

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$19,053,028	\$22,941,812	\$3,888,784	20%
2	Short Term Investments	\$28,176	\$35,207	\$7,031	25%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$21,361,544	\$21,905,974	\$544,430	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$2,594,774	\$1,901,735	(\$693,039)	-27%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,214,273	\$2,240,216	\$25,943	1%
8	Prepaid Expenses	\$1,778,630	\$2,070,542	\$291,912	16%
9	Other Current Assets	\$4,048,869	\$5,438,349	\$1,389,480	34%
	Total Current Assets	\$51,079,294	\$56,533,835	\$5,454,541	11%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$16,502,428	\$17,309,228	\$806,800	5%
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	\$3,278,038	\$3,176,250	(\$101,788)	-3%
	Total Noncurrent Assets Whose Use is Limited:	\$19,780,466	\$20,485,478	\$705,012	4%
5	Interest in Net Assets of Foundation	\$4,269,933	\$4,509,184	\$239,251	6%
6	Long Term Investments	\$11,261,191	\$12,790,730	\$1,529,539	14%
7	Other Noncurrent Assets	\$20,392,152	\$20,822,558	\$430,406	2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$150,318,389	\$152,831,943	\$2,513,554	2%
2	Less: Accumulated Depreciation	\$104,096,037	\$108,161,901	\$4,065,864	4%
	Property, Plant and Equipment, Net	\$46,222,352	\$44,670,042	(\$1,552,310)	-3%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$46,222,352	\$44,670,042	(\$1,552,310)	-3%
	Total Assets	\$153,005,388	\$159,811,827	\$6,806,439	4%

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		FY 2009	FY 2010	AMOUNT	%
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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$10,257,305	\$11,742,861	\$1,485,556	14%
2	Salaries, Wages and Payroll Taxes	\$4,374,680	\$4,183,195	(\$191,485)	-4%
3	Due To Third Party Payers	\$6,846,898	\$5,935,477	(\$911,421)	-13%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,636,558	\$2,749,509	\$112,951	4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,107,330	\$7,670,100	\$1,562,770	26%
	Total Current Liabilities	\$30,222,771	\$32,281,142	\$2,058,371	7%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$26,158,144	\$24,638,555	(\$1,519,589)	-6%
2	Notes Payable (Net of Current Portion)	\$1,808,369	\$613,860	(\$1,194,509)	-66%
	Total Long Term Debt	\$27,966,513	\$25,252,415	(\$2,714,098)	-10%
3	Accrued Pension Liability	\$71,556,888	\$67,434,427	(\$4,122,461)	-6%
4	Other Long Term Liabilities	\$11,997,906	\$11,129,704	(\$868,202)	-7%
	Total Long Term Liabilities	\$111,521,307	\$103,816,546	(\$7,704,761)	-7%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$4,907,594)	\$6,754,167	\$11,661,761	-238%
2	Temporarily Restricted Net Assets	\$2,387,465	\$2,582,333	\$194,868	8%
3	Permanently Restricted Net Assets	\$13,781,439	\$14,377,639	\$596,200	4%
	Total Net Assets	\$11,261,310	\$23,714,139	\$12,452,829	111%
	Total Liabilities and Net Assets	\$153,005,388	\$159,811,827	\$6,806,439	4%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$453,112,158	\$481,019,807	\$27,907,649	6%
2	Less: Allowances	\$259,373,599	\$281,520,743	\$22,147,144	9%
3	Less: Charity Care	\$493,000	\$1,044,000	\$551,000	112%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$193,245,559	\$198,455,064	\$5,209,505	3%
5	Other Operating Revenue	\$8,145,638	\$8,481,266	\$335,628	4%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$201,391,197	\$206,936,330	\$5,545,133	3%
B. Operating Expenses:					
1	Salaries and Wages	\$71,723,656	\$73,738,064	\$2,014,408	3%
2	Fringe Benefits	\$22,412,860	\$22,842,359	\$429,499	2%
3	Physicians Fees	\$3,101,787	\$3,168,512	\$66,725	2%
4	Supplies and Drugs	\$25,497,042	\$27,417,790	\$1,920,748	8%
5	Depreciation and Amortization	\$7,500,925	\$7,293,834	(\$207,091)	-3%
6	Bad Debts	\$11,724,327	\$11,904,617	\$180,290	2%
7	Interest	\$1,861,697	\$1,719,650	(\$142,047)	-8%
8	Malpractice	\$1,813,757	\$4,132,551	\$2,318,794	128%
9	Other Operating Expenses	\$46,500,852	\$44,767,886	(\$1,732,966)	-4%
	Total Operating Expenses	\$192,136,903	\$196,985,263	\$4,848,360	3%
	Income/(Loss) From Operations	\$9,254,294	\$9,951,067	\$696,773	8%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,303,000)	\$791,000	\$2,094,000	-161%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$4,823,657	\$2,884,712	(\$1,938,945)	-40%
	Total Non-Operating Revenue	\$3,520,657	\$3,675,712	\$155,055	4%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$12,774,951	\$13,626,779	\$851,828	7%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$12,774,951	\$13,626,779	\$851,828	7%
	Principal Payments	\$2,563,000	\$1,121,000	(\$1,442,000)	-56%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$103,413,421	\$101,811,069	(\$1,602,352)	-2%
2	MEDICARE MANAGED CARE	\$17,849,715	\$19,410,167	\$1,560,452	9%
3	MEDICAID	\$15,361,057	\$21,093,714	\$5,732,657	37%
4	MEDICAID MANAGED CARE	\$11,599,235	\$13,064,844	\$1,465,609	13%
5	CHAMPUS/TRICARE	\$212,284	\$408,034	\$195,750	92%
6	COMMERCIAL INSURANCE	\$4,131,014	\$3,758,133	(\$372,881)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$59,967,522	\$63,288,562	\$3,321,040	6%
8	WORKER'S COMPENSATION	\$6,784,401	\$7,701,377	\$916,976	14%
9	SELF- PAY/UNINSURED	\$2,609,364	\$2,728,843	\$119,479	5%
10	SAGA	\$9,284,921	\$4,706,147	(\$4,578,774)	-49%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$231,212,934	\$237,970,890	\$6,757,956	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$48,352,821	\$52,378,693	\$4,025,872	8%
2	MEDICARE MANAGED CARE	\$9,599,761	\$11,974,991	\$2,375,230	25%
3	MEDICAID	\$15,237,768	\$22,515,781	\$7,278,013	48%
4	MEDICAID MANAGED CARE	\$34,792,095	\$39,567,011	\$4,774,916	14%
5	CHAMPUS/TRICARE	\$658,533	\$668,667	\$10,134	2%
6	COMMERCIAL INSURANCE	\$6,540,689	\$8,269,775	\$1,729,086	26%
7	NON-GOVERNMENT MANAGED CARE	\$82,000,437	\$87,862,183	\$5,861,746	7%
8	WORKER'S COMPENSATION	\$4,304,009	\$4,813,065	\$509,056	12%
9	SELF- PAY/UNINSURED	\$7,794,023	\$7,905,155	\$111,132	1%
10	SAGA	\$12,619,090	\$7,093,595	(\$5,525,495)	-44%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$221,899,226	\$243,048,916	\$21,149,690	10%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$151,766,242	\$154,189,762	\$2,423,520	2%
2	MEDICARE MANAGED CARE	\$27,449,476	\$31,385,158	\$3,935,682	14%
3	MEDICAID	\$30,598,825	\$43,609,495	\$13,010,670	43%
4	MEDICAID MANAGED CARE	\$46,391,330	\$52,631,855	\$6,240,525	13%
5	CHAMPUS/TRICARE	\$870,817	\$1,076,701	\$205,884	24%
6	COMMERCIAL INSURANCE	\$10,671,703	\$12,027,908	\$1,356,205	13%
7	NON-GOVERNMENT MANAGED CARE	\$141,967,959	\$151,150,745	\$9,182,786	6%
8	WORKER'S COMPENSATION	\$11,088,410	\$12,514,442	\$1,426,032	13%
9	SELF- PAY/UNINSURED	\$10,403,387	\$10,633,998	\$230,611	2%
10	SAGA	\$21,904,011	\$11,799,742	(\$10,104,269)	-46%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$453,112,160	\$481,019,806	\$27,907,646	6%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$60,520,726	\$58,566,351	(\$1,954,375)	-3%
2	MEDICARE MANAGED CARE	\$9,219,155	\$10,107,225	\$888,070	10%
3	MEDICAID	\$4,585,775	\$7,189,780	\$2,604,005	57%
4	MEDICAID MANAGED CARE	\$5,117,148	\$5,416,203	\$299,055	6%
5	CHAMPUS/TRICARE	\$98,729	\$156,393	\$57,664	58%
6	COMMERCIAL INSURANCE	\$2,227,407	\$2,096,583	(\$130,824)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$29,297,569	\$32,957,168	\$3,659,599	12%
8	WORKER'S COMPENSATION	\$4,831,925	\$4,990,607	\$158,682	3%
9	SELF- PAY/UNINSURED	\$22,505	\$19,808	(\$2,697)	-12%
10	SAGA	\$1,511,782	\$979,349	(\$532,433)	-35%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$117,432,721	\$122,479,467	\$5,046,746	4%

