

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$28,153,000	\$24,610,000	(\$3,543,000)	-13%
2	Short Term Investments	\$29,000	\$17,000	(\$12,000)	-41%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$28,777,000	\$26,816,000	(\$1,961,000)	-7%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,148,000	\$1,145,000	(\$3,000)	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,220,000	\$3,645,000	\$1,425,000	64%
8	Prepaid Expenses	\$1,686,000	\$2,374,000	\$688,000	41%
9	Other Current Assets	\$0	\$89,000	\$89,000	0%
	Total Current Assets	\$62,013,000	\$58,696,000	(\$3,317,000)	-5%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$15,258,000	\$15,696,000	\$438,000	3%
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	\$4,330,000	\$4,327,000	(\$3,000)	0%
	Total Noncurrent Assets Whose Use is Limited:	\$19,588,000	\$20,023,000	\$435,000	2%
5	Interest in Net Assets of Foundation	\$4,874,000	\$5,182,000	\$308,000	6%
6	Long Term Investments	\$17,358,000	\$19,658,000	\$2,300,000	13%
7	Other Noncurrent Assets	\$22,387,000	\$23,826,000	\$1,439,000	6%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$180,915,000	\$188,968,000	\$8,053,000	4%
2	Less: Accumulated Depreciation	\$119,872,000	\$129,200,000	\$9,328,000	8%
	Property, Plant and Equipment, Net	\$61,043,000	\$59,768,000	(\$1,275,000)	-2%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$61,043,000	\$59,768,000	(\$1,275,000)	-2%
	Total Assets	\$187,263,000	\$187,153,000	(\$110,000)	0%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$20,297,000	\$16,795,000	(\$3,502,000)	-17%
2	Salaries, Wages and Payroll Taxes	\$3,236,000	\$3,974,000	\$738,000	23%
3	Due To Third Party Payers	\$6,035,000	\$783,000	(\$5,252,000)	-87%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,998,000	\$2,101,000	\$103,000	5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$13,915,000	\$13,994,000	\$79,000	1%
	Total Current Liabilities	\$45,481,000	\$37,647,000	(\$7,834,000)	-17%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$19,892,000	\$17,818,000	(\$2,074,000)	-10%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$19,892,000	\$17,818,000	(\$2,074,000)	-10%
3	Accrued Pension Liability	\$58,823,000	\$72,182,000	\$13,359,000	23%
4	Other Long Term Liabilities	\$13,370,000	\$12,742,000	(\$628,000)	-5%
	Total Long Term Liabilities	\$92,085,000	\$102,742,000	\$10,657,000	12%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$31,173,000	\$27,668,000	(\$3,505,000)	-11%
2	Temporarily Restricted Net Assets	\$2,269,000	\$2,415,000	\$146,000	6%
3	Permanently Restricted Net Assets	\$16,255,000	\$16,681,000	\$426,000	3%
	Total Net Assets	\$49,697,000	\$46,764,000	(\$2,933,000)	-6%
	Total Liabilities and Net Assets	\$187,263,000	\$187,153,000	(\$110,000)	0%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$601,586,237	\$663,968,691	\$62,382,454	10%
2	Less: Allowances	\$361,777,195	\$414,266,908	\$52,489,713	15%
3	Less: Charity Care	\$248,631	\$894,442	\$645,811	260%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$239,560,411	\$248,807,341	\$9,246,930	4%
5	Provision for Bad Debts	\$12,069,248	\$10,078,145	(\$1,991,103)	-16%
	Net Patient Service Revenue less provision for bad debts	\$227,491,163	\$238,729,196	\$11,238,033	5%
6	Other Operating Revenue	\$5,912,911	\$8,705,634	\$2,792,723	47%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$233,404,074	\$247,434,830	\$14,030,756	6%
B. Operating Expenses:					
1	Salaries and Wages	\$84,156,250	\$85,349,853	\$1,193,603	1%
2	Fringe Benefits	\$27,189,020	\$24,561,662	(\$2,627,358)	-10%
3	Physicians Fees	\$5,267,664	\$5,874,170	\$606,506	12%
4	Supplies and Drugs	\$33,669,967	\$35,048,979	\$1,379,012	4%
5	Depreciation and Amortization	\$9,245,153	\$9,939,122	\$693,969	8%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,471,201	\$1,353,274	(\$117,927)	-8%
8	Malpractice Insurance Cost	\$12,792,515	\$5,454,971	(\$7,337,544)	-57%
9	Other Operating Expenses	\$48,123,607	\$59,644,707	\$11,521,100	24%
	Total Operating Expenses	\$221,915,377	\$227,226,738	\$5,311,361	2%
	Income/(Loss) From Operations	\$11,488,697	\$20,208,092	\$8,719,395	76%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,458,556	\$2,278,869	\$820,313	56%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$5,489,277	\$2,737,853	(\$2,751,424)	-50%
	Total Non-Operating Revenue	\$6,947,833	\$5,016,722	(\$1,931,111)	-28%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$18,436,530	\$25,224,814	\$6,788,284	37%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013</u> <u>ACTUAL</u>	<u>FY 2014</u> <u>ACTUAL</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$18,436,530	\$25,224,814	\$6,788,284	37%
	Principal Payments	\$1,705,000	\$2,490,000	\$785,000	46%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$108,805,169	\$111,791,162	\$2,985,993	3%
2	MEDICARE MANAGED CARE	\$28,022,912	\$36,492,895	\$8,469,983	30%
3	MEDICAID	\$55,012,283	\$59,517,687	\$4,505,404	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$337,073	\$208,043	(\$129,030)	-38%
6	COMMERCIAL INSURANCE	\$3,705,002	\$5,032,812	\$1,327,810	36%
7	NON-GOVERNMENT MANAGED CARE	\$58,361,829	\$60,500,230	\$2,138,401	4%
8	WORKER'S COMPENSATION	\$6,643,342	\$8,882,210	\$2,238,868	34%
9	SELF- PAY/UNINSURED	\$1,787,877	\$1,781,260	(\$6,617)	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$262,675,487	\$284,206,299	\$21,530,812	8%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$69,983,080	\$79,866,534	\$9,883,454	14%
2	MEDICARE MANAGED CARE	\$23,372,808	\$28,710,091	\$5,337,283	23%
3	MEDICAID	\$101,301,392	\$119,782,447	\$18,481,055	18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$640,166	\$763,864	\$123,698	19%
6	COMMERCIAL INSURANCE	\$8,217,427	\$8,197,065	(\$20,362)	0%
7	NON-GOVERNMENT MANAGED CARE	\$113,199,265	\$124,128,265	\$10,929,000	10%
8	WORKER'S COMPENSATION	\$8,436,725	\$8,717,963	\$281,238	3%
9	SELF- PAY/UNINSURED	\$10,776,290	\$9,596,163	(\$1,180,127)	-11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$335,927,153	\$379,762,392	\$43,835,239	13%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$178,788,249	\$191,657,696	\$12,869,447	7%
2	MEDICARE MANAGED CARE	\$51,395,720	\$65,202,986	\$13,807,266	27%
3	MEDICAID	\$156,313,675	\$179,300,134	\$22,986,459	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$977,239	\$971,907	(\$5,332)	-1%
6	COMMERCIAL INSURANCE	\$11,922,429	\$13,229,877	\$1,307,448	11%
7	NON-GOVERNMENT MANAGED CARE	\$171,561,094	\$184,628,495	\$13,067,401	8%
8	WORKER'S COMPENSATION	\$15,080,067	\$17,600,173	\$2,520,106	17%
9	SELF- PAY/UNINSURED	\$12,564,167	\$11,377,423	(\$1,186,744)	-9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$598,602,640	\$663,968,691	\$65,366,051	11%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$52,163,319	\$53,016,836	\$853,517	2%
2	MEDICARE MANAGED CARE	\$11,275,060	\$13,917,242	\$2,642,182	23%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$21,678,280	\$21,911,696	\$233,416	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$96,721	\$62,761	(\$33,960)	-35%
6	COMMERCIAL INSURANCE	\$1,423,361	\$1,866,397	\$443,036	31%
7	NON-GOVERNMENT MANAGED CARE	\$27,920,990	\$31,579,300	\$3,658,310	13%
8	WORKER'S COMPENSATION	\$4,919,579	\$5,123,319	\$203,740	4%
9	SELF- PAY/UNINSURED	\$37,435	\$21,594	(\$15,841)	-42%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$119,514,745	\$127,499,145	\$7,984,400	7%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$14,461,873	\$17,129,561	\$2,667,688	18%
2	MEDICARE MANAGED CARE	\$5,230,426	\$5,955,623	\$725,197	14%
3	MEDICAID	\$26,414,789	\$28,101,645	\$1,686,856	6%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$157,105	\$163,459	\$6,354	4%
6	COMMERCIAL INSURANCE	\$2,113,427	\$2,656,520	\$543,093	26%
7	NON-GOVERNMENT MANAGED CARE	\$38,004,442	\$41,501,265	\$3,496,823	9%
8	WORKER'S COMPENSATION	\$5,485,228	\$5,477,881	(\$7,347)	0%
9	SELF- PAY/UNINSURED	\$208,733	\$383,242	\$174,509	84%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$92,076,023	\$101,369,196	\$9,293,173	10%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$66,625,192	\$70,146,397	\$3,521,205	5%
2	MEDICARE MANAGED CARE	\$16,505,486	\$19,872,865	\$3,367,379	20%
3	MEDICAID	\$48,093,069	\$50,013,341	\$1,920,272	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$253,826	\$226,220	(\$27,606)	-11%
6	COMMERCIAL INSURANCE	\$3,536,788	\$4,522,917	\$986,129	28%
7	NON-GOVERNMENT MANAGED CARE	\$65,925,432	\$73,080,565	\$7,155,133	11%
8	WORKER'S COMPENSATION	\$10,404,807	\$10,601,200	\$196,393	2%
9	SELF- PAY/UNINSURED	\$246,168	\$404,836	\$158,668	64%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$211,590,768	\$228,868,341	\$17,277,573	8%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	4,045	3,845	(200)	-5%
2	MEDICARE MANAGED CARE	1,008	1,224	216	21%
3	MEDICAID	3,345	3,568	223	7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	25	21	(4)	-16%
6	COMMERCIAL INSURANCE	175	141	(34)	-19%
7	NON-GOVERNMENT MANAGED CARE	2,798	2,577	(221)	-8%
8	WORKER'S COMPENSATION	155	151	(4)	-3%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	178	115	(63)	-35%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	11,729	11,642	(87)	-1%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	21,351	20,159	(1,192)	-6%
2	MEDICARE MANAGED CARE	5,259	6,077	818	16%
3	MEDICAID	12,946	13,442	496	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	72	49	(23)	-32%
6	COMMERCIAL INSURANCE	601	652	51	8%
7	NON-GOVERNMENT MANAGED CARE	10,630	9,771	(859)	-8%
8	WORKER'S COMPENSATION	445	385	(60)	-13%
9	SELF- PAY/UNINSURED	529	389	(140)	-26%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	51,833	50,924	(909)	-2%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	45,771	47,214	1,443	3%
2	MEDICARE MANAGED CARE	16,485	18,330	1,845	11%
3	MEDICAID	63,839	68,805	4,966	8%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	436	410	(26)	-6%
6	COMMERCIAL INSURANCE	5,218	4,974	(244)	-5%
7	NON-GOVERNMENT MANAGED CARE	73,998	72,743	(1,255)	-2%
8	WORKER'S COMPENSATION	2,941	2,775	(166)	-6%
9	SELF- PAY/UNINSURED	9,232	6,487	(2,745)	-30%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	217,920	221,738	3,818	2%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$16,040,513	\$18,030,000	\$1,989,487	12%
2	MEDICARE MANAGED CARE	\$4,385,560	\$5,400,000	\$1,014,440	23%
3	MEDICAID	\$57,819,476	\$70,550,000	\$12,730,524	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$232,413	\$230,000	(\$2,413)	-1%
6	COMMERCIAL INSURANCE	\$3,691,450	\$2,480,000	(\$1,211,450)	-33%
7	NON-GOVERNMENT MANAGED CARE	\$20,540,384	\$22,400,000	\$1,859,616	9%
8	WORKER'S COMPENSATION	\$1,315,491	\$1,440,000	\$124,509	9%
9	SELF- PAY/UNINSURED	\$8,759,076	\$6,900,000	(\$1,859,076)	-21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$112,784,363	\$127,430,000	\$14,645,637	13%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$2,516,398	\$2,940,000	\$423,602	17%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$784,045	\$975,000	\$190,955	24%
3	MEDICAID	\$9,182,305	\$10,200,000	\$1,017,695	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$38,427	\$35,000	(\$3,427)	-9%
6	COMMERCIAL INSURANCE	\$679,023	\$700,000	\$20,977	3%
7	NON-GOVERNMENT MANAGED CARE	\$6,265,200	\$6,575,000	\$309,800	5%
8	WORKER'S COMPENSATION	\$725,944	\$880,000	\$154,056	21%
9	SELF- PAY/UNINSURED	\$105,459	\$75,000	(\$30,459)	-29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$20,296,801	\$22,380,000	\$2,083,199	10%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	7,325	7,194	(131)	-2%
2	MEDICARE MANAGED CARE	1,903	2,198	295	16%
3	MEDICAID	34,306	36,469	2,163	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	140	131	(9)	-6%
6	COMMERCIAL INSURANCE	1,807	1,539	(268)	-15%
7	NON-GOVERNMENT MANAGED CARE	10,376	10,222	(154)	-1%
8	WORKER'S COMPENSATION	864	849	(15)	-2%
9	SELF- PAY/UNINSURED	5,282	3,733	(1,549)	-29%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	62,003	62,335	332	1%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$28,956,807	\$32,118,192	\$3,161,385	11%
2	Physician Salaries	\$3,289,143	\$3,880,024	\$590,881	18%
3	Non-Nursing, Non-Physician Salaries	\$51,910,300	\$49,351,637	(\$2,558,663)	-5%
	Total Salaries & Wages	\$84,156,250	\$85,349,853	\$1,193,603	1%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$6,967,392	\$6,966,676	(\$716)	0%
2	Physician Fringe Benefits	\$1,124,776	\$1,070,317	(\$54,459)	-5%
3	Non-Nursing, Non-Physician Fringe Benefits	\$19,096,852	\$16,524,669	(\$2,572,183)	-13%
	Total Fringe Benefits	\$27,189,020	\$24,561,662	(\$2,627,358)	-10%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$5,267,664	\$5,874,170	\$606,506	12%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$5,267,664	\$5,874,170	\$606,506	12%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$27,775,245	\$27,961,334	\$186,089	1%
2	Pharmaceutical Costs	\$5,894,722	\$7,087,645	\$1,192,923	20%
	Total Medical Supplies and Pharmaceutical Cost	\$33,669,967	\$35,048,979	\$1,379,012	4%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$3,696,791	\$3,666,553	(\$30,238)	-1%
2	Depreciation-Equipment	\$5,492,746	\$6,221,284	\$728,538	13%
3	Amortization	\$55,616	\$51,285	(\$4,331)	-8%
	Total Depreciation and Amortization	\$9,245,153	\$9,939,122	\$693,969	8%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$1,471,201	\$1,353,274	(\$117,927)	-8%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$12,792,515	\$5,454,971	(\$7,337,544)	-57%
I.	<u>Utilities:</u>				
1	Water	\$167,012	\$196,260	\$29,248	18%
2	Natural Gas	\$962,237	\$1,267,431	\$305,194	32%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,830,517	\$1,730,197	(\$100,320)	-5%
5	Telephone	\$635,194	\$731,330	\$96,136	15%
6	Other Utilities	\$162,365	\$180,209	\$17,844	11%
	Total Utilities	\$3,757,325	\$4,105,427	\$348,102	9%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$237,442	\$270,562	\$33,120	14%
2	Legal Fees	\$1,488,530	\$1,588,789	\$100,259	7%
3	Consulting Fees	\$3,757,021	\$2,295,360	(\$1,461,661)	-39%
4	Dues and Membership	\$757,083	\$829,595	\$72,512	10%
5	Equipment Leases	\$0	\$0	\$0	0%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$6,083,065	\$7,170,538	\$1,087,473	18%
8	Insurance	\$447,002	\$423,585	(\$23,417)	-5%
9	Travel	\$286,217	\$198,186	(\$88,031)	-31%
10	Conferences	\$0	\$0	\$0	0%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$2,868,764	\$2,883,823	\$15,059	1%
13	Licenses and Subscriptions	\$0	\$0	\$0	0%
14	Postage and Shipping	\$142,514	\$136,878	(\$5,636)	-4%
15	Advertising	\$452,307	\$383,161	(\$69,146)	-15%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$743,559	\$1,454,802	\$711,243	96%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$0	\$0	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$0	\$0	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$394,010	\$312,531	(\$81,479)	-21%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$16,540,910	\$24,508,122	\$7,967,212	48%
28	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$34,198,424	\$42,455,932	\$8,257,508	24%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$10,167,858	\$13,083,348	\$2,915,490	29%
	Total Operating Expenses - All Expense Categories*	\$221,915,377	\$227,226,738	\$5,311,361	2%
	*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	\$29,266,914	\$23,445,911	(\$5,821,003)	-20%
2	General Accounting	\$1,029,566	\$1,133,502	\$103,936	10%
3	Patient Billing & Collection	\$2,485,993	\$4,911,176	\$2,425,183	98%
4	Admitting / Registration Office	\$1,647,774	\$2,129,187	\$481,413	29%
5	Data Processing	\$8,487,861	\$10,439,903	\$1,952,042	23%
6	Communications	\$676,302	\$543,419	(\$132,883)	-20%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$1,244,437	\$1,384,586	\$140,149	11%
9	Purchasing	\$2,750,842	\$2,772,404	\$21,562	1%
10	Dietary and Cafeteria	\$3,745,523	\$3,851,800	\$106,277	3%
11	Housekeeping	\$2,469,753	\$2,592,221	\$122,468	5%
12	Laundry & Linen	\$3,802,980	\$3,984,269	\$181,289	5%
13	Operation of Plant	\$5,690,632	\$5,803,090	\$112,458	2%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$2,343,646	\$2,900,434	\$556,788	24%
16	Central Sterile Supply	\$538,810	\$567,362	\$28,552	5%
17	Pharmacy Department	\$7,244,776	\$7,789,076	\$544,300	8%
18	Other General Services	\$39,115,048	\$37,631,451	(\$1,483,597)	-4%
	Total General Services	\$112,540,857	\$111,879,791	(\$661,066)	-1%
B.	Professional Services:				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$4,748,379	\$5,553,277	\$804,898	17%
3	Nursing Services Administration	\$1,459,508	\$1,163,716	(\$295,792)	-20%
4	Medical Records	\$2,560,203	\$4,722,684	\$2,162,481	84%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$2,482,202	\$2,489,793	\$7,591	0%
	Total Professional Services	\$11,250,292	\$13,929,470	\$2,679,178	24%
C.	Special Services:				

