

SAINT VINCENT'S MEDICAL CENTER					
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	\$10,599,000	\$6,014,000	(\$4,585,000)	-43%
2	Short Term Investments	\$7,793,000	\$15,056,000	\$7,263,000	93%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$40,833,000	\$44,277,000	\$3,444,000	8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$2,905,000	\$11,057,000	\$8,152,000	281%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,070,000	\$3,849,000	(\$221,000)	-5%
8	Prepaid Expenses	\$2,410,000	\$2,737,000	\$327,000	14%
9	Other Current Assets	\$1,082,000	\$1,144,000	\$62,000	6%
	Total Current Assets	\$69,692,000	\$84,134,000	\$14,442,000	21%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$174,181,000	\$192,369,000	\$18,188,000	10%
	Total Noncurrent Assets Whose Use is Limited:	\$174,181,000	\$192,369,000	\$18,188,000	10%
5	Interest in Net Assets of Foundation	\$41,403,000	\$23,218,000	(\$18,185,000)	-44%
6	Long Term Investments	\$35,060,000	\$50,474,000	\$15,414,000	44%
7	Other Noncurrent Assets	\$3,735,000	\$4,445,000	\$710,000	19%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$299,512,000	\$388,908,000	\$89,396,000	30%
2	Less: Accumulated Depreciation	\$162,502,000	\$183,826,000	\$21,324,000	13%
	Property, Plant and Equipment, Net	\$137,010,000	\$205,082,000	\$68,072,000	50%
3	Construction in Progress	\$68,279,000	\$7,882,000	(\$60,397,000)	-88%
	Total Net Fixed Assets	\$205,289,000	\$212,964,000	\$7,675,000	4%
	Total Assets	\$529,360,000	\$567,604,000	\$38,244,000	7%

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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	\$26,491,000	\$22,763,000	(\$3,728,000)	-14%
2	Salaries, Wages and Payroll Taxes	\$17,966,000	\$15,249,000	(\$2,717,000)	-15%
3	Due To Third Party Payers	\$9,102,000	\$12,219,000	\$3,117,000	34%
4	Due To Affiliates	\$404,000	\$404,000	\$0	0%
5	Current Portion of Long Term Debt	\$1,162,000	\$1,035,000	(\$127,000)	-11%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$55,125,000	\$51,670,000	(\$3,455,000)	-6%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$59,493,000	\$59,295,000	(\$198,000)	0%
2	Notes Payable (Net of Current Portion)	\$11,596,000	\$11,191,000	(\$405,000)	-3%
	Total Long Term Debt	\$71,089,000	\$70,486,000	(\$603,000)	-1%
3	Accrued Pension Liability	\$37,094,000	\$37,854,000	\$760,000	2%
4	Other Long Term Liabilities	\$9,542,000	\$10,868,000	\$1,326,000	14%
	Total Long Term Liabilities	\$117,725,000	\$119,208,000	\$1,483,000	1%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$314,991,000	\$373,265,000	\$58,274,000	19%
2	Temporarily Restricted Net Assets	\$33,709,000	\$15,105,000	(\$18,604,000)	-55%
3	Permanently Restricted Net Assets	\$7,810,000	\$8,356,000	\$546,000	7%
	Total Net Assets	\$356,510,000	\$396,726,000	\$40,216,000	11%
	Total Liabilities and Net Assets	\$529,360,000	\$567,604,000	\$38,244,000	7%

SAINT VINCENT'S MEDICAL CENTER					
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	\$852,498,000	\$928,516,000	\$76,018,000	9%
2	Less: Allowances	\$501,876,419	\$567,130,000	\$65,253,581	13%
3	Less: Charity Care	\$8,833,000	\$7,662,000	(\$1,171,000)	-13%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$341,788,581	\$353,724,000	\$11,935,419	3%
5	Other Operating Revenue	\$10,624,419	\$12,404,000	\$1,779,581	17%
6	Net Assets Released from Restrictions	\$396,000	\$446,000	\$50,000	13%
	Total Operating Revenue	\$352,809,000	\$366,574,000	\$13,765,000	4%
B. Operating Expenses:					
1	Salaries and Wages	\$146,877,000	\$142,346,000	(\$4,531,000)	-3%
2	Fringe Benefits	\$33,532,000	\$38,478,000	\$4,946,000	15%
3	Physicians Fees	\$2,257,000	\$2,362,000	\$105,000	5%
4	Supplies and Drugs	\$51,456,000	\$53,377,000	\$1,921,000	4%
5	Depreciation and Amortization	\$18,628,000	\$22,115,000	\$3,487,000	19%
6	Bad Debts	\$21,818,000	\$21,127,000	(\$691,000)	-3%
7	Interest	\$678,000	\$2,186,000	\$1,508,000	222%
8	Malpractice	\$4,752,000	\$7,005,000	\$2,253,000	47%
9	Other Operating Expenses	\$61,989,000	\$62,817,000	\$828,000	1%
	Total Operating Expenses	\$341,987,000	\$351,813,000	\$9,826,000	3%
	Income/(Loss) From Operations	\$10,822,000	\$14,761,000	\$3,939,000	36%
C. Non-Operating Revenue:					
1	Income from Investments	(\$3,219,000)	\$26,784,000	\$30,003,000	-932%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$596,000)	(\$780,000)	(\$184,000)	31%
	Total Non-Operating Revenue	(\$3,815,000)	\$26,004,000	\$29,819,000	-782%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$7,007,000	\$40,765,000	\$33,758,000	482%
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	\$7,007,000	\$40,765,000	\$33,758,000	482%
	Principal Payments	\$912,458	\$932,801	\$20,343	2%

**SAINT VINCENT'S MEDICAL CENTER
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	\$236,378,588	\$255,540,233	\$19,161,645	8%
2	MEDICARE MANAGED CARE	\$97,381,396	\$103,643,190	\$6,261,794	6%
3	MEDICAID	\$42,312,836	\$59,383,222	\$17,070,386	40%
4	MEDICAID MANAGED CARE	\$27,827,830	\$31,237,897	\$3,410,067	12%
5	CHAMPUS/TRICARE	\$360,974	\$483,690	\$122,716	34%
6	COMMERCIAL INSURANCE	\$53,452,562	\$47,236,109	(\$6,216,453)	-12%
7	NON-GOVERNMENT MANAGED CARE	\$113,101,098	\$129,136,241	\$16,035,143	14%
8	WORKER'S COMPENSATION	\$5,725,389	\$6,532,474	\$807,085	14%
9	SELF- PAY/UNINSURED	\$20,406,154	\$18,013,248	(\$2,392,906)	-12%
10	SAGA	\$16,127,727	\$10,685,294	(\$5,442,433)	-34%
11	OTHER	\$451,711	\$360,997	(\$90,714)	-20%
	TOTAL INPATIENT GROSS REVENUE	\$613,526,265	\$662,252,595	\$48,726,330	8%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$55,766,975	\$63,042,261	\$7,275,286	13%
2	MEDICARE MANAGED CARE	\$24,956,462	\$27,236,342	\$2,279,880	9%
3	MEDICAID	\$12,356,951	\$18,441,730	\$6,084,779	49%
4	MEDICAID MANAGED CARE	\$13,866,694	\$21,922,834	\$8,056,140	58%
5	CHAMPUS/TRICARE	\$283,642	\$266,626	(\$17,016)	-6%
6	COMMERCIAL INSURANCE	\$33,046,865	\$32,786,081	(\$260,784)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$65,349,481	\$68,768,765	\$3,419,284	5%
8	WORKER'S COMPENSATION	\$4,390,225	\$4,808,282	\$418,057	10%
9	SELF- PAY/UNINSURED	\$20,686,277	\$22,035,587	\$1,349,310	7%
10	SAGA	\$7,978,668	\$6,711,759	(\$1,266,909)	-16%
11	OTHER	\$290,363	\$242,766	(\$47,597)	-16%
	TOTAL OUTPATIENT GROSS REVENUE	\$238,972,603	\$266,263,033	\$27,290,430	11%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$292,145,563	\$318,582,494	\$26,436,931	9%
2	MEDICARE MANAGED CARE	\$122,337,858	\$130,879,532	\$8,541,674	7%
3	MEDICAID	\$54,669,787	\$77,824,952	\$23,155,165	42%
4	MEDICAID MANAGED CARE	\$41,694,524	\$53,160,731	\$11,466,207	28%
5	CHAMPUS/TRICARE	\$644,616	\$750,316	\$105,700	16%
6	COMMERCIAL INSURANCE	\$86,499,427	\$80,022,190	(\$6,477,237)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$178,450,579	\$197,905,006	\$19,454,427	11%
8	WORKER'S COMPENSATION	\$10,115,614	\$11,340,756	\$1,225,142	12%
9	SELF- PAY/UNINSURED	\$41,092,431	\$40,048,835	(\$1,043,596)	-3%
10	SAGA	\$24,106,395	\$17,397,053	(\$6,709,342)	-28%
11	OTHER	\$742,074	\$603,763	(\$138,311)	-19%
	TOTAL GROSS REVENUE	\$852,498,868	\$928,515,628	\$76,016,760	9%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$87,164,920	\$89,377,029	\$2,212,109	3%
2	MEDICARE MANAGED CARE	\$33,638,866	\$32,953,688	(\$685,178)	-2%
3	MEDICAID	\$13,298,979	\$14,857,701	\$1,558,722	12%
4	MEDICAID MANAGED CARE	\$6,684,131	\$9,146,667	\$2,462,536	37%
5	CHAMPUS/TRICARE	\$121,850	\$190,001	\$68,151	56%
6	COMMERCIAL INSURANCE	\$25,694,944	\$19,355,591	(\$6,339,353)	-25%
7	NON-GOVERNMENT MANAGED CARE	\$59,933,337	\$74,140,381	\$14,207,044	24%
8	WORKER'S COMPENSATION	\$4,150,747	\$4,235,894	\$85,147	2%
9	SELF- PAY/UNINSURED	\$1,590,034	\$1,010,117	(\$579,917)	-36%
10	SAGA	\$1,936,674	\$165,649	(\$1,771,025)	-91%
11	OTHER	\$48,475	\$80,040	\$31,565	65%
	TOTAL INPATIENT NET REVENUE	\$234,262,957	\$245,512,758	\$11,249,801	5%