**SAINT MARY'S HOSPITAL
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FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$12,415,264	\$12,883,244	\$467,980	4%
2	MEDICARE MANAGED CARE	\$2,377,934	\$2,875,207	\$497,273	21%
3	MEDICAID	\$3,100,691	\$4,065,152	\$964,461	31%
4	MEDICAID MANAGED CARE	\$8,165,332	\$8,662,222	\$496,890	6%
5	CHAMPUS/TRICARE	\$219,328	\$176,473	(\$42,855)	-20%
6	COMMERCIAL INSURANCE	\$3,344,950	\$3,653,116	\$308,166	9%
7	NON-GOVERNMENT MANAGED CARE	\$26,102,455	\$23,505,617	(\$2,596,838)	-10%
8	WORKER'S COMPENSATION	\$3,530,214	\$3,667,099	\$136,885	4%
9	SELF- PAY/UNINSURED	\$309,287	\$229,219	(\$80,068)	-26%
10	SAGA	\$1,277,165	\$788,737	(\$488,428)	-38%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$60,842,620	\$60,506,086	(\$336,534)	-1%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$72,935,990	\$71,449,595	(\$1,486,395)	-2%
2	MEDICARE MANAGED CARE	\$11,597,089	\$12,982,432	\$1,385,343	12%
3	MEDICAID	\$7,686,466	\$11,254,932	\$3,568,466	46%
4	MEDICAID MANAGED CARE	\$13,282,480	\$14,078,425	\$795,945	6%
5	CHAMPUS/TRICARE	\$318,057	\$332,866	\$14,809	5%
6	COMMERCIAL INSURANCE	\$5,572,357	\$5,749,699	\$177,342	3%
7	NON-GOVERNMENT MANAGED CARE	\$55,400,024	\$56,462,785	\$1,062,761	2%
8	WORKER'S COMPENSATION	\$8,362,139	\$8,657,706	\$295,567	4%
9	SELF- PAY/UNINSURED	\$331,792	\$249,027	(\$82,765)	-25%
10	SAGA	\$2,788,947	\$1,768,086	(\$1,020,861)	-37%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$178,275,341	\$182,985,553	\$4,710,212	3%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	4,626	4,384	(242)	-5%
2	MEDICARE MANAGED CARE	674	746	72	11%
3	MEDICAID	1,057	1,269	212	20%
4	MEDICAID MANAGED CARE	1,546	1,418	(128)	-8%
5	CHAMPUS/TRICARE	30	48	18	60%
6	COMMERCIAL INSURANCE	194	188	(6)	-3%
7	NON-GOVERNMENT MANAGED CARE	3,409	3,453	44	1%
8	WORKER'S COMPENSATION	157	182	25	16%
9	SELF- PAY/UNINSURED	196	184	(12)	-6%
10	SAGA	573	336	(237)	-41%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	12,462	12,208	(254)	-2%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	24,369	21,893	(2,476)	-10%
2	MEDICARE MANAGED CARE	3,520	3,777	257	7%
3	MEDICAID	4,844	6,084	1,240	26%
4	MEDICAID MANAGED CARE	4,518	4,611	93	2%
5	CHAMPUS/TRICARE	74	175	101	136%
6	COMMERCIAL INSURANCE	806	729	(77)	-10%
7	NON-GOVERNMENT MANAGED CARE	11,282	12,560	1,278	11%
8	WORKER'S COMPENSATION	405	518	113	28%
9	SELF- PAY/UNINSURED	566	647	81	14%
10	SAGA	2,712	1,613	(1,099)	-41%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	53,096	52,607	(489)	-1%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	50,072	49,625	(447)	-1%
2	MEDICARE MANAGED CARE	9,720	11,749	2,029	21%
3	MEDICAID	13,612	18,056	4,444	33%
4	MEDICAID MANAGED CARE	36,364	38,288	1,924	5%
5	CHAMPUS/TRICARE	712	655	(57)	-8%
6	COMMERCIAL INSURANCE	5,238	5,726	488	9%
7	NON-GOVERNMENT MANAGED CARE	84,796	83,329	(1,467)	-2%
8	WORKER'S COMPENSATION	2,717	2,679	(38)	-1%
9	SELF- PAY/UNINSURED	8,870	8,625	(245)	-3%
10	SAGA	11,242	5,231	(6,011)	-53%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	223,343	223,963	620	0%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$12,947,298	\$14,870,663	\$1,923,365	15%
2	MEDICARE MANAGED CARE	\$2,218,559	\$2,545,683	\$327,124	15%
3	MEDICAID	\$8,081,211	\$7,531,290	(\$549,921)	-7%
4	MEDICAID MANAGED CARE	\$22,257,276	\$24,823,929	\$2,566,653	12%
5	CHAMPUS/TRICARE	\$210,371	\$246,268	\$35,897	17%
6	COMMERCIAL INSURANCE	\$2,276,831	\$2,765,304	\$488,473	21%
7	NON-GOVERNMENT MANAGED CARE	\$18,547,040	\$20,020,071	\$1,473,031	8%
8	WORKER'S COMPENSATION	\$1,171,002	\$1,196,537	\$25,535	2%
9	SELF- PAY/UNINSURED	\$7,313,277	\$7,362,461	\$49,184	1%
10	SAGA	\$7,902,175	\$8,592,011	\$689,836	9%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$82,925,040	\$89,954,217	\$7,029,177	8%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$2,230,800	\$2,351,142	\$120,342	5%
2	MEDICARE MANAGED CARE	\$393,593	\$426,866	\$33,273	8%
3	MEDICAID	\$1,173,625	\$1,044,731	(\$128,894)	-11%
4	MEDICAID MANAGED CARE	\$3,459,795	\$3,450,242	(\$9,553)	0%
5	CHAMPUS/TRICARE	\$82,908	\$52,941	(\$29,967)	-36%
6	COMMERCIAL INSURANCE	\$884,653	\$938,654	\$54,001	6%
7	NON-GOVERNMENT MANAGED CARE	\$5,169,881	\$5,662,082	\$492,201	10%
8	WORKER'S COMPENSATION	\$763,026	\$620,748	(\$142,278)	-19%
9	SELF- PAY/UNINSURED	\$107,518	\$91,931	(\$15,587)	-14%
10	SAGA	\$543,149	\$831,589	\$288,440	53%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$14,808,948	\$15,470,926	\$661,978	4%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	7,327	7,603	276	4%
2	MEDICARE MANAGED CARE	1,267	1,308	41	3%
3	MEDICAID	6,218	5,285	(933)	-15%
4	MEDICAID MANAGED CARE	20,464	20,633	169	1%
5	CHAMPUS/TRICARE	182	175	(7)	-4%
6	COMMERCIAL INSURANCE	1,396	1,523	127	9%
7	NON-GOVERNMENT MANAGED CARE	12,036	11,522	(514)	-4%
8	WORKER'S COMPENSATION	951	880	(71)	-7%
9	SELF- PAY/UNINSURED	5,760	5,501	(259)	-4%
10	SAGA	6,383	6,097	(286)	-4%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	61,984	60,527	(1,457)	-2%

**SAINT MARY'S HOSPITAL
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FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$27,364,646	\$27,239,418	(\$125,228)	0%
2	Physician Salaries	\$2,773,646	\$2,877,015	\$103,369	4%
3	Non-Nursing, Non-Physician Salaries	\$41,585,364	\$43,621,631	\$2,036,267	5%
	Total Salaries & Wages	\$71,723,656	\$73,738,064	\$2,014,408	3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$6,314,946	\$6,590,600	\$275,654	4%
2	Physician Fringe Benefits	\$943,697	\$847,264	(\$96,433)	-10%
3	Non-Nursing, Non-Physician Fringe Benefits	\$15,154,217	\$15,404,495	\$250,278	2%
	Total Fringe Benefits	\$22,412,860	\$22,842,359	\$429,499	2%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$3,101,787	\$3,168,512	\$66,725	2%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$3,101,787	\$3,168,512	\$66,725	2%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$20,237,341	\$21,867,819	\$1,630,478	8%
2	Pharmaceutical Costs	\$5,259,701	\$5,549,971	\$290,270	6%
	Total Medical Supplies and Pharmaceutical Cost	\$25,497,042	\$27,417,790	\$1,920,748	8%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,246,467	\$3,283,592	\$37,125	1%
2	Depreciation-Equipment	\$4,176,329	\$3,938,836	(\$237,493)	-6%
3	Amortization	\$78,129	\$71,406	(\$6,723)	-9%
	Total Depreciation and Amortization	\$7,500,925	\$7,293,834	(\$207,091)	-3%
F. Bad Debts:					
1	Bad Debts	\$11,724,327	\$11,904,617	\$180,290	2%
G. Interest Expense:					
1	Interest Expense	\$1,861,697	\$1,719,650	(\$142,047)	-8%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,813,757	\$4,132,551	\$2,318,794	128%
I. Utilities:					
1	Water	\$54,465	\$83,368	\$28,903	53%
2	Natural Gas	\$948,768	\$1,029,923	\$81,155	9%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$2,365,051	\$2,343,905	(\$21,146)	-1%
5	Telephone	\$396,624	\$402,570	\$5,946	1%
6	Other Utilities	\$59,127	\$90,816	\$31,689	54%
	Total Utilities	\$3,824,035	\$3,950,582	\$126,547	3%
J. Business Expenses:					
1	Accounting Fees	\$277,806	\$241,428	(\$36,378)	-13%
2	Legal Fees	\$1,386,779	\$965,043	(\$421,736)	-30%
3	Consulting Fees	\$1,484,635	\$1,250,710	(\$233,925)	-16%
4	Dues and Membership	\$664,275	\$640,983	(\$23,292)	-4%
5	Equipment Leases	\$0	\$0	\$0	0%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$3,944,292	\$4,304,371	\$360,079	9%
8	Insurance	\$1,792,858	\$52,346	(\$1,740,512)	-97%
9	Travel	\$77,306	\$132,837	\$55,531	72%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$0	\$0	\$0	0%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
12	General Supplies	\$2,868,491	\$2,882,487	\$13,996	0%
13	Licenses and Subscriptions	\$0	\$0	\$0	0%
14	Postage and Shipping	\$157,969	\$178,436	\$20,467	13%
15	Advertising	\$644,828	\$580,623	(\$64,205)	-10%
16	Other Business Expenses	\$5,190,975	\$5,397,843	\$206,868	4%
	Total Business Expenses	\$18,490,214	\$16,627,107	(\$1,863,107)	-10%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$24,186,603	\$24,190,197	\$3,594	0%
	Total Operating Expenses - All Expense Categories*	\$192,136,903	\$196,985,263	\$4,848,360	3%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$17,869,796	\$18,481,600	\$611,804	3%
2	General Accounting	\$879,930	\$888,933	\$9,003	1%
3	Patient Billing & Collection	\$2,072,914	\$1,939,585	(\$133,329)	-6%
4	Admitting / Registration Office	\$1,181,403	\$1,146,354	(\$35,049)	-3%
5	Data Processing	\$4,494,478	\$4,867,656	\$373,178	8%
6	Communications	\$558,931	\$572,778	\$13,847	2%
7	Personnel	\$137,709	\$138,647	\$938	1%
8	Public Relations	\$809,833	\$853,143	\$43,310	5%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$3,205,095	\$3,266,101	\$61,006	2%
11	Housekeeping	\$2,348,769	\$2,386,642	\$37,873	2%
12	Laundry & Linen	\$4,190,456	\$4,330,728	\$140,272	3%
13	Operation of Plant	\$3,747,881	\$4,207,241	\$459,360	12%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$1,777,959	\$1,806,372	\$28,413	2%
16	Central Sterile Supply	\$695,643	\$686,446	(\$9,197)	-1%
17	Pharmacy Department	\$6,234,981	\$6,753,916	\$518,935	8%
18	Other General Services	\$45,167,897	\$45,598,105	\$430,208	1%
	Total General Services	\$95,373,675	\$97,924,247	\$2,550,572	3%
B.	Professional Services:				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$4,997,755	\$4,773,610	(\$224,145)	-4%
3	Nursing Services Administration	\$1,199,753	\$1,221,168	\$21,415	2%
4	Medical Records	\$2,119,116	\$2,131,567	\$12,451	1%
5	Social Service	\$275,653	\$313,909	\$38,256	14%
6	Other Professional Services	\$2,546,188	\$2,533,997	(\$12,191)	0%
	Total Professional Services	\$11,138,465	\$10,974,251	(\$164,214)	-1%
C.	Special Services:				
1	Operating Room	\$17,911,148	\$18,285,274	\$374,126	2%
2	Recovery Room	\$620,288	\$621,018	\$730	0%
3	Anesthesiology	\$917,166	\$990,397	\$73,231	8%
4	Delivery Room	\$3,949,346	\$4,005,884	\$56,538	1%
5	Diagnostic Radiology	\$3,636,729	\$3,856,752	\$220,023	6%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$589	\$1,279	\$690	117%
8	Radioisotopes	\$587,035	\$576,794	(\$10,241)	-2%
9	CT Scan	\$840,530	\$877,179	\$36,649	4%
10	Laboratory	\$9,588,455	\$10,260,055	\$671,600	7%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$6,608,634	\$7,044,227	\$435,593	7%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$725,249	\$753,066	\$27,817	4%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,306,543	\$1,278,147	(\$28,396)	-2%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$127,974	\$128,136	\$162	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$305,919	\$269,519	(\$36,400)	-12%
24	Emergency Room	\$7,200,395	\$7,138,173	(\$62,222)	-1%
25	MRI	\$706,733	\$730,598	\$23,865	3%
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	\$1,449,934	\$1,539,455	\$89,521	6%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$56,482,667	\$58,355,953	\$1,873,286	3%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$15,023,929	\$15,533,671	\$509,742	3%
2	Intensive Care Unit	\$4,116,394	\$3,823,002	(\$293,392)	-7%
3	Coronary Care Unit	\$1,363,787	\$1,385,478	\$21,691	2%
4	Psychiatric Unit	\$1,547,544	\$1,794,319	\$246,775	16%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,587,313	\$1,632,149	\$44,836	3%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,116,520	\$1,289,957	\$173,437	16%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$2,548,565	\$2,721,965	\$173,400	7%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$27,304,052	\$28,180,541	\$876,489	3%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$1,838,044	\$1,550,271	(\$287,773)	-16%
	Total Operating Expenses - All Departments*	\$192,136,903	\$196,985,263	\$4,848,360	3%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$183,704,311	\$ 193,245,559	\$198,455,064
2	Other Operating Revenue	11,427,996	8,145,638	8,481,266
3	Total Operating Revenue	\$195,132,307	\$201,391,197	\$206,936,330
4	Total Operating Expenses	189,131,774	192,136,903	196,985,263
5	Income/(Loss) From Operations	\$6,000,533	\$9,254,294	\$9,951,067
6	Total Non-Operating Revenue	4,155,005	3,520,657	3,675,712
7	Excess/(Deficiency) of Revenue Over Expenses	\$10,155,538	\$12,774,951	\$13,626,779
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.01%	4.52%	4.72%
2	Hospital Non Operating Margin	2.08%	1.72%	1.75%
3	Hospital Total Margin	5.10%	6.23%	6.47%
4	Income/(Loss) From Operations	\$6,000,533	\$9,254,294	\$9,951,067
5	Total Operating Revenue	\$195,132,307	\$201,391,197	\$206,936,330
6	Total Non-Operating Revenue	\$4,155,005	\$3,520,657	\$3,675,712
7	Total Revenue	\$199,287,312	\$204,911,854	\$210,612,042
8	Excess/(Deficiency) of Revenue Over Expenses	\$10,155,538	\$12,774,951	\$13,626,779
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	(\$1,435,860)	(\$4,907,594)	\$6,754,167
2	Hospital Total Net Assets	\$14,865,843	\$11,261,310	\$23,714,139
3	Hospital Change in Total Net Assets	(\$3,844,059)	(\$3,604,533)	\$12,452,829
4	Hospital Change in Total Net Assets %	79.5%	-24.2%	110.6%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.44	0.42	0.40
2	Total Operating Expenses	\$189,131,768	\$192,136,903	\$196,985,263
3	Total Gross Revenue	\$413,805,174	\$453,112,160	\$481,019,806
4	Total Other Operating Revenue	\$11,427,996	\$8,145,638	\$8,481,266

