

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$529,000	\$1,544,000	\$1,015,000	192%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$60,164,000	\$41,712,000	(\$18,452,000)	-31%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$36,604,000	\$0	(\$36,604,000)	-100%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,341,000	\$4,227,000	(\$114,000)	-3%
8	Prepaid Expenses	\$3,026,000	\$1,239,000	(\$1,787,000)	-59%
9	Other Current Assets	\$3,289,000	\$2,637,000	(\$652,000)	-20%
	Total Current Assets	\$107,953,000	\$51,359,000	(\$56,594,000)	-52%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$281,000	\$280,000	(\$1,000)	0%
	Total Noncurrent Assets Whose Use is Limited:	\$281,000	\$280,000	(\$1,000)	0%
5	Interest in Net Assets of Foundation	\$21,792,000	\$21,903,000	\$111,000	1%
6	Long Term Investments	\$283,140,000	\$0	(\$283,140,000)	-100%
7	Other Noncurrent Assets	\$35,732,000	\$32,868,000	(\$2,864,000)	-8%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$441,826,000	\$448,140,000	\$6,314,000	1%
2	Less: Accumulated Depreciation	\$276,770,000	\$295,534,000	\$18,764,000	7%
	Property, Plant and Equipment, Net	\$165,056,000	\$152,606,000	(\$12,450,000)	-8%
3	Construction in Progress	\$6,387,000	\$5,473,000	(\$914,000)	-14%
	Total Net Fixed Assets	\$171,443,000	\$158,079,000	(\$13,364,000)	-8%
	Total Assets	\$620,341,000	\$264,489,000	(\$355,852,000)	-57%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$16,818,000	\$17,930,000	\$1,112,000	7%
2	Salaries, Wages and Payroll Taxes	\$18,444,000	\$14,407,000	(\$4,037,000)	-22%
3	Due To Third Party Payers	\$9,476,000	\$17,909,000	\$8,433,000	89%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,614,000	\$1,500,000	(\$114,000)	-7%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$46,352,000	\$51,746,000	\$5,394,000	12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$54,935,000	\$54,346,000	(\$589,000)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$54,935,000	\$54,346,000	(\$589,000)	-1%
3	Accrued Pension Liability	\$4,069,000	\$18,198,000	\$14,129,000	347%
4	Other Long Term Liabilities	\$12,545,000	\$12,822,000	\$277,000	2%
	Total Long Term Liabilities	\$71,549,000	\$85,366,000	\$13,817,000	19%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$480,367,000	\$157,832,000	(\$322,535,000)	-67%
2	Temporarily Restricted Net Assets	\$12,151,000	\$12,183,000	\$32,000	0%
3	Permanently Restricted Net Assets	\$9,922,000	\$10,000,000	\$78,000	1%
	Total Net Assets	\$502,440,000	\$180,015,000	(\$322,425,000)	-64%
	Total Liabilities and Net Assets	\$620,341,000	\$317,127,000	(\$303,214,000)	-49%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,306,255,000	\$1,401,697,000	\$95,442,000	7%
2	Less: Allowances	\$861,354,000	\$951,818,000	\$90,464,000	11%
3	Less: Charity Care	\$21,773,000	\$22,570,000	\$797,000	4%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$423,128,000	\$427,309,000	\$4,181,000	1%
5	Provision for Bad Debts	\$20,518,000	\$19,160,000	(\$1,358,000)	-7%
	Net Patient Service Revenue less provision for bad debts	\$402,610,000	\$408,149,000	\$5,539,000	1%
6	Other Operating Revenue	\$18,068,000	\$21,304,000	\$3,236,000	18%
7	Net Assets Released from Restrictions	\$270,000	\$307,000	\$37,000	14%
	Total Operating Revenue	\$420,948,000	\$429,760,000	\$8,812,000	2%
B. Operating Expenses:					
1	Salaries and Wages	\$154,079,000	\$145,666,000	(\$8,413,000)	-5%
2	Fringe Benefits	\$39,934,000	\$39,279,000	(\$655,000)	-2%
3	Physicians Fees	\$34,044,000	\$37,946,000	\$3,902,000	11%
4	Supplies and Drugs	\$49,962,000	\$52,774,000	\$2,812,000	6%
5	Depreciation and Amortization	\$24,667,000	\$24,597,000	(\$70,000)	0%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,791,000	\$1,800,000	\$9,000	1%
8	Malpractice Insurance Cost	\$7,350,000	\$7,446,000	\$96,000	1%
9	Other Operating Expenses	\$112,967,000	\$126,351,000	\$13,384,000	12%
	Total Operating Expenses	\$424,794,000	\$435,859,000	\$11,065,000	3%
	Income/(Loss) From Operations	(\$3,846,000)	(\$6,099,000)	(\$2,253,000)	59%
C. Non-Operating Revenue:					
1	Income from Investments	(\$11,608,000)	\$6,270,000	\$17,878,000	-154%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$366,000	(\$64,000)	(\$430,000)	-117%
	Total Non-Operating Revenue	(\$11,242,000)	\$6,206,000	\$17,448,000	-155%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$15,088,000)	\$107,000	\$15,195,000	-101%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$15,088,000)	\$107,000	\$15,195,000	-101%
	Principal Payments	\$839,000	\$703,000	(\$136,000)	-16%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$310,703,385	\$321,583,651	\$10,880,266	4%
2	MEDICARE MANAGED CARE	\$132,246,754	\$135,997,715	\$3,750,961	3%
3	MEDICAID	\$161,366,399	\$170,360,914	\$8,994,515	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$430,089	\$324,108	(\$105,981)	-25%
6	COMMERCIAL INSURANCE	\$36,501,857	\$35,384,566	(\$1,117,291)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$152,117,243	\$145,952,327	(\$6,164,916)	-4%
8	WORKER'S COMPENSATION	\$6,726,696	\$7,842,628	\$1,115,932	17%
9	SELF- PAY/UNINSURED	\$21,828,716	\$14,813,788	(\$7,014,928)	-32%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$2,521,374	\$2,253,833	(\$267,541)	-11%
	TOTAL INPATIENT GROSS REVENUE	\$824,442,513	\$834,513,530	\$10,071,017	1%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$117,127,675	\$146,503,252	\$29,375,577	25%
2	MEDICARE MANAGED CARE	\$52,117,456	\$65,596,053	\$13,478,597	26%
3	MEDICAID	\$121,007,554	\$137,599,379	\$16,591,825	14%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$352,871	\$529,651	\$176,780	50%
6	COMMERCIAL INSURANCE	\$35,175,091	\$40,435,480	\$5,260,389	15%
7	NON-GOVERNMENT MANAGED CARE	\$120,209,847	\$135,892,249	\$15,682,402	13%
8	WORKER'S COMPENSATION	\$4,852,168	\$5,690,597	\$838,429	17%
9	SELF- PAY/UNINSURED	\$29,623,086	\$33,013,706	\$3,390,620	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,345,859	\$1,922,933	\$577,074	43%
	TOTAL OUTPATIENT GROSS REVENUE	\$481,811,607	\$567,183,300	\$85,371,693	18%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$427,831,060	\$468,086,903	\$40,255,843	9%
2	MEDICARE MANAGED CARE	\$184,364,210	\$201,593,768	\$17,229,558	9%
3	MEDICAID	\$282,373,953	\$307,960,293	\$25,586,340	9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$782,960	\$853,759	\$70,799	9%
6	COMMERCIAL INSURANCE	\$71,676,948	\$75,820,046	\$4,143,098	6%
7	NON-GOVERNMENT MANAGED CARE	\$272,327,090	\$281,844,576	\$9,517,486	3%
8	WORKER'S COMPENSATION	\$11,578,864	\$13,533,225	\$1,954,361	17%
9	SELF- PAY/UNINSURED	\$51,451,802	\$47,827,494	(\$3,624,308)	-7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$3,867,233	\$4,176,766	\$309,533	8%
	TOTAL GROSS REVENUE	\$1,306,254,120	\$1,401,696,830	\$95,442,710	7%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$73,536,798	\$85,382,976	\$11,846,178	16%
2	MEDICARE MANAGED CARE	\$29,086,807	\$32,947,485	\$3,860,678	13%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$32,466,881	\$37,313,514	\$4,846,633	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$169,349	\$181,193	\$11,844	7%
6	COMMERCIAL INSURANCE	\$22,283,712	\$6,389,933	(\$15,893,779)	-71%
7	NON-GOVERNMENT MANAGED CARE	\$70,105,235	\$64,110,916	(\$5,994,319)	-9%
8	WORKER'S COMPENSATION	\$5,401,985	\$3,404,807	(\$1,997,178)	-37%
9	SELF- PAY/UNINSURED	\$2,711,717	\$3,001,319	\$289,602	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$128,688	\$602,321	\$473,633	368%
	TOTAL INPATIENT NET REVENUE	\$235,891,172	\$233,334,464	(\$2,556,708)	-1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$30,613,813	\$33,757,986	\$3,144,173	10%
2	MEDICARE MANAGED CARE	\$12,956,316	\$12,674,437	(\$281,879)	-2%
3	MEDICAID	\$30,325,692	\$37,041,345	\$6,715,653	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$96,023	\$136,194	\$40,171	42%
6	COMMERCIAL INSURANCE	\$20,903,085	\$16,087,770	(\$4,815,315)	-23%
7	NON-GOVERNMENT MANAGED CARE	\$51,801,160	\$56,095,916	\$4,294,756	8%
8	WORKER'S COMPENSATION	\$3,480,815	\$2,722,879	(\$757,936)	-22%
9	SELF- PAY/UNINSURED	\$6,483,695	\$8,600,270	\$2,116,575	33%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$124,114	\$198,063	\$73,949	60%
	TOTAL OUTPATIENT NET REVENUE	\$156,784,713	\$167,314,860	\$10,530,147	7%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$104,150,611	\$119,140,962	\$14,990,351	14%
2	MEDICARE MANAGED CARE	\$42,043,123	\$45,621,922	\$3,578,799	9%
3	MEDICAID	\$62,792,573	\$74,354,859	\$11,562,286	18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$265,372	\$317,387	\$52,015	20%
6	COMMERCIAL INSURANCE	\$43,186,797	\$22,477,703	(\$20,709,094)	-48%
7	NON-GOVERNMENT MANAGED CARE	\$121,906,395	\$120,206,832	(\$1,699,563)	-1%
8	WORKER'S COMPENSATION	\$8,882,800	\$6,127,686	(\$2,755,114)	-31%
9	SELF- PAY/UNINSURED	\$9,195,412	\$11,601,589	\$2,406,177	26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$252,802	\$800,384	\$547,582	217%
	TOTAL NET REVENUE	\$392,675,885	\$400,649,324	\$7,973,439	2%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	5,831	5,480	(351)	-6%
2	MEDICARE MANAGED CARE	2,431	2,222	(209)	-9%
3	MEDICAID	4,699	4,455	(244)	-5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	19	17	(2)	-11%
6	COMMERCIAL INSURANCE	2,135	693	(1,442)	-68%
7	NON-GOVERNMENT MANAGED CARE	2,522	3,712	1,190	47%
8	WORKER'S COMPENSATION	100	98	(2)	-2%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	521	433	(88)	-17%
10	SAGA	0	0	0	0%
11	OTHER	50	62	12	24%
	TOTAL DISCHARGES	18,308	17,172	(1,136)	-6%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	39,153	35,672	(3,481)	-9%
2	MEDICARE MANAGED CARE	15,967	13,561	(2,406)	-15%
3	MEDICAID	30,133	26,069	(4,064)	-13%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	58	68	10	17%
6	COMMERCIAL INSURANCE	10,363	3,321	(7,042)	-68%
7	NON-GOVERNMENT MANAGED CARE	12,313	16,420	4,107	33%
8	WORKER'S COMPENSATION	507	407	(100)	-20%
9	SELF- PAY/UNINSURED	2,357	2,448	91	4%
10	SAGA	0	0	0	0%
11	OTHER	294	305	11	4%
	TOTAL PATIENT DAYS	111,145	98,271	(12,874)	-12%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	27,936	39,820	11,884	43%
2	MEDICARE MANAGED CARE	11,143	15,209	4,066	36%
3	MEDICAID	56,782	59,855	3,073	5%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	202	157	(45)	-22%
6	COMMERCIAL INSURANCE	33,198	12,834	(20,364)	-61%
7	NON-GOVERNMENT MANAGED CARE	26,347	35,611	9,264	35%
8	WORKER'S COMPENSATION	2,573	1,545	(1,028)	-40%
9	SELF- PAY/UNINSURED	17,650	19,010	1,360	8%
10	SAGA	0	0	0	0%
11	OTHER	491	545	54	11%
	TOTAL OUTPATIENT VISITS	176,322	184,586	8,264	5%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$19,172,119	\$23,198,009	\$4,025,890	21%
2	MEDICARE MANAGED CARE	\$8,837,935	\$10,219,538	\$1,381,603	16%
3	MEDICAID	\$54,885,348	\$61,572,177	\$6,686,829	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$240,443	\$308,265	\$67,822	28%
6	COMMERCIAL INSURANCE	\$7,910,054	\$9,896,542	\$1,986,488	25%
7	NON-GOVERNMENT MANAGED CARE	\$29,757,923	\$36,366,997	\$6,609,074	22%
8	WORKER'S COMPENSATION	\$2,109,384	\$2,542,879	\$433,495	21%
9	SELF- PAY/UNINSURED	\$14,385,861	\$16,273,745	\$1,887,884	13%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$959,607	\$1,564,247	\$604,640	63%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$138,258,674	\$161,942,399	\$23,683,725	17%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$6,777,269	\$7,939,926	\$1,162,657	17%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$2,470,720	\$3,795,854	\$1,325,134	54%
3	MEDICAID	\$10,523,621	\$13,574,853	\$3,051,232	29%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$44,309	\$78,029	\$33,720	76%
6	COMMERCIAL INSURANCE	\$13,014,238	\$6,405,451	(\$6,608,787)	-51%
7	NON-GOVERNMENT MANAGED CARE	\$12,088,367	\$27,180,896	\$15,092,529	125%
8	WORKER'S COMPENSATION	\$1,588,252	\$996,098	(\$592,154)	-37%
9	SELF- PAY/UNINSURED	\$284,672	\$392,963	\$108,291	38%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$217,214	\$65,425	(\$151,789)	-70%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$47,008,662	\$60,429,495	\$13,420,833	29%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	6,802	8,232	1,430	21%
2	MEDICARE MANAGED CARE	3,102	3,793	691	22%
3	MEDICAID	24,144	23,496	(648)	-3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	94	140	46	49%
6	COMMERCIAL INSURANCE	6,351	3,155	(3,196)	-50%
7	NON-GOVERNMENT MANAGED CARE	6,586	11,320	4,734	72%
8	WORKER'S COMPENSATION	821	847	26	3%
9	SELF- PAY/UNINSURED	5,981	5,871	(110)	-2%
10	SAGA	0	0	0	0%
11	OTHER	425	485	60	14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	54,306	57,339	3,033	6%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$69,408,000	\$64,705,000	(\$4,703,000)	-7%
2	Physician Salaries	\$7,397,000	\$6,701,000	(\$696,000)	-9%
3	Non-Nursing, Non-Physician Salaries	\$77,274,000	\$74,260,000	(\$3,014,000)	-4%
	Total Salaries & Wages	\$154,079,000	\$145,666,000	(\$8,413,000)	-5%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$17,989,000	\$17,695,000	(\$294,000)	-2%
2	Physician Fringe Benefits	\$1,917,000	\$1,833,000	(\$84,000)	-4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$20,028,000	\$19,751,000	(\$277,000)	-1%
