

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b>ASSETS</b>				
A.	<b>Current Assets:</b>				
1	Cash and Cash Equivalents	\$13,309,855	\$19,053,028	\$5,743,173	43%
2	Short Term Investments	\$24,767	\$28,176	\$3,409	14%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$19,663,796	\$21,361,544	\$1,697,748	9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$3,581,532	\$2,594,774	(\$986,758)	-28%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,036,485	\$2,214,273	\$177,788	9%
8	Prepaid Expenses	\$1,042,937	\$1,778,630	\$735,693	71%
9	Other Current Assets	\$2,138,149	\$4,048,869	\$1,910,720	89%
	<b>Total Current Assets</b>	<b>\$41,797,521</b>	<b>\$51,079,294</b>	<b>\$9,281,773</b>	<b>22%</b>
B.	<b>Noncurrent Assets Whose Use is Limited:</b>				
1	Held by Trustee	\$16,781,754	\$16,502,428	(\$279,326)	-2%
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	\$25,636,931	\$3,278,038	(\$22,358,893)	-87%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$42,418,685</b>	<b>\$19,780,466</b>	<b>(\$22,638,219)</b>	<b>-53%</b>
5	Interest in Net Assets of Foundation	\$3,860,420	\$4,269,933	\$409,513	11%
6	Long Term Investments	\$10,864,145	\$11,261,191	\$397,046	4%
7	Other Noncurrent Assets	\$12,883,054	\$20,392,152	\$7,509,098	58%
C.	<b>Net Fixed Assets:</b>				
1	Property, Plant and Equipment	\$152,237,404	\$150,318,389	(\$1,919,015)	-1%
2	Less: Accumulated Depreciation	\$102,700,122	\$104,096,037	\$1,395,915	1%
	<b>Property, Plant and Equipment, Net</b>	<b>\$49,537,282</b>	<b>\$46,222,352</b>	<b>(\$3,314,930)</b>	<b>-7%</b>
3	Construction in Progress	\$0	\$0	\$0	0%
	<b>Total Net Fixed Assets</b>	<b>\$49,537,282</b>	<b>\$46,222,352</b>	<b>(\$3,314,930)</b>	<b>-7%</b>
	<b>Total Assets</b>	<b>\$161,361,107</b>	<b>\$153,005,388</b>	<b>(\$8,355,719)</b>	<b>-5%</b>

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$13,750,665	\$10,257,305	(\$3,493,360)	-25%
2	Salaries, Wages and Payroll Taxes	\$3,674,292	\$4,374,680	\$700,388	19%
3	Due To Third Party Payers	\$5,428,059	\$6,846,898	\$1,418,839	26%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,958,470	\$2,636,558	(\$321,912)	-11%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$7,024,696	\$6,107,330	(\$917,366)	-13%
	<b>Total Current Liabilities</b>	<b>\$32,836,182</b>	<b>\$30,222,771</b>	<b>(\$2,613,411)</b>	<b>-8%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$27,605,890	\$26,158,144	(\$1,447,746)	-5%
2	Notes Payable (Net of Current Portion)	\$2,959,927	\$1,808,369	(\$1,151,558)	-39%
	<b>Total Long Term Debt</b>	<b>\$30,565,817</b>	<b>\$27,966,513</b>	<b>(\$2,599,304)</b>	<b>-9%</b>
3	Accrued Pension Liability	\$59,736,692	\$71,556,888	\$11,820,196	20%
4	Other Long Term Liabilities	\$23,356,573	\$11,997,906	(\$11,358,667)	-49%
	<b>Total Long Term Liabilities</b>	<b>\$113,659,082</b>	<b>\$111,521,307</b>	<b>(\$2,137,775)</b>	<b>-2%</b>
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	(\$1,435,860)	(\$4,907,594)	(\$3,471,734)	242%
2	Temporarily Restricted Net Assets	\$2,261,012	\$2,387,465	\$126,453	6%
3	Permanently Restricted Net Assets	\$14,040,691	\$13,781,439	(\$259,252)	-2%
	<b>Total Net Assets</b>	<b>\$14,865,843</b>	<b>\$11,261,310</b>	<b>(\$3,604,533)</b>	<b>-24%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$161,361,107</b>	<b>\$153,005,388</b>	<b>(\$8,355,719)</b>	<b>-5%</b>

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$413,805,175	\$453,112,158	\$39,306,983	9%
2	Less: Allowances	\$229,516,399	\$259,373,599	\$29,857,200	13%
3	Less: Charity Care	\$584,465	\$493,000	(\$91,465)	-16%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$183,704,311</b>	<b>\$193,245,559</b>	<b>\$9,541,248</b>	<b>5%</b>
5	Other Operating Revenue	\$11,427,996	\$8,145,638	(\$3,282,358)	-29%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$195,132,307</b>	<b>\$201,391,197</b>	<b>\$6,258,890</b>	<b>3%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$71,885,421	\$71,723,656	(\$161,765)	0%
2	Fringe Benefits	\$21,518,890	\$22,412,860	\$893,970	4%
3	Physicians Fees	\$3,218,237	\$3,101,787	(\$116,450)	-4%
4	Supplies and Drugs	\$23,146,340	\$25,497,042	\$2,350,702	10%
5	Depreciation and Amortization	\$7,826,153	\$7,500,925	(\$325,228)	-4%
6	Bad Debts	\$10,446,296	\$11,724,327	\$1,278,031	12%
7	Interest	\$2,012,386	\$1,861,697	(\$150,689)	-7%
8	Malpractice	\$1,025,500	\$1,813,757	\$788,257	77%
9	Other Operating Expenses	\$48,052,551	\$46,500,852	(\$1,551,699)	-3%
	<b>Total Operating Expenses</b>	<b>\$189,131,774</b>	<b>\$192,136,903</b>	<b>\$3,005,129</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$6,000,533</b>	<b>\$9,254,294</b>	<b>\$3,253,761</b>	<b>54%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$1,150,000)	(\$1,303,000)	(\$153,000)	13%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$5,305,005	\$4,823,657	(\$481,348)	-9%
	<b>Total Non-Operating Revenue</b>	<b>\$4,155,005</b>	<b>\$3,520,657</b>	<b>(\$634,348)</b>	<b>-15%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$10,155,538</b>	<b>\$12,774,951</b>	<b>\$2,619,413</b>	<b>26%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$10,155,538</b>	<b>\$12,774,951</b>	<b>\$2,619,413</b>	<b>26%</b>
	Principal Payments	\$0	\$2,563,000	\$2,563,000	0%

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. GROSS REVENUE BY PAYER</b>					
<b>A. INPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$102,860,795	\$103,413,421	\$552,626	1%
2	MEDICARE MANAGED CARE	\$13,034,986	\$17,849,715	\$4,814,729	37%
3	MEDICAID	\$17,835,633	\$15,361,057	(\$2,474,576)	-14%
4	MEDICAID MANAGED CARE	\$10,632,816	\$11,599,235	\$966,419	9%
5	CHAMPUS/TRICARE	\$338,762	\$212,284	(\$126,478)	-37%
6	COMMERCIAL INSURANCE	\$3,660,753	\$4,131,014	\$470,261	13%
7	NON-GOVERNMENT MANAGED CARE	\$55,710,703	\$59,967,522	\$4,256,819	8%
8	WORKER'S COMPENSATION	\$5,742,660	\$6,784,401	\$1,041,741	18%
9	SELF- PAY/UNINSURED	\$1,875,182	\$2,609,364	\$734,182	39%
10	SAGA	\$8,335,360	\$9,284,921	\$949,561	11%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT GROSS REVENUE</b>	<b>\$220,027,650</b>	<b>\$231,212,934</b>	<b>\$11,185,284</b>	<b>5%</b>
<b>B. OUTPATIENT GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$44,668,037	\$48,352,821	\$3,684,784	8%
2	MEDICARE MANAGED CARE	\$6,016,858	\$9,599,761	\$3,582,903	60%
3	MEDICAID	\$14,498,074	\$15,237,768	\$739,694	5%
4	MEDICAID MANAGED CARE	\$27,888,325	\$34,792,095	\$6,903,770	25%
5	CHAMPUS/TRICARE	\$541,324	\$658,533	\$117,209	22%
6	COMMERCIAL INSURANCE	\$5,115,809	\$6,540,689	\$1,424,880	28%
7	NON-GOVERNMENT MANAGED CARE	\$73,650,470	\$82,000,437	\$8,349,967	11%
8	WORKER'S COMPENSATION	\$3,611,463	\$4,304,009	\$692,546	19%
9	SELF- PAY/UNINSURED	\$7,265,965	\$7,794,023	\$528,058	7%
10	SAGA	\$10,521,199	\$12,619,090	\$2,097,891	20%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT GROSS REVENUE</b>	<b>\$193,777,524</b>	<b>\$221,899,226</b>	<b>\$28,121,702</b>	<b>15%</b>
<b>C. TOTAL GROSS REVENUE</b>					
1	MEDICARE TRADITIONAL	\$147,528,832	\$151,766,242	\$4,237,410	3%
2	MEDICARE MANAGED CARE	\$19,051,844	\$27,449,476	\$8,397,632	44%
3	MEDICAID	\$32,333,707	\$30,598,825	(\$1,734,882)	-5%
4	MEDICAID MANAGED CARE	\$38,521,141	\$46,391,330	\$7,870,189	20%
5	CHAMPUS/TRICARE	\$880,086	\$870,817	(\$9,269)	-1%
6	COMMERCIAL INSURANCE	\$8,776,562	\$10,671,703	\$1,895,141	22%
7	NON-GOVERNMENT MANAGED CARE	\$129,361,173	\$141,967,959	\$12,606,786	10%
8	WORKER'S COMPENSATION	\$9,354,123	\$11,088,410	\$1,734,287	19%
9	SELF- PAY/UNINSURED	\$9,141,147	\$10,403,387	\$1,262,240	14%
10	SAGA	\$18,856,559	\$21,904,011	\$3,047,452	16%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL GROSS REVENUE</b>	<b>\$413,805,174</b>	<b>\$453,112,160</b>	<b>\$39,306,986</b>	<b>9%</b>
<b>II. NET REVENUE BY PAYER</b>					
<b>A. INPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$58,432,465	\$60,520,726	\$2,088,261	4%
2	MEDICARE MANAGED CARE	\$6,896,760	\$9,219,155	\$2,322,395	34%
3	MEDICAID	\$6,622,080	\$4,585,775	(\$2,036,305)	-31%
4	MEDICAID MANAGED CARE	\$4,622,571	\$5,117,148	\$494,577	11%
5	CHAMPUS/TRICARE	\$112,266	\$98,729	(\$13,537)	-12%
6	COMMERCIAL INSURANCE	\$2,261,905	\$2,227,407	(\$34,498)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$30,191,046	\$29,297,569	(\$893,477)	-3%
8	WORKER'S COMPENSATION	\$4,651,890	\$4,831,925	\$180,035	4%
9	SELF- PAY/UNINSURED	\$52,243	\$22,505	(\$29,738)	-57%
10	SAGA	\$2,065,057	\$1,511,782	(\$553,275)	-27%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL INPATIENT NET REVENUE</b>	<b>\$115,908,283</b>	<b>\$117,432,721</b>	<b>\$1,524,438</b>	<b>1%</b>
<b>B. OUTPATIENT NET REVENUE</b>					
1	MEDICARE TRADITIONAL	\$12,545,767	\$12,415,264	(\$130,503)	-1%
2	MEDICARE MANAGED CARE	\$1,506,771	\$2,377,934	\$871,163	58%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$3,192,439	\$3,100,691	(\$91,748)	-3%
4	MEDICAID MANAGED CARE	\$6,311,194	\$8,165,332	\$1,854,138	29%
5	CHAMPUS/TRICARE	\$202,451	\$219,328	\$16,877	8%
6	COMMERCIAL INSURANCE	\$3,143,185	\$3,344,950	\$201,765	6%
7	NON-GOVERNMENT MANAGED CARE	\$23,115,186	\$26,102,455	\$2,987,269	13%
8	WORKER'S COMPENSATION	\$2,860,660	\$3,530,214	\$669,554	23%
9	SELF- PAY/UNINSURED	\$309,941	\$309,287	(\$654)	0%
10	SAGA	\$1,406,972	\$1,277,165	(\$129,807)	-9%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL OUTPATIENT NET REVENUE</b>	<b>\$54,594,566</b>	<b>\$60,842,620</b>	<b>\$6,248,054</b>	<b>11%</b>
<b>C.</b>	<b>TOTAL NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$70,978,232	\$72,935,990	\$1,957,758	3%
2	MEDICARE MANAGED CARE	\$8,403,531	\$11,597,089	\$3,193,558	38%
3	MEDICAID	\$9,814,519	\$7,686,466	(\$2,128,053)	-22%
4	MEDICAID MANAGED CARE	\$10,933,765	\$13,282,480	\$2,348,715	21%
5	CHAMPUS/TRICARE	\$314,717	\$318,057	\$3,340	1%
6	COMMERCIAL INSURANCE	\$5,405,090	\$5,572,357	\$167,267	3%
7	NON-GOVERNMENT MANAGED CARE	\$53,306,232	\$55,400,024	\$2,093,792	4%
8	WORKER'S COMPENSATION	\$7,512,550	\$8,362,139	\$849,589	11%
9	SELF- PAY/UNINSURED	\$362,184	\$331,792	(\$30,392)	-8%
10	SAGA	\$3,472,029	\$2,788,947	(\$683,082)	-20%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL NET REVENUE</b>	<b>\$170,502,849</b>	<b>\$178,275,341</b>	<b>\$7,772,492</b>	<b>5%</b>
<b>III.</b>	<b>STATISTICS BY PAYER</b>				
<b>A.</b>	<b>DISCHARGES</b>				
1	MEDICARE TRADITIONAL	4,902	4,626	(276)	-6%
2	MEDICARE MANAGED CARE	568	674	106	19%
3	MEDICAID	1,158	1,057	(101)	-9%
4	MEDICAID MANAGED CARE	1,689	1,546	(143)	-8%
5	CHAMPUS/TRICARE	41	30	(11)	-27%
6	COMMERCIAL INSURANCE	231	194	(37)	-16%
7	NON-GOVERNMENT MANAGED CARE	3,724	3,409	(315)	-8%
8	WORKER'S COMPENSATION	145	157	12	8%
9	SELF- PAY/UNINSURED	141	196	55	39%
10	SAGA	554	573	19	3%
11	OTHER	0	0	0	0%
	<b>TOTAL DISCHARGES</b>	<b>13,153</b>	<b>12,462</b>	<b>(691)</b>	<b>-5%</b>
<b>B.</b>	<b>PATIENT DAYS</b>				
1	MEDICARE TRADITIONAL	27,302	24,369	(2,933)	-11%
2	MEDICARE MANAGED CARE	2,936	3,520	584	20%
3	MEDICAID	6,108	4,844	(1,264)	-21%
4	MEDICAID MANAGED CARE	4,620	4,518	(102)	-2%
5	CHAMPUS/TRICARE	148	74	(74)	-50%
6	COMMERCIAL INSURANCE	805	806	1	0%
7	NON-GOVERNMENT MANAGED CARE	12,506	11,282	(1,224)	-10%
8	WORKER'S COMPENSATION	438	405	(33)	-8%
9	SELF- PAY/UNINSURED	450	566	116	26%
10	SAGA	2,768	2,712	(56)	-2%
11	OTHER	0	0	0	0%
	<b>TOTAL PATIENT DAYS</b>	<b>58,081</b>	<b>53,096</b>	<b>(4,985)</b>	<b>-9%</b>
<b>C.</b>	<b>OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	51,066	50,072	(994)	-2%
2	MEDICARE MANAGED CARE	6,772	9,720	2,948	44%
3	MEDICAID	14,235	13,612	(623)	-4%
4	MEDICAID MANAGED CARE	31,088	36,364	5,276	17%
5	CHAMPUS/TRICARE	562	712	150	27%
6	COMMERCIAL INSURANCE	4,895	5,238	343	7%
7	NON-GOVERNMENT MANAGED CARE	80,530	84,796	4,266	5%
8	WORKER'S COMPENSATION	2,949	2,717	(232)	-8%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	8,188	8,870	682	8%
10	SAGA	10,282	11,242	960	9%
11	OTHER	0	0	0	0%
	<b>TOTAL OUTPATIENT VISITS</b>	<b>210,567</b>	<b>223,343</b>	<b>12,776</b>	<b>6%</b>
<b>IV.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</b>				
<b>A.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>				
1	MEDICARE TRADITIONAL	\$12,355,227	\$12,947,298	\$592,071	5%
2	MEDICARE MANAGED CARE	\$1,596,303	\$2,218,559	\$622,256	39%
3	MEDICAID	\$7,938,062	\$8,081,211	\$143,149	2%
4	MEDICAID MANAGED CARE	\$17,894,030	\$22,257,276	\$4,363,246	24%
5	CHAMPUS/TRICARE	\$181,529	\$210,371	\$28,842	16%
6	COMMERCIAL INSURANCE	\$2,734,284	\$2,276,831	(\$457,453)	-17%
7	NON-GOVERNMENT MANAGED CARE	\$17,297,788	\$18,547,040	\$1,249,252	7%
8	WORKER'S COMPENSATION	\$1,262,141	\$1,171,002	(\$91,139)	-7%
9	SELF- PAY/UNINSURED	\$6,556,355	\$7,313,277	\$756,922	12%
10	SAGA	\$6,617,276	\$7,902,175	\$1,284,899	19%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</b>	<b>\$74,432,995</b>	<b>\$82,925,040</b>	<b>\$8,492,045</b>	<b>11%</b>
<b>B.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>				
1	MEDICARE TRADITIONAL	\$2,842,064	\$2,230,800	(\$611,264)	-22%
2	MEDICARE MANAGED CARE	\$340,526	\$393,593	\$53,067	16%
3	MEDICAID	\$1,298,586	\$1,173,625	(\$124,961)	-10%
4	MEDICAID MANAGED CARE	\$2,810,936	\$3,459,795	\$648,859	23%
5	CHAMPUS/TRICARE	\$85,470	\$82,908	(\$2,562)	-3%
6	COMMERCIAL INSURANCE	\$1,129,873	\$884,653	(\$245,220)	-22%
7	NON-GOVERNMENT MANAGED CARE	\$5,448,945	\$5,169,881	(\$279,064)	-5%
8	WORKER'S COMPENSATION	\$892,808	\$763,026	(\$129,782)	-15%
9	SELF- PAY/UNINSURED	\$224,785	\$107,518	(\$117,267)	-52%
10	SAGA	\$675,345	\$543,149	(\$132,196)	-20%
11	OTHER	\$0	\$0	\$0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</b>	<b>\$15,749,338</b>	<b>\$14,808,948</b>	<b>(\$940,390)</b>	<b>-6%</b>
<b>C.</b>	<b>EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>				
1	MEDICARE TRADITIONAL	7,617	7,327	(290)	-4%
2	MEDICARE MANAGED CARE	985	1,267	282	29%
3	MEDICAID	6,784	6,218	(566)	-8%
4	MEDICAID MANAGED CARE	18,131	20,464	2,333	13%
5	CHAMPUS/TRICARE	149	182	33	22%
6	COMMERCIAL INSURANCE	1,736	1,396	(340)	-20%
7	NON-GOVERNMENT MANAGED CARE	12,291	12,036	(255)	-2%
8	WORKER'S COMPENSATION	1,136	951	(185)	-16%
9	SELF- PAY/UNINSURED	5,127	5,760	633	12%
10	SAGA	6,150	6,383	233	4%
11	OTHER	0	0	0	0%
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>60,106</b>	<b>61,984</b>	<b>1,878</b>	<b>3%</b>