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
5	<u>Private Payment to Cost Ratio</u>	1.01	1.02	1.00
6	Total Non-Government Payments	\$66,586,056	\$69,666,312	\$71,119,217
7	Total Uninsured Payments	\$362,184	\$331,792	\$249,027
8	Total Non-Government Charges	\$156,633,005	\$174,131,459	\$186,327,093
9	Total Uninsured Charges	\$9,141,147	\$10,403,387	\$10,633,998
10	<u>Medicare Payment to Cost Ratio</u>	1.07	1.13	1.13
11	Total Medicare Payments	\$79,381,763	\$84,533,079	\$84,432,027
12	Total Medicare Charges	\$166,580,676	\$179,215,718	\$185,574,920
13	<u>Medicaid Payment to Cost Ratio</u>	0.66	0.65	0.65
14	Total Medicaid Payments	\$20,748,284	\$20,968,946	\$25,333,357
15	Total Medicaid Charges	\$70,854,848	\$76,990,155	\$96,241,350
16	<u>Uncompensated Care Cost</u>	\$4,906,173	\$5,089,127	\$5,210,770
17	Charity Care	\$584,465	\$493,000	\$1,043,954
18	Bad Debts	\$10,446,296	\$11,724,327	\$11,904,617
19	Total Uncompensated Care	\$11,030,761	\$12,217,327	\$12,948,571
20	<u>Uncompensated Care % of Total Expenses</u>	2.6%	2.6%	2.6%
21	Total Operating Expenses	\$189,131,768	\$192,136,903	\$196,985,263
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.27	1.69	1.75
2	Total Current Assets	\$41,797,521	\$51,079,294	\$56,533,835
3	Total Current Liabilities	\$32,836,182	\$30,222,771	\$32,281,142
4	<u>Days Cash on Hand</u>	27	38	44
5	Cash and Cash Equivalents	\$13,309,855	\$19,053,028	\$22,941,812
6	Short Term Investments	24,767	28,176	35,207
7	Total Cash and Short Term Investments	\$13,334,622	\$19,081,204	\$22,977,019
8	Total Operating Expenses	\$189,131,774	\$192,136,903	\$196,985,263
9	Depreciation Expense	\$7,826,153	\$7,500,925	\$7,293,834
10	Operating Expenses less Depreciation Expense	\$181,305,621	\$184,635,978	\$189,691,429

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
11	<u>Days Revenue in Patient Accounts Receivable</u>	28.28	27.42	29.37
12	Net Patient Accounts Receivable	\$ 19,663,796	\$ 21,361,544	\$ 21,905,974
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$5,428,059	\$6,846,898	\$5,935,477
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,235,737	\$ 14,514,646	\$ 15,970,497
16	Total Net Patient Revenue	\$183,704,311	\$ 193,245,559	\$ 198,455,064
17	<u>Average Payment Period</u>	66.10	59.75	62.11
18	Total Current Liabilities	\$32,836,182	\$30,222,771	\$32,281,142
19	Total Operating Expenses	\$189,131,774	\$192,136,903	\$196,985,263
20	Depreciation Expense	\$7,826,153	\$7,500,925	\$7,293,834
21	Total Operating Expenses less Depreciation Expense	\$181,305,621	\$184,635,978	\$189,691,429
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	9.2	7.4	14.8
2	Total Net Assets	\$14,865,843	\$11,261,310	\$23,714,139
3	Total Assets	\$161,361,107	\$153,005,388	\$159,811,827
4	<u>Cash Flow to Total Debt Ratio</u>	28.4	34.8	36.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$10,155,538	\$12,774,951	\$13,626,779
6	Depreciation Expense	\$7,826,153	\$7,500,925	\$7,293,834
7	Excess of Revenues Over Expenses and Depreciation Expense	\$17,981,691	\$20,275,876	\$20,920,613
8	Total Current Liabilities	\$32,836,182	\$30,222,771	\$32,281,142
9	Total Long Term Debt	\$30,565,817	\$27,966,513	\$25,252,415
10	Total Current Liabilities and Total Long Term Debt	\$63,401,999	\$58,189,284	\$57,533,557
11	<u>Long Term Debt to Capitalization Ratio</u>	67.3	71.3	51.6
12	Total Long Term Debt	\$30,565,817	\$27,966,513	\$25,252,415
13	Total Net Assets	\$14,865,843	\$11,261,310	\$23,714,139
14	Total Long Term Debt and Total Net Assets	\$45,431,660	\$39,227,823	\$48,966,554

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
15	<u>Debt Service Coverage Ratio</u>	9.9	5.0	8.0
16	Excess Revenues over Expenses	\$10,155,538	\$12,774,951	\$13,626,779
17	Interest Expense	\$2,012,386	\$1,861,697	\$1,719,650
18	Depreciation and Amortization Expense	\$7,826,153	\$7,500,925	\$7,293,834
19	Principal Payments	\$0	\$2,563,000	\$1,121,000
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	13.1	13.9	14.8
21	Accumulated Depreciation	\$102,700,122	\$104,096,037	\$108,161,901
22	Depreciation and Amortization Expense	\$7,826,153	\$7,500,925	\$7,293,834
H. <u>Utilization Measures Summary</u>				
1	Patient Days	58,081	53,096	52,607
2	Discharges	13,153	12,462	12,208
3	ALOS	4.4	4.3	4.3
4	Staffed Beds	196	196	181
5	Available Beds	-	196	181
6	Licensed Beds	379	379	379
6	Occupancy of Staffed Beds	81.2%	74.2%	79.6%
7	Occupancy of Available Beds	81.2%	74.2%	79.6%
8	Full Time Equivalent Employees	1,209.2	1,205.4	1,198.7
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	35.6%	36.1%	36.5%
2	Medicare Gross Revenue Payer Mix Percentage	40.3%	39.6%	38.6%
3	Medicaid Gross Revenue Payer Mix Percentage	17.1%	17.0%	20.0%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.6%	4.8%	2.5%
5	Uninsured Gross Revenue Payer Mix Percentage	2.2%	2.3%	2.2%
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)	\$147,491,858	\$163,728,072	\$175,693,095
9	Medicare Gross Revenue (Charges)	\$166,580,676	\$179,215,718	\$185,574,920
10	Medicaid Gross Revenue (Charges)	\$70,854,848	\$76,990,155	\$96,241,350
11	Other Medical Assistance Gross Revenue (Charges)	\$18,856,559	\$21,904,011	\$11,799,742
12	Uninsured Gross Revenue (Charges)	\$9,141,147	\$10,403,387	\$10,633,998
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$880,086	\$870,817	\$1,076,701
14	Total Gross Revenue (Charges)	\$413,805,174	\$453,112,160	\$481,019,806

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	38.8%	38.9%	38.7%
2	Medicare Net Revenue Payer Mix Percentage	46.6%	47.4%	46.1%
3	Medicaid Net Revenue Payer Mix Percentage	12.2%	11.8%	13.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	2.0%	1.6%	1.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.2%	0.1%
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%
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	4,241	3,956	4,007
2	Medicare	5,470	5,300	5,130
3	Medical Assistance	3,401	3,176	3,023
4	Medicaid	2,847	2,603	2,687
5	Other Medical Assistance	554	573	336
6	CHAMPUS / TRICARE	41	30	48
7	Uninsured (Included In Non-Government)	141	196	184
8	Total	13,153	12,462	12,208
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.155800	1.139350	1.193550
2	Medicare	1.497400	1.564440	1.535060
3	Medical Assistance	0.886330	0.911074	0.988114
4	Medicaid	0.840900	0.858700	0.973840
5	Other Medical Assistance	1.119800	1.149000	1.102270
6	CHAMPUS / TRICARE	0.653200	0.617970	0.682270
7	Uninsured (Included In Non-Government)	1.089400	0.989590	1.038350
8	Total Case Mix Index	1.226618	1.260705	1.284176
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	8,246	7,575	7,441
2	Emergency Room - Treated and Discharged	60,106	61,984	60,527
3	Total Emergency Room Visits	68,352	69,559	67,968