	Total Fringe Benefits	\$39,934,000	\$39,279,000	(\$655,000)	-2%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$1,835,000	\$1,032,000	(\$803,000)	-44%
2	Physician Fees	\$34,044,000	\$37,946,000	\$3,902,000	11%
3	Non-Nursing, Non-Physician Fees	\$1,315,000	\$1,281,000	(\$34,000)	-3%
	Total Contractual Labor Fees	\$37,194,000	\$40,259,000	\$3,065,000	8%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$31,733,000	\$33,492,000	\$1,759,000	6%
2	Pharmaceutical Costs	\$18,229,000	\$19,282,000	\$1,053,000	6%
	Total Medical Supplies and Pharmaceutical Cost	\$49,962,000	\$52,774,000	\$2,812,000	6%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$12,581,000	\$12,781,000	\$200,000	2%
2	Depreciation-Equipment	\$6,493,000	\$5,983,000	(\$510,000)	-8%
3	Amortization	\$5,593,000	\$5,833,000	\$240,000	4%
	Total Depreciation and Amortization	\$24,667,000	\$24,597,000	(\$70,000)	0%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$1,791,000	\$1,800,000	\$9,000	1%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$7,350,000	\$7,446,000	\$96,000	1%
I.	Utilities:				
1	Water	\$586,000	\$777,000	\$191,000	33%
2	Natural Gas	\$1,658,000	\$1,362,000	(\$296,000)	-18%
3	Oil	\$22,000	\$22,000	\$0	0%
4	Electricity	\$3,526,000	\$3,222,000	(\$304,000)	-9%
5	Telephone	\$139,000	\$168,000	\$29,000	21%
6	Other Utilities	\$194,000	\$436,000	\$242,000	125%
	Total Utilities	\$6,125,000	\$5,987,000	(\$138,000)	-2%
J.	Business Expenses:				
1	Accounting Fees	\$471,000	\$425,000	(\$46,000)	-10%
2	Legal Fees	\$959,000	\$1,559,000	\$600,000	63%
3	Consulting Fees	\$2,102,000	\$2,899,000	\$797,000	38%
4	Dues and Membership	\$1,190,000	\$1,296,000	\$106,000	9%
5	Equipment Leases	\$1,614,000	\$1,314,000	(\$300,000)	-19%
6	Building Leases	\$3,134,000	\$2,730,000	(\$404,000)	-13%
7	Repairs and Maintenance	\$2,368,000	\$2,719,000	\$351,000	15%
8	Insurance	\$472,000	\$539,000	\$67,000	14%
9	Travel	\$419,000	\$316,000	(\$103,000)	-25%
10	Conferences	\$741,000	\$504,000	(\$237,000)	-32%
11	Property Tax	\$48,000	\$71,000	\$23,000	48%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
12	General Supplies	\$6,102,000	\$5,916,000	(\$186,000)	-3%
13	Licenses and Subscriptions	\$363,000	\$391,000	\$28,000	8%
14	Postage and Shipping	\$242,000	\$279,000	\$37,000	15%
15	Advertising	\$2,945,000	\$3,385,000	\$440,000	15%
16	Corporate parent/system fees	\$290,000	\$469,000	\$179,000	62%
17	Computer Software	\$298,000	\$319,000	\$21,000	7%
18	Computer hardware & small equipment	\$766,000	\$621,000	(\$145,000)	-19%
19	Dietary / Food Services	\$4,153,000	\$4,062,000	(\$91,000)	-2%
20	Lab Fees / Red Cross charges	\$3,982,000	\$3,817,000	(\$165,000)	-4%
21	Billing & Collection / Bank Fees	\$3,119,000	\$2,619,000	(\$500,000)	-16%
22	Recruiting / Employee Education & Recognition	\$615,000	\$475,000	(\$140,000)	-23%
23	Laundry / Linen	\$1,231,000	\$1,145,000	(\$86,000)	-7%
24	Professional / Physician Fees	\$251,000	\$903,000	\$652,000	260%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$10,049,000	\$8,539,000	(\$1,510,000)	-15%
27	Purchased Services - Non Medical	\$37,874,000	\$45,570,000	\$7,696,000	20%
28	Other Business Expenses	\$17,894,000	\$25,169,000	\$7,275,000	41%
	Total Business Expenses	\$103,692,000	\$118,051,000	\$14,359,000	14%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$424,794,000	\$435,859,000	\$11,065,000	3%
*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150					
II. OPERATING EXPENSE BY DEPARTMENT					
A.	General Services:				
1	General Administration	\$77,867,000	\$86,326,000	\$8,459,000	11%
2	General Accounting	\$3,162,000	\$3,239,000	\$77,000	2%
3	Patient Billing & Collection	\$5,217,000	\$7,569,000	\$2,352,000	45%
4	Admitting / Registration Office	\$2,869,000	\$2,917,000	\$48,000	2%
5	Data Processing	\$25,166,000	\$27,786,000	\$2,620,000	10%
6	Communications	\$523,000	\$522,000	(\$1,000)	0%
7	Personnel	\$42,538,000	\$34,293,000	(\$8,245,000)	-19%
8	Public Relations	\$3,835,000	\$4,060,000	\$225,000	6%
9	Purchasing	\$1,764,000	\$1,159,000	(\$605,000)	-34%
10	Dietary and Cafeteria	\$6,406,000	\$6,551,000	\$145,000	2%
11	Housekeeping	\$4,437,000	\$4,033,000	(\$404,000)	-9%
12	Laundry & Linen	\$690,000	\$626,000	(\$64,000)	-9%
13	Operation of Plant	\$8,657,000	\$12,812,000	\$4,155,000	48%
14	Security	\$2,300,000	\$2,169,000	(\$131,000)	-6%
15	Repairs and Maintenance	\$9,410,000	\$7,018,000	(\$2,392,000)	-25%
16	Central Sterile Supply	\$936,000	\$910,000	(\$26,000)	-3%
17	Pharmacy Department	\$26,457,000	\$27,390,000	\$933,000	4%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$222,234,000	\$229,380,000	\$7,146,000	3%
B.	Professional Services:				
1	Medical Care Administration	\$307,000	\$936,000	\$629,000	205%
2	Residency Program	\$4,438,000	\$4,826,000	\$388,000	9%
3	Nursing Services Administration	\$3,069,000	\$3,243,000	\$174,000	6%
4	Medical Records	\$3,952,000	\$3,245,000	(\$707,000)	-18%
5	Social Service	\$968,000	\$1,123,000	\$155,000	16%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$12,734,000	\$13,373,000	\$639,000	5%
C.	Special Services:				
1	Operating Room	\$25,542,000	\$27,458,000	\$1,916,000	8%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	Recovery Room	\$1,639,000	\$1,615,000	(\$24,000)	-1%
3	Anesthesiology	\$1,067,000	\$1,022,000	(\$45,000)	-4%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,609,000	\$3,972,000	\$363,000	10%
6	Diagnostic Ultrasound	\$741,456	\$752,000	\$10,544	1%
7	Radiation Therapy	\$1,418,544	\$1,223,000	(\$195,544)	-14%
8	Radioisotopes	\$537,000	\$576,000	\$39,000	7%
9	CT Scan	\$1,509,000	\$1,631,000	\$122,000	8%
10	Laboratory	\$7,384,000	\$7,969,000	\$585,000	8%
11	Blood Storing/Processing	\$2,126,000	\$1,756,000	(\$370,000)	-17%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$7,211,000	\$7,226,000	\$15,000	0%
14	Electroencephalography	\$0	\$0	\$0	0%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,733,000	\$2,770,000	\$37,000	1%
19	Pulmonary Function	\$372,000	\$301,000	(\$71,000)	-19%
20	Intravenous Therapy	\$85,000	\$37,000	(\$48,000)	-56%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$1,252,000	\$1,131,000	(\$121,000)	-10%
24	Emergency Room	\$19,615,000	\$20,971,000	\$1,356,000	7%
25	MRI	\$550,000	\$579,000	\$29,000	5%
26	PET Scan	\$154,000	\$102,000	(\$52,000)	-34%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,213,000	\$1,202,000	(\$11,000)	-1%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$12,553,000	\$13,047,000	\$494,000	4%
32	Occupational Therapy / Physical Therapy	\$2,501,000	\$2,107,000	(\$394,000)	-16%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,646,000	\$4,183,000	\$537,000	15%
	Total Special Services	\$97,458,000	\$101,630,000	\$4,172,000	4%
D.	Routine Services:				
1	Medical & Surgical Units	\$46,252,000	\$45,280,000	(\$972,000)	-2%
2	Intensive Care Unit	\$8,338,000	\$7,792,000	(\$546,000)	-7%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$9,988,000	\$10,355,000	\$367,000	4%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,084,000	\$4,350,000	\$266,000	7%
7	Newborn Nursery Unit	\$1,490,000	\$1,332,000	(\$158,000)	-11%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,451,000	\$2,951,000	\$500,000	20%
10	Ambulatory Surgery	\$6,381,000	\$6,081,000	(\$300,000)	-5%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$13,324,000	\$13,099,000	(\$225,000)	-2%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$92,308,000	\$91,240,000	(\$1,068,000)	-1%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$60,000	\$236,000	\$176,000	293%
	Total Operating Expenses - All Departments*	\$424,794,000	\$435,859,000	\$11,065,000	3%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$401,065,000	\$402,610,000	\$408,149,000
2	Other Operating Revenue	20,648,000	18,338,000	21,611,000
3	Total Operating Revenue	\$421,713,000	\$420,948,000	\$429,760,000
4	Total Operating Expenses	398,392,000	424,794,000	435,859,000
5	Income/(Loss) From Operations	\$23,321,000	(\$3,846,000)	(\$6,099,000)
6	Total Non-Operating Revenue	21,661,000	(11,242,000)	6,206,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$44,982,000	(\$15,088,000)	\$107,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.26%	-0.94%	-1.40%
2	Hospital Non Operating Margin	4.89%	-2.74%	1.42%
3	Hospital Total Margin	10.15%	-3.68%	0.02%
4	Income/(Loss) From Operations	\$23,321,000	(\$3,846,000)	(\$6,099,000)
5	Total Operating Revenue	\$421,713,000	\$420,948,000	\$429,760,000
6	Total Non-Operating Revenue	\$21,661,000	(\$11,242,000)	\$6,206,000
7	Total Revenue	\$443,374,000	\$409,706,000	\$435,966,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$44,982,000	(\$15,088,000)	\$107,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$522,872,000	\$480,367,000	\$157,832,000
2	Hospital Total Net Assets	\$544,973,000	\$502,440,000	\$180,015,000
3	Hospital Change in Total Net Assets	\$6,553,000	(\$42,533,000)	(\$322,425,000)
4	Hospital Change in Total Net Assets %	101.2%	-7.8%	-64.2%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
D. Cost Data Summary				
1	<u>Ratio of Cost to Charges</u>	0.33	0.32	0.31
2	Total Operating Expenses	\$398,392,000	\$424,794,000	\$435,859,000
3	Total Gross Revenue	\$1,199,088,712	\$1,306,254,120	\$1,401,696,830
4	Total Other Operating Revenue	\$20,648,000	\$20,518,000	\$21,304,000
5	<u>Private Payment to Cost Ratio</u>	1.69	1.53	1.31
6	Total Non-Government Payments	\$185,574,186	\$183,171,404	\$160,413,810
7	Total Uninsured Payments	\$4,045,716	\$9,195,412	\$11,601,589
8	Total Non-Government Charges	\$379,181,443	\$407,034,704	\$419,025,341
9	Total Uninsured Charges	\$50,409,006	\$51,451,802	\$47,827,494
10	<u>Medicare Payment to Cost Ratio</u>	0.84	0.75	0.80
11	Total Medicare Payments	\$156,655,774	\$146,193,734	\$164,762,884
12	Total Medicare Charges	\$573,382,280	\$612,195,270	\$669,680,671
13	<u>Medicaid Payment to Cost Ratio</u>	0.76	0.69	0.79
14	Total Medicaid Payments	\$60,356,548	\$62,792,573	\$74,354,859
15	Total Medicaid Charges	\$244,623,607	\$282,373,953	\$307,960,293
16	<u>Uncompensated Care Cost</u>	\$15,738,901	\$13,540,353	\$12,781,719
17	Charity Care	\$17,249,000	\$21,773,000	\$22,570,000
18	Bad Debts	\$30,938,000	\$20,518,000	\$19,160,000
19	Total Uncompensated Care	\$48,187,000	\$42,291,000	\$41,730,000
20	<u>Uncompensated Care % of Total Expenses</u>	4.0%	3.2%	2.9%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
21	Total Operating Expenses	\$398,392,000	\$424,794,000	\$435,859,000
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	1	2	(58)
2	Total Current Assets	\$78,914,000	\$107,953,000	\$51,359,000
3	Total Current Liabilities	\$55,265,000	\$46,352,000	(\$892,000)
4	<u>Days Cash on Hand</u>	1	0	1
5	Cash and Cash Equivalents	\$654,000	\$529,000	\$1,544,000
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$654,000	\$529,000	\$1,544,000
8	Total Operating Expenses	\$398,392,000	\$424,794,000	\$435,859,000
9	Depreciation Expense	\$26,699,000	\$24,667,000	\$24,597,000
10	Operating Expenses less Depreciation Expense	\$371,693,000	\$400,127,000	\$411,262,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	47	46	21
12	Net Patient Accounts Receivable	\$61,867,000	\$60,164,000	\$41,712,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$10,642,000	\$9,476,000	\$17,909,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$51,225,000	\$50,688,000	\$23,803,000
16	Total Net Patient Revenue	\$401,065,000	\$402,610,000	\$408,149,000
17	<u>Average Payment Period</u>	54	42	(1)
18	Total Current Liabilities	\$55,265,000	\$46,352,000	(\$892,000)
19	Total Operating Expenses	\$398,392,000	\$424,794,000	\$435,859,000
20	Depreciation Expense	\$26,699,000	\$24,667,000	\$24,597,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
21	Total Operating Expenses less Depreciation Expense	\$371,693,000	\$400,127,000	\$411,262,000
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	80.9	81.0	68.1
2	Total Net Assets	\$544,973,000	\$502,440,000	\$180,015,000
3	Total Assets	\$673,895,000	\$620,341,000	\$264,489,000
4	<u>Cash Flow to Total Debt Ratio</u>	64.1	9.5	46.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$44,982,000	(\$15,088,000)	\$107,000
6	Depreciation Expense	\$26,699,000	\$24,667,000	\$24,597,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$71,681,000	\$9,579,000	\$24,704,000
8	Total Current Liabilities	\$55,265,000	\$46,352,000	(\$892,000)
9	Total Long Term Debt	\$56,503,000	\$54,935,000	\$54,346,000
10	Total Current Liabilities and Total Long Term Debt	\$111,768,000	\$101,287,000	\$53,454,000
11	<u>Long Term Debt to Capitalization Ratio</u>	9.4	9.9	23.2
12	Total Long Term Debt	\$56,503,000	\$54,935,000	\$54,346,000
13	Total Net Assets	\$544,973,000	\$502,440,000	\$180,015,000
14	Total Long Term Debt and Total Net Assets	\$601,476,000	\$557,375,000	\$234,361,000
15	<u>Debt Service Coverage Ratio</u>	27.7	4.3	10.6
16	Excess Revenues over Expenses	44,982,000	(\$15,088,000)	\$107,000
17	Interest Expense	1,818,000	\$1,791,000	\$1,800,000
18	Depreciation and Amortization Expense	26,699,000	\$24,667,000	\$24,597,000
19	Principal Payments	838,147	\$839,000	\$703,000
G. Other Financial Ratios				

