744	14,409	665	5%
5	CASE MIX INDEX (CMI)	1.69600	1.67850	(0.01750)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	23,309.82400	24,185.50650	875.68250	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,073.77	\$8,432.91	(\$640.85)	-7%
8	PATIENT DAYS	75,996	78,137	2,141	3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,783.15	\$2,610.21	(\$172.93)	-6%
10	AVERAGE LENGTH OF STAY	5.5	5.4	(0.1)	-2%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$284,498,629	\$297,792,839	\$13,294,210	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$64,007,913	\$58,809,868	(\$5,198,045)	-8%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.50%	19.75%	-2.75%	-12%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	46.24%	44.33%	-1.91%	-4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,355.27693	6,387.35606	32.07913	1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,071.62	\$9,207.23	(\$864.38)	-9%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$899,758,861	\$969,572,677	\$69,813,816	8%
18	TOTAL ACCRUED PAYMENTS	\$275,515,865	\$262,764,185	(\$12,751,680)	-5%
19	TOTAL ALLOWANCES	\$624,242,996	\$706,808,492	\$82,565,496	13%
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$300,608,652	\$318,649,558	\$18,040,906	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$151,641,760	\$169,220,370	\$17,578,610	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.44%	53.11%	2.66%	5%
4	DISCHARGES	9,526	9,314	(212)	-2%
5	CASE MIX INDEX (CMI)	1.41570	1.45540	0.03970	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	13,485.95820	13,555.59560	69.63740	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$11,244.42	\$12,483.43	\$1,239.01	11%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,170.65)	(\$4,050.52)	(\$1,879.87)	87%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$29,273,294)	(\$54,907,187)	(\$25,633,892)	88%
10	PATIENT DAYS	36,979	35,656	(1,323)	-4%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$4,100.75	\$4,745.92	\$645.16	16%
12	AVERAGE LENGTH OF STAY	3.9	3.8	(0.1)	-1%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$351,531,066	\$348,580,263	(\$2,950,803)	-1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$136,065,078	\$140,519,654	\$4,454,576	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.71%	40.31%	1.61%	4%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
16	OUTPATIENT CHARGES / INPATIENT CHARGES	116.94%	109.39%	-7.55%	-6%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	11,139.68248	10,188.86262	(950.81986)	-9%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$12,214.45	\$13,791.50	\$1,577.05	13%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,142.83)	(\$4,584.26)	(\$2,441.43)	114%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$23,870,466)	(\$46,708,434)	(\$22,837,967)	96%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$652,139,718	\$667,229,821	\$15,090,103	2%
22	TOTAL ACCRUED PAYMENTS	\$287,706,838	\$309,740,024	\$22,033,186	8%
23	TOTAL ALLOWANCES	\$364,432,880	\$357,489,797	(\$6,943,083)	-2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$53,143,761)	(\$101,615,620)	(\$48,471,860)	91%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$558,621,454	\$584,513,139	\$25,891,685	5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$269,000,765	\$285,514,532	\$16,513,767	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$289,620,689	\$298,998,607	\$9,377,918	3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.85%	51.15%	-0.69%	
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$8,698,928	\$7,628,171	(\$1,070,757)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$202,548	\$295,974	\$93,426	46%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.33%	3.88%	1.55%	67%
4	DISCHARGES	319	266	(53)	-17%
5	CASE MIX INDEX (CMI)	1.24480	1.23360	(0.01120)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	397.09120	328.13760	(68.95360)	-17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$510.08	\$901.98	\$391.90	77%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$10,734.34	\$11,581.45	\$847.11	8%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,563.69	\$7,530.93	(\$1,032.76)	-12%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,400,566	\$2,471,182	(\$929,383)	-27%
11	PATIENT DAYS	1,069	978	(91)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$189.47	\$302.63	\$113.16	60%
13	AVERAGE LENGTH OF STAY	3.4	3.7	0.3	10%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$23,806,549	\$21,440,444	(\$2,366,105)	-10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$533,376	\$1,301,392	\$768,016	144%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.24%	6.07%	3.83%	171%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	273.67%	281.07%	7.40%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	873.01437	747.64424	(125.37013)	-14%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$610.96	\$1,740.66	\$1,129.70	185%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$11,603.49	\$12,050.84	\$447.35	4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$9,460.66	\$7,466.58	(\$1,994.08)	-21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,259,290	\$5,582,342	(\$2,676,948)	-32%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$32,505,477	\$29,068,615	(\$3,436,862)	-11%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
24	TOTAL ACCRUED PAYMENTS	\$735,924	\$1,597,366	\$861,442	117%
25	TOTAL ALLOWANCES	\$31,769,553	\$27,471,249	(\$4,298,304)	-14%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,659,856	\$8,053,524	(\$3,606,331)	-31%
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$227,632,619	\$244,382,955	\$16,750,336	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$64,775,728	\$55,421,145	(\$9,354,583)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.46%	22.68%	-5.78%	-20%