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$753,752	\$280,132	(\$473,620)	-63%
2	Inpatient Payments	\$404,226	\$115,586	(\$288,640)	-71%
3	Outpatient Charges	\$250,814	\$272,473	\$21,659	9%
4	Outpatient Payments	\$85,634	\$110,085	\$24,451	29%
5	Discharges	26	10	(16)	-62%
6	Patient Days	109	52	(57)	-52%
7	Outpatient Visits (Excludes ED Visits)	293	284	(9)	-3%
8	Emergency Department Outpatient Visits	22	26	4	18%
9	Emergency Department Inpatient Admissions	19	9	(10)	-53%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,004,566	\$552,605	(\$451,961)	-45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$489,860	\$225,671	(\$264,189)	-54%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,806,333	\$2,746,167	\$939,834	52%
2	Inpatient Payments	\$883,837	\$1,337,758	\$453,921	51%
3	Outpatient Charges	\$1,263,746	\$1,324,800	\$61,054	5%
4	Outpatient Payments	\$333,501	\$352,592	\$19,091	6%
5	Discharges	71	83	12	17%
6	Patient Days	334	430	96	29%
7	Outpatient Visits (Excludes ED Visits)	1,340	1,640	300	22%
8	Emergency Department Outpatient Visits	93	93	0	0%
9	Emergency Department Inpatient Admissions	51	63	12	24%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,070,079	\$4,070,967	\$1,000,888	33%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,217,338	\$1,690,350	\$473,012	39%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$8,810,469	\$9,852,781	\$1,042,312	12%
2	Inpatient Payments	\$4,534,515	\$5,179,057	\$644,542	14%
3	Outpatient Charges	\$4,561,981	\$5,270,677	\$708,696	16%
4	Outpatient Payments	\$1,147,021	\$1,271,394	\$124,373	11%
5	Discharges	335	368	33	10%
6	Patient Days	1,735	1,935	200	12%
7	Outpatient Visits (Excludes ED Visits)	4,111	4,363	252	6%
8	Emergency Department Outpatient Visits	406	401	(5)	-1%
9	Emergency Department Inpatient Admissions	276	299	23	8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,372,450	\$15,123,458	\$1,751,008	13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,681,536	\$6,450,451	\$768,915	14%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$834,840	\$846,001	\$11,161	1%
2	Inpatient Payments	\$432,200	\$389,147	(\$43,053)	-10%
3	Outpatient Charges	\$368,572	\$477,328	\$108,756	30%
4	Outpatient Payments	\$85,063	\$117,533	\$32,470	38%
5	Discharges	32	40	8	25%
6	Patient Days	226	291	65	29%
7	Outpatient Visits (Excludes ED Visits)	258	355	97	38%
8	Emergency Department Outpatient Visits	71	55	(16)	-23%
9	Emergency Department Inpatient Admissions	28	29	1	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,203,412	\$1,323,329	\$119,917	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$517,263	\$506,680	(\$10,583)	-2%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$963,799	\$1,438,175	\$474,376	49%
2	Inpatient Payments	\$577,234	\$662,913	\$85,679	15%
3	Outpatient Charges	\$441,972	\$1,100,681	\$658,709	149%
4	Outpatient Payments	\$85,412	\$185,886	\$100,474	118%
5	Discharges	31	55	24	77%
6	Patient Days	200	288	88	44%
7	Outpatient Visits (Excludes ED Visits)	456	1,145	689	151%
8	Emergency Department Outpatient Visits	53	116	63	119%
9	Emergency Department Inpatient Admissions	24	41	17	71%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,405,771	\$2,538,856	\$1,133,085	81%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$662,646	\$848,799	\$186,153	28%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$1,508,383	\$1,395,713	(\$112,670)	-7%
2	Inpatient Payments	\$749,747	\$796,354	\$46,607	6%
3	Outpatient Charges	\$681,511	\$1,431,630	\$750,119	110%
4	Outpatient Payments	\$161,360	\$333,456	\$172,096	107%
5	Discharges	64	76	12	19%
6	Patient Days	334	327	(7)	-2%
7	Outpatient Visits (Excludes ED Visits)	490	943	453	92%
8	Emergency Department Outpatient Visits	151	249	98	65%
9	Emergency Department Inpatient Admissions	55	70	15	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,189,894	\$2,827,343	\$637,449	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$911,107	\$1,129,810	\$218,703	24%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$2,292,442	\$1,808,108	(\$484,334)	-21%
2	Inpatient Payments	\$1,206,757	\$888,399	(\$318,358)	-26%
3	Outpatient Charges	\$1,698,303	\$1,261,416	(\$436,887)	-26%
4	Outpatient Payments	\$387,726	\$283,575	(\$104,151)	-27%
5	Discharges	88	65	(23)	-26%
6	Patient Days	392	369	(23)	-6%
7	Outpatient Visits (Excludes ED Visits)	1,128	969	(159)	-14%
8	Emergency Department Outpatient Visits	443	287	(156)	-35%
9	Emergency Department Inpatient Admissions	74	57	(17)	-23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,990,745	\$3,069,524	(\$921,221)	-23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,594,483	\$1,171,974	(\$422,509)	-26%
I. AETNA					
1	Inpatient Charges	\$879,697	\$1,043,090	\$163,393	19%
2	Inpatient Payments	\$430,639	\$738,011	\$307,372	71%
3	Outpatient Charges	\$332,862	\$835,986	\$503,124	151%
4	Outpatient Payments	\$92,217	\$220,686	\$128,469	139%
5	Discharges	27	49	22	81%
6	Patient Days	190	85	(105)	-55%
7	Outpatient Visits (Excludes ED Visits)	377	742	365	97%
8	Emergency Department Outpatient Visits	28	81	53	189%
9	Emergency Department Inpatient Admissions	16	36	20	125%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,212,559	\$1,879,076	\$666,517	55%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$522,856	\$958,697	\$435,841	83%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$17,849,715	\$19,410,167	\$1,560,452	9%
	TOTAL INPATIENT PAYMENTS	\$9,219,155	\$10,107,225	\$888,070	10%
	TOTAL OUTPATIENT CHARGES	\$9,599,761	\$11,974,991	\$2,375,230	25%
	TOTAL OUTPATIENT PAYMENTS	\$2,377,934	\$2,875,207	\$497,273	21%
	TOTAL DISCHARGES	674	746	72	11%
	TOTAL PATIENT DAYS	3,520	3,777	257	7%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	8,453	10,441	1,988	24%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,267	1,308	41	3%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	543	604	61	11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$27,449,476	\$31,385,158	\$3,935,682	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,597,089	\$12,982,432	\$1,385,343	12%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$1,658,579	\$0	(\$1,658,579)	-100%
2	Inpatient Payments	\$750,070	\$0	(\$750,070)	-100%
3	Outpatient Charges	\$4,986,697	\$0	(\$4,986,697)	-100%
4	Outpatient Payments	\$1,124,045	\$0	(\$1,124,045)	-100%
5	Discharges	239	0	(239)	-100%
6	Patient Days	682	0	(682)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,152	0	(2,152)	-100%
8	Emergency Department Outpatient Visits	2,925	0	(2,925)	-100%
9	Emergency Department Inpatient Admissions	86	0	(86)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,645,276	\$0	(\$6,645,276)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,874,115	\$0	(\$1,874,115)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$5,573,184	\$6,001,969	\$428,785	8%
2	Inpatient Payments	\$2,619,892	\$2,789,723	\$169,831	6%
3	Outpatient Charges	\$18,793,658	\$24,026,208	\$5,232,550	28%
4	Outpatient Payments	\$4,574,474	\$5,140,461	\$565,987	12%
5	Discharges	745	750	5	1%
6	Patient Days	2,172	2,274	102	5%
7	Outpatient Visits (Excludes ED Visits)	8,426	10,382	1,956	23%
8	Emergency Department Outpatient Visits	11,478	13,161	1,683	15%
9	Emergency Department Inpatient Admissions	172	146	(26)	-15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,366,842	\$30,028,177	\$5,661,335	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,194,366	\$7,930,184	\$735,818	10%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$1,620,350	\$2,661,253	\$1,040,903	64%
2	Inpatient Payments	\$675,490	\$1,231,528	\$556,038	82%
3	Outpatient Charges	\$3,122,450	\$4,622,334	\$1,499,884	48%
4	Outpatient Payments	\$819,965	\$1,221,516	\$401,551	49%
5	Discharges	213	291	78	37%
6	Patient Days	759	1,163	404	53%
7	Outpatient Visits (Excludes ED Visits)	1,435	2,118	683	48%
8	Emergency Department Outpatient Visits	1,731	2,329	598	35%
9	Emergency Department Inpatient Admissions	98	101	3	3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,742,800	\$7,283,587	\$2,540,787	54%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,495,455	\$2,453,044	\$957,589	64%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
G. UNITED HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. AETNA					
1	Inpatient Charges	\$2,747,122	\$4,401,622	\$1,654,500	60%
2	Inpatient Payments	\$1,071,696	\$1,394,952	\$323,256	30%
3	Outpatient Charges	\$7,889,290	\$10,918,469	\$3,029,179	38%
4	Outpatient Payments	\$1,646,848	\$2,300,245	\$653,397	40%
5	Discharges	349	377	28	8%
6	Patient Days	905	1,174	269	30%
7	Outpatient Visits (Excludes ED Visits)	3,887	5,155	1,268	33%
8	Emergency Department Outpatient Visits	4,330	5,143	813	19%
9	Emergency Department Inpatient Admissions	78	92	14	18%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,636,412	\$15,320,091	\$4,683,679	44%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,718,544	\$3,695,197	\$976,653	36%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$11,599,235	\$13,064,844	\$1,465,609	13%
	TOTAL INPATIENT PAYMENTS	\$5,117,148	\$5,416,203	\$299,055	6%
	TOTAL OUTPATIENT CHARGES	\$34,792,095	\$39,567,011	\$4,774,916	14%
	TOTAL OUTPATIENT PAYMENTS	\$8,165,332	\$8,662,222	\$496,890	6%
	TOTAL DISCHARGES	1,546	1,418	(128)	-8%
	TOTAL PATIENT DAYS	4,518	4,611	93	2%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,900	17,655	1,755	11%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	20,464	20,633	169	1%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	434	339	(95)	-22%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$46,391,330	\$52,631,855	\$6,240,525	13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,282,480	\$14,078,425	\$795,945	6%

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$23,213,000	\$26,358,000	\$3,145,000	14%
2	Short Term Investments	\$1,082,000	\$1,182,000	\$100,000	9%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$25,784,000	\$26,752,000	\$968,000	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,739,000	\$4,714,000	(\$25,000)	-1%
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	\$3,966,000	\$4,560,000	\$594,000	15%
	Total Current Assets	\$58,784,000	\$63,566,000	\$4,782,000	8%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$12,785,000	\$13,375,000	\$590,000	5%
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	\$26,933,000	\$27,918,000	\$985,000	4%
	Total Noncurrent Assets Whose Use is Limited:	\$39,718,000	\$41,293,000	\$1,575,000	4%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$14,032,000	\$15,804,000	\$1,772,000	13%
7	Other Noncurrent Assets	\$9,546,000	\$10,087,000	\$541,000	6%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$171,618,000	\$175,254,000	\$3,636,000	2%
2	Less: Accumulated Depreciation	\$115,865,000	\$119,376,000	\$3,511,000	\$0
	Property, Plant and Equipment, Net	\$55,753,000	\$55,878,000	\$125,000	0%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$55,753,000	\$55,878,000	\$125,000	0%
	Total Assets	\$177,833,000	\$186,628,000	\$8,795,000	5%

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$20,037,000	\$22,790,000	\$2,753,000	14%
2	Salaries, Wages and Payroll Taxes	\$7,104,000	\$6,499,000	(\$605,000)	-9%
3	Due To Third Party Payers	\$6,847,000	\$5,935,000	(\$912,000)	-13%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,736,000	\$3,124,000	\$388,000	14%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$36,724,000	\$38,348,000	\$1,624,000	4%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$28,263,000	\$26,789,000	(\$1,474,000)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$28,263,000	\$26,789,000	(\$1,474,000)	-5%
3	Accrued Pension Liability	\$71,557,000	\$67,434,000	(\$4,123,000)	-6%
4	Other Long Term Liabilities	\$26,291,000	\$27,697,000	\$1,406,000	5%
	Total Long Term Liabilities	\$126,111,000	\$121,920,000	(\$4,191,000)	-3%
5	Interest in Net Assets of Affiliates or Joint	\$1,855,000	\$1,663,000	(\$192,000)	-10%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	(\$3,025,000)	\$7,737,000	\$10,762,000	-356%
2	Temporarily Restricted Net Assets	\$2,387,000	\$2,582,000	\$195,000	8%
3	Permanently Restricted Net Assets	\$13,781,000	\$14,378,000	\$597,000	4%
	Total Net Assets	\$13,143,000	\$24,697,000	\$11,554,000	88%
	Total Liabilities and Net Assets	\$177,833,000	\$186,628,000	\$8,795,000	5%

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$531,794,000	\$562,404,000	\$30,610,000	6%
2	Less: Allowances	\$293,158,000	\$317,513,000	\$24,355,000	8%
3	Less: Charity Care	\$493,000	\$1,044,000	\$551,000	112%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$238,143,000	\$243,847,000	\$5,704,000	2%
5	Other Operating Revenue	\$7,585,000	\$7,572,000	(\$13,000)	0%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$245,728,000	\$251,419,000	\$5,691,000	2%
B. Operating Expenses:					
1	Salaries and Wages	\$102,507,000	\$105,443,000	\$2,936,000	3%
2	Fringe Benefits	\$27,782,000	\$28,308,000	\$526,000	2%
3	Physicians Fees	\$0	\$0	\$0	0%
4	Supplies and Drugs	\$0	\$0	\$0	0%
5	Depreciation and Amortization	\$0	\$0	\$0	0%
6	Bad Debts	\$13,161,000	\$13,281,000	\$120,000	1%
7	Interest	\$0	\$0	\$0	0%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$94,110,000	\$100,285,000	\$6,175,000	7%
	Total Operating Expenses	\$237,560,000	\$247,317,000	\$9,757,000	4%
	Income/(Loss) From Operations	\$8,168,000	\$4,102,000	(\$4,066,000)	-50%
C. Non-Operating Revenue:					
1	Income from Investments	(\$1,271,000)	\$1,723,000	\$2,994,000	-236%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$1,556,000	\$712,000	(\$844,000)	-54%
	Total Non-Operating Revenue	\$285,000	\$2,435,000	\$2,150,000	754%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$8,453,000	\$6,537,000	(\$1,916,000)	-23%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$8,453,000	\$6,537,000	(\$1,916,000)	-23%