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
20	Average Age of Plant	9.7	11.2	12.0
21	Accumulated Depreciation	258,287,000	276,770,000	295,534,000
22	Depreciation and Amortization Expense	26,699,000	24,667,000	24,597,000
H.	Utilization Measures Summary			
1	Patient Days	110,756	111,145	98,271
2	Discharges	18,711	18,308	17,172
3	ALOS	5.9	6.1	5.7
4	Staffed Beds	424	424	393
5	Available Beds	-	446	393
6	Licensed Beds	446	520	520
7	Occupancy of Staffed Beds	71.6%	71.8%	68.5%
8	Occupancy of Available Beds	68.0%	68.3%	68.5%
9	Full Time Equivalent Employees	2,281.8	2,183.5	1,848.4
I.	Hospital Gross Revenue Payer Mix Percentage			
1	Non-Government Gross Revenue Payer Mix Percentage	27.4%	27.2%	26.5%
2	Medicare Gross Revenue Payer Mix Percentage	47.8%	46.9%	47.8%
3	Medicaid Gross Revenue Payer Mix Percentage	20.4%	21.6%	22.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.3%	0.3%
5	Uninsured Gross Revenue Payer Mix Percentage	4.2%	3.9%	3.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$328,772,437	\$355,582,902	\$371,197,847
9	Medicare Gross Revenue (Charges)	\$573,382,280	\$612,195,270	\$669,680,671
10	Medicaid Gross Revenue (Charges)	\$244,623,607	\$282,373,953	\$307,960,293
11	Other Medical Assistance Gross Revenue (Charges)	\$1,100,486	\$3,867,233	\$4,176,766
12	Uninsured Gross Revenue (Charges)	\$50,409,006	\$51,451,802	\$47,827,494
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$800,896	\$782,960	\$853,759
14	Total Gross Revenue (Charges)	\$1,199,088,712	\$1,306,254,120	\$1,401,696,830
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	45.0%	44.3%	37.1%
2	Medicare Net Revenue Payer Mix Percentage	38.9%	37.2%	41.1%
3	Medicaid Net Revenue Payer Mix Percentage	15.0%	16.0%	18.6%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.1%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	1.0%	2.3%	2.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
8	Non-Government Net Revenue (Payments)	\$181,528,470	\$173,975,992	\$148,812,221
9	Medicare Net Revenue (Payments)	\$156,655,774	\$146,193,734	\$164,762,884
10	Medicaid Net Revenue (Payments)	\$60,356,548	\$62,792,573	\$74,354,859
11	Other Medical Assistance Net Revenue (Payments)	\$167,757	\$252,802	\$800,384
12	Uninsured Net Revenue (Payments)	\$4,045,716	\$9,195,412	\$11,601,589
13	CHAMPUS / TRICARE Net Revenue Payments)	\$247,503	\$265,372	\$317,387
14	Total Net Revenue (Payments)	\$403,001,768	\$392,675,885	\$400,649,324
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	5,420	5,278	4,936
2	Medicare	8,674	8,262	7,702
3	Medical Assistance	4,589	4,749	4,517
4	Medicaid	4,548	4,699	4,455
5	Other Medical Assistance	41	50	62
6	CHAMPUS / TRICARE	28	19	17
7	Uninsured (Included In Non-Government)	584	521	433
8	Total	18,711	18,308	17,172
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.34360	1.41650	1.39960
2	Medicare	1.55610	1.54270	1.68850
3	Medical Assistance	1.07631	1.13765	1.14399
4	Medicaid	1.07420	1.13800	1.14470
5	Other Medical Assistance	1.31090	1.10450	1.09310
6	CHAMPUS / TRICARE	0.84150	1.07090	0.91410
7	Uninsured (Included In Non-Government)	1.19770	1.22410	1.36360
8	Total Case Mix Index	1.37581	1.40076	1.46146
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	13,155	11,960	11,403
2	Emergency Room - Treated and Discharged	57,689	54,306	57,339
3	Total Emergency Room Visits	70,844	66,266	68,742