4	DISCHARGES	7,876	7,833	(43)	-1%
5	CASE MIX INDEX (CMI)	1.15670	1.20700	0.05030	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,110.16920	9,454.43100	344.26180	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,110.27	\$5,861.92	(\$1,248.34)	-18%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$4,134.15	\$6,621.51	\$2,487.36	60%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,963.50	\$2,570.99	\$607.49	31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,887,840	\$24,307,267	\$6,419,426	36%
11	PATIENT DAYS	38,518	38,467	(51)	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,681.70	\$1,440.75	(\$240.96)	-14%
13	AVERAGE LENGTH OF STAY	4.9	4.9	0.0	0%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$205,257,874	\$218,258,357	\$13,000,483	6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,712,862	\$42,867,455	\$6,154,593	17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.89%	19.64%	1.75%	10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	90.17%	89.31%	-0.86%	-1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,101.84253	6,995.65037	(106.19216)	-1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,169.48	\$6,127.73	\$958.25	19%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$7,044.96	\$7,663.77	\$618.80	9%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,902.13	\$3,079.50	(\$1,822.63)	-37%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$34,814,174	\$21,543,120	(\$13,271,054)	-38%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$432,890,493	\$462,641,312	\$29,750,819	7%
24	TOTAL ACCRUED PAYMENTS	\$101,488,590	\$98,288,600	(\$3,199,990)	-3%
25	TOTAL ALLOWANCES	\$331,401,903	\$364,352,712	\$32,950,809	10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$52,702,014	\$45,850,386	(\$6,851,628)	-13%
<b>E. OTHER MEDICAL ASSISTANCE (O.M.A.)</b>					
<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$11,244.42	\$12,483.43	\$1,239.01	11%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$9,073.77	\$8,432.91	(\$640.85)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$12,214.45	\$13,791.50	\$1,577.05	13%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$10,071.62	\$9,207.23	(\$864.38)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$227,632,619	\$244,382,955	\$16,750,336	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$64,775,728	\$55,421,145	(\$9,354,583)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.46%	22.68%	-5.78%	-20%
4	DISCHARGES	7,876	7,833	(43)	-1%
5	CASE MIX INDEX (CMI)	1.15670	1.20700	0.05030	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,110.16920	9,454.43100	344.26180	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,110.27	\$5,861.92	(\$1,248.34)	-18%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,134.15	\$6,621.51	\$2,487.36	60%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,963.50	\$2,570.99	\$607.49	31%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,887,840	\$24,307,267	\$6,419,426	36%
11	PATIENT DAYS	38,518	38,467	(51)	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,681.70	\$1,440.75	(\$240.96)	-14%
13	AVERAGE LENGTH OF STAY	4.9	4.9	0.0	0%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$205,257,874	\$218,258,357	\$13,000,483	6%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,712,862	\$42,867,455	\$6,154,593	17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.89%	19.64%	1.75%	10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	90.17%	89.31%	-0.86%	-1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,101.84253	6,995.65037	(106.19216)	-1%



SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,169.48	\$6,127.73	\$958.25	19%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$7,044.96	\$7,663.77	\$618.80	9%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,902.13	\$3,079.50	(\$1,822.63)	-37%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$34,814,174	\$21,543,120	(\$13,271,054)	-38%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$432,890,493	\$462,641,312	\$29,750,819	7%
24	TOTAL ACCRUED PAYMENTS	\$101,488,590	\$98,288,600	(\$3,199,990)	-3%
25	TOTAL ALLOWANCES	\$331,401,903	\$364,352,712	\$32,950,809	10%
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,771,234	\$1,968,932	\$197,698	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$114,523	\$627,627	\$513,104	448%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	6.47%	31.88%	25.41%	393%
4	DISCHARGES	88	76	(12)	-14%
5	CASE MIX INDEX (CMI)	1.07000	1.32470	0.25470	24%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	94.16000	100.67720	6.51720	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,216.26	\$6,234.05	\$5,017.79	413%
8	PATIENT DAYS	374	230	(144)	-39%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$306.21	\$2,728.81	\$2,422.60	791%
10	AVERAGE LENGTH OF STAY	4.3	3.0	(1.2)	-29%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,070,268	\$2,957,650	\$887,382	43%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$214,829	\$403,767	\$188,938	88%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$3,841,502	\$4,926,582	\$1,085,080	28%
14	TOTAL ACCRUED PAYMENTS	\$329,352	\$1,031,394	\$702,042	213%
15	TOTAL ALLOWANCES	\$3,512,150	\$3,895,188	\$383,038	11%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$28,501,028	\$31,281,747	\$2,780,719	10%
2	TOTAL OPERATING EXPENSES	\$666,788,583	\$681,612,332	\$14,823,749	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$4,494,629	\$4,105,108	(\$389,521)	-9%
5	BAD DEBTS (CHARGES)	\$21,847,988	\$20,980,833	(\$867,155)	-4%
6	UNCOMPENSATED CARE (CHARGES)	\$26,342,617	\$25,085,941	(\$1,256,676)	-5%
7	COST OF UNCOMPENSATED CARE	\$9,256,882	\$8,233,256	(\$1,023,626)	-11%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$432,890,493	\$462,641,312	\$29,750,819	7%