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>I. OPERATING EXPENSE BY CATEGORY</b>					
<b>A. Salaries &amp; Wages:</b>					
1	Nursing Salaries	\$28,488,192	\$41,585,364	\$13,097,172	46%
2	Physician Salaries	\$2,515,990	\$27,364,646	\$24,848,656	988%
3	Non-Nursing, Non-Physician Salaries	\$40,881,239	\$2,773,646	(\$38,107,593)	-93%
	<b>Total Salaries &amp; Wages</b>	<b>\$71,885,421</b>	<b>\$71,723,656</b>	<b>(\$161,765)</b>	<b>0%</b>
<b>B. Fringe Benefits:</b>					
1	Nursing Fringe Benefits	\$6,152,251	\$15,154,217	\$9,001,966	146%
2	Physician Fringe Benefits	\$869,363	\$6,314,946	\$5,445,583	626%
3	Non-Nursing, Non-Physician Fringe Benefits	\$14,497,276	\$943,697	(\$13,553,579)	-93%
	<b>Total Fringe Benefits</b>	<b>\$21,518,890</b>	<b>\$22,412,860</b>	<b>\$893,970</b>	<b>4%</b>
<b>C. Contractual Labor Fees:</b>					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$3,218,237	\$3,101,787	(\$116,450)	-4%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	<b>Total Contractual Labor Fees</b>	<b>\$3,218,237</b>	<b>\$3,101,787</b>	<b>(\$116,450)</b>	<b>-4%</b>
<b>D. Medical Supplies and Pharmaceutical Cost:</b>					
1	Medical Supplies	\$5,318,901	\$20,237,341	\$14,918,440	280%
2	Pharmaceutical Costs	\$17,827,439	\$5,259,701	(\$12,567,738)	-70%
	<b>Total Medical Supplies and Pharmaceutical Cost</b>	<b>\$23,146,340</b>	<b>\$25,497,042</b>	<b>\$2,350,702</b>	<b>10%</b>
<b>E. Depreciation and Amortization:</b>					
1	Depreciation-Building	\$3,295,374	\$3,246,467	(\$48,907)	-1%
2	Depreciation-Equipment	\$4,448,413	\$4,176,329	(\$272,084)	-6%
3	Amortization	\$82,366	\$78,129	(\$4,237)	-5%
	<b>Total Depreciation and Amortization</b>	<b>\$7,826,153</b>	<b>\$7,500,925</b>	<b>(\$325,228)</b>	<b>-4%</b>
<b>F. Bad Debts:</b>					
1	Bad Debts	\$10,446,296	\$11,724,327	\$1,278,031	12%
<b>G. Interest Expense:</b>					
1	Interest Expense	\$2,012,386	\$1,861,697	(\$150,689)	-7%
<b>H. Malpractice Insurance Cost:</b>					
1	Malpractice Insurance Cost	\$1,025,500	\$1,813,757	\$788,257	77%
<b>I. Utilities:</b>					
1	Water	\$65,742	\$54,465	(\$11,277)	-17%
2	Natural Gas	\$1,413,434	\$948,768	(\$464,666)	-33%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$2,055,552	\$2,365,051	\$309,499	15%
5	Telephone	\$393,274	\$396,624	\$3,350	1%
6	Other Utilities	\$45,928	\$59,127	\$13,199	29%
	<b>Total Utilities</b>	<b>\$3,973,930</b>	<b>\$3,824,035</b>	<b>(\$149,895)</b>	<b>-4%</b>
<b>J. Business Expenses:</b>					
1	Accounting Fees	\$282,833	\$277,806	(\$5,027)	-2%
2	Legal Fees	\$1,648,428	\$1,386,779	(\$261,649)	-16%
3	Consulting Fees	\$1,166,095	\$1,484,635	\$318,540	27%
4	Dues and Membership	\$568,718	\$664,275	\$95,557	17%
5	Equipment Leases	\$0	\$0	\$0	0%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$3,889,198	\$3,944,292	\$55,094	1%
8	Insurance	\$2,887,476	\$1,792,858	(\$1,094,618)	-38%

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$83,167	\$77,306	(\$5,861)	-7%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$2,909,759	\$2,868,491	(\$41,268)	-1%
13	Licenses and Subscriptions	\$0	\$0	\$0	0%
14	Postage and Shipping	\$145,255	\$157,969	\$12,714	9%
15	Advertising	\$655,678	\$644,828	(\$10,850)	-2%
16	Other Business Expenses	\$5,168,852	\$5,190,975	\$22,123	0%
	<b>Total Business Expenses</b>	<b>\$19,405,459</b>	<b>\$18,490,214</b>	<b>(\$915,245)</b>	<b>-5%</b>
<b>K.</b>	<b><u>Other Operating Expense:</u></b>				
1	Miscellaneous Other Operating Expenses	\$24,673,162	\$24,186,603	(\$486,559)	-2%
	<b>Total Operating Expenses - All Expense Categories*</b>	<b>\$189,131,774</b>	<b>\$192,136,903</b>	<b>\$3,005,129</b>	<b>2%</b>
	<b>*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				
<b>II.</b>	<b><u>OPERATING EXPENSE BY DEPARTMENT</u></b>				
<b>A.</b>	<b><u>General Services:</u></b>				
1	General Administration	\$19,185,202	\$17,869,796	(\$1,315,406)	-7%
2	General Accounting	\$856,844	\$879,930	\$23,086	3%
3	Patient Billing & Collection	\$2,021,737	\$2,072,914	\$51,177	3%
4	Admitting / Registration Office	\$1,214,276	\$1,181,403	(\$32,873)	-3%
5	Data Processing	\$4,455,323	\$4,494,478	\$39,155	1%
6	Communications	\$562,518	\$558,931	(\$3,587)	-1%
7	Personnel	\$131,719	\$137,709	\$5,990	5%
8	Public Relations	\$878,117	\$809,833	(\$68,284)	-8%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$3,192,759	\$3,205,095	\$12,336	0%
11	Housekeeping	\$2,374,595	\$2,348,769	(\$25,826)	-1%
12	Laundry & Linen	\$4,390,727	\$4,190,456	(\$200,271)	-5%
13	Operation of Plant	\$3,532,439	\$3,747,881	\$215,442	6%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$1,521,794	\$1,777,959	\$256,165	17%
16	Central Sterile Supply	\$663,369	\$695,643	\$32,274	5%
17	Pharmacy Department	\$6,099,658	\$6,234,981	\$135,323	2%
18	Other General Services	\$43,180,070	\$45,167,897	\$1,987,827	5%
	<b>Total General Services</b>	<b>\$94,261,147</b>	<b>\$95,373,675</b>	<b>\$1,112,528</b>	<b>1%</b>
<b>B.</b>	<b><u>Professional Services:</u></b>				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$4,943,253	\$4,997,755	\$54,502	1%
3	Nursing Services Administration	\$1,258,769	\$1,199,753	(\$59,016)	-5%
4	Medical Records	\$2,034,021	\$2,119,116	\$85,095	4%
5	Social Service	\$264,184	\$275,653	\$11,469	4%
6	Other Professional Services	\$2,640,918	\$2,546,188	(\$94,730)	-4%
	<b>Total Professional Services</b>	<b>\$11,141,145</b>	<b>\$11,138,465</b>	<b>(\$2,680)</b>	<b>0%</b>
<b>C.</b>	<b><u>Special Services:</u></b>				
1	Operating Room	\$16,359,724	\$17,911,148	\$1,551,424	9%
2	Recovery Room	\$595,451	\$620,288	\$24,837	4%
3	Anesthesiology	\$902,145	\$917,166	\$15,021	2%
4	Delivery Room	\$4,042,567	\$3,949,346	(\$93,221)	-2%
5	Diagnostic Radiology	\$3,615,326	\$3,636,729	\$21,403	1%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$857	\$589	(\$268)	-31%

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$704,206	\$587,035	(\$117,171)	-17%
9	CT Scan	\$801,999	\$840,530	\$38,531	5%
10	Laboratory	\$9,053,513	\$9,588,455	\$534,942	6%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$5,490,475	\$6,608,634	\$1,118,159	20%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$56,920	\$725,249	\$668,329	1174%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,062,669	\$1,306,543	(\$756,126)	-37%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$128,681	\$127,974	(\$707)	-1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$305,963	\$305,919	(\$44)	0%
24	Emergency Room	\$6,927,206	\$7,200,395	\$273,189	4%
25	MRI	\$748,750	\$706,733	(\$42,017)	-6%
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	\$1,589,593	\$1,449,934	(\$139,659)	-9%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	<b>Total Special Services</b>	<b>\$53,386,045</b>	<b>\$56,482,667</b>	<b>\$3,096,622</b>	<b>6%</b>
<b>D.</b>	<b><u>Routine Services:</u></b>				
1	Medical & Surgical Units	\$16,673,112	\$15,023,929	(\$1,649,183)	-10%
2	Intensive Care Unit	\$4,567,612	\$4,116,394	(\$451,218)	-10%
3	Coronary Care Unit	\$1,230,035	\$1,363,787	\$133,752	11%
4	Psychiatric Unit	\$1,611,047	\$1,547,544	(\$63,503)	-4%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,598,334	\$1,587,313	(\$11,021)	-1%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,107,450	\$1,116,520	\$9,070	1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$2,214,058	\$2,548,565	\$334,507	15%
13	Other Routine Services	\$0	\$0	\$0	0%
	<b>Total Routine Services</b>	<b>\$29,001,648</b>	<b>\$27,304,052</b>	<b>(\$1,697,596)</b>	<b>-6%</b>
<b>E.</b>	<b><u>Other Departments:</u></b>				
1	Miscellaneous Other Departments	\$1,341,789	\$1,838,044	\$496,255	37%
	<b>Total Operating Expenses - All Departments*</b>	<b>\$189,131,774</b>	<b>\$192,136,903</b>	<b>\$3,005,129</b>	<b>2%</b>
	<b>*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.</b>				

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
<b>A. Statement of Operations Summary</b>				
1	Total Net Patient Revenue	\$170,293,985	\$ 183,704,311	\$193,245,559
2	Other Operating Revenue	12,508,015	11,427,996	8,145,638
3	Total Operating Revenue	\$182,802,000	\$195,132,307	\$201,391,197
4	Total Operating Expenses	178,133,199	189,131,774	192,136,903
5	Income/(Loss) From Operations	\$4,668,801	\$6,000,533	\$9,254,294
6	Total Non-Operating Revenue	7,188,613	4,155,005	3,520,657
7	Excess/(Deficiency) of Revenue Over Expenses	\$11,857,414	\$10,155,538	\$12,774,951
<b>B. Profitability Summary</b>				
1	Hospital Operating Margin	2.46%	3.01%	4.52%
2	Hospital Non Operating Margin	3.78%	2.08%	1.72%
3	Hospital Total Margin	6.24%	5.10%	6.23%
4	Income/(Loss) From Operations	\$4,668,801	\$6,000,533	\$9,254,294
5	Total Operating Revenue	\$182,802,000	\$195,132,307	\$201,391,197
6	Total Non-Operating Revenue	\$7,188,613	\$4,155,005	\$3,520,657
7	Total Revenue	\$189,990,613	\$199,287,312	\$204,911,854
8	Excess/(Deficiency) of Revenue Over Expenses	\$11,857,414	\$10,155,538	\$12,774,951
<b>C. Net Assets Summary</b>				
1	Hospital Unrestricted Net Assets	(\$1,326,115)	(\$1,435,860)	(\$4,907,594)
2	Hospital Total Net Assets	\$18,709,902	\$14,865,843	\$11,261,310
3	Hospital Change in Total Net Assets	\$18,709,902	(\$3,844,059)	(\$3,604,533)
4	Hospital Change in Total Net Assets %	0.0%	-20.5%	-24.2%
<b>D. Cost Data Summary</b>				
1	<b>Ratio of Cost to Charges</b>	<b>0.45</b>	<b>0.44</b>	<b>0.42</b>
2	Total Operating Expenses	\$178,133,199	\$189,131,768	\$192,136,903
3	Total Gross Revenue	\$382,942,443	\$413,805,174	\$453,112,160
4	Total Other Operating Revenue	\$12,508,015	\$11,427,996	\$8,145,638
5	<b>Private Payment to Cost Ratio</b>	<b>1.01</b>	<b>1.01</b>	<b>1.02</b>
6	Total Non-Government Payments	\$63,101,615	\$66,586,056	\$69,666,312