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$17,845,658	\$18,378,395	\$532,737	3%
2	Recovery Room	\$720,190	\$721,662	\$1,472	0%
3	Anesthesiology	\$1,072,022	\$1,183,207	\$111,185	10%
4	Delivery Room	\$3,538,581	\$3,636,382	\$97,801	3%
5	Diagnostic Radiology	\$4,049,234	\$3,881,563	(\$167,671)	-4%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$1,656	\$0	(\$1,656)	-100%
8	Radioisotopes	\$602,204	\$517,861	(\$84,343)	-14%
9	CT Scan	\$851,809	\$841,630	(\$10,179)	-1%
10	Laboratory	\$9,462,543	\$9,978,216	\$515,673	5%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$4,300,885	\$4,000,772	(\$300,113)	-7%
13	Electrocardiology	\$1,072,978	\$694,502	(\$378,476)	-35%
14	Electroencephalography	\$778,563	\$704,131	(\$74,432)	-10%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,408,788	\$1,390,412	(\$18,376)	-1%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$253,033	\$266,827	\$13,794	5%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$383,198	\$361,844	(\$21,354)	-6%
24	Emergency Room	\$10,382,413	\$11,257,986	\$875,573	8%
25	MRI	\$704,851	\$1,120,317	\$415,466	59%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,691,911	\$1,755,562	\$63,651	4%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$59,120,517	\$60,691,269	\$1,570,752	3%
	D. Routine Services:				
1	Medical & Surgical Units	\$16,888,053	\$17,042,160	\$154,107	1%
2	Intensive Care Unit	\$3,797,540	\$3,691,234	(\$106,306)	-3%
3	Coronary Care Unit	\$1,266,963	\$1,210,821	(\$56,142)	-4%
4	Psychiatric Unit	\$1,393,935	\$1,498,094	\$104,159	7%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,444,546	\$1,526,434	\$81,888	6%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$9,985,986	\$9,715,470	(\$270,516)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$3,441,631	\$4,924,121	\$1,482,490	43%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$38,218,654	\$39,608,334	\$1,389,680	4%
	E. Other Departments:				
1	Miscellaneous Other Departments	\$785,057	\$1,117,874	\$332,817	42%
	Total Operating Expenses - All Departments*	\$221,915,377	\$227,226,738	\$5,311,361	2%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$225,742,944	\$227,491,163	\$238,729,196
2	Other Operating Revenue	5,263,891	5,912,911	8,705,634
3	Total Operating Revenue	\$231,006,835	\$233,404,074	\$247,434,830
4	Total Operating Expenses	218,384,632	221,915,377	227,226,738
5	Income/(Loss) From Operations	\$12,622,203	\$11,488,697	\$20,208,092
6	Total Non-Operating Revenue	2,413,724	6,947,833	5,016,722
7	Excess/(Deficiency) of Revenue Over Expenses	\$15,035,927	\$18,436,530	\$25,224,814
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	5.41%	4.78%	8.00%
2	Hospital Non Operating Margin	1.03%	2.89%	1.99%
3	Hospital Total Margin	6.44%	7.67%	9.99%
4	Income/(Loss) From Operations	\$12,622,203	\$11,488,697	\$20,208,092
5	Total Operating Revenue	\$231,006,835	\$233,404,074	\$247,434,830
6	Total Non-Operating Revenue	\$2,413,724	\$6,947,833	\$5,016,722
7	Total Revenue	\$233,420,559	\$240,351,907	\$252,451,552
8	Excess/(Deficiency) of Revenue Over Expenses	\$15,035,927	\$18,436,530	\$25,224,814
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$72,000	\$31,173,000	\$27,668,000
2	Hospital Total Net Assets	\$17,924,000	\$49,697,000	\$46,764,000
3	Hospital Change in Total Net Assets	\$4,297,829	\$31,773,000	(\$2,933,000)
4	Hospital Change in Total Net Assets %	131.5%	177.3%	-5.9%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.38	0.37	0.34
2	Total Operating Expenses	\$218,384,632	\$221,915,377	\$227,226,738
3	Total Gross Revenue	\$568,562,940	\$598,602,640	\$663,968,691
4	Total Other Operating Revenue	\$7,571,760	\$5,912,911	\$8,705,634
5	<u>Private Payment to Cost Ratio</u>	1.13	1.10	1.21
6	Total Non-Government Payments	\$85,486,463	\$80,113,195	\$88,609,518
7	Total Uninsured Payments	\$520,059	\$246,168	\$404,836
8	Total Non-Government Charges	\$210,325,531	\$211,127,757	\$226,835,968
9	Total Uninsured Charges	\$11,405,477	\$12,564,167	\$11,377,423
10	<u>Medicare Payment to Cost Ratio</u>	1.00	0.98	1.04
11	Total Medicare Payments	\$85,079,847	\$83,130,678	\$90,019,262
12	Total Medicare Charges	\$223,692,067	\$230,183,969	\$256,860,682
13	<u>Medicaid Payment to Cost Ratio</u>	0.76	0.84	0.83
14	Total Medicaid Payments	\$38,705,516	\$48,093,069	\$50,013,341
15	Total Medicaid Charges	\$133,751,430	\$156,313,675	\$179,300,134
16	<u>Uncompensated Care Cost</u>	\$4,126,132	\$4,521,847	\$3,706,497
17	Charity Care	\$384,059	\$248,631	\$894,442
18	Bad Debts	\$10,501,359	\$12,069,248	\$10,078,145
19	Total Uncompensated Care	\$10,885,418	\$12,317,879	\$10,972,587
20	<u>Uncompensated Care % of Total Expenses</u>	1.9%	2.0%	1.6%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$218,384,632	\$221,915,377	\$227,226,738
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2	1	2
2	Total Current Assets	\$60,402,000	\$62,013,000	\$58,696,000
3	Total Current Liabilities	\$38,227,000	\$45,481,000	\$37,647,000
4	<u>Days Cash on Hand</u>	38	48	41
5	Cash and Cash Equivalents	\$21,808,000	\$28,153,000	\$24,610,000
6	Short Term Investments	38,000	29,000	17,000
7	Total Cash and Short Term Investments	\$21,846,000	\$28,182,000	\$24,627,000
8	Total Operating Expenses	\$218,384,632	\$221,915,377	\$227,226,738
9	Depreciation Expense	\$8,637,599	\$9,245,153	\$9,939,122
10	Operating Expenses less Depreciation Expense	\$209,747,033	\$212,670,224	\$217,287,616
11	<u>Days Revenue in Patient Accounts Receivable</u>	40	36	40
12	Net Patient Accounts Receivable	\$31,789,000	\$28,777,000	\$26,816,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$7,007,000	\$6,035,000	\$783,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$24,782,000	\$22,742,000	\$26,033,000
16	Total Net Patient Revenue	\$225,742,944	\$227,491,163	\$238,729,196
17	<u>Average Payment Period</u>	67	78	63
18	Total Current Liabilities	\$38,227,000	\$45,481,000	\$37,647,000
19	Total Operating Expenses	\$218,384,632	\$221,915,377	\$227,226,738
20	Depreciation Expense	\$8,637,599	\$9,245,153	\$9,939,122