9	TOTAL ACCRUED PAYMENTS	\$101,488,590	\$98,288,600	(\$3,199,990)	-3%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$152,119,144	\$151,839,811	(\$279,333)	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$50,630,554	\$53,551,211	\$2,920,657	6%
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$1,145,272,737	\$1,236,781,283	\$91,508,546	8%
2	TOTAL INPATIENT PAYMENTS	\$428,039,963	\$429,223,459	\$1,183,496	0%
3	TOTAL INPATIENT PAYMENTS / CHARGES	37.37%	34.70%	-2.67%	-7%
4	TOTAL DISCHARGES	31,234	31,632	398	1%
5	TOTAL CASE MIX INDEX	1.47276	1.49520	0.02244	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	46,000.11140	47,296.21030	1,296.09890	3%
7	TOTAL OUTPATIENT CHARGES	\$843,357,837	\$867,589,109	\$24,231,272	3%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	73.64%	70.15%	-3.49%	-5%
9	TOTAL OUTPATIENT PAYMENTS	\$237,000,682	\$242,600,744	\$5,600,062	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.10%	27.96%	-0.14%	0%
11	TOTAL CHARGES	\$1,988,630,574	\$2,104,370,392	\$115,739,818	6%
12	TOTAL PAYMENTS	\$665,040,645	\$671,824,203	\$6,783,558	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	33.44%	31.93%	-1.52%	-5%
14	PATIENT DAYS	151,867	152,490	623	0%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$844,664,085	\$918,131,725	\$73,467,640	9%
2	INPATIENT PAYMENTS	\$276,398,203	\$260,003,089	(\$16,395,114)	-6%
3	GOVT. INPATIENT PAYMENTS / CHARGES	32.72%	28.32%	-4.40%	-13%
4	DISCHARGES	21,708	22,318	610	3%
5	CASE MIX INDEX	1.49780	1.51181	0.01402	1%
6	CASE MIX ADJUSTED DISCHARGES	32,514.15320	33,740.61470	1,226.46150	4%
7	OUTPATIENT CHARGES	\$491,826,771	\$519,008,846	\$27,182,075	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	58.23%	56.53%	-1.70%	-3%
9	OUTPATIENT PAYMENTS	\$100,935,604	\$102,081,090	\$1,145,486	1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.52%	19.67%	-0.85%	-4%
11	TOTAL CHARGES	\$1,336,490,856	\$1,437,140,571	\$100,649,715	8%
12	TOTAL PAYMENTS	\$377,333,807	\$362,084,179	(\$15,249,628)	-4%
13	TOTAL PAYMENTS / CHARGES	28.23%	25.19%	-3.04%	-11%
14	PATIENT DAYS	114,888	116,834	1,946	2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$959,157,049	\$1,075,056,392	\$115,899,343	12%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.5	5.4	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.9	3.8	(0.1)	-1%
3	UNINSURED	3.4	3.7	0.3	10%
4	MEDICAID	4.9	4.9	0.0	0%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	4.3	3.0	(1.2)	-29%
7	TOTAL AVERAGE LENGTH OF STAY	4.9	4.8	(0.0)	-1%
<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$1,988,630,574	\$2,104,370,392	\$115,739,818	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$959,157,049	\$1,075,056,392	\$115,899,343	12%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
3	UNCOMPENSATED CARE	\$26,342,617	\$25,085,941	(\$1,256,676)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$289,620,689	\$298,998,607	\$9,377,918	3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,698,892	\$14,570,848	(\$128,044)	-1%
6	TOTAL ADJUSTMENTS	\$1,289,819,247	\$1,413,711,788	\$123,892,541	10%
7	TOTAL ACCRUED PAYMENTS	\$698,811,327	\$690,658,604	(\$8,152,723)	-1%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$698,811,327	\$690,658,604	(\$8,152,723)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3514032904	0.3282020155	(0.0232012749)	-7%
11	COST OF UNCOMPENSATED CARE	\$9,256,882	\$8,233,256	(\$1,023,626)	-11%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$50,630,554	\$53,551,211	\$2,920,657	6%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$59,887,436	\$61,784,467	\$1,897,032	3%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$34,814,174	\$21,543,120	(\$13,271,054)	-38%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,659,856	\$8,053,524	(\$3,606,331)	-31%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$46,474,029	\$29,596,644	(\$16,877,385)	-36%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$24,439,253	\$25,885,100	\$1,445,847	5.92%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$16,258,906)	(\$22,591,203)	(\$6,332,297)	38.95%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$648,781,738	\$649,233,000	\$451,262	0.07%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$60,226,057	\$75,695,608	\$15,469,551	25.69%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$2,048,856,630	\$2,180,066,000	\$131,209,370	6.40%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$14,423,163	\$11,490,059	(\$2,933,104)	-20.34%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$40,765,779	\$36,576,000	(\$4,189,779)	-10.28%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2015						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2014	FY	ACTUAL 2015	FY	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>						
<b>A. INPATIENT ACCRUED CHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$300,608,652		\$318,649,558		\$18,040,906
2	MEDICARE	\$615,260,232		671,779,838		\$56,519,606
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$227,632,619		244,382,955		\$16,750,336
4	MEDICAID	\$227,632,619		244,382,955		\$16,750,336
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$1,771,234		1,968,932		\$197,698
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,698,928		7,628,171		(\$1,070,757)
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$844,664,085</b>		<b>\$918,131,725</b>		<b>\$73,467,640</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$1,145,272,737</b>		<b>\$1,236,781,283</b>		<b>\$91,508,546</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$351,531,066		\$348,580,263		(\$2,950,803)
2	MEDICARE	\$284,498,629		297,792,839		\$13,294,210
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$205,257,874		218,258,357		\$13,000,483
4	MEDICAID	\$205,257,874		218,258,357		\$13,000,483
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$2,070,268		2,957,650		\$887,382
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$23,806,549		21,440,444		(\$2,366,105)