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
7	Total Uninsured Payments	\$333,510	\$362,184	\$331,792
8	Total Non-Government Charges	\$145,558,012	\$156,633,005	\$174,131,459
9	Total Uninsured Charges	\$7,930,308	\$9,141,147	\$10,403,387
<b>10</b>	<b><u>Medicare Payment to Cost Ratio</u></b>	<b>1.04</b>	<b>1.07</b>	<b>1.13</b>
11	Total Medicare Payments	\$74,353,856	\$79,381,763	\$84,533,079
12	Total Medicare Charges	\$158,765,270	\$166,580,676	\$179,215,718
<b>13</b>	<b><u>Medicaid Payment to Cost Ratio</u></b>	<b>0.63</b>	<b>0.66</b>	<b>0.65</b>
14	Total Medicaid Payments	\$17,465,550	\$20,748,284	\$20,968,946
15	Total Medicaid Charges	\$61,288,549	\$70,854,848	\$76,990,155
<b>16</b>	<b><u>Uncompensated Care Cost</u></b>	<b>\$4,423,166</b>	<b>\$4,906,173</b>	<b>\$5,089,127</b>
17	Charity Care	\$704,410	\$584,465	\$493,000
18	Bad Debts	\$9,114,889	\$10,446,296	\$11,724,327
19	Total Uncompensated Care	\$9,819,299	\$11,030,761	\$12,217,327
<b>20</b>	<b><u>Uncompensated Care % of Total Expenses</u></b>	<b>2.5%</b>	<b>2.6%</b>	<b>2.6%</b>
21	Total Operating Expenses	\$178,133,199	\$189,131,768	\$192,136,903
<b>E.</b>	<b><u>Liquidity Measures Summary</u></b>			
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.03</b>	<b>1.27</b>	<b>1.69</b>
2	Total Current Assets	\$31,853,951	\$41,797,521	\$51,079,294
3	Total Current Liabilities	\$30,876,191	\$32,836,182	\$30,222,771
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>10</b>	<b>27</b>	<b>38</b>
5	Cash and Cash Equivalents	\$4,476,397	\$13,309,855	\$19,053,028
6	Short Term Investments	59,520	24,767	28,176
7	Total Cash and Short Term Investments	\$4,535,917	\$13,334,622	\$19,081,204
8	Total Operating Expenses	\$178,133,199	\$189,131,774	\$192,136,903
9	Depreciation Expense	\$8,198,708	\$7,826,153	\$7,500,925
10	Operating Expenses less Depreciation Expense	\$169,934,491	\$181,305,621	\$184,635,978
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>32.39</b>	<b>28.28</b>	<b>27.42</b>

<b>SAINT MARY'S HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
12	Net Patient Accounts Receivable	\$ 19,291,266	\$ 19,663,796	\$ 21,361,544
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,179,301	\$5,428,059	\$6,846,898
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 15,111,965	\$ 14,235,737	\$ 14,514,646
16	Total Net Patient Revenue	\$170,293,985	\$ 183,704,311	\$ 193,245,559
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>66.32</b>	<b>66.10</b>	<b>59.75</b>
18	Total Current Liabilities	\$30,876,191	\$32,836,182	\$30,222,771
19	Total Operating Expenses	\$178,133,199	\$189,131,774	\$192,136,903
20	Depreciation Expense	\$8,198,708	\$7,826,153	\$7,500,925
21	Total Operating Expenses less Depreciation Expense	\$169,934,491	\$181,305,621	\$184,635,978
<b>F.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>11.7</b>	<b>9.2</b>	<b>7.4</b>
2	Total Net Assets	\$18,709,902	\$14,865,843	\$11,261,310
3	Total Assets	\$160,234,737	\$161,361,107	\$153,005,388
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>31.2</b>	<b>28.4</b>	<b>34.8</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$11,857,414	\$10,155,538	\$12,774,951
6	Depreciation Expense	\$8,198,708	\$7,826,153	\$7,500,925
7	Excess of Revenues Over Expenses and Depreciation Expense	\$20,056,122	\$17,981,691	\$20,275,876
8	Total Current Liabilities	\$30,876,191	\$32,836,182	\$30,222,771
9	Total Long Term Debt	\$33,484,613	\$30,565,817	\$27,966,513
10	Total Current Liabilities and Total Long Term Debt	\$64,360,804	\$63,401,999	\$58,189,284
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>64.2</b>	<b>67.3</b>	<b>71.3</b>
12	Total Long Term Debt	\$33,484,613	\$30,565,817	\$27,966,513
13	Total Net Assets	\$18,709,902	\$14,865,843	\$11,261,310
14	Total Long Term Debt and Total Net Assets	\$52,194,515	\$45,431,660	\$39,227,823
<b>15</b>	<b><u>Debt Service Coverage Ratio</u></b>	<b>8.9</b>	<b>9.9</b>	<b>5.0</b>
16	Excess Revenues over Expenses	\$11,857,414	\$10,155,538	\$12,774,951
17	Interest Expense	\$2,525,770	\$2,012,386	\$1,861,697
18	Depreciation and Amortization Expense	\$8,198,708	\$7,826,153	\$7,500,925

<b>SAINT MARY'S HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
19	Principal Payments	\$0	\$0	\$2,563,000
<b>G. <u>Other Financial Ratios</u></b>				
20	<b><u>Average Age of Plant</u></b>	<b>12.9</b>	<b>13.1</b>	<b>13.9</b>
21	Accumulated Depreciation	\$105,803,334	\$102,700,122	\$104,096,037
22	Depreciation and Amortization Expense	\$8,198,708	\$7,826,153	\$7,500,925
<b>H. <u>Utilization Measures Summary</u></b>				
1	Patient Days	61,241	58,081	53,096
2	Discharges	13,169	13,153	12,462
3	ALOS	4.7	4.4	4.3
4	Staffed Beds	196	196	196
5	Available Beds	-	-	196
6	Licensed Beds	379	196	379
6	Occupancy of Staffed Beds	85.6%	81.2%	74.2%
7	Occupancy of Available Beds	44.3%	81.2%	74.2%
8	Full Time Equivalent Employees	1,206.7	1,209.2	1,205.4
<b>I. <u>Hospital Gross Revenue Payer Mix Percentage</u></b>				
1	Non-Government Gross Revenue Payer Mix Percentage	35.9%	35.6%	36.1%
2	Medicare Gross Revenue Payer Mix Percentage	41.5%	40.3%	39.6%
3	Medicaid Gross Revenue Payer Mix Percentage	16.0%	17.1%	17.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.4%	4.6%	4.8%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	2.2%	2.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$137,627,704	\$147,491,858	\$163,728,072
9	Medicare Gross Revenue (Charges)	\$158,765,270	\$166,580,676	\$179,215,718
10	Medicaid Gross Revenue (Charges)	\$61,288,549	\$70,854,848	\$76,990,155
11	Other Medical Assistance Gross Revenue (Charges)	\$16,665,187	\$18,856,559	\$21,904,011
12	Uninsured Gross Revenue (Charges)	\$7,930,308	\$9,141,147	\$10,403,387
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$665,425	\$880,086	\$870,817
14	Total Gross Revenue (Charges)	\$382,942,443	\$413,805,174	\$453,112,160
<b>J. <u>Hospital Net Revenue Payer Mix Percentage</u></b>				
1	Non-Government Net Revenue Payer Mix Percentage	39.6%	38.8%	38.9%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
2	Medicare Net Revenue Payer Mix Percentage	46.9%	46.6%	47.4%
3	Medicaid Net Revenue Payer Mix Percentage	11.0%	12.2%	11.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	2.1%	2.0%	1.6%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$62,768,105	\$66,223,872	\$69,334,520
9	Medicare Net Revenue (Payments)	\$74,353,856	\$79,381,763	\$84,533,079
10	Medicaid Net Revenue (Payments)	\$17,465,550	\$20,748,284	\$20,968,946
11	Other Medical Assistance Net Revenue (Payments)	\$3,268,031	\$3,472,029	\$2,788,947
12	Uninsured Net Revenue (Payments)	\$333,510	\$362,184	\$331,792
13	CHAMPUS / TRICARE Net Revenue Payments)	\$321,034	\$314,717	\$318,057
14	Total Net Revenue (Payments)	\$158,510,086	\$170,502,849	\$178,275,341
<b>K.</b>	<b><u>Discharges</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	4,463	4,241	3,956
2	Medicare	5,363	5,470	5,300
3	Medical Assistance	3,309	3,401	3,176
4	Medicaid	2,855	2,847	2,603
5	Other Medical Assistance	454	554	573
6	CHAMPUS / TRICARE	34	41	30
7	Uninsured (Included In Non-Government)	141	141	196
8	Total	13,169	13,153	12,462
<b>L.</b>	<b><u>Case Mix Index</u></b>			
1	Non-Government (Including Self Pay / Uninsured)	1.125200	1.155800	1.139350
2	Medicare	1.471300	1.497400	1.564440
3	Medical Assistance	0.849158	0.886330	0.911074
4	Medicaid	0.793400	0.840900	0.858700
5	Other Medical Assistance	1.199800	1.119800	1.149000
6	CHAMPUS / TRICARE	0.534600	0.653200	0.617970
7	Uninsured (Included In Non-Government)	1.045300	1.089400	0.989590
8	Total Case Mix Index	1.195260	1.226618	1.260705
<b>M.</b>	<b><u>Emergency Department Visits</u></b>			
1	Emergency Room - Treated and Admitted	8,135	8,246	7,575
2	Emergency Room - Treated and Discharged	60,139	60,106	61,984
3	Total Emergency Room Visits	68,274	68,352	69,559

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>I. MEDICARE MANAGED CARE</b>					
<b>A. ANTHEM - MEDICARE BLUE CONNECTICUT</b>					
1	Inpatient Charges	\$159,976	\$753,752	\$593,776	371%
2	Inpatient Payments	\$87,290	\$404,226	\$316,936	363%
3	Outpatient Charges	\$148,635	\$250,814	\$102,179	69%
4	Outpatient Payments	\$51,031	\$85,634	\$34,603	68%
5	Discharges	7	26	19	271%
6	Patient Days	25	109	84	336%
7	Outpatient Visits (Excludes ED Visits)	210	293	83	40%
8	Emergency Department Outpatient Visits	9	22	13	144%
9	Emergency Department Inpatient Admissions	5	19	14	280%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$308,611</b>	<b>\$1,004,566</b>	<b>\$695,955</b>	<b>226%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$138,321</b>	<b>\$489,860</b>	<b>\$351,539</b>	<b>254%</b>
<b>B. CIGNA HEALTHCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>C. CONNECTICARE, INC.</b>					
1	Inpatient Charges	\$0	\$1,806,333	\$1,806,333	0%
2	Inpatient Payments	\$0	\$883,837	\$883,837	0%
3	Outpatient Charges	\$0	\$1,263,746	\$1,263,746	0%
4	Outpatient Payments	\$0	\$333,501	\$333,501	0%
5	Discharges	0	71	71	0%
6	Patient Days	0	334	334	0%
7	Outpatient Visits (Excludes ED Visits)	0	1,340	1,340	0%
8	Emergency Department Outpatient Visits	0	93	93	0%
9	Emergency Department Inpatient Admissions	0	51	51	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$3,070,079</b>	<b>\$3,070,079</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$1,217,338</b>	<b>\$1,217,338</b>	<b>0%</b>

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>D. HEALTHNET OF CONNECTICUT</b>					
1	Inpatient Charges	\$8,689,692	\$8,810,469	\$120,777	1%
2	Inpatient Payments	\$4,607,496	\$4,534,515	(\$72,981)	-2%
3	Outpatient Charges	\$3,601,364	\$4,561,981	\$960,617	27%
4	Outpatient Payments	\$930,980	\$1,147,021	\$216,041	23%
5	Discharges	366	335	(31)	-8%
6	Patient Days	1,927	1,735	(192)	-10%
7	Outpatient Visits (Excludes ED Visits)	3,891	4,111	220	6%
8	Emergency Department Outpatient Visits	445	406	(39)	-9%
9	Emergency Department Inpatient Admissions	304	276	(28)	-9%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$12,291,056</b>	<b>\$13,372,450</b>	<b>\$1,081,394</b>	<b>9%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$5,538,476</b>	<b>\$5,681,536</b>	<b>\$143,060</b>	<b>3%</b>
<b>E. OTHER MEDICARE MANAGED CARE</b>					
1	Inpatient Charges	\$2,188,314	\$834,840	(\$1,353,474)	-62%
2	Inpatient Payments	\$1,204,885	\$432,200	(\$772,685)	-64%
3	Outpatient Charges	\$777,295	\$368,572	(\$408,723)	-53%
4	Outpatient Payments	\$194,120	\$85,063	(\$109,057)	-56%
5	Discharges	88	32	(56)	-64%
6	Patient Days	453	226	(227)	-50%
7	Outpatient Visits (Excludes ED Visits)	634	258	(376)	-59%
8	Emergency Department Outpatient Visits	141	71	(70)	-50%
9	Emergency Department Inpatient Admissions	73	28	(45)	-62%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,965,609</b>	<b>\$1,203,412</b>	<b>(\$1,762,197)</b>	<b>-59%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,399,005</b>	<b>\$517,263</b>	<b>(\$881,742)</b>	<b>-63%</b>
<b>F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE</b>					
1	Inpatient Charges	\$327,732	\$963,799	\$636,067	194%
2	Inpatient Payments	\$196,141	\$577,234	\$381,093	194%
3	Outpatient Charges	\$215,286	\$441,972	\$226,686	105%
4	Outpatient Payments	\$44,824	\$85,412	\$40,588	91%
5	Discharges	22	31	9	41%
6	Patient Days	83	200	117	141%
7	Outpatient Visits (Excludes ED Visits)	267	456	189	71%
8	Emergency Department Outpatient Visits	29	53	24	83%
9	Emergency Department Inpatient Admissions	21	24	3	14%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$543,018</b>	<b>\$1,405,771</b>	<b>\$862,753</b>	<b>159%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$240,965</b>	<b>\$662,646</b>	<b>\$421,681</b>	<b>175%</b>

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>G. UNITED HEALTHCARE INSURANCE COMPANY</b>					
1	Inpatient Charges	\$0	\$1,508,383	\$1,508,383	0%
2	Inpatient Payments	\$0	\$749,747	\$749,747	0%
3	Outpatient Charges	\$0	\$681,511	\$681,511	0%
4	Outpatient Payments	\$0	\$161,360	\$161,360	0%
5	Discharges	0	64	64	0%
6	Patient Days	0	334	334	0%
7	Outpatient Visits (Excludes ED Visits)	0	490	490	0%
8	Emergency Department Outpatient Visits	0	151	151	0%
9	Emergency Department Inpatient Admissions	0	55	55	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$2,189,894</b>	<b>\$2,189,894</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$911,107</b>	<b>\$911,107</b>	<b>0%</b>
<b>H. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$1,669,272	\$2,292,442	\$623,170	37%
2	Inpatient Payments	\$800,948	\$1,206,757	\$405,809	51%
3	Outpatient Charges	\$1,274,278	\$1,698,303	\$424,025	33%
4	Outpatient Payments	\$285,816	\$387,726	\$101,910	36%
5	Discharges	85	88	3	4%
6	Patient Days	448	392	(56)	-13%
7	Outpatient Visits (Excludes ED Visits)	785	1,128	343	44%
8	Emergency Department Outpatient Visits	361	443	82	23%
9	Emergency Department Inpatient Admissions	78	74	(4)	-5%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$2,943,550</b>	<b>\$3,990,745</b>	<b>\$1,047,195</b>	<b>36%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,086,764</b>	<b>\$1,594,483</b>	<b>\$507,719</b>	<b>47%</b>
<b>I. AETNA</b>					
1	Inpatient Charges	\$0	\$879,697	\$879,697	0%
2	Inpatient Payments	\$0	\$430,639	\$430,639	0%
3	Outpatient Charges	\$0	\$332,862	\$332,862	0%
4	Outpatient Payments	\$0	\$92,217	\$92,217	0%
5	Discharges	0	27	27	0%
6	Patient Days	0	190	190	0%
7	Outpatient Visits (Excludes ED Visits)	0	377	377	0%
8	Emergency Department Outpatient Visits	0	28	28	0%
9	Emergency Department Inpatient Admissions	0	16	16	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$1,212,559</b>	<b>\$1,212,559</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$522,856</b>	<b>\$522,856</b>	<b>0%</b>