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
21	Total Operating Expenses less Depreciation Expense	\$209,747,033	\$212,670,224	\$217,287,616
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	10.5	26.5	25.0
2	Total Net Assets	\$17,924,000	\$49,697,000	\$46,764,000
3	Total Assets	\$170,223,000	\$187,263,000	\$187,153,000
4	<u>Cash Flow to Total Debt Ratio</u>	39.7	42.3	63.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$15,035,927	\$18,436,530	\$25,224,814
6	Depreciation Expense	\$8,637,599	\$9,245,153	\$9,939,122
7	Excess of Revenues Over Expenses and Depreciation Expense	\$23,673,526	\$27,681,683	\$35,163,936
8	Total Current Liabilities	\$38,227,000	\$45,481,000	\$37,647,000
9	Total Long Term Debt	\$21,341,000	\$19,892,000	\$17,818,000
10	Total Current Liabilities and Total Long Term Debt	\$59,568,000	\$65,373,000	\$55,465,000
11	<u>Long Term Debt to Capitalization Ratio</u>	54.4	28.6	27.6
12	Total Long Term Debt	\$21,341,000	\$19,892,000	\$17,818,000
13	Total Net Assets	\$17,924,000	\$49,697,000	\$46,764,000
14	Total Long Term Debt and Total Net Assets	\$39,265,000	\$69,589,000	\$64,582,000
15	<u>Debt Service Coverage Ratio</u>	6.4	9.2	9.5
16	Excess Revenues over Expenses	15,035,927	\$18,436,530	\$25,224,814
17	Interest Expense	1,616,544	\$1,471,201	\$1,353,274
18	Depreciation and Amortization Expense	8,637,599	\$9,245,153	\$9,939,122
19	Principal Payments	2,310,000	\$1,705,000	\$2,490,000
G. <u>Other Financial Ratios</u>				

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
20	Average Age of Plant	12.9	13.0	13.0
21	Accumulated Depreciation	111,555,000	119,872,000	129,200,000
22	Depreciation and Amortization Expense	8,637,599	9,245,153	9,939,122
H. Utilization Measures Summary				
1	Patient Days	51,556	51,833	50,924
2	Discharges	12,078	11,729	11,642
3	ALOS	4.3	4.4	4.4
4	Staffed Beds	182	182	182
5	Available Beds	-	182	182
6	Licensed Beds	182	379	379
7	Occupancy of Staffed Beds	77.6%	78.0%	76.7%
8	Occupancy of Available Beds	77.6%	78.0%	76.7%
9	Full Time Equivalent Employees	1,355.2	1,355.2	1,315.4
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	35.0%	33.2%	32.5%
2	Medicare Gross Revenue Payer Mix Percentage	39.3%	38.5%	38.7%
3	Medicaid Gross Revenue Payer Mix Percentage	23.5%	26.1%	27.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.0%	2.1%	1.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$198,920,054	\$198,563,590	\$215,458,545
9	Medicare Gross Revenue (Charges)	\$223,692,067	\$230,183,969	\$256,860,682
10	Medicaid Gross Revenue (Charges)	\$133,751,430	\$156,313,675	\$179,300,134
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$11,405,477	\$12,564,167	\$11,377,423
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$793,912	\$977,239	\$971,907
14	Total Gross Revenue (Charges)	\$568,562,940	\$598,602,640	\$663,968,691
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	40.6%	37.7%	38.5%
2	Medicare Net Revenue Payer Mix Percentage	40.6%	39.3%	39.3%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
3	Medicaid Net Revenue Payer Mix Percentage	18.5%	22.7%	21.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.1%	0.2%
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%
8	Non-Government Net Revenue (Payments)	\$84,966,404	\$79,867,027	\$88,204,682
9	Medicare Net Revenue (Payments)	\$85,079,847	\$83,130,678	\$90,019,262
10	Medicaid Net Revenue (Payments)	\$38,705,516	\$48,093,069	\$50,013,341
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$520,059	\$246,168	\$404,836
13	CHAMPUS / TRICARE Net Revenue Payments)	\$210,562	\$253,826	\$226,220
14	Total Net Revenue (Payments)	\$209,482,388	\$211,590,768	\$228,868,341
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,627	3,306	2,984
2	Medicare	5,198	5,053	5,069
3	Medical Assistance	3,231	3,345	3,568
4	Medicaid	3,231	3,345	3,568
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	22	25	21
7	Uninsured (Included In Non-Government)	170	178	115
8	Total	12,078	11,729	11,642
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.21720	1.19740	1.32120
2	Medicare	1.50080	1.49895	1.55860
3	Medical Assistance	1.00640	1.04397	1.02330
4	Medicaid	1.00640	1.04397	1.02330
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.63800	0.73607	0.74590
7	Uninsured (Included In Non-Government)	1.01390	0.93112	1.17280
8	Total Case Mix Index	1.28181	1.28257	1.33223
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	7,851	7,991	7,886
2	Emergency Room - Treated and Discharged	62,968	62,003	62,335
3	Total Emergency Room Visits	70,819	69,994	70,221

