

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	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	\$111,167,660	\$101,981,594	(\$9,186,066)	-8%
2	Short Term Investments	\$1,455,884	\$1,406,712	(\$49,172)	-3%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$57,915,444	\$60,533,795	\$2,618,351	5%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,616,162	\$4,502,581	(\$113,581)	-2%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$1,950,767	\$0	(\$1,950,767)	-100%
7	Inventories of Supplies	\$4,918,393	\$5,826,487	\$908,094	18%
8	Prepaid Expenses	\$6,269,941	\$6,568,079	\$298,138	5%
9	Other Current Assets	\$4,324,394	\$6,432,865	\$2,108,471	49%
	Total Current Assets	\$192,618,645	\$187,252,113	(\$5,366,532)	-3%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$44,595,433	\$43,233,016	(\$1,362,417)	-3%
2	Board Designated for Capital Acquisition	\$16,373,945	\$16,277,493	(\$96,452)	-1%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$36,969,244	\$5,752,021	(\$31,217,223)	-84%
	Total Noncurrent Assets Whose Use is Limited:	\$97,938,622	\$65,262,530	(\$32,676,092)	-33%
5	Interest in Net Assets of Foundation	\$4,395,605	\$5,559,134	\$1,163,529	26%
6	Long Term Investments	\$16,168,716	\$15,269,027	(\$899,689)	-6%
7	Other Noncurrent Assets	\$1,723,196	\$1,874,185	\$150,989	9%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$690,645,589	\$926,506,725	\$235,861,136	34%
2	Less: Accumulated Depreciation	\$451,972,989	\$480,485,719	\$28,512,730	6%
	Property, Plant and Equipment, Net	\$238,672,600	\$446,021,006	\$207,348,406	87%
3	Construction in Progress	\$180,084,830	\$7,301,579	(\$172,783,251)	-96%
	Total Net Fixed Assets	\$418,757,430	\$453,322,585	\$34,565,155	8%
	Total Assets	\$731,602,214	\$728,539,574	(\$3,062,640)	0%

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		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$41,547,612	\$30,550,766	(\$10,996,846)	-26%
2	Salaries, Wages and Payroll Taxes	\$27,119,094	\$30,428,478	\$3,309,384	12%
3	Due To Third Party Payers	\$0	\$5,106,086	\$5,106,086	0%
4	Due To Affiliates	\$513,854	\$7,507,317	\$6,993,463	1361%
5	Current Portion of Long Term Debt	\$45,907,171	\$6,140,523	(\$39,766,648)	-87%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,227,266	\$5,784,643	(\$442,623)	-7%
	Total Current Liabilities	\$121,314,997	\$85,517,813	(\$35,797,184)	-30%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$236,199,465	\$266,003,820	\$29,804,355	13%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$236,199,465	\$266,003,820	\$29,804,355	13%
3	Accrued Pension Liability	\$203,820,336	\$256,801,688	\$52,981,352	26%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$440,019,801	\$522,805,508	\$82,785,707	19%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$84,991,510	\$35,068,974	(\$49,922,536)	-59%
2	Temporarily Restricted Net Assets	\$36,394,960	\$37,628,750	\$1,233,790	3%
3	Permanently Restricted Net Assets	\$48,880,946	\$47,518,529	(\$1,362,417)	-3%
	Total Net Assets	\$170,267,416	\$120,216,253	(\$50,051,163)	-29%
	Total Liabilities and Net Assets	\$731,602,214	\$728,539,574	(\$3,062,640)	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,404,989,046	\$1,568,373,476	\$163,384,430	12%
2	Less: Allowances	\$815,747,184	\$942,679,517	\$126,932,333	16%
3	Less: Charity Care	\$13,591,485	\$12,952,578	(\$638,907)	-5%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$575,650,377	\$612,741,381	\$37,091,004	6%
5	Other Operating Revenue	\$36,523,722	\$24,517,993	(\$12,005,729)	-33%
6	Net Assets Released from Restrictions	\$4,693,884	\$6,351,672	\$1,657,788	35%
	Total Operating Revenue	\$616,867,983	\$643,611,046	\$26,743,063	4%
B. Operating Expenses:					
1	Salaries and Wages	\$237,998,197	\$240,077,566	\$2,079,369	1%
2	Fringe Benefits	\$62,415,864	\$60,881,413	(\$1,534,451)	-2%
3	Physicians Fees	\$36,936,708	\$38,670,694	\$1,733,986	5%
4	Supplies and Drugs	\$105,518,000	\$109,430,520	\$3,912,520	4%
5	Depreciation and Amortization	\$25,239,204	\$28,954,676	\$3,715,472	15%
6	Bad Debts	\$18,896,554	\$15,406,823	(\$3,489,731)	-18%
7	Interest	\$8,911,665	\$9,560,860	\$649,195	7%
8	Malpractice	\$8,034,177	\$12,169,891	\$4,135,714	51%
9	Other Operating Expenses	\$110,735,682	\$131,625,357	\$20,889,675	19%
	Total Operating Expenses	\$614,686,051	\$646,777,800	\$32,091,749	5%
	Income/(Loss) From Operations	\$2,181,932	(\$3,166,754)	(\$5,348,686)	-245%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,622,470	(\$1,057,957)	(\$2,680,427)	-165%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$10,850,066)	(\$11,645,163)	(\$795,097)	7%
	Total Non-Operating Revenue	(\$9,227,596)	(\$12,703,120)	(\$3,475,524)	38%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$7,045,664)	(\$15,869,874)	(\$8,824,210)	125%
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	(\$7,045,664)	(\$15,869,874)	(\$8,824,210)	125%
	Principal Payments	\$6,263,159	\$11,019,826	\$4,756,667	76%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$328,902,915	\$388,418,360	\$59,515,445	18%
2	MEDICARE MANAGED CARE	\$78,312,359	\$93,111,071	\$14,798,712	19%
3	MEDICAID	\$69,725,335	\$108,098,988	\$38,373,653	55%
4	MEDICAID MANAGED CARE	\$48,904,101	\$62,678,517	\$13,774,416	28%
5	CHAMPUS/TRICARE	\$1,797,493	\$2,489,908	\$692,415	39%
6	COMMERCIAL INSURANCE	\$20,679,815	\$15,003,122	(\$5,676,693)	-27%
7	NON-GOVERNMENT MANAGED CARE	\$206,582,802	\$230,129,872	\$23,547,070	11%
8	WORKER'S COMPENSATION	\$3,778,140	\$4,447,782	\$669,642	18%
9	SELF- PAY/UNINSURED	\$6,234,862	\$4,552,529	(\$1,682,333)	-27%
10	SAGA	\$19,429,881	\$0	(\$19,429,881)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$784,347,703	\$908,930,149	\$124,582,446	16%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$157,772,376	\$168,641,124	\$10,868,748	7%
2	MEDICARE MANAGED CARE	\$48,316,533	\$52,215,992	\$3,899,459	8%
3	MEDICAID	\$54,000,678	\$83,225,695	\$29,225,017	54%
4	MEDICAID MANAGED CARE	\$50,644,810	\$52,312,952	\$1,668,142	3%
5	CHAMPUS/TRICARE	\$2,497,083	\$2,471,205	(\$25,878)	-1%
6	COMMERCIAL INSURANCE	\$27,627,654	\$25,625,632	(\$2,002,022)	-7%
7	NON-GOVERNMENT MANAGED CARE	\$233,502,475	\$246,729,109	\$13,226,634	6%
8	WORKER'S COMPENSATION	\$5,651,561	\$5,897,484	\$245,923	4%
9	SELF- PAY/UNINSURED	\$21,275,835	\$22,324,134	\$1,048,299	5%
10	SAGA	\$19,352,339	\$0	(\$19,352,339)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$620,641,344	\$659,443,327	\$38,801,983	6%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$486,675,291	\$557,059,484	\$70,384,193	14%
2	MEDICARE MANAGED CARE	\$126,628,892	\$145,327,063	\$18,698,171	15%
3	MEDICAID	\$123,726,013	\$191,324,683	\$67,598,670	55%
4	MEDICAID MANAGED CARE	\$99,548,911	\$114,991,469	\$15,442,558	16%
5	CHAMPUS/TRICARE	\$4,294,576	\$4,961,113	\$666,537	16%
6	COMMERCIAL INSURANCE	\$48,307,469	\$40,628,754	(\$7,678,715)	-16%
7	NON-GOVERNMENT MANAGED CARE	\$440,085,277	\$476,858,981	\$36,773,704	8%
8	WORKER'S COMPENSATION	\$9,429,701	\$10,345,266	\$915,565	10%
9	SELF- PAY/UNINSURED	\$27,510,697	\$26,876,663	(\$634,034)	-2%
10	SAGA	\$38,782,220	\$0	(\$38,782,220)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,404,989,047	\$1,568,373,476	\$163,384,429	12%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$155,571,160	\$167,122,577	\$11,551,417	7%
2	MEDICARE MANAGED CARE	\$36,423,058	\$38,615,698	\$2,192,640	6%
3	MEDICAID	\$19,825,232	\$27,020,065	\$7,194,833	36%
4	MEDICAID MANAGED CARE	\$17,596,118	\$20,428,458	\$2,832,340	16%
5	CHAMPUS/TRICARE	\$677,923	\$1,048,854	\$370,931	55%
6	COMMERCIAL INSURANCE	\$12,586,778	\$7,790,766	(\$4,796,012)	-38%
7	NON-GOVERNMENT MANAGED CARE	\$126,148,558	\$135,955,209	\$9,806,651	8%
8	WORKER'S COMPENSATION	\$3,094,701	\$3,544,998	\$450,297	15%
9	SELF- PAY/UNINSURED	\$695,157	\$1,015,451	\$320,294	46%
10	SAGA	\$2,475,196	\$0	(\$2,475,196)	-100%
11	OTHER	\$0	\$0	\$0	0%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
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FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$375,093,881	\$402,542,076	\$27,448,195	7%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$46,028,833	\$39,347,771	(\$6,681,062)	-15%
2	MEDICARE MANAGED CARE	\$11,754,987	\$13,370,345	\$1,615,358	14%
3	MEDICAID	\$8,176,262	\$16,036,659	\$7,860,397	96%
4	MEDICAID MANAGED CARE	\$13,531,911	\$13,100,985	(\$430,926)	-3%
5	CHAMPUS/TRICARE	\$583,793	\$652,952	\$69,159	12%
6	COMMERCIAL INSURANCE	\$15,108,947	\$12,227,021	(\$2,881,926)	-19%
7	NON-GOVERNMENT MANAGED CARE	\$88,682,991	\$93,363,518	\$4,680,527	5%
8	WORKER'S COMPENSATION	\$3,908,693	\$4,218,882	\$310,189	8%
9	SELF- PAY/UNINSURED	\$2,614,132	\$5,358,874	\$2,744,742	105%
10	SAGA	\$2,130,042	\$0	(\$2,130,042)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$192,520,591	\$197,677,007	\$5,156,416	3%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$201,599,993	\$206,470,348	\$4,870,355	2%
2	MEDICARE MANAGED CARE	\$48,178,045	\$51,986,043	\$3,807,998	8%
3	MEDICAID	\$28,001,494	\$43,056,724	\$15,055,230	54%
4	MEDICAID MANAGED CARE	\$31,128,029	\$33,529,443	\$2,401,414	8%
5	CHAMPUS/TRICARE	\$1,261,716	\$1,701,806	\$440,090	35%
6	COMMERCIAL INSURANCE	\$27,695,725	\$20,017,787	(\$7,677,938)	-28%
7	NON-GOVERNMENT MANAGED CARE	\$214,831,549	\$229,318,727	\$14,487,178	7%
8	WORKER'S COMPENSATION	\$7,003,394	\$7,763,880	\$760,486	11%
9	SELF- PAY/UNINSURED	\$3,309,289	\$6,374,325	\$3,065,036	93%
10	SAGA	\$4,605,238	\$0	(\$4,605,238)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$567,614,472	\$600,219,083	\$32,604,611	6%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	10,831	10,993	162	1%
2	MEDICARE MANAGED CARE	2,545	2,692	147	6%
3	MEDICAID	2,679	3,541	862	32%
4	MEDICAID MANAGED CARE	3,359	3,906	547	16%
5	CHAMPUS/TRICARE	90	95	5	6%
6	COMMERCIAL INSURANCE	775	652	(123)	-16%
7	NON-GOVERNMENT MANAGED CARE	9,946	9,593	(353)	-4%
8	WORKER'S COMPENSATION	153	151	(2)	-1%
9	SELF- PAY/UNINSURED	301	219	(82)	-27%
10	SAGA	721	0	(721)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	31,400	31,842	442	1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	60,334	62,638	2,304	4%
2	MEDICARE MANAGED CARE	13,160	14,297	1,137	9%
3	MEDICAID	15,917	20,420	4,503	28%
4	MEDICAID MANAGED CARE	15,996	17,812	1,816	11%
5	CHAMPUS/TRICARE	405	427	22	5%
6	COMMERCIAL INSURANCE	3,381	2,507	(874)	-26%
7	NON-GOVERNMENT MANAGED CARE	39,781	38,693	(1,088)	-3%
8	WORKER'S COMPENSATION	428	512	84	20%
9	SELF- PAY/UNINSURED	1,090	653	(437)	-40%
10	SAGA	3,968	0	(3,968)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	154,460	157,959	3,499	2%
C.	OUTPATIENT VISITS				