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J. HUMANA</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>K. SECURE HORIZONS</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>L. UNICARE LIFE &amp; HEALTH INSURANCE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>M. UNIVERSAL AMERICAN</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>N. EVERCARE</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>II. TOTAL MEDICARE MANAGED CARE</b>					
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$13,034,986</b>	<b>\$17,849,715</b>	<b>\$4,814,729</b>	<b>37%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$6,896,760</b>	<b>\$9,219,155</b>	<b>\$2,322,395</b>	<b>34%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$6,016,858</b>	<b>\$9,599,761</b>	<b>\$3,582,903</b>	<b>60%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$1,506,771</b>	<b>\$2,377,934</b>	<b>\$871,163</b>	<b>58%</b>
	<b>TOTAL DISCHARGES</b>	<b>568</b>	<b>674</b>	<b>106</b>	<b>19%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>2,936</b>	<b>3,520</b>	<b>584</b>	<b>20%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>5,787</b>	<b>8,453</b>	<b>2,666</b>	<b>46%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>985</b>	<b>1,267</b>	<b>282</b>	<b>29%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>481</b>	<b>543</b>	<b>62</b>	<b>13%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$19,051,844</b>	<b>\$27,449,476</b>	<b>\$8,397,632</b>	<b>44%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$8,403,531</b>	<b>\$11,597,089</b>	<b>\$3,193,558</b>	<b>38%</b>

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>I. MEDICAID MANAGED CARE</b>					
<b>A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT</b>					
1	Inpatient Charges	\$5,605,835	\$1,658,579	(\$3,947,256)	-70%
2	Inpatient Payments	\$2,316,801	\$750,070	(\$1,566,731)	-68%
3	Outpatient Charges	\$16,554,445	\$4,986,697	(\$11,567,748)	-70%
4	Outpatient Payments	\$3,764,776	\$1,124,045	(\$2,640,731)	-70%
5	Discharges	852	239	(613)	-72%
6	Patient Days	2,235	682	(1,553)	-69%
7	Outpatient Visits (Excludes ED Visits)	7,403	2,152	(5,251)	-71%
8	Emergency Department Outpatient Visits	10,574	2,925	(7,649)	-72%
9	Emergency Department Inpatient Admissions	297	86	(211)	-71%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$22,160,280</b>	<b>\$6,645,276</b>	<b>(\$15,515,004)</b>	<b>-70%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$6,081,577</b>	<b>\$1,874,115</b>	<b>(\$4,207,462)</b>	<b>-69%</b>
<b>B. COMMUNITY HEALTH NETWORK OF CT</b>					
1	Inpatient Charges	\$2,194,480	\$5,573,184	\$3,378,704	154%
2	Inpatient Payments	\$1,115,321	\$2,619,892	\$1,504,571	135%
3	Outpatient Charges	\$6,232,479	\$18,793,658	\$12,561,179	202%
4	Outpatient Payments	\$1,303,607	\$4,574,474	\$3,270,867	251%
5	Discharges	392	745	353	90%
6	Patient Days	1,038	2,172	1,134	109%
7	Outpatient Visits (Excludes ED Visits)	2,867	8,426	5,559	194%
8	Emergency Department Outpatient Visits	4,315	11,478	7,163	166%
9	Emergency Department Inpatient Admissions	112	172	60	54%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$8,426,959</b>	<b>\$24,366,842</b>	<b>\$15,939,883</b>	<b>189%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$2,418,928</b>	<b>\$7,194,366</b>	<b>\$4,775,438</b>	<b>197%</b>
<b>C. HEALTHNET OF THE NORTHEAST, INC.</b>					
1	Inpatient Charges	\$1,481,894	\$0	(\$1,481,894)	-100%
2	Inpatient Payments	\$583,436	\$0	(\$583,436)	-100%
3	Outpatient Charges	\$2,661,797	\$0	(\$2,661,797)	-100%
4	Outpatient Payments	\$668,116	\$0	(\$668,116)	-100%
5	Discharges	229	0	(229)	-100%
6	Patient Days	600	0	(600)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,554	0	(1,554)	-100%
8	Emergency Department Outpatient Visits	1,679	0	(1,679)	-100%
9	Emergency Department Inpatient Admissions	77	0	(77)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$4,143,691</b>	<b>\$0</b>	<b>(\$4,143,691)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,251,552</b>	<b>\$0</b>	<b>(\$1,251,552)</b>	<b>-100%</b>

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
<b>D. OTHER MEDICAID MANAGED CARE</b>					
1	Inpatient Charges	\$277,706	\$1,620,350	\$1,342,644	483%
2	Inpatient Payments	\$99,935	\$675,490	\$575,555	576%
3	Outpatient Charges	\$258,609	\$3,122,450	\$2,863,841	1107%
4	Outpatient Payments	\$66,699	\$819,965	\$753,266	1129%
5	Discharges	43	213	170	395%
6	Patient Days	251	759	508	202%
7	Outpatient Visits (Excludes ED Visits)	168	1,435	1,267	754%
8	Emergency Department Outpatient Visits	12	1,731	1,719	14325%
9	Emergency Department Inpatient Admissions	36	98	62	172%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$536,315</b>	<b>\$4,742,800</b>	<b>\$4,206,485</b>	<b>784%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$166,634</b>	<b>\$1,495,455</b>	<b>\$1,328,821</b>	<b>797%</b>
<b>E. WELLCARE OF CONNECTICUT</b>					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE</b>					
1	Inpatient Charges	\$1,072,901	\$0	(\$1,072,901)	-100%
2	Inpatient Payments	\$507,078	\$0	(\$507,078)	-100%
3	Outpatient Charges	\$2,180,995	\$0	(\$2,180,995)	-100%
4	Outpatient Payments	\$507,996	\$0	(\$507,996)	-100%
5	Discharges	173	0	(173)	-100%
6	Patient Days	496	0	(496)	-100%
7	Outpatient Visits (Excludes ED Visits)	965	0	(965)	-100%
8	Emergency Department Outpatient Visits	1,551	0	(1,551)	-100%

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	65	0	(65)	-100%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$3,253,896</b>	<b>\$0</b>	<b>(\$3,253,896)</b>	<b>-100%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$1,015,074</b>	<b>\$0</b>	<b>(\$1,015,074)</b>	<b>-100%</b>
<b>G.</b>	<b>UNITED HEALTHCARE</b>				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
<b>H.</b>	<b>AETNA</b>				
1	Inpatient Charges	\$0	\$2,747,122	\$2,747,122	0%
2	Inpatient Payments	\$0	\$1,071,696	\$1,071,696	0%
3	Outpatient Charges	\$0	\$7,889,290	\$7,889,290	0%
4	Outpatient Payments	\$0	\$1,646,848	\$1,646,848	0%
5	Discharges	0	349	349	0%
6	Patient Days	0	905	905	0%
7	Outpatient Visits (Excludes ED Visits)	0	3,887	3,887	0%
8	Emergency Department Outpatient Visits	0	4,330	4,330	0%
9	Emergency Department Inpatient Admissions	0	78	78	0%
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$0</b>	<b>\$10,636,412</b>	<b>\$10,636,412</b>	<b>0%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$0</b>	<b>\$2,718,544</b>	<b>\$2,718,544</b>	<b>0%</b>
<b>II.</b>	<b>TOTAL MEDICAID MANAGED CARE</b>				
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$10,632,816</b>	<b>\$11,599,235</b>	<b>\$966,419</b>	<b>9%</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$4,622,571</b>	<b>\$5,117,148</b>	<b>\$494,577</b>	<b>11%</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$27,888,325</b>	<b>\$34,792,095</b>	<b>\$6,903,770</b>	<b>25%</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$6,311,194</b>	<b>\$8,165,332</b>	<b>\$1,854,138</b>	<b>29%</b>
	<b>TOTAL DISCHARGES</b>	<b>1,689</b>	<b>1,546</b>	<b>(143)</b>	<b>-8%</b>
	<b>TOTAL PATIENT DAYS</b>	<b>4,620</b>	<b>4,518</b>	<b>(102)</b>	<b>-2%</b>
	<b>TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)</b>	<b>12,957</b>	<b>15,900</b>	<b>2,943</b>	<b>23%</b>
	<b>TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS</b>	<b>18,131</b>	<b>20,464</b>	<b>2,333</b>	<b>13%</b>
	<b>TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS</b>	<b>587</b>	<b>434</b>	<b>(153)</b>	<b>-26%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT CHARGES</b>	<b>\$38,521,141</b>	<b>\$46,391,330</b>	<b>\$7,870,189</b>	<b>20%</b>
	<b>TOTAL INPATIENT &amp; OUTPATIENT PAYMENTS</b>	<b>\$10,933,765</b>	<b>\$13,282,480</b>	<b>\$2,348,715</b>	<b>21%</b>

**SAINT MARY'S HOSPITAL  
TWELVE MONTHS ACTUAL FILING  
FISCAL YEAR 2009  
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<b><u>ASSETS</u></b>				
A.	<b><u>Current Assets:</u></b>				
1	Cash and Cash Equivalents	\$17,469,000	\$23,213,000	\$5,744,000	33%
2	Short Term Investments	\$1,078,000	\$1,082,000	\$4,000	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$23,771,000	\$25,784,000	\$2,013,000	8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$3,582,000	\$4,739,000	\$1,157,000	32%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$0	\$0	\$0	0%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$5,586,000	\$3,966,000	(\$1,620,000)	-29%
	<b>Total Current Assets</b>	<b>\$51,486,000</b>	<b>\$58,784,000</b>	<b>\$7,298,000</b>	<b>14%</b>
B.	<b><u>Noncurrent Assets Whose Use is Limited:</u></b>				
1	Held by Trustee	\$13,048,000	\$12,785,000	(\$263,000)	-2%
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	\$25,643,000	\$26,933,000	\$1,290,000	5%
	<b>Total Noncurrent Assets Whose Use is Limited:</b>	<b>\$38,691,000</b>	<b>\$39,718,000</b>	<b>\$1,027,000</b>	<b>3%</b>
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$13,567,000	\$14,032,000	\$465,000	3%
7	Other Noncurrent Assets	\$9,188,000	\$9,546,000	\$358,000	4%
C.	<b><u>Net Fixed Assets:</u></b>				
1	Property, Plant and Equipment	\$170,349,000	\$171,618,000	\$1,269,000	1%
2	Less: Accumulated Depreciation	\$113,734,000	\$115,865,000	\$2,131,000	\$0
	<b>Property, Plant and Equipment, Net</b>	<b>\$56,615,000</b>	<b>\$55,753,000</b>	<b>(\$862,000)</b>	<b>-2%</b>
3	Construction in Progress	\$0	\$0	\$0	0%
	<b>Total Net Fixed Assets</b>	<b>\$56,615,000</b>	<b>\$55,753,000</b>	<b>(\$862,000)</b>	<b>-2%</b>
	<b>Total Assets</b>	<b>\$169,547,000</b>	<b>\$177,833,000</b>	<b>\$8,286,000</b>	<b>5%</b>

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<b>II. LIABILITIES AND NET ASSETS</b>					
<b>A. Current Liabilities:</b>					
1	Accounts Payable and Accrued Expenses	\$22,046,000	\$20,037,000	(\$2,009,000)	-9%
2	Salaries, Wages and Payroll Taxes	\$6,086,000	\$7,104,000	\$1,018,000	17%
3	Due To Third Party Payers	\$5,428,000	\$6,847,000	\$1,419,000	26%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,958,000	\$2,736,000	(\$222,000)	-8%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	<b>Total Current Liabilities</b>	<b>\$36,518,000</b>	<b>\$36,724,000</b>	<b>\$206,000</b>	<b>1%</b>
<b>B. Long Term Debt:</b>					
1	Bonds Payable (Net of Current Portion)	\$30,566,000	\$28,263,000	(\$2,303,000)	-8%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	<b>Total Long Term Debt</b>	<b>\$30,566,000</b>	<b>\$28,263,000</b>	<b>(\$2,303,000)</b>	<b>-8%</b>
3	Accrued Pension Liability	\$59,737,000	\$71,557,000	\$11,820,000	20%
4	Other Long Term Liabilities	\$23,415,000	\$26,291,000	\$2,876,000	12%
	<b>Total Long Term Liabilities</b>	<b>\$113,718,000</b>	<b>\$126,111,000</b>	<b>\$12,393,000</b>	<b>11%</b>
5	Interest in Net Assets of Affiliates or Joint	\$2,064,000	\$1,855,000	(\$209,000)	-10%
<b>C. Net Assets:</b>					
1	Unrestricted Net Assets or Equity	\$945,000	(\$3,025,000)	(\$3,970,000)	-420%
2	Temporarily Restricted Net Assets	\$2,261,000	\$2,387,000	\$126,000	6%
3	Permanently Restricted Net Assets	\$14,041,000	\$13,781,000	(\$260,000)	-2%
	<b>Total Net Assets</b>	<b>\$17,247,000</b>	<b>\$13,143,000</b>	<b>(\$4,104,000)</b>	<b>-24%</b>
	<b>Total Liabilities and Net Assets</b>	<b>\$169,547,000</b>	<b>\$177,833,000</b>	<b>\$8,286,000</b>	<b>5%</b>

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Operating Revenue:</b>					
1	Total Gross Patient Revenue	\$489,613,000	\$531,794,000	\$42,181,000	9%
2	Less: Allowances	\$266,010,000	\$293,158,000	\$27,148,000	10%
3	Less: Charity Care	\$584,000	\$493,000	(\$91,000)	-16%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	<b>Total Net Patient Revenue</b>	<b>\$223,019,000</b>	<b>\$238,143,000</b>	<b>\$15,124,000</b>	<b>7%</b>
5	Other Operating Revenue	\$12,133,000	\$7,585,000	(\$4,548,000)	-37%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	<b>Total Operating Revenue</b>	<b>\$235,152,000</b>	<b>\$245,728,000</b>	<b>\$10,576,000</b>	<b>4%</b>
<b>B. Operating Expenses:</b>					
1	Salaries and Wages	\$102,567,000	\$102,507,000	(\$60,000)	0%
2	Fringe Benefits	\$26,702,000	\$27,782,000	\$1,080,000	4%
3	Physicians Fees	\$0	\$0	\$0	0%
4	Supplies and Drugs	\$0	\$0	\$0	0%
5	Depreciation and Amortization	\$9,089,000	\$0	(\$9,089,000)	-100%
6	Bad Debts	\$11,890,000	\$13,161,000	\$1,271,000	11%
7	Interest	\$2,103,000	\$0	(\$2,103,000)	-100%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$79,995,000	\$94,110,000	\$14,115,000	18%
	<b>Total Operating Expenses</b>	<b>\$232,346,000</b>	<b>\$237,560,000</b>	<b>\$5,214,000</b>	<b>2%</b>
	<b>Income/(Loss) From Operations</b>	<b>\$2,806,000</b>	<b>\$8,168,000</b>	<b>\$5,362,000</b>	<b>191%</b>
<b>C. Non-Operating Revenue:</b>					
1	Income from Investments	(\$1,008,000)	(\$1,271,000)	(\$263,000)	26%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$2,453,000	\$1,556,000	(\$897,000)	-37%
	<b>Total Non-Operating Revenue</b>	<b>\$1,445,000</b>	<b>\$285,000</b>	<b>(\$1,160,000)</b>	<b>-80%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)</b>	<b>\$4,251,000</b>	<b>\$8,453,000</b>	<b>\$4,202,000</b>	<b>99%</b>
<b>Other Adjustments:</b>					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	<b>Total Other Adjustments</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Excess/(Deficiency) of Revenue Over Expenses</b>	<b>\$4,251,000</b>	<b>\$8,453,000</b>	<b>\$4,202,000</b>	<b>99%</b>