**SAINT VINCENT'S MEDICAL CENTER
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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	\$17,902,956	\$18,212,362	\$309,406	2%
2	MEDICARE MANAGED CARE	\$6,965,399	\$7,604,170	\$638,771	9%
3	MEDICAID	\$3,704,922	\$3,222,124	(\$482,798)	-13%
4	MEDICAID MANAGED CARE	\$4,751,409	\$5,657,042	\$905,633	19%
5	CHAMPUS/TRICARE	\$101,544	\$91,593	(\$9,951)	-10%
6	COMMERCIAL INSURANCE	\$13,285,767	\$10,898,955	(\$2,386,812)	-18%
7	NON-GOVERNMENT MANAGED CARE	\$32,866,012	\$34,179,885	\$1,313,873	4%
8	WORKER'S COMPENSATION	\$3,241,169	\$3,345,866	\$104,697	3%
9	SELF- PAY/UNINSURED	\$1,462,161	\$1,818,473	\$356,312	24%
10	SAGA	\$1,381,834	\$1,998,932	\$617,098	45%
11	OTHER	\$44,512	\$55,429	\$10,917	25%
	TOTAL OUTPATIENT NET REVENUE	\$85,707,685	\$87,084,831	\$1,377,146	2%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$105,067,876	\$107,589,391	\$2,521,515	2%
2	MEDICARE MANAGED CARE	\$40,604,265	\$40,557,858	(\$46,407)	0%
3	MEDICAID	\$17,003,901	\$18,079,825	\$1,075,924	6%
4	MEDICAID MANAGED CARE	\$11,435,540	\$14,803,709	\$3,368,169	29%
5	CHAMPUS/TRICARE	\$223,394	\$281,594	\$58,200	26%
6	COMMERCIAL INSURANCE	\$38,980,711	\$30,254,546	(\$8,726,165)	-22%
7	NON-GOVERNMENT MANAGED CARE	\$92,799,349	\$108,320,266	\$15,520,917	17%
8	WORKER'S COMPENSATION	\$7,391,916	\$7,581,760	\$189,844	3%
9	SELF- PAY/UNINSURED	\$3,052,195	\$2,828,590	(\$223,605)	-7%
10	SAGA	\$3,318,508	\$2,164,581	(\$1,153,927)	-35%
11	OTHER	\$92,987	\$135,469	\$42,482	46%
	TOTAL NET REVENUE	\$319,970,642	\$332,597,589	\$12,626,947	4%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	6,876	6,978	102	1%
2	MEDICARE MANAGED CARE	2,870	2,942	72	3%
3	MEDICAID	1,616	1,927	311	19%
4	MEDICAID MANAGED CARE	1,504	1,725	221	15%
5	CHAMPUS/TRICARE	18	30	12	67%
6	COMMERCIAL INSURANCE	2,605	1,956	(649)	-25%
7	NON-GOVERNMENT MANAGED CARE	4,482	4,774	292	7%
8	WORKER'S COMPENSATION	158	143	(15)	-9%
9	SELF- PAY/UNINSURED	955	1,024	69	7%
10	SAGA	615	353	(262)	-43%
11	OTHER	27	21	(6)	-22%
	TOTAL DISCHARGES	21,726	21,873	147	1%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	46,479	45,977	(502)	-1%
2	MEDICARE MANAGED CARE	17,559	16,791	(768)	-4%
3	MEDICAID	11,261	13,346	2,085	19%
4	MEDICAID MANAGED CARE	9,659	9,249	(410)	-4%
5	CHAMPUS/TRICARE	79	116	37	47%
6	COMMERCIAL INSURANCE	11,337	8,491	(2,846)	-25%
7	NON-GOVERNMENT MANAGED CARE	20,193	20,989	796	4%
8	WORKER'S COMPENSATION	527	541	14	3%
9	SELF- PAY/UNINSURED	4,657	5,403	746	16%
10	SAGA	3,578	1,845	(1,733)	-48%
11	OTHER	118	64	(54)	-46%
	TOTAL PATIENT DAYS	125,447	122,812	(2,635)	-2%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	32,924	39,623	6,699	20%
2	MEDICARE MANAGED CARE	12,216	14,107	1,891	15%
3	MEDICAID	11,529	18,723	7,194	62%
4	MEDICAID MANAGED CARE	20,279	31,492	11,213	55%
5	CHAMPUS/TRICARE	15	291	276	1840%
6	COMMERCIAL INSURANCE	34,631	32,669	(1,962)	-6%
7	NON-GOVERNMENT MANAGED CARE	45,900	50,951	5,051	11%
8	WORKER'S COMPENSATION	7,378	8,364	986	13%
9	SELF- PAY/UNINSURED	29,348	29,665	317	1%
10	SAGA	8,037	5,969	(2,068)	-26%
11	OTHER	266	265	(1)	0%
	TOTAL OUTPATIENT VISITS	202,523	232,119	29,596	15%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$10,023,294	\$11,701,255	\$1,677,961	17%
2	MEDICARE MANAGED CARE	\$3,606,937	\$3,943,261	\$336,324	9%
3	MEDICAID	\$4,481,186	\$7,228,017	\$2,746,831	61%
4	MEDICAID MANAGED CARE	\$7,381,860	\$11,617,137	\$4,235,277	57%
5	CHAMPUS/TRICARE	\$104,577	\$142,737	\$38,160	36%
6	COMMERCIAL INSURANCE	\$10,883,047	\$9,190,106	(\$1,692,941)	-16%
7	NON-GOVERNMENT MANAGED CARE	\$13,780,757	\$16,252,448	\$2,471,691	18%
8	WORKER'S COMPENSATION	\$1,038,135	\$1,211,214	\$173,079	17%
9	SELF- PAY/UNINSURED	\$12,167,721	\$12,652,143	\$484,422	4%
10	SAGA	\$3,883,336	\$3,461,648	(\$421,688)	-11%
11	OTHER	\$252,955	\$217,946	(\$35,009)	-14%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$67,603,805	\$77,617,912	\$10,014,107	15%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,724,306	\$3,143,010	\$418,704	15%
2	MEDICARE MANAGED CARE	\$987,263	\$1,046,117	\$58,854	6%
3	MEDICAID	\$1,204,804	\$1,619,364	\$414,560	34%
4	MEDICAID MANAGED CARE	\$2,293,984	\$3,174,450	\$880,466	38%
5	CHAMPUS/TRICARE	(\$49,242)	\$65,756	\$114,998	-234%
6	COMMERCIAL INSURANCE	\$5,941,407	\$4,438,615	(\$1,502,792)	-25%
7	NON-GOVERNMENT MANAGED CARE	\$7,795,105	\$8,660,519	\$865,414	11%
8	WORKER'S COMPENSATION	\$868,982	\$884,529	\$15,547	2%
9	SELF- PAY/UNINSURED	\$1,788,148	\$1,969,363	\$181,215	10%
10	SAGA	\$480,235	\$189,279	(\$290,956)	-61%
11	OTHER	\$29,322	\$5,505	(\$23,817)	-81%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$24,064,314	\$25,196,507	\$1,132,193	5%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,774	6,490	716	12%
2	MEDICARE MANAGED CARE	2,010	2,021	11	1%
3	MEDICAID	3,516	5,232	1,716	49%
4	MEDICAID MANAGED CARE	7,608	10,876	3,268	43%
5	CHAMPUS/TRICARE	92	100	8	9%
6	COMMERCIAL INSURANCE	8,326	6,494	(1,832)	-22%
7	NON-GOVERNMENT MANAGED CARE	9,220	10,178	958	10%
8	WORKER'S COMPENSATION	1,048	1,068	20	2%
9	SELF- PAY/UNINSURED	9,464	9,315	(149)	-2%
10	SAGA	3,169	2,776	(393)	-12%
11	OTHER	204	210	6	3%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	50,431	54,760	4,329	9%

**SAINT VINCENT'S MEDICAL CENTER
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$59,660,307	\$61,447,266	\$1,786,959	3%
2	Physician Salaries	\$23,691,353	\$14,734,157	(\$8,957,196)	-38%
3	Non-Nursing, Non-Physician Salaries	\$63,525,340	\$66,164,577	\$2,639,237	4%
	Total Salaries & Wages	\$146,877,000	\$142,346,000	(\$4,531,000)	-3%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$13,620,400	\$16,610,102	\$2,989,702	22%
2	Physician Fringe Benefits	\$5,408,717	\$3,982,860	(\$1,425,857)	-26%
3	Non-Nursing, Non-Physician Fringe Benefits	\$14,502,883	\$17,885,038	\$3,382,155	23%
	Total Fringe Benefits	\$33,532,000	\$38,478,000	\$4,946,000	15%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$3,112,080	\$969,320	(\$2,142,760)	-69%
2	Physician Fees	\$2,257,000	\$2,362,000	\$105,000	5%
3	Non-Nursing, Non-Physician Fees	\$774,258	\$576,059	(\$198,199)	-26%
	Total Contractual Labor Fees	\$6,143,338	\$3,907,379	(\$2,235,959)	-36%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$36,567,269	\$38,482,803	\$1,915,534	5%
2	Pharmaceutical Costs	\$14,888,731	\$14,894,197	\$5,466	0%
	Total Medical Supplies and Pharmaceutical Cost	\$51,456,000	\$53,377,000	\$1,921,000	4%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$9,092,641	\$10,060,379	\$967,738	11%
2	Depreciation-Equipment	\$9,535,359	\$12,054,621	\$2,519,262	26%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$18,628,000	\$22,115,000	\$3,487,000	19%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$21,818,000	\$21,127,000	(\$691,000)	-3%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$678,000	\$2,186,000	\$1,508,000	222%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$4,752,000	\$7,005,000	\$2,253,000	47%
I.	<u>Utilities:</u>				
1	Water	\$324,683	\$380,757	\$56,074	17%
2	Natural Gas	\$738,920	\$900,350	\$161,430	22%
3	Oil	\$664,161	\$353,187	(\$310,974)	-47%
4	Electricity	\$3,574,130	\$3,365,047	(\$209,083)	-6%
5	Telephone	\$1,645,332	\$746,719	(\$898,613)	-55%
6	Other Utilities	\$45,275	\$44,706	(\$569)	-1%
	Total Utilities	\$6,992,501	\$5,790,766	(\$1,201,735)	-17%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$370,149	\$329,525	(\$40,624)	-11%
2	Legal Fees	\$801,028	\$1,161,429	\$360,401	45%
3	Consulting Fees	\$1,379,107	\$1,103,284	(\$275,823)	-20%
4	Dues and Membership	\$772,294	\$855,242	\$82,948	11%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010**

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(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>
5	Equipment Leases	\$1,223,383	\$1,019,926	(\$203,457)	-17%
6	Building Leases	\$1,872,827	\$2,044,747	\$171,920	9%
7	Repairs and Maintenance	\$2,328,141	\$2,430,592	\$102,451	4%
8	Insurance	\$629,984	\$164,331	(\$465,653)	-74%
9	Travel	\$262,472	\$165,222	(\$97,250)	-37%
10	Conferences	\$259,879	\$404,521	\$144,642	56%
11	Property Tax	\$138,179	\$213,353	\$75,174	54%
12	General Supplies	\$8,572,041	\$8,446,392	(\$125,649)	-1%
13	Licenses and Subscriptions	\$304,605	\$295,000	(\$9,605)	-3%
14	Postage and Shipping	\$564,868	\$250,803	(\$314,065)	-56%
15	Advertising	\$1,797,738	\$2,007,664	\$209,926	12%
16	Other Business Expenses	\$29,833,466	\$34,588,824	\$4,755,358	16%
	Total Business Expenses	\$51,110,161	\$55,480,855	\$4,370,694	9%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$341,987,000	\$351,813,000	\$9,826,000	3%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$69,015,114	\$75,288,931	\$6,273,817	9%
2	General Accounting	\$2,247,475	\$1,869,774	(\$377,701)	-17%
3	Patient Billing & Collection	\$4,484,398	\$4,338,070	(\$146,328)	-3%
4	Admitting / Registration Office	\$1,894,008	\$2,230,865	\$336,857	18%
5	Data Processing	\$11,142,108	\$12,732,438	\$1,590,330	14%
6	Communications	\$1,849,064	\$1,726,448	(\$122,616)	-7%
7	Personnel	\$36,005,085	\$41,205,860	\$5,200,775	14%
8	Public Relations	\$2,297,549	\$2,728,247	\$430,698	19%
9	Purchasing	\$496,496	\$510,959	\$14,463	3%
10	Dietary and Cafeteria	\$5,585,231	\$5,659,622	\$74,391	1%
11	Housekeeping	\$3,432,080	\$3,716,772	\$284,692	8%
12	Laundry & Linen	\$1,242,642	\$1,144,203	(\$98,439)	-8%
13	Operation of Plant	\$6,557,428	\$6,050,024	(\$507,404)	-8%
14	Security	\$1,454,820	\$1,549,877	\$95,057	7%
15	Repairs and Maintenance	\$5,743,669	\$6,380,478	\$636,809	11%
16	Central Sterile Supply	\$909,372	\$1,087,676	\$178,304	20%
17	Pharmacy Department	\$19,404,327	\$19,561,346	\$157,019	1%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$173,760,866	\$187,781,590	\$14,020,724	8%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$803,512	\$620,576	(\$182,936)	-23%
2	Residency Program	\$5,122,664	\$5,161,996	\$39,332	1%
3	Nursing Services Administration	\$2,538,730	\$2,625,219	\$86,489	3%
4	Medical Records	\$2,437,846	\$2,828,182	\$390,336	16%
5	Social Service	\$647,010	\$699,485	\$52,475	8%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$11,549,762	\$11,935,458	\$385,696	3%
C.	<u>Special Services:</u>				

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010**

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(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>
1	Operating Room	\$24,838,097	\$23,022,201	(\$1,815,896)	-7%
2	Recovery Room	\$1,836,024	\$1,798,981	(\$37,043)	-2%
3	Anesthesiology	\$1,073,593	\$1,215,286	\$141,693	13%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,684,015	\$3,662,275	(\$21,740)	-1%
6	Diagnostic Ultrasound	\$538,845	\$578,077	\$39,232	7%
7	Radiation Therapy	\$1,140,174	\$1,554,960	\$414,786	36%
8	Radioisotopes	\$461,903	\$501,416	\$39,513	9%
9	CT Scan	\$1,198,375	\$1,264,538	\$66,163	6%
10	Laboratory	\$6,742,835	\$7,064,706	\$321,871	5%
11	Blood Storing/Processing	\$3,641,754	\$3,274,476	(\$367,278)	-10%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,469,938	\$1,410,314	(\$59,624)	-4%
14	Electroencephalography	\$43,080	\$30,247	(\$12,833)	-30%
15	Occupational Therapy	\$466,212	\$460,690	(\$5,522)	-1%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,458,587	\$2,595,608	\$137,021	6%
19	Pulmonary Function	\$367,609	\$400,938	\$33,329	9%
20	Intravenous Therapy	\$376,576	\$388,530	\$11,954	3%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$890,033	\$1,184,332	\$294,299	33%
24	Emergency Room	\$12,795,817	\$11,543,354	(\$1,252,463)	-10%
25	MRI	\$450,428	\$472,394	\$21,966	5%
26	PET Scan	\$480,400	\$381,739	(\$98,661)	-21%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,169,057	\$1,153,444	(\$15,613)	-1%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$12,596,449	\$12,138,003	(\$458,446)	-4%
32	Occupational Therapy / Physical Therapy	\$1,082,831	\$1,032,060	(\$50,771)	-5%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,853,530	\$3,061,050	\$207,520	7%
	Total Special Services	\$82,656,162	\$80,189,619	(\$2,466,543)	-3%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$38,520,770	\$35,737,665	(\$2,783,105)	-7%
2	Intensive Care Unit	\$7,371,651	\$8,523,139	\$1,151,488	16%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$7,741,565	\$7,945,856	\$204,291	3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$3,219,892	\$3,601,215	\$381,323	12%
7	Newborn Nursery Unit	\$1,081,209	\$1,306,824	\$225,615	21%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,076,605	\$2,117,328	\$40,723	2%
10	Ambulatory Surgery	\$5,885,892	\$6,158,205	\$272,313	5%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$7,927,594	\$6,279,381	(\$1,648,213)	-21%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$73,825,178	\$71,669,613	(\$2,155,565)	-3%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$195,032	\$236,720	\$41,688	21%