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$1,196,623	\$197,697	(\$998,926)	-83%
2	Inpatient Payments	\$442,378	\$98,447	(\$343,931)	-78%
3	Outpatient Charges	\$775,807	\$285,673	(\$490,134)	-63%
4	Outpatient Payments	\$172,585	\$71,762	(\$100,823)	-58%
5	Discharges	34	9	(25)	-74%
6	Patient Days	166	27	(139)	-84%
7	Outpatient Visits (Excludes ED Visits)	455	175	(280)	-62%
8	Emergency Department Outpatient Visits	49	9	(40)	-82%
9	Emergency Department Inpatient Admissions	27	9	(18)	-67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,972,430	\$483,370	(\$1,489,060)	-75%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$614,963	\$170,209	(\$444,754)	-72%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$5,878,225	\$8,711,983	\$2,833,758	48%
2	Inpatient Payments	\$2,342,344	\$3,293,662	\$951,318	41%
3	Outpatient Charges	\$5,756,401	\$7,085,666	\$1,329,265	23%
4	Outpatient Payments	\$1,377,395	\$1,588,790	\$211,395	15%
5	Discharges	202	286	84	42%
6	Patient Days	1,004	1,332	328	33%
7	Outpatient Visits (Excludes ED Visits)	3,563	4,237	674	19%
8	Emergency Department Outpatient Visits	318	351	33	10%
9	Emergency Department Inpatient Admissions	170	228	58	34%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,634,626	\$15,797,649	\$4,163,023	36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,719,739	\$4,882,452	\$1,162,713	31%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$9,884,355	\$0	(\$9,884,355)	-100%
2	Inpatient Payments	\$4,008,826	\$0	(\$4,008,826)	-100%
3	Outpatient Charges	\$7,681,733	\$0	(\$7,681,733)	-100%
4	Outpatient Payments	\$1,740,468	\$0	(\$1,740,468)	-100%
5	Discharges	360	0	(360)	-100%
6	Patient Days	1,837	0	(1,837)	-100%
7	Outpatient Visits (Excludes ED Visits)	5,117	0	(5,117)	-100%
8	Emergency Department Outpatient Visits	478	0	(478)	-100%
9	Emergency Department Inpatient Admissions	292	0	(292)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,566,088	\$0	(\$17,566,088)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,749,294	\$0	(\$5,749,294)	-100%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$601,176	\$888,887	\$287,711	48%
2	Inpatient Payments	\$261,631	\$306,761	\$45,130	17%
3	Outpatient Charges	\$278,697	\$472,643	\$193,946	70%
4	Outpatient Payments	\$65,096	\$92,741	\$27,645	42%
5	Discharges	19	20	1	5%
6	Patient Days	134	132	(2)	-1%
7	Outpatient Visits (Excludes ED Visits)	142	220	78	55%
8	Emergency Department Outpatient Visits	63	77	14	22%
9	Emergency Department Inpatient Admissions	18	19	1	6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$879,873	\$1,361,530	\$481,657	55%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$326,727	\$399,502	\$72,775	22%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$2,297,387	\$582,197	(\$1,715,190)	-75%
2	Inpatient Payments	\$858,337	\$255,394	(\$602,943)	-70%
3	Outpatient Charges	\$1,410,423	\$498,244	(\$912,179)	-65%
4	Outpatient Payments	\$269,125	\$83,967	(\$185,158)	-69%
5	Discharges	74	27	(47)	-64%
6	Patient Days	376	120	(256)	-68%
7	Outpatient Visits (Excludes ED Visits)	1,084	418	(666)	-61%
8	Emergency Department Outpatient Visits	131	53	(78)	-60%
9	Emergency Department Inpatient Admissions	69	23	(46)	-67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,707,810	\$1,080,441	(\$2,627,369)	-71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,127,462	\$339,361	(\$788,101)	-70%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$1,133,227	\$11,267,765	\$10,134,538	894%
2	Inpatient Payments	\$430,019	\$4,396,905	\$3,966,886	922%
3	Outpatient Charges	\$848,009	\$8,472,117	\$7,624,108	899%
4	Outpatient Payments	\$165,729	\$1,691,660	\$1,525,931	921%
5	Discharges	37	397	360	973%
6	Patient Days	188	2,003	1,815	965%
7	Outpatient Visits (Excludes ED Visits)	507	4,941	4,434	875%
8	Emergency Department Outpatient Visits	113	578	465	412%
9	Emergency Department Inpatient Admissions	29	359	330	1138%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,981,236	\$19,739,882	\$17,758,646	896%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$595,748	\$6,088,565	\$5,492,817	922%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$3,554,052	\$6,306,361	\$2,752,309	77%
2	Inpatient Payments	\$1,564,012	\$2,339,564	\$775,552	50%
3	Outpatient Charges	\$3,742,606	\$4,779,676	\$1,037,070	28%
4	Outpatient Payments	\$719,617	\$884,696	\$165,079	23%
5	Discharges	150	212	62	41%
6	Patient Days	798	1,076	278	35%
7	Outpatient Visits (Excludes ED Visits)	1,806	2,199	393	22%
8	Emergency Department Outpatient Visits	589	766	177	30%
9	Emergency Department Inpatient Admissions	145	191	46	32%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,296,658	\$11,086,037	\$3,789,379	52%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,283,629	\$3,224,260	\$940,631	41%
I. AETNA					
1	Inpatient Charges	\$3,477,867	\$8,538,005	\$5,060,138	145%
2	Inpatient Payments	\$1,367,513	\$3,226,509	\$1,858,996	136%
3	Outpatient Charges	\$2,879,132	\$7,116,072	\$4,236,940	147%
4	Outpatient Payments	\$720,411	\$1,542,007	\$821,596	114%
5	Discharges	132	273	141	107%
6	Patient Days	756	1,387	631	83%
7	Outpatient Visits (Excludes ED Visits)	1,908	3,942	2,034	107%
8	Emergency Department Outpatient Visits	162	364	202	125%
9	Emergency Department Inpatient Admissions	108	231	123	114%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,356,999	\$15,654,077	\$9,297,078	146%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,087,924	\$4,768,516	\$2,680,592	128%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$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 MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$28,022,912	\$36,492,895	\$8,469,983	30%
	TOTAL INPATIENT PAYMENTS	\$11,275,060	\$13,917,242	\$2,642,182	23%
	TOTAL OUTPATIENT CHARGES	\$23,372,808	\$28,710,091	\$5,337,283	23%
	TOTAL OUTPATIENT PAYMENTS	\$5,230,426	\$5,955,623	\$725,197	14%
	TOTAL DISCHARGES	1,008	1,224	216	21%
	TOTAL PATIENT DAYS	5,259	6,077	818	16%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	14,582	16,132	1,550	11%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,903	2,198	295	16%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	858	1,060	202	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$51,395,720	\$65,202,986	\$13,807,266	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$16,505,486	\$19,872,865	\$3,367,379	20%

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

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

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

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

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

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

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$29,939,000	\$26,866,000	(\$3,073,000)	-10%
2	Short Term Investments	\$29,000	\$17,000	(\$12,000)	-41%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$30,768,000	\$30,238,000	(\$530,000)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	\$8,039,000	\$5,948,000	(\$2,091,000)	-26%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,461,000	\$3,886,000	\$1,425,000	58%
8	Prepaid Expenses	\$1,813,000	\$2,383,000	\$570,000	31%
9	Other Current Assets	\$560,000	\$854,000	\$294,000	53%
	Total Current Assets	\$73,609,000	\$70,192,000	(\$3,417,000)	-5%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$15,258,000	\$15,696,000	\$438,000	3%
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	\$27,926,000	\$39,417,000	\$11,491,000	41%
	Total Noncurrent Assets Whose Use is Limited:	\$43,184,000	\$55,113,000	\$11,929,000	28%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$22,365,000	\$24,966,000	\$2,601,000	12%
7	Other Noncurrent Assets	\$10,825,000	\$10,368,000	(\$457,000)	-4%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$192,346,000	\$200,746,000	\$8,400,000	4%
2	Less: Accumulated Depreciation	\$127,394,000	\$137,372,000	\$9,978,000	\$0
	Property, Plant and Equipment, Net	\$64,952,000	\$63,374,000	(\$1,578,000)	-2%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$64,952,000	\$63,374,000	(\$1,578,000)	-2%
	Total Assets	\$214,935,000	\$224,013,000	\$9,078,000	4%

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$20,985,000	\$17,369,000	(\$3,616,000)	-17%
2	Salaries, Wages and Payroll Taxes	\$4,734,000	\$5,643,000	\$909,000	19%
3	Due To Third Party Payers	\$6,035,000	\$783,000	(\$5,252,000)	-87%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,490,000	\$2,509,000	\$19,000	1%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$16,486,000	\$14,308,000	(\$2,178,000)	-13%
	Total Current Liabilities	\$50,730,000	\$40,612,000	(\$10,118,000)	-20%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$20,374,000	\$17,891,000	(\$2,483,000)	-12%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$20,374,000	\$17,891,000	(\$2,483,000)	-12%
3	Accrued Pension Liability	\$58,823,000	\$72,182,000	\$13,359,000	23%
4	Other Long Term Liabilities	\$32,080,000	\$41,337,000	\$9,257,000	29%
	Total Long Term Liabilities	\$111,277,000	\$131,410,000	\$20,133,000	18%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$302,000	\$370,000	\$68,000	23%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$34,102,000	\$32,525,000	(\$1,577,000)	-5%
2	Temporarily Restricted Net Assets	\$2,269,000	\$2,415,000	\$146,000	6%
3	Permanently Restricted Net Assets	\$16,255,000	\$16,681,000	\$426,000	3%
	Total Net Assets	\$52,626,000	\$51,621,000	(\$1,005,000)	-2%
	Total Liabilities and Net Assets	\$214,935,000	\$224,013,000	\$9,078,000	4%

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013 ACTUAL</u>	<u>FY 2014 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. <u>Operating Revenue:</u>					
1	Total Gross Patient Revenue	\$670,163,000	\$733,919,000	\$63,756,000	10%
2	Less: Allowances	\$401,170,000	\$454,404,000	\$53,234,000	13%
3	Less: Charity Care	\$94,000	\$328,000	\$234,000	249%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$268,899,000	\$279,187,000	\$10,288,000	4%
5	Provision for Bad Debts	\$12,878,000	\$11,100,000	(\$1,778,000)	-14%
	Net Patient Service Revenue less provision for bad debts	\$256,021,000	\$268,087,000	\$12,066,000	5%
6	Other Operating Revenue	\$7,864,000	\$10,774,000	\$2,910,000	37%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$263,885,000	\$278,861,000	\$14,976,000	6%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$108,933,000	\$113,553,000	\$4,620,000	4%
2	Fringe Benefits	\$31,305,000	\$28,631,000	(\$2,674,000)	-9%
3	Physicians Fees	\$10,714,000	\$8,659,000	(\$2,055,000)	-19%
4	Supplies and Drugs	\$34,643,000	\$36,800,000	\$2,157,000	6%
5	Depreciation and Amortization	\$10,052,000	\$10,529,000	\$477,000	5%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,598,000	\$1,438,000	(\$160,000)	-10%
8	Malpractice Insurance Cost	\$12,425,000	\$6,148,000	(\$6,277,000)	-51%
9	Other Operating Expenses	\$45,534,000	\$63,957,000	\$18,423,000	40%
	Total Operating Expenses	\$255,204,000	\$269,715,000	\$14,511,000	6%
	Income/(Loss) From Operations	\$8,681,000	\$9,146,000	\$465,000	5%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$2,390,000	\$3,824,000	\$1,434,000	60%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$632,000)	(\$140,000)	\$492,000	-78%
	Total Non-Operating Revenue	\$1,758,000	\$3,684,000	\$1,926,000	110%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$10,439,000	\$12,830,000	\$2,391,000	23%
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	\$10,439,000	\$12,830,000	\$2,391,000	23%

SAINT MARY'S HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$259,820,000	\$256,021,000	\$268,087,000
2	Other Operating Revenue	6,695,000	7,864,000	10,774,000
3	Total Operating Revenue	\$266,515,000	\$263,885,000	\$278,861,000
4	Total Operating Expenses	261,980,000	255,204,000	269,715,000
5	Income/(Loss) From Operations	\$4,535,000	\$8,681,000	\$9,146,000
6	Total Non-Operating Revenue	2,620,000	1,758,000	3,684,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,155,000	\$10,439,000	\$12,830,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	1.69%	3.27%	3.24%
2	Parent Corporation Non-Operating Margin	0.97%	0.66%	1.30%
3	Parent Corporation Total Margin	2.66%	3.93%	4.54%
4	Income/(Loss) From Operations	\$4,535,000	\$8,681,000	\$9,146,000
5	Total Operating Revenue	\$266,515,000	\$263,885,000	\$278,861,000
6	Total Non-Operating Revenue	\$2,620,000	\$1,758,000	\$3,684,000
7	Total Revenue	\$269,135,000	\$265,643,000	\$282,545,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,155,000	\$10,439,000	\$12,830,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$2,333,000	\$34,102,000	\$32,525,000
2	Parent Corporation Total Net Assets	\$20,185,000	\$52,626,000	\$51,621,000
3	Parent Corporation Change in Total Net Assets	\$6,092,000	\$32,441,000	(\$1,005,000)
4	Parent Corporation Change in Total Net Assets %	143.2%	160.7%	-1.9%