<b>SAINT MARY'S HEALTH SYSTEM, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>A. <u>Parent Corporation Statement of Operations Summary</u></b>				
1	Net Patient Revenue	\$209,812,000	\$223,019,000	\$238,143,000
2	Other Operating Revenue	13,294,000	12,133,000	7,585,000
3	Total Operating Revenue	\$223,106,000	\$235,152,000	\$245,728,000
4	Total Operating Expenses	221,472,000	232,346,000	237,560,000
5	Income/(Loss) From Operations	\$1,634,000	\$2,806,000	\$8,168,000
6	Total Non-Operating Revenue	4,269,000	1,445,000	285,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,903,000	\$4,251,000	\$8,453,000
<b>B. <u>Parent Corporation Profitability Summary</u></b>				
1	Parent Corporation Operating Margin	0.72%	1.19%	3.32%
2	Parent Corporation Non-Operating Margin	1.88%	0.61%	0.12%
3	Parent Corporation Total Margin	2.60%	1.80%	3.44%
4	Income/(Loss) From Operations	\$1,634,000	\$2,806,000	\$8,168,000
5	Total Operating Revenue	\$223,106,000	\$235,152,000	\$245,728,000
6	Total Non-Operating Revenue	\$4,269,000	\$1,445,000	\$285,000
7	Total Revenue	\$227,375,000	\$236,597,000	\$246,013,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,903,000	\$4,251,000	\$8,453,000
<b>C. <u>Parent Corporation Net Assets Summary</u></b>				
1	Parent Corporation Unrestricted Net Assets	\$1,189,000	\$945,000	-\$3,025,000
2	Parent Corporation Total Net Assets	\$21,221,000	\$17,247,000	\$13,143,000
3	Parent Corporation Change in Total Net Assets	\$21,221,000	(\$3,974,000)	(\$4,104,000)
4	Parent Corporation Change in Total Net Assets %	0.0%	-18.7%	-23.8%

<b>SAINT MARY'S HEALTH SYSTEM, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>D. <u>Liquidity Measures Summary</u></b>				
<b>1</b>	<b><u>Current Ratio</u></b>	<b>1.21</b>	<b>1.41</b>	<b>1.60</b>
2	Total Current Assets	\$41,875,000	\$51,486,000	\$58,784,000
3	Total Current Liabilities	\$34,510,000	\$36,518,000	\$36,724,000
<b>4</b>	<b><u>Days Cash on Hand</u></b>	<b>17</b>	<b>30</b>	<b>37</b>
5	Cash and Cash Equivalents	\$9,820,000	\$17,469,000	\$23,213,000
6	Short Term Investments	111,000	1,078,000	1,082,000
7	Total Cash and Short Term Investments	\$9,931,000	\$18,547,000	\$24,295,000
8	Total Operating Expenses	\$221,472,000	\$232,346,000	\$237,560,000
9	Depreciation Expense	\$9,624,000	\$9,089,000	\$0
10	Operating Expenses less Depreciation Expense	\$211,848,000	\$223,257,000	\$237,560,000
<b>11</b>	<b><u>Days Revenue in Patient Accounts Receivable</u></b>	<b>34</b>	<b>30</b>	<b>29</b>
12	Net Patient Accounts Receivable	\$ 23,515,000	\$ 23,771,000	\$ 25,784,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$4,179,000	\$5,428,000	\$6,847,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 19,336,000	\$ 18,343,000	\$ 18,937,000
16	Total Net Patient Revenue	\$209,812,000	\$223,019,000	\$238,143,000
<b>17</b>	<b><u>Average Payment Period</u></b>	<b>59</b>	<b>60</b>	<b>56</b>
18	Total Current Liabilities	\$34,510,000	\$36,518,000	\$36,724,000
19	Total Operating Expenses	\$221,472,000	\$232,346,000	\$237,560,000
20	Depreciation Expense	\$9,624,000	\$9,089,000	\$0
21	Total Operating Expenses less Depreciation Expense	\$211,848,000	\$223,257,000	\$237,560,000

<b>SAINT MARY'S HEALTH SYSTEM, INC.</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS</b>				
(1)	(2)	(3)	(4)	(5)
		<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>
<b>LINE</b>	<b>DESCRIPTION</b>	<b><u>FY 2007</u></b>	<b><u>FY 2008</u></b>	<b><u>FY 2009</u></b>
<b>E.</b>	<b><u>Solvency Measures Summary</u></b>			
<b>1</b>	<b><u>Equity Financing Ratio</u></b>	<b>12.6</b>	<b>10.2</b>	<b>7.4</b>
2	Total Net Assets	\$21,221,000	\$17,247,000	\$13,143,000
3	Total Assets	\$168,602,000	\$169,547,000	\$177,833,000
<b>4</b>	<b><u>Cash Flow to Total Debt Ratio</u></b>	<b>22.8</b>	<b>19.9</b>	<b>13.0</b>
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,903,000	\$4,251,000	\$8,453,000
6	Depreciation Expense	\$9,624,000	\$9,089,000	\$0
7	Excess of Revenues Over Expenses and Depreciation Expense	\$15,527,000	\$13,340,000	\$8,453,000
8	Total Current Liabilities	\$34,510,000	\$36,518,000	\$36,724,000
9	Total Long Term Debt	\$33,485,000	\$30,566,000	\$28,263,000
10	Total Current Liabilities and Total Long Term Debt	\$67,995,000	\$67,084,000	\$64,987,000
<b>11</b>	<b><u>Long Term Debt to Capitalization Ratio</u></b>	<b>61.2</b>	<b>63.9</b>	<b>68.3</b>
12	Total Long Term Debt	\$33,485,000	\$30,566,000	\$28,263,000
13	Total Net Assets	\$21,221,000	\$17,247,000	\$13,143,000
14	Total Long Term Debt and Total Net Assets	\$54,706,000	\$47,813,000	\$41,406,000

SAINT MARY'S HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	38,207	132	132	79.3%	79.3%
2	ICU/CCU (Excludes Neonatal ICU)	4,023	16	16	68.9%	68.9%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,747	12	12	85.5%	85.5%
	<b>TOTAL PSYCHIATRIC</b>	<b>3,747</b>	<b>12</b>	<b>12</b>	<b>85.5%</b>	<b>85.5%</b>
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	3,083	14	14	60.3%	60.3%
7	Newborn	2,381	7	7	93.2%	93.2%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	221	7	7	8.6%	8.6%
10	Other	1,434	8	8	49.1%	49.1%
	<b>TOTAL EXCLUDING NEWBORN</b>	<b>50,715</b>	<b>189</b>	<b>189</b>	<b>73.5%</b>	<b>73.5%</b>
	<b>TOTAL INPATIENT BED UTILIZATION</b>	<b>53,096</b>	<b>196</b>	<b>196</b>	<b>74.2%</b>	<b>74.2%</b>
	<b>TOTAL INPATIENT REPORTED YEAR</b>	<b>53,096</b>	<b>196</b>	<b>196</b>	<b>74.2%</b>	<b>74.2%</b>
	<b>TOTAL INPATIENT PRIOR YEAR</b>	<b>58,081</b>	<b>196</b>	<b>196</b>	<b>81.2%</b>	<b>81.2%</b>
	<b>DIFFERENCE #: REPORTED VS. PRIOR YEAR</b>	<b>-4,985</b>	<b>0</b>	<b>0</b>	<b>-7.0%</b>	<b>-7.0%</b>
	<b>DIFFERENCE %: REPORTED VS. PRIOR YEAR</b>	<b>-9%</b>	<b>0%</b>	<b>0%</b>	<b>-9%</b>	<b>-9%</b>
	Total Licensed Beds and Bassinets	379				
<b>(A) This number may not exceed the number of available beds for each department or in total.</b>						

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. CT Scans (A)</b>					
1	Inpatient Scans	9,236	8,674	-562	-6%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,974	6,194	220	4%
3	Emergency Department Scans	8,524	9,597	1,073	13%
4	Other Non-Hospital Providers' Scans (A)	4,803	5,167	364	8%
	<b>Total CT Scans</b>	<b>28,537</b>	<b>29,632</b>	<b>1,095</b>	<b>4%</b>
<b>B. MRI Scans (A)</b>					
1	Inpatient Scans	1,946	1,984	38	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,137	1,890	753	66%
3	Emergency Department Scans	74	98	24	32%
4	Other Non-Hospital Providers' Scans (A)	10,286	11,123	837	8%
	<b>Total MRI Scans</b>	<b>13,443</b>	<b>15,095</b>	<b>1,652</b>	<b>12%</b>
<b>C. PET Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	1,042	838	-204	-20%
	<b>Total PET Scans</b>	<b>1,042</b>	<b>838</b>	<b>-204</b>	<b>-20%</b>
<b>D. PET/CT Scans (A)</b>					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	<b>Total PET/CT Scans</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.</b>					
<b>E. Linear Accelerator Procedures</b>					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	11,427	12,715	1,288	11%
	<b>Total Linear Accelerator Procedures</b>	<b>11,427</b>	<b>12,715</b>	<b>1,288</b>	<b>11%</b>
<b>F. Cardiac Catheterization Procedures</b>					
1	Inpatient Procedures	461	470	9	2%
2	Outpatient Procedures	245	290	45	18%
	<b>Total Cardiac Catheterization Procedures</b>	<b>706</b>	<b>760</b>	<b>54</b>	<b>8%</b>
<b>G. Cardiac Angioplasty Procedures</b>					
1	Primary Procedures	243	255	12	5%
2	Elective Procedures	0	0	0	0%
	<b>Total Cardiac Angioplasty Procedures</b>	<b>243</b>	<b>255</b>	<b>12</b>	<b>5%</b>
<b>H. Electrophysiology Studies</b>					
1	Inpatient Studies	187	258	71	38%
2	Outpatient Studies	57	20	-37	-65%
	<b>Total Electrophysiology Studies</b>	<b>244</b>	<b>278</b>	<b>34</b>	<b>14%</b>
<b>I. Surgical Procedures</b>					
1	Inpatient Surgical Procedures	9,234	8,870	-364	-4%
2	Outpatient Surgical Procedures	10,118	10,164	46	0%
	<b>Total Surgical Procedures</b>	<b>19,352</b>	<b>19,034</b>	<b>-318</b>	<b>-2%</b>

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>J.</b>	<b><u>Endoscopy Procedures</u></b>				
1	Inpatient Endoscopy Procedures	380	367	-13	-3%
2	Outpatient Endoscopy Procedures	2,096	1,943	-153	-7%
	<b>Total Endoscopy Procedures</b>	<b>2,476</b>	<b>2,310</b>	<b>-166</b>	<b>-7%</b>
<b>K.</b>	<b><u>Hospital Emergency Room Visits</u></b>				
1	Emergency Room Visits: Treated and Admitted	8,246	7,575	-671	-8%
2	Emergency Room Visits: Treated and Discharged	60,106	61,984	1,878	3%
	<b>Total Emergency Room Visits</b>	<b>68,352</b>	<b>69,559</b>	<b>1,207</b>	<b>2%</b>
<b>L.</b>	<b><u>Hospital Clinic Visits</u></b>				
1	Substance Abuse Treatment Clinic Visits	14	187	173	1236%
2	Dental Clinic Visits	5,730	6,669	939	16%
3	Psychiatric Clinic Visits	6,841	7,883	1,042	15%
4	Medical Clinic Visits	72,101	83,480	11,379	16%
5	Specialty Clinic Visits	0	0	0	0%
	<b>Total Hospital Clinic Visits</b>	<b>84,686</b>	<b>98,219</b>	<b>13,533</b>	<b>16%</b>
<b>M.</b>	<b><u>Other Hospital Outpatient Visits</u></b>				
1	Rehabilitation (PT/OT/ST)	11,363	10,947	-416	-4%
2	Cardiology	2,269	2,464	195	9%
3	Chemotherapy	148	110	-38	-26%
4	Gastroenterology	2,910	2,648	-262	-9%
5	Other Outpatient Visits	133,771	145,202	11,431	9%
	<b>Total Other Hospital Outpatient Visits</b>	<b>150,461</b>	<b>161,371</b>	<b>10,910</b>	<b>7%</b>
<b>N.</b>	<b><u>Hospital Full Time Equivalent Employees</u></b>				
1	Total Nursing FTEs	345.7	339.6	-6.1	-2%
2	Total Physician FTEs	48.9	50.8	1.9	4%
3	Total Non-Nursing and Non-Physician FTEs	814.6	815.0	0.4	0%
	<b>Total Hospital Full Time Equivalent Employees</b>	<b>1,209.2</b>	<b>1,205.4</b>	<b>-3.8</b>	<b>0%</b>

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>A. Outpatient Surgical Procedures</b>					
1	Hospital	10,118	10,164	46	0%
	<b>Total Outpatient Surgical Procedures(A)</b>	<b>10,118</b>	<b>10,164</b>	<b>46</b>	<b>0%</b>
<b>B. Outpatient Endoscopy Procedures</b>					
1	Hospital	2,096	1,943	-153	-7%
	<b>Total Outpatient Endoscopy Procedures(B)</b>	<b>2,096</b>	<b>1,943</b>	<b>-153</b>	<b>-7%</b>
<b>C. Outpatient Hospital Emergency Room Visits</b>					
1	Hospital	60,106	61,984	1,878	3%
	<b>Total Outpatient Hospital Emergency Room Visits(C)</b>	<b>60,106</b>	<b>61,984</b>	<b>1,878</b>	<b>3%</b>
<b>(A) Must agree with Total Outpatient Surgical Procedures on Report 450.</b>					
<b>(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.</b>					
<b>(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.</b>					