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,899,154	\$6,147,559	\$4,248,405	224%
2	Inpatient Payments	\$624,406	\$1,145,232	\$520,826	83%
3	Outpatient Charges	\$1,537,725	\$4,278,034	\$2,740,309	178%
4	Outpatient Payments	\$540,494	\$776,997	\$236,503	44%
5	Discharges	34	115	81	238%
6	Patient Days	221	605	384	174%
7	Outpatient Visits (Excludes ED Visits)	171	625	454	265%
8	Emergency Department Outpatient Visits	51	266	215	422%
9	Emergency Department Inpatient Admissions	26	95	69	265%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,436,879	\$10,425,593	\$6,988,714	203%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,164,900	\$1,922,229	\$757,329	65%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$150,181	\$0	(\$150,181)	-100%
2	Inpatient Payments	\$116,957	\$0	(\$116,957)	-100%
3	Outpatient Charges	\$14,726	\$0	(\$14,726)	-100%
4	Outpatient Payments	\$9,246	\$0	(\$9,246)	-100%
5	Discharges	2	0	(2)	-100%
6	Patient Days	18	0	(18)	-100%
7	Outpatient Visits (Excludes ED Visits)	5	0	(5)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$164,907	\$0	(\$164,907)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$126,203	\$0	(\$126,203)	-100%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$31,590,361	\$34,501,552	\$2,911,191	9%
2	Inpatient Payments	\$7,097,225	\$8,589,315	\$1,492,090	21%
3	Outpatient Charges	\$13,802,838	\$15,858,674	\$2,055,836	15%
4	Outpatient Payments	\$3,719,544	\$3,026,091	(\$693,453)	-19%
5	Discharges	568	540	(28)	-5%
6	Patient Days	3,097	3,202	105	3%
7	Outpatient Visits (Excludes ED Visits)	2,211	2,845	634	29%
8	Emergency Department Outpatient Visits	568	740	172	30%
9	Emergency Department Inpatient Admissions	446	435	(11)	-2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$45,393,199	\$50,360,226	\$4,967,027	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,816,769	\$11,615,406	\$798,637	7%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$1,574,147	\$1,806,548	\$232,401	15%
2	Inpatient Payments	\$1,011,066	\$174,534	(\$836,532)	-83%
3	Outpatient Charges	\$283,880	\$678,533	\$394,653	139%
4	Outpatient Payments	\$128,521	\$135,583	\$7,062	5%
5	Discharges	24	14	(10)	-42%
6	Patient Days	210	154	(56)	-27%
7	Outpatient Visits (Excludes ED Visits)	65	41	(24)	-37%
8	Emergency Department Outpatient Visits	33	71	38	115%
9	Emergency Department Inpatient Admissions	22	13	(9)	-41%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,858,027	\$2,485,081	\$627,054	34%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,139,587	\$310,117	(\$829,470)	-73%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$59,244,430	\$58,962,345	(\$282,085)	0%
2	Inpatient Payments	\$11,128,395	\$15,054,225	\$3,925,830	35%
3	Outpatient Charges	\$19,536,611	\$27,090,787	\$7,554,176	39%
4	Outpatient Payments	\$4,530,798	\$5,103,507	\$572,709	13%
5	Discharges	1,143	1,043	(100)	-9%
6	Patient Days	7,343	6,122	(1,221)	-17%
7	Outpatient Visits (Excludes ED Visits)	2,878	4,462	1,584	55%
8	Emergency Department Outpatient Visits	1,314	1,520	206	16%
9	Emergency Department Inpatient Admissions	979	871	(108)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$78,781,041	\$86,053,132	\$7,272,091	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,659,193	\$20,157,732	\$4,498,539	29%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$17,597,137	\$14,561,731	(\$3,035,406)	-17%
2	Inpatient Payments	\$6,011,474	\$3,129,893	(\$2,881,581)	-48%
3	Outpatient Charges	\$7,757,926	\$7,707,599	(\$50,327)	-1%
4	Outpatient Payments	\$1,775,757	\$1,576,218	(\$199,539)	-11%
5	Discharges	302	203	(99)	-33%
6	Patient Days	2,649	1,720	(929)	-35%
7	Outpatient Visits (Excludes ED Visits)	1,278	1,582	304	24%
8	Emergency Department Outpatient Visits	742	696	(46)	-6%
9	Emergency Department Inpatient Admissions	265	178	(87)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,355,063	\$22,269,330	(\$3,085,733)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,787,231	\$4,706,111	(\$3,081,120)	-40%
I.	AETNA				
1	Inpatient Charges	\$19,187,520	\$18,733,472	(\$454,048)	-2%
2	Inpatient Payments	\$2,650,772	\$4,558,295	\$1,907,523	72%
3	Outpatient Charges	\$8,840,081	\$9,691,315	\$851,234	10%
4	Outpatient Payments	\$2,106,854	\$1,990,462	(\$116,392)	-6%
5	Discharges	342	292	(50)	-15%
6	Patient Days	2,322	1,623	(699)	-30%
7	Outpatient Visits (Excludes ED Visits)	1,377	1,771	394	29%
8	Emergency Department Outpatient Visits	372	473	101	27%
9	Emergency Department Inpatient Admissions	267	232	(35)	-13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,027,601	\$28,424,787	\$397,186	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,757,626	\$6,548,757	\$1,791,131	38%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$805,049	\$1,206,697	\$401,648	50%
2	Inpatient Payments	\$353,168	\$291,918	(\$61,250)	-17%
3	Outpatient Charges	\$288,567	\$284,565	(\$4,002)	-1%
4	Outpatient Payments	\$126,714	\$63,774	(\$62,940)	-50%
5	Discharges	13	14	1	8%
6	Patient Days	91	130	39	43%
7	Outpatient Visits (Excludes ED Visits)	49	90	41	84%
8	Emergency Department Outpatient Visits	22	26	4	18%
9	Emergency Department Inpatient Admissions	9	13	4	44%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,093,616	\$1,491,262	\$397,646	36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$479,882	\$355,692	(\$124,190)	-26%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$198,775	\$77,811	(\$120,964)	-61%
2	Inpatient Payments	\$93,344	\$4,073	(\$89,271)	-96%
3	Outpatient Charges	\$55,102	\$6,546	(\$48,556)	-88%
4	Outpatient Payments	\$18,388	\$1,805	(\$16,583)	-90%
5	Discharges	3	1	(2)	-67%
6	Patient Days	16	5	(11)	-69%
7	Outpatient Visits (Excludes ED Visits)	7	0	(7)	-100%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	3	1	(2)	-67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$253,877	\$84,357	(\$169,520)	-67%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$111,732	\$5,878	(\$105,854)	-95%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$132,246,754	\$135,997,715	\$3,750,961	3%
	TOTAL INPATIENT PAYMENTS	\$29,086,807	\$32,947,485	\$3,860,678	13%
	TOTAL OUTPATIENT CHARGES	\$52,117,456	\$65,596,053	\$13,478,597	26%
	TOTAL OUTPATIENT PAYMENTS	\$12,956,316	\$12,674,437	(\$281,879)	-2%
	TOTAL DISCHARGES	2,431	2,222	(209)	-9%
	TOTAL PATIENT DAYS	15,967	13,561	(2,406)	-15%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	8,041	11,416	3,375	42%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,102	3,793	691	22%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,018	1,838	(180)	-9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$184,364,210	\$201,593,768	\$17,229,558	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$42,043,123	\$45,621,922	\$3,578,799	9%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
A.	ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

ST.VINCENTS MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$7,449,000	\$6,656,000	(\$793,000)	-11%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$70,492,000	\$46,108,000	(\$24,384,000)	-35%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,341,000	\$4,227,000	(\$114,000)	-3%
8	Prepaid Expenses	\$3,448,000	\$2,447,000	(\$1,001,000)	-29%
9	Other Current Assets	\$10,424,000	\$10,675,000	\$251,000	2%
	Total Current Assets	\$96,154,000	\$70,113,000	(\$26,041,000)	-27%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$43,113,000	\$45,465,000	\$2,352,000	5%
	Total Noncurrent Assets Whose Use is Limited:	\$43,113,000	\$45,465,000	\$2,352,000	5%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$321,091,000	\$38,914,000	(\$282,177,000)	-88%
7	Other Noncurrent Assets	\$38,923,000	\$36,952,000	(\$1,971,000)	-5%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$489,801,000	\$502,520,000	\$12,719,000	3%
2	Less: Accumulated Depreciation	\$296,408,000	\$317,582,000	\$21,174,000	\$0
	Property, Plant and Equipment, Net	\$193,393,000	\$184,938,000	(\$8,455,000)	-4%
3	Construction in Progress	\$8,634,000	\$6,401,000	(\$2,233,000)	-26%
	Total Net Fixed Assets	\$202,027,000	\$191,339,000	(\$10,688,000)	-5%
	Total Assets	\$701,308,000	\$382,783,000	(\$318,525,000)	-45%

ST.VINCENTS MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$23,542,000	\$25,257,000	\$1,715,000	7%
2	Salaries, Wages and Payroll Taxes	\$23,003,000	\$18,843,000	(\$4,160,000)	-18%
3	Due To Third Party Payers	\$9,476,000	\$17,909,000	\$8,433,000	89%
4	Due To Affiliates	\$4,223,000	\$6,305,000	\$2,082,000	49%
5	Current Portion of Long Term Debt	\$1,614,000	\$1,500,000	(\$114,000)	-7%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$484,000	\$0	(\$484,000)	-100%
	Total Current Liabilities	\$62,342,000	\$69,814,000	\$7,472,000	12%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$54,935,000	\$54,346,000	(\$589,000)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$54,935,000	\$54,346,000	(\$589,000)	-1%
3	Accrued Pension Liability	\$8,113,000	\$23,317,000	\$15,204,000	187%
4	Other Long Term Liabilities	\$14,300,000	\$15,694,000	\$1,394,000	10%
	Total Long Term Liabilities	\$77,348,000	\$93,357,000	\$16,009,000	21%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$533,334,000	\$191,357,000	(\$341,977,000)	-64%
2	Temporarily Restricted Net Assets	\$15,414,000	\$15,307,000	(\$107,000)	-1%
3	Permanently Restricted Net Assets	\$12,870,000	\$12,948,000	\$78,000	1%
	Total Net Assets	\$561,618,000	\$219,612,000	(\$342,006,000)	-61%
	Total Liabilities and Net Assets	\$701,308,000	\$382,783,000	(\$318,525,000)	-45%

ST.VINCENTS MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,431,622,000	\$1,548,392,000	\$116,770,000	8%
2	Less: Allowances	\$943,281,000	\$1,040,692,000	\$97,411,000	10%
3	Less: Charity Care	\$21,887,000	\$24,235,000	\$2,348,000	11%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$466,454,000	\$483,465,000	\$17,011,000	4%
5	Provision for Bad Debts	\$24,067,000	\$26,362,000	\$2,295,000	10%
	Net Patient Service Revenue less provision for bad debts	\$442,387,000	\$457,103,000	\$14,716,000	3%
6	Other Operating Revenue	\$44,801,000	\$47,394,000	\$2,593,000	6%
7	Net Assets Released from Restrictions	\$1,307,000	\$1,961,000	\$654,000	50%
	Total Operating Revenue	\$488,495,000	\$506,458,000	\$17,963,000	4%
B. Operating Expenses:					
1	Salaries and Wages	\$221,430,000	\$217,941,000	(\$3,489,000)	-2%
2	Fringe Benefits	\$53,194,000	\$53,186,000	(\$8,000)	0%
3	Physicians Fees	\$21,401,000	\$19,867,000	(\$1,534,000)	-7%
4	Supplies and Drugs	\$51,197,000	\$53,861,000	\$2,664,000	5%
5	Depreciation and Amortization	\$26,783,000	\$27,221,000	\$438,000	2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,791,000	\$1,800,000	\$9,000	1%
8	Malpractice Insurance Cost	\$8,484,000	\$9,211,000	\$727,000	9%
9	Other Operating Expenses	\$123,921,000	\$146,255,000	\$22,334,000	18%
	Total Operating Expenses	\$508,201,000	\$529,342,000	\$21,141,000	4%
	Income/(Loss) From Operations	(\$19,706,000)	(\$22,884,000)	(\$3,178,000)	16%
C. Non-Operating Revenue:					
1	Income from Investments	(\$12,409,000)	\$8,031,000	\$20,440,000	-165%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$768,000)	(\$1,091,000)	(\$323,000)	42%
	Total Non-Operating Revenue	(\$13,177,000)	\$6,940,000	\$20,117,000	-153%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$32,883,000)	(\$15,944,000)	\$16,939,000	-52%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	(\$32,883,000)	(\$15,944,000)	\$16,939,000	-52%

ST.VINCENTS MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$431,702,000	\$442,387,000	\$457,103,000
2	Other Operating Revenue	48,756,000	46,108,000	49,355,000
3	Total Operating Revenue	\$480,458,000	\$488,495,000	\$506,458,000
4	Total Operating Expenses	464,057,000	508,201,000	529,342,000
5	Income/(Loss) From Operations	\$16,401,000	(\$19,706,000)	(\$22,884,000)
6	Total Non-Operating Revenue	25,040,000	(13,177,000)	6,940,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$41,441,000	(\$32,883,000)	(\$15,944,000)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.24%	-4.15%	-4.46%
2	Parent Corporation Non-Operating Margin	4.95%	-2.77%	1.35%
3	Parent Corporation Total Margin	8.20%	-6.92%	-3.11%
4	Income/(Loss) From Operations	\$16,401,000	(\$19,706,000)	(\$22,884,000)
5	Total Operating Revenue	\$480,458,000	\$488,495,000	\$506,458,000
6	Total Non-Operating Revenue	\$25,040,000	(\$13,177,000)	\$6,940,000
7	Total Revenue	\$505,498,000	\$475,318,000	\$513,398,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$41,441,000	(\$32,883,000)	(\$15,944,000)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$596,405,000	\$533,334,000	\$191,357,000
2	Parent Corporation Total Net Assets	\$624,918,000	\$561,618,000	\$219,612,000
3	Parent Corporation Change in Total Net Assets	\$28,795,000	(\$63,300,000)	(\$342,006,000)
4	Parent Corporation Change in Total Net Assets %	104.8%	-10.1%	-60.9%