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

(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>
	Total Operating Expenses - All Departments*	\$341,987,000	\$351,813,000	\$9,826,000	3%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$309,364,455	\$ 341,788,581	\$353,724,000
2	Other Operating Revenue	13,485,455	11,020,419	12,850,000
3	Total Operating Revenue	\$322,849,910	\$352,809,000	\$366,574,000
4	Total Operating Expenses	302,743,320	341,987,000	351,813,000
5	Income/(Loss) From Operations	\$20,106,590	\$10,822,000	\$14,761,000
6	Total Non-Operating Revenue	(34,584,733)	(3,815,000)	26,004,000
7	Excess/(Deficiency) of Revenue Over Expenses	(\$14,478,143)	\$7,007,000	\$40,765,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	6.98%	3.10%	3.76%
2	Hospital Non Operating Margin	-12.00%	-1.09%	6.62%
3	Hospital Total Margin	-5.02%	2.01%	10.38%
4	Income/(Loss) From Operations	\$20,106,590	\$10,822,000	\$14,761,000
5	Total Operating Revenue	\$322,849,910	\$352,809,000	\$366,574,000
6	Total Non-Operating Revenue	(\$34,584,733)	(\$3,815,000)	\$26,004,000
7	Total Revenue	\$288,265,177	\$348,994,000	\$392,578,000
8	Excess/(Deficiency) of Revenue Over Expenses	(\$14,478,143)	\$7,007,000	\$40,765,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$334,148,000	\$314,991,000	\$373,265,000
2	Hospital Total Net Assets	\$380,811,000	\$356,510,000	\$396,726,000
3	Hospital Change in Total Net Assets	\$2,146,000	(\$24,301,000)	\$40,216,000
4	Hospital Change in Total Net Assets %	100.6%	-6.4%	11.3%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.41	0.40	0.37
2	Total Operating Expenses	\$302,743,318	\$341,987,000	\$351,813,000
3	Total Gross Revenue	\$717,916,546	\$852,498,869	\$928,515,628
4	Total Other Operating Revenue	\$13,485,455	\$9,864,000	\$12,404,000
5	<u>Private Payment to Cost Ratio</u>	1.29	1.28	1.35
6	Total Non-Government Payments	\$128,943,739	\$142,224,171	\$148,985,162
7	Total Uninsured Payments	\$3,824,672	\$3,052,195	\$2,828,590
8	Total Non-Government Charges	\$268,699,815	\$316,158,051	\$329,316,787
9	Total Uninsured Charges	\$34,304,823	\$41,092,431	\$40,048,835

SAINT VINCENT'S MEDICAL CENTER				
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
10	<u>Medicare Payment to Cost Ratio</u>	0.93	0.89	0.88
11	Total Medicare Payments	\$138,576,124	\$145,672,141	\$148,147,249
12	Total Medicare Charges	\$359,281,635	\$414,483,421	\$449,462,026
13	<u>Medicaid Payment to Cost Ratio</u>	0.65	0.74	0.67
14	Total Medicaid Payments	\$19,395,154	\$28,439,441	\$32,883,534
15	Total Medicaid Charges	\$72,431,541	\$96,364,311	\$130,985,683
16	<u>Uncompensated Care Cost</u>	\$13,269,472	\$15,619,940	\$14,299,563
17	Charity Care	\$5,784,833	\$8,833,000	\$7,662,000
18	Bad Debts	\$26,273,077	\$30,554,626	\$30,582,008
19	Total Uncompensated Care	\$32,057,910	\$39,387,626	\$38,244,008
20	<u>Uncompensated Care % of Total Expenses</u>	4.4%	4.6%	4.1%
21	Total Operating Expenses	\$302,743,318	\$341,987,000	\$351,813,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.37	1.26	1.63
2	Total Current Assets	\$69,247,000	\$69,692,000	\$84,134,000
3	Total Current Liabilities	\$50,391,000	\$55,125,000	\$51,670,000
4	<u>Days Cash on Hand</u>	18	21	23
5	Cash and Cash Equivalents	\$10,785,000	\$10,599,000	\$6,014,000
6	Short Term Investments	3,463,000	7,793,000	15,056,000
7	Total Cash and Short Term Investments	\$14,248,000	\$18,392,000	\$21,070,000
8	Total Operating Expenses	\$302,743,320	\$341,987,000	\$351,813,000
9	Depreciation Expense	\$16,786,166	\$18,628,000	\$22,115,000
10	Operating Expenses less Depreciation Expense	\$285,957,154	\$323,359,000	\$329,698,000

SAINT VINCENT'S MEDICAL CENTER				
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>	36.80	33.89	33.08
12	Net Patient Accounts Receivable	\$ 40,947,000	\$ 40,833,000	\$ 44,277,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$9,754,000	\$9,102,000	\$12,219,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 31,193,000	\$ 31,731,000	\$ 32,058,000
16	Total Net Patient Revenue	\$309,364,455	\$ 341,788,581	\$ 353,724,000
17	<u>Average Payment Period</u>	64.32	62.22	57.20
18	Total Current Liabilities	\$50,391,000	\$55,125,000	\$51,670,000
19	Total Operating Expenses	\$302,743,320	\$341,987,000	\$351,813,000
20	Depreciation Expense	\$16,786,166	\$18,628,000	\$22,115,000
21	Total Operating Expenses less Depreciation Expense	\$285,957,154	\$323,359,000	\$329,698,000
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	75.1	67.3	69.9
2	Total Net Assets	\$380,811,000	\$356,510,000	\$396,726,000
3	Total Assets	\$507,363,000	\$529,360,000	\$567,604,000
4	<u>Cash Flow to Total Debt Ratio</u>	2.1	20.3	51.5
5	Excess/(Deficiency) of Revenues Over Expenses	(\$14,478,143)	\$7,007,000	\$40,765,000
6	Depreciation Expense	\$16,786,166	\$18,628,000	\$22,115,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$2,308,023	\$25,635,000	\$62,880,000
8	Total Current Liabilities	\$50,391,000	\$55,125,000	\$51,670,000
9	Total Long Term Debt	\$57,129,000	\$71,089,000	\$70,486,000
10	Total Current Liabilities and Total Long Term Debt	\$107,520,000	\$126,214,000	\$122,156,000
11	<u>Long Term Debt to Capitalization Ratio</u>	13.0	16.6	15.1
12	Total Long Term Debt	\$57,129,000	\$71,089,000	\$70,486,000
13	Total Net Assets	\$380,811,000	\$356,510,000	\$396,726,000
14	Total Long Term Debt and Total Net Assets	\$437,940,000	\$427,599,000	\$467,212,000

SAINT VINCENT'S MEDICAL CENTER				
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	Debt Service Coverage Ratio	3.3	16.5	20.9
16	Excess Revenues over Expenses	(\$14,478,143)	\$7,007,000	\$40,765,000
17	Interest Expense	\$1,011,878	\$678,000	\$2,186,000
18	Depreciation and Amortization Expense	\$16,786,166	\$18,628,000	\$22,115,000
19	Principal Payments	\$0	\$912,458	\$932,801
G. Other Financial Ratios				
20	Average Age of Plant	8.3	8.7	8.3
21	Accumulated Depreciation	\$138,885,000	\$162,502,000	\$183,826,000
22	Depreciation and Amortization Expense	\$16,786,166	\$18,628,000	\$22,115,000
H. Utilization Measures Summary				
1	Patient Days	104,524	125,447	122,812
2	Discharges	20,159	21,743	21,873
3	ALOS	5.2	5.8	5.6
4	Staffed Beds	340	415	423
5	Available Beds	-	423	423
6	Licensed Beds	444	520	520
6	Occupancy of Staffed Beds	84.2%	82.8%	79.5%
7	Occupancy of Available Beds	82.1%	81.3%	79.5%
8	Full Time Equivalent Employees	1,829.4	2,049.6	2,020.1
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	32.6%	32.3%	31.2%
2	Medicare Gross Revenue Payer Mix Percentage	50.0%	48.6%	48.4%
3	Medicaid Gross Revenue Payer Mix Percentage	10.1%	11.3%	14.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.4%	2.9%	1.9%
5	Uninsured Gross Revenue Payer Mix Percentage	4.8%	4.8%	4.3%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$234,394,992	\$275,065,620	\$289,267,952
9	Medicare Gross Revenue (Charges)	\$359,281,635	\$414,483,421	\$449,462,026
10	Medicaid Gross Revenue (Charges)	\$72,431,541	\$96,364,311	\$130,985,683
11	Other Medical Assistance Gross Revenue (Charges)	\$17,122,692	\$24,848,470	\$18,000,816
12	Uninsured Gross Revenue (Charges)	\$34,304,823	\$41,092,431	\$40,048,835
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$380,863	\$644,616	\$750,316
14	Total Gross Revenue (Charges)	\$717,916,546	\$852,498,869	\$928,515,628

SAINT VINCENT'S MEDICAL CENTER				
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	43.3%	43.5%	43.9%
2	Medicare Net Revenue Payer Mix Percentage	47.9%	45.5%	44.5%
3	Medicaid Net Revenue Payer Mix Percentage	6.7%	8.9%	9.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.8%	1.1%	0.7%
5	Uninsured Net Revenue Payer Mix Percentage	1.3%	1.0%	0.9%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	7,538	8,200	7,897
2	Medicare	9,522	9,746	9,920
3	Medical Assistance	3,087	3,779	4,026
4	Medicaid	2,656	3,120	3,652
5	Other Medical Assistance	431	659	374
6	CHAMPUS / TRICARE	12	18	30
7	Uninsured (Included In Non-Government)	950	955	1,024
8	Total	20,159	21,743	21,873
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.292000	1.190900	1.227600
2	Medicare	1.536600	1.529900	1.516200
3	Medical Assistance	0.998078	0.963437	0.961121
4	Medicaid	0.963900	0.912500	0.927400
5	Other Medical Assistance	1.208700	1.204600	1.290400
6	CHAMPUS / TRICARE	0.697000	1.110900	0.810400
7	Uninsured (Included In Non-Government)	1.099200	1.098700	1.067500
8	Total Case Mix Index	1.362172	1.303252	1.308866
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	12,721	10,882	14,253
2	Emergency Room - Treated and Discharged	47,919	50,431	54,760
3	Total Emergency Room Visits	60,640	61,313	69,013

**SAINT VINCENT'S MEDICAL CENTER
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	\$430,580	\$964,324	\$533,744	124%
2	Inpatient Payments	\$196,795	\$265,456	\$68,661	35%
3	Outpatient Charges	\$87,677	\$162,501	\$74,824	85%
4	Outpatient Payments	\$23,269	\$51,157	\$27,888	120%
5	Discharges	17	21	4	24%
6	Patient Days	84	141	57	68%
7	Outpatient Visits (Excludes ED Visits)	30	126	96	320%
8	Emergency Department Outpatient Visits	24	17	(7)	-29%
9	Emergency Department Inpatient Admissions	16	16	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$518,257	\$1,126,825	\$608,568	117%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$220,064	\$316,613	\$96,549	44%
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	\$4,076,896	\$5,693,878	\$1,616,982	40%
2	Inpatient Payments	\$1,313,627	\$1,902,362	\$588,735	45%
3	Outpatient Charges	\$1,397,756	\$2,024,252	\$626,496	45%
4	Outpatient Payments	\$328,774	\$572,283	\$243,509	74%
5	Discharges	133	162	29	22%
6	Patient Days	692	911	219	32%
7	Outpatient Visits (Excludes ED Visits)	633	1,108	475	75%
8	Emergency Department Outpatient Visits	67	82	15	22%
9	Emergency Department Inpatient Admissions	86	127	41	48%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,474,652	\$7,718,130	\$2,243,478	41%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,642,401	\$2,474,645	\$832,244	51%