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$491,826,771</b>		<b>\$519,008,846</b>		<b>\$27,182,075</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$843,357,837</b>		<b>\$867,589,109</b>		<b>\$24,231,272</b>
<b>C. TOTAL ACCRUED CHARGES</b>						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$652,139,718		\$667,229,821		\$15,090,103
2	TOTAL MEDICARE	\$899,758,861		\$969,572,677		\$69,813,816
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$432,890,493		\$462,641,312		\$29,750,819
4	TOTAL MEDICAID	\$432,890,493		\$462,641,312		\$29,750,819
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$3,841,502		\$4,926,582		\$1,085,080
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$32,505,477		\$29,068,615		(\$3,436,862)
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$1,336,490,856</b>		<b>\$1,437,140,571</b>		<b>\$100,649,715</b>
	<b>TOTAL CHARGES</b>	<b>\$1,988,630,574</b>		<b>\$2,104,370,392</b>		<b>\$115,739,818</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$151,641,760		\$169,220,370		\$17,578,610
2	MEDICARE	\$211,507,952		203,954,317		(\$7,553,635)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$64,775,728		55,421,145		(\$9,354,583)
4	MEDICAID	\$64,775,728		55,421,145		(\$9,354,583)
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$114,523		627,627		\$513,104
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$202,548		295,974		\$93,426
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$276,398,203</b>		<b>\$260,003,089</b>		<b>(\$16,395,114)</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$428,039,963</b>		<b>\$429,223,459</b>		<b>\$1,183,496</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$136,065,078		\$140,519,654		\$4,454,576
2	MEDICARE	\$64,007,913		58,809,868		(\$5,198,045)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$36,712,862		42,867,455		\$6,154,593
4	MEDICAID	\$36,712,862		42,867,455		\$6,154,593
5	OTHER MEDICAL ASSISTANCE	\$0		0		\$0
6	CHAMPUS / TRICARE	\$214,829		403,767		\$188,938
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$533,376		1,301,392		\$768,016
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$100,935,604</b>		<b>\$102,081,090</b>		<b>\$1,145,486</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$237,000,682</b>		<b>\$242,600,744</b>		<b>\$5,600,062</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$287,706,838		\$309,740,024		\$22,033,186
2	TOTAL MEDICARE	\$275,515,865		\$262,764,185		(\$12,751,680)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$101,488,590		\$98,288,600		(\$3,199,990)
4	TOTAL MEDICAID	\$101,488,590		\$98,288,600		(\$3,199,990)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0		\$0		\$0
6	TOTAL CHAMPUS / TRICARE	\$329,352		\$1,031,394		\$702,042
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$735,924		\$1,597,366		\$861,442
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$377,333,807</b>		<b>\$362,084,179</b>		<b>(\$15,249,628)</b>
	<b>TOTAL PAYMENTS</b>	<b>\$665,040,645</b>		<b>\$671,824,203</b>		<b>\$6,783,558</b>
<b>II. PAYER MIX</b>						
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		15.12%		15.14%	0.03%
2	MEDICARE		30.94%		31.92%	0.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		11.45%		11.61%	0.17%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2015						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2014	FY	ACTUAL 2015	FY	AMOUNT DIFFERENCE
4	MEDICAID	11.45%		11.61%		0.17%
5	OTHER MEDICAL ASSISTANCE	0.00%		0.00%		0.00%
6	CHAMPUS / TRICARE	0.09%		0.09%		0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.44%		0.36%		-0.07%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>42.47%</b>		<b>43.63%</b>		<b>1.16%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>57.59%</b>		<b>58.77%</b>		<b>1.18%</b>
<b>B.</b>	<b>OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.68%		16.56%		-1.11%
2	MEDICARE	14.31%		14.15%		-0.16%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.32%		10.37%		0.05%
4	MEDICAID	10.32%		10.37%		0.05%
5	OTHER MEDICAL ASSISTANCE	0.00%		0.00%		0.00%
6	CHAMPUS / TRICARE	0.10%		0.14%		0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.20%		1.02%		-0.18%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>24.73%</b>		<b>24.66%</b>		<b>-0.07%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>42.41%</b>		<b>41.23%</b>		<b>-1.18%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>		<b>100.00%</b>		<b>0.00%</b>
<b>C.</b>	<b>INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.80%		25.19%		2.39%
2	MEDICARE	31.80%		30.36%		-1.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.74%		8.25%		-1.49%
4	MEDICAID	9.74%		8.25%		-1.49%
5	OTHER MEDICAL ASSISTANCE	0.00%		0.00%		0.00%
6	CHAMPUS / TRICARE	0.02%		0.09%		0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.03%		0.04%		0.01%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>41.56%</b>		<b>38.70%</b>		<b>-2.86%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>64.36%</b>		<b>63.89%</b>		<b>-0.47%</b>
<b>D.</b>	<b>OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.46%		20.92%		0.46%
2	MEDICARE	9.62%		8.75%		-0.87%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.52%		6.38%		0.86%
4	MEDICAID	5.52%		6.38%		0.86%
5	OTHER MEDICAL ASSISTANCE	0.00%		0.00%		0.00%
6	CHAMPUS / TRICARE	0.03%		0.06%		0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.08%		0.19%		0.11%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>15.18%</b>		<b>15.19%</b>		<b>0.02%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>35.64%</b>		<b>36.11%</b>		<b>0.47%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>		<b>100.00%</b>		<b>0.00%</b>
<b>III.</b>	<b>DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>					
<b>A.</b>	<b>DISCHARGES</b>					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,526		9,314		(212)