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>I. DATA BY MAJOR PAYER CATEGORY</b>					
<b>A. MEDICARE</b>					
<b>MEDICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$115,895,781	\$121,263,136	\$5,367,355	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$65,329,225	\$69,739,881	\$4,410,656	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.37%	57.51%	1.14%	2%
4	DISCHARGES	5,470	5,300	(170)	-3%
5	CASE MIX INDEX (CMI)	1.49740	1.56444	0.06704	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,190,77800	8,291,53200	100,75400	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,975.95	\$8,410.98	\$435.03	5%
8	PATIENT DAYS	30,238	27,889	(2,349)	-8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,160.50	\$2,500.62	\$340.12	16%
10	AVERAGE LENGTH OF STAY	5.5	5.3	(0.3)	-5%
<b>MEDICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$50,684,895	\$57,952,582	\$7,267,687	14%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$14,052,538	\$14,793,198	\$740,660	5%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.73%	25.53%	-2.20%	-8%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	43.73%	47.79%	4.06%	9%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,392,20421	2,532,91062	140,70640	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,874.31	\$5,840.39	(\$33.91)	-1%
<b>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
17	TOTAL ACCRUED CHARGES	\$166,580,676	\$179,215,718	\$12,635,042	8%
18	TOTAL ACCRUED PAYMENTS	\$79,381,763	\$84,533,079	\$5,151,316	6%
19	TOTAL ALLOWANCES	\$87,198,913	\$94,682,639	\$7,483,726	9%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</b>					
<b>NON-GOVERNMENT INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$66,989,298	\$73,492,301	\$6,503,003	10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,157,084	\$36,379,406	(\$777,678)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	55.47%	49.50%	-5.97%	-11%
4	DISCHARGES	4,241	3,956	(285)	-7%
5	CASE MIX INDEX (CMI)	1.15580	1.13935	(0.01645)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,901.74780	4,507.26860	(394.47920)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,580.37	\$8,071.28	\$490.90	6%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$395.57	\$339.70	(\$55.87)	-14%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,939,005	\$1,531,124	(\$407,881)	-21%
10	PATIENT DAYS	14,199	13,059	(1,140)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,616.88	\$2,785.77	\$168.89	6%
12	AVERAGE LENGTH OF STAY	3.3	3.3	(0.0)	-1%
<b>NON-GOVERNMENT OUTPATIENT</b>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$89,643,707	\$100,639,158	\$10,995,451	12%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,428,972	\$33,286,906	\$3,857,934	13%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.83%	33.08%	0.25%	1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	133.82%	136.94%	3.12%	2%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,675.21937	5,417.28186	(257.93751)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,185.52	\$6,144.58	\$959.06	18%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$688.78	(\$304.18)	(\$992.97)	-144%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,908,999	(\$1,647,841)	(\$5,556,841)	-142%
<b>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</b>					
21	TOTAL ACCRUED CHARGES	\$156,633,005	\$174,131,459	\$17,498,454	11%
22	TOTAL ACCRUED PAYMENTS	\$66,586,056	\$69,666,312	\$3,080,256	5%
23	TOTAL ALLOWANCES	\$90,046,949	\$104,465,147	\$14,418,198	16%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,848,004	(\$116,717)	(\$5,964,721)	-102%
<b>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</b>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$156,633,005	\$174,131,459	\$17,498,454	11%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$66,478,566	\$69,666,312	\$3,187,746	5%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,154,439	\$104,465,147	\$14,310,708	16%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.56%	59.99%	2.43%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>C. UNINSURED</b>					
<b>UNINSURED INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$1,875,182	\$2,609,364	\$734,182	39%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$52,243	\$22,505	(\$29,738)	-57%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.79%	0.86%	-1.92%	-69%
4	DISCHARGES	141	196	55	39%
5	CASE MIX INDEX (CMI)	1.08940	0.98959	(0.09981)	-9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	153.60540	193.95964	40.35424	26%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$340.11	\$116.03	(\$224.08)	-66%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,240.26	\$7,955.25	\$714.98	10%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,635.84	\$8,294.95	\$659.11	9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,172,906	\$1,608,885	\$435,979	37%
11	PATIENT DAYS	450	566	116	26%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$116.10	\$39.76	(\$76.33)	-66%
13	AVERAGE LENGTH OF STAY	3.2	2.9	(0.3)	-10%
<b>UNINSURED OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,265,965	\$7,794,023	\$528,058	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$309,941	\$309,287	(\$654)	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.27%	3.97%	-0.30%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	387.48%	298.69%	-88.79%	-23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	546.34754	585.44094	39.09340	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$567.30	\$528.30	(\$39.00)	-7%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,618.23	\$5,616.28	\$998.05	22%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,307.01	\$5,312.10	\$5.09	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,899,471	\$3,109,919	\$210,448	7%
<b>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$9,141,147	\$10,403,387	\$1,262,240	14%
24	TOTAL ACCRUED PAYMENTS	\$362,184	\$331,792	(\$30,392)	-8%
25	TOTAL ALLOWANCES	\$8,778,963	\$10,071,595	\$1,292,632	15%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,072,377	\$4,718,804	\$646,427	16%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>D. STATE OF CONNECTICUT MEDICAID</b>					
<b>MEDICAID INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$28,468,449	\$26,960,292	(\$1,508,157)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,244,651	\$9,702,923	(\$1,541,728)	-14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.50%	35.99%	-3.51%	-9%
4	DISCHARGES	2,847	2,603	(244)	-9%
5	CASE MIX INDEX (CMI)	0.84090	0.85870	0.01780	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,394.04230	2,235.19610	(158.84620)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,696.93	\$4,340.97	(\$355.96)	-8%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,883.44	\$3,730.30	\$846.86	29%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,279.02	\$4,070.00	\$790.99	24%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,850,108	\$9,097,259	\$1,247,151	16%
11	PATIENT DAYS	10,728	9,362	(1,366)	-13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,048.16	\$1,036.42	(\$11.74)	-1%
13	AVERAGE LENGTH OF STAY	3.8	3.6	(0.2)	-5%
<b>MEDICAID OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$42,386,399	\$50,029,863	\$7,643,464	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,503,633	\$11,266,023	\$1,762,390	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.42%	22.52%	0.10%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	148.89%	185.57%	36.68%	25%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,238.87083	4,830.35322	591.48240	14%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,242.02	\$2,332.34	\$90.32	4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,943.50	\$3,812.24	\$868.74	30%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,632.29	\$3,508.06	(\$124.23)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,396,789	\$16,945,147	\$1,548,358	10%
<b>MEDICAID TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$70,854,848	\$76,990,155	\$6,135,307	9%
24	TOTAL ACCRUED PAYMENTS	\$20,748,284	\$20,968,946	\$220,662	1%
25	TOTAL ALLOWANCES	\$50,106,564	\$56,021,209	\$5,914,645	12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$23,246,896	\$26,042,406	\$2,795,510	12%

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LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>E.</b>	<b>OTHER MEDICAL ASSISTANCE (O.M.A.)</b>				
	<b>OTHER MEDICAL ASSISTANCE INPATIENT</b>				
1	INPATIENT ACCRUED CHARGES	\$8,335,360	\$9,284,921	\$949,561	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,065,057	\$1,511,782	(\$553,275)	-27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.77%	16.28%	-8.49%	-34%
4	DISCHARGES	554	573	19	3%
5	CASE MIX INDEX (CMI)	1.11980	1.14900	0.02920	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	620.36920	658.37700	38.00780	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,328.75	\$2,296.23	(\$1,032.53)	-31%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,251.62	\$5,775.05	\$1,523.43	36%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$4,647.19	\$6,114.75	\$1,467.56	32%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,882,976	\$4,025,811	\$1,142,836	40%
11	PATIENT DAYS	2,768	2,712	(56)	-2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$746.05	\$557.44	(\$188.60)	-25%
13	AVERAGE LENGTH OF STAY	5.0	4.7	(0.3)	-5%
	<b>OTHER MEDICAL ASSISTANCE OUTPATIENT</b>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,521,199	\$12,619,090	\$2,097,891	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,406,972	\$1,277,165	(\$129,807)	-9%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.37%	10.12%	-3.25%	-24%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	126.22%	135.91%	9.69%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	699.27924	778.76145	79.48221	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,012.03	\$1,640.00	(\$372.04)	-18%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$3,173.49	\$4,504.58	\$1,331.09	42%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,862.27	\$4,200.40	\$338.13	9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,700,808	\$3,271,109	\$570,302	21%
	<b>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>				
23	TOTAL ACCRUED CHARGES	\$18,856,559	\$21,904,011	\$3,047,452	16%
24	TOTAL ACCRUED PAYMENTS	\$3,472,029	\$2,788,947	(\$683,082)	-20%
25	TOTAL ALLOWANCES	\$15,384,530	\$19,115,064	\$3,730,534	24%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$5,583,784	\$7,296,921	\$1,713,137	31%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)</b>					
<b>TOTAL MEDICAL ASSISTANCE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$36,803,809	\$36,245,213	(\$558,596)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,309,708	\$11,214,705	(\$2,095,003)	-16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.16%	30.94%	-5.22%	-14%
4	DISCHARGES	3,401	3,176	(225)	-7%
5	CASE MIX INDEX (CMI)	0.88633	0.91107	0.02474	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,014.41150	2,893.57310	(120.83840)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,415.36	\$3,875.73	(\$539.63)	-12%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,165.02	\$4,195.55	\$1,030.53	33%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,560.59	\$4,535.25	\$974.66	27%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,733,083	\$13,123,070	\$2,389,987	22%
11	PATIENT DAYS	13,496	12,074	(1,422)	-11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$986.20	\$928.83	(\$57.37)	-6%
13	AVERAGE LENGTH OF STAY	4.0	3.8	(0.2)	-4%
<b>TOTAL MEDICAL ASSISTANCE OUTPATIENT</b>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$52,907,598	\$62,648,953	\$9,741,355	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,910,605	\$12,543,188	\$1,632,583	15%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.62%	20.02%	-0.60%	-3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	143.76%	172.85%	29.09%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,938.15007	5,609.11468	670.96461	14%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,209.45	\$2,236.22	\$26.76	1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,976.07	\$3,908.36	\$932.29	31%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,664.85	\$3,604.18	(\$60.67)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$18,097,596	\$20,216,256	\$2,118,660	12%
<b>TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</b>					
23	TOTAL ACCRUED CHARGES	\$89,711,407	\$98,894,166	\$9,182,759	10%
24	TOTAL ACCRUED PAYMENTS	\$24,220,313	\$23,757,893	(\$462,420)	-2%
25	TOTAL ALLOWANCES	\$65,491,094	\$75,136,273	\$9,645,179	15%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>G. CHAMPUS / TRICARE</b>					
<b>CHAMPUS / TRICARE INPATIENT</b>					
1	INPATIENT ACCRUED CHARGES	\$338,762	\$212,284	(\$126,478)	-37%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$112,266	\$98,729	(\$13,537)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.14%	46.51%	13.37%	40%
4	DISCHARGES	41	30	(11)	-27%
5	CASE MIX INDEX (CMI)	0.65320	0.61797	(0.03523)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	26.78120	18.53910	(8.24210)	-31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,191.97	\$5,325.45	\$1,133.48	27%
8	PATIENT DAYS	148	74	(74)	-50%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$758.55	\$1,334.18	\$575.62	76%
10	AVERAGE LENGTH OF STAY	3.6	2.5	(1.1)	-32%
<b>CHAMPUS / TRICARE OUTPATIENT</b>					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$541,324	\$658,533	\$117,209	22%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$202,451	\$219,328	\$16,877	8%
<b>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</b>					
13	TOTAL ACCRUED CHARGES	\$880,086	\$870,817	(\$9,269)	-1%
14	TOTAL ACCRUED PAYMENTS	\$314,717	\$318,057	\$3,340	1%
15	TOTAL ALLOWANCES	\$565,369	\$552,760	(\$12,609)	-2%
<b>H. OTHER DATA</b>					
1	OTHER OPERATING REVENUE	\$11,427,996	\$8,145,638	(\$3,282,358)	-29%
2	TOTAL OPERATING EXPENSES	\$189,131,768	\$192,136,903	\$3,005,135	2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,756,724	\$1,519,133	(\$237,591)	-14%
<b>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</b>					
4	CHARITY CARE (CHARGES)	\$584,465	\$493,000	(\$91,465)	-16%
5	BAD DEBTS (CHARGES)	\$10,446,296	\$11,724,327	\$1,278,031	12%
6	UNCOMPENSATED CARE (CHARGES)	\$11,030,761	\$12,217,327	\$1,186,566	11%
7	COST OF UNCOMPENSATED CARE	\$4,198,354	\$4,386,131	\$187,777	4%
<b>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</b>					
8	TOTAL ACCRUED CHARGES	\$89,711,407	\$98,894,166	\$9,182,759	10%
9	TOTAL ACCRUED PAYMENTS	\$24,220,313	\$23,757,893	(\$462,420)	-2%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$34,144,539	\$35,503,903	\$1,359,365	4%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,924,226	\$11,746,010	\$1,821,785	18%

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LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
<b>II. AGGREGATE DATA</b>					
<b>A. TOTALS - ALL PAYERS</b>					
1	TOTAL INPATIENT CHARGES	\$220,027,650	\$231,212,934	\$11,185,284	5%
2	TOTAL INPATIENT PAYMENTS	\$115,908,283	\$117,432,721	\$1,524,438	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	52.68%	50.79%	-1.89%	-4%
4	TOTAL DISCHARGES	13,153	12,462	(691)	-5%
5	TOTAL CASE MIX INDEX	1.22662	1.26071	0.03409	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	16,133.71850	15,710.91280	(422.80570)	-3%
7	TOTAL OUTPATIENT CHARGES	\$193,777,524	\$221,899,226	\$28,121,702	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	88.07%	95.97%	7.90%	9%
9	TOTAL OUTPATIENT PAYMENTS	\$54,594,566	\$60,842,620	\$6,248,054	11%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.17%	27.42%	-0.75%	-3%
11	TOTAL CHARGES	\$413,805,174	\$453,112,160	\$39,306,986	9%
12	TOTAL PAYMENTS	\$170,502,849	\$178,275,341	\$7,772,492	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	41.20%	39.34%	-1.86%	-5%
14	PATIENT DAYS	58,081	53,096	(4,985)	-9%
<b>B. TOTALS - ALL GOVERNMENT PAYERS</b>					
1	INPATIENT CHARGES	\$153,038,352	\$157,720,633	\$4,682,281	3%
2	INPATIENT PAYMENTS	\$78,751,199	\$81,053,315	\$2,302,116	3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	51.46%	51.39%	-0.07%	0%
4	DISCHARGES	8,912	8,506	(406)	-5%
5	CASE MIX INDEX	1.26032	1.31715	0.05683	5%
6	CASE MIX ADJUSTED DISCHARGES	11,231.97070	11,203.64420	(28.32650)	0%
7	OUTPATIENT CHARGES	\$104,133,817	\$121,260,068	\$17,126,251	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	68.04%	76.88%	8.84%	13%
9	OUTPATIENT PAYMENTS	\$25,165,594	\$27,555,714	\$2,390,120	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.17%	22.72%	-1.44%	-6%
11	TOTAL CHARGES	\$257,172,169	\$278,980,701	\$21,808,532	8%
12	TOTAL PAYMENTS	\$103,916,793	\$108,609,029	\$4,692,236	5%
13	TOTAL PAYMENTS / CHARGES	40.41%	38.93%	-1.48%	-4%
14	PATIENT DAYS	43,882	40,037	(3,845)	-9%
15	TOTAL GOVERNMENT DEDUCTIONS	\$153,255,376	\$170,371,672	\$17,116,296	11%
<b>C. AVERAGE LENGTH OF STAY</b>					
1	MEDICARE	5.5	5.3	(0.3)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.3	(0.0)	-1%
3	UNINSURED	3.2	2.9	(0.3)	-10%
4	MEDICAID	3.8	3.6	(0.2)	-5%
5	OTHER MEDICAL ASSISTANCE	5.0	4.7	(0.3)	-5%
6	CHAMPUS / TRICARE	3.6	2.5	(1.1)	-32%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.3	(0.2)	-4%