**SAINT VINCENT'S MEDICAL CENTER
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	\$82,801,468	\$85,023,617	\$2,222,149	3%
2	Inpatient Payments	\$28,948,852	\$26,633,498	(\$2,315,354)	-8%
3	Outpatient Charges	\$19,988,916	\$21,203,849	\$1,214,933	6%
4	Outpatient Payments	\$5,730,397	\$6,002,357	\$271,960	5%
5	Discharges	2,412	2,393	(19)	-1%
6	Patient Days	14,849	13,591	(1,258)	-8%
7	Outpatient Visits (Excludes ED Visits)	8,047	9,071	1,024	13%
8	Emergency Department Outpatient Visits	1,431	1,480	49	3%
9	Emergency Department Inpatient Admissions	1,681	1,848	167	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$102,790,384	\$106,227,466	\$3,437,082	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$34,679,249	\$32,635,855	(\$2,043,394)	-6%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$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. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$5,230,147	\$5,663,302	\$433,155	8%
2	Inpatient Payments	\$1,611,513	\$1,929,870	\$318,357	20%
3	Outpatient Charges	\$1,729,666	\$1,723,883	(\$5,783)	0%
4	Outpatient Payments	\$486,710	\$424,576	(\$62,134)	-13%
5	Discharges	149	171	22	15%
6	Patient Days	1,049	1,075	26	2%
7	Outpatient Visits (Excludes ED Visits)	713	756	43	6%
8	Emergency Department Outpatient Visits	283	229	(54)	-19%
9	Emergency Department Inpatient Admissions	111	136	25	23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,959,813	\$7,387,185	\$427,372	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,098,223	\$2,354,446	\$256,223	12%
I. AETNA					
1	Inpatient Charges	\$641,282	\$2,584,371	\$1,943,089	303%
2	Inpatient Payments	\$197,624	\$742,133	\$544,509	276%
3	Outpatient Charges	\$494,757	\$672,084	\$177,327	36%
4	Outpatient Payments	\$111,573	\$171,798	\$60,225	54%
5	Discharges	25	67	42	168%
6	Patient Days	140	391	251	179%
7	Outpatient Visits (Excludes ED Visits)	255	429	174	68%
8	Emergency Department Outpatient Visits	48	69	21	44%
9	Emergency Department Inpatient Admissions	19	49	30	158%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,136,039	\$3,256,455	\$2,120,416	187%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$309,197	\$913,931	\$604,734	196%

**SAINT VINCENT'S MEDICAL CENTER
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	\$881,276	\$1,073,268	\$191,992	22%
2	Inpatient Payments	\$250,608	\$441,688	\$191,080	76%
3	Outpatient Charges	\$89,234	\$198,085	\$108,851	122%
4	Outpatient Payments	\$23,782	\$78,181	\$54,399	229%
5	Discharges	26	35	9	35%
6	Patient Days	139	197	58	42%
7	Outpatient Visits (Excludes ED Visits)	62	84	22	35%
8	Emergency Department Outpatient Visits	27	34	7	26%
9	Emergency Department Inpatient Admissions	19	30	11	58%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$970,510	\$1,271,353	\$300,843	31%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$274,390	\$519,869	\$245,479	89%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$3,319,747	\$2,640,430	(\$679,317)	-20%
2	Inpatient Payments	\$1,119,847	\$1,038,681	(\$81,166)	-7%
3	Outpatient Charges	\$1,168,456	\$1,251,688	\$83,232	7%
4	Outpatient Payments	\$260,894	\$303,818	\$42,924	16%
5	Discharges	108	93	(15)	-14%
6	Patient Days	606	485	(121)	-20%
7	Outpatient Visits (Excludes ED Visits)	466	512	46	10%
8	Emergency Department Outpatient Visits	130	110	(20)	-15%
9	Emergency Department Inpatient Admissions	72	90	18	25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,488,203	\$3,892,118	(\$596,085)	-13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,380,741	\$1,342,499	(\$38,242)	-3%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$97,381,396	\$103,643,190	\$6,261,794	6%
	TOTAL INPATIENT PAYMENTS	\$33,638,866	\$32,953,688	(\$685,178)	-2%
	TOTAL OUTPATIENT CHARGES	\$24,956,462	\$27,236,342	\$2,279,880	9%
	TOTAL OUTPATIENT PAYMENTS	\$6,965,399	\$7,604,170	\$638,771	9%
	TOTAL DISCHARGES	2,870	2,942	72	3%
	TOTAL PATIENT DAYS	17,559	16,791	(768)	-4%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	10,206	12,086	1,880	18%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,010	2,021	11	1%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,004	2,296	292	15%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$122,337,858	\$130,879,532	\$8,541,674	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$40,604,265	\$40,557,858	(\$46,407)	0%

**SAINT VINCENT'S MEDICAL CENTER
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	\$1,797,253	\$0	(\$1,797,253)	-100%
2	Inpatient Payments	\$592,031	\$0	(\$592,031)	-100%
3	Outpatient Charges	\$2,117,584	\$0	(\$2,117,584)	-100%
4	Outpatient Payments	\$916,316	\$0	(\$916,316)	-100%
5	Discharges	149	0	(149)	-100%
6	Patient Days	431	0	(431)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,958	0	(1,958)	-100%
8	Emergency Department Outpatient Visits	891	0	(891)	-100%
9	Emergency Department Inpatient Admissions	52	0	(52)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,914,837	\$0	(\$3,914,837)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,508,347	\$0	(\$1,508,347)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$7,315,635	\$8,854,379	\$1,538,744	21%
2	Inpatient Payments	\$1,746,994	\$2,161,032	\$414,038	24%
3	Outpatient Charges	\$9,881,200	\$13,255,933	\$3,374,733	34%
4	Outpatient Payments	\$3,370,552	\$3,438,323	\$67,771	2%
5	Discharges	609	713	104	17%
6	Patient Days	1,830	1,980	150	8%
7	Outpatient Visits (Excludes ED Visits)	9,678	11,794	2,116	22%
8	Emergency Department Outpatient Visits	5,487	7,291	1,804	33%
9	Emergency Department Inpatient Admissions	161	196	35	22%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,196,835	\$22,110,312	\$4,913,477	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,117,546	\$5,599,355	\$481,809	9%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$8,336	\$0	(\$8,336)	-100%
4	Outpatient Payments	\$8,336	\$0	(\$8,336)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	3	0	(3)	-100%
8	Emergency Department Outpatient Visits	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,336	\$0	(\$8,336)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,336	\$0	(\$8,336)	-100%

**SAINT VINCENT'S MEDICAL CENTER
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	\$18,361,105	\$15,493,609	(\$2,867,496)	-16%
2	Inpatient Payments	\$4,341,623	\$4,954,991	\$613,368	14%
3	Outpatient Charges	\$1,530,264	\$2,057,950	\$527,686	34%
4	Outpatient Payments	\$400,936	\$451,193	\$50,257	13%
5	Discharges	730	557	(173)	-24%
6	Patient Days	7,302	5,643	(1,659)	-23%
7	Outpatient Visits (Excludes ED Visits)	622	3,256	2,634	423%
8	Emergency Department Outpatient Visits	1,081	285	(796)	-74%
9	Emergency Department Inpatient Admissions	349	311	(38)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,891,369	\$17,551,559	(\$2,339,810)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,742,559	\$5,406,184	\$663,625	14%
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	\$2,754	\$0	(\$2,754)	-100%
4	Outpatient Payments	\$1,634	\$0	(\$1,634)	-100%
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	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,754	\$0	(\$2,754)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,634	\$0	(\$1,634)	-100%

**SAINT VINCENT'S MEDICAL CENTER
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	\$2,954,816	\$2,954,816	0%
2	Inpatient Payments	\$0	\$690,754	\$690,754	0%
3	Outpatient Charges	\$0	\$2,626,600	\$2,626,600	0%
4	Outpatient Payments	\$0	\$703,940	\$703,940	0%
5	Discharges	0	182	182	0%
6	Patient Days	0	673	673	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,051	2,051	0%
8	Emergency Department Outpatient Visits	0	1,393	1,393	0%
9	Emergency Department Inpatient Admissions	0	45	45	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$5,581,416	\$5,581,416	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,394,694	\$1,394,694	0%
H. AETNA					
1	Inpatient Charges	\$353,837	\$3,935,093	\$3,581,256	1012%
2	Inpatient Payments	\$3,483	\$1,339,890	\$1,336,407	38369%
3	Outpatient Charges	\$326,556	\$3,982,351	\$3,655,795	1120%
4	Outpatient Payments	\$53,635	\$1,063,586	\$1,009,951	1883%
5	Discharges	16	273	257	1606%
6	Patient Days	96	953	857	893%
7	Outpatient Visits (Excludes ED Visits)	410	3,515	3,105	757%
8	Emergency Department Outpatient Visits	146	1,907	1,761	1206%
9	Emergency Department Inpatient Admissions	9	97	88	978%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$680,393	\$7,917,444	\$7,237,051	1064%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$57,118	\$2,403,476	\$2,346,358	4108%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$27,827,830	\$31,237,897	\$3,410,067	12%
	TOTAL INPATIENT PAYMENTS	\$6,684,131	\$9,146,667	\$2,462,536	37%
	TOTAL OUTPATIENT CHARGES	\$13,866,694	\$21,922,834	\$8,056,140	58%
	TOTAL OUTPATIENT PAYMENTS	\$4,751,409	\$5,657,042	\$905,633	19%
	TOTAL DISCHARGES	1,504	1,725	221	15%
	TOTAL PATIENT DAYS	9,659	9,249	(410)	-4%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	12,671	20,616	7,945	63%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	7,608	10,876	3,268	43%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	572	649	77	13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$41,694,524	\$53,160,731	\$11,466,207	28%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,435,540	\$14,803,709	\$3,368,169	29%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$12,274,000	\$7,535,000	(\$4,739,000)	-39%
2	Short Term Investments	\$11,030,000	\$20,955,000	\$9,925,000	90%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$41,629,000	\$45,741,000	\$4,112,000	10%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,070,000	\$3,849,000	(\$221,000)	-5%
8	Prepaid Expenses	\$2,747,000	\$3,114,000	\$367,000	13%
9	Other Current Assets	\$4,382,000	\$8,070,000	\$3,688,000	84%
	Total Current Assets	\$76,132,000	\$89,264,000	\$13,132,000	17%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$234,693,000	\$234,848,000	\$155,000	0%
	Total Noncurrent Assets Whose Use is Limited:	\$234,693,000	\$234,848,000	\$155,000	0%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$55,985,000	\$76,973,000	\$20,988,000	37%
7	Other Noncurrent Assets	\$4,744,000	\$5,296,000	\$552,000	12%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$337,907,000	\$429,297,000	\$91,390,000	27%
2	Less: Accumulated Depreciation	\$175,672,000	\$198,130,000	\$22,458,000	\$0
	Property, Plant and Equipment, Net	\$162,235,000	\$231,167,000	\$68,932,000	42%
3	Construction in Progress	\$68,279,000	\$7,882,000	(\$60,397,000)	-88%
	Total Net Fixed Assets	\$230,514,000	\$239,049,000	\$8,535,000	4%
	Total Assets	\$602,068,000	\$645,430,000	\$43,362,000	7%

ST VINCENTS HEALTH SERVICES CORPORATION					
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	\$28,032,000	\$20,380,000	(\$7,652,000)	-27%
2	Salaries, Wages and Payroll Taxes	\$19,641,000	\$22,512,000	\$2,871,000	15%
3	Due To Third Party Payers	\$9,131,000	\$12,291,000	\$3,160,000	35%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,667,000	\$1,502,000	(\$165,000)	-10%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,177,000	\$2,473,000	\$296,000	14%
	Total Current Liabilities	\$60,648,000	\$59,158,000	(\$1,490,000)	-2%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$78,872,000	\$78,227,000	(\$645,000)	-1%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$78,872,000	\$78,227,000	(\$645,000)	-1%
3	Accrued Pension Liability	\$40,599,000	\$42,153,000	\$1,554,000	4%
4	Other Long Term Liabilities	\$10,664,000	\$11,270,000	\$606,000	6%
	Total Long Term Liabilities	\$130,135,000	\$131,650,000	\$1,515,000	1%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$364,490,000	\$425,240,000	\$60,750,000	17%
2	Temporarily Restricted Net Assets	\$36,582,000	\$18,588,000	(\$17,994,000)	-49%
3	Permanently Restricted Net Assets	\$10,213,000	\$10,794,000	\$581,000	6%
	Total Net Assets	\$411,285,000	\$454,622,000	\$43,337,000	11%
	Total Liabilities and Net Assets	\$602,068,000	\$645,430,000	\$43,362,000	7%