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	56,419	55,308	(1,111)	-2%
2	MEDICARE MANAGED CARE	17,630	18,138	508	3%
3	MEDICAID	23,235	47,539	24,304	105%
4	MEDICAID MANAGED CARE	56,109	50,777	(5,332)	-10%
5	CHAMPUS/TRICARE	1,103	988	(115)	-10%
6	COMMERCIAL INSURANCE	12,686	10,187	(2,499)	-20%
7	NON-GOVERNMENT MANAGED CARE	101,582	95,033	(6,549)	-6%
8	WORKER'S COMPENSATION	2,591	2,382	(209)	-8%
9	SELF- PAY/UNINSURED	18,220	17,019	(1,201)	-7%
10	SAGA	22,380	0	(22,380)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	311,955	297,371	(14,584)	-5%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$34,985,450	\$37,932,083	\$2,946,633	8%
2	MEDICARE MANAGED CARE	\$10,246,911	\$11,606,386	\$1,359,475	13%
3	MEDICAID	\$13,579,540	\$38,846,381	\$25,266,841	186%
4	MEDICAID MANAGED CARE	\$21,821,973	\$22,438,444	\$616,471	3%
5	CHAMPUS/TRICARE	\$369,579	\$542,641	\$173,062	47%
6	COMMERCIAL INSURANCE	\$10,074,453	\$6,099,347	(\$3,975,106)	-39%
7	NON-GOVERNMENT MANAGED CARE	\$41,523,462	\$45,088,871	\$3,565,409	9%
8	WORKER'S COMPENSATION	\$2,451,110	\$3,146,712	\$695,602	28%
9	SELF- PAY/UNINSURED	\$12,780,404	\$13,770,296	\$989,892	8%
10	SAGA	\$19,216,962	\$0	(\$19,216,962)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$167,049,844	\$179,471,161	\$12,421,317	7%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$6,477,575	\$6,583,259	\$105,684	2%
2	MEDICARE MANAGED CARE	\$1,997,314	\$2,153,121	\$155,807	8%
3	MEDICAID	\$2,332,818	\$5,367,513	\$3,034,695	130%
4	MEDICAID MANAGED CARE	\$4,292,759	\$3,607,505	(\$685,254)	-16%
5	CHAMPUS/TRICARE	\$91,223	\$115,839	\$24,616	27%
6	COMMERCIAL INSURANCE	\$3,084,015	\$2,820,110	(\$263,905)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$13,572,272	\$15,717,052	\$2,144,780	16%
8	WORKER'S COMPENSATION	\$1,725,333	\$1,957,640	\$232,307	13%
9	SELF- PAY/UNINSURED	\$180,220	\$232,391	\$52,171	29%
10	SAGA	\$2,438,622	\$0	(\$2,438,622)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$36,192,151	\$38,554,430	\$2,362,279	7%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	8,353	9,112	759	9%
2	MEDICARE MANAGED CARE	2,411	2,690	279	12%
3	MEDICAID	4,776	13,950	9,174	192%
4	MEDICAID MANAGED CARE	10,848	10,453	(395)	-4%
5	CHAMPUS/TRICARE	145	162	17	12%
6	COMMERCIAL INSURANCE	2,620	1,683	(937)	-36%
7	NON-GOVERNMENT MANAGED CARE	11,279	11,856	577	5%
8	WORKER'S COMPENSATION	1,206	1,330	124	10%
9	SELF- PAY/UNINSURED	5,541	5,761	220	4%
10	SAGA	7,251	0	(7,251)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	54,430	56,997	2,567	5%