ST.VINCENTS MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2014</u>	<u>ACTUAL</u> <u>FY 2015</u>	<u>ACTUAL</u> <u>FY 2016</u>
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.29	1.54	1.00
2	Total Current Assets	\$92,466,000	\$96,154,000	\$70,113,000
3	Total Current Liabilities	\$71,622,000	\$62,342,000	\$69,814,000
4	<u>Days Cash on Hand</u>	3	6	5
5	Cash and Cash Equivalents	\$3,300,000	\$7,449,000	\$6,656,000
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$3,300,000	\$7,449,000	\$6,656,000
8	Total Operating Expenses	\$464,057,000	\$508,201,000	\$529,342,000
9	Depreciation Expense	\$28,822,000	\$26,783,000	\$27,221,000
10	Operating Expenses less Depreciation Expense	\$435,235,000	\$481,418,000	\$502,121,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	48	50	23
12	Net Patient Accounts Receivable	\$ 67,589,000	\$ 70,492,000	\$ 46,108,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$10,642,000	\$9,476,000	\$17,909,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 56,947,000	\$ 61,016,000	\$ 28,199,000
16	Total Net Patient Revenue	\$431,702,000	\$442,387,000	\$457,103,000
17	<u>Average Payment Period</u>	60	47	51
18	Total Current Liabilities	\$71,622,000	\$62,342,000	\$69,814,000
19	Total Operating Expenses	\$464,057,000	\$508,201,000	\$529,342,000
20	Depreciation Expense	\$28,822,000	\$26,783,000	\$27,221,000
20	Total Operating Expenses less Depreciation Expense	\$435,235,000	\$481,418,000	\$502,121,000

ST.VINCENTS MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	81.0	80.1	57.4
2	Total Net Assets	\$624,918,000	\$561,618,000	\$219,612,000
3	Total Assets	\$771,844,000	\$701,308,000	\$382,783,000
4	<u>Cash Flow to Total Debt Ratio</u>	54.8	(5.2)	9.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$41,441,000	(\$32,883,000)	(\$15,944,000)
6	Depreciation Expense	\$28,822,000	\$26,783,000	\$27,221,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$70,263,000	(\$6,100,000)	\$11,277,000
8	Total Current Liabilities	\$71,622,000	\$62,342,000	\$69,814,000
9	Total Long Term Debt	\$56,503,000	\$54,935,000	\$54,346,000
10	Total Current Liabilities and Total Long Term Debt	\$128,125,000	\$117,277,000	\$124,160,000
11	<u>Long Term Debt to Capitalization Ratio</u>	8.3	8.9	19.8
12	Total Long Term Debt	\$56,503,000	\$54,935,000	\$54,346,000
13	Total Net Assets	\$624,918,000	\$561,618,000	\$219,612,000
14	Total Long Term Debt and Total Net Assets	\$681,421,000	\$616,553,000	\$273,958,000

SAINT VINCENT'S MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2016								
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	59,471	12,107	12,718	221	221	73.7%	73.7%
2	ICU/CCU (Excludes Neonatal ICU)	3,718	210	0	14	14	72.8%	72.8%
3	Psychiatric: Ages 0 to 17	4,138	482	481	17	17	66.7%	66.7%
4	Psychiatric: Ages 18+	22,243	2,368	1,740	75	75	81.3%	81.3%
	TOTAL PSYCHIATRIC	26,381	2,850	2,221	92	92	78.6%	78.6%
5	Rehabilitation	2,897	228	226	10	10	79.4%	79.4%
6	Maternity	2,763	1,001	986	23	23	32.9%	32.9%
7	Newborn	1,941	821	980	20	20	26.6%	26.6%
8	Neonatal ICU	1,100	165	0	13	13	23.2%	23.2%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	96,330	16,351	16,151	373	373	70.8%	70.8%
	TOTAL INPATIENT BED UTILIZATION	98,271	17,172	17,131	393	393	68.5%	68.5%
	TOTAL INPATIENT REPORTED YEAR	98,271	17,172	17,131	393	393	68.5%	68.5%
	TOTAL INPATIENT PRIOR YEAR	111,145	17,782	18,299	424	446	71.8%	68.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-12,874	-610	-1,168	-31	-53	-3.3%	0.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-12%	-3%	-6%	-7%	-12%	-5%	0%
	Total Licensed Beds and Bassinets	520						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	13,040	10,582	-2,458	-19%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,984	6,845	861	14%
3	Emergency Department Scans	14,273	16,770	2,497	17%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	33,297	34,197	900	3%
B. MRI Scans (A)					
1	Inpatient Scans	1,752	1,603	-149	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,968	1,901	-67	-3%
3	Emergency Department Scans	207	217	10	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,927	3,721	-206	-5%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	3	0	-3	-100%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	3	0	-3	-100%
D. PET/CT Scans (A)					
1	Inpatient Scans	13	6	-7	-54%
2	Outpatient Scans (Excluding Emergency Department Scans)	529	473	-56	-11%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	542	479	-63	-12%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	549	321	-228	-42%
2	Outpatient Procedures	6,134	3,879	-2,255	-37%
	Total Linear Accelerator Procedures	6,683	4,200	-2,483	-37%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	685	774	89	13%
2	Outpatient Procedures	659	672	13	2%
	Total Cardiac Catheterization Procedures	1,344	1,446	102	8%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	751	388	-363	-48%
2	Elective Procedures	494	264	-230	-47%
	Total Cardiac Angioplasty Procedures	1,245	652	-593	-48%
H. Electrophysiology Studies					
1	Inpatient Studies	456	677	221	48%
2	Outpatient Studies	418	710	292	70%
	Total Electrophysiology Studies	874	1,387	513	59%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	9,713	9,762	49	1%
2	Outpatient Surgical Procedures	6,442	5,776	-666	-10%
	Total Surgical Procedures	16,155	15,538	-617	-4%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	1,170	1,080	-90	-8%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
2	Outpatient Endoscopy Procedures	3,384	3,218	-166	-5%
	Total Endoscopy Procedures	4,554	4,298	-256	-6%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	11,960	11,403	-557	-5%
2	Emergency Room Visits: Treated and Discharged	54,306	57,339	3,033	6%
	Total Emergency Room Visits	66,266	68,742	2,476	4%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	18,224	17,251	-973	-5%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	23,530	0	-23,530	-100%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Specialty Clinics	20,110	22,247	2,137	11%
	Total Hospital Clinic Visits	61,864	39,498	-22,366	-36%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	7,156	5,453	-1,703	-24%
2	Cardiac Rehabilitation	4,722	4,684	-38	-1%
3	Chemotherapy	8,907	9,108	201	2%
4	Gastroenterology	247	218	-29	-12%
5	Other Outpatient Visits	81,707	68,286	-13,421	-16%
	Total Other Hospital Outpatient Visits	102,739	87,749	-14,990	-15%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	912.7	770.1	-142.6	-16%
2	Total Physician FTEs	64.4	59.0	-5.4	-8%
3	Total Non-Nursing and Non-Physician FTEs	1,206.4	1,019.3	-187.1	-16%
	Total Hospital Full Time Equivalent Employees	2,183.5	1,848.4	-335.1	-15%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	St. Vincents Medical Center	6,442	5,776	-666	-10%
	Total Outpatient Surgical Procedures(A)	6,442	5,776	-666	-10%
B. Outpatient Endoscopy Procedures					
1	St. Vincents Medical Center	3,384	3,218	-166	-5%
	Total Outpatient Endoscopy Procedures(B)	3,384	3,218	-166	-5%
C. Outpatient Hospital Emergency Room Visits					
1	St. Vincents Medical Center	54,306	57,339	3,033	6%
	Total Outpatient Hospital Emergency Room Visits(C)	54,306	57,339	3,033	6%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$442,950,139	\$457,581,366	\$14,631,227	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$102,623,605	\$118,330,461	\$15,706,856	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.17%	25.86%	2.69%	12%
4	DISCHARGES	8,262	7,702	(560)	-7%
5	CASE MIX INDEX (CMI)	1.54270	1.68850	0.14580	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	12,745.78740	13,004.82700	259.03960	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,051.57	\$9,098.96	\$1,047.39	13%
8	PATIENT DAYS	55,120	49,233	(5,887)	-11%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,861.82	\$2,403.48	\$541.66	29%
10	AVERAGE LENGTH OF STAY	6.7	6.4	(0.3)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$169,245,131	\$212,099,305	\$42,854,174	25%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$43,570,129	\$46,432,423	\$2,862,294	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.74%	21.89%	-3.85%	-15%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	38.21%	46.35%	8.14%	21%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,156.79610	3,570.05107	413.25497	13%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$13,802.01	\$13,006.09	(\$795.91)	-6%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$612,195,270	\$669,680,671	\$57,485,401	9%
18	TOTAL ACCRUED PAYMENTS	\$146,193,734	\$164,762,884	\$18,569,150	13%
19	TOTAL ALLOWANCES	\$466,001,536	\$504,917,787	\$38,916,251	8%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$217,174,512	\$203,993,309	(\$13,181,203)	-6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$100,502,649	\$76,906,975	(\$23,595,674)	-23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.28%	37.70%	-8.58%	-19%
4	DISCHARGES	5,278	4,936	(342)	-6%
5	CASE MIX INDEX (CMI)	1.41650	1.39960	(0.01690)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,476.28700	6,908.42560	(567.86140)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$13,442.86	\$11,132.34	(\$2,310.51)	-17%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$5,391.29)	(\$2,033.38)	\$3,357.91	-62%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$40,306,798)	(\$14,047,455)	\$26,259,343	-65%
10	PATIENT DAYS	25,540	22,596	(2,944)	-12%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,935.11	\$3,403.57	(\$531.54)	-14%
12	AVERAGE LENGTH OF STAY	4.8	4.6	(0.3)	-5%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$189,860,192	\$215,032,032	\$25,171,840	13%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$82,668,755	\$83,506,835	\$838,080	1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.54%	38.83%	-4.71%	-11%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	87.42%	105.41%	17.99%	21%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,614.17910	5,203.10257	588.92347	13%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$17,916.24	\$16,049.43	(\$1,866.81)	-10%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$4,114.23)	(\$3,043.34)	\$1,070.90	-26%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,983,812)	(\$15,834,789)	\$3,149,023	-17%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$407,034,704	\$419,025,341	\$11,990,637	3%
22	TOTAL ACCRUED PAYMENTS	\$183,171,404	\$160,413,810	(\$22,757,594)	-12%
23	TOTAL ALLOWANCES	\$223,863,300	\$258,611,531	\$34,748,231	16%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$59,290,610)	(\$29,882,244)	\$29,408,366	-50%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$344,004,037	\$357,664,622	\$13,660,585	4%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$165,093,192	\$142,684,535	(\$22,408,657)	-14%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,910,845	\$214,980,087	\$36,069,242	20%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.01%	60.11%	8.10%	