ST VINCENTS HEALTH SERVICES CORPORATION					
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	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$862,620,000	\$940,977,000	\$78,357,000	9%
2	Less: Allowances	\$507,026,000	\$563,014,000	\$55,988,000	11%
3	Less: Charity Care	\$8,900,000	\$7,667,000	(\$1,233,000)	-14%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$346,694,000	\$370,296,000	\$23,602,000	7%
5	Other Operating Revenue	\$39,313,000	\$39,206,000	(\$107,000)	0%
6	Net Assets Released from Restrictions	\$1,045,000	\$1,302,000	\$257,000	25%
	Total Operating Revenue	\$387,052,000	\$410,804,000	\$23,752,000	6%
B. Operating Expenses:					
1	Salaries and Wages	\$164,670,000	\$174,495,000	\$9,825,000	6%
2	Fringe Benefits	\$38,973,000	\$46,145,000	\$7,172,000	18%
3	Physicians Fees	\$2,300,000	\$2,421,000	\$121,000	5%
4	Supplies and Drugs	\$51,518,000	\$53,678,000	\$2,160,000	4%
5	Depreciation and Amortization	\$20,021,000	\$23,481,000	\$3,460,000	17%
6	Bad Debts	\$22,118,000	\$21,985,000	(\$133,000)	-1%
7	Interest	\$924,000	\$2,433,000	\$1,509,000	163%
8	Malpractice	\$5,093,000	\$7,511,000	\$2,418,000	47%
9	Other Operating Expenses	\$70,011,000	\$68,066,000	(\$1,945,000)	-3%
	Total Operating Expenses	\$375,628,000	\$400,215,000	\$24,587,000	7%
	Income/(Loss) From Operations	\$11,424,000	\$10,589,000	(\$835,000)	-7%
C. Non-Operating Revenue:					
1	Income from Investments	(\$5,153,000)	\$32,144,000	\$37,297,000	-724%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,134,000)	(\$1,004,000)	\$130,000	-11%
	Total Non-Operating Revenue	(\$6,287,000)	\$31,140,000	\$37,427,000	-595%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$5,137,000	\$41,729,000	\$36,592,000	712%
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	\$5,137,000	\$41,729,000	\$36,592,000	712%

ST VINCENTS HEALTH SERVICES CORPORATION				
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. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$328,957,000	\$346,694,000	\$370,296,000
2	Other Operating Revenue	42,945,000	40,358,000	40,508,000
3	Total Operating Revenue	\$371,902,000	\$387,052,000	\$410,804,000
4	Total Operating Expenses	352,513,000	375,628,000	400,215,000
5	Income/(Loss) From Operations	\$19,389,000	\$11,424,000	\$10,589,000
6	Total Non-Operating Revenue	(39,299,000)	(6,287,000)	31,140,000
7	Excess/(Deficiency) of Revenue Over Expenses	(\$19,910,000)	\$5,137,000	\$41,729,000
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	5.83%	3.00%	2.40%
2	Parent Corporation Non-Operating Margin	-11.82%	-1.65%	7.05%
3	Parent Corporation Total Margin	-5.99%	1.35%	9.44%
4	Income/(Loss) From Operations	\$19,389,000	\$11,424,000	\$10,589,000
5	Total Operating Revenue	\$371,902,000	\$387,052,000	\$410,804,000
6	Total Non-Operating Revenue	(\$39,299,000)	(\$6,287,000)	\$31,140,000
7	Total Revenue	\$332,603,000	\$380,765,000	\$441,944,000
8	Excess/(Deficiency) of Revenue Over Expenses	(\$19,910,000)	\$5,137,000	\$41,729,000
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$380,972,000	\$364,490,000	\$425,240,000
2	Parent Corporation Total Net Assets	\$433,498,000	\$411,285,000	\$454,622,000
3	Parent Corporation Change in Total Net Assets	(\$6,160,000)	(\$22,213,000)	\$43,337,000
4	Parent Corporation Change in Total Net Assets %	98.6%	-5.1%	10.5%

ST VINCENTS HEALTH SERVICES CORPORATION				
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>	1.36	1.26	1.51
2	Total Current Assets	\$78,424,000	\$76,132,000	\$89,264,000
3	Total Current Liabilities	\$57,646,000	\$60,648,000	\$59,158,000
4	<u>Days Cash on Hand</u>	24	24	28
5	Cash and Cash Equivalents	\$13,867,000	\$12,274,000	\$7,535,000
6	Short Term Investments	7,859,000	11,030,000	20,955,000
7	Total Cash and Short Term Investments	\$21,726,000	\$23,304,000	\$28,490,000
8	Total Operating Expenses	\$352,513,000	\$375,628,000	\$400,215,000
9	Depreciation Expense	\$18,876,000	\$20,021,000	\$23,481,000
10	Operating Expenses less Depreciation Expense	\$333,637,000	\$355,607,000	\$376,734,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	38	34	33
12	Net Patient Accounts Receivable	\$ 44,228,000	\$ 41,629,000	\$ 45,741,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$9,845,000	\$9,131,000	\$12,291,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 34,383,000	\$ 32,498,000	\$ 33,450,000
16	Total Net Patient Revenue	\$328,957,000	\$346,694,000	\$370,296,000
17	<u>Average Payment Period</u>	63	62	57
18	Total Current Liabilities	\$57,646,000	\$60,648,000	\$59,158,000
19	Total Operating Expenses	\$352,513,000	\$375,628,000	\$400,215,000
20	Depreciation Expense	\$18,876,000	\$20,021,000	\$23,481,000
21	Total Operating Expenses less Depreciation Expense	\$333,637,000	\$355,607,000	\$376,734,000

ST VINCENTS HEALTH SERVICES CORPORATION				
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	<u>FY 2008</u>	<u>FY 2009</u>	<u>FY 2010</u>
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	73.1	68.3	70.4
2	Total Net Assets	\$433,498,000	\$411,285,000	\$454,622,000
3	Total Assets	\$592,711,000	\$602,068,000	\$645,430,000
4	<u>Cash Flow to Total Debt Ratio</u>	(0.8)	18.0	47.5
5	Excess/(Deficiency) of Revenues Over Expenses	(\$19,910,000)	\$5,137,000	\$41,729,000
6	Depreciation Expense	\$18,876,000	\$20,021,000	\$23,481,000
7	Excess of Revenues Over Expenses and Depreciation Expense	(\$1,034,000)	\$25,158,000	\$65,210,000
8	Total Current Liabilities	\$57,646,000	\$60,648,000	\$59,158,000
9	Total Long Term Debt	\$79,993,000	\$78,872,000	\$78,227,000
10	Total Current Liabilities and Total Long Term Debt	\$137,639,000	\$139,520,000	\$137,385,000
11	<u>Long Term Debt to Capitalization Ratio</u>	15.6	16.1	14.7
12	Total Long Term Debt	\$79,993,000	\$78,872,000	\$78,227,000
13	Total Net Assets	\$433,498,000	\$411,285,000	\$454,622,000
14	Total Long Term Debt and Total Net Assets	\$513,491,000	\$490,157,000	\$532,849,000

SAINT VINCENT'S MEDICAL CENTER						
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	77,511	242	242	87.8%	87.8%
2	ICU/CCU (Excludes Neonatal ICU)	7,435	30	30	67.9%	67.9%
3	Psychiatric: Ages 0 to 17	4,864	17	17	78.4%	78.4%
4	Psychiatric: Ages 18+	23,113	75	75	84.4%	84.4%
	TOTAL PSYCHIATRIC	27,977	92	92	83.3%	83.3%
5	Rehabilitation	2,742	10	10	75.1%	75.1%
6	Maternity	3,368	22	22	41.9%	41.9%
7	Newborn	3,779	27	27	38.3%	38.3%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0.0%	0.0%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	119,033	396	396	82.4%	82.4%
	TOTAL INPATIENT BED UTILIZATION	122,812	423	423	79.5%	79.5%
	TOTAL INPATIENT REPORTED YEAR	122,812	423	423	79.5%	79.5%
	TOTAL INPATIENT PRIOR YEAR	125,447	415	423	82.8%	81.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,635	8	0	-3.3%	-1.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	2%	0%	-4%	-2%
	Total Licensed Beds and Bassinets	520				
(A) This number may not exceed the number of available beds for each department or in total.						

SAINT VINCENT'S MEDICAL CENTER					
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	6,951	6,959	8	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,868	2,080	212	11%
3	Emergency Department Scans	7,324	8,133	809	11%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	16,143	17,172	1,029	6%
B. MRI Scans (A)					
1	Inpatient Scans	1,181	1,269	88	7%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,786	1,642	-144	-8%
3	Emergency Department Scans	120	137	17	14%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,087	3,048	-39	-1%
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)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	5	31	26	520%
2	Outpatient Scans (Excluding Emergency Department Scans)	385	482	97	25%
3	Emergency Department Scans	1	0	-1	-100%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	391	513	122	31%
(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	877	920	43	5%
2	Outpatient Procedures	12,125	15,537	3,412	28%
	Total Linear Accelerator Procedures	13,002	16,457	3,455	27%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	1,395	1,188	-207	-15%
2	Outpatient Procedures	578	600	22	4%
	Total Cardiac Catheterization Procedures	1,973	1,788	-185	-9%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	132	448	316	239%
2	Elective Procedures	1,120	454	-666	-59%
	Total Cardiac Angioplasty Procedures	1,252	902	-350	-28%
H. Electrophysiology Studies					
1	Inpatient Studies	751	677	-74	-10%
2	Outpatient Studies	275	276	1	0%
	Total Electrophysiology Studies	1,026	953	-73	-7%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	5,806	5,926	120	2%
2	Outpatient Surgical Procedures	6,749	6,696	-53	-1%
	Total Surgical Procedures	12,555	12,622	67	1%
J. Endoscopy Procedures					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	653	1,983	1,330	204%
2	Outpatient Endoscopy Procedures	1,387	4,319	2,932	211%
	Total Endoscopy Procedures	2,040	6,302	4,262	209%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	10,882	14,253	3,371	31%
2	Emergency Room Visits: Treated and Discharged	50,431	54,760	4,329	9%
	Total Emergency Room Visits	61,313	69,013	7,700	13%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	0	15,670	15,670	0%
4	Medical Clinic Visits	48,196	49,569	1,373	3%
5	Specialty Clinic Visits	15,751	15,544	-207	-1%
	Total Hospital Clinic Visits	63,947	80,783	16,836	26%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	1,952	1,869	-83	-4%
2	Cardiology	971	997	26	3%
3	Chemotherapy	1,610	1,774	164	10%
4	Gastroenterology	3,217	3,144	-73	-2%
5	Other Outpatient Visits	80,395	88,792	8,397	10%
	Total Other Hospital Outpatient Visits	88,145	96,576	8,431	10%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	766.9	740.3	-26.6	-3%
2	Total Physician FTEs	143.8	95.9	-47.9	-33%
3	Total Non-Nursing and Non-Physician FTEs	1,138.9	1,183.9	45.0	4%
	Total Hospital Full Time Equivalent Employees	2,049.6	2,020.1	-29.5	-1%

SAINT VINCENT'S MEDICAL CENTER					
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	St. Vincents Medical Center	6,749	6,696	-53	-1%
	Total Outpatient Surgical Procedures(A)	6,749	6,696	-53	-1%
B. Outpatient Endoscopy Procedures					
1	St. Vincents Medical Center	1,387	4,319	2,932	211%
	Total Outpatient Endoscopy Procedures(B)	1,387	4,319	2,932	211%
C. Outpatient Hospital Emergency Room Visits					
1	St. Vincents Medical Center	50,431	54,760	4,329	9%
	Total Outpatient Hospital Emergency Room Visits(C)	50,431	54,760	4,329	9%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	\$333,759,984	\$359,183,423	\$25,423,439	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$120,803,786	\$122,330,717	\$1,526,931	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.19%	34.06%	-2.14%	-6%
4	DISCHARGES	9,746	9,920	174	2%
5	CASE MIX INDEX (CMI)	1.52990	1.51620	(0.01370)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	14,910.40540	15,040.70400	130.29860	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,101.98	\$8,133.31	\$31.33	0%
8	PATIENT DAYS	64,038	62,768	(1,270)	-2%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,886.44	\$1,948.93	\$62.50	3%
10	AVERAGE LENGTH OF STAY	6.6	6.3	(0.2)	-4%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$80,723,437	\$90,278,603	\$9,555,166	12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,868,355	\$25,816,532	\$948,177	4%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.81%	28.60%	-2.21%	-7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	24.19%	25.13%	0.95%	4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,357.17478	2,493.33261	136.15783	6%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,550.07	\$10,354.23	(\$195.84)	-2%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$414,483,421	\$449,462,026	\$34,978,605	8%
18	TOTAL ACCRUED PAYMENTS	\$145,672,141	\$148,147,249	\$2,475,108	2%
19	TOTAL ALLOWANCES	\$268,811,280	\$301,314,777	\$32,503,497	12%