SAINT MARY'S HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$223,019,000	\$238,143,000	\$243,847,000
2	Other Operating Revenue	12,133,000	7,585,000	7,572,000
3	Total Operating Revenue	\$235,152,000	\$245,728,000	\$251,419,000
4	Total Operating Expenses	232,346,000	237,560,000	247,317,000
5	Income/(Loss) From Operations	\$2,806,000	\$8,168,000	\$4,102,000
6	Total Non-Operating Revenue	1,445,000	285,000	2,435,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$4,251,000	\$8,453,000	\$6,537,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	1.19%	3.32%	1.62%
2	Parent Corporation Non-Operating Margin	0.61%	0.12%	0.96%
3	Parent Corporation Total Margin	1.80%	3.44%	2.58%
4	Income/(Loss) From Operations	\$2,806,000	\$8,168,000	\$4,102,000
5	Total Operating Revenue	\$235,152,000	\$245,728,000	\$251,419,000
6	Total Non-Operating Revenue	\$1,445,000	\$285,000	\$2,435,000
7	Total Revenue	\$236,597,000	\$246,013,000	\$253,854,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$4,251,000	\$8,453,000	\$6,537,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$945,000	(\$3,025,000)	\$7,737,000
2	Parent Corporation Total Net Assets	\$17,247,000	\$13,143,000	\$24,697,000
3	Parent Corporation Change in Total Net Assets	(\$3,974,000)	(\$4,104,000)	\$11,554,000
4	Parent Corporation Change in Total Net Assets %	81.3%	-23.8%	87.9%

SAINT MARY'S HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
	D. <u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.41	1.60	1.66
2	Total Current Assets	\$51,486,000	\$58,784,000	\$63,566,000
3	Total Current Liabilities	\$36,518,000	\$36,724,000	\$38,348,000
4	<u>Days Cash on Hand</u>	30	37	41
5	Cash and Cash Equivalents	\$17,469,000	\$23,213,000	\$26,358,000
6	Short Term Investments	1,078,000	1,082,000	1,182,000
7	Total Cash and Short Term Investments	\$18,547,000	\$24,295,000	\$27,540,000
8	Total Operating Expenses	\$232,346,000	\$237,560,000	\$247,317,000
9	Depreciation Expense	\$9,089,000	\$0	\$0
10	Operating Expenses less Depreciation Expense	\$223,257,000	\$237,560,000	\$247,317,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	30	29	31
12	Net Patient Accounts Receivable	\$ 23,771,000	\$ 25,784,000	\$ 26,752,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$5,428,000	\$6,847,000	\$5,935,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 18,343,000	\$ 18,937,000	\$ 20,817,000
16	Total Net Patient Revenue	\$223,019,000	\$238,143,000	\$243,847,000
17	<u>Average Payment Period</u>	60	56	57
18	Total Current Liabilities	\$36,518,000	\$36,724,000	\$38,348,000
19	Total Operating Expenses	\$232,346,000	\$237,560,000	\$247,317,000
20	Depreciation Expense	\$9,089,000	\$0	\$0
21	Total Operating Expenses less Depreciation Expense	\$223,257,000	\$237,560,000	\$247,317,000

SAINT MARY'S HEALTH SYSTEM, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	10.2	7.4	13.2
2	Total Net Assets	\$17,247,000	\$13,143,000	\$24,697,000
3	Total Assets	\$169,547,000	\$177,833,000	\$186,628,000
4	<u>Cash Flow to Total Debt Ratio</u>	19.9	13.0	10.0
5	Excess/(Deficiency) of Revenues Over Expenses	\$4,251,000	\$8,453,000	\$6,537,000
6	Depreciation Expense	\$9,089,000	\$0	\$0
7	Excess of Revenues Over Expenses and Depreciation Expense	\$13,340,000	\$8,453,000	\$6,537,000
8	Total Current Liabilities	\$36,518,000	\$36,724,000	\$38,348,000
9	Total Long Term Debt	\$30,566,000	\$28,263,000	\$26,789,000
10	Total Current Liabilities and Total Long Term Debt	\$67,084,000	\$64,987,000	\$65,137,000
11	<u>Long Term Debt to Capitalization Ratio</u>	63.9	68.3	52.0
12	Total Long Term Debt	\$30,566,000	\$28,263,000	\$26,789,000
13	Total Net Assets	\$17,247,000	\$13,143,000	\$24,697,000
14	Total Long Term Debt and Total Net Assets	\$47,813,000	\$41,406,000	\$51,486,000

SAINT MARY'S HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
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	38,326	124	124	84.7%	84.7%
2	ICU/CCU (Excludes Neonatal ICU)	3,485	16	16	59.7%	59.7%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,116	12	12	94.0%	94.0%
	TOTAL PSYCHIATRIC	4,116	12	12	94.0%	94.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	3,022	14	14	59.1%	59.1%
7	Newborn	2,204	7	7	86.3%	86.3%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	1,454	8	8	49.8%	49.8%
	TOTAL EXCLUDING NEWBORN	50,403	174	174	79.4%	79.4%
	TOTAL INPATIENT BED UTILIZATION	52,607	181	181	79.6%	79.6%
	TOTAL INPATIENT REPORTED YEAR	52,607	181	181	79.6%	79.6%
	TOTAL INPATIENT PRIOR YEAR	53,096	196	196	74.2%	74.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-489	-15	-15	5.4%	5.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	-8%	-8%	7%	7%
	Total Licensed Beds and Bassinets	379				
(A) This number may not exceed the number of available beds for each department or in total.						

SAINT MARY'S HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
<u>LINE</u>	<u>DESCRIPTION</u>	<u>DAYS</u>	<u>BEDS (A)</u>	<u>BEDS</u>	<u>BEDS (A)</u>	<u>BEDS</u>

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	8,674	8,343	-331	-4%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,194	5,988	-206	-3%
3	Emergency Department Scans	9,597	10,189	592	6%
4	Other Non-Hospital Providers' Scans (A)	5,167	4,792	-375	-7%
	Total CT Scans	29,632	29,312	-320	-1%
B. MRI Scans (A)					
1	Inpatient Scans	1,984	1,830	-154	-8%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,890	1,907	17	1%
3	Emergency Department Scans	98	126	28	29%
4	Other Non-Hospital Providers' Scans (A)	11,123	10,955	-168	-2%
	Total MRI Scans	15,095	14,818	-277	-2%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	838	804	-34	-4%
	Total PET Scans	838	804	-34	-4%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	12,715	11,132	-1,583	-12%
	Total Linear Accelerator Procedures	12,715	11,132	-1,583	-12%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	470	470	0	0%
2	Outpatient Procedures	290	334	44	15%
	Total Cardiac Catheterization Procedures	760	804	44	6%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	255	291	36	14%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	255	291	36	14%
H. Electrophysiology Studies					
1	Inpatient Studies	258	149	-109	-42%
2	Outpatient Studies	20	23	3	15%
	Total Electrophysiology Studies	278	172	-106	-38%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	8,870	8,642	-228	-3%
2	Outpatient Surgical Procedures	10,164	9,804	-360	-4%
	Total Surgical Procedures	19,034	18,446	-588	-3%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	367	336	-31	-8%
2	Outpatient Endoscopy Procedures	1,943	1,648	-295	-15%
	Total Endoscopy Procedures	2,310	1,984	-326	-14%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	7,575	7,441	-134	-2%
2	Emergency Room Visits: Treated and Discharged	61,984	60,527	-1,457	-2%
	Total Emergency Room Visits	69,559	67,968	-1,591	-2%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	187	268	81	43%
2	Dental Clinic Visits	6,669	6,517	-152	-2%
3	Psychiatric Clinic Visits	7,883	8,216	333	4%
4	Medical Clinic Visits	83,480	45,748	-37,732	-45%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	98,219	60,749	-37,470	-38%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	10,947	11,896	949	9%
2	Cardiology	2,464	2,098	-366	-15%
3	Chemotherapy	110	112	2	2%
4	Gastroenterology	2,648	2,221	-427	-16%
5	Other Outpatient Visits	145,202	147,135	1,933	1%
	Total Other Hospital Outpatient Visits	161,371	163,462	2,091	1%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	339.6	328.2	-11.4	-3%
2	Total Physician FTEs	50.8	52.2	1.4	3%
3	Total Non-Nursing and Non-Physician FTEs	815.0	818.3	3.3	0%
	Total Hospital Full Time Equivalent Employees	1,205.4	1,198.7	-6.7	-1%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital	10,164	9,804	-360	-4%
	Total Outpatient Surgical Procedures(A)	10,164	9,804	-360	-4%
B. Outpatient Endoscopy Procedures					
1	Hospital	1,943	1,648	-295	-15%
	Total Outpatient Endoscopy Procedures(B)	1,943	1,648	-295	-15%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital	61,984	60,527	-1,457	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	61,984	60,527	-1,457	-2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$121,263,136	\$121,221,236	(\$41,900)	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$69,739,881	\$68,673,576	(\$1,066,305)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	57.51%	56.65%	-0.86%	-1%
4	DISCHARGES	5,300	5,130	(170)	-3%
5	CASE MIX INDEX (CMI)	1.56444	1.53506	(0.02938)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,291.53200	7,874.85780	(416.67420)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,410.98	\$8,720.61	\$309.64	4%
8	PATIENT DAYS	27,889	25,670	(2,219)	-8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,500.62	\$2,675.25	\$174.62	7%
10	AVERAGE LENGTH OF STAY	5.3	5.0	(0.3)	-5%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$57,952,582	\$64,353,684	\$6,401,102	11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$14,793,198	\$15,758,451	\$965,253	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.53%	24.49%	-1.04%	-4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	47.79%	53.09%	5.30%	11%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,532.91062	2,723.40400	190.49338	8%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,840.39	\$5,786.31	(\$54.09)	-1%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$179,215,718	\$185,574,920	\$6,359,202	4%
18	TOTAL ACCRUED PAYMENTS	\$84,533,079	\$84,432,027	(\$101,052)	0%
19	TOTAL ALLOWANCES	\$94,682,639	\$101,142,893	\$6,460,254	7%

SAINT MARY'S HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$73,492,301	\$77,476,915	\$3,984,614	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$36,379,406	\$40,064,166	\$3,684,760	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.50%	51.71%	2.21%	4%
4	DISCHARGES	3,956	4,007	51	1%
5	CASE MIX INDEX (CMI)	1.13935	1.19355	0.05420	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,507,26860	4,782,55485	275,28625	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,071.28	\$8,377.15	\$305.87	4%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$339.70	\$343.46	\$3.76	1%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,531,124	\$1,642,637	\$111,513	7%
10	PATIENT DAYS	13,059	14,454	1,395	11%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,785.77	\$2,771.84	(\$13.93)	-1%
12	AVERAGE LENGTH OF STAY	3.3	3.6	0.3	9%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$100,639,158	\$108,850,178	\$8,211,020	8%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$33,286,906	\$31,055,051	(\$2,231,855)	-7%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.08%	28.53%	-4.55%	-14%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	136.94%	140.49%	3.56%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,417,28186	5,629,58222	212,30036	4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,144.58	\$5,516.40	(\$628.17)	-10%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$304.18)	\$269.90	\$574.08	-189%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,647,841)	\$1,519,439	\$3,167,280	-192%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$174,131,459	\$186,327,093	\$12,195,634	7%
22	TOTAL ACCRUED PAYMENTS	\$69,666,312	\$71,119,217	\$1,452,905	2%
23	TOTAL ALLOWANCES	\$104,465,147	\$115,207,876	\$10,742,729	10%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$116,717)	\$3,162,076	\$3,278,793	-2809%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$174,131,459	\$186,327,093	\$12,195,634	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$69,666,312	\$71,119,217	\$1,452,905	2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,465,147	\$115,207,876	\$10,742,729	10%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.99%	61.83%	1.84%	