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$21,828,716	\$14,813,788	(\$7,014,928)	-32%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,711,717	\$3,001,319	\$289,602	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.42%	20.26%	7.84%	63%
4	DISCHARGES	521	433	(88)	-17%
5	CASE MIX INDEX (CMI)	1.22410	1.36360	0.13950	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	637.75610	590.43880	(47.31730)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,251.97	\$5,083.20	\$831.24	20%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,190.89	\$6,049.14	(\$3,141.75)	-34%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$3,799.60	\$4,015.76	\$216.16	6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,423,221	\$2,371,063	(\$52,158)	-2%
11	PATIENT DAYS	2,357	2,448	91	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,150.50	\$1,226.03	\$75.53	7%
13	AVERAGE LENGTH OF STAY	4.5	5.7	1.1	25%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,623,086	\$33,013,706	\$3,390,620	11%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,483,695	\$8,600,270	\$2,116,575	33%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.89%	26.05%	4.16%	19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	135.71%	222.86%	87.15%	64%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	707.03324	964.97497	257.94173	36%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,170.28	\$8,912.43	(\$257.86)	-3%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,745.96	\$7,137.00	(\$1,608.96)	-18%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,631.73	\$4,093.67	(\$538.06)	-12%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,274,784	\$3,950,286	\$675,502	21%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$51,451,802	\$47,827,494	(\$3,624,308)	-7%
24	TOTAL ACCRUED PAYMENTS	\$9,195,412	\$11,601,589	\$2,406,177	26%
25	TOTAL ALLOWANCES	\$42,256,390	\$36,225,905	(\$6,030,485)	-14%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,698,005	\$6,321,349	\$623,343	11%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$161,366,399	\$170,360,914	\$8,994,515	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$32,466,881	\$37,313,514	\$4,846,633	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.12%	21.90%	1.78%	9%
4	DISCHARGES	4,699	4,455	(244)	-5%
5	CASE MIX INDEX (CMI)	1.13800	1.14470	0.00670	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,347.46200	5,099.63850	(247.82350)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,071.46	\$7,316.89	\$1,245.44	21%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$7,371.40	\$3,815.45	(\$3,555.95)	-48%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,980.11	\$1,782.07	(\$198.04)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,588,586	\$9,087,916	(\$1,500,670)	-14%
11	PATIENT DAYS	30,133	26,069	(4,064)	-13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,077.45	\$1,431.34	\$353.88	33%
13	AVERAGE LENGTH OF STAY	6.4	5.9	(0.6)	-9%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$121,007,554	\$137,599,379	\$16,591,825	14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$30,325,692	\$37,041,345	\$6,715,653	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.06%	26.92%	1.86%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	74.99%	80.77%	5.78%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,523.74782	3,598.27392	74.52610	2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,606.09	\$10,294.20	\$1,688.11	20%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$9,310.15	\$5,755.23	(\$3,554.92)	-38%
21	MEDICARE - MEDICAID OP PMT / OPED	\$5,195.92	\$2,711.90	(\$2,484.02)	-48%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,309,108	\$9,758,147	(\$8,550,961)	-47%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$282,373,953	\$307,960,293	\$25,586,340	9%
24	TOTAL ACCRUED PAYMENTS	\$62,792,573	\$74,354,859	\$11,562,286	18%
25	TOTAL ALLOWANCES	\$219,581,380	\$233,605,434	\$14,024,054	6%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$28,897,694	\$18,846,063	(\$10,051,631)	-35%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$2,521,374	\$2,253,833	(\$267,541)	-11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$128,688	\$602,321	\$473,633	368%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.10%	26.72%	21.62%	424%
4	DISCHARGES	50	62	12	24%
5	CASE MIX INDEX (CMI)	1.10450	1.09310	(0.01140)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	55.22500	67.77220	12.54720	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,330.25	\$8,887.43	\$6,557.19	281%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$11,112.61	\$2,244.91	(\$8,867.70)	-80%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,721.32	\$211.53	(\$5,509.79)	-96%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$315,960	\$14,336	(\$301,624)	-95%
11	PATIENT DAYS	294	305	11	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$437.71	\$1,974.82	\$1,537.11	351%
13	AVERAGE LENGTH OF STAY	5.9	4.9	(1.0)	-16%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,345,859	\$1,922,933	\$577,074	43%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$124,114	\$198,063	\$73,949	60%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	9.22%	10.30%	1.08%	12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	53.38%	85.32%	31.94%	60%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	26.68900	52.89737	26.20837	98%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,650.38	\$3,744.29	(\$906.09)	-19%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$13,265.86	\$12,305.14	(\$960.72)	-7%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$9,151.63	\$9,261.81	\$110.18	1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$244,248	\$489,925	\$245,677	101%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$3,867,233	\$4,176,766	\$309,533	8%
24	TOTAL ACCRUED PAYMENTS	\$252,802	\$800,384	\$547,582	217%
25	TOTAL ALLOWANCES	\$3,614,431	\$3,376,382	(\$238,049)	-7%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$560,208	\$504,261	(\$55,947)	-10%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$163,887,773	\$172,614,747	\$8,726,974	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$32,595,569	\$37,915,835	\$5,320,266	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.89%	21.97%	2.08%	10%
4	DISCHARGES	4,749	4,517	(232)	-5%
5	CASE MIX INDEX (CMI)	1.13765	1.14399	0.00634	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,402.68700	5,167.41070	(235.27630)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,033.21	\$7,337.49	\$1,304.28	22%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$7,409.64	\$3,794.85	(\$3,614.79)	-49%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,018.36	\$1,761.47	(\$256.88)	-13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,904,546	\$9,102,252	(\$1,802,294)	-17%
11	PATIENT DAYS	30,427	26,374	(4,053)	-13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,071.27	\$1,437.62	\$366.35	34%
13	AVERAGE LENGTH OF STAY	6.4	5.8	(0.6)	-9%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$122,353,413	\$139,522,312	\$17,168,899	14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$30,449,806	\$37,239,408	\$6,789,602	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.89%	26.69%	1.80%	7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	74.66%	80.83%	6.17%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,550.43682	3,651.17129	100.73447	3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,576.35	\$10,199.30	\$1,622.95	19%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$9,339.89	\$5,850.13	(\$3,489.76)	-37%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,225.65	\$2,806.79	(\$2,418.86)	-46%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,553,356	\$10,248,072	(\$8,305,284)	-45%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$286,241,186	\$312,137,059	\$25,895,873	9%
24	TOTAL ACCRUED PAYMENTS	\$63,045,375	\$75,155,243	\$12,109,868	19%
25	TOTAL ALLOWANCES	\$223,195,811	\$236,981,816	\$13,786,005	6%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$430,089	\$324,108	(\$105,981)	-25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$169,349	\$181,193	\$11,844	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.38%	55.91%	16.53%	42%
4	DISCHARGES	19	17	(2)	-11%
5	CASE MIX INDEX (CMI)	1.07090	0.91410	(0.15680)	-15%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	20.34710	15.53970	(4.80740)	-24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,323.00	\$11,660.01	\$3,337.00	40%
8	PATIENT DAYS	58	68	10	17%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,919.81	\$2,664.60	(\$255.21)	-9%
10	AVERAGE LENGTH OF STAY	3.1	4.0	0.9	31%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$352,871	\$529,651	\$176,780	50%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$96,023	\$136,194	\$40,171	42%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$782,960	\$853,759	\$70,799	9%
14	TOTAL ACCRUED PAYMENTS	\$265,372	\$317,387	\$52,015	20%
15	TOTAL ALLOWANCES	\$517,588	\$536,372	\$18,784	4%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$20,518,000	\$21,304,000	\$786,000	4%
2	TOTAL OPERATING EXPENSES	\$424,794,000	\$435,859,000	\$11,065,000	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$21,773,000	\$22,570,000	\$797,000	4%
5	BAD DEBTS (CHARGES)	\$20,518,000	\$19,160,000	(\$1,358,000)	-7%
6	UNCOMPENSATED CARE (CHARGES)	\$42,291,000	\$41,730,000	(\$561,000)	-1%
7	COST OF UNCOMPENSATED CARE	\$12,493,095	\$11,785,451	(\$707,644)	-6%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$286,241,186	\$312,137,059	\$25,895,873	9%
9	TOTAL ACCRUED PAYMENTS	\$63,045,375	\$75,155,243	\$12,109,868	19%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$84,557,904	\$88,154,228	\$3,596,324	4%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,512,529	\$12,998,985	(\$8,513,544)	-40%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$824,442,513	\$834,513,530	\$10,071,017	1%
2	TOTAL INPATIENT PAYMENTS	\$235,891,172	\$233,334,464	(\$2,556,708)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	28.61%	27.96%	-0.65%	-2%
4	TOTAL DISCHARGES	18,308	17,172	(1,136)	-6%
5	TOTAL CASE MIX INDEX	1.40076	1.46146	0.06070	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	25,645.10850	25,096.20300	(548.90550)	-2%
7	TOTAL OUTPATIENT CHARGES	\$481,811,607	\$567,183,300	\$85,371,693	18%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	58.44%	67.97%	9.52%	16%
9	TOTAL OUTPATIENT PAYMENTS	\$156,784,713	\$167,314,860	\$10,530,147	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.54%	29.50%	-3.04%	-9%
11	TOTAL CHARGES	\$1,306,254,120	\$1,401,696,830	\$95,442,710	7%
12	TOTAL PAYMENTS	\$392,675,885	\$400,649,324	\$7,973,439	2%
13	TOTAL PAYMENTS / TOTAL CHARGES	30.06%	28.58%	-1.48%	-5%
14	PATIENT DAYS	111,145	98,271	(12,874)	-12%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$607,268,001	\$630,520,221	\$23,252,220	4%
2	INPATIENT PAYMENTS	\$135,388,523	\$156,427,489	\$21,038,966	16%
3	GOVT. INPATIENT PAYMENTS / CHARGES	22.29%	24.81%	2.51%	11%
4	DISCHARGES	13,030	12,236	(794)	-6%
5	CASE MIX INDEX	1.39438	1.48642	0.09203	7%
6	CASE MIX ADJUSTED DISCHARGES	18,168.82150	18,187.77740	18.95590	0%
7	OUTPATIENT CHARGES	\$291,951,415	\$352,151,268	\$60,199,853	21%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	48.08%	55.85%	7.77%	16%
9	OUTPATIENT PAYMENTS	\$74,115,958	\$83,808,025	\$9,692,067	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.39%	23.80%	-1.59%	-6%
11	TOTAL CHARGES	\$899,219,416	\$982,671,489	\$83,452,073	9%
12	TOTAL PAYMENTS	\$209,504,481	\$240,235,514	\$30,731,033	15%
13	TOTAL PAYMENTS / CHARGES	23.30%	24.45%	1.15%	5%
14	PATIENT DAYS	85,605	75,675	(9,930)	-12%
15	TOTAL GOVERNMENT DEDUCTIONS	\$689,714,935	\$742,435,975	\$52,721,040	8%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.7	6.4	(0.3)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.8	4.6	(0.3)	-5%
3	UNINSURED	4.5	5.7	1.1	25%
4	MEDICAID	6.4	5.9	(0.6)	-9%
5	OTHER MEDICAL ASSISTANCE	5.9	4.9	(1.0)	-16%
6	CHAMPUS / TRICARE	3.1	4.0	0.9	31%
7	TOTAL AVERAGE LENGTH OF STAY	6.1	5.7	(0.3)	-6%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,306,254,120	\$1,401,696,830	\$95,442,710	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$689,714,935	\$742,435,975	\$52,721,040	8%
3	UNCOMPENSATED CARE	\$42,291,000	\$41,730,000	(\$561,000)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,910,845	\$214,980,087	\$36,069,242	20%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,459,570	\$6,681,394	(\$2,778,176)	-29%
6	TOTAL ADJUSTMENTS	\$920,376,350	\$1,005,827,456	\$85,451,106	9%
7	TOTAL ACCRUED PAYMENTS	\$385,877,770	\$395,869,374	\$9,991,604	3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$385,877,770	\$395,869,374	\$9,991,604	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2954078874	0.2824215376	(0.0129863498)	-4%
11	COST OF UNCOMPENSATED CARE	\$12,493,095	\$11,785,451	(\$707,644)	-6%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,512,529	\$12,998,985	(\$8,513,544)	-40%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$34,005,624	\$24,784,436	(\$9,221,188)	-27%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$18,309,108	\$9,758,147	(\$8,550,961)	-47%
2	OTHER MEDICAL ASSISTANCE	\$560,208	\$504,261	(\$55,947)	-10%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,698,005	\$6,321,349	\$623,343	11%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$24,567,321	\$16,583,757	(\$7,983,564)	-32%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$22,800,495	\$22,097,704	(\$702,791)	-3.08%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$9,934,276	\$7,499,000	(\$2,435,276)	-24.51%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$402,610,000	\$408,148,000	\$5,538,000	1.38%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,306,254,000	\$1,401,697,000	\$95,443,000	7.31%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$42,291,000	\$41,730,000	(\$561,000)	-1.33%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$217,174,512	\$203,993,309	(\$13,181,203)
2	MEDICARE	\$442,950,139	457,581,366	\$14,631,227
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$163,887,773	172,614,747	\$8,726,974
4	MEDICAID	\$161,366,399	170,360,914	\$8,994,515
5	OTHER MEDICAL ASSISTANCE	\$2,521,374	2,253,833	(\$267,541)
6	CHAMPUS / TRICARE	\$430,089	324,108	(\$105,981)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,828,716	14,813,788	(\$7,014,928)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$607,268,001	\$630,520,221	\$23,252,220
	TOTAL INPATIENT CHARGES	\$824,442,513	\$834,513,530	\$10,071,017
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$189,860,192	\$215,032,032	\$25,171,840
2	MEDICARE	\$169,245,131	212,099,305	\$42,854,174
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$122,353,413	139,522,312	\$17,168,899
4	MEDICAID	\$121,007,554	137,599,379	\$16,591,825
5	OTHER MEDICAL ASSISTANCE	\$1,345,859	1,922,933	\$577,074
6	CHAMPUS / TRICARE	\$352,871	529,651	\$176,780
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$29,623,086	33,013,706	\$3,390,620
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$291,951,415	\$352,151,268	\$60,199,853
	TOTAL OUTPATIENT CHARGES	\$481,811,607	\$567,183,300	\$85,371,693
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$407,034,704	\$419,025,341	\$11,990,637
2	TOTAL MEDICARE	\$612,195,270	\$669,680,671	\$57,485,401
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$286,241,186	\$312,137,059	\$25,895,873
4	TOTAL MEDICAID	\$282,373,953	\$307,960,293	\$25,586,340
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,867,233	\$4,176,766	\$309,533
6	TOTAL CHAMPUS / TRICARE	\$782,960	\$853,759	\$70,799
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$51,451,802	\$47,827,494	(\$3,624,308)
	TOTAL GOVERNMENT CHARGES	\$899,219,416	\$982,671,489	\$83,452,073
	TOTAL CHARGES	\$1,306,254,120	\$1,401,696,830	\$95,442,710
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$100,502,649	\$76,906,975	(\$23,595,674)
2	MEDICARE	\$102,623,605	118,330,461	\$15,706,856
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$32,595,569	37,915,835	\$5,320,266
4	MEDICAID	\$32,466,881	37,313,514	\$4,846,633
5	OTHER MEDICAL ASSISTANCE	\$128,688	602,321	\$473,633
6	CHAMPUS / TRICARE	\$169,349	181,193	\$11,844
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,711,717	3,001,319	\$289,602
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$135,388,523	\$156,427,489	\$21,038,966
	TOTAL INPATIENT PAYMENTS	\$235,891,172	\$233,334,464	(\$2,556,708)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$82,668,755	\$83,506,835	\$838,080
2	MEDICARE	\$43,570,129	46,432,423	\$2,862,294
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$30,449,806	37,239,408	\$6,789,602
4	MEDICAID	\$30,325,692	37,041,345	\$6,715,653
5	OTHER MEDICAL ASSISTANCE	\$124,114	198,063	\$73,949
6	CHAMPUS / TRICARE	\$96,023	136,194	\$40,171
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,483,695	8,600,270	\$2,116,575
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$74,115,958	\$83,808,025	\$9,692,067
	TOTAL OUTPATIENT PAYMENTS	\$156,784,713	\$167,314,860	\$10,530,147
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$183,171,404	\$160,413,810	(\$22,757,594)
2	TOTAL MEDICARE	\$146,193,734	\$164,762,884	\$18,569,150
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$63,045,375	\$75,155,243	\$12,109,868
4	TOTAL MEDICAID	\$62,792,573	\$74,354,859	\$11,562,286
5	TOTAL OTHER MEDICAL ASSISTANCE	\$252,802	\$800,384	\$547,582
6	TOTAL CHAMPUS / TRICARE	\$265,372	\$317,387	\$52,015
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,195,412	\$11,601,589	\$2,406,177
	TOTAL GOVERNMENT PAYMENTS	\$209,504,481	\$240,235,514	\$30,731,033
	TOTAL PAYMENTS	\$392,675,885	\$400,649,324	\$7,973,439