SAINT MARY'S HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2012</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.43	1.45	1.73
2	Total Current Assets	\$69,404,000	\$73,609,000	\$70,192,000
3	Total Current Liabilities	\$48,518,000	\$50,730,000	\$40,612,000
4	<u>Days Cash on Hand</u>	34	45	38
5	Cash and Cash Equivalents	\$23,689,000	\$29,939,000	\$26,866,000
6	Short Term Investments	\$38,000	\$29,000	\$17,000
7	Total Cash and Short Term Investments	\$23,727,000	\$29,968,000	\$26,883,000
8	Total Operating Expenses	\$261,980,000	\$255,204,000	\$269,715,000
9	Depreciation Expense	\$9,549,000	\$10,052,000	\$10,529,000
10	Operating Expenses less Depreciation Expense	\$252,431,000	\$245,152,000	\$259,186,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	38	35	40
12	Net Patient Accounts Receivable	\$ 34,085,000	\$ 30,768,000	\$ 30,238,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$7,007,000	\$6,035,000	\$783,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 27,078,000	\$ 24,733,000	\$ 29,455,000
16	Total Net Patient Revenue	\$259,820,000	\$256,021,000	\$268,087,000
17	<u>Average Payment Period</u>	70	76	57
18	Total Current Liabilities	\$48,518,000	\$50,730,000	\$40,612,000
19	Total Operating Expenses	\$261,980,000	\$255,204,000	\$269,715,000
20	Depreciation Expense	\$9,549,000	\$10,052,000	\$10,529,000
20	Total Operating Expenses less Depreciation Expense	\$252,431,000	\$245,152,000	\$259,186,000

SAINT MARY'S HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	10.1	24.5	23.0
2	Total Net Assets	\$20,185,000	\$52,626,000	\$51,621,000
3	Total Assets	\$199,707,000	\$214,935,000	\$224,013,000
4	<u>Cash Flow to Total Debt Ratio</u>	23.6	28.8	39.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,155,000	\$10,439,000	\$12,830,000
6	Depreciation Expense	\$9,549,000	\$10,052,000	\$10,529,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$16,704,000	\$20,491,000	\$23,359,000
8	Total Current Liabilities	\$48,518,000	\$50,730,000	\$40,612,000
9	Total Long Term Debt	\$22,302,000	\$20,374,000	\$17,891,000
10	Total Current Liabilities and Total Long Term Debt	\$70,820,000	\$71,104,000	\$58,503,000
11	<u>Long Term Debt to Capitalization Ratio</u>	52.5	27.9	25.7
12	Total Long Term Debt	\$22,302,000	\$20,374,000	\$17,891,000
13	Total Net Assets	\$20,185,000	\$52,626,000	\$51,621,000
14	Total Long Term Debt and Total Net Assets	\$42,487,000	\$73,000,000	\$69,512,000

SAINT MARY'S HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	36,500	8,842	9,003	122	122	82.0%	82.0%
2	ICU/CCU (Excludes Neonatal ICU)	4,163	1,272	0	16	16	71.3%	71.3%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,993	633	622	12	12	91.2%	91.2%
	TOTAL PSYCHIATRIC	3,993	633	622	12	12	91.2%	91.2%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,855	1,066	1,132	16	16	48.9%	48.9%
7	Newborn	2,173	955	1,017	11	11	54.1%	54.1%
8	Neonatal ICU	1,240	146	0	5	5	67.9%	67.9%
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	48,751	10,687	10,757	171	171	78.1%	78.1%
	TOTAL INPATIENT BED UTILIZATION	50,924	11,642	11,774	182	182	76.7%	76.7%
	TOTAL INPATIENT REPORTED YEAR	50,924	11,642	11,774	182	182	76.7%	76.7%
	TOTAL INPATIENT PRIOR YEAR	51,833	11,729	11,615	182	182	78.0%	78.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-909	-87	159	0	0	-1.4%	-1.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	-1%	1%	0%	0%	-2%	-2%
	Total Licensed Beds and Bassinets	379						
(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 MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	5,358	5,491	133	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,738	3,991	253	7%
3	Emergency Department Scans	8,316	8,664	348	4%
4	Other Non-Hospital Providers' Scans (A)	3,167	4,189	1,022	32%
	Total CT Scans	20,579	22,335	1,756	9%
B. MRI Scans (A)					
1	Inpatient Scans	1,117	1,253	136	12%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,939	2,408	469	24%
3	Emergency Department Scans	140	205	65	46%
4	Other Non-Hospital Providers' Scans (A)	10,041	8,666	-1,375	-14%
	Total MRI Scans	13,237	12,532	-705	-5%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	747	0	-747	-100%
	Total PET Scans	747	0	-747	-100%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	785	785	0%
	Total PET/CT Scans	0	785	785	0%
(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	0	0	0	0%
2	Outpatient Procedures	11,664	11,742	78	1%
	Total Linear Accelerator Procedures	11,664	11,742	78	1%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	563	421	-142	-25%
2	Outpatient Procedures	340	414	74	22%
	Total Cardiac Catheterization Procedures	903	835	-68	-8%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	342	284	-58	-17%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	342	284	-58	-17%
H. Electrophysiology Studies					
1	Inpatient Studies	116	119	3	3%
2	Outpatient Studies	87	95	8	9%
	Total Electrophysiology Studies	203	214	11	5%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,249	2,152	-97	-4%
2	Outpatient Surgical Procedures	7,888	8,041	153	2%
	Total Surgical Procedures	10,137	10,193	56	1%
J. Endoscopy Procedures					

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	335	564	229	68%
2	Outpatient Endoscopy Procedures	3,950	3,700	-250	-6%
	Total Endoscopy Procedures	4,285	4,264	-21	0%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	7,991	7,886	-105	-1%
2	Emergency Room Visits: Treated and Discharged	62,003	62,335	332	1%
	Total Emergency Room Visits	69,994	70,221	227	0%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	2,157	2,354	197	9%
2	Dental Clinic Visits	3,691	3,352	-339	-9%
3	Psychiatric Clinic Visits	2,558	2,999	441	17%
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	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	27,775	21,131	-6,644	-24%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	0	0	0	0%
	Total Hospital Clinic Visits	36,181	29,836	-6,345	-18%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	12,187	11,011	-1,176	-10%
2	Cardiac Rehabilitation	2,632	2,084	-548	-21%
3	Chemotherapy	154	131	-23	-15%
4	Gastroenterology	4,115	3,700	-415	-10%
5	Other Outpatient Visits	138,199	142,477	4,278	3%
	Total Other Hospital Outpatient Visits	157,287	159,403	2,116	1%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	347.3	373.1	25.8	7%
2	Total Physician FTEs	56.1	57.3	1.2	2%
3	Total Non-Nursing and Non-Physician FTEs	951.8	885.0	-66.8	-7%
	Total Hospital Full Time Equivalent Employees	1,355.2	1,315.4	-39.8	-3%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital	3,464	3,367	-97	-3%
2	Naugatuck Valley Surgical Center	4,424	4,674	250	6%
	Total Outpatient Surgical Procedures(A)	7,888	8,041	153	2%
B. Outpatient Endoscopy Procedures					
1	Hospital	0	0	0	0%
2	Naugatuck Valley Surgical Center	3,950	3,700	-250	-6%
	Total Outpatient Endoscopy Procedures(B)	3,950	3,700	-250	-6%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital	62,003	62,335	332	1%
	Total Outpatient Hospital Emergency Room Visits(C)	62,003	62,335	332	1%
(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 MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$136,828,081	\$148,284,057	\$11,455,976	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$63,438,379	\$66,934,078	\$3,495,699	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.36%	45.14%	-1.22%	-3%
4	DISCHARGES	5,053	5,069	16	0%
5	CASE MIX INDEX (CMI)	1.49895	1.55860	0.05965	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,574.19435	7,900.54340	326.34905	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,375.59	\$8,472.09	\$96.49	1%
8	PATIENT DAYS	26,610	26,236	(374)	-1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,384.01	\$2,551.23	\$167.23	7%
10	AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)	-2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$93,355,888	\$108,576,625	\$15,220,737	16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,692,299	\$23,085,184	\$3,392,885	17%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.09%	21.26%	0.17%	1%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	68.23%	73.22%	4.99%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,447.59130	3,711.62567	264.03437	8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,711.90	\$6,219.70	\$507.80	9%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$230,183,969	\$256,860,682	\$26,676,713	12%
18	TOTAL ACCRUED PAYMENTS	\$83,130,678	\$90,019,262	\$6,888,584	8%
19	TOTAL ALLOWANCES	\$147,053,291	\$166,841,420	\$19,788,129	13%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$70,498,050	\$76,196,512	\$5,698,462	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$34,301,365	\$38,590,610	\$4,289,245	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	48.66%	50.65%	1.99%	4%
4	DISCHARGES	3,306	2,984	(322)	-10%
5	CASE MIX INDEX (CMI)	1.19740	1.32120	0.12380	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,958.60440	3,942.46080	(16.14360)	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,665.01	\$9,788.46	\$1,123.44	13%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$289.42)	(\$1,316.37)	(\$1,026.95)	355%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,145,701)	(\$5,189,746)	(\$4,044,045)	353%
10	PATIENT DAYS	12,205	11,197	(1,008)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,810.44	\$3,446.51	\$636.08	23%
12	AVERAGE LENGTH OF STAY	3.7	3.8	0.1	2%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$140,629,707	\$150,639,456	\$10,009,749	7%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$45,811,830	\$50,018,908	\$4,207,078	9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.58%	33.20%	0.63%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	199.48%	197.70%	-1.78%	-1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,594.81803	5,899.32695	(695.49108)	-11%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,946.64	\$8,478.75	\$1,532.11	22%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$1,234.74)	(\$2,259.05)	(\$1,024.31)	83%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,142,885)	(\$13,326,887)	(\$5,184,002)	64%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$211,127,757	\$226,835,968	\$15,708,211	7%
22	TOTAL ACCRUED PAYMENTS	\$80,113,195	\$88,609,518	\$8,496,323	11%
23	TOTAL ALLOWANCES	\$131,014,562	\$138,226,450	\$7,211,888	6%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$9,288,585)	(\$18,516,632)	(\$9,228,047)	99%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$211,127,757	\$215,458,545	\$4,330,788	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$80,113,195	\$88,204,682	\$8,091,487	10%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,014,562	\$127,253,863	(\$3,760,699)	-3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	62.05%	59.06%	-2.99%	