2	MEDICARE	13,744		14,409		665
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,876		7,833		(43)
4	MEDICAID	7,876		7,833		(43)
5	OTHER MEDICAL ASSISTANCE	0		0		-
6	CHAMPUS / TRICARE	88		76		(12)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	319		266		(53)
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>21,708</b>		<b>22,318</b>		<b>610</b>
	<b>TOTAL DISCHARGES</b>	<b>31,234</b>		<b>31,632</b>		<b>398</b>
<b>B.</b>	<b>PATIENT DAYS</b>					
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36,979		35,656		(1,323)
2	MEDICARE	75,996		78,137		2,141
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,518		38,467		(51)
4	MEDICAID	38,518		38,467		(51)
5	OTHER MEDICAL ASSISTANCE	0		0		-
6	CHAMPUS / TRICARE	374		230		(144)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,069		978		(91)
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>114,888</b>		<b>116,834</b>		<b>1,946</b>
	<b>TOTAL PATIENT DAYS</b>	<b>151,867</b>		<b>152,490</b>		<b>623</b>
<b>C.</b>	<b>AVERAGE LENGTH OF STAY (ALOS)</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2015						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL	FY	ACTUAL	FY	AMOUNT
		2014		2015		DIFFERENCE
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		3.9		3.8	(0.1)
2	MEDICARE		5.5		5.4	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		4.9		4.9	0.0
4	MEDICAID		4.9		4.9	0.0
5	OTHER MEDICAL ASSISTANCE		0.0		0.0	-
6	CHAMPUS / TRICARE		4.3		3.0	(1.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		3.4		3.7	0.3
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>		<b>5.3</b>		<b>5.2</b>	<b>(0.1)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>		<b>4.9</b>		<b>4.8</b>	<b>(0.0)</b>
<b>D. CASE MIX INDEX</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		1.41570		1.45540	0.03970
2	MEDICARE		1.69600		1.67850	(0.01750)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		1.15670		1.20700	0.05030
4	MEDICAID		1.15670		1.20700	0.05030
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		1.07000		1.32470	0.25470
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.24480		1.23360	(0.01120)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>		<b>1.49780</b>		<b>1.51181</b>	<b>0.01402</b>
	<b>TOTAL CASE MIX INDEX</b>		<b>1.47276</b>		<b>1.49520</b>	<b>0.02244</b>
<b>E. OTHER REQUIRED DATA</b>						
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$558,621,454		\$584,513,139	\$25,891,685
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$269,000,765		\$285,514,532	\$16,513,767
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$289,620,689		\$298,998,607	\$9,377,918
4	TOTAL ACTUAL DISCOUNT PERCENTAGE		51.85%		51.15%	-0.69%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE		\$24,439,253		\$25,885,100	\$1,445,847
6	EMPLOYEE SELF INSURANCE ALLOWANCE		\$14,698,892		\$14,570,848	(\$128,044)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)		\$0		\$0	\$0
8	CHARITY CARE		\$4,494,629		\$4,105,108	(\$389,521)
9	BAD DEBTS		\$21,847,988		\$20,980,833	(\$867,155)
10	TOTAL UNCOMPENSATED CARE		\$26,342,617		\$25,085,941	(\$1,256,676)
11	TOTAL OTHER OPERATING REVENUE		\$28,501,028		\$31,281,747	\$2,780,719
12	TOTAL OPERATING EXPENSES		\$666,788,583		\$681,612,332	\$14,823,749
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>						
<b>A. CASE MIX ADJUSTED DISCHARGES</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		13,485.95820		13,555.59560	69.63740
2	MEDICARE		23,309.82400		24,185.50650	875.68250
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		9,110.16920		9,454.43100	344.26180
4	MEDICAID		9,110.16920		9,454.43100	344.26180
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		94.16000		100.67720	6.51720
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		397.09120		328.13760	(68.95360)
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>		<b>32,514.15320</b>		<b>33,740.61470</b>	<b>1,226.46150</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>		<b>46,000.11140</b>		<b>47,296.21030</b>	<b>1,296.09890</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		11,139.68248		10,188.86262	-950.81986
2	MEDICARE		6,355.27693		6,387.35606	32.07913
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		7,101.84253		6,995.65037	-106.19216
4	MEDICAID		7,101.84253		6,995.65037	-106.19216
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		102.85687		114.16413	11.30726
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		873.01437		747.64424	-125.37013
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>		<b>13,559.97633</b>		<b>13,497.17056</b>	<b>-62.80577</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>		<b>24,699.65881</b>		<b>23,686.03317</b>	<b>-1,013.62564</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		\$11,244.42		\$12,483.43	\$1,239.01
2	MEDICARE		\$9,073.77		\$8,432.91	(\$640.85)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		\$7,110.27		\$5,861.92	(\$1,248.34)
4	MEDICAID		\$7,110.27		\$5,861.92	(\$1,248.34)
5	OTHER MEDICAL ASSISTANCE		\$0.00		\$0.00	\$0.00
6	CHAMPUS / TRICARE		\$1,216.26		\$6,234.05	\$5,017.79

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$510.08	\$901.98	\$391.90
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$8,500.86</b>	<b>\$7,705.94</b>	<b>(\$794.92)</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$9,305.19</b>	<b>\$9,075.22</b>	<b>(\$229.98)</b>
<b>D.</b>	<b>OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,214.45	\$13,791.50	\$1,577.05
2	MEDICARE	\$10,071.62	\$9,207.23	(\$864.38)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,169.48	\$6,127.73	\$958.25
4	MEDICAID	\$5,169.48	\$6,127.73	\$958.25
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$2,088.62	\$3,536.72	\$1,448.10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$610.96	\$1,740.66	\$1,129.70