SAINT MARY'S HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,609,364	\$2,728,843	\$119,479	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$22,505	\$19,808	(\$2,697)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.86%	0.73%	-0.14%	-16%
4	DISCHARGES	196	184	(12)	-6%
5	CASE MIX INDEX (CMI)	0.98959	1.03835	0.04876	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	193.95964	191.05640	(2.90324)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$116.03	\$103.68	(\$12.35)	-11%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,955.25	\$8,273.47	\$318.22	4%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,294.95	\$8,616.94	\$321.99	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,608,885	\$1,646,321	\$37,436	2%
11	PATIENT DAYS	566	647	81	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$39.76	\$30.62	(\$9.15)	-23%
13	AVERAGE LENGTH OF STAY	2.9	3.5	0.6	22%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,794,023	\$7,905,155	\$111,132	1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$309,287	\$229,219	(\$80,068)	-26%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	3.97%	2.90%	-1.07%	-27%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	298.69%	289.69%	-9.01%	-3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	585.44094	533.02756	(52.41338)	-9%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$528.30	\$430.03	(\$98.27)	-19%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,616.28	\$5,086.37	(\$529.91)	-9%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,312.10	\$5,356.27	\$44.18	1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,109,919	\$2,855,042	(\$254,877)	-8%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$10,403,387	\$10,633,998	\$230,611	2%
24	TOTAL ACCRUED PAYMENTS	\$331,792	\$249,027	(\$82,765)	-25%
25	TOTAL ALLOWANCES	\$10,071,595	\$10,384,971	\$313,376	3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,718,804	\$4,501,363	(\$217,442)	-5%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$26,960,292	\$34,158,558	\$7,198,266	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$9,702,923	\$12,605,983	\$2,903,060	30%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	35.99%	36.90%	0.91%	3%
4	DISCHARGES	2,603	2,687	84	3%
5	CASE MIX INDEX (CMI)	0.85870	0.97384	0.11514	13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,235.19610	2,616.70808	381.51198	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,340.97	\$4,817.50	\$476.53	11%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,730.30	\$3,559.65	(\$170.65)	-5%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$4,070.00	\$3,903.11	(\$166.89)	-4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,097,259	\$10,213,312	\$1,116,053	12%
11	PATIENT DAYS	9,362	10,695	1,333	14%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,036.42	\$1,178.68	\$142.26	14%
13	AVERAGE LENGTH OF STAY	3.6	4.0	0.4	11%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$50,029,863	\$62,082,792	\$12,052,929	24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,266,023	\$12,727,374	\$1,461,351	13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.52%	20.50%	-2.02%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	185.57%	181.75%	-3.82%	-2%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,830.35322	4,883.59204	53.23882	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,332.34	\$2,606.15	\$273.81	12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,812.24	\$2,910.25	(\$901.98)	-24%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,508.06	\$3,180.16	(\$327.90)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,945,147	\$15,530,588	(\$1,414,559)	-8%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$76,990,155	\$96,241,350	\$19,251,195	25%
24	TOTAL ACCRUED PAYMENTS	\$20,968,946	\$25,333,357	\$4,364,411	21%
25	TOTAL ALLOWANCES	\$56,021,209	\$70,907,993	\$14,886,784	27%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$26,042,406	\$25,743,899	(\$298,506)	-1%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$9,284,921	\$4,706,147	(\$4,578,774)	-49%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,511,782	\$979,349	(\$532,433)	-35%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.28%	20.81%	4.53%	28%
4	DISCHARGES	573	336	(237)	-41%
5	CASE MIX INDEX (CMI)	1.14900	1.10227	(0.04673)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	658.37700	370.36272	(288.01428)	-44%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,296.23	\$2,644.30	\$348.07	15%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,775.05	\$5,732.85	(\$42.20)	-1%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,114.75	\$6,076.31	(\$38.44)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,025,811	\$2,250,440	(\$1,775,371)	-44%
11	PATIENT DAYS	2,712	1,613	(1,099)	-41%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$557.44	\$607.16	\$49.72	9%
13	AVERAGE LENGTH OF STAY	4.7	4.8	0.1	1%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,619,090	\$7,093,595	(\$5,525,495)	-44%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,277,165	\$788,737	(\$488,428)	-38%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	10.12%	11.12%	1.00%	10%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	135.91%	150.73%	14.82%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	778.76145	506.45420	(272.30725)	-35%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,640.00	\$1,557.37	(\$82.62)	-5%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,504.58	\$3,959.03	(\$545.55)	-12%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,200.40	\$4,228.94	\$28.54	1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,271,109	\$2,141,762	(\$1,129,347)	-35%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$21,904,011	\$11,799,742	(\$10,104,269)	-46%
24	TOTAL ACCRUED PAYMENTS	\$2,788,947	\$1,768,086	(\$1,020,861)	-37%
25	TOTAL ALLOWANCES	\$19,115,064	\$10,031,656	(\$9,083,408)	-48%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$7,296,921	\$4,392,203	(\$2,904,718)	-40%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$36,245,213	\$38,864,705	\$2,619,492	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,214,705	\$13,585,332	\$2,370,627	21%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.94%	34.96%	4.01%	13%
4	DISCHARGES	3,176	3,023	(153)	-5%
5	CASE MIX INDEX (CMI)	0.91107	0.98811	0.07704	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,893.57310	2,987.07080	93.49770	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,875.73	\$4,548.04	\$672.32	17%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,195.55	\$3,829.10	(\$366.44)	-9%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,535.25	\$4,172.57	(\$362.68)	-8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,123,070	\$12,463,752	(\$659,318)	-5%
11	PATIENT DAYS	12,074	12,308	234	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$928.83	\$1,103.78	\$174.95	19%
13	AVERAGE LENGTH OF STAY	3.8	4.1	0.3	7%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$62,648,953	\$69,176,387	\$6,527,434	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,543,188	\$13,516,111	\$972,923	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.02%	19.54%	-0.48%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	172.85%	177.99%	5.15%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,609.11468	5,390.04625	(219.06843)	-4%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,236.22	\$2,507.61	\$271.39	12%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,908.36	\$3,008.80	(\$899.56)	-23%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,604.18	\$3,278.70	(\$325.48)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$20,216,256	\$17,672,350	(\$2,543,906)	-13%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$98,894,166	\$108,041,092	\$9,146,926	9%
24	TOTAL ACCRUED PAYMENTS	\$23,757,893	\$27,101,443	\$3,343,550	14%
25	TOTAL ALLOWANCES	\$75,136,273	\$80,939,649	\$5,803,376	8%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$212,284	\$408,034	\$195,750	92%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$98,729	\$156,393	\$57,664	58%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.51%	38.33%	-8.18%	-18%
4	DISCHARGES	30	48	18	60%
5	CASE MIX INDEX (CMI)	0.61797	0.68227	0.06430	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	18.53910	32.74896	14.20986	77%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,325.45	\$4,775.51	(\$549.94)	-10%
8	PATIENT DAYS	74	175	101	136%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,334.18	\$893.67	(\$440.50)	-33%
10	AVERAGE LENGTH OF STAY	2.5	3.6	1.2	48%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$658,533	\$668,667	\$10,134	2%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$219,328	\$176,473	(\$42,855)	-20%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$870,817	\$1,076,701	\$205,884	24%
14	TOTAL ACCRUED PAYMENTS	\$318,057	\$332,866	\$14,809	5%
15	TOTAL ALLOWANCES	\$552,760	\$743,835	\$191,075	35%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$8,145,638	\$8,481,266	\$335,628	4%
2	TOTAL OPERATING EXPENSES	\$192,136,903	\$196,985,263	\$4,848,360	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,519,133	\$1,270,330	(\$248,803)	-16%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$493,000	\$1,043,954	\$550,954	112%
5	BAD DEBTS (CHARGES)	\$11,724,327	\$11,904,617	\$180,290	2%
6	UNCOMPENSATED CARE (CHARGES)	\$12,217,327	\$12,948,571	\$731,244	6%
7	COST OF UNCOMPENSATED CARE	\$4,386,131	\$4,457,978	\$71,847	2%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$98,894,166	\$108,041,092	\$9,146,926	9%
9	TOTAL ACCRUED PAYMENTS	\$23,757,893	\$27,101,443	\$3,343,550	14%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$35,503,903	\$37,196,756	\$1,692,852	5%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$11,746,010	\$10,095,313	(\$1,650,698)	-14%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$231,212,934	\$237,970,890	\$6,757,956	3%
2	TOTAL INPATIENT PAYMENTS	\$117,432,721	\$122,479,467	\$5,046,746	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	50.79%	51.47%	0.68%	1%
4	TOTAL DISCHARGES	12,462	12,208	(254)	-2%
5	TOTAL CASE MIX INDEX	1.26071	1.28418	0.02347	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,710.91280	15,677.23241	(33.68039)	0%
7	TOTAL OUTPATIENT CHARGES	\$221,899,226	\$243,048,916	\$21,149,690	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	95.97%	102.13%	6.16%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$60,842,620	\$60,506,086	(\$336,534)	-1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.42%	24.89%	-2.52%	-9%
11	TOTAL CHARGES	\$453,112,160	\$481,019,806	\$27,907,646	6%
12	TOTAL PAYMENTS	\$178,275,341	\$182,985,553	\$4,710,212	3%
13	TOTAL PAYMENTS / TOTAL CHARGES	39.34%	38.04%	-1.30%	-3%
14	PATIENT DAYS	53,096	52,607	(489)	-1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$157,720,633	\$160,493,975	\$2,773,342	2%
2	INPATIENT PAYMENTS	\$81,053,315	\$82,415,301	\$1,361,986	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	51.39%	51.35%	-0.04%	0%
4	DISCHARGES	8,506	8,201	(305)	-4%
5	CASE MIX INDEX	1.31715	1.32846	0.01131	1%
6	CASE MIX ADJUSTED DISCHARGES	11,203.64420	10,894.67756	(308.96664)	-3%
7	OUTPATIENT CHARGES	\$121,260,068	\$134,198,738	\$12,938,670	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	76.88%	83.62%	6.73%	9%
9	OUTPATIENT PAYMENTS	\$27,555,714	\$29,451,035	\$1,895,321	7%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.72%	21.95%	-0.78%	-3%
11	TOTAL CHARGES	\$278,980,701	\$294,692,713	\$15,712,012	6%
12	TOTAL PAYMENTS	\$108,609,029	\$111,866,336	\$3,257,307	3%
13	TOTAL PAYMENTS / CHARGES	38.93%	37.96%	-0.97%	-2%
14	PATIENT DAYS	40,037	38,153	(1,884)	-5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$170,371,672	\$182,826,377	\$12,454,705	7%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.3	5.0	(0.3)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.6	0.3	9%
3	UNINSURED	2.9	3.5	0.6	22%
4	MEDICAID	3.6	4.0	0.4	11%
5	OTHER MEDICAL ASSISTANCE	4.7	4.8	0.1	1%
6	CHAMPUS / TRICARE	2.5	3.6	1.2	48%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.3	0.0	1%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$453,112,160	\$481,019,806	\$27,907,646	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$170,371,672	\$182,826,377	\$12,454,705	7%
3	UNCOMPENSATED CARE	\$12,217,327	\$12,948,571	\$731,244	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,465,147	\$115,207,876	\$10,742,729	10%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$4,905,768	\$5,700,172	\$794,404	16%
6	TOTAL ADJUSTMENTS	\$291,959,914	\$316,682,996	\$24,723,082	8%
7	TOTAL ACCRUED PAYMENTS	\$161,152,246	\$164,336,810	\$3,184,564	2%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,519,133	\$1,270,330	(\$248,803)	-16%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$162,671,379	\$165,607,140	\$2,935,761	2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3590090785	0.3442834119	(0.0147256666)	-4%
11	COST OF UNCOMPENSATED CARE	\$4,386,131	\$4,457,978	\$71,847	2%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$11,746,010	\$10,095,313	(\$1,650,698)	-14%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$16,132,142	\$14,553,291	(\$1,578,851)	-10%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$16,945,147	\$15,530,588	(\$1,414,559)	-8%
2	OTHER MEDICAL ASSISTANCE	\$7,296,921	\$4,392,203	(\$2,904,718)	-40%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,718,804	\$4,501,363	(\$217,442)	-5%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$28,960,872	\$24,424,153	(\$4,536,719)	-16%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$8,152,172	\$9,265,066	\$1,112,894	13.65%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$16,703,211	\$17,189,016	\$485,805	2.91%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$196,498,000	\$201,445,000	\$4,947,000	2.52%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$453,112,000	\$481,020,000	\$27,908,000	6.16%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$12,217,327	\$12,949,000	\$731,673	5.99%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$73,492,301	\$77,476,915	\$3,984,614
2	MEDICARE	\$121,263,136	121,221,236	(\$41,900)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$36,245,213	38,864,705	\$2,619,492
4	MEDICAID	\$26,960,292	34,158,558	\$7,198,266
5	OTHER MEDICAL ASSISTANCE	\$9,284,921	4,706,147	(\$4,578,774)
6	CHAMPUS / TRICARE	\$212,284	408,034	\$195,750
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,609,364	2,728,843	\$119,479
	TOTAL INPATIENT GOVERNMENT CHARGES	\$157,720,633	\$160,493,975	\$2,773,342
	TOTAL INPATIENT CHARGES	\$231,212,934	\$237,970,890	\$6,757,956
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$100,639,158	\$108,850,178	\$8,211,020
2	MEDICARE	\$57,952,582	64,353,684	\$6,401,102
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$62,648,953	69,176,387	\$6,527,434
4	MEDICAID	\$50,029,863	62,082,792	\$12,052,929
5	OTHER MEDICAL ASSISTANCE	\$12,619,090	7,093,595	(\$5,525,495)
6	CHAMPUS / TRICARE	\$658,533	668,667	\$10,134
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,794,023	7,905,155	\$111,132
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$121,260,068	\$134,198,738	\$12,938,670
	TOTAL OUTPATIENT CHARGES	\$221,899,226	\$243,048,916	\$21,149,690
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$174,131,459	\$186,327,093	\$12,195,634
2	TOTAL MEDICARE	\$179,215,718	\$185,574,920	\$6,359,202
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$98,894,166	\$108,041,092	\$9,146,926
4	TOTAL MEDICAID	\$76,990,155	\$96,241,350	\$19,251,195
5	TOTAL OTHER MEDICAL ASSISTANCE	\$21,904,011	\$11,799,742	(\$10,104,269)
6	TOTAL CHAMPUS / TRICARE	\$870,817	\$1,076,701	\$205,884
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,403,387	\$10,633,998	\$230,611
	TOTAL GOVERNMENT CHARGES	\$278,980,701	\$294,692,713	\$15,712,012
	TOTAL CHARGES	\$453,112,160	\$481,019,806	\$27,907,646
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,379,406	\$40,064,166	\$3,684,760
2	MEDICARE	\$69,739,881	68,673,576	(\$1,066,305)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,214,705	13,585,332	\$2,370,627
4	MEDICAID	\$9,702,923	12,605,983	\$2,903,060
5	OTHER MEDICAL ASSISTANCE	\$1,511,782	979,349	(\$532,433)
6	CHAMPUS / TRICARE	\$98,729	156,393	\$57,664
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,505	19,808	(\$2,697)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$81,053,315	\$82,415,301	\$1,361,986
	TOTAL INPATIENT PAYMENTS	\$117,432,721	\$122,479,467	\$5,046,746
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,286,906	\$31,055,051	(\$2,231,855)
2	MEDICARE	\$14,793,198	15,758,451	\$965,253
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$12,543,188	13,516,111	\$972,923
4	MEDICAID	\$11,266,023	12,727,374	\$1,461,351
5	OTHER MEDICAL ASSISTANCE	\$1,277,165	788,737	(\$488,428)
6	CHAMPUS / TRICARE	\$219,328	176,473	(\$42,855)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$309,287	229,219	(\$80,068)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$27,555,714	\$29,451,035	\$1,895,321
	TOTAL OUTPATIENT PAYMENTS	\$60,842,620	\$60,506,086	(\$336,534)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,666,312	\$71,119,217	\$1,452,905
2	TOTAL MEDICARE	\$84,533,079	\$84,432,027	(\$101,052)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,757,893	\$27,101,443	\$3,343,550
4	TOTAL MEDICAID	\$20,968,946	\$25,333,357	\$4,364,411
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,788,947	\$1,768,086	(\$1,020,861)
6	TOTAL CHAMPUS / TRICARE	\$318,057	\$332,866	\$14,809
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$331,792	\$249,027	(\$82,765)
	TOTAL GOVERNMENT PAYMENTS	\$108,609,029	\$111,866,336	\$3,257,307
	TOTAL PAYMENTS	\$178,275,341	\$182,985,553	\$4,710,212