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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	\$192,685,203	\$200,918,072	\$8,232,869	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$91,369,062	\$98,741,983	\$7,372,921	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.42%	49.15%	1.73%	4%
4	DISCHARGES	8,200	7,897	(303)	-4%
5	CASE MIX INDEX (CMI)	1.19090	1.22760	0.03670	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,765.38000	9,694.35720	(71.02280)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,356.43	\$10,185.51	\$829.08	9%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,254.45)	(\$2,052.20)	(\$797.75)	64%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$12,250,162)	(\$19,894,765)	(\$7,644,603)	62%
10	PATIENT DAYS	36,714	35,424	(1,290)	-4%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,488.67	\$2,787.43	\$298.76	12%
12	AVERAGE LENGTH OF STAY	4.5	4.5	0.0	0%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$123,472,848	\$128,398,715	\$4,925,867	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$50,855,109	\$50,243,179	(\$611,930)	-1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.19%	39.13%	-2.06%	-5%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	64.08%	63.91%	-0.17%	0%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,254,56723	5,046,65729	(207,90994)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,678.27	\$9,955.73	\$277.47	3%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$871.80	\$398.49	(\$473.31)	-54%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,580,934	\$2,011,056	(\$2,569,878)	-56%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$316,158,051	\$329,316,787	\$13,158,736	4%
22	TOTAL ACCRUED PAYMENTS	\$142,224,171	\$148,985,162	\$6,760,991	5%
23	TOTAL ALLOWANCES	\$173,933,880	\$180,331,625	\$6,397,745	4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$7,669,228)	(\$17,883,709)	(\$10,214,481)	133%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$305,724,906	\$314,090,520	\$8,365,614	3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$174,790,464	\$185,607,039	\$10,816,575	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,934,442	\$128,483,481	(\$2,450,961)	-2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.83%	40.91%	-1.92%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,406,154	\$18,013,248	(\$2,392,906)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,590,034	\$1,010,117	(\$579,917)	-36%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	7.79%	5.61%	-2.18%	-28%
4	DISCHARGES	955	1,024	69	7%
5	CASE MIX INDEX (CMI)	1.09870	1.06750	(0.03120)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,049.25850	1,093.12000	43.86150	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,515.39	\$924.07	(\$591.32)	-39%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,841.04	\$9,261.44	\$1,420.40	18%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,586.59	\$7,209.24	\$622.65	9%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,911,036	\$7,880,567	\$969,532	14%
11	PATIENT DAYS	4,657	5,403	746	16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$341.43	\$186.95	(\$154.47)	-45%
13	AVERAGE LENGTH OF STAY	4.9	5.3	0.4	8%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$20,686,277	\$22,035,587	\$1,349,310	7%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,462,161	\$1,818,473	\$356,312	24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	7.07%	8.25%	1.18%	17%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	101.37%	122.33%	20.96%	21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	968.10965	1,252.65810	284.54846	29%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,510.33	\$1,451.69	(\$58.63)	-4%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,167.94	\$8,504.04	\$336.10	4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$9,039.74	\$8,902.54	(\$137.21)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,751,462	\$11,151,833	\$2,400,372	27%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$41,092,431	\$40,048,835	(\$1,043,596)	-3%
24	TOTAL ACCRUED PAYMENTS	\$3,052,195	\$2,828,590	(\$223,605)	-7%
25	TOTAL ALLOWANCES	\$38,040,236	\$37,220,245	(\$819,991)	-2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,662,498	\$19,032,401	\$3,369,903	22%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$70,140,666	\$90,621,119	\$20,480,453	29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,983,110	\$24,004,368	\$4,021,258	20%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.49%	26.49%	-2.00%	-7%
4	DISCHARGES	3,120	3,652	532	17%
5	CASE MIX INDEX (CMI)	0.91250	0.92740	0.01490	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,847.00000	3,386.86480	539.86480	19%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,019.01	\$7,087.49	\$68.48	1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$2,337.42	\$3,098.02	\$760.60	33%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,082.97	\$1,045.82	(\$37.15)	-3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,083,223	\$3,542,055	\$458,832	15%
11	PATIENT DAYS	20,920	22,595	1,675	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$955.22	\$1,062.38	\$107.16	11%
13	AVERAGE LENGTH OF STAY	6.7	6.2	(0.5)	-8%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$26,223,645	\$40,364,564	\$14,140,919	54%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,456,331	\$8,879,166	\$422,835	5%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.25%	22.00%	-10.25%	-32%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	37.39%	44.54%	7.15%	19%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,166.48126	1,626.67808	460.19682	39%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,249.44	\$5,458.47	(\$1,790.97)	-25%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,428.83	\$4,497.27	\$2,068.44	85%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,300.63	\$4,895.76	\$1,595.13	48%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,850,126	\$7,963,828	\$4,113,702	107%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$96,364,311	\$130,985,683	\$34,621,372	36%
24	TOTAL ACCRUED PAYMENTS	\$28,439,441	\$32,883,534	\$4,444,093	16%
25	TOTAL ALLOWANCES	\$67,924,870	\$98,102,149	\$30,177,279	44%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,933,349	\$11,505,884	\$4,572,534	66%

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		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	\$16,579,438	\$11,046,291	(\$5,533,147)	-33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,985,149	\$245,689	(\$1,739,460)	-88%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.97%	2.22%	-9.75%	-81%
4	DISCHARGES	659	374	(285)	-43%
5	CASE MIX INDEX (CMI)	1.20460	1.29040	0.08580	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	793.83140	482.60960	(311.22180)	-39%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,500.72	\$509.08	(\$1,991.63)	-80%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$6,855.71	\$9,676.43	\$2,820.72	41%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,601.26	\$7,624.23	\$2,022.97	36%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,446,456	\$3,679,525	(\$766,931)	-17%
11	PATIENT DAYS	3,696	1,909	(1,787)	-48%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$537.11	\$128.70	(\$408.41)	-76%
13	AVERAGE LENGTH OF STAY	5.6	5.1	(0.5)	-9%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$8,269,032	\$6,954,525	(\$1,314,507)	-16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,426,347	\$2,054,361	\$628,014	44%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.25%	29.54%	12.29%	71%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	49.88%	62.96%	13.08%	26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	328.67773	235.46296	(93.21477)	-28%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,339.65	\$8,724.77	\$4,385.12	101%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,338.62	\$1,230.96	(\$4,107.66)	-77%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,210.42	\$1,629.45	(\$4,580.96)	-74%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,041,226	\$383,676	(\$1,657,550)	-81%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$24,848,470	\$18,000,816	(\$6,847,654)	-28%
24	TOTAL ACCRUED PAYMENTS	\$3,411,496	\$2,300,050	(\$1,111,446)	-33%
25	TOTAL ALLOWANCES	\$21,436,974	\$15,700,766	(\$5,736,208)	-27%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$6,487,682	\$4,063,201	(\$2,424,481)	-37%

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F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$86,720,104	\$101,667,410	\$14,947,306	17%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,968,259	\$24,250,057	\$2,281,798	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.33%	23.85%	-1.48%	-6%
4	DISCHARGES	3,779	4,026	247	7%
5	CASE MIX INDEX (CMI)	0.96344	0.96112	(0.00232)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,640.83140	3,869.47440	228.64300	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,033.86	\$6,267.02	\$233.16	4%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,322.57	\$3,918.50	\$595.93	18%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,068.12	\$1,866.29	(\$201.83)	-10%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,529,679	\$7,221,580	(\$308,099)	-4%
11	PATIENT DAYS	24,616	24,504	(112)	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$892.44	\$989.64	\$97.20	11%
13	AVERAGE LENGTH OF STAY	6.5	6.1	(0.4)	-7%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$34,492,677	\$47,319,089	\$12,826,412	37%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,882,678	\$10,933,527	\$1,050,849	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.65%	23.11%	-5.55%	-19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	39.77%	46.54%	6.77%	17%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,495.15899	1,862.14104	366.98204	25%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,609.78	\$5,871.48	(\$738.30)	-11%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,068.48	\$4,084.25	\$1,015.77	33%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,940.28	\$4,482.75	\$542.46	14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,891,352	\$8,347,504	\$2,456,153	42%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$121,212,781	\$148,986,499	\$27,773,718	23%
24	TOTAL ACCRUED PAYMENTS	\$31,850,937	\$35,183,584	\$3,332,647	10%
25	TOTAL ALLOWANCES	\$89,361,844	\$113,802,915	\$24,441,071	27%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$360,974	\$483,690	\$122,716	34%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$121,850	\$190,001	\$68,151	56%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	33.76%	39.28%	5.53%	16%
4	DISCHARGES	18	30	12	67%
5	CASE MIX INDEX (CMI)	1.11090	0.81040	(0.30050)	-27%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	19.99620	24.31200	4.31580	22%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,093.66	\$7,815.11	\$1,721.45	28%
8	PATIENT DAYS	79	116	37	47%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,542.41	\$1,637.94	\$95.53	6%
10	AVERAGE LENGTH OF STAY	4.4	3.9	(0.5)	-12%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$283,642	\$266,626	(\$17,016)	-6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$101,544	\$91,593	(\$9,951)	-10%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$644,616	\$750,316	\$105,700	16%
14	TOTAL ACCRUED PAYMENTS	\$223,394	\$281,594	\$58,200	26%
15	TOTAL ALLOWANCES	\$421,222	\$468,722	\$47,500	11%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$9,864,000	\$12,404,000	\$2,540,000	26%
2	TOTAL OPERATING EXPENSES	\$341,987,000	\$351,813,000	\$9,826,000	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,290,216	\$2,541,411	\$251,195	11%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$8,833,000	\$7,662,000	(\$1,171,000)	-13%
5	BAD DEBTS (CHARGES)	\$30,554,626	\$30,582,008	\$27,382	0%
6	UNCOMPENSATED CARE (CHARGES)	\$39,387,626	\$38,244,008	(\$1,143,618)	-3%
7	COST OF UNCOMPENSATED CARE	\$14,773,638	\$13,985,710	(\$787,929)	-5%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$121,212,781	\$148,986,499	\$27,773,718	23%
9	TOTAL ACCRUED PAYMENTS	\$31,850,937	\$35,183,584	\$3,332,647	10%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$45,464,882	\$54,483,879	\$9,018,997	20%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,613,945	\$19,300,295	\$5,686,350	42%

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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	\$613,526,265	\$662,252,595	\$48,726,330	8%
2	TOTAL INPATIENT PAYMENTS	\$234,262,957	\$245,512,758	\$11,249,801	5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	38.18%	37.07%	-1.11%	-3%
4	TOTAL DISCHARGES	21,743	21,873	130	1%
5	TOTAL CASE MIX INDEX	1.30325	1.30887	0.00561	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	28,336.61300	28,628.84760	292.23460	1%
7	TOTAL OUTPATIENT CHARGES	\$238,972,604	\$266,263,033	\$27,290,429	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	38.95%	40.21%	1.25%	3%
9	TOTAL OUTPATIENT PAYMENTS	\$85,707,686	\$87,084,831	\$1,377,145	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.87%	32.71%	-3.16%	-9%
11	TOTAL CHARGES	\$852,498,869	\$928,515,628	\$76,016,759	9%
12	TOTAL PAYMENTS	\$319,970,643	\$332,597,589	\$12,626,946	4%
13	TOTAL PAYMENTS / TOTAL CHARGES	37.53%	35.82%	-1.71%	-5%
14	PATIENT DAYS	125,447	122,812	(2,635)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$420,841,062	\$461,334,523	\$40,493,461	10%
2	INPATIENT PAYMENTS	\$142,893,895	\$146,770,775	\$3,876,880	3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	33.95%	31.81%	-2.14%	-6%
4	DISCHARGES	13,543	13,976	433	3%
5	CASE MIX INDEX	1.37128	1.35479	(0.01649)	-1%
6	CASE MIX ADJUSTED DISCHARGES	18,571.23300	18,934.49040	363.25740	2%
7	OUTPATIENT CHARGES	\$115,499,756	\$137,864,318	\$22,364,562	19%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	27.44%	29.88%	2.44%	9%
9	OUTPATIENT PAYMENTS	\$34,852,577	\$36,841,652	\$1,989,075	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.18%	26.72%	-3.45%	-11%
11	TOTAL CHARGES	\$536,340,818	\$599,198,841	\$62,858,023	12%
12	TOTAL PAYMENTS	\$177,746,472	\$183,612,427	\$5,865,955	3%
13	TOTAL PAYMENTS / CHARGES	33.14%	30.64%	-2.50%	-8%
14	PATIENT DAYS	88,733	87,388	(1,345)	-2%
15	TOTAL GOVERNMENT DEDUCTIONS	\$358,594,346	\$415,586,414	\$56,992,068	16%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.6	6.3	(0.2)	-4%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.5	0.0	0%
3	UNINSURED	4.9	5.3	0.4	8%
4	MEDICAID	6.7	6.2	(0.5)	-8%
5	OTHER MEDICAL ASSISTANCE	5.6	5.1	(0.5)	-9%
6	CHAMPUS / TRICARE	4.4	3.9	(0.5)	-12%
7	TOTAL AVERAGE LENGTH OF STAY	5.8	5.6	(0.2)	-3%