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$7,443.64</b>	<b>\$7,563.15</b>	<b>\$119.51</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$9,595.30</b>	<b>\$10,242.35</b>	<b>\$647.05</b>
<b>V.</b>	<b>CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>			
1	MEDICAID	\$34,814,174	\$21,543,120	(\$13,271,054)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,659,856	\$8,053,524	(\$3,606,331)
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$46,474,029</b>	<b>\$29,596,644</b>	<b>(\$16,877,385)</b>
<b>VI.</b>	<b>CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>			
1	TOTAL CHARGES	\$1,988,630,574	\$2,104,370,392	\$115,739,818
2	TOTAL GOVERNMENT DEDUCTIONS	\$959,157,049	\$1,075,056,392	\$115,899,343
3	UNCOMPENSATED CARE	\$26,342,617	\$25,085,941	(\$1,256,676)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$289,620,689	\$298,998,607	\$9,377,918
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,698,892	\$14,570,848	(\$128,044)
6	TOTAL ADJUSTMENTS	\$1,289,819,247	\$1,413,711,788	\$123,892,541
7	TOTAL ACCRUED PAYMENTS	\$698,811,327	\$690,658,604	(\$8,152,723)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$698,811,327	\$690,658,604	(\$8,152,723)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3514032904	0.3282020155	(0.0232012749)
11	COST OF UNCOMPENSATED CARE	\$9,256,882	\$8,233,256	(\$1,023,626)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$50,630,554	\$53,551,211	\$2,920,657
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$59,887,436	\$61,784,467	\$1,897,032
<b>VII.</b>	<b>RATIOS</b>			
<b>A.</b>	<b>RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.44%	53.11%	2.66%
2	MEDICARE	34.38%	30.36%	-4.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.46%	22.68%	-5.78%
4	MEDICAID	28.46%	22.68%	-5.78%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	6.47%	31.88%	25.41%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.33%	3.88%	1.55%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>32.72%</b>	<b>28.32%</b>	<b>-4.40%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>37.37%</b>	<b>34.70%</b>	<b>-2.67%</b>
<b>B.</b>	<b>RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.71%	40.31%	1.61%
2	MEDICARE	22.50%	19.75%	-2.75%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17.89%	19.64%	1.75%
4	MEDICAID	17.89%	19.64%	1.75%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	10.38%	13.65%	3.27%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.24%	6.07%	3.83%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>20.52%</b>	<b>19.67%</b>	<b>-0.85%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>28.10%</b>	<b>27.96%</b>	<b>-0.14%</b>
<b>VIII.</b>	<b>NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>			
<b>A.</b>	<b>RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>			
1	TOTAL ACCRUED PAYMENTS	\$665,040,645	\$671,824,203	\$6,783,558

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)		\$0	\$0
	OHCA DEFINED NET REVENUE	\$665,040,645	\$671,824,203	\$6,783,558
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$16,258,906)	(\$22,591,203)	(\$6,332,297)
4	CALCULATED NET REVENUE	\$680,370,088	\$649,233,000	(\$31,137,088)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$648,781,738	\$649,233,000	\$451,262
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$31,588,350	\$0	(\$31,588,350)
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$1,988,630,574	\$2,104,370,392	\$115,739,818
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$60,226,057	\$75,695,608	\$15,469,551
	CALCULATED GROSS REVENUE	\$2,048,856,631	\$2,180,066,000	\$131,209,369
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,048,856,630	\$2,180,066,000	\$131,209,370
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$26,342,617	\$25,085,941	(\$1,256,676)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$14,423,163	\$11,490,059	(\$2,933,104)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$40,765,780	\$36,576,000	(\$4,189,780)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$40,765,779	\$36,576,000	(\$4,189,779)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)



<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$318,649,558
2	MEDICARE	671,779,838
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	244,382,955
4	MEDICAID	244,382,955
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,968,932
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,628,171
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$918,131,725</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$1,236,781,283</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$348,580,263
2	MEDICARE	297,792,839
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	218,258,357
4	MEDICAID	218,258,357
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,957,650
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21,440,444
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$519,008,846</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$867,589,109</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$667,229,821
2	TOTAL GOVERNMENT ACCRUED CHARGES	1,437,140,571
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$2,104,370,392</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$169,220,370
2	MEDICARE	203,954,317
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	55,421,145
4	MEDICAID	55,421,145
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	627,627
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	295,974
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$260,003,089</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$429,223,459</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$140,519,654
2	MEDICARE	58,809,868
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	42,867,455
4	MEDICAID	42,867,455
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	403,767
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,301,392