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2009</u>	<u>ACTUAL</u> <u>FY 2010</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.22%	16.11%	-0.11%
2	MEDICARE	26.76%	25.20%	-1.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.00%	8.08%	0.08%
4	MEDICAID	5.95%	7.10%	1.15%
5	OTHER MEDICAL ASSISTANCE	2.05%	0.98%	-1.07%
6	CHAMPUS / TRICARE	0.05%	0.08%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.58%	0.57%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	34.81%	33.37%	-1.44%
	TOTAL INPATIENT PAYER MIX	51.03%	49.47%	-1.56%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.21%	22.63%	0.42%
2	MEDICARE	12.79%	13.38%	0.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.83%	14.38%	0.55%
4	MEDICAID	11.04%	12.91%	1.87%
5	OTHER MEDICAL ASSISTANCE	2.78%	1.47%	-1.31%
6	CHAMPUS / TRICARE	0.15%	0.14%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.72%	1.64%	-0.08%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.76%	27.90%	1.14%
	TOTAL OUTPATIENT PAYER MIX	48.97%	50.53%	1.56%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.41%	21.89%	1.49%
2	MEDICARE	39.12%	37.53%	-1.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.29%	7.42%	1.13%
4	MEDICAID	5.44%	6.89%	1.45%
5	OTHER MEDICAL ASSISTANCE	0.85%	0.54%	-0.31%
6	CHAMPUS / TRICARE	0.06%	0.09%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.01%	0.01%	0.00%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	45.47%	45.04%	-0.43%
	TOTAL INPATIENT PAYER MIX	65.87%	66.93%	1.06%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	18.67%	16.97%	-1.70%
2	MEDICARE	8.30%	8.61%	0.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.04%	7.39%	0.35%
4	MEDICAID	6.32%	6.96%	0.64%
5	OTHER MEDICAL ASSISTANCE	0.72%	0.43%	-0.29%
6	CHAMPUS / TRICARE	0.12%	0.10%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.17%	0.13%	-0.05%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	15.46%	16.09%	0.64%
	TOTAL OUTPATIENT PAYER MIX	34.13%	33.07%	-1.06%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,956	4,007	51
2	MEDICARE	5,300	5,130	(170)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,176	3,023	(153)
4	MEDICAID	2,603	2,687	84
5	OTHER MEDICAL ASSISTANCE	573	336	(237)
6	CHAMPUS / TRICARE	30	48	18
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	196	184	(12)
	TOTAL GOVERNMENT DISCHARGES	8,506	8,201	(305)
	TOTAL DISCHARGES	12,462	12,208	(254)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,059	14,454	1,395
2	MEDICARE	27,889	25,670	(2,219)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,074	12,308	234
4	MEDICAID	9,362	10,695	1,333
5	OTHER MEDICAL ASSISTANCE	2,712	1,613	(1,099)
6	CHAMPUS / TRICARE	74	175	101
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	566	647	81
	TOTAL GOVERNMENT PATIENT DAYS	40,037	38,153	(1,884)
	TOTAL PATIENT DAYS	53,096	52,607	(489)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.6	0.3
2	MEDICARE	5.3	5.0	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.8	4.1	0.3
4	MEDICAID	3.6	4.0	0.4
5	OTHER MEDICAL ASSISTANCE	4.7	4.8	0.1
6	CHAMPUS / TRICARE	2.5	3.6	1.2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.9	3.5	0.6
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.7	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.3	0.0
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13935	1.19355	0.05420
2	MEDICARE	1.56444	1.53506	(0.02938)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.91107	0.98811	0.07704
4	MEDICAID	0.85870	0.97384	0.11514
5	OTHER MEDICAL ASSISTANCE	1.14900	1.10227	(0.04673)
6	CHAMPUS / TRICARE	0.61797	0.68227	0.06430
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.98959	1.03835	0.04876
	TOTAL GOVERNMENT CASE MIX INDEX	1.31715	1.32846	0.01131
	TOTAL CASE MIX INDEX	1.26071	1.28418	0.02347
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$174,131,459	\$186,327,093	\$12,195,634
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$69,666,312	\$71,119,217	\$1,452,905
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,465,147	\$115,207,876	\$10,742,729
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.99%	61.83%	1.84%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$8,152,172	\$9,265,066	\$1,112,894
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$4,905,768	\$5,700,172	\$794,404
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,519,133	\$1,270,330	(\$248,803)
8	CHARITY CARE	\$493,000	\$1,043,954	\$550,954
9	BAD DEBTS	\$11,724,327	\$11,904,617	\$180,290
10	TOTAL UNCOMPENSATED CARE	\$12,217,327	\$12,948,571	\$731,244
11	TOTAL OTHER OPERATING REVENUE	\$174,131,459	\$186,327,093	\$12,195,634
12	TOTAL OPERATING EXPENSES	\$192,136,903	\$196,985,263	\$4,848,360

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,507.26860	4,782.55485	275.28625
2	MEDICARE	8,291.53200	7,874.85780	(416.67420)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,893.57310	2,987.07080	93.49770
4	MEDICAID	2,235.19610	2,616.70808	381.51198
5	OTHER MEDICAL ASSISTANCE	658.37700	370.36272	(288.01428)
6	CHAMPUS / TRICARE	18.53910	32.74896	14.20986
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	193.95964	191.05640	(2.90324)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	11,203.64420	10,894.67756	(308.96664)
	TOTAL CASE MIX ADJUSTED DISCHARGES	15,710.91280	15,677.23241	(33.68039)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,417.28186	5,629.58222	212.30036
2	MEDICARE	2,532.91062	2,723.40400	190.49338
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,609.11468	5,390.04625	-219.06843
4	MEDICAID	4,830.35322	4,883.59204	53.23882
5	OTHER MEDICAL ASSISTANCE	778.76145	506.45420	-272.30725
6	CHAMPUS / TRICARE	93.06396	78.66015	-14.40381
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	585.44094	533.02756	-52.41338
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,235.08926	8,192.11040	-42.97886
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	13,652.37112	13,821.69262	169.32150
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,071.28	\$8,377.15	\$305.87
2	MEDICARE	\$8,410.98	\$8,720.61	\$309.64
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,875.73	\$4,548.04	\$672.32
4	MEDICAID	\$4,340.97	\$4,817.50	\$476.53
5	OTHER MEDICAL ASSISTANCE	\$2,296.23	\$2,644.30	\$348.07
6	CHAMPUS / TRICARE	\$5,325.45	\$4,775.51	(\$549.94)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$116.03	\$103.68	(\$12.35)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,234.55	\$7,564.73	\$330.18
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,474.60	\$7,812.57	\$337.97
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,144.58	\$5,516.40	(\$628.17)
2	MEDICARE	\$5,840.39	\$5,786.31	(\$54.09)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,236.22	\$2,507.61	\$271.39
4	MEDICAID	\$2,332.34	\$2,606.15	\$273.81
5	OTHER MEDICAL ASSISTANCE	\$1,640.00	\$1,557.37	(\$82.62)
6	CHAMPUS / TRICARE	\$2,356.74	\$2,243.49	(\$113.26)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$528.30	\$430.03	(\$98.27)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$3,346.13	\$3,595.05	\$248.91
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,456.56	\$4,377.62	(\$78.94)