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<b>III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION</b>					
1	TOTAL CHARGES	\$413,805,174	\$453,112,160	\$39,306,986	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$153,255,376	\$170,371,672	\$17,116,296	11%
3	UNCOMPENSATED CARE	\$11,030,761	\$12,217,327	\$1,186,566	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,154,439	\$104,465,147	\$14,310,708	16%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$3,625,332	\$4,905,768	\$1,280,436	35%
6	TOTAL ADJUSTMENTS	\$258,065,908	\$291,959,914	\$33,894,006	13%
7	TOTAL ACCRUED PAYMENTS	\$155,739,266	\$161,152,246	\$5,412,980	3%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$1,756,724	\$1,519,133	(\$237,591)	-14%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$157,495,990	\$162,671,379	\$5,175,389	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3806042068	0.3590090785	(0.0215951283)	-6%
11	COST OF UNCOMPENSATED CARE	\$4,198,354	\$4,386,131	\$187,777	4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,924,226	\$11,746,010	\$1,821,785	18%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$14,122,580	\$16,132,142	\$2,009,562	14%
<b>IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>					
1	MEDICAID	\$15,396,789	\$16,945,147	\$1,548,358	10%
2	OTHER MEDICAL ASSISTANCE	\$5,583,784	\$7,296,921	\$1,713,137	31%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,072,377	\$4,718,804	\$646,427	16%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$25,052,949	\$28,960,872	\$3,907,923	16%
<b>V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600</b>					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$6,380,499	\$8,152,172	\$1,771,673	27.77%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$18,491,277	\$16,703,211	(\$1,788,066)	-9.67%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$190,751,000	\$196,498,000	\$5,747,000	3.01%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$413,805,000	\$453,112,000	\$39,307,000	9.50%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$11,030,761	\$12,217,327	\$1,186,566	10.76%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>I. ACCRUED CHARGES AND PAYMENTS</b>				
<b>A. INPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,989,298	\$73,492,301	\$6,503,003
2	MEDICARE	\$115,895,781	121,263,136	\$5,367,355
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$36,803,809	36,245,213	(\$558,596)
4	MEDICAID	\$28,468,449	26,960,292	(\$1,508,157)
5	OTHER MEDICAL ASSISTANCE	\$8,335,360	9,284,921	\$949,561
6	CHAMPUS / TRICARE	\$338,762	212,284	(\$126,478)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,875,182	2,609,364	\$734,182
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$153,038,352</b>	<b>\$157,720,633</b>	<b>\$4,682,281</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$220,027,650</b>	<b>\$231,212,934</b>	<b>\$11,185,284</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$89,643,707	\$100,639,158	\$10,995,451
2	MEDICARE	\$50,684,895	57,952,582	\$7,267,687
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$52,907,598	62,648,953	\$9,741,355
4	MEDICAID	\$42,386,399	50,029,863	\$7,643,464
5	OTHER MEDICAL ASSISTANCE	\$10,521,199	12,619,090	\$2,097,891
6	CHAMPUS / TRICARE	\$541,324	658,533	\$117,209
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,265,965	7,794,023	\$528,058
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$104,133,817</b>	<b>\$121,260,068</b>	<b>\$17,126,251</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$193,777,524</b>	<b>\$221,899,226</b>	<b>\$28,121,702</b>
<b>C. TOTAL ACCRUED CHARGES</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$156,633,005	\$174,131,459	\$17,498,454
2	TOTAL MEDICARE	\$166,580,676	\$179,215,718	\$12,635,042
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$89,711,407	\$98,894,166	\$9,182,759
4	TOTAL MEDICAID	\$70,854,848	\$76,990,155	\$6,135,307
5	TOTAL OTHER MEDICAL ASSISTANCE	\$18,856,559	\$21,904,011	\$3,047,452
6	TOTAL CHAMPUS / TRICARE	\$880,086	\$870,817	(\$9,269)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,141,147	\$10,403,387	\$1,262,240
	<b>TOTAL GOVERNMENT CHARGES</b>	<b>\$257,172,169</b>	<b>\$278,980,701</b>	<b>\$21,808,532</b>
	<b>TOTAL CHARGES</b>	<b>\$413,805,174</b>	<b>\$453,112,160</b>	<b>\$39,306,986</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,157,084	\$36,379,406	(\$777,678)
2	MEDICARE	\$65,329,225	69,739,881	\$4,410,656
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,309,708	11,214,705	(\$2,095,003)
4	MEDICAID	\$11,244,651	9,702,923	(\$1,541,728)
5	OTHER MEDICAL ASSISTANCE	\$2,065,057	1,511,782	(\$553,275)
6	CHAMPUS / TRICARE	\$112,266	98,729	(\$13,537)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$52,243	22,505	(\$29,738)
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$78,751,199</b>	<b>\$81,053,315</b>	<b>\$2,302,116</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$115,908,283</b>	<b>\$117,432,721</b>	<b>\$1,524,438</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$29,428,972	\$33,286,906	\$3,857,934
2	MEDICARE	\$14,052,538	14,793,198	\$740,660
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,910,605	12,543,188	\$1,632,583
4	MEDICAID	\$9,503,633	11,266,023	\$1,762,390
5	OTHER MEDICAL ASSISTANCE	\$1,406,972	1,277,165	(\$129,807)
6	CHAMPUS / TRICARE	\$202,451	219,328	\$16,877
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$309,941	309,287	(\$654)
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$25,165,594</b>	<b>\$27,555,714</b>	<b>\$2,390,120</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$54,594,566</b>	<b>\$60,842,620</b>	<b>\$6,248,054</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,586,056	\$69,666,312	\$3,080,256
2	TOTAL MEDICARE	\$79,381,763	\$84,533,079	\$5,151,316
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,220,313	\$23,757,893	(\$462,420)
4	TOTAL MEDICAID	\$20,748,284	\$20,968,946	\$220,662
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,472,029	\$2,788,947	(\$683,082)
6	TOTAL CHAMPUS / TRICARE	\$314,717	\$318,057	\$3,340
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$362,184	\$331,792	(\$30,392)
	<b>TOTAL GOVERNMENT PAYMENTS</b>	<b>\$103,916,793</b>	<b>\$108,609,029</b>	<b>\$4,692,236</b>
	<b>TOTAL PAYMENTS</b>	<b>\$170,502,849</b>	<b>\$178,275,341</b>	<b>\$7,772,492</b>

<b>SAINT MARY'S HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>II. PAYER MIX</b>				
<b>A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.19%	16.22%	0.03%
2	MEDICARE	28.01%	26.76%	-1.25%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.89%	8.00%	-0.89%
4	MEDICAID	6.88%	5.95%	-0.93%
5	OTHER MEDICAL ASSISTANCE	2.01%	2.05%	0.03%
6	CHAMPUS / TRICARE	0.08%	0.05%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.45%	0.58%	0.12%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>36.98%</b>	<b>34.81%</b>	<b>-2.17%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>53.17%</b>	<b>51.03%</b>	<b>-2.14%</b>
<b>B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.66%	22.21%	0.55%
2	MEDICARE	12.25%	12.79%	0.54%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.79%	13.83%	1.04%
4	MEDICAID	10.24%	11.04%	0.80%
5	OTHER MEDICAL ASSISTANCE	2.54%	2.78%	0.24%
6	CHAMPUS / TRICARE	0.13%	0.15%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.76%	1.72%	-0.04%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>25.16%</b>	<b>26.76%</b>	<b>1.60%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>46.83%</b>	<b>48.97%</b>	<b>2.14%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED CHARGES</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>
<b>C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.79%	20.41%	-1.39%
2	MEDICARE	38.32%	39.12%	0.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.81%	6.29%	-1.52%
4	MEDICAID	6.59%	5.44%	-1.15%
5	OTHER MEDICAL ASSISTANCE	1.21%	0.85%	-0.36%
6	CHAMPUS / TRICARE	0.07%	0.06%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.03%	0.01%	-0.02%
	<b>TOTAL INPATIENT GOVERNMENT PAYER MIX</b>	<b>46.19%</b>	<b>45.47%</b>	<b>-0.72%</b>
	<b>TOTAL INPATIENT PAYER MIX</b>	<b>67.98%</b>	<b>65.87%</b>	<b>-2.11%</b>
<b>D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	17.26%	18.67%	1.41%
2	MEDICARE	8.24%	8.30%	0.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.40%	7.04%	0.64%
4	MEDICAID	5.57%	6.32%	0.75%
5	OTHER MEDICAL ASSISTANCE	0.83%	0.72%	-0.11%
6	CHAMPUS / TRICARE	0.12%	0.12%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%	0.17%	-0.01%
	<b>TOTAL OUTPATIENT GOVERNMENT PAYER MIX</b>	<b>14.76%</b>	<b>15.46%</b>	<b>0.70%</b>
	<b>TOTAL OUTPATIENT PAYER MIX</b>	<b>32.02%</b>	<b>34.13%</b>	<b>2.11%</b>
	<b>TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS</b>	<b>100.00%</b>	<b>100.00%</b>	<b>0.00%</b>

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA</b>				
<b>A. DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,241	3,956	(285)
2	MEDICARE	5,470	5,300	(170)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,401	3,176	(225)
4	MEDICAID	2,847	2,603	(244)
5	OTHER MEDICAL ASSISTANCE	554	573	19
6	CHAMPUS / TRICARE	41	30	(11)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	141	196	55
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>8,912</b>	<b>8,506</b>	<b>(406)</b>
	<b>TOTAL DISCHARGES</b>	<b>13,153</b>	<b>12,462</b>	<b>(691)</b>
<b>B. PATIENT DAYS</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,199	13,059	(1,140)
2	MEDICARE	30,238	27,889	(2,349)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,496	12,074	(1,422)
4	MEDICAID	10,728	9,362	(1,366)
5	OTHER MEDICAL ASSISTANCE	2,768	2,712	(56)
6	CHAMPUS / TRICARE	148	74	(74)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	450	566	116
	<b>TOTAL GOVERNMENT PATIENT DAYS</b>	<b>43,882</b>	<b>40,037</b>	<b>(3,845)</b>
	<b>TOTAL PATIENT DAYS</b>	<b>58,081</b>	<b>53,096</b>	<b>(4,985)</b>
<b>C. AVERAGE LENGTH OF STAY (ALOS)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.3	(0.0)
2	MEDICARE	5.5	5.3	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.0	3.8	(0.2)
4	MEDICAID	3.8	3.6	(0.2)
5	OTHER MEDICAL ASSISTANCE	5.0	4.7	(0.3)
6	CHAMPUS / TRICARE	3.6	2.5	(1.1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.2	2.9	(0.3)
	<b>TOTAL GOVERNMENT AVERAGE LENGTH OF STAY</b>	<b>4.9</b>	<b>4.7</b>	<b>(0.2)</b>
	<b>TOTAL AVERAGE LENGTH OF STAY</b>	<b>4.4</b>	<b>4.3</b>	<b>(0.2)</b>
<b>D. CASE MIX INDEX</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.15580	1.13935	(0.01645)
2	MEDICARE	1.49740	1.56444	0.06704
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.88633	0.91107	0.02474
4	MEDICAID	0.84090	0.85870	0.01780
5	OTHER MEDICAL ASSISTANCE	1.11980	1.14900	0.02920
6	CHAMPUS / TRICARE	0.65320	0.61797	(0.03523)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08940	0.98959	(0.09981)
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.26032</b>	<b>1.31715</b>	<b>0.05683</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.22662</b>	<b>1.26071</b>	<b>0.03409</b>
<b>E. OTHER REQUIRED DATA</b>				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$156,633,005	\$174,131,459	\$17,498,454
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$66,478,566	\$69,666,312	\$3,187,746
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,154,439	\$104,465,147	\$14,310,708
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	57.56%	59.99%	2.43%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$6,380,499	\$8,152,172	\$1,771,673
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$3,625,332	\$4,905,768	\$1,280,436
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$1,756,724	\$1,519,133	(\$237,591)
8	CHARITY CARE	\$584,465	\$493,000	(\$91,465)
9	BAD DEBTS	\$10,446,296	\$11,724,327	\$1,278,031
10	TOTAL UNCOMPENSATED CARE	\$11,030,761	\$12,217,327	\$1,186,566
11	TOTAL OTHER OPERATING REVENUE	\$156,633,005	\$174,131,459	\$17,498,454
12	TOTAL OPERATING EXPENSES	\$189,131,768	\$192,136,903	\$3,005,135

<b>SAINT MARY'S HOSPITAL</b>				
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<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b><u>LINE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>ACTUAL</u></b> <b><u>FY 2008</u></b>	<b><u>ACTUAL</u></b> <b><u>FY 2009</u></b>	<b><u>AMOUNT</u></b> <b><u>DIFFERENCE</u></b>

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<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>IV. DSH UPPER PAYMENT LIMIT CALCULATIONS</b>				
<b>A. CASE MIX ADJUSTED DISCHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,901.74780	4,507.26860	(394.47920)
2	MEDICARE	8,190.77800	8,291.53200	100.75400
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,014.41150	2,893.57310	(120.83840)
4	MEDICAID	2,394.04230	2,235.19610	(158.84620)
5	OTHER MEDICAL ASSISTANCE	620.36920	658.37700	38.00780
6	CHAMPUS / TRICARE	26.78120	18.53910	(8.24210)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	153.60540	193.95964	40.35424
	<b>TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES</b>	<b>11,231.97070</b>	<b>11,203.64420</b>	<b>(28.32650)</b>
	<b>TOTAL CASE MIX ADJUSTED DISCHARGES</b>	<b>16,133.71850</b>	<b>15,710.91280</b>	<b>(422.80570)</b>
<b>B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,675.21937	5,417.28186	-257.93751
2	MEDICARE	2,392.20421	2,532.91062	140.70640
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,938.15007	5,609.11468	670.96461
4	MEDICAID	4,238.87083	4,830.35322	591.48240
5	OTHER MEDICAL ASSISTANCE	699.27924	778.76145	79.48221
6	CHAMPUS / TRICARE	65.51586	93.06396	27.54810
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	546.34754	585.44094	39.09340
	<b>TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>7,395.87015</b>	<b>8,235.08926</b>	<b>839.21911</b>
	<b>TOTAL OUTPATIENT EQUIVALENT DISCHARGES</b>	<b>13,071.08951</b>	<b>13,652.37112</b>	<b>581.28160</b>
<b>C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,580.37	\$8,071.28	\$490.90
2	MEDICARE	\$7,975.95	\$8,410.98	\$435.03
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,415.36	\$3,875.73	(\$539.63)
4	MEDICAID	\$4,696.93	\$4,340.97	(\$355.96)
5	OTHER MEDICAL ASSISTANCE	\$3,328.75	\$2,296.23	(\$1,032.53)
6	CHAMPUS / TRICARE	\$4,191.97	\$5,325.45	\$1,133.48
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$340.11	\$116.03	(\$224.08)
	<b>TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,011.34</b>	<b>\$7,234.55</b>	<b>\$223.21</b>
	<b>TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE</b>	<b>\$7,184.23</b>	<b>\$7,474.60</b>	<b>\$290.37</b>
<b>D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,185.52	\$6,144.58	\$959.06
2	MEDICARE	\$5,874.31	\$5,840.39	(\$33.91)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,209.45	\$2,236.22	\$26.76
4	MEDICAID	\$2,242.02	\$2,332.34	\$90.32
5	OTHER MEDICAL ASSISTANCE	\$2,012.03	\$1,640.00	(\$372.04)
6	CHAMPUS / TRICARE	\$3,090.11	\$2,356.74	(\$733.36)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$567.30	\$528.30	(\$39.00)
	<b>TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$3,402.65</b>	<b>\$3,346.13</b>	<b>(\$56.52)</b>
	<b>TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE</b>	<b>\$4,176.74</b>	<b>\$4,456.56</b>	<b>\$279.82</b>

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
<b>V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>				
1	MEDICAID	\$15,396,789	\$16,945,147	\$1,548,358
2	OTHER MEDICAL ASSISTANCE	\$5,583,784	\$7,296,921	\$1,713,137
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,072,377	\$4,718,804	\$646,427
	<b>TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)</b>	<b>\$25,052,949</b>	<b>\$28,960,872</b>	<b>\$3,907,923</b>
<b>VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)</b>				
1	TOTAL CHARGES	\$413,805,174	\$453,112,160	\$39,306,986
2	TOTAL GOVERNMENT DEDUCTIONS	\$153,255,376	\$170,371,672	\$17,116,296
3	UNCOMPENSATED CARE	\$11,030,761	\$12,217,327	\$1,186,566
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$90,154,439	\$104,465,147	\$14,310,708
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$3,625,332	\$4,905,768	\$1,280,436
6	TOTAL ADJUSTMENTS	\$258,065,908	\$291,959,914	\$33,894,006
7	TOTAL ACCRUED PAYMENTS	\$155,739,266	\$161,152,246	\$5,412,980
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,756,724	\$1,519,133	(\$237,591)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$157,495,990	\$162,671,379	\$5,175,389
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3806042068	0.3590090785	(0.0215951283)
11	COST OF UNCOMPENSATED CARE	\$4,198,354	\$4,386,131	\$187,777
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$9,924,226	\$11,746,010	\$1,821,785
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$14,122,580	\$16,132,142	\$2,009,562
<b>VII. RATIOS</b>				
<b>A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	55.47%	49.50%	-5.97%
2	MEDICARE	56.37%	57.51%	1.14%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36.16%	30.94%	-5.22%
4	MEDICAID	39.50%	35.99%	-3.51%
5	OTHER MEDICAL ASSISTANCE	24.77%	16.28%	-8.49%
6	CHAMPUS / TRICARE	33.14%	46.51%	13.37%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.79%	0.86%	-1.92%
	<b>TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>51.46%</b>	<b>51.39%</b>	<b>-0.07%</b>
	<b>TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES</b>	<b>52.68%</b>	<b>50.79%</b>	<b>-1.89%</b>
<b>B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	32.83%	33.08%	0.25%
2	MEDICARE	27.73%	25.53%	-2.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.62%	20.02%	-0.60%
4	MEDICAID	22.42%	22.52%	0.10%
5	OTHER MEDICAL ASSISTANCE	13.37%	10.12%	-3.25%
6	CHAMPUS / TRICARE	37.40%	33.31%	-4.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.27%	3.97%	-0.30%
	<b>TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>24.17%</b>	<b>22.72%</b>	<b>-1.44%</b>
	<b>TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES</b>	<b>28.17%</b>	<b>27.42%</b>	<b>-0.75%</b>