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,787,877	\$1,781,260	(\$6,617)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,435	\$21,594	(\$15,841)	-42%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.09%	1.21%	-0.88%	-42%
4	DISCHARGES	178	115	(63)	-35%
5	CASE MIX INDEX (CMI)	0.93112	1.17280	0.24168	26%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	165.73936	134.87200	(30.86736)	-19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$225.87	\$160.11	(\$65.76)	-29%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,439.15	\$9,628.35	\$1,189.20	14%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,149.73	\$8,311.98	\$162.25	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,350,731	\$1,121,053	(\$229,678)	-17%
11	PATIENT DAYS	529	389	(140)	-26%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$70.77	\$55.51	(\$15.25)	-22%
13	AVERAGE LENGTH OF STAY	3.0	3.4	0.4	14%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,776,290	\$9,596,163	(\$1,180,127)	-11%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$208,733	\$383,242	\$174,509	84%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	1.94%	3.99%	2.06%	106%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	602.74%	538.73%	-64.01%	-11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,072.88120	619.53827	(453.34293)	-42%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$194.55	\$618.59	\$424.04	218%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$6,752.09	\$7,860.16	\$1,108.07	16%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,517.35	\$5,601.10	\$83.76	2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,919,458	\$3,470,098	(\$2,449,360)	-41%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$12,564,167	\$11,377,423	(\$1,186,744)	-9%
24	TOTAL ACCRUED PAYMENTS	\$246,168	\$404,836	\$158,668	64%
25	TOTAL ALLOWANCES	\$12,317,999	\$10,972,587	(\$1,345,412)	-11%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,270,188	\$4,591,151	(\$2,679,038)	-37%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$55,012,283	\$59,517,687	\$4,505,404	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,678,280	\$21,911,696	\$233,416	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.41%	36.82%	-2.59%	-7%
4	DISCHARGES	3,345	3,568	223	7%
5	CASE MIX INDEX (CMI)	1.04397	1.02330	(0.02067)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,492.07965	3,651.13440	159.05475	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,207.84	\$6,001.34	(\$206.50)	-3%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,457.17	\$3,787.12	\$1,329.95	54%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,167.75	\$2,470.75	\$302.99	14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,569,962	\$9,021,026	\$1,451,064	19%
11	PATIENT DAYS	12,946	13,442	496	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,674.52	\$1,630.09	(\$44.42)	-3%
13	AVERAGE LENGTH OF STAY	3.9	3.8	(0.1)	-3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$101,301,392	\$119,782,447	\$18,481,055	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,414,789	\$28,101,645	\$1,686,856	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.08%	23.46%	-2.61%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	184.14%	201.26%	17.11%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,159.59087	7,180.78596	1,021.19508	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,288.40	\$3,913.45	(\$374.95)	-9%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,658.24	\$4,565.30	\$1,907.06	72%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,423.50	\$2,306.25	\$882.75	62%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,768,182	\$16,560,662	\$7,792,480	89%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$156,313,675	\$179,300,134	\$22,986,459	15%
24	TOTAL ACCRUED PAYMENTS	\$48,093,069	\$50,013,341	\$1,920,272	4%
25	TOTAL ALLOWANCES	\$108,220,606	\$129,286,793	\$21,066,187	19%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,338,145	\$25,581,688	\$9,243,544	57%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$8,665.01	\$9,788.46	\$1,123.44	13%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,375.59	\$8,472.09	\$96.49	1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$6,946.64	\$8,478.75	\$1,532.11	22%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,711.90	\$6,219.70	\$507.80	9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$55,012,283	\$59,517,687	\$4,505,404	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,678,280	\$21,911,696	\$233,416	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.41%	36.82%	-2.59%	-7%
4	DISCHARGES	3,345	3,568	223	7%
5	CASE MIX INDEX (CMI)	1.04397	1.02330	(0.02067)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,492.07965	3,651.13440	159.05475	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,207.84	\$6,001.34	(\$206.50)	-3%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,457.17	\$3,787.12	\$1,329.95	54%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,167.75	\$2,470.75	\$302.99	14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,569,962	\$9,021,026	\$1,451,064	19%
11	PATIENT DAYS	12,946	13,442	496	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,674.52	\$1,630.09	(\$44.42)	-3%
13	AVERAGE LENGTH OF STAY	3.9	3.8	(0.1)	-3%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$101,301,392	\$119,782,447	\$18,481,055	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$26,414,789	\$28,101,645	\$1,686,856	6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.08%	23.46%	-2.61%	-10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	184.14%	201.26%	17.11%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,159.59087	7,180.78596	1,021.19508	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,288.40	\$3,913.45	(\$374.95)	-9%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,658.24	\$4,565.30	\$1,907.06	72%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,423.50	\$2,306.25	\$882.75	62%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,768,182	\$16,560,662	\$7,792,480	89%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$156,313,675	\$179,300,134	\$22,986,459	15%
24	TOTAL ACCRUED PAYMENTS	\$48,093,069	\$50,013,341	\$1,920,272	4%
25	TOTAL ALLOWANCES	\$108,220,606	\$129,286,793	\$21,066,187	19%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$337,073	\$208,043	(\$129,030)	-38%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$96,721	\$62,761	(\$33,960)	-35%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.69%	30.17%	1.47%	5%
4	DISCHARGES	25	21	(4)	-16%
5	CASE MIX INDEX (CMI)	0.73607	0.74590	0.00983	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	18.40175	15.66390	(2.73785)	-15%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,256.08	\$4,006.73	(\$1,249.35)	-24%
8	PATIENT DAYS	72	49	(23)	-32%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,343.35	\$1,280.84	(\$62.51)	-5%
10	AVERAGE LENGTH OF STAY	2.9	2.3	(0.5)	-19%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$640,166	\$763,864	\$123,698	19%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$157,105	\$163,459	\$6,354	4%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$977,239	\$971,907	(\$5,332)	-1%
14	TOTAL ACCRUED PAYMENTS	\$253,826	\$226,220	(\$27,606)	-11%
15	TOTAL ALLOWANCES	\$723,413	\$745,687	\$22,274	3%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$5,912,911	\$8,705,634	\$2,792,723	47%
2	TOTAL OPERATING EXPENSES	\$221,915,377	\$227,226,738	\$5,311,361	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$248,631	\$894,442	\$645,811	260%
5	BAD DEBTS (CHARGES)	\$12,069,248	\$10,078,145	(\$1,991,103)	-16%
6	UNCOMPENSATED CARE (CHARGES)	\$12,317,879	\$10,972,587	(\$1,345,292)	-11%
7	COST OF UNCOMPENSATED CARE	\$3,964,259	\$3,658,859	(\$305,400)	-8%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$156,313,675	\$179,300,134	\$22,986,459	15%
9	TOTAL ACCRUED PAYMENTS	\$48,093,069	\$50,013,341	\$1,920,272	4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$50,306,383	\$59,788,441	\$9,482,058	19%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,213,314	\$9,775,100	\$7,561,786	342%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$262,675,487	\$284,206,299	\$21,530,812	8%
2	TOTAL INPATIENT PAYMENTS	\$119,514,745	\$127,499,145	\$7,984,400	7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	45.50%	44.86%	-0.64%	-1%
4	TOTAL DISCHARGES	11,729	11,642	(87)	-1%
5	TOTAL CASE MIX INDEX	1.28257	1.33223	0.04966	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,043.28015	15,509.80250	466.52235	3%
7	TOTAL OUTPATIENT CHARGES	\$335,927,153	\$379,762,392	\$43,835,239	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	127.89%	133.62%	5.74%	4%
9	TOTAL OUTPATIENT PAYMENTS	\$92,076,023	\$101,369,196	\$9,293,173	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.41%	26.69%	-0.72%	-3%
11	TOTAL CHARGES	\$598,602,640	\$663,968,691	\$65,366,051	11%
12	TOTAL PAYMENTS	\$211,590,768	\$228,868,341	\$17,277,573	8%
13	TOTAL PAYMENTS / TOTAL CHARGES	35.35%	34.47%	-0.88%	-2%
14	PATIENT DAYS	51,833	50,924	(909)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$192,177,437	\$208,009,787	\$15,832,350	8%
2	INPATIENT PAYMENTS	\$85,213,380	\$88,908,535	\$3,695,155	4%
3	GOVT. INPATIENT PAYMENTS / CHARGES	44.34%	42.74%	-1.60%	-4%
4	DISCHARGES	8,423	8,658	235	3%
5	CASE MIX INDEX	1.31600	1.33603	0.02003	2%
6	CASE MIX ADJUSTED DISCHARGES	11,084.67575	11,567.34170	482.66595	4%
7	OUTPATIENT CHARGES	\$195,297,446	\$229,122,936	\$33,825,490	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	101.62%	110.15%	8.53%	8%
9	OUTPATIENT PAYMENTS	\$46,264,193	\$51,350,288	\$5,086,095	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.69%	22.41%	-1.28%	-5%
11	TOTAL CHARGES	\$387,474,883	\$437,132,723	\$49,657,840	13%
12	TOTAL PAYMENTS	\$131,477,573	\$140,258,823	\$8,781,250	7%
13	TOTAL PAYMENTS / CHARGES	33.93%	32.09%	-1.85%	-5%
14	PATIENT DAYS	39,628	39,727	99	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$255,997,310	\$296,873,900	\$40,876,590	16%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.3	5.2	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.8	0.1	2%
3	UNINSURED	3.0	3.4	0.4	14%
4	MEDICAID	3.9	3.8	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.9	2.3	(0.5)	-19%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.4	(0.0)	-1%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$598,602,640	\$663,968,691	\$65,366,051	11%
2	TOTAL GOVERNMENT DEDUCTIONS	\$255,997,310	\$296,873,900	\$40,876,590	16%
3	UNCOMPENSATED CARE	\$12,317,879	\$10,972,587	(\$1,345,292)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,014,562	\$127,253,863	(\$3,760,699)	-3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,624,781	\$7,464,975	\$840,194	13%
6	TOTAL ADJUSTMENTS	\$405,954,532	\$442,565,325	\$36,610,793	9%
7	TOTAL ACCRUED PAYMENTS	\$192,648,108	\$221,403,366	\$28,755,258	15%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$192,648,108	\$221,403,366	\$28,755,258	15%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3218296999	0.3334545273	0.0116248274	4%
11	COST OF UNCOMPENSATED CARE	\$3,964,259	\$3,658,859	(\$305,400)	-8%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$2,213,314	\$9,775,100	\$7,561,786	342%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,177,573	\$13,433,959	\$7,256,386	117%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$8,768,182	\$16,560,662	\$7,792,480	89%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,270,188	\$4,591,151	(\$2,679,038)	-37%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$16,038,371	\$21,151,813	\$5,113,442	32%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$10,496,927	\$11,348,829	\$851,902	8.12%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$15,900,232	\$9,860,854	(\$6,039,378)	-37.98%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$227,491,163	\$238,729,196	\$11,238,033	4.94%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$2,983,595	\$0	(\$2,983,595)	-100.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$601,586,237	\$663,968,691	\$62,382,454	10.37%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$12,317,879	\$10,972,587	(\$1,345,292)	-10.92%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
A.	INPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$70,498,050	\$76,196,512	\$5,698,462
2	MEDICARE	\$136,828,081	148,284,057	\$11,455,976
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$55,012,283	59,517,687	\$4,505,404
4	MEDICAID	\$55,012,283	59,517,687	\$4,505,404
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$337,073	208,043	(\$129,030)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,787,877	1,781,260	(\$6,617)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$192,177,437	\$208,009,787	\$15,832,350
	TOTAL INPATIENT CHARGES	\$262,675,487	\$284,206,299	\$21,530,812
B.	OUTPATIENT ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$140,629,707	\$150,639,456	\$10,009,749
2	MEDICARE	\$93,355,888	108,576,625	\$15,220,737
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$101,301,392	119,782,447	\$18,481,055
4	MEDICAID	\$101,301,392	119,782,447	\$18,481,055
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$640,166	763,864	\$123,698
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,776,290	9,596,163	(\$1,180,127)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$195,297,446	\$229,122,936	\$33,825,490
	TOTAL OUTPATIENT CHARGES	\$335,927,153	\$379,762,392	\$43,835,239
C.	TOTAL ACCRUED CHARGES			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$211,127,757	\$226,835,968	\$15,708,211
2	TOTAL MEDICARE	\$230,183,969	\$256,860,682	\$26,676,713
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$156,313,675	\$179,300,134	\$22,986,459
4	TOTAL MEDICAID	\$156,313,675	\$179,300,134	\$22,986,459
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$977,239	\$971,907	(\$5,332)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,564,167	\$11,377,423	(\$1,186,744)
	TOTAL GOVERNMENT CHARGES	\$387,474,883	\$437,132,723	\$49,657,840
	TOTAL CHARGES	\$598,602,640	\$663,968,691	\$65,366,051
D.	INPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$34,301,365	\$38,590,610	\$4,289,245
2	MEDICARE	\$63,438,379	66,934,078	\$3,495,699
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,678,280	21,911,696	\$233,416
4	MEDICAID	\$21,678,280	21,911,696	\$233,416
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$96,721	62,761	(\$33,960)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$37,435	21,594	(\$15,841)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$85,213,380	\$88,908,535	\$3,695,155
	TOTAL INPATIENT PAYMENTS	\$119,514,745	\$127,499,145	\$7,984,400
E.	OUTPATIENT ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$45,811,830	\$50,018,908	\$4,207,078
2	MEDICARE	\$19,692,299	23,085,184	\$3,392,885
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$26,414,789	28,101,645	\$1,686,856
4	MEDICAID	\$26,414,789	28,101,645	\$1,686,856
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$157,105	163,459	\$6,354
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$208,733	383,242	\$174,509
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$46,264,193	\$51,350,288	\$5,086,095
	TOTAL OUTPATIENT PAYMENTS	\$92,076,023	\$101,369,196	\$9,293,173
F.	TOTAL ACCRUED PAYMENTS			
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$80,113,195	\$88,609,518	\$8,496,323
2	TOTAL MEDICARE	\$83,130,678	\$90,019,262	\$6,888,584
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$48,093,069	\$50,013,341	\$1,920,272
4	TOTAL MEDICAID	\$48,093,069	\$50,013,341	\$1,920,272
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$253,826	\$226,220	(\$27,606)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$246,168	\$404,836	\$158,668
	TOTAL GOVERNMENT PAYMENTS	\$131,477,573	\$140,258,823	\$8,781,250
	TOTAL PAYMENTS	\$211,590,768	\$228,868,341	\$17,277,573