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.63%	14.55%	-2.07%
2	MEDICARE	33.91%	32.64%	-1.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.55%	12.31%	-0.23%
4	MEDICAID	12.35%	12.15%	-0.20%
5	OTHER MEDICAL ASSISTANCE	0.19%	0.16%	-0.03%
6	CHAMPUS / TRICARE	0.03%	0.02%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.67%	1.06%	-0.61%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	46.49%	44.98%	-1.51%
	TOTAL INPATIENT PAYER MIX	63.12%	59.54%	-3.58%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.53%	15.34%	0.81%
2	MEDICARE	12.96%	15.13%	2.18%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.37%	9.95%	0.59%
4	MEDICAID	9.26%	9.82%	0.55%
5	OTHER MEDICAL ASSISTANCE	0.10%	0.14%	0.03%
6	CHAMPUS / TRICARE	0.03%	0.04%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.27%	2.36%	0.09%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.35%	25.12%	2.77%
	TOTAL OUTPATIENT PAYER MIX	36.88%	40.46%	3.58%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.59%	19.20%	-6.40%
2	MEDICARE	26.13%	29.53%	3.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.30%	9.46%	1.16%
4	MEDICAID	8.27%	9.31%	1.05%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.15%	0.12%
6	CHAMPUS / TRICARE	0.04%	0.05%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.69%	0.75%	0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	34.48%	39.04%	4.57%
	TOTAL INPATIENT PAYER MIX	60.07%	58.24%	-1.83%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.05%	20.84%	-0.21%
2	MEDICARE	11.10%	11.59%	0.49%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.75%	9.29%	1.54%
4	MEDICAID	7.72%	9.25%	1.52%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.05%	0.02%
6	CHAMPUS / TRICARE	0.02%	0.03%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.65%	2.15%	0.50%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	18.87%	20.92%	2.04%
	TOTAL OUTPATIENT PAYER MIX	39.93%	41.76%	1.83%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,278	4,936	(342)
2	MEDICARE	8,262	7,702	(560)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,749	4,517	(232)
4	MEDICAID	4,699	4,455	(244)
5	OTHER MEDICAL ASSISTANCE	50	62	12
6	CHAMPUS / TRICARE	19	17	(2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	521	433	(88)
	TOTAL GOVERNMENT DISCHARGES	13,030	12,236	(794)
	TOTAL DISCHARGES	18,308	17,172	(1,136)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25,540	22,596	(2,944)
2	MEDICARE	55,120	49,233	(5,887)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,427	26,374	(4,053)
4	MEDICAID	30,133	26,069	(4,064)
5	OTHER MEDICAL ASSISTANCE	294	305	11
6	CHAMPUS / TRICARE	58	68	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,357	2,448	91
	TOTAL GOVERNMENT PATIENT DAYS	85,605	75,675	(9,930)
	TOTAL PATIENT DAYS	111,145	98,271	(12,874)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.8	4.6	(0.3)
2	MEDICARE	6.7	6.4	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.4	5.8	(0.6)
4	MEDICAID	6.4	5.9	(0.6)
5	OTHER MEDICAL ASSISTANCE	5.9	4.9	(1.0)
6	CHAMPUS / TRICARE	3.1	4.0	0.9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.5	5.7	1.1
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.6	6.2	(0.4)
	TOTAL AVERAGE LENGTH OF STAY	6.1	5.7	(0.3)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41650	1.39960	(0.01690)
2	MEDICARE	1.54270	1.68850	0.14580
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.13765	1.14399	0.00634
4	MEDICAID	1.13800	1.14470	0.00670
5	OTHER MEDICAL ASSISTANCE	1.10450	1.09310	(0.01140)
6	CHAMPUS / TRICARE	1.07090	0.91410	(0.15680)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22410	1.36360	0.13950
	TOTAL GOVERNMENT CASE MIX INDEX	1.39438	1.48642	0.09203
	TOTAL CASE MIX INDEX	1.40076	1.46146	0.06070
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$344,004,037	\$357,664,622	\$13,660,585
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$165,093,192	\$142,684,535	(\$22,408,657)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,910,845	\$214,980,087	\$36,069,242
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.01%	60.11%	8.10%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$22,800,495	\$22,097,704	(\$702,791)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,459,570	\$6,681,394	(\$2,778,176)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$21,773,000	\$22,570,000	\$797,000
9	BAD DEBTS	\$20,518,000	\$19,160,000	(\$1,358,000)
10	TOTAL UNCOMPENSATED CARE	\$42,291,000	\$41,730,000	(\$561,000)
11	TOTAL OTHER OPERATING REVENUE	\$20,518,000	\$21,304,000	\$786,000
12	TOTAL OPERATING EXPENSES	\$424,794,000	\$435,859,000	\$11,065,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,476.28700	6,908.42560	(567.86140)
2	MEDICARE	12,745.78740	13,004.82700	259.03960
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,402.68700	5,167.41070	(235.27630)
4	MEDICAID	5,347.46200	5,099.63850	(247.82350)
5	OTHER MEDICAL ASSISTANCE	55.22500	67.77220	12.54720
6	CHAMPUS / TRICARE	20.34710	15.53970	(4.80740)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	637.75610	590.43880	(47.31730)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	18,168.82150	18,187.77740	18.95590
	TOTAL CASE MIX ADJUSTED DISCHARGES	25,645.10850	25,096.20300	(548.90550)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,614.17910	5,203.10257	588.92347
2	MEDICARE	3,156.79610	3,570.05107	413.25497
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,550.43682	3,651.17129	100.73447
4	MEDICAID	3,523.74782	3,598.27392	74.52610
5	OTHER MEDICAL ASSISTANCE	26.68900	52.89737	26.20837
6	CHAMPUS / TRICARE	15.58875	27.78107	12.19232
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	707.03324	964.97497	257.94173
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,722.82167	7,249.00344	526.18177
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,337.00076	12,452.10600	1,115.10524
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,442.86	\$11,132.34	(\$2,310.51)
2	MEDICARE	\$8,051.57	\$9,098.96	\$1,047.39
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,033.21	\$7,337.49	\$1,304.28
4	MEDICAID	\$6,071.46	\$7,316.89	\$1,245.44
5	OTHER MEDICAL ASSISTANCE	\$2,330.25	\$8,887.43	\$6,557.19
6	CHAMPUS / TRICARE	\$8,323.00	\$11,660.01	\$3,337.00
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,251.97	\$5,083.20	\$831.24
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,451.70	\$8,600.69	\$1,149.00
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,198.29	\$9,297.60	\$99.31
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,916.24	\$16,049.43	(\$1,866.81)
2	MEDICARE	\$13,802.01	\$13,006.09	(\$795.91)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,576.35	\$10,199.30	\$1,622.95
4	MEDICAID	\$8,606.09	\$10,294.20	\$1,688.11
5	OTHER MEDICAL ASSISTANCE	\$4,650.38	\$3,744.29	(\$906.09)
6	CHAMPUS / TRICARE	\$6,159.76	\$4,902.40	(\$1,257.36)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,170.28	\$8,912.43	(\$257.86)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$11,024.53	\$11,561.32	\$536.79
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$13,829.47	\$13,436.67	(\$392.80)