SAINT VINCENT'S MEDICAL CENTER					
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
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$852,498,869	\$928,515,628	\$76,016,759	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$358,594,346	\$415,586,414	\$56,992,068	16%
3	UNCOMPENSATED CARE	\$39,387,626	\$38,244,008	(\$1,143,618)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,934,442	\$128,483,481	(\$2,450,961)	-2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,114,636	\$9,187,986	\$3,073,350	50%
6	TOTAL ADJUSTMENTS	\$535,031,050	\$591,501,889	\$56,470,839	11%
7	TOTAL ACCRUED PAYMENTS	\$317,467,819	\$337,013,739	\$19,545,920	6%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,290,216	\$2,541,411	\$251,195	11%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$319,758,035	\$339,555,150	\$19,797,115	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3750832366	0.3656967527	(0.0093864839)	-3%
11	COST OF UNCOMPENSATED CARE	\$14,773,638	\$13,985,710	(\$787,929)	-5%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$13,613,945	\$19,300,295	\$5,686,350	42%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$28,387,583	\$33,286,004	\$4,898,421	17%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$3,850,126	\$7,963,828	\$4,113,702	107%
2	OTHER MEDICAL ASSISTANCE	\$6,487,682	\$4,063,201	(\$2,424,481)	-37%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,662,498	\$19,032,401	\$3,369,903	22%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$26,000,305	\$31,059,430	\$5,059,124	19%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$10,433,144	\$15,226,266	\$4,793,122	45.94%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$20,683,932	\$23,537,405	\$2,853,473	13.80%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$342,945,000	\$358,676,000	\$15,731,000	4.59%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$852,499,000	\$928,516,000	\$76,017,000	8.92%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	(\$8,736,821)	(\$9,455,404)	(\$718,583)	8.22%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$30,651,000	\$28,788,604	(\$1,862,396)	-6.08%

SAINT VINCENT'S MEDICAL CENTER				
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)	\$192,685,203	\$200,918,072	\$8,232,869
2	MEDICARE	\$333,759,984	359,183,423	\$25,423,439
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$86,720,104	101,667,410	\$14,947,306
4	MEDICAID	\$70,140,666	90,621,119	\$20,480,453
5	OTHER MEDICAL ASSISTANCE	\$16,579,438	11,046,291	(\$5,533,147)
6	CHAMPUS / TRICARE	\$360,974	483,690	\$122,716
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,406,154	18,013,248	(\$2,392,906)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$420,841,062	\$461,334,523	\$40,493,461
	TOTAL INPATIENT CHARGES	\$613,526,265	\$662,252,595	\$48,726,330
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$123,472,848	\$128,398,715	\$4,925,867
2	MEDICARE	\$80,723,437	90,278,603	\$9,555,166
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,492,677	47,319,089	\$12,826,412
4	MEDICAID	\$26,223,645	40,364,564	\$14,140,919
5	OTHER MEDICAL ASSISTANCE	\$8,269,032	6,954,525	(\$1,314,507)
6	CHAMPUS / TRICARE	\$283,642	266,626	(\$17,016)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,686,277	22,035,587	\$1,349,310
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$115,499,756	\$137,864,318	\$22,364,562
	TOTAL OUTPATIENT CHARGES	\$238,972,604	\$266,263,033	\$27,290,429
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$316,158,051	\$329,316,787	\$13,158,736
2	TOTAL MEDICARE	\$414,483,421	\$449,462,026	\$34,978,605
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$121,212,781	\$148,986,499	\$27,773,718
4	TOTAL MEDICAID	\$96,364,311	\$130,985,683	\$34,621,372
5	TOTAL OTHER MEDICAL ASSISTANCE	\$24,848,470	\$18,000,816	(\$6,847,654)
6	TOTAL CHAMPUS / TRICARE	\$644,616	\$750,316	\$105,700
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$41,092,431	\$40,048,835	(\$1,043,596)
	TOTAL GOVERNMENT CHARGES	\$536,340,818	\$599,198,841	\$62,858,023
	TOTAL CHARGES	\$852,498,869	\$928,515,628	\$76,016,759
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,369,062	\$98,741,983	\$7,372,921
2	MEDICARE	\$120,803,786	122,330,717	\$1,526,931
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,968,259	24,250,057	\$2,281,798
4	MEDICAID	\$19,983,110	24,004,368	\$4,021,258
5	OTHER MEDICAL ASSISTANCE	\$1,985,149	245,689	(\$1,739,460)
6	CHAMPUS / TRICARE	\$121,850	190,001	\$68,151
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,590,034	1,010,117	(\$579,917)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$142,893,895	\$146,770,775	\$3,876,880
	TOTAL INPATIENT PAYMENTS	\$234,262,957	\$245,512,758	\$11,249,801
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$50,855,109	\$50,243,179	(\$611,930)
2	MEDICARE	\$24,868,355	25,816,532	\$948,177
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,882,678	10,933,527	\$1,050,849
4	MEDICAID	\$8,456,331	8,879,166	\$422,835
5	OTHER MEDICAL ASSISTANCE	\$1,426,347	2,054,361	\$628,014
6	CHAMPUS / TRICARE	\$101,544	91,593	(\$9,951)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,462,161	1,818,473	\$356,312
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$34,852,577	\$36,841,652	\$1,989,075
	TOTAL OUTPATIENT PAYMENTS	\$85,707,686	\$87,084,831	\$1,377,145
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$142,224,171	\$148,985,162	\$6,760,991
2	TOTAL MEDICARE	\$145,672,141	\$148,147,249	\$2,475,108
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$31,850,937	\$35,183,584	\$3,332,647
4	TOTAL MEDICAID	\$28,439,441	\$32,883,534	\$4,444,093
5	TOTAL OTHER MEDICAL ASSISTANCE	\$3,411,496	\$2,300,050	(\$1,111,446)
6	TOTAL CHAMPUS / TRICARE	\$223,394	\$281,594	\$58,200
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,052,195	\$2,828,590	(\$223,605)
	TOTAL GOVERNMENT PAYMENTS	\$177,746,472	\$183,612,427	\$5,865,955
	TOTAL PAYMENTS	\$319,970,643	\$332,597,589	\$12,626,946

SAINT VINCENT'S MEDICAL CENTER 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)	22.60%	21.64%	-0.96%
2	MEDICARE	39.15%	38.68%	-0.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.17%	10.95%	0.78%
4	MEDICAID	8.23%	9.76%	1.53%
5	OTHER MEDICAL ASSISTANCE	1.94%	1.19%	-0.76%
6	CHAMPUS / TRICARE	0.04%	0.05%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.39%	1.94%	-0.45%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	49.37%	49.69%	0.32%
	TOTAL INPATIENT PAYER MIX	71.97%	71.32%	-0.64%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.48%	13.83%	-0.66%
2	MEDICARE	9.47%	9.72%	0.25%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.05%	5.10%	1.05%
4	MEDICAID	3.08%	4.35%	1.27%
5	OTHER MEDICAL ASSISTANCE	0.97%	0.75%	-0.22%
6	CHAMPUS / TRICARE	0.03%	0.03%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.43%	2.37%	-0.05%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	13.55%	14.85%	1.30%
	TOTAL OUTPATIENT PAYER MIX	28.03%	28.68%	0.64%
	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)	28.56%	29.69%	1.13%
2	MEDICARE	37.75%	36.78%	-0.97%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.87%	7.29%	0.43%
4	MEDICAID	6.25%	7.22%	0.97%
5	OTHER MEDICAL ASSISTANCE	0.62%	0.07%	-0.55%
6	CHAMPUS / TRICARE	0.04%	0.06%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.50%	0.30%	-0.19%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	44.66%	44.13%	-0.53%
	TOTAL INPATIENT PAYER MIX	73.21%	73.82%	0.60%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.89%	15.11%	-0.79%
2	MEDICARE	7.77%	7.76%	-0.01%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.09%	3.29%	0.20%
4	MEDICAID	2.64%	2.67%	0.03%
5	OTHER MEDICAL ASSISTANCE	0.45%	0.62%	0.17%
6	CHAMPUS / TRICARE	0.03%	0.03%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.46%	0.55%	0.09%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	10.89%	11.08%	0.18%
	TOTAL OUTPATIENT PAYER MIX	26.79%	26.18%	-0.60%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

SAINT VINCENT'S MEDICAL CENTER				
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)	8,200	7,897	(303)
2	MEDICARE	9,746	9,920	174
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,779	4,026	247
4	MEDICAID	3,120	3,652	532
5	OTHER MEDICAL ASSISTANCE	659	374	(285)
6	CHAMPUS / TRICARE	18	30	12
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	955	1,024	69
	TOTAL GOVERNMENT DISCHARGES	13,543	13,976	433
	TOTAL DISCHARGES	21,743	21,873	130
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	36,714	35,424	(1,290)
2	MEDICARE	64,038	62,768	(1,270)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,616	24,504	(112)
4	MEDICAID	20,920	22,595	1,675
5	OTHER MEDICAL ASSISTANCE	3,696	1,909	(1,787)
6	CHAMPUS / TRICARE	79	116	37
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,657	5,403	746
	TOTAL GOVERNMENT PATIENT DAYS	88,733	87,388	(1,345)
	TOTAL PATIENT DAYS	125,447	122,812	(2,635)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.5	0.0
2	MEDICARE	6.6	6.3	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.5	6.1	(0.4)
4	MEDICAID	6.7	6.2	(0.5)
5	OTHER MEDICAL ASSISTANCE	5.6	5.1	(0.5)
6	CHAMPUS / TRICARE	4.4	3.9	(0.5)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.9	5.3	0.4
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.6	6.3	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	5.8	5.6	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.19090	1.22760	0.03670
2	MEDICARE	1.52990	1.51620	(0.01370)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96344	0.96112	(0.00232)
4	MEDICAID	0.91250	0.92740	0.01490
5	OTHER MEDICAL ASSISTANCE	1.20460	1.29040	0.08580
6	CHAMPUS / TRICARE	1.11090	0.81040	(0.30050)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.09870	1.06750	(0.03120)
	TOTAL GOVERNMENT CASE MIX INDEX	1.37128	1.35479	(0.01649)
	TOTAL CASE MIX INDEX	1.30325	1.30887	0.00561
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$305,724,906	\$314,090,520	\$8,365,614
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$174,790,464	\$185,607,039	\$10,816,575
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,934,442	\$128,483,481	(\$2,450,961)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.83%	40.91%	-1.92%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$10,433,144	\$15,226,266	\$4,793,122
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,114,636	\$9,187,986	\$3,073,350
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,290,216	\$2,541,411	\$251,195
8	CHARITY CARE	\$8,833,000	\$7,662,000	(\$1,171,000)
9	BAD DEBTS	\$30,554,626	\$30,582,008	\$27,382
10	TOTAL UNCOMPENSATED CARE	\$39,387,626	\$38,244,008	(\$1,143,618)
11	TOTAL OTHER OPERATING REVENUE	\$305,724,906	\$314,090,520	\$8,365,614
12	TOTAL OPERATING EXPENSES	\$341,987,000	\$351,813,000	\$9,826,000

SAINT VINCENT'S MEDICAL CENTER				
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)	9,765.38000	9,694.35720	(71.02280)
2	MEDICARE	14,910.40540	15,040.70400	130.29860
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,640.83140	3,869.47440	228.64300
4	MEDICAID	2,847.00000	3,386.86480	539.86480
5	OTHER MEDICAL ASSISTANCE	793.83140	482.60960	(311.22180)
6	CHAMPUS / TRICARE	19.99620	24.31200	4.31580
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,049.25850	1,093.12000	43.86150
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	18,571.23300	18,934.49040	363.25740
	TOTAL CASE MIX ADJUSTED DISCHARGES	28,336.61300	28,628.84760	292.23460
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,254.56723	5,046.65729	-207.90994
2	MEDICARE	2,357.17478	2,493.33261	136.15783
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,495.15899	1,862.14104	366.98204
4	MEDICAID	1,166.48126	1,626.67808	460.19682
5	OTHER MEDICAL ASSISTANCE	328.67773	235.46296	-93.21477
6	CHAMPUS / TRICARE	14.14383	16.53700	2.39316
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	968.10965	1,252.65810	284.54846
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	3,866.47761	4,372.01064	505.53304
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,121.04484	9,418.66793	297.62310
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,356.43	\$10,185.51	\$829.08
2	MEDICARE	\$8,101.98	\$8,133.31	\$31.33
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,033.86	\$6,267.02	\$233.16
4	MEDICAID	\$7,019.01	\$7,087.49	\$68.48
5	OTHER MEDICAL ASSISTANCE	\$2,500.72	\$509.08	(\$1,991.63)
6	CHAMPUS / TRICARE	\$6,093.66	\$7,815.11	\$1,721.45
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,515.39	\$924.07	(\$591.32)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,694.37	\$7,751.50	\$57.14
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,267.15	\$8,575.71	\$308.56
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,678.27	\$9,955.73	\$277.47
2	MEDICARE	\$10,550.07	\$10,354.23	(\$195.84)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,609.78	\$5,871.48	(\$738.30)
4	MEDICAID	\$7,249.44	\$5,458.47	(\$1,790.97)
5	OTHER MEDICAL ASSISTANCE	\$4,339.65	\$8,724.77	\$4,385.12
6	CHAMPUS / TRICARE	\$7,179.38	\$5,538.67	(\$1,640.71)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,510.33	\$1,451.69	(\$58.63)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,014.04	\$8,426.71	(\$587.33)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,396.70	\$9,245.98	(\$150.71)