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$16,945,147	\$15,530,588	(\$1,414,559)
2	OTHER MEDICAL ASSISTANCE	\$7,296,921	\$4,392,203	(\$2,904,718)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,718,804	\$4,501,363	(\$217,442)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$28,960,872	\$24,424,153	(\$4,536,719)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$453,112,160	\$481,019,806	\$27,907,646
2	TOTAL GOVERNMENT DEDUCTIONS	\$170,371,672	\$182,826,377	\$12,454,705
3	UNCOMPENSATED CARE	\$12,217,327	\$12,948,571	\$731,244
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$104,465,147	\$115,207,876	\$10,742,729
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$4,905,768	\$5,700,172	\$794,404
6	TOTAL ADJUSTMENTS	\$291,959,914	\$316,682,996	\$24,723,082
7	TOTAL ACCRUED PAYMENTS	\$161,152,246	\$164,336,810	\$3,184,564
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,519,133	\$1,270,330	(\$248,803)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$162,671,379	\$165,607,140	\$2,935,761
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3590090785	0.3442834119	(0.0147256666)
11	COST OF UNCOMPENSATED CARE	\$4,386,131	\$4,457,978	\$71,847
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$11,746,010	\$10,095,313	(\$1,650,698)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$16,132,142	\$14,553,291	(\$1,578,851)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.50%	51.71%	2.21%
2	MEDICARE	57.51%	56.65%	-0.86%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.94%	34.96%	4.01%
4	MEDICAID	35.99%	36.90%	0.91%
5	OTHER MEDICAL ASSISTANCE	16.28%	20.81%	4.53%
6	CHAMPUS / TRICARE	46.51%	38.33%	-8.18%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.86%	0.73%	-0.14%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	51.39%	51.35%	-0.04%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	50.79%	51.47%	0.68%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.08%	28.53%	-4.55%
2	MEDICARE	25.53%	24.49%	-1.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.02%	19.54%	-0.48%
4	MEDICAID	22.52%	20.50%	-2.02%
5	OTHER MEDICAL ASSISTANCE	10.12%	11.12%	1.00%
6	CHAMPUS / TRICARE	33.31%	26.39%	-6.91%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.97%	2.90%	-1.07%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	22.72%	21.95%	-0.78%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	27.42%	24.89%	-2.52%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$178,275,341	\$182,985,553	\$4,710,212
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,519,133	\$1,270,330	(\$248,803)
	OHCA DEFINED NET REVENUE	\$179,794,474	\$184,255,883	\$4,461,409
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$16,703,211	\$17,189,016	\$485,805
4	CALCULATED NET REVENUE	\$196,497,685	\$201,444,899	\$4,947,214
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$196,498,000	\$201,445,000	\$4,947,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$315)	(\$101)	\$214
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$453,112,160	\$481,019,806	\$27,907,646
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$453,112,160	\$481,019,806	\$27,907,646
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$453,112,000	\$481,020,000	\$27,908,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$160	(\$194)	(\$354)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,217,327	\$12,948,571	\$731,244
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,217,327	\$12,948,571	\$731,244
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,217,327	\$12,949,000	\$731,673
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$429)	(\$429)

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,476,915
2	MEDICARE	121,221,236
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,864,705
4	MEDICAID	34,158,558
5	OTHER MEDICAL ASSISTANCE	4,706,147
6	CHAMPUS / TRICARE	408,034
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,728,843
	TOTAL INPATIENT GOVERNMENT CHARGES	\$160,493,975
	TOTAL INPATIENT CHARGES	\$237,970,890
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$108,850,178
2	MEDICARE	64,353,684
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	69,176,387
4	MEDICAID	62,082,792
5	OTHER MEDICAL ASSISTANCE	7,093,595
6	CHAMPUS / TRICARE	668,667
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7,905,155
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$134,198,738
	TOTAL OUTPATIENT CHARGES	\$243,048,916
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$186,327,093
2	TOTAL GOVERNMENT ACCRUED CHARGES	294,692,713
	TOTAL ACCRUED CHARGES	\$481,019,806
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$40,064,166
2	MEDICARE	68,673,576
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,585,332
4	MEDICAID	12,605,983
5	OTHER MEDICAL ASSISTANCE	979,349
6	CHAMPUS / TRICARE	156,393
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	19,808
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$82,415,301
	TOTAL INPATIENT PAYMENTS	\$122,479,467
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$31,055,051
2	MEDICARE	15,758,451
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13,516,111
4	MEDICAID	12,727,374
5	OTHER MEDICAL ASSISTANCE	788,737
6	CHAMPUS / TRICARE	176,473
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	229,219
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$29,451,035
	TOTAL OUTPATIENT PAYMENTS	\$60,506,086
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$71,119,217
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	111,866,336
	TOTAL ACCRUED PAYMENTS	\$182,985,553

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,007
2	MEDICARE	5,130
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,023
4	MEDICAID	2,687
5	OTHER MEDICAL ASSISTANCE	336
6	CHAMPUS / TRICARE	48
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	184
	TOTAL GOVERNMENT DISCHARGES	8,201
	TOTAL DISCHARGES	12,208
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.19355
2	MEDICARE	1.53506
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.98811
4	MEDICAID	0.97384
5	OTHER MEDICAL ASSISTANCE	1.10227
6	CHAMPUS / TRICARE	0.68227
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03835
	TOTAL GOVERNMENT CASE MIX INDEX	1.32846
	TOTAL CASE MIX INDEX	1.28418
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$186,327,093
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$71,119,217
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$115,207,876
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.83%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,265,066
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,700,172
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$1,270,330
8	CHARITY CARE	\$1,043,954
9	BAD DEBTS	\$11,904,617
10	TOTAL UNCOMPENSATED CARE	\$12,948,571
11	TOTAL OTHER OPERATING REVENUE	\$8,481,266
12	TOTAL OPERATING EXPENSES	\$196,985,263

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$182,985,553
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,270,330
	OHCA DEFINED NET REVENUE	\$184,255,883
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$17,189,016
	CALCULATED NET REVENUE	\$201,444,899
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$201,445,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$101)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$481,019,806
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$481,019,806
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$481,020,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$194)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,948,571
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,948,571
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,949,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$429)

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	745	679	(66)	-9%
2	Number of Approved Applicants	491	510	19	4%
3	Total Charges (A)	\$493,000	\$1,043,954	\$550,954	112%
4	Average Charges	\$1,004	\$2,047	\$1,043	104%
5	Ratio of Cost to Charges (RCC)	0.444772	0.416550	(0.028222)	-6%
6	Total Cost	\$219,273	\$434,859	\$215,586	98%
7	Average Cost	\$447	\$853	\$406	91%
8	Charity Care - Inpatient Charges	\$241,570	\$584,317	\$342,747	142%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	138,040	184,697	46,657	34%
10	Charity Care - Emergency Department Charges	113,390	274,940	161,550	142%
11	Total Charges (A)	\$493,000	\$1,043,954	\$550,954	112%
12	Charity Care - Number of Patient Days	79	220	141	178%
13	Charity Care - Number of Discharges	23	28	5	22%
14	Charity Care - Number of Outpatient ED Visits	176	179	3	2%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	292	81	(211)	-72%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$3,066,971	\$3,902,095	\$835,124	27%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,248,951	1,598,949	349,998	28%
3	Bad Debts - Emergency Department	7,408,405	6,403,573	(1,004,832)	-14%
4	Total Bad Debts (A)	\$11,724,327	\$11,904,617	\$180,290	2%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$493,000	\$1,043,954	\$550,954	112%
2	Bad Debts (A)	11,724,327	11,904,617	180,290	2%
3	Total Uncompensated Care (A)	\$12,217,327	\$12,948,571	\$731,244	6%
4	Uncompensated Care - Inpatient Services	\$3,308,541	\$4,486,412	\$1,177,871	36%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,386,991	1,783,646	396,655	29%
6	Uncompensated Care - Emergency Department	7,521,795	6,678,513	(843,282)	-11%
7	Total Uncompensated Care (A)	\$12,217,327	\$12,948,571	\$731,244	6%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2009	(4) FY 2010	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$174,131,459	\$186,327,093	\$12,195,634	7%
2	Total Contractual Allowances	\$104,465,147	\$115,207,876	\$10,742,729	10%
	Total Accrued Payments (A)	\$69,666,312	\$71,119,217	\$1,452,905	2%
	Total Discount Percentage	59.99%	61.83%	1.84%	3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$220,027,650	\$231,212,934	\$237,970,890
2	Outpatient Gross Revenue	\$193,777,524	\$221,899,226	\$243,048,916
3	Total Gross Patient Revenue	\$413,805,174	\$453,112,160	\$481,019,806
4	Net Patient Revenue	\$183,704,311	\$193,245,559	\$198,455,064
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$189,131,774	\$192,136,903	\$196,985,263
C. <u>Utilization Statistics</u>				
1	Patient Days	58,081	53,096	52,607
2	Discharges	13,153	12,462	12,208
3	Average Length of Stay	4.4	4.3	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	109,233	104,053	106,337
0	Equivalent (Adjusted) Discharges (ED)	24,737	24,422	24,677
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.22662	1.26071	1.28418
2	Case Mix Adjusted Patient Days (CMAPD)	71,243	66,938	67,557
3	Case Mix Adjusted Discharges (CMAD)	16,134	15,711	15,677
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	133,987	131,180	136,555
5	Case Mix Adjusted Equivalent Discharges (CMAED)	30,343	30,789	31,689
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$7,125	\$8,534	\$9,144
2	Total Gross Revenue per Discharge	\$31,461	\$36,360	\$39,402
3	Total Gross Revenue per EPD	\$3,788	\$4,355	\$4,524
4	Total Gross Revenue per ED	\$16,728	\$18,553	\$19,493
5	Total Gross Revenue per CMAEPD	\$3,088	\$3,454	\$3,523
6	Total Gross Revenue per CMAED	\$13,638	\$14,717	\$15,179
7	Inpatient Gross Revenue per EPD	\$2,014	\$2,222	\$2,238
8	Inpatient Gross Revenue per ED	\$8,895	\$9,467	\$9,644

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,163	\$3,640	\$3,772
2	Net Patient Revenue per Discharge	\$13,967	\$15,507	\$16,256
3	Net Patient Revenue per EPD	\$1,682	\$1,857	\$1,866
4	Net Patient Revenue per ED	\$7,426	\$7,913	\$8,042
5	Net Patient Revenue per CMAEPD	\$1,371	\$1,473	\$1,453
6	Net Patient Revenue per CMAED	\$6,054	\$6,276	\$6,263
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,256	\$3,619	\$3,744
2	Total Operating Expense per Discharge	\$14,379	\$15,418	\$16,136
3	Total Operating Expense per EPD	\$1,731	\$1,847	\$1,852
4	Total Operating Expense per ED	\$7,646	\$7,867	\$7,983
5	Total Operating Expense per CMAEPD	\$1,412	\$1,465	\$1,443
6	Total Operating Expense per CMAED	\$6,233	\$6,240	\$6,216
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$28,488,192	\$27,364,646	\$27,239,418
2	Nursing Fringe Benefits Expense	\$6,152,251	\$6,314,946	\$6,590,600
3	Total Nursing Salary and Fringe Benefits Expense	\$34,640,443	\$33,679,592	\$33,830,018
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,515,990	\$2,773,646	\$2,877,015
2	Physician Fringe Benefits Expense	\$869,363	\$943,697	\$847,264
3	Total Physician Salary and Fringe Benefits Expense	\$3,385,353	\$3,717,343	\$3,724,279
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$40,881,239	\$41,585,364	\$43,621,631
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$14,497,276	\$15,154,217	\$15,404,495
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$55,378,515	\$56,739,581	\$59,026,126
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$71,885,421	\$71,723,656	\$73,738,064
2	Total Fringe Benefits Expense	\$21,518,890	\$22,412,860	\$22,842,359
3	Total Salary and Fringe Benefits Expense	\$93,404,311	\$94,136,516	\$96,580,423

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	345.7	339.6	328.2
2	Total Physician FTEs	48.9	50.8	52.2
3	Total Non-Nursing, Non-Physician FTEs	814.6	815.0	818.3
4	Total Full Time Equivalent Employees (FTEs)	1,209.2	1,205.4	1,198.7
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$82,407	\$80,579	\$82,996
2	Nursing Fringe Benefits Expense per FTE	\$17,797	\$18,595	\$20,081
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$100,204	\$99,174	\$103,077
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$51,452	\$54,599	\$55,115
2	Physician Fringe Benefits Expense per FTE	\$17,778	\$18,577	\$16,231
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$69,230	\$73,176	\$71,346
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$50,186	\$51,025	\$53,308
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$17,797	\$18,594	\$18,825
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$67,982	\$69,619	\$72,133
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$59,449	\$59,502	\$61,515
2	Total Fringe Benefits Expense per FTE	\$17,796	\$18,594	\$19,056
3	Total Salary and Fringe Benefits Expense per FTE	\$77,245	\$78,096	\$80,571
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,608	\$1,773	\$1,836
2	Total Salary and Fringe Benefits Expense per Discharge	\$7,101	\$7,554	\$7,911
3	Total Salary and Fringe Benefits Expense per EPD	\$855	\$905	\$908
4	Total Salary and Fringe Benefits Expense per ED	\$3,776	\$3,855	\$3,914
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$697	\$718	\$707
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,078	\$3,057	\$3,048