SAINT FRANCIS HOSPITAL AND 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 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$100,307,204	\$104,116,810	\$3,809,606	4%
2	Physician Salaries	\$12,923,717	\$10,413,391	(\$2,510,326)	-19%
3	Non-Nursing, Non-Physician Salaries	\$124,767,276	\$125,547,365	\$780,089	1%
	Total Salaries & Wages	\$237,998,197	\$240,077,566	\$2,079,369	1%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$26,305,917	\$26,422,533	\$116,616	0%
2	Physician Fringe Benefits	\$3,389,290	\$2,617,901	(\$771,389)	-23%
3	Non-Nursing, Non-Physician Fringe Benefits	\$32,720,657	\$31,840,979	(\$879,678)	-3%
	Total Fringe Benefits	\$62,415,864	\$60,881,413	(\$1,534,451)	-2%
C. Contractual Labor Fees:					
1	Nursing Fees	\$1,630,651	\$2,215,024	\$584,373	36%
2	Physician Fees	\$36,936,708	\$38,670,694	\$1,733,986	5%
3	Non-Nursing, Non-Physician Fees	\$9,881,598	\$10,315,605	\$434,007	4%
	Total Contractual Labor Fees	\$48,448,957	\$51,201,323	\$2,752,366	6%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$75,133,713	\$75,080,966	(\$52,747)	0%
2	Pharmaceutical Costs	\$30,384,287	\$34,349,554	\$3,965,267	13%
	Total Medical Supplies and Pharmaceutical Cost	\$105,518,000	\$109,430,520	\$3,912,520	4%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$8,200,037	\$9,823,642	\$1,623,605	20%
2	Depreciation-Equipment	\$16,122,535	\$18,689,088	\$2,566,553	16%
3	Amortization	\$916,632	\$441,946	(\$474,686)	-52%
	Total Depreciation and Amortization	\$25,239,204	\$28,954,676	\$3,715,472	15%
F. Bad Debts:					
1	Bad Debts	\$18,896,554	\$15,406,823	(\$3,489,731)	-18%
G. Interest Expense:					
1	Interest Expense	\$8,911,665	\$9,560,860	\$649,195	7%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$8,034,177	\$12,169,891	\$4,135,714	51%
I. Utilities:					
1	Water	\$641,938	\$575,781	(\$66,157)	-10%
2	Natural Gas	\$2,837,901	\$2,785,510	(\$52,391)	-2%
3	Oil	\$28,170	\$41,725	\$13,555	48%
4	Electricity	\$6,476,640	\$7,432,125	\$955,485	15%
5	Telephone	\$1,409,126	\$928,164	(\$480,962)	-34%
6	Other Utilities	\$52,166	\$21,564	(\$30,602)	-59%
	Total Utilities	\$11,445,941	\$11,784,869	\$338,928	3%
J. Business Expenses:					
1	Accounting Fees	\$361,919	\$366,411	\$4,492	1%
2	Legal Fees	\$2,672,698	\$17,790,647	\$15,117,949	566%
3	Consulting Fees	\$7,542,791	\$7,813,981	\$271,190	4%
4	Dues and Membership	\$1,801,623	\$1,550,739	(\$250,884)	-14%
5	Equipment Leases	\$2,921,081	\$2,682,304	(\$238,777)	-8%
6	Building Leases	\$2,867,098	\$3,048,333	\$181,235	6%
7	Repairs and Maintenance	\$12,185,631	\$13,104,238	\$918,607	8%
8	Insurance	\$1,038,298	\$838,857	(\$199,441)	-19%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$864,685	\$824,009	(\$40,676)	-5%
10	Conferences	\$327,517	\$556,848	\$229,331	70%
11	Property Tax	\$1,135,505	\$1,290,011	\$154,506	14%
12	General Supplies	\$17,731,847	\$17,168,751	(\$563,096)	-3%
13	Licenses and Subscriptions	\$549,191	\$608,416	\$59,225	11%
14	Postage and Shipping	\$575,119	\$567,700	(\$7,419)	-1%
15	Advertising	\$1,754,508	\$1,994,482	\$239,974	14%
16	Other Business Expenses	\$7,197,896	\$8,372,030	\$1,174,134	16%
	Total Business Expenses	\$61,527,407	\$78,577,757	\$17,050,350	28%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$26,250,085	\$28,732,102	\$2,482,017	9%
	Total Operating Expenses - All Expense Categories*	\$614,686,051	\$646,777,800	\$32,091,749	5%
	*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	\$89,364,766	\$111,837,928	\$22,473,162	25%
2	General Accounting	\$2,330,573	\$2,145,744	(\$184,829)	-8%
3	Patient Billing & Collection	\$8,414,244	\$7,569,210	(\$845,034)	-10%
4	Admitting / Registration Office	\$2,771,770	\$3,003,671	\$231,901	8%
5	Data Processing	\$14,479,085	\$12,331,282	(\$2,147,803)	-15%
6	Communications	\$7,867,299	\$11,421,837	\$3,554,538	45%
7	Personnel	\$5,372,825	\$4,366,157	(\$1,006,668)	-19%
8	Public Relations	\$2,246,212	\$2,612,756	\$366,544	16%
9	Purchasing	\$2,121,035	\$2,290,867	\$169,832	8%
10	Dietary and Cafeteria	\$8,877,274	\$7,874,520	(\$1,002,754)	-11%
11	Housekeeping	\$7,523,305	\$7,868,943	\$345,638	5%
12	Laundry & Linen	\$3,396,385	\$3,684,367	\$287,982	8%
13	Operation of Plant	\$15,247,860	\$16,090,230	\$842,370	6%
14	Security	\$2,708,785	\$2,767,345	\$58,560	2%
15	Repairs and Maintenance	\$6,474,316	\$7,354,510	\$880,194	14%
16	Central Sterile Supply	\$4,469,666	\$4,215,905	(\$253,761)	-6%
17	Pharmacy Department	\$35,628,458	\$38,024,492	\$2,396,034	7%
18	Other General Services	\$65,377,399	\$63,555,661	(\$1,821,738)	-3%
	Total General Services	\$284,671,257	\$309,015,425	\$24,344,168	9%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$22,811,335	\$23,627,509	\$816,174	4%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$6,978,487	\$6,509,539	(\$468,948)	-7%
4	Medical Records	\$5,678,730	\$5,941,743	\$263,013	5%
5	Social Service	\$4,621,341	\$4,462,398	(\$158,943)	-3%
6	Other Professional Services	\$20,586,026	\$21,437,211	\$851,185	4%
	Total Professional Services	\$60,675,919	\$61,978,400	\$1,302,481	2%
C.	<u>Special Services:</u>				
1	Operating Room	\$45,978,529	\$47,636,832	\$1,658,303	4%
2	Recovery Room	\$3,171,645	\$3,170,130	(\$1,515)	0%
3	Anesthesiology	\$3,570,201	\$3,570,736	\$535	0%
4	Delivery Room	\$4,855,008	\$5,039,967	\$184,959	4%
5	Diagnostic Radiology	\$9,141,984	\$8,991,101	(\$150,883)	-2%
6	Diagnostic Ultrasound	\$894,200	\$965,056	\$70,856	8%
7	Radiation Therapy	\$3,872,646	\$3,805,917	(\$66,729)	-2%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$1,744,116	\$1,613,311	(\$130,805)	-7%
9	CT Scan	\$2,377,528	\$2,105,148	(\$272,380)	-11%
10	Laboratory	\$26,413,884	\$23,932,749	(\$2,481,135)	-9%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$15,129,806	\$16,038,845	\$909,039	6%
13	Electrocardiology	\$503,218	\$463,953	(\$39,265)	-8%
14	Electroencephalography	\$1,068,171	\$715,003	(\$353,168)	-33%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,951,030	\$3,116,435	\$165,405	6%
19	Pulmonary Function	\$1,404,337	\$1,552,207	\$147,870	11%
20	Intravenous Therapy	\$1,574,940	\$1,651,280	\$76,340	5%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$959,816	\$748,048	(\$211,768)	-22%
23	Renal Dialysis	\$1,323,922	\$1,539,824	\$215,902	16%
24	Emergency Room	\$19,384,636	\$22,130,519	\$2,745,883	14%
25	MRI	\$2,510,963	\$2,529,154	\$18,191	1%
26	PET Scan	\$440,657	\$526,997	\$86,340	20%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$5,240,824	\$5,161,442	(\$79,382)	-2%
29	Sleep Center	\$509,050	\$475,627	(\$33,423)	-7%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$7,914,484	\$7,718,797	(\$195,687)	-2%
32	Occupational Therapy / Physical Therapy	\$3,435,963	\$2,842,756	(\$593,207)	-17%
33	Dental Clinic	\$1,409,430	\$1,371,452	(\$37,978)	-3%
34	Other Special Services	\$5,096,471	\$5,102,754	\$6,283	0%
	Total Special Services	\$172,877,459	\$174,516,040	\$1,638,581	1%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$46,713,279	\$50,009,771	\$3,296,492	7%
2	Intensive Care Unit	\$6,063,092	\$6,695,404	\$632,312	10%
3	Coronary Care Unit	\$4,927,315	\$5,025,742	\$98,427	2%
4	Psychiatric Unit	\$7,172,752	\$6,738,328	(\$434,424)	-6%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,110,697	\$4,212,177	\$101,480	2%
7	Newborn Nursery Unit	\$42,552	\$36,141	(\$6,411)	-15%
8	Neonatal ICU	\$4,065,947	\$4,393,808	\$327,861	8%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$11,530,716	\$11,428,835	(\$101,881)	-1%
11	Home Care	\$615,969	\$679,065	\$63,096	10%
12	Outpatient Clinics	\$5,559,949	\$5,786,120	\$226,171	4%
13	Other Routine Services	\$3,989,283	\$3,974,785	(\$14,498)	0%
	Total Routine Services	\$94,791,551	\$98,980,176	\$4,188,625	4%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$1,669,865	\$2,287,759	\$617,894	37%
	Total Operating Expenses - All Departments*	\$614,686,051	\$646,777,800	\$32,091,749	5%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$569,815,727	\$ 575,650,377	\$612,741,381
2	Other Operating Revenue	38,098,855	41,217,606	30,869,665
3	Total Operating Revenue	\$607,914,582	\$616,867,983	\$643,611,046
4	Total Operating Expenses	591,542,174	614,686,051	646,777,800
5	Income/(Loss) From Operations	\$16,372,408	\$2,181,932	(\$3,166,754)
6	Total Non-Operating Revenue	(5,731,045)	(9,227,596)	(12,703,120)
7	Excess/(Deficiency) of Revenue Over Expenses	\$10,641,363	(\$7,045,664)	(\$15,869,874)
B. Profitability Summary				
1	Hospital Operating Margin	2.72%	0.36%	-0.50%
2	Hospital Non Operating Margin	-0.95%	-1.52%	-2.01%
3	Hospital Total Margin	1.77%	-1.16%	-2.52%
4	Income/(Loss) From Operations	\$16,372,408	\$2,181,932	(\$3,166,754)
5	Total Operating Revenue	\$607,914,582	\$616,867,983	\$643,611,046
6	Total Non-Operating Revenue	(\$5,731,045)	(\$9,227,596)	(\$12,703,120)
7	Total Revenue	\$602,183,537	\$607,640,387	\$630,907,926
8	Excess/(Deficiency) of Revenue Over Expenses	\$10,641,363	(\$7,045,664)	(\$15,869,874)
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$102,324,980	\$84,991,510	\$35,068,974
2	Hospital Total Net Assets	\$184,326,469	\$170,267,416	\$120,216,253
3	Hospital Change in Total Net Assets	(\$28,700,259)	(\$14,059,053)	(\$50,051,163)
4	Hospital Change in Total Net Assets %	86.5%	-7.6%	-29.4%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.44	0.43	0.41
2	Total Operating Expenses	\$591,542,174	\$614,686,051	\$646,777,800
3	Total Gross Revenue	\$1,317,813,590	\$1,404,989,047	\$1,568,373,476
4	Total Other Operating Revenue	\$25,203,633	\$29,113,845	\$24,517,993
5	Private Payment to Cost Ratio	1.13	1.17	1.20
6	Total Non-Government Payments	\$240,325,818	\$252,839,957	\$263,474,719

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
7	Total Uninsured Payments	\$1,139,781	\$3,309,289	\$6,374,325
8	Total Non-Government Charges	\$507,614,404	\$525,333,144	\$554,709,664
9	Total Uninsured Charges	\$27,216,563	\$27,510,697	\$26,876,663
10	<u>Medicare Payment to Cost Ratio</u>	1.01	0.95	0.91
11	Total Medicare Payments	\$256,677,255	\$249,778,038	\$258,456,391
12	Total Medicare Charges	\$575,518,138	\$613,304,183	\$702,386,547
13	<u>Medicaid Payment to Cost Ratio</u>	0.71	0.62	0.62
14	Total Medicaid Payments	\$53,031,176	\$59,129,523	\$76,586,167
15	Total Medicaid Charges	\$170,289,289	\$223,274,924	\$306,316,152
16	<u>Uncompensated Care Cost</u>	\$11,664,077	\$10,380,074	\$8,328,115
17	Charity Care	\$5,153,062	\$5,320,840	\$5,103,750
18	Bad Debts	\$21,328,662	\$18,896,554	\$15,406,823
19	Total Uncompensated Care	\$26,481,724	\$24,217,394	\$20,510,573
20	<u>Uncompensated Care % of Total Expenses</u>	2.0%	1.7%	1.3%
21	Total Operating Expenses	\$591,542,174	\$614,686,051	\$646,777,800
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.78	1.59	2.19
2	Total Current Assets	\$167,136,068	\$192,618,645	\$187,252,113
3	Total Current Liabilities	\$93,843,644	\$121,314,997	\$85,517,813
4	<u>Days Cash on Hand</u>	53	70	61
5	Cash and Cash Equivalents	\$80,252,361	\$111,167,660	\$101,981,594
6	Short Term Investments	1,455,904	1,455,884	1,406,712
7	Total Cash and Short Term Investments	\$81,708,265	\$112,623,544	\$103,388,306
8	Total Operating Expenses	\$591,542,174	\$614,686,051	\$646,777,800
9	Depreciation Expense	\$24,490,507	\$25,239,204	\$28,954,676
10	Operating Expenses less Depreciation Expense	\$567,051,667	\$589,446,847	\$617,823,124
11	<u>Days Revenue in Patient Accounts Receivable</u>	39.68	37.96	33.02

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 68,529,326	\$ 57,915,444	\$ 60,533,795
13	Due From Third Party Payers	\$0	\$1,950,767	\$0
14	Due To Third Party Payers	\$6,588,921	\$0	\$5,106,086
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 61,940,405	\$ 59,866,211	\$ 55,427,709
16	Total Net Patient Revenue	\$569,815,727	\$ 575,650,377	\$ 612,741,381
17	Average Payment Period	60.41	75.12	50.52
18	Total Current Liabilities	\$93,843,644	\$121,314,997	\$85,517,813
19	Total Operating Expenses	\$591,542,174	\$614,686,051	\$646,777,800
20	Depreciation Expense	\$24,490,507	\$25,239,204	\$28,954,676
21	Total Operating Expenses less Depreciation Expense	\$567,051,667	\$589,446,847	\$617,823,124
F. Solvency Measures Summary				
1	Equity Financing Ratio	26.1	23.3	16.5
2	Total Net Assets	\$184,326,469	\$170,267,416	\$120,216,253
3	Total Assets	\$706,707,164	\$731,602,214	\$728,539,574
4	Cash Flow to Total Debt Ratio	10.5	5.1	3.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$10,641,363	(\$7,045,664)	(\$15,869,874)
6	Depreciation Expense	\$24,490,507	\$25,239,204	\$28,954,676
7	Excess of Revenues Over Expenses and Depreciation Expense	\$35,131,870	\$18,193,540	\$13,084,802
8	Total Current Liabilities	\$93,843,644	\$121,314,997	\$85,517,813
9	Total Long Term Debt	\$241,638,011	\$236,199,465	\$266,003,820
10	Total Current Liabilities and Total Long Term Debt	\$335,481,655	\$357,514,462	\$351,521,633
11	Long Term Debt to Capitalization Ratio	56.7	58.1	68.9
12	Total Long Term Debt	\$241,638,011	\$236,199,465	\$266,003,820
13	Total Net Assets	\$184,326,469	\$170,267,416	\$120,216,253
14	Total Long Term Debt and Total Net Assets	\$425,964,480	\$406,466,881	\$386,220,073
15	Debt Service Coverage Ratio	1.1	1.8	1.1
16	Excess Revenues over Expenses	\$10,641,363	(\$7,045,664)	(\$15,869,874)
17	Interest Expense	\$7,207,306	\$8,911,665	\$9,560,860
18	Depreciation and Amortization Expense	\$24,490,507	\$25,239,204	\$28,954,676

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
19	Principal Payments	\$33,111,925	\$6,263,159	\$11,019,826
G. Other Financial Ratios				
20	Average Age of Plant	17.5	17.9	16.6
21	Accumulated Depreciation	\$427,650,417	\$451,972,989	\$480,485,719
22	Depreciation and Amortization Expense	\$24,490,507	\$25,239,204	\$28,954,676
H. Utilization Measures Summary				
1	Patient Days	162,158	154,460	157,959
2	Discharges	33,057	31,400	31,842
3	ALOS	4.9	4.9	5.0
4	Staffed Beds	593	593	595
5	Available Beds	-	593	595
6	Licensed Beds	682	682	682
6	Occupancy of Staffed Beds	74.9%	71.4%	72.7%
7	Occupancy of Available Beds	74.9%	71.4%	72.7%
8	Full Time Equivalent Employees	3,610.8	3,588.5	3,554.4
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	36.5%	35.4%	33.7%
2	Medicare Gross Revenue Payer Mix Percentage	43.7%	43.7%	44.8%
3	Medicaid Gross Revenue Payer Mix Percentage	12.9%	15.9%	19.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.6%	2.8%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	2.0%	1.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$480,397,841	\$497,822,447	\$527,833,001
9	Medicare Gross Revenue (Charges)	\$575,518,138	\$613,304,183	\$702,386,547
10	Medicaid Gross Revenue (Charges)	\$170,289,289	\$223,274,924	\$306,316,152
11	Other Medical Assistance Gross Revenue (Charges)	\$60,711,960	\$38,782,220	\$0
12	Uninsured Gross Revenue (Charges)	\$27,216,563	\$27,510,697	\$26,876,663
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$3,679,799	\$4,294,576	\$4,961,113
14	Total Gross Revenue (Charges)	\$1,317,813,590	\$1,404,989,047	\$1,568,373,476
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	42.8%	44.0%	42.8%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	46.0%	44.0%	43.1%
3	Medicaid Net Revenue Payer Mix Percentage	9.5%	10.4%	12.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.2%	0.8%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.6%	1.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.2%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$239,186,037	\$249,530,668	\$257,100,394
9	Medicare Net Revenue (Payments)	\$256,677,255	\$249,778,038	\$258,456,391
10	Medicaid Net Revenue (Payments)	\$53,031,176	\$59,129,523	\$76,586,167
11	Other Medical Assistance Net Revenue (Payments)	\$6,824,641	\$4,605,238	\$0
12	Uninsured Net Revenue (Payments)	\$1,139,781	\$3,309,289	\$6,374,325
13	CHAMPUS / TRICARE Net Revenue Payments)	\$1,601,452	\$1,261,716	\$1,701,806
14	Total Net Revenue (Payments)	\$558,460,342	\$567,614,472	\$600,219,083
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	12,070	11,175	10,615
2	Medicare	13,748	13,376	13,685
3	Medical Assistance	7,149	6,759	7,447
4	Medicaid	5,525	6,038	7,447
5	Other Medical Assistance	1,624	721	-
6	CHAMPUS / TRICARE	90	90	95
7	Uninsured (Included In Non-Government)	355	301	219
8	Total	33,057	31,400	31,842
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.323500	1.366700	1.381900
2	Medicare	1.759700	1.768200	1.755200
3	Medical Assistance	1.074198	1.128331	1.075700
4	Medicaid	1.013500	1.098100	1.075700
5	Other Medical Assistance	1.280700	1.381500	0.000000
6	CHAMPUS / TRICARE	1.123100	1.420800	1.285100
7	Uninsured (Included In Non-Government)	1.093400	1.279700	1.209300
8	Total Case Mix Index	1.450449	1.486578	1.470435
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	15,645	15,060	15,872
2	Emergency Room - Treated and Discharged	53,595	54,430	56,997
3	Total Emergency Room Visits	69,240	69,490	72,869

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,868,150	\$2,784,139	\$915,989	49%
2	Inpatient Payments	\$1,062,916	\$1,120,409	\$57,493	5%
3	Outpatient Charges	\$1,415,844	\$2,034,342	\$618,498	44%
4	Outpatient Payments	\$440,490	\$663,657	\$223,167	51%
5	Discharges	83	75	(8)	-10%
6	Patient Days	339	355	16	5%
7	Outpatient Visits (Excludes ED Visits)	350	386	36	10%
8	Emergency Department Outpatient Visits	48	69	21	44%
9	Emergency Department Inpatient Admissions	55	71	16	29%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,283,994	\$4,818,481	\$1,534,487	47%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,503,406	\$1,784,066	\$280,660	19%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$893,493	\$63,056	(\$830,437)	-93%
2	Inpatient Payments	\$432,086	\$9,636	(\$422,450)	-98%
3	Outpatient Charges	\$753,441	\$188,089	(\$565,352)	-75%
4	Outpatient Payments	\$146,754	\$48,100	(\$98,654)	-67%
5	Discharges	16	4	(12)	-75%
6	Patient Days	148	6	(142)	-96%
7	Outpatient Visits (Excludes ED Visits)	183	62	(121)	-66%
8	Emergency Department Outpatient Visits	24	5	(19)	-79%
9	Emergency Department Inpatient Admissions	8	5	(3)	-38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,646,934	\$251,145	(\$1,395,789)	-85%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$578,840	\$57,736	(\$521,104)	-90%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$11,303,975	\$20,640,703	\$9,336,728	83%
2	Inpatient Payments	\$5,163,417	\$9,511,815	\$4,348,398	84%
3	Outpatient Charges	\$6,223,591	\$11,341,442	\$5,117,851	82%
4	Outpatient Payments	\$1,655,538	\$4,017,093	\$2,361,555	143%
5	Discharges	369	602	233	63%
6	Patient Days	1,673	2,987	1,314	79%
7	Outpatient Visits (Excludes ED Visits)	1,933	2,765	832	43%
8	Emergency Department Outpatient Visits	217	295	78	36%
9	Emergency Department Inpatient Admissions	176	305	129	73%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,527,566	\$31,982,145	\$14,454,579	82%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,818,955	\$13,528,908	\$6,709,953	98%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$29,883,268	\$9,154,535	(\$20,728,733)	-69%
2	Inpatient Payments	\$14,614,959	\$3,325,691	(\$11,289,268)	-77%
3	Outpatient Charges	\$14,871,781	\$3,966,937	(\$10,904,844)	-73%
4	Outpatient Payments	\$3,607,618	\$11,281	(\$3,596,337)	-100%
5	Discharges	907	264	(643)	-71%
6	Patient Days	4,744	1,296	(3,448)	-73%
7	Outpatient Visits (Excludes ED Visits)	3,942	1,004	(2,938)	-75%
8	Emergency Department Outpatient Visits	433	107	(326)	-75%
9	Emergency Department Inpatient Admissions	516	100	(416)	-81%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$44,755,049	\$13,121,472	(\$31,633,577)	-71%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$18,222,577	\$3,336,972	(\$14,885,605)	-82%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$1,915,909	\$1,463,683	(\$452,226)	-24%
2	Inpatient Payments	\$1,188,718	\$955,138	(\$233,580)	-20%
3	Outpatient Charges	\$1,397,704	\$597,355	(\$800,349)	-57%
4	Outpatient Payments	\$1,035,148	\$290,834	(\$744,314)	-72%
5	Discharges	67	58	(9)	-13%
6	Patient Days	391	512	121	31%
7	Outpatient Visits (Excludes ED Visits)	319	132	(187)	-59%
8	Emergency Department Outpatient Visits	72	91	19	26%
9	Emergency Department Inpatient Admissions	51	90	39	76%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,313,613	\$2,061,038	(\$1,252,575)	-38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,223,866	\$1,245,972	(\$977,894)	-44%
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 FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 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	\$5,581,992	\$9,138,979	\$3,556,987	64%
2	Inpatient Payments	\$2,375,251	\$3,710,649	\$1,335,398	56%
3	Outpatient Charges	\$6,269,150	\$6,050,928	(\$218,222)	-3%
4	Outpatient Payments	\$1,217,526	\$1,070,517	(\$147,009)	-12%
5	Discharges	198	263	65	33%
6	Patient Days	1,053	1,529	476	45%
7	Outpatient Visits (Excludes ED Visits)	2,070	2,286	216	10%
8	Emergency Department Outpatient Visits	435	430	(5)	-1%
9	Emergency Department Inpatient Admissions	160	434	274	171%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,851,142	\$15,189,907	\$3,338,765	28%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,592,777	\$4,781,166	\$1,188,389	33%
I. AETNA					
1	Inpatient Charges	\$9,171,902	\$9,631,163	\$459,261	5%
2	Inpatient Payments	\$3,536,900	\$2,988,726	(\$548,174)	-15%
3	Outpatient Charges	\$5,450,467	\$4,504,816	(\$945,651)	-17%
4	Outpatient Payments	\$798,270	\$692,175	(\$106,095)	-13%
5	Discharges	308	274	(34)	-11%
6	Patient Days	1,624	1,351	(273)	-17%
7	Outpatient Visits (Excludes ED Visits)	1,339	1,190	(149)	-11%
8	Emergency Department Outpatient Visits	145	188	43	30%
9	Emergency Department Inpatient Admissions	194	181	(13)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,622,369	\$14,135,979	(\$486,390)	-3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,335,170	\$3,680,901	(\$654,269)	-15%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 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	\$17,693,670	\$40,234,813	\$22,541,143	127%
2	Inpatient Payments	\$8,048,811	\$16,993,634	\$8,944,823	111%
3	Outpatient Charges	\$11,934,555	\$23,532,083	\$11,597,528	97%
4	Outpatient Payments	\$2,853,643	\$6,576,688	\$3,723,045	130%
5	Discharges	597	1,152	555	93%
6	Patient Days	3,188	6,261	3,073	96%
7	Outpatient Visits (Excludes ED Visits)	5,083	7,623	2,540	50%
8	Emergency Department Outpatient Visits	1,037	1,505	468	45%
9	Emergency Department Inpatient Admissions	464	1,508	1,044	225%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$29,628,225	\$63,766,896	\$34,138,671	115%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,902,454	\$23,570,322	\$12,667,868	116%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$78,312,359	\$93,111,071	\$14,798,712	19%
	TOTAL INPATIENT PAYMENTS	\$36,423,058	\$38,615,698	\$2,192,640	6%
	TOTAL OUTPATIENT CHARGES	\$48,316,533	\$52,215,992	\$3,899,459	8%
	TOTAL OUTPATIENT PAYMENTS	\$11,754,987	\$13,370,345	\$1,615,358	14%
	TOTAL DISCHARGES	2,545	2,692	147	6%
	TOTAL PATIENT DAYS	13,160	14,297	1,137	9%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,219	15,448	229	2%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,411	2,690	279	12%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,624	2,694	1,070	66%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$126,628,892	\$145,327,063	\$18,698,171	15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$48,178,045	\$51,986,043	\$3,807,998	8%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$23,183,660	\$31,175,984	\$7,992,324	34%
2	Inpatient Payments	\$7,006,782	\$8,923,406	\$1,916,624	27%
3	Outpatient Charges	\$29,608,258	\$29,273,061	(\$335,197)	-1%
4	Outpatient Payments	\$7,722,154	\$7,411,813	(\$310,341)	-4%
5	Discharges	1,612	1,724	112	7%
6	Patient Days	5,785	6,637	852	15%
7	Outpatient Visits (Excludes ED Visits)	26,568	23,025	(3,543)	-13%
8	Emergency Department Outpatient Visits	6,053	5,708	(345)	-6%
9	Emergency Department Inpatient Admissions	299	283	(16)	-5%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$52,791,918	\$60,449,045	\$7,657,127	15%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$14,728,936	\$16,335,219	\$1,606,283	11%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$6,016,867	\$8,394,117	\$2,377,250	40%
2	Inpatient Payments	\$3,486,632	\$4,364,359	\$877,727	25%
3	Outpatient Charges	\$397	\$205,569	\$205,172	51681%
4	Outpatient Payments	\$397	\$205,569	\$205,172	51681%
5	Discharges	408	638	230	56%
6	Patient Days	4,867	5,463	596	12%
7	Outpatient Visits (Excludes ED Visits)	91	40	(51)	-56%
8	Emergency Department Outpatient Visits	11	73	62	564%
9	Emergency Department Inpatient Admissions	130	290	160	123%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,017,264	\$8,599,686	\$2,582,422	43%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,487,029	\$4,569,928	\$1,082,899	31%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$7,005,008	\$8,529,134	\$1,524,126	22%
2	Inpatient Payments	\$2,257,356	\$2,660,689	\$403,333	18%
3	Outpatient Charges	\$7,785,191	\$8,584,971	\$799,780	10%
4	Outpatient Payments	\$2,189,693	\$2,079,252	(\$110,441)	-5%
5	Discharges	546	547	1	0%
6	Patient Days	1,931	2,126	195	10%
7	Outpatient Visits (Excludes ED Visits)	7,513	6,775	(738)	-10%
8	Emergency Department Outpatient Visits	1,898	1,923	25	1%
9	Emergency Department Inpatient Admissions	89	61	(28)	-31%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,790,199	\$17,114,105	\$2,323,906	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,447,049	\$4,739,941	\$292,892	7%
	H. AETNA				
1	Inpatient Charges	\$12,698,566	\$14,579,282	\$1,880,716	15%
2	Inpatient Payments	\$4,845,348	\$4,480,004	(\$365,344)	-8%
3	Outpatient Charges	\$13,250,964	\$14,249,351	\$998,387	8%
4	Outpatient Payments	\$3,619,667	\$3,404,351	(\$215,316)	-6%
5	Discharges	793	997	204	26%
6	Patient Days	3,413	3,586	173	5%
7	Outpatient Visits (Excludes ED Visits)	11,089	10,484	(605)	-5%
8	Emergency Department Outpatient Visits	2,886	2,749	(137)	-5%
9	Emergency Department Inpatient Admissions	108	112	4	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,949,530	\$28,828,633	\$2,879,103	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,465,015	\$7,884,355	(\$580,660)	-7%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$48,904,101	\$62,678,517	\$13,774,416	28%
	TOTAL INPATIENT PAYMENTS	\$17,596,118	\$20,428,458	\$2,832,340	16%
	TOTAL OUTPATIENT CHARGES	\$50,644,810	\$52,312,952	\$1,668,142	3%
	TOTAL OUTPATIENT PAYMENTS	\$13,531,911	\$13,100,985	(\$430,926)	-3%
	TOTAL DISCHARGES	3,359	3,906	547	16%
	TOTAL PATIENT DAYS	15,996	17,812	1,816	11%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	45,261	40,324	(4,937)	-11%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	10,848	10,453	(395)	-4%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	626	746	120	19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$99,548,911	\$114,991,469	\$15,442,558	16%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$31,128,029	\$33,529,443	\$2,401,414	8%

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	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	\$122,056,032	\$114,677,927	(\$7,378,105)	-6%
2	Short Term Investments	\$12,991,665	\$13,844,098	\$852,433	7%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$65,990,123	\$68,381,575	\$2,391,452	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,616,162	\$4,502,581	(\$113,581)	-2%
5	Due From Affiliates	\$1,875,664	\$869,506	(\$1,006,158)	-54%
6	Due From Third Party Payers	\$1,678,915	\$0	(\$1,678,915)	-100%
7	Inventories of Supplies	\$5,011,137	\$5,919,231	\$908,094	18%
8	Prepaid Expenses	\$7,128,119	\$7,426,943	\$298,824	4%
9	Other Current Assets	\$10,110,648	\$13,836,158	\$3,725,510	37%
	Total Current Assets	\$231,458,465	\$229,458,019	(\$2,000,446)	-1%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$44,595,433	\$43,233,016	(\$1,362,417)	-3%
2	Board Designated for Capital Acquisition	\$51,320,356	\$49,904,573	(\$1,415,783)	-3%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$36,969,244	\$5,752,021	(\$31,217,223)	-84%
	Total Noncurrent Assets Whose Use is Limited:	\$132,885,033	\$98,889,610	(\$33,995,423)	-26%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$14,003,539	\$13,306,723	(\$696,816)	-5%
7	Other Noncurrent Assets	\$25,439,336	\$31,909,651	\$6,470,315	25%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$724,621,172	\$961,426,887	\$236,805,715	33%
2	Less: Accumulated Depreciation	\$471,711,350	\$501,908,512	\$30,197,162	\$0
	Property, Plant and Equipment, Net	\$252,909,822	\$459,518,375	\$206,608,553	82%
3	Construction in Progress	\$180,084,830	\$8,871,033	(\$171,213,797)	-95%
	Total Net Fixed Assets	\$432,994,652	\$468,389,408	\$35,394,756	8%
	Total Assets	\$836,781,025	\$841,953,411	\$5,172,386	1%

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$46,491,003	\$35,083,559	(\$11,407,444)	-25%
2	Salaries, Wages and Payroll Taxes	\$36,622,214	\$41,102,201	\$4,479,987	12%
3	Due To Third Party Payers	\$0	\$5,486,938	\$5,486,938	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$45,907,171	\$6,140,523	(\$39,766,648)	-87%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$6,393,421	\$6,053,675	(\$339,746)	-5%
	Total Current Liabilities	\$135,413,809	\$93,866,896	(\$41,546,913)	-31%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$236,199,465	\$266,003,820	\$29,804,355	13%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$236,199,465	\$266,003,820	\$29,804,355	13%
3	Accrued Pension Liability	\$236,478,626	\$298,059,894	\$61,581,268	26%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$472,678,091	\$564,063,714	\$91,385,623	19%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$142,347,421	\$96,614,000	(\$45,733,421)	-32%
2	Temporarily Restricted Net Assets	\$37,460,758	\$39,890,272	\$2,429,514	6%
3	Permanently Restricted Net Assets	\$48,880,946	\$47,518,529	(\$1,362,417)	-3%
	Total Net Assets	\$228,689,125	\$184,022,801	(\$44,666,324)	-20%
	Total Liabilities and Net Assets	\$836,781,025	\$841,953,411	\$5,172,386	1%

SAINT FRANCIS CARE, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,551,367,657	\$1,750,522,789	\$199,155,132	13%
2	Less: Allowances	\$900,554,639	\$1,047,531,631	\$146,976,992	16%
3	Less: Charity Care	\$13,922,705	\$13,384,172	(\$538,533)	-4%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$636,890,313	\$689,606,986	\$52,716,673	8%
5	Other Operating Revenue	\$67,094,801	\$51,518,497	(\$15,576,304)	-23%
6	Net Assets Released from Restrictions	\$9,011,532	\$10,017,206	\$1,005,674	11%
	Total Operating Revenue	\$712,996,646	\$751,142,689	\$38,146,043	5%
B. Operating Expenses:					
1	Salaries and Wages	\$302,268,854	\$314,784,315	\$12,515,461	4%
2	Fringe Benefits	\$74,985,061	\$75,368,695	\$383,634	1%
3	Physicians Fees	\$10,133,272	\$9,921,514	(\$211,758)	-2%
4	Supplies and Drugs	\$115,982,399	\$119,252,551	\$3,270,152	3%
5	Depreciation and Amortization	\$26,999,709	\$30,716,625	\$3,716,916	14%
6	Bad Debts	\$21,112,190	\$19,261,757	(\$1,850,433)	-9%
7	Interest	\$8,965,622	\$9,560,860	\$595,238	7%
8	Malpractice	\$12,333,326	\$17,491,242	\$5,157,916	42%
9	Other Operating Expenses	\$125,703,532	\$149,447,529	\$23,743,997	19%
	Total Operating Expenses	\$698,483,965	\$745,805,088	\$47,321,123	7%
	Income/(Loss) From Operations	\$14,512,681	\$5,337,601	(\$9,175,080)	-63%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,670,003	(\$1,059,147)	(\$2,729,150)	-163%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$10,850,066)	(\$11,645,163)	(\$795,097)	7%
	Total Non-Operating Revenue	(\$9,180,063)	(\$12,704,310)	(\$3,524,247)	38%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$5,332,618	(\$7,366,709)	(\$12,699,327)	-238%
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	\$5,332,618	(\$7,366,709)	(\$12,699,327)	-238%

SAINT FRANCIS CARE, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$626,551,275	\$636,890,313	\$689,606,986
2	Other Operating Revenue	69,972,004	76,106,333	61,535,703
3	Total Operating Revenue	\$696,523,279	\$712,996,646	\$751,142,689
4	Total Operating Expenses	667,992,489	698,483,965	745,805,088
5	Income/(Loss) From Operations	\$28,530,790	\$14,512,681	\$5,337,601
6	Total Non-Operating Revenue	(11,787,065)	(9,180,063)	(12,704,310)
7	Excess/(Deficiency) of Revenue Over Expenses	\$16,743,725	\$5,332,618	(\$7,366,709)
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	4.17%	2.06%	0.72%
2	Parent Corporation Non-Operating Margin	-1.72%	-1.30%	-1.72%
3	Parent Corporation Total Margin	2.45%	0.76%	-1.00%
4	Income/(Loss) From Operations	\$28,530,790	\$14,512,681	\$5,337,601
5	Total Operating Revenue	\$696,523,279	\$712,996,646	\$751,142,689
6	Total Non-Operating Revenue	(\$11,787,065)	(\$9,180,063)	(\$12,704,310)
7	Total Revenue	\$684,736,214	\$703,816,583	\$738,438,379
8	Excess/(Deficiency) of Revenue Over Expenses	\$16,743,725	\$5,332,618	(\$7,366,709)
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$149,366,510	\$142,347,421	\$96,614,000
2	Parent Corporation Total Net Assets	\$232,126,032	\$228,689,125	\$184,022,801
3	Parent Corporation Change in Total Net Assets	(\$34,746,089)	(\$3,436,907)	(\$44,666,324)
4	Parent Corporation Change in Total Net Assets %	87.0%	-1.5%	-19.5%

SAINT FRANCIS CARE, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
D. Liquidity Measures Summary				
1	Current Ratio	1.89	1.71	2.44
2	Total Current Assets	\$199,003,112	\$231,458,465	\$229,458,019
3	Total Current Liabilities	\$105,212,545	\$135,413,809	\$93,866,896
4	Days Cash on Hand	56	73	66
5	Cash and Cash Equivalents	\$91,550,980	\$122,056,032	\$114,677,927
6	Short Term Investments	7,714,223	12,991,665	13,844,098
7	Total Cash and Short Term Investments	\$99,265,203	\$135,047,697	\$128,522,025
8	Total Operating Expenses	\$667,992,489	\$698,483,965	\$745,805,088
9	Depreciation Expense	\$26,234,513	\$26,999,709	\$30,716,625
10	Operating Expenses less Depreciation Expense	\$641,757,976	\$671,484,256	\$715,088,463
11	Days Revenue in Patient Accounts Receivable	40	39	33
12	Net Patient Accounts Receivable	\$ 75,159,184	\$ 65,990,123	\$ 68,381,575
13	Due From Third Party Payers	\$0	\$1,678,915	\$0
14	Due To Third Party Payers	\$6,723,479	\$0	\$5,486,938
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 68,435,705	\$ 67,669,038	\$ 62,894,637
16	Total Net Patient Revenue	\$626,551,275	\$636,890,313	\$689,606,986
17	Average Payment Period	60	74	48
18	Total Current Liabilities	\$105,212,545	\$135,413,809	\$93,866,896
19	Total Operating Expenses	\$667,992,489	\$698,483,965	\$745,805,088
20	Depreciation Expense	\$26,234,513	\$26,999,709	\$30,716,625
21	Total Operating Expenses less Depreciation Expense	\$641,757,976	\$671,484,256	\$715,088,463

SAINT FRANCIS CARE, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	29.2	27.3	21.9
2	Total Net Assets	\$232,126,032	\$228,689,125	\$184,022,801
3	Total Assets	\$795,512,929	\$836,781,025	\$841,953,411
4	<u>Cash Flow to Total Debt Ratio</u>	12.4	8.7	6.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$16,743,725	\$5,332,618	(\$7,366,709)
6	Depreciation Expense	\$26,234,513	\$26,999,709	\$30,716,625
7	Excess of Revenues Over Expenses and Depreciation Expense	\$42,978,238	\$32,332,327	\$23,349,916
8	Total Current Liabilities	\$105,212,545	\$135,413,809	\$93,866,896
9	Total Long Term Debt	\$241,638,011	\$236,199,465	\$266,003,820
10	Total Current Liabilities and Total Long Term Debt	\$346,850,556	\$371,613,274	\$359,870,716
11	<u>Long Term Debt to Capitalization Ratio</u>	51.0	50.8	59.1
12	Total Long Term Debt	\$241,638,011	\$236,199,465	\$266,003,820
13	Total Net Assets	\$232,126,032	\$228,689,125	\$184,022,801
14	Total Long Term Debt and Total Net Assets	\$473,764,043	\$464,888,590	\$450,026,621

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	108,150	23,657	22,012	394	394	75.2%	75.2%
2	ICU/CCU (Excludes Neonatal ICU)	10,637	356	0	42	42	69.4%	69.4%
3	Psychiatric: Ages 0 to 17	4,755	461	460	20	20	65.1%	65.1%
4	Psychiatric: Ages 18+	10,686	1,457	1,432	55	55	53.2%	53.2%
	TOTAL PSYCHIATRIC	15,441	1,918	1,892	75	75	56.4%	56.4%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	10,895	3,261	3,281	30	30	99.5%	99.5%
7	Newborn	6,708	2,729	2,708	26	26	70.7%	70.7%
8	Neonatal ICU	6,128	277	0	28	28	60.0%	60.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	151,251	29,113	27,185	569	569	72.8%	72.8%
	TOTAL INPATIENT BED UTILIZATION	157,959	31,842	29,893	595	595	72.7%	72.7%
	TOTAL INPATIENT REPORTED YEAR	157,959	31,842	29,893	595	595	72.7%	72.7%
	TOTAL INPATIENT PRIOR YEAR	154,460	0	0	593	593	71.4%	71.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	3,499	31,842	29,893	2	2	1.4%	1.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	0%	0%	0%	0%	2%	2%
	Total Licensed Beds and Bassinets	682						
(A) This number may not exceed the number of available beds for each department or in total.								

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	20,518	18,072	-2,446	-12%
2	Outpatient Scans (Excluding Emergency Department Scans)	13,911	10,328	-3,583	-26%
3	Emergency Department Scans	14,676	12,096	-2,580	-18%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	49,105	40,496	-8,609	-18%
B. MRI Scans (A)					
1	Inpatient Scans	3,846	3,981	135	4%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,482	9,738	256	3%
3	Emergency Department Scans	521	502	-19	-4%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	13,849	14,221	372	3%
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	6	10	4	67%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,746	1,158	-588	-34%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	1,752	1,168	-584	-33%
(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	879	898	19	2%
2	Outpatient Procedures	20,154	17,029	-3,125	-16%
	Total Linear Accelerator Procedures	21,033	17,927	-3,106	-15%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	2,245	2,006	-239	-11%
2	Outpatient Procedures	1,697	1,447	-250	-15%
	Total Cardiac Catheterization Procedures	3,942	3,453	-489	-12%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	383	399	16	4%
2	Elective Procedures	678	569	-109	-16%
	Total Cardiac Angioplasty Procedures	1,061	968	-93	-9%
H. Electrophysiology Studies					
1	Inpatient Studies	472	406	-66	-14%
2	Outpatient Studies	293	402	109	37%
	Total Electrophysiology Studies	765	808	43	6%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	10,187	9,944	-243	-2%
2	Outpatient Surgical Procedures	18,859	19,069	210	1%
	Total Surgical Procedures	29,046	29,013	-33	0%
J. Endoscopy Procedures					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	1,533	1,494	-39	-3%
2	Outpatient Endoscopy Procedures	8,366	8,615	249	3%
	Total Endoscopy Procedures	9,899	10,109	210	2%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	15,060	15,872	812	5%
2	Emergency Room Visits: Treated and Discharged	54,430	56,997	2,567	5%
	Total Emergency Room Visits	69,490	72,869	3,379	5%
	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	230	0	-230	-100%
4	Medical Clinic Visits	21,473	20,585	-888	-4%
5	Specialty Clinic Visits	56,678	44,153	-12,525	-22%
	Total Hospital Clinic Visits	78,381	64,738	-13,643	-17%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	4,503	871	-3,632	-81%
2	Cardiology	620	565	-55	-9%
3	Chemotherapy	3,364	3,521	157	5%
4	Gastroenterology	1,622	1,567	-55	-3%
5	Other Outpatient Visits	168,585	169,112	527	0%
	Total Other Hospital Outpatient Visits	178,694	175,636	-3,058	-2%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	1,364.4	1,307.4	-57.0	-4%
2	Total Physician FTEs	75.5	62.6	-12.9	-17%
3	Total Non-Nursing and Non-Physician FTEs	2,148.6	2,184.4	35.8	2%
	Total Hospital Full Time Equivalent Employees	3,588.5	3,554.4	-34.1	-1%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Saint Francis Hospital	18,859	19,069	210	1%
	Total Outpatient Surgical Procedures(A)	18,859	19,069	210	1%
B. Outpatient Endoscopy Procedures					
1	Saint Francis Hospital	8,366	8,615	249	3%
	Total Outpatient Endoscopy Procedures(B)	8,366	8,615	249	3%
C. Outpatient Hospital Emergency Room Visits					
1	Saint Francis Hospital	54,430	56,997	2,567	5%
	Total Outpatient Hospital Emergency Room Visits(C)	54,430	56,997	2,567	5%
(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 FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$407,215,274	\$481,529,431	\$74,314,157	18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$191,994,218	\$205,738,275	\$13,744,057	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.15%	42.73%	-4.42%	-9%
4	DISCHARGES	13,376	13,685	309	2%
5	CASE MIX INDEX (CMI)	1.76820	1.75520	(0.01300)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	23,651,44320	24,019,91200	368,46880	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,117.65	\$8,565.32	\$447.67	6%
8	PATIENT DAYS	73,494	76,935	3,441	5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,612.38	\$2,674.18	\$61.80	2%
10	AVERAGE LENGTH OF STAY	5.5	5.6	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$206,088,909	\$220,857,116	\$14,768,207	7%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$57,783,820	\$52,718,116	(\$5,065,704)	-9%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.04%	23.87%	-4.17%	-15%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	50.61%	45.87%	-4.74%	-9%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,769.50356	6,276.72877	(492.77479)	-7%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,535.90	\$8,398.98	(\$136.92)	-2%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$613,304,183	\$702,386,547	\$89,082,364	15%
18	TOTAL ACCRUED PAYMENTS	\$249,778,038	\$258,456,391	\$8,678,353	3%
19	TOTAL ALLOWANCES	\$363,526,145	\$443,930,156	\$80,404,011	22%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$237,275,619	\$254,133,305	\$16,857,686	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$142,525,194	\$148,306,424	\$5,781,230	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	60.07%	58.36%	-1.71%	-3%
4	DISCHARGES	11,175	10,615	(560)	-5%
5	CASE MIX INDEX (CMI)	1.36670	1.38190	0.01520	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	15,272.87250	14,668.86850	(604.00400)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,331.92	\$10,110.28	\$778.37	8%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,214.26)	(\$1,544.96)	(\$330.70)	27%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,545,309)	(\$22,662,845)	(\$4,117,537)	22%
10	PATIENT DAYS	44,680	42,365	(2,315)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,189.91	\$3,500.68	\$310.77	10%
12	AVERAGE LENGTH OF STAY	4.0	4.0	(0.0)	0%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$288,057,525	\$300,576,359	\$12,518,834	4%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$110,314,763	\$115,168,295	\$4,853,532	4%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.30%	38.32%	0.02%	0%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	121.40%	118.28%	-3.13%	-3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	13,566.68188	12,554.89929	(1,011.78259)	-7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,131.30	\$9,173.18	\$1,041.88	13%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$404.60	(\$774.20)	(\$1,178.80)	-291%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,489,106	(\$9,719,954)	(\$15,209,060)	-277%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$525,333,144	\$554,709,664	\$29,376,520	6%
22	TOTAL ACCRUED PAYMENTS	\$252,839,957	\$263,474,719	\$10,634,762	4%
23	TOTAL ALLOWANCES	\$272,493,187	\$291,234,945	\$18,741,758	7%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,056,203)	(\$32,382,799)	(\$19,326,596)	148%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$425,690,074	\$460,834,368	\$35,144,294	8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$208,112,762	\$220,701,204	\$12,588,442	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$217,577,312	\$240,133,164	\$22,555,852	10%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.11%	52.11%	1.00%	

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$6,234,862	\$4,552,529	(\$1,682,333)	-27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$695,157	\$1,015,451	\$320,294	46%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.15%	22.31%	11.16%	100%
4	DISCHARGES	301	219	(82)	-27%
5	CASE MIX INDEX (CMI)	1.27970	1.20930	(0.07040)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	385.18970	264.83670	(120.35300)	-31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,804.71	\$3,834.25	\$2,029.54	112%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,527.20	\$6,276.03	(\$1,251.17)	-17%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,312.94	\$4,731.07	(\$1,581.87)	-25%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,431,679	\$1,252,961	(\$1,178,719)	-48%
11	PATIENT DAYS	1,090	653	(437)	-40%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$637.76	\$1,555.06	\$917.30	144%
13	AVERAGE LENGTH OF STAY	3.6	3.0	(0.6)	-18%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$21,275,835	\$22,324,134	\$1,048,299	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,614,132	\$5,358,874	\$2,744,742	105%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	12.29%	24.00%	11.72%	95%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	341.24%	490.37%	149.13%	44%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,027.13201	1,073.90537	46.77336	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,545.08	\$4,990.08	\$2,445.00	96%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,586.22	\$4,183.10	(\$1,403.13)	-25%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,990.82	\$3,408.90	(\$2,581.92)	-43%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,153,366	\$3,660,835	(\$2,492,531)	-41%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$27,510,697	\$26,876,663	(\$634,034)	-2%
24	TOTAL ACCRUED PAYMENTS	\$3,309,289	\$6,374,325	\$3,065,036	93%
25	TOTAL ALLOWANCES	\$24,201,408	\$20,502,338	(\$3,699,070)	-15%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,585,046	\$4,913,796	(\$3,671,250)	-43%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$118,629,436	\$170,777,505	\$52,148,069	44%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$37,421,350	\$47,448,523	\$10,027,173	27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.54%	27.78%	-3.76%	-12%
4	DISCHARGES	6,038	7,447	1,409	23%
5	CASE MIX INDEX (CMI)	1.09810	1.07570	(0.02240)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	6,630.32780	8,010.73790	1,380.41010	21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,643.97	\$5,923.12	\$279.15	5%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,687.95	\$4,187.17	\$499.22	14%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,473.69	\$2,642.21	\$168.52	7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,401,353	\$21,166,025	\$4,764,672	29%
11	PATIENT DAYS	31,913	38,232	6,319	20%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,172.61	\$1,241.07	\$68.46	6%
13	AVERAGE LENGTH OF STAY	5.3	5.1	(0.2)	-3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,645,488	\$135,538,647	\$30,893,159	30%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,708,173	\$29,137,644	\$7,429,471	34%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.74%	21.50%	0.75%	4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	88.21%	79.37%	-8.85%	-10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,326.24514	5,910.35865	584.11352	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,075.70	\$4,929.93	\$854.23	21%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,055.60	\$4,243.25	\$187.65	5%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,460.20	\$3,469.05	(\$991.15)	-22%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$23,756,134	\$20,503,337	(\$3,252,797)	-14%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$223,274,924	\$306,316,152	\$83,041,228	37%
24	TOTAL ACCRUED PAYMENTS	\$59,129,523	\$76,586,167	\$17,456,644	30%
25	TOTAL ALLOWANCES	\$164,145,401	\$229,729,985	\$65,584,584	40%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$40,157,487	\$41,669,362	\$1,511,874	4%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$19,429,881	\$0	(\$19,429,881)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,475,196	\$0	(\$2,475,196)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.74%	0.00%	-12.74%	-100%
4	DISCHARGES	721	-	(721)	-100%
5	CASE MIX INDEX (CMI)	1.38150	0.00000	(1.38150)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	996.06150	0.00000	(996.06150)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,484.98	\$0.00	(\$2,484.98)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$6,846.93	\$10,110.28	\$3,263.35	48%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$5,632.67	\$8,565.32	\$2,932.65	52%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,610,486	\$0	(\$5,610,486)	-100%
11	PATIENT DAYS	3,968	0	(3,968)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$623.79	\$0.00	(\$623.79)	-100%
13	AVERAGE LENGTH OF STAY	5.5	-	(5.5)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$19,352,339	\$0	(\$19,352,339)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,130,042	\$0	(\$2,130,042)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.01%	0.00%	-11.01%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	99.60%	0.00%	-99.60%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	718.12259	0.00000	(718.12259)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,966.13	\$0.00	(\$2,966.13)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$5,165.17	\$9,173.18	\$4,008.00	78%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,569.78	\$8,398.98	\$2,829.20	51%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,999,782	\$0	(\$3,999,782)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$38,782,220	\$0	(\$38,782,220)	-100%
24	TOTAL ACCRUED PAYMENTS	\$4,605,238	\$0	(\$4,605,238)	-100%
25	TOTAL ALLOWANCES	\$34,176,982	\$0	(\$34,176,982)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$9,610,268	\$0	(\$9,610,268)	-100%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$138,059,317	\$170,777,505	\$32,718,188	24%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$39,896,546	\$47,448,523	\$7,551,977	19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.90%	27.78%	-1.11%	-4%
4	DISCHARGES	6,759	7,447	688	10%
5	CASE MIX INDEX (CMI)	1.12833	1.07570	(0.05263)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,626.38930	8,010.73790	384.34860	5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,231.38	\$5,923.12	\$691.73	13%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,100.54	\$4,187.17	\$86.63	2%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,886.27	\$2,642.21	(\$244.07)	-8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$22,011,839	\$21,166,025	(\$845,814)	-4%
11	PATIENT DAYS	35,881	38,232	2,351	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,111.91	\$1,241.07	\$129.16	12%
13	AVERAGE LENGTH OF STAY	5.3	5.1	(0.2)	-3%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$123,997,827	\$135,538,647	\$11,540,820	9%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,838,215	\$29,137,644	\$5,299,429	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.22%	21.50%	2.27%	12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	89.81%	79.37%	-10.45%	-12%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,044.36772	5,910.35865	(134.00907)	-2%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,943.87	\$4,929.93	\$986.06	25%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,187.43	\$4,243.25	\$55.82	1%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,592.03	\$3,469.05	(\$1,122.98)	-24%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$27,755,916	\$20,503,337	(\$7,252,580)	-26%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$262,057,144	\$306,316,152	\$44,259,008	17%
24	TOTAL ACCRUED PAYMENTS	\$63,734,761	\$76,586,167	\$12,851,406	20%
25	TOTAL ALLOWANCES	\$198,322,383	\$229,729,985	\$31,407,602	16%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,797,493	\$2,489,908	\$692,415	39%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$677,923	\$1,048,854	\$370,931	55%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.71%	42.12%	4.41%	12%
4	DISCHARGES	90	95	5	6%
5	CASE MIX INDEX (CMI)	1.42080	1.28510	(0.13570)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	127.87200	122.08450	(5.78750)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,301.58	\$8,591.21	\$3,289.64	62%
8	PATIENT DAYS	405	427	22	5%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,673.88	\$2,456.33	\$782.45	47%
10	AVERAGE LENGTH OF STAY	4.5	4.5	(0.0)	0%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,497,083	\$2,471,205	(\$25,878)	-1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$583,793	\$652,952	\$69,159	12%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$4,294,576	\$4,961,113	\$666,537	16%
14	TOTAL ACCRUED PAYMENTS	\$1,261,716	\$1,701,806	\$440,090	35%
15	TOTAL ALLOWANCES	\$3,032,860	\$3,259,307	\$226,447	7%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$29,113,845	\$24,517,993	(\$4,595,852)	-16%
2	TOTAL OPERATING EXPENSES	\$614,686,051	\$646,777,800	\$32,091,749	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$4,009,860	\$0	(\$4,009,860)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$5,320,840	\$5,103,750	(\$217,090)	-4%
5	BAD DEBTS (CHARGES)	\$18,896,554	\$15,406,823	(\$3,489,731)	-18%
6	UNCOMPENSATED CARE (CHARGES)	\$24,217,394	\$20,510,573	(\$3,706,821)	-15%
7	COST OF UNCOMPENSATED CARE	\$10,170,667	\$8,085,092	(\$2,085,576)	-21%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$262,057,144	\$306,316,152	\$44,259,008	17%
9	TOTAL ACCRUED PAYMENTS	\$63,734,761	\$76,586,167	\$12,851,406	20%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$110,057,094	\$120,747,196	\$10,690,102	10%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$46,322,333	\$44,161,029	(\$2,161,304)	-5%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$784,347,703	\$908,930,149	\$124,582,446	16%
2	TOTAL INPATIENT PAYMENTS	\$375,093,881	\$402,542,076	\$27,448,195	7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	47.82%	44.29%	-3.53%	-7%
4	TOTAL DISCHARGES	31,400	31,842	442	1%
5	TOTAL CASE MIX INDEX	1.48658	1.47044	(0.01614)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	46,678.57700	46,821.60290	143.02590	0%
7	TOTAL OUTPATIENT CHARGES	\$620,641,344	\$659,443,327	\$38,801,983	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	79.13%	72.55%	-6.58%	-8%
9	TOTAL OUTPATIENT PAYMENTS	\$192,520,591	\$197,677,007	\$5,156,416	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.02%	29.98%	-1.04%	-3%
11	TOTAL CHARGES	\$1,404,989,047	\$1,568,373,476	\$163,384,429	12%
12	TOTAL PAYMENTS	\$567,614,472	\$600,219,083	\$32,604,611	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	40.40%	38.27%	-2.13%	-5%
14	PATIENT DAYS	154,460	157,959	3,499	2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$547,072,084	\$654,796,844	\$107,724,760	20%
2	INPATIENT PAYMENTS	\$232,568,687	\$254,235,652	\$21,666,965	9%
3	GOVT. INPATIENT PAYMENTS / CHARGES	42.51%	38.83%	-3.68%	-9%
4	DISCHARGES	20,225	21,227	1,002	5%
5	CASE MIX INDEX	1.55282	1.51471	(0.03811)	-2%
6	CASE MIX ADJUSTED DISCHARGES	31,405.70450	32,152.73440	747.02990	2%
7	OUTPATIENT CHARGES	\$332,583,819	\$358,866,968	\$26,283,149	8%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	60.79%	54.81%	-5.99%	-10%
9	OUTPATIENT PAYMENTS	\$82,205,828	\$82,508,712	\$302,884	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.72%	22.99%	-1.73%	-7%
11	TOTAL CHARGES	\$879,655,903	\$1,013,663,812	\$134,007,909	15%
12	TOTAL PAYMENTS	\$314,774,515	\$336,744,364	\$21,969,849	7%
13	TOTAL PAYMENTS / CHARGES	35.78%	33.22%	-2.56%	-7%
14	PATIENT DAYS	109,780	115,594	5,814	5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$564,881,388	\$676,919,448	\$112,038,060	20%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.5	5.6	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.0	(0.0)	0%
3	UNINSURED	3.6	3.0	(0.6)	-18%
4	MEDICAID	5.3	5.1	(0.2)	-3%
5	OTHER MEDICAL ASSISTANCE	5.5	-	(5.5)	-100%
6	CHAMPUS / TRICARE	4.5	4.5	(0.0)	0%
7	TOTAL AVERAGE LENGTH OF STAY	4.9	5.0	0.0	1%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,404,989,047	\$1,568,373,476	\$163,384,429	12%
2	TOTAL GOVERNMENT DEDUCTIONS	\$564,881,388	\$676,919,448	\$112,038,060	20%
3	UNCOMPENSATED CARE	\$24,217,394	\$20,510,573	(\$3,706,821)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$217,577,312	\$240,133,164	\$22,555,852	10%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,264,439	\$12,570,938	\$306,499	2%
6	TOTAL ADJUSTMENTS	\$818,940,533	\$950,134,123	\$131,193,590	16%
7	TOTAL ACCRUED PAYMENTS	\$586,048,514	\$618,239,353	\$32,190,839	5%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$4,009,860	\$0	(\$4,009,860)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$590,058,374	\$618,239,353	\$28,180,979	5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4199736470	0.3941914107	(0.0257822363)	-6%
11	COST OF UNCOMPENSATED CARE	\$10,170,667	\$8,085,092	(\$2,085,576)	-21%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$46,322,333	\$44,161,029	(\$2,161,304)	-5%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$56,493,001	\$52,246,121	(\$4,246,880)	-8%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$23,756,134	\$20,503,337	(\$3,252,797)	-14%
2	OTHER MEDICAL ASSISTANCE	\$9,610,268	\$0	(\$9,610,268)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,585,046	\$4,913,796	(\$3,671,250)	-43%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$41,951,448	\$25,417,133	(\$16,534,316)	-39%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$22,487,861	\$21,987,682	(\$500,179)	-2.22%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$11,435,922	\$12,522,301	\$1,086,379	9.50%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$583,060,254	\$612,741,381	\$29,681,127	5.09%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$48,004,718	\$53,307,920	\$5,303,202	11.05%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$1,452,993,764	\$1,621,681,396	\$168,687,632	11.61%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$8,422,297	\$8,070,452	(\$351,845)	-4.18%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$32,639,691	\$28,581,025	(\$4,058,666)	-12.43%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$237,275,619	\$254,133,305	\$16,857,686
2	MEDICARE	\$407,215,274	481,529,431	\$74,314,157
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$138,059,317	170,777,505	\$32,718,188
4	MEDICAID	\$118,629,436	170,777,505	\$52,148,069
5	OTHER MEDICAL ASSISTANCE	\$19,429,881	0	(\$19,429,881)
6	CHAMPUS / TRICARE	\$1,797,493	2,489,908	\$692,415
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,234,862	4,552,529	(\$1,682,333)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$547,072,084	\$654,796,844	\$107,724,760
	TOTAL INPATIENT CHARGES	\$784,347,703	\$908,930,149	\$124,582,446
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$288,057,525	\$300,576,359	\$12,518,834
2	MEDICARE	\$206,088,909	220,857,116	\$14,768,207
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$123,997,827	135,538,647	\$11,540,820
4	MEDICAID	\$104,645,488	135,538,647	\$30,893,159
5	OTHER MEDICAL ASSISTANCE	\$19,352,339	0	(\$19,352,339)
6	CHAMPUS / TRICARE	\$2,497,083	2,471,205	(\$25,878)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,275,835	22,324,134	\$1,048,299
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$332,583,819	\$358,866,968	\$26,283,149
	TOTAL OUTPATIENT CHARGES	\$620,641,344	\$659,443,327	\$38,801,983
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$525,333,144	\$554,709,664	\$29,376,520
2	TOTAL MEDICARE	\$613,304,183	\$702,386,547	\$89,082,364
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$262,057,144	\$306,316,152	\$44,259,008
4	TOTAL MEDICAID	\$223,274,924	\$306,316,152	\$83,041,228
5	TOTAL OTHER MEDICAL ASSISTANCE	\$38,782,220	\$0	(\$38,782,220)
6	TOTAL CHAMPUS / TRICARE	\$4,294,576	\$4,961,113	\$666,537
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,510,697	\$26,876,663	(\$634,034)
	TOTAL GOVERNMENT CHARGES	\$879,655,903	\$1,013,663,812	\$134,007,909
	TOTAL CHARGES	\$1,404,989,047	\$1,568,373,476	\$163,384,429
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$142,525,194	\$148,306,424	\$5,781,230
2	MEDICARE	\$191,994,218	205,738,275	\$13,744,057
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$39,896,546	47,448,523	\$7,551,977
4	MEDICAID	\$37,421,350	47,448,523	\$10,027,173
5	OTHER MEDICAL ASSISTANCE	\$2,475,196	0	(\$2,475,196)
6	CHAMPUS / TRICARE	\$677,923	1,048,854	\$370,931
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$695,157	1,015,451	\$320,294
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$232,568,687	\$254,235,652	\$21,666,965
	TOTAL INPATIENT PAYMENTS	\$375,093,881	\$402,542,076	\$27,448,195
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$110,314,763	\$115,168,295	\$4,853,532
2	MEDICARE	\$57,783,820	52,718,116	(\$5,065,704)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$23,838,215	29,137,644	\$5,299,429
4	MEDICAID	\$21,708,173	29,137,644	\$7,429,471
5	OTHER MEDICAL ASSISTANCE	\$2,130,042	0	(\$2,130,042)
6	CHAMPUS / TRICARE	\$583,793	652,952	\$69,159
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,614,132	5,358,874	\$2,744,742
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$82,205,828	\$82,508,712	\$302,884
	TOTAL OUTPATIENT PAYMENTS	\$192,520,591	\$197,677,007	\$5,156,416
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$252,839,957	\$263,474,719	\$10,634,762
2	TOTAL MEDICARE	\$249,778,038	\$258,456,391	\$8,678,353
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$63,734,761	\$76,586,167	\$12,851,406
4	TOTAL MEDICAID	\$59,129,523	\$76,586,167	\$17,456,644
5	TOTAL OTHER MEDICAL ASSISTANCE	\$4,605,238	\$0	(\$4,605,238)
6	TOTAL CHAMPUS / TRICARE	\$1,261,716	\$1,701,806	\$440,090
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,309,289	\$6,374,325	\$3,065,036
	TOTAL GOVERNMENT PAYMENTS	\$314,774,515	\$336,744,364	\$21,969,849
	TOTAL PAYMENTS	\$