<b>SAINT MARY'S HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND</b>				
<b>BASELINE UNDERPAYMENT DATA</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>	<b>AMOUNT DIFFERENCE</b>
<b>VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>				
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	TOTAL ACCRUED PAYMENTS	\$170,502,849	\$178,275,341	\$7,772,492
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,756,724	\$1,519,133	(\$237,591)
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$172,259,573</b>	<b>\$179,794,474</b>	<b>\$7,534,901</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$18,491,277	\$16,703,211	(\$1,788,066)
4	<b>CALCULATED NET REVENUE</b>	<b>\$203,952,313</b>	<b>\$196,497,685</b>	<b>(\$7,454,628)</b>
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$190,751,000	\$196,498,000	\$5,747,000
6	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$13,201,313</b>	<b>(\$315)</b>	<b>(\$13,201,628)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED GROSS REVENUE	\$413,805,174	\$453,112,160	\$39,306,986
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$413,805,174</b>	<b>\$453,112,160</b>	<b>\$39,306,986</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$413,805,000	\$453,112,000	\$39,307,000
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$174</b>	<b>\$160</b>	<b>(\$14)</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,030,761	\$12,217,327	\$1,186,566
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$11,030,761</b>	<b>\$12,217,327</b>	<b>\$1,186,566</b>
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,030,761	\$12,217,327	\$1,186,566
4	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
<b>I. ACCRUED CHARGES AND PAYMENTS</b>		
<b>A. INPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$73,492,301
2	MEDICARE	121,263,136
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36,245,213
4	MEDICAID	26,960,292
5	OTHER MEDICAL ASSISTANCE	9,284,921
6	CHAMPUS / TRICARE	212,284
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,609,364
	<b>TOTAL INPATIENT GOVERNMENT CHARGES</b>	<b>\$157,720,633</b>
	<b>TOTAL INPATIENT CHARGES</b>	<b>\$231,212,934</b>
<b>B. OUTPATIENT ACCRUED CHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$100,639,158
2	MEDICARE	57,952,582
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	62,648,953
4	MEDICAID	50,029,863
5	OTHER MEDICAL ASSISTANCE	12,619,090
6	CHAMPUS / TRICARE	658,533
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,794,023
	<b>TOTAL OUTPATIENT GOVERNMENT CHARGES</b>	<b>\$121,260,068</b>
	<b>TOTAL OUTPATIENT CHARGES</b>	<b>\$221,899,226</b>
<b>C. TOTAL ACCRUED CHARGES</b>		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$174,131,459
2	TOTAL GOVERNMENT ACCRUED CHARGES	278,980,701
	<b>TOTAL ACCRUED CHARGES</b>	<b>\$453,112,160</b>
<b>D. INPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,379,406
2	MEDICARE	69,739,881
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,214,705
4	MEDICAID	9,702,923
5	OTHER MEDICAL ASSISTANCE	1,511,782
6	CHAMPUS / TRICARE	98,729
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22,505
	<b>TOTAL INPATIENT GOVERNMENT PAYMENTS</b>	<b>\$81,053,315</b>
	<b>TOTAL INPATIENT PAYMENTS</b>	<b>\$117,432,721</b>
<b>E. OUTPATIENT ACCRUED PAYMENTS</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,286,906
2	MEDICARE	14,793,198
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,543,188
4	MEDICAID	11,266,023
5	OTHER MEDICAL ASSISTANCE	1,277,165
6	CHAMPUS / TRICARE	219,328
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	309,287
	<b>TOTAL OUTPATIENT GOVERNMENT PAYMENTS</b>	<b>\$27,555,714</b>
	<b>TOTAL OUTPATIENT PAYMENTS</b>	<b>\$60,842,620</b>
<b>F. TOTAL ACCRUED PAYMENTS</b>		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$69,666,312
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	108,609,029
	<b>TOTAL ACCRUED PAYMENTS</b>	<b>\$178,275,341</b>

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA</b>		
<b>A. ACCRUED DISCHARGES</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,956
2	MEDICARE	5,300
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,176
4	MEDICAID	2,603
5	OTHER MEDICAL ASSISTANCE	573
6	CHAMPUS / TRICARE	30
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	196
	<b>TOTAL GOVERNMENT DISCHARGES</b>	<b>8,506</b>
	<b>TOTAL DISCHARGES</b>	<b>12,462</b>
<b>B. CASE MIX INDEX</b>		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13935
2	MEDICARE	1.56444
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.91107
4	MEDICAID	0.85870
5	OTHER MEDICAL ASSISTANCE	1.14900
6	CHAMPUS / TRICARE	0.61797
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98959
	<b>TOTAL GOVERNMENT CASE MIX INDEX</b>	<b>1.31715</b>
	<b>TOTAL CASE MIX INDEX</b>	<b>1.26071</b>
<b>C. OTHER REQUIRED DATA</b>		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$174,131,459
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$69,666,312
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,465,147
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.99%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$8,152,172
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$4,905,768
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,519,133
8	CHARITY CARE	\$493,000
9	BAD DEBTS	\$11,724,327
10	TOTAL UNCOMPENSATED CARE	\$12,217,327
11	TOTAL OTHER OPERATING REVENUE	\$8,145,638
12	TOTAL OPERATING EXPENSES	\$192,136,903

<b>SAINT MARY'S HOSPITAL</b> <b>TWELVE MONTHS ACTUAL FILING</b> <b>FISCAL YEAR 2009</b> <b>REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND</b> <b>BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES</b>		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
<b>III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS</b>		
<b>A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	TOTAL ACCRUED PAYMENTS	\$178,275,341
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,519,133
	<b>OHCA DEFINED NET REVENUE</b>	<b>\$179,794,474</b>
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$16,703,211
	<b>CALCULATED NET REVENUE</b>	<b>\$196,497,685</b>
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$196,498,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>(\$315)</b>
<b>B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED GROSS REVENUE	\$453,112,160
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	<b>CALCULATED GROSS REVENUE</b>	<b>\$453,112,160</b>
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$453,112,000
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$160</b>
<b>C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS</b>		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,217,327
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	<b>CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)</b>	<b>\$12,217,327</b>
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,217,327
	<b>VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)</b>	<b>\$0</b>

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (from HRS Report 500)</b>					
1	Number of Applicants	416	745	329	79%
2	Number of Approved Applicants	405	491	86	21%
3	<b>Total Charges (A)</b>	\$584,465	\$493,000	(\$91,465)	-16%
4	<b>Average Charges</b>	<b>\$1,443</b>	<b>\$1,004</b>	<b>(\$439)</b>	<b>-30%</b>
5	Ratio of Cost to Charges (RCC)	0.450456	0.444772	(0.005684)	-1%
6	<b>Total Cost</b>	<b>\$263,276</b>	<b>\$219,273</b>	<b>(\$44,003)</b>	<b>-17%</b>
7	<b>Average Cost</b>	<b>\$650</b>	<b>\$447</b>	<b>(\$203)</b>	<b>-31%</b>
8	Charity Care - Inpatient Charges	\$320,088	\$241,570	(\$78,518)	-25%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	124,750	138,040	13,290	11%
10	Charity Care - Emergency Department Charges	139,627	113,390	(26,237)	-19%
11	<b>Total Charges (A)</b>	<b>\$584,465</b>	<b>\$493,000</b>	<b>(\$91,465)</b>	<b>-16%</b>
12	Charity Care - Number of Patient Days	78	79	1	1%
13	Charity Care - Number of Discharges	26	23	(3)	-12%
14	Charity Care - Number of Outpatient ED Visits	148	176	28	19%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	265	292	27	10%
<b>B. Hospital Bad Debts (from HRS Report 500)</b>					
1	Bad Debts - Inpatient Services	\$2,427,719	\$3,066,971	\$639,252	26%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,178,342	1,248,951	70,609	6%
3	Bad Debts - Emergency Department	6,840,235	7,408,405	568,170	8%
4	<b>Total Bad Debts (A)</b>	<b>\$10,446,296</b>	<b>\$11,724,327</b>	<b>\$1,278,031</b>	<b>12%</b>
<b>C. Hospital Uncompensated Care (from HRS Report 500)</b>					
1	Charity Care (A)	\$584,465	\$493,000	(\$91,465)	-16%
2	Bad Debts (A)	10,446,296	11,724,327	1,278,031	12%
3	<b>Total Uncompensated Care (A)</b>	<b>\$11,030,761</b>	<b>\$12,217,327</b>	<b>\$1,186,566</b>	<b>11%</b>
4	Uncompensated Care - Inpatient Services	\$2,747,807	\$3,308,541	\$560,734	20%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,303,092	1,386,991	83,899	6%
6	Uncompensated Care - Emergency Department	6,979,862	7,521,795	541,933	8%
7	<b>Total Uncompensated Care (A)</b>	<b>\$11,030,761</b>	<b>\$12,217,327</b>	<b>\$1,186,566</b>	<b>11%</b>
<b>(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.</b>					



SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
<b>A. <u>Gross and Net Revenue</u></b>				
1	Inpatient Gross Revenue	\$209,674,462	\$220,027,650	\$231,212,934
2	Outpatient Gross Revenue	\$173,267,981	\$193,777,524	\$221,899,226
3	Total Gross Patient Revenue	\$382,942,443	\$413,805,174	\$453,112,160
4	Net Patient Revenue	\$170,293,985	\$183,704,311	\$193,245,559
<b>B. <u>Total Operating Expenses</u></b>				
1	Total Operating Expense	\$178,133,199	\$189,131,774	\$192,136,903
<b>C. <u>Utilization Statistics</u></b>				
1	Patient Days	61,241	58,081	53,096
2	Discharges	13,169	13,153	12,462
3	Average Length of Stay	4.7	4.4	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	111,849	109,233	104,053
0	Equivalent (Adjusted) Discharges (ED)	24,051	24,737	24,422
<b>D. <u>Case Mix Statistics</u></b>				
1	Case Mix Index	1.19526	1.22662	1.26071
2	Case Mix Adjusted Patient Days (CMAPD)	73,199	71,243	66,938
3	Case Mix Adjusted Discharges (CMAD)	15,740	16,134	15,711
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	133,688	133,987	131,180
5	Case Mix Adjusted Equivalent Discharges (CMAED)	28,748	30,343	30,789
<b>E. <u>Gross Revenue Per Statistic</u></b>				
1	Total Gross Revenue per Patient Day	\$6,253	\$7,125	\$8,534
2	Total Gross Revenue per Discharge	\$29,079	\$31,461	\$36,360
3	Total Gross Revenue per EPD	\$3,424	\$3,788	\$4,355
4	Total Gross Revenue per ED	\$15,922	\$16,728	\$18,553
5	Total Gross Revenue per CMAEPD	\$2,864	\$3,088	\$3,454
6	Total Gross Revenue per CMAED	\$13,321	\$13,638	\$14,717
7	Inpatient Gross Revenue per EPD	\$1,875	\$2,014	\$2,222
8	Inpatient Gross Revenue per ED	\$8,718	\$8,895	\$9,467

<b>SAINT MARY'S HOSPITAL</b>				
<b>TWELVE MONTHS ACTUAL FILING</b>				
<b>FISCAL YEAR 2009</b>				
<b>REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE</b>				
(1)	(2)	(3)	(4)	(5)
<b>LINE</b>	<b>DESCRIPTION</b>	<b>ACTUAL FY 2007</b>	<b>ACTUAL FY 2008</b>	<b>ACTUAL FY 2009</b>
<b>F. <u>Net Revenue Per Statistic</u></b>				
1	Net Patient Revenue per Patient Day	\$2,781	\$3,163	\$3,640
2	Net Patient Revenue per Discharge	\$12,931	\$13,967	\$15,507
3	Net Patient Revenue per EPD	\$1,523	\$1,682	\$1,857
4	Net Patient Revenue per ED	\$7,080	\$7,426	\$7,913
5	Net Patient Revenue per CMAEPD	\$1,274	\$1,371	\$1,473
6	Net Patient Revenue per CMAED	\$5,924	\$6,054	\$6,276
<b>G. <u>Operating Expense Per Statistic</u></b>				
1	Total Operating Expense per Patient Day	\$2,909	\$3,256	\$3,619
2	Total Operating Expense per Discharge	\$13,527	\$14,379	\$15,418
3	Total Operating Expense per EPD	\$1,593	\$1,731	\$1,847
4	Total Operating Expense per ED	\$7,406	\$7,646	\$7,867
5	Total Operating Expense per CMAEPD	\$1,332	\$1,412	\$1,465
6	Total Operating Expense per CMAED	\$6,196	\$6,233	\$6,240
<b>H. <u>Nursing Salary and Fringe Benefits Expense</u></b>				
1	Nursing Salary Expense	\$28,155,175	\$28,488,192	\$41,585,364
2	Nursing Fringe Benefits Expense	\$6,442,423	\$6,152,251	\$15,154,217
3	<b>Total Nursing Salary and Fringe Benefits Expense</b>	<b>\$34,597,598</b>	<b>\$34,640,443</b>	<b>\$56,739,581</b>
<b>I. <u>Physician Salary and Fringe Expense</u></b>				
1	Physician Salary Expense	\$2,890,303	\$2,515,990	\$27,364,646
2	Physician Fringe Benefits Expense	\$1,008,684	\$869,363	\$6,314,946
3	<b>Total Physician Salary and Fringe Benefits Expense</b>	<b>\$3,898,987</b>	<b>\$3,385,353</b>	<b>\$33,679,592</b>
<b>J. <u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u></b>				
1	Non-Nursing, Non-Physician Salary Expense	\$37,634,894	\$40,881,239	\$2,773,646
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$14,476,813	\$14,497,276	\$943,697
3	<b>Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense</b>	<b>\$52,111,707</b>	<b>\$55,378,515</b>	<b>\$3,717,343</b>
<b>K. <u>Total Salary and Fringe Benefits Expense</u></b>				
1	Total Salary Expense	\$68,680,372	\$71,885,421	\$71,723,656
2	Total Fringe Benefits Expense	\$21,927,920	\$21,518,890	\$22,412,860
3	<b>Total Salary and Fringe Benefits Expense</b>	<b>\$90,608,292</b>	<b>\$93,404,311</b>	<b>\$94,136,516</b>

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
<b>L.</b>	<b>Total Full Time Equivalent Employees (FTEs)</b>			
1	Total Nursing FTEs	354.6	345.7	339.6
2	Total Physician FTEs	55.5	48.9	50.8
3	Total Non-Nursing, Non-Physician FTEs	796.6	814.6	815.0
4	<b>Total Full Time Equivalent Employees (FTEs)</b>	<b>1,206.7</b>	<b>1,209.2</b>	<b>1,205.4</b>
<b>M.</b>	<b>Nursing Salaries and Fringe Benefits Expense per FTE</b>			
1	Nursing Salary Expense per FTE	\$79,400	\$82,407	\$122,454
2	Nursing Fringe Benefits Expense per FTE	\$18,168	\$17,797	\$44,624
3	<b>Total Nursing Salary and Fringe Benefits Expense per FTE</b>	<b>\$97,568</b>	<b>\$100,204</b>	<b>\$167,078</b>
<b>N.</b>	<b>Physician Salary and Fringe Expense per FTE</b>			
1	Physician Salary Expense per FTE	\$52,078	\$51,452	\$538,674
2	Physician Fringe Benefits Expense per FTE	\$18,174	\$17,778	\$124,310
3	<b>Total Physician Salary and Fringe Benefits Expense per FTE</b>	<b>\$70,252</b>	<b>\$69,230</b>	<b>\$662,984</b>
<b>O.</b>	<b>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</b>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$47,244	\$50,186	\$3,403
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,173	\$17,797	\$1,158
3	<b>Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE</b>	<b>\$65,418</b>	<b>\$67,982</b>	<b>\$4,561</b>
<b>P.</b>	<b>Total Salary and Fringe Benefits Expense per FTE</b>			
1	Total Salary Expense per FTE	\$56,916	\$59,449	\$59,502
2	Total Fringe Benefits Expense per FTE	\$18,172	\$17,796	\$18,594
3	<b>Total Salary and Fringe Benefits Expense per FTE</b>	<b>\$75,088</b>	<b>\$77,245</b>	<b>\$78,096</b>
<b>Q.</b>	<b>Total Salary and Fringe Ben. Expense per Statistic</b>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,480	\$1,608	\$1,773
2	Total Salary and Fringe Benefits Expense per Discharge	\$6,880	\$7,101	\$7,554
3	Total Salary and Fringe Benefits Expense per EPD	\$810	\$855	\$905
4	Total Salary and Fringe Benefits Expense per ED	\$3,767	\$3,776	\$3,855
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$678	\$697	\$718
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,152	\$3,078	\$3,057