SAINT MARY'S HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2014						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)	(5)	
LINE	DESCRIPTION	ACTUAL 2013	FY	ACTUAL 2014	FY	AMOUNT DIFFERENCE
II. PAYER MIX						
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		11.78%		11.48%	-0.30%
2	MEDICARE		22.86%		22.33%	-0.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		9.19%		8.96%	-0.23%
4	MEDICAID		9.19%		8.96%	-0.23%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.06%		0.03%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.30%		0.27%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		32.10%		31.33%	-0.78%
	TOTAL INPATIENT PAYER MIX		43.88%		42.80%	-1.08%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		23.49%		22.69%	-0.81%
2	MEDICARE		15.60%		16.35%	0.76%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		16.92%		18.04%	1.12%
4	MEDICAID		16.92%		18.04%	1.12%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.11%		0.12%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.80%		1.45%	-0.35%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		32.63%		34.51%	1.88%
	TOTAL OUTPATIENT PAYER MIX		56.12%		57.20%	1.08%
	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)		16.21%		16.86%	0.65%
2	MEDICARE		29.98%		29.25%	-0.74%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		10.25%		9.57%	-0.67%
4	MEDICAID		10.25%		9.57%	-0.67%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.05%		0.03%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.02%		0.01%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		40.27%		38.85%	-1.43%
	TOTAL INPATIENT PAYER MIX		56.48%		55.71%	-0.78%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		21.65%		21.85%	0.20%
2	MEDICARE		9.31%		10.09%	0.78%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		12.48%		12.28%	-0.21%
4	MEDICAID		12.48%		12.28%	-0.21%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.07%		0.07%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.10%		0.17%	0.07%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		21.86%		22.44%	0.57%
	TOTAL OUTPATIENT PAYER MIX		43.52%		44.29%	0.78%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%		100.00%	0.00%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,306	2,984	(322)
2	MEDICARE	5,053	5,069	16
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,345	3,568	223
4	MEDICAID	3,345	3,568	223
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	25	21	(4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	178	115	(63)
	TOTAL GOVERNMENT DISCHARGES	8,423	8,658	235
	TOTAL DISCHARGES	11,729	11,642	(87)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12,205	11,197	(1,008)
2	MEDICARE	26,610	26,236	(374)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,946	13,442	496
4	MEDICAID	12,946	13,442	496
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	72	49	(23)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	529	389	(140)
	TOTAL GOVERNMENT PATIENT DAYS	39,628	39,727	99
	TOTAL PATIENT DAYS	51,833	50,924	(909)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.7	3.8	0.1
2	MEDICARE	5.3	5.2	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.9	3.8	(0.1)
4	MEDICAID	3.9	3.8	(0.1)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	2.9	2.3	(0.5)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.0	3.4	0.4
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.6	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.4	4.4	(0.0)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.19740	1.32120	0.12380
2	MEDICARE	1.49895	1.55860	0.05965
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.04397	1.02330	(0.02067)
4	MEDICAID	1.04397	1.02330	(0.02067)
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.73607	0.74590	0.00983
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.93112	1.17280	0.24168
	TOTAL GOVERNMENT CASE MIX INDEX	1.31600	1.33603	0.02003
	TOTAL CASE MIX INDEX	1.28257	1.33223	0.04966
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$211,127,757	\$215,458,545	\$4,330,788
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$80,113,195	\$88,204,682	\$8,091,487
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,014,562	\$127,253,863	(\$3,760,699)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	62.05%	59.06%	-2.99%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$10,496,927	\$11,348,829	\$851,902
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,624,781	\$7,464,975	\$840,194
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$248,631	\$894,442	\$645,811
9	BAD DEBTS	\$12,069,248	\$10,078,145	(\$1,991,103)
10	TOTAL UNCOMPENSATED CARE	\$12,317,879	\$10,972,587	(\$1,345,292)
11	TOTAL OTHER OPERATING REVENUE	\$5,912,911	\$8,705,634	\$2,792,723
12	TOTAL OPERATING EXPENSES	\$221,915,377	\$227,226,738	\$5,311,361

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,958.60440	3,942.46080	(16.14360)
2	MEDICARE	7,574.19435	7,900.54340	326.34905
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,492.07965	3,651.13440	159.05475
4	MEDICAID	3,492.07965	3,651.13440	159.05475
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	18.40175	15.66390	(2.73785)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	165.73936	134.87200	(30.86736)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	11,084.67575	11,567.34170	482.66595
	TOTAL CASE MIX ADJUSTED DISCHARGES	15,043.28015	15,509.80250	466.52235
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,594.81803	5,899.32695	-695.49108
2	MEDICARE	3,447.59130	3,711.62567	264.03437
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,159.59087	7,180.78596	1,021.19508
4	MEDICAID	6,159.59087	7,180.78596	1,021.19508
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	47.47977	77.10494	29.62517
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,072.88120	619.53827	-453.34293
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	9,654.66195	10,969.51657	1,314.85462
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	16,249.47998	16,868.84352	619.36354
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,665.01	\$9,788.46	\$1,123.44
2	MEDICARE	\$8,375.59	\$8,472.09	\$96.49
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,207.84	\$6,001.34	(\$206.50)
4	MEDICAID	\$6,207.84	\$6,001.34	(\$206.50)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,256.08	\$4,006.73	(\$1,249.35)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$225.87	\$160.11	(\$65.76)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,687.49	\$7,686.17	(\$1.33)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,944.73	\$8,220.55	\$275.83
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,946.64	\$8,478.75	\$1,532.11
2	MEDICARE	\$5,711.90	\$6,219.70	\$507.80
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,288.40	\$3,913.45	(\$374.95)
4	MEDICAID	\$4,288.40	\$3,913.45	(\$374.95)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$3,308.88	\$2,119.95	(\$1,188.93)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$194.55	\$618.59	\$424.04
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,791.90	\$4,681.18	(\$110.72)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,666.40	\$6,009.26	\$342.86

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$8,768,182	\$16,560,662	\$7,792,480
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,270,188	\$4,591,151	(\$2,679,038)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$16,038,371	\$21,151,813	\$5,113,442
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$598,602,640	\$663,968,691	\$65,366,051
2	TOTAL GOVERNMENT DEDUCTIONS	\$255,997,310	\$296,873,900	\$40,876,590
3	UNCOMPENSATED CARE	\$12,317,879	\$10,972,587	(\$1,345,292)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,014,562	\$127,253,863	(\$3,760,699)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,624,781	\$7,464,975	\$840,194
6	TOTAL ADJUSTMENTS	\$405,954,532	\$442,565,325	\$36,610,793
7	TOTAL ACCRUED PAYMENTS	\$192,648,108	\$221,403,366	\$28,755,258
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$192,648,108	\$221,403,366	\$28,755,258
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3218296999	0.3334545273	0.0116248274
11	COST OF UNCOMPENSATED CARE	\$3,964,259	\$3,658,859	(\$305,400)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$2,213,314	\$9,775,100	\$7,561,786
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,177,573	\$13,433,959	\$7,256,386
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	48.66%	50.65%	1.99%
2	MEDICARE	46.36%	45.14%	-1.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	39.41%	36.82%	-2.59%
4	MEDICAID	39.41%	36.82%	-2.59%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	28.69%	30.17%	1.47%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.09%	1.21%	-0.88%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	44.34%	42.74%	-1.60%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	45.50%	44.86%	-0.64%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.58%	33.20%	0.63%
2	MEDICARE	21.09%	21.26%	0.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.08%	23.46%	-2.61%
4	MEDICAID	26.08%	23.46%	-2.61%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	24.54%	21.40%	-3.14%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.94%	3.99%	2.06%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	23.69%	22.41%	-1.28%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.41%	26.69%	-0.72%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY 2014	AMOUNT DIFFERENCE
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	\$211,590,768	\$228,868,341	\$17,277,573
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$211,590,768	\$228,868,341	\$17,277,573
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$15,900,232	\$9,860,854	(\$6,039,378)
4	CALCULATED NET REVENUE	\$243,432,394	\$238,729,195	(\$4,703,199)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$227,491,163	\$238,729,196	\$11,238,033
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$15,941,231	(\$1)	(\$15,941,232)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$598,602,640	\$663,968,691	\$65,366,051
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$2,983,595	\$0	(\$2,983,595)
	CALCULATED GROSS REVENUE	\$601,586,235	\$663,968,691	\$62,382,456
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$601,586,237	\$663,968,691	\$62,382,454
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)	\$0	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,317,879	\$10,972,587	(\$1,345,292)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,317,879	\$10,972,587	(\$1,345,292)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,317,879	\$10,972,587	(\$1,345,292)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