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$102,081,090</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$242,600,744</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$309,740,024
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	362,084,179
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$671,824,203</b>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,314
2	MEDICARE	14,409
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,833
4	MEDICAID	7,833
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	76

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	266
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>22,318</b>
	<b>TOTAL DISCHARGES</b>	<b>31,632</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,45540
2	MEDICARE	1,67850
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,20700
4	MEDICAID	1,20700
5	OTHER MEDICAL ASSISTANCE	0,00000
6	CHAMPUS / TRICARE	1,32470
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,23360
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1,51181</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1,49520</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$584,513,139
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$285,514,532
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$298,998,607
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.15%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$25,885,100
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$14,570,848
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$4,105,108
9	BAD DEBTS	\$20,980,833
10	TOTAL UNCOMPENSATED CARE	\$25,085,941
11	TOTAL OTHER OPERATING REVENUE	\$31,281,747
12	TOTAL OPERATING EXPENSES	\$681,612,332
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$671,824,203
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$671,824,203</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$22,591,203)
	<b>CALCULATED NET REVENUE</b>	<b>\$649,233,000</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$649,233,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$2,104,370,392
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$75,695,608
	<b>CALCULATED GROSS REVENUE</b>	<b>\$2,180,066,000</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$2,180,066,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$25,085,941
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$11,490,059
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$36,576,000</b>

<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>		
<b>TWELVE MONTHS ACTUAL FILING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b>		
<b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2015</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$36,576,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**  
**TWELVE MONTHS ACTUAL FILING**  
**FISCAL YEAR 2015**  
**REPORT 650 - HOSPITAL UNCOMPENSATED CARE**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>A. <u>Hospital Charity Care (from HRS Report 500)</u></b>					
1	Number of Applicants	6,687	940	(5,747)	-86%
2	Number of Approved Applicants	6,226	579	(5,647)	-91%
3	<b>Total Charges (A)</b>	<b>\$4,494,629</b>	<b>\$4,105,108</b>	<b>(\$389,521)</b>	<b>-9%</b>
4	<b>Average Charges</b>	<b>\$722</b>	<b>\$7,090</b>	<b>\$6,368</b>	<b>882%</b>
5	Ratio of Cost to Charges (RCC)	0.339601	0.330563	(0.009038)	-3%
6	<b>Total Cost</b>	<b>\$1,526,381</b>	<b>\$1,356,997</b>	<b>(\$169,384)</b>	<b>-11%</b>
7	<b>Average Cost</b>	<b>\$245</b>	<b>\$2,344</b>	<b>\$2,099</b>	<b>856%</b>
8	Charity Care - Inpatient Charges	\$1,258,496	\$1,268,357	\$9,861	1%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,168,604	2,153,242	984,638	84%
10	Charity Care - Emergency Department Charges	2,067,529	683,509	(1,384,020)	-67%
11	<b>Total Charges (A)</b>	<b>\$4,494,629</b>	<b>\$4,105,108</b>	<b>(\$389,521)</b>	<b>-9%</b>
12	Charity Care - Number of Patient Days	785	818	33	4%
13	Charity Care - Number of Discharges	164	162	(2)	-1%
14	Charity Care - Number of Outpatient ED Visits	496	431	(65)	-13%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,324	1,854	(470)	-20%
<b>B. <u>Hospital Bad Debts (from HRS Report 500)</u></b>					
1	Bad Debts - Inpatient Services	\$6,117,437	\$7,540,268	\$1,422,831	23%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	5,680,477	4,334,601	(1,345,876)	-24%
3	Bad Debts - Emergency Department	10,050,074	9,105,964	(944,110)	-9%
4	<b>Total Bad Debts (A)</b>	<b>\$21,847,988</b>	<b>\$20,980,833</b>	<b>(\$867,155)</b>	<b>-4%</b>
<b>C. <u>Hospital Uncompensated Care (from HRS Report 500)</u></b>					
1	Charity Care (A)	\$4,494,629	\$4,105,108	(\$389,521)	-9%
2	Bad Debts (A)	21,847,988	20,980,833	(867,155)	-4%
3	<b>Total Uncompensated Care (A)</b>	<b>\$26,342,617</b>	<b>\$25,085,941</b>	<b>(\$1,256,676)</b>	<b>-5%</b>
4	Uncompensated Care - Inpatient Services	\$7,375,933	\$8,808,625	\$1,432,692	19%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	6,849,081	6,487,843	(361,238)	-5%
6	Uncompensated Care - Emergency Department	12,117,603	9,789,473	(2,328,130)	-19%
7	<b>Total Uncompensated Care (A)</b>	<b>\$26,342,617</b>	<b>\$25,085,941</b>	<b>(\$1,256,676)</b>	<b>-5%</b>

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<b><u>COMMERCIAL - ALL PAYERS</u></b>				
1	Total Gross Revenue	\$558,621,454	\$584,513,139	\$25,891,685	5%
2	Total Contractual Allowances	\$289,620,689	\$298,998,607	\$9,377,918	3%
	<b>Total Accrued Payments (A)</b>	<b>\$269,000,765</b>	<b>\$285,514,532</b>	<b>\$16,513,767</b>	<b>6%</b>
	<b>Total Discount Percentage</b>	<b>51.85%</b>	<b>51.15%</b>	<b>-0.69%</b>	<b>-1%</b>
<b>(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.</b>					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>A.</b>	<b><u>Gross and Net Revenue</u></b>			
1	Inpatient Gross Revenue	\$1,101,981,674	\$1,145,272,737	\$1,236,781,283