SAINT VINCENT'S MEDICAL CENTER				
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	\$3,850,126	\$7,963,828	\$4,113,702
2	OTHER MEDICAL ASSISTANCE	\$6,487,682	\$4,063,201	(\$2,424,481)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$15,662,498	\$19,032,401	\$3,369,903
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$26,000,305	\$31,059,430	\$5,059,124
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$852,498,869	\$928,515,628	\$76,016,759
2	TOTAL GOVERNMENT DEDUCTIONS	\$358,594,346	\$415,586,414	\$56,992,068
3	UNCOMPENSATED CARE	\$39,387,626	\$38,244,008	(\$1,143,618)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$130,934,442	\$128,483,481	(\$2,450,961)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$6,114,636	\$9,187,986	\$3,073,350
6	TOTAL ADJUSTMENTS	\$535,031,050	\$591,501,889	\$56,470,839
7	TOTAL ACCRUED PAYMENTS	\$317,467,819	\$337,013,739	\$19,545,920
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,290,216	\$2,541,411	\$251,195
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$319,758,035	\$339,555,150	\$19,797,115
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3750832366	0.3656967527	(0.0093864839)
11	COST OF UNCOMPENSATED CARE	\$14,773,638	\$13,985,710	(\$787,929)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$13,613,945	\$19,300,295	\$5,686,350
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$28,387,583	\$33,286,004	\$4,898,421
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.42%	49.15%	1.73%
2	MEDICARE	36.19%	34.06%	-2.14%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.33%	23.85%	-1.48%
4	MEDICAID	28.49%	26.49%	-2.00%
5	OTHER MEDICAL ASSISTANCE	11.97%	2.22%	-9.75%
6	CHAMPUS / TRICARE	33.76%	39.28%	5.53%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.79%	5.61%	-2.18%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.95%	31.81%	-2.14%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	38.18%	37.07%	-1.11%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	41.19%	39.13%	-2.06%
2	MEDICARE	30.81%	28.60%	-2.21%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.65%	23.11%	-5.55%
4	MEDICAID	32.25%	22.00%	-10.25%
5	OTHER MEDICAL ASSISTANCE	17.25%	29.54%	12.29%
6	CHAMPUS / TRICARE	35.80%	34.35%	-1.45%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	7.07%	8.25%	1.18%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	30.18%	26.72%	-3.45%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.87%	32.71%	-3.16%

SAINT VINCENT'S MEDICAL CENTER 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	\$319,970,643	\$332,597,589	\$12,626,946
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,290,216	\$2,541,411	\$251,195
	OHCA DEFINED NET REVENUE	\$322,260,859	\$335,139,000	\$12,878,141
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$20,683,932	\$23,537,405	\$2,853,473
4	CALCULATED NET REVENUE	\$342,944,791	\$358,676,405	\$15,731,614
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$342,945,000	\$358,676,000	\$15,731,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$209)	\$405	\$614
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$852,498,869	\$928,515,628	\$76,016,759
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$852,498,869	\$928,515,628	\$76,016,759
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$852,499,000	\$928,516,000	\$76,017,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$131)	(\$372)	(\$241)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$39,387,626	\$38,244,008	(\$1,143,618)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	(\$8,736,821)	(\$9,455,404)	(\$718,583)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$30,650,805	\$28,788,604	(\$1,862,201)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$30,651,000	\$28,788,604	(\$1,862,396)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$195)	\$0	\$195

SAINT VINCENT'S MEDICAL CENTER 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)	\$200,918,072
2	MEDICARE	359,183,423
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	101,667,410
4	MEDICAID	90,621,119
5	OTHER MEDICAL ASSISTANCE	11,046,291
6	CHAMPUS / TRICARE	483,690
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	18,013,248
	TOTAL INPATIENT GOVERNMENT CHARGES	\$461,334,523
	TOTAL INPATIENT CHARGES	\$662,252,595
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$128,398,715
2	MEDICARE	90,278,603
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47,319,089
4	MEDICAID	40,364,564
5	OTHER MEDICAL ASSISTANCE	6,954,525
6	CHAMPUS / TRICARE	266,626
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22,035,587
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$137,864,318
	TOTAL OUTPATIENT CHARGES	\$266,263,033
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$329,316,787
2	TOTAL GOVERNMENT ACCRUED CHARGES	599,198,841
	TOTAL ACCRUED CHARGES	\$928,515,628
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$98,741,983
2	MEDICARE	122,330,717
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,250,057
4	MEDICAID	24,004,368
5	OTHER MEDICAL ASSISTANCE	245,689
6	CHAMPUS / TRICARE	190,001
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,010,117
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$146,770,775
	TOTAL INPATIENT PAYMENTS	\$245,512,758
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$50,243,179
2	MEDICARE	25,816,532
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,933,527
4	MEDICAID	8,879,166
5	OTHER MEDICAL ASSISTANCE	2,054,361
6	CHAMPUS / TRICARE	91,593
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,818,473
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$36,841,652
	TOTAL OUTPATIENT PAYMENTS	\$87,084,831
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$148,985,162
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	183,612,427
	TOTAL ACCRUED PAYMENTS	\$332,597,589

SAINT VINCENT'S MEDICAL CENTER 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)	7,897
2	MEDICARE	9,920
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,026
4	MEDICAID	3,652
5	OTHER MEDICAL ASSISTANCE	374
6	CHAMPUS / TRICARE	30
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1024
	TOTAL GOVERNMENT DISCHARGES	13,976
	TOTAL DISCHARGES	21,873
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.22760
2	MEDICARE	1.51620
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96112
4	MEDICAID	0.92740
5	OTHER MEDICAL ASSISTANCE	1.29040
6	CHAMPUS / TRICARE	0.81040
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.06750
	TOTAL GOVERNMENT CASE MIX INDEX	1.35479
	TOTAL CASE MIX INDEX	1.30887
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$314,090,520
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$185,607,039
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$128,483,481
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	40.91%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,226,266
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,187,986
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$2,541,411
8	CHARITY CARE	\$7,662,000
9	BAD DEBTS	\$30,582,008
10	TOTAL UNCOMPENSATED CARE	\$38,244,008
11	TOTAL OTHER OPERATING REVENUE	\$12,404,000
12	TOTAL OPERATING EXPENSES	\$351,813,000

SAINT VINCENT'S MEDICAL CENTER 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	\$332,597,589
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,541,411
	OHCA DEFINED NET REVENUE	\$335,139,000
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$23,537,405
	CALCULATED NET REVENUE	\$358,676,405
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$358,676,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$405
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$928,515,628
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$928,515,628
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$928,516,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$372)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$38,244,008
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	(\$9,455,404)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,788,604
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,788,604
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT VINCENT'S MEDICAL CENTER					
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	2,481	2,781	300	12%
2	Number of Approved Applicants	2,406	2,653	247	10%
3	Total Charges (A)	\$8,833,000	\$7,662,000	(\$1,171,000)	-13%
4	Average Charges	\$3,671	\$2,888	(\$783)	-21%
5	Ratio of Cost to Charges (RCC)	0.413922	0.396570	(0.017352)	-4%
6	Total Cost	\$3,656,173	\$3,038,519	(\$617,654)	-17%
7	Average Cost	\$1,520	\$1,145	(\$374)	-25%
8	Charity Care - Inpatient Charges	\$3,774,000	\$1,848,739	(\$1,925,261)	-51%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	3,959,294	4,487,566	528,272	13%
10	Charity Care - Emergency Department Charges	1,099,706	1,325,695	225,989	21%
11	Total Charges (A)	\$8,833,000	\$7,662,000	(\$1,171,000)	-13%
12	Charity Care - Number of Patient Days	774	320	(454)	-59%
13	Charity Care - Number of Discharges	138	72	(66)	-48%
14	Charity Care - Number of Outpatient ED Visits	880	880	0	0%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,880	6,834	(46)	-1%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$15,637,101	\$13,393,972	(\$2,243,129)	-14%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	6,827,944	9,092,355	2,264,411	33%
3	Bad Debts - Emergency Department	8,089,581	8,095,681	6,100	0%
4	Total Bad Debts (A)	\$30,554,626	\$30,582,008	\$27,382	0%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$8,833,000	\$7,662,000	(\$1,171,000)	-13%
2	Bad Debts (A)	30,554,626	30,582,008	27,382	0%
3	Total Uncompensated Care (A)	\$39,387,626	\$38,244,008	(\$1,143,618)	-3%
4	Uncompensated Care - Inpatient Services	\$19,411,101	\$15,242,711	(\$4,168,390)	-21%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	10,787,238	13,579,921	2,792,683	26%
6	Uncompensated Care - Emergency Department	9,189,287	9,421,376	232,089	3%
7	Total Uncompensated Care (A)	\$39,387,626	\$38,244,008	(\$1,143,618)	-3%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL TOTAL NON-GOVERNMENT	FY 2010 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$305,724,906	\$314,090,520	\$8,365,614	3%
2	Total Contractual Allowances	\$130,934,442	\$128,483,481	(\$2,450,961)	-2%
	Total Accrued Payments (A)	\$174,790,464	\$185,607,039	\$10,816,575	6%
	Total Discount Percentage	42.83%	40.91%	-1.92%	-4%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$514,424,048	\$613,526,265	\$662,252,595
2	Outpatient Gross Revenue	\$203,492,498	\$238,972,604	\$266,263,033
3	Total Gross Patient Revenue	\$717,916,546	\$852,498,869	\$928,515,628
4	Net Patient Revenue	\$309,364,455	\$341,788,581	\$353,724,000
B. Total Operating Expenses				
1	Total Operating Expense	\$302,743,320	\$341,987,000	\$351,813,000
C. Utilization Statistics				
1	Patient Days	104,524	125,447	122,812
2	Discharges	20,159	21,743	21,873
3	Average Length of Stay	5.2	5.8	5.6
4	Equivalent (Adjusted) Patient Days (EPD)	145,871	174,309	172,189
0	Equivalent (Adjusted) Discharges (ED)	28,133	30,212	30,667
D. Case Mix Statistics				
1	Case Mix Index	1.36217	1.30325	1.30887
2	Case Mix Adjusted Patient Days (CMAPD)	142,380	163,489	160,745
3	Case Mix Adjusted Discharges (CMAD)	27,460	28,337	28,629
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	198,701	227,169	225,373
5	Case Mix Adjusted Equivalent Discharges (CMAED)	38,322	39,374	40,139
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$6,868	\$6,796	\$7,560
2	Total Gross Revenue per Discharge	\$35,613	\$39,208	\$42,450
3	Total Gross Revenue per EPD	\$4,922	\$4,891	\$5,392
4	Total Gross Revenue per ED	\$25,518	\$28,217	\$30,277
5	Total Gross Revenue per CMAEPD	\$3,613	\$3,753	\$4,120
6	Total Gross Revenue per CMAED	\$18,734	\$21,651	\$23,132
7	Inpatient Gross Revenue per EPD	\$3,527	\$3,520	\$3,846
8	Inpatient Gross Revenue per ED	\$18,285	\$20,307	\$21,595

SAINT VINCENT'S MEDICAL CENTER				
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	\$2,960	\$2,725	\$2,880
2	Net Patient Revenue per Discharge	\$15,346	\$15,719	\$16,172
3	Net Patient Revenue per EPD	\$2,121	\$1,961	\$2,054
4	Net Patient Revenue per ED	\$10,996	\$11,313	\$11,534
5	Net Patient Revenue per CMAEPD	\$1,557	\$1,505	\$1,570
6	Net Patient Revenue per CMAED	\$8,073	\$8,681	\$8,812
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$2,896	\$2,726	\$2,865
2	Total Operating Expense per Discharge	\$15,018	\$15,729	\$16,084
3	Total Operating Expense per EPD	\$2,075	\$1,962	\$2,043
4	Total Operating Expense per ED	\$10,761	\$11,320	\$11,472
5	Total Operating Expense per CMAEPD	\$1,524	\$1,505	\$1,561
6	Total Operating Expense per CMAED	\$7,900	\$8,686	\$8,765
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$52,779,766	\$59,660,307	\$61,447,266
2	Nursing Fringe Benefits Expense	\$12,410,666	\$13,620,400	\$16,610,102
3	Total Nursing Salary and Fringe Benefits Expense	\$65,190,432	\$73,280,707	\$78,057,368
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$21,495,275	\$23,691,353	\$14,734,157
2	Physician Fringe Benefits Expense	\$5,054,412	\$5,408,717	\$3,982,860
3	Total Physician Salary and Fringe Benefits Expense	\$26,549,687	\$29,100,070	\$18,717,017
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$54,452,460	\$63,525,340	\$66,164,577
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$12,803,985	\$14,502,883	\$17,885,038
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$67,256,445	\$78,028,223	\$84,049,615
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$128,727,501	\$146,877,000	\$142,346,000
2	Total Fringe Benefits Expense	\$30,269,063	\$33,532,000	\$38,478,000
3	Total Salary and Fringe Benefits Expense	\$158,996,564	\$180,409,000	\$180,824,000