SAINT MARY'S HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$76,196,512
2	MEDICARE	148,284,057
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	59,517,687
4	MEDICAID	59,517,687
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	208,043
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,781,260
	TOTAL INPATIENT GOVERNMENT CHARGES	\$208,009,787
	TOTAL INPATIENT CHARGES	\$284,206,299
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$150,639,456
2	MEDICARE	108,576,625
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	119,782,447
4	MEDICAID	119,782,447
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	763,864
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9,596,163
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$229,122,936
	TOTAL OUTPATIENT CHARGES	\$379,762,392
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$226,835,968
2	TOTAL GOVERNMENT ACCRUED CHARGES	437,132,723
	TOTAL ACCRUED CHARGES	\$663,968,691
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,590,610
2	MEDICARE	66,934,078
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,911,696
4	MEDICAID	21,911,696
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	62,761
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21,594
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$88,908,535
	TOTAL INPATIENT PAYMENTS	\$127,499,145
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$50,018,908
2	MEDICARE	23,085,184
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28,101,645
4	MEDICAID	28,101,645
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	163,459
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	383,242
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$51,350,288
	TOTAL OUTPATIENT PAYMENTS	\$101,369,196
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$88,609,518
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	140,258,823
	TOTAL ACCRUED PAYMENTS	\$228,868,341

SAINT MARY'S HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,984
2	MEDICARE	5,069
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,568
4	MEDICAID	3,568
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	21
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	115
	TOTAL GOVERNMENT DISCHARGES	8,658
	TOTAL DISCHARGES	11,642
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.32120
2	MEDICARE	1.55860
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.02330
4	MEDICAID	1.02330
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.74590
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.17280
	TOTAL GOVERNMENT CASE MIX INDEX	1.33603
	TOTAL CASE MIX INDEX	1.33223
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$215,458,545
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$88,204,682
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$127,253,863
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.06%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$11,348,829
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,464,975
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$894,442
9	BAD DEBTS	\$10,078,145
10	TOTAL UNCOMPENSATED CARE	\$10,972,587
11	TOTAL OTHER OPERATING REVENUE	\$8,705,634
12	TOTAL OPERATING EXPENSES	\$227,226,738

SAINT MARY'S HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$228,868,341
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$228,868,341
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$9,860,854
	CALCULATED NET REVENUE	\$238,729,195
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$238,729,196
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$663,968,691
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$663,968,691
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$663,968,691
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,972,587
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,972,587
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,972,587
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	69	267	198	287%
2	Number of Approved Applicants	62	264	202	326%
3	Total Charges (A)	\$248,631	\$894,442	\$645,811	260%
4	Average Charges	\$4,010	\$3,388	(\$622)	-16%
5	Ratio of Cost to Charges (RCC)	0.377052	0.367096	(0.009956)	-3%
6	Total Cost	\$93,747	\$328,346	\$234,599	250%
7	Average Cost	\$1,512	\$1,244	(\$268)	-18%
8	Charity Care - Inpatient Charges	\$13,575	\$328,802	\$315,227	2322%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	66,488	294,437	227,949	343%
10	Charity Care - Emergency Department Charges	168,568	271,203	102,635	61%
11	Total Charges (A)	\$248,631	\$894,442	\$645,811	260%
12	Charity Care - Number of Patient Days	7	57	50	714%
13	Charity Care - Number of Discharges	3	14	11	367%
14	Charity Care - Number of Outpatient ED Visits	46	134	88	191%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	12	116	104	867%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$3,080,477	\$1,429,144	(\$1,651,333)	-54%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,594,713	1,534,434	(60,279)	-4%
3	Bad Debts - Emergency Department	7,394,058	7,114,567	(279,491)	-4%
4	Total Bad Debts (A)	\$12,069,248	\$10,078,145	(\$1,991,103)	-16%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$248,631	\$894,442	\$645,811	260%
2	Bad Debts (A)	12,069,248	10,078,145	(1,991,103)	-16%
3	Total Uncompensated Care (A)	\$12,317,879	\$10,972,587	(\$1,345,292)	-11%
4	Uncompensated Care - Inpatient Services	\$3,094,052	\$1,757,946	(\$1,336,106)	-43%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,661,201	1,828,871	167,670	10%
6	Uncompensated Care - Emergency Department	7,562,626	7,385,770	(176,856)	-2%
7	Total Uncompensated Care (A)	\$12,317,879	\$10,972,587	(\$1,345,292)	-11%

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

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL TOTAL NON-GOVERNMENT	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$211,127,757	\$215,458,545	\$4,330,788	2%
2	Total Contractual Allowances	\$131,014,562	\$127,253,863	(\$3,760,699)	-3%
	Total Accrued Payments (A)	\$80,113,195	\$88,204,682	\$8,091,487	10%
	Total Discount Percentage	62.05%	59.06%	-2.99%	-5%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$246,972,246	\$262,675,487	\$284,206,299
2	Outpatient Gross Revenue	\$321,590,694	\$335,927,153	\$379,762,392
3	Total Gross Patient Revenue	\$568,562,940	\$598,602,640	\$663,968,691
4	Net Patient Revenue	\$225,742,944	\$227,491,163	\$238,729,196
B. Total Operating Expenses				
1	Total Operating Expense	\$218,384,632	\$221,915,377	\$227,226,738
C. Utilization Statistics				
1	Patient Days	51,556	51,833	50,924
2	Discharges	12,078	11,729	11,642
3	Average Length of Stay	4.3	4.4	4.4
4	Equivalent (Adjusted) Patient Days (EPD)	118,689	118,121	118,970
0	Equivalent (Adjusted) Discharges (ED)	27,805	26,729	27,198
D. Case Mix Statistics				
1	Case Mix Index	1.28181	1.28257	1.33223
2	Case Mix Adjusted Patient Days (CMAPD)	66,085	66,480	67,842
3	Case Mix Adjusted Discharges (CMAD)	15,482	15,043	15,510
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	152,136	151,498	158,495
5	Case Mix Adjusted Equivalent Discharges (CMAED)	35,641	34,282	36,234
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$11,028	\$11,549	\$13,038
2	Total Gross Revenue per Discharge	\$47,074	\$51,036	\$57,032
3	Total Gross Revenue per EPD	\$4,790	\$5,068	\$5,581
4	Total Gross Revenue per ED	\$20,448	\$22,395	\$24,412
5	Total Gross Revenue per CMAEPD	\$3,737	\$3,951	\$4,189
6	Total Gross Revenue per CMAED	\$15,953	\$17,461	\$18,324
7	Inpatient Gross Revenue per EPD	\$2,081	\$2,224	\$2,389
8	Inpatient Gross Revenue per ED	\$8,882	\$9,827	\$10,449

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,379	\$4,389	\$4,688
2	Net Patient Revenue per Discharge	\$18,690	\$19,396	\$20,506
3	Net Patient Revenue per EPD	\$1,902	\$1,926	\$2,007
4	Net Patient Revenue per ED	\$8,119	\$8,511	\$8,777
5	Net Patient Revenue per CMAEPD	\$1,484	\$1,502	\$1,506
6	Net Patient Revenue per CMAED	\$6,334	\$6,636	\$6,588
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,236	\$4,281	\$4,462
2	Total Operating Expense per Discharge	\$18,081	\$18,920	\$19,518
3	Total Operating Expense per EPD	\$1,840	\$1,879	\$1,910
4	Total Operating Expense per ED	\$7,854	\$8,302	\$8,354
5	Total Operating Expense per CMAEPD	\$1,435	\$1,465	\$1,434
6	Total Operating Expense per CMAED	\$6,127	\$6,473	\$6,271
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$30,432,420	\$28,956,807	\$32,118,192
2	Nursing Fringe Benefits Expense	\$7,090,223	\$6,967,392	\$6,966,676
3	Total Nursing Salary and Fringe Benefits Expense	\$37,522,643	\$35,924,199	\$39,084,868
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$3,151,771	\$3,289,143	\$3,880,024
2	Physician Fringe Benefits Expense	\$1,050,785	\$1,124,776	\$1,070,317
3	Total Physician Salary and Fringe Benefits Expense	\$4,202,556	\$4,413,919	\$4,950,341
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$51,014,766	\$51,910,300	\$49,351,637
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$18,431,260	\$19,096,852	\$16,524,669
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$69,446,026	\$71,007,152	\$65,876,306
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$84,598,957	\$84,156,250	\$85,349,853
2	Total Fringe Benefits Expense	\$26,572,268	\$27,189,020	\$24,561,662
3	Total Salary and Fringe Benefits Expense	\$111,171,225	\$111,345,270	\$109,911,515

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	361.6	347.3	373.1
2	Total Physician FTEs	53.6	56.1	57.3
3	Total Non-Nursing, Non-Physician FTEs	940.0	951.8	885.0
4	Total Full Time Equivalent Employees (FTEs)	1,355.2	1,355.2	1,315.4
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$84,160	\$83,377	\$86,085
2	Nursing Fringe Benefits Expense per FTE	\$19,608	\$20,062	\$18,672
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$103,768	\$103,439	\$104,757
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$58,802	\$58,630	\$67,714
2	Physician Fringe Benefits Expense per FTE	\$19,604	\$20,049	\$18,679
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$78,406	\$78,679	\$86,393
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$54,271	\$54,539	\$55,765
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$19,608	\$20,064	\$18,672
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,879	\$74,603	\$74,437
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$62,425	\$62,099	\$64,885
2	Total Fringe Benefits Expense per FTE	\$19,608	\$20,063	\$18,672
3	Total Salary and Fringe Benefits Expense per FTE	\$82,033	\$82,162	\$83,557
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,156	\$2,148	\$2,158
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,204	\$9,493	\$9,441
3	Total Salary and Fringe Benefits Expense per EPD	\$937	\$943	\$924
4	Total Salary and Fringe Benefits Expense per ED	\$3,998	\$4,166	\$4,041
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$731	\$735	\$693
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,119	\$3,248	\$3,033