2	Outpatient Gross Revenue	\$828,975,422	\$843,357,837	\$867,589,109
3	Total Gross Patient Revenue	\$1,930,957,096	\$1,988,630,574	\$2,104,370,392
4	Net Patient Revenue	\$635,118,562	\$648,781,738	\$649,231,569
<b>B.</b>	<b><u>Total Operating Expenses</u></b>			
1	Total Operating Expense	\$666,258,533	\$666,788,583	\$681,612,332
<b>C.</b>	<b><u>Utilization Statistics</u></b>			
1	Patient Days	159,375	151,867	152,490
2	Discharges	32,366	31,234	31,632
3	Average Length of Stay	4.9	4.9	4.8
4	Equivalent (Adjusted) Patient Days (EPD)	279,266	263,699	259,460
0	Equivalent (Adjusted) Discharges (ED)	56,714	54,234	53,822
<b>D.</b>	<b><u>Case Mix Statistics</u></b>			
1	Case Mix Index	1.47513	1.47276	1.49520
2	Case Mix Adjusted Patient Days (CMAPD)	235,099	223,663	228,003
3	Case Mix Adjusted Discharges (CMAD)	47,744	46,000	47,296
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	411,954	388,365	387,945
5	Case Mix Adjusted Equivalent Discharges (CMAED)	83,660	79,874	80,474
<b>E.</b>	<b><u>Gross Revenue Per Statistic</u></b>			
1	Total Gross Revenue per Patient Day	\$12,116	\$13,095	\$13,800
2	Total Gross Revenue per Discharge	\$59,660	\$63,669	\$66,527
3	Total Gross Revenue per EPD	\$6,914	\$7,541	\$8,111
4	Total Gross Revenue per ED	\$34,048	\$36,668	\$39,099
5	Total Gross Revenue per CMAEPD	\$4,687	\$5,121	\$5,424
6	Total Gross Revenue per CMAED	\$23,081	\$24,897	\$26,150
7	Inpatient Gross Revenue per EPD	\$3,946	\$4,343	\$4,767
8	Inpatient Gross Revenue per ED	\$19,431	\$21,117	\$22,979

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
<b>F.</b>	<b><u>Net Revenue Per Statistic</u></b>			
1	Net Patient Revenue per Patient Day	\$3,985	\$4,272	\$4,258
2	Net Patient Revenue per Discharge	\$19,623	\$20,772	\$20,525
3	Net Patient Revenue per EPD	\$2,274	\$2,460	\$2,502
4	Net Patient Revenue per ED	\$11,199	\$11,963	\$12,063
5	Net Patient Revenue per CMAEPD	\$1,542	\$1,671	\$1,674
6	Net Patient Revenue per CMAED	\$7,592	\$8,123	\$8,068
<b>G.</b>	<b><u>Operating Expense Per Statistic</u></b>			
1	Total Operating Expense per Patient Day	\$4,180	\$4,391	\$4,470
2	Total Operating Expense per Discharge	\$20,585	\$21,348	\$21,548
3	Total Operating Expense per EPD	\$2,386	\$2,529	\$2,627
4	Total Operating Expense per ED	\$11,748	\$12,295	\$12,664
5	Total Operating Expense per CMAEPD	\$1,617	\$1,717	\$1,757
6	Total Operating Expense per CMAED	\$7,964	\$8,348	\$8,470
<b>H.</b>	<b><u>Nursing Salary and Fringe Benefits Expense</u></b>			
1	Nursing Salary Expense	\$110,581,485	\$100,600,169	\$112,764,341
2	Nursing Fringe Benefits Expense	\$31,316,806	\$27,335,819	\$29,800,759
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$141,898,291</b>	<b>\$127,935,988</b>	<b>\$142,565,100</b>
<b>I.</b>	<b><u>Physician Salary and Fringe Expense</u></b>			
1	Physician Salary Expense	\$4,569,581	\$5,213,156	\$5,224,559
2	Physician Fringe Benefits Expense	\$1,286,992	\$1,416,557	\$1,380,719
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$5,856,573</b>	<b>\$6,629,713</b>	<b>\$6,605,278</b>
<b>J.</b>	<b><u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>			
1	Non-Nursing, Non-Physician Salary Expense	\$137,408,298	\$148,405,212	\$139,632,328
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$38,895,758	\$40,325,757	\$36,901,287
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$176,304,056</b>	<b>\$188,730,969</b>	<b>\$176,533,615</b>

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
<b>K.</b>	<b>Total Salary and Fringe Benefits Expense</b>			
1	Total Salary Expense	\$252,559,364	\$254,218,537	\$257,621,228
2	Total Fringe Benefits Expense	\$71,499,556	\$69,078,133	\$68,082,765
<b>3</b>	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$324,058,920</b>	<b>\$323,296,670</b>	<b>\$325,703,993</b>
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	1396.0	1322.9	1402.6
2	Total Physician FTEs	40.5	40.0	38.8
3	Total Non-Nursing, Non-Physician FTEs	2380.1	2439.9	2347.7
<b>4</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>3,816.6</b>	<b>3,802.8</b>	<b>3,789.1</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$79,213	\$76,045	\$80,397
2	Nursing Fringe Benefits Expense per FTE	\$22,433	\$20,664	\$21,247
<b>3</b>	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$101,646</b>	<b>\$96,709</b>	<b>\$101,643</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$112,829	\$130,329	\$134,654
2	Physician Fringe Benefits Expense per FTE	\$31,778	\$35,414	\$35,586
<b>3</b>	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$144,607</b>	<b>\$165,743</b>	<b>\$170,239</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$57,732	\$60,824	\$59,476
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,342	\$16,528	\$15,718
<b>3</b>	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$74,074</b>	<b>\$77,352</b>	<b>\$75,194</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$66,174	\$66,850	\$67,990
2	Total Fringe Benefits Expense per FTE	\$18,734	\$18,165	\$17,968
<b>3</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$84,908</b>	<b>\$85,015</b>	<b>\$85,958</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			



<b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2015</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
<b>(1)</b>	<b>(2)</b>	<b>(3)</b>	<b>(4)</b>	<b>(5)</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2013</b>	<b>ACTUAL FY 2014</b>	<b>ACTUAL FY 2015</b>
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,033	\$2,129	\$2,136
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,012	\$10,351	\$10,297
3	Total Salary and Fringe Benefits Expense per EPD	\$1,160	\$1,226	\$1,255
4	Total Salary and Fringe Benefits Expense per ED	\$5,714	\$5,961	\$6,052
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$787	\$832	\$840
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,874	\$4,048	\$4,047