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$18,309,108	\$9,758,147	(\$8,550,961)
2	OTHER MEDICAL ASSISTANCE	\$560,208	\$504,261	(\$55,947)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,698,005	\$6,321,349	\$623,343
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$24,567,321	\$16,583,757	(\$7,983,564)
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$1,306,254,120	\$1,401,696,830	\$95,442,710
2	TOTAL GOVERNMENT DEDUCTIONS	\$689,714,935	\$742,435,975	\$52,721,040
3	UNCOMPENSATED CARE	\$42,291,000	\$41,730,000	(\$561,000)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,910,845	\$214,980,087	\$36,069,242
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,459,570	\$6,681,394	(\$2,778,176)
6	TOTAL ADJUSTMENTS	\$920,376,350	\$1,005,827,456	\$85,451,106
7	TOTAL ACCRUED PAYMENTS	\$385,877,770	\$395,869,374	\$9,991,604
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$385,877,770	\$395,869,374	\$9,991,604
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.2954078874	0.2824215376	(0.0129863498)
11	COST OF UNCOMPENSATED CARE	\$12,493,095	\$11,785,451	(\$707,644)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$21,512,529	\$12,998,985	(\$8,513,544)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$34,005,624	\$24,784,436	(\$9,221,188)
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.28%	37.70%	-8.58%
2	MEDICARE	23.17%	25.86%	2.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.89%	21.97%	2.08%
4	MEDICAID	20.12%	21.90%	1.78%
5	OTHER MEDICAL ASSISTANCE	5.10%	26.72%	21.62%
6	CHAMPUS / TRICARE	39.38%	55.91%	16.53%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12.42%	20.26%	7.84%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	22.29%	24.81%	2.51%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	28.61%	27.96%	-0.65%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	43.54%	38.83%	-4.71%
2	MEDICARE	25.74%	21.89%	-3.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.89%	26.69%	1.80%
4	MEDICAID	25.06%	26.92%	1.86%
5	OTHER MEDICAL ASSISTANCE	9.22%	10.30%	1.08%
6	CHAMPUS / TRICARE	27.21%	25.71%	-1.50%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21.89%	26.05%	4.16%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	25.39%	23.80%	-1.59%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	32.54%	29.50%	-3.04%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$392,675,885	\$400,649,324	\$7,973,439
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$392,675,885	\$400,649,324	\$7,973,439
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$9,934,276	\$7,499,000	(\$2,435,276)
4	CALCULATED NET REVENUE	\$436,469,086	\$408,148,324	(\$28,320,762)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$402,610,000	\$408,148,000	\$5,538,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$33,859,086	\$324	(\$33,858,762)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,306,254,120	\$1,401,696,830	\$95,442,710
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,306,254,120	\$1,401,696,830	\$95,442,710
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,306,254,000	\$1,401,697,000	\$95,443,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$120	(\$170)	(\$290)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,291,000	\$41,730,000	(\$561,000)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,291,000	\$41,730,000	(\$561,000)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$42,291,000	\$41,730,000	(\$561,000)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$203,993,309
2	MEDICARE	457,581,366
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	172,614,747
4	MEDICAID	170,360,914
5	OTHER MEDICAL ASSISTANCE	2,253,833
6	CHAMPUS / TRICARE	324,108
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	14,813,788
	TOTAL INPATIENT GOVERNMENT CHARGES	\$630,520,221
	TOTAL INPATIENT CHARGES	\$834,513,530
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$215,032,032
2	MEDICARE	212,099,305
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	139,522,312
4	MEDICAID	137,599,379
5	OTHER MEDICAL ASSISTANCE	1,922,933
6	CHAMPUS / TRICARE	529,651
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	33,013,706
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$352,151,268
	TOTAL OUTPATIENT CHARGES	\$567,183,300
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$419,025,341
2	TOTAL GOVERNMENT ACCRUED CHARGES	982,671,489
	TOTAL ACCRUED CHARGES	\$1,401,696,830
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$76,906,975
2	MEDICARE	118,330,461
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,915,835
4	MEDICAID	37,313,514
5	OTHER MEDICAL ASSISTANCE	602,321
6	CHAMPUS / TRICARE	181,193
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,001,319
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$156,427,489
	TOTAL INPATIENT PAYMENTS	\$233,334,464
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$83,506,835
2	MEDICARE	46,432,423
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,239,408
4	MEDICAID	37,041,345
5	OTHER MEDICAL ASSISTANCE	198,063
6	CHAMPUS / TRICARE	136,194
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8,600,270
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$83,808,025
	TOTAL OUTPATIENT PAYMENTS	\$167,314,860
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$160,413,810
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	240,235,514
	TOTAL ACCRUED PAYMENTS	\$400,649,324

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,936
2	MEDICARE	7,702
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,517
4	MEDICAID	4,455
5	OTHER MEDICAL ASSISTANCE	62
6	CHAMPUS / TRICARE	17
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	433
	TOTAL GOVERNMENT DISCHARGES	12,236
	TOTAL DISCHARGES	17,172
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,39960
2	MEDICARE	1,68850
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,14399
4	MEDICAID	1,14470
5	OTHER MEDICAL ASSISTANCE	1,09310
6	CHAMPUS / TRICARE	0,91410
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,36360
	TOTAL GOVERNMENT CASE MIX INDEX	1,48642
	TOTAL CASE MIX INDEX	1,46146
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$357,664,622
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$142,684,535
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$214,980,087
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	60.11%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$22,097,704
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,681,394
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$22,570,000
9	BAD DEBTS	\$19,160,000
10	TOTAL UNCOMPENSATED CARE	\$41,730,000
11	TOTAL OTHER OPERATING REVENUE	\$21,304,000
12	TOTAL OPERATING EXPENSES	\$435,859,000

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$400,649,324
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$400,649,324
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$7,499,000
	CALCULATED NET REVENUE	\$408,148,324
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$408,148,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$324
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,401,696,830
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,401,696,830
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,401,697,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$170)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,730,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,730,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$41,730,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2015</u>	<u>ACTUAL FY 2016</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	2,519	2,691	172	7%
2	Number of Approved Applicants	2,409	2,557	148	6%
3	Total Charges (A)	\$21,773,000	\$22,570,000	\$797,000	4%
4	Average Charges	\$9,038	\$8,827	(\$211)	-2%
5	Ratio of Cost to Charges (RCC)	0.326621	0.320171	(0.006450)	-2%
6	Total Cost	\$7,111,519	\$7,226,259	\$114,740	2%
7	Average Cost	\$2,952	\$2,826	(\$126)	-4%
8	Charity Care - Inpatient Charges	\$8,402,000	\$5,479,000	(\$2,923,000)	-35%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	9,059,000	11,687,000	2,628,000	29%
10	Charity Care - Emergency Department Charges	4,312,000	5,404,000	1,092,000	25%
11	Total Charges (A)	\$21,773,000	\$22,570,000	\$797,000	4%
12	Charity Care - Number of Patient Days	1,023	1,268	245	24%
13	Charity Care - Number of Discharges	202	230	28	14%
14	Charity Care - Number of Outpatient ED Visits	1,519	1,754	235	15%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,431	9,550	3,119	48%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$10,143,000	\$7,130,000	(\$3,013,000)	-30%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,683,000	7,685,000	3,002,000	64%
3	Bad Debts - Emergency Department	5,692,000	4,345,000	(1,347,000)	-24%
4	Total Bad Debts (A)	\$20,518,000	\$19,160,000	(\$1,358,000)	-7%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$21,773,000	\$22,570,000	\$797,000	4%
2	Bad Debts (A)	20,518,000	19,160,000	(1,358,000)	-7%
3	Total Uncompensated Care (A)	\$42,291,000	\$41,730,000	(\$561,000)	-1%
4	Uncompensated Care - Inpatient Services	\$18,545,000	\$12,609,000	(\$5,936,000)	-32%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	13,742,000	19,372,000	5,630,000	41%
6	Uncompensated Care - Emergency Department	10,004,000	9,749,000	(255,000)	-3%
7	Total Uncompensated Care (A)	\$42,291,000	\$41,730,000	(\$561,000)	-1%

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

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$344,004,037	\$357,664,622	\$13,660,585	4%
2	Total Contractual Allowances	\$178,910,845	\$214,980,087	\$36,069,242	20%
	Total Accrued Payments (A)	\$165,093,192	\$142,684,535	(\$22,408,657)	-14%
	Total Discount Percentage	52.01%	60.11%	8.10%	16%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$756,035,776	\$824,442,513	\$834,513,530
2	Outpatient Gross Revenue	\$443,052,936	\$481,811,607	\$567,183,300
3	Total Gross Patient Revenue	\$1,199,088,712	\$1,306,254,120	\$1,401,696,830
4	Net Patient Revenue	\$401,065,000	\$402,610,000	\$408,149,000
B. Total Operating Expenses				
1	Total Operating Expense	\$398,392,000	\$424,794,000	\$435,859,000
C. Utilization Statistics				
1	Patient Days	110,756	111,145	98,271
2	Discharges	18,711	18,308	17,172
3	Average Length of Stay	5.9	6.1	5.7
4	Equivalent (Adjusted) Patient Days (EPD)	175,661	176,099	165,062
0	Equivalent (Adjusted) Discharges (ED)	29,676	29,007	28,843
D. Case Mix Statistics				
1	Case Mix Index	1.37581	1.40076	1.46146
2	Case Mix Adjusted Patient Days (CMAPD)	152,379	155,687	143,619
3	Case Mix Adjusted Discharges (CMAD)	25,743	25,645	25,096
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	241,676	246,673	241,231
5	Case Mix Adjusted Equivalent Discharges (CMAED)	40,828	40,632	42,153
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$10,826	\$11,753	\$14,264
2	Total Gross Revenue per Discharge	\$64,085	\$71,349	\$81,627
3	Total Gross Revenue per EPD	\$6,826	\$7,418	\$8,492
4	Total Gross Revenue per ED	\$40,406	\$45,032	\$48,597
5	Total Gross Revenue per CMAEPD	\$4,962	\$5,295	\$5,811
6	Total Gross Revenue per CMAED	\$29,369	\$32,148	\$33,253
7	Inpatient Gross Revenue per EPD	\$4,304	\$4,682	\$5,056
8	Inpatient Gross Revenue per ED	\$25,476	\$28,422	\$28,933

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,621	\$3,622	\$4,153
2	Net Patient Revenue per Discharge	\$21,435	\$21,991	\$23,768
3	Net Patient Revenue per EPD	\$2,283	\$2,286	\$2,473
4	Net Patient Revenue per ED	\$13,515	\$13,880	\$14,151
5	Net Patient Revenue per CMAEPD	\$1,660	\$1,632	\$1,692
6	Net Patient Revenue per CMAED	\$9,823	\$9,909	\$9,683
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,597	\$3,822	\$4,435
2	Total Operating Expense per Discharge	\$21,292	\$23,203	\$25,382
3	Total Operating Expense per EPD	\$2,268	\$2,412	\$2,641
4	Total Operating Expense per ED	\$13,425	\$14,644	\$15,111
5	Total Operating Expense per CMAEPD	\$1,648	\$1,722	\$1,807
6	Total Operating Expense per CMAED	\$9,758	\$10,455	\$10,340
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$68,135,000	\$69,408,000	\$64,705,000
2	Nursing Fringe Benefits Expense	\$19,216,000	\$17,989,000	\$17,695,000
3	Total Nursing Salary and Fringe Benefits Expense	\$87,351,000	\$87,397,000	\$82,400,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$5,941,000	\$7,397,000	\$6,701,000
2	Physician Fringe Benefits Expense	\$1,676,000	\$1,917,000	\$1,833,000
3	Total Physician Salary and Fringe Benefits Expense	\$7,617,000	\$9,314,000	\$8,534,000
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$77,042,000	\$77,274,000	\$74,260,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$21,727,000	\$20,028,000	\$19,751,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$98,769,000	\$97,302,000	\$94,011,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$151,118,000	\$154,079,000	\$145,666,000
2	Total Fringe Benefits Expense	\$42,619,000	\$39,934,000	\$39,279,000
3	Total Salary and Fringe Benefits Expense	\$193,737,000	\$194,013,000	\$184,945,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	936.7	912.7	770.1
2	Total Physician FTEs	65.2	64.4	59.0
3	Total Non-Nursing, Non-Physician FTEs	1279.9	1206.4	1019.3
4	Total Full Time Equivalent Employees (FTEs)	2,281.8	2,183.5	1,848.4
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$72,739	\$76,047	\$84,022
2	Nursing Fringe Benefits Expense per FTE	\$20,515	\$19,710	\$22,978
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$93,254	\$95,757	\$106,999
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$91,120	\$114,860	\$113,576
2	Physician Fringe Benefits Expense per FTE	\$25,706	\$29,767	\$31,068
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$116,825	\$144,627	\$144,644
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$60,194	\$64,053	\$72,854
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,976	\$16,601	\$19,377
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$77,169	\$80,655	\$92,231
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$66,228	\$70,565	\$78,807
2	Total Fringe Benefits Expense per FTE	\$18,678	\$18,289	\$21,250
3	Total Salary and Fringe Benefits Expense per FTE	\$84,905	\$88,854	\$100,057
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,749	\$1,746	\$1,882
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,354	\$10,597	\$10,770
3	Total Salary and Fringe Benefits Expense per EPD	\$1,103	\$1,102	\$1,120
4	Total Salary and Fringe Benefits Expense per ED	\$6,528	\$6,688	\$6,412
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$802	\$787	\$767
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,745	\$4,775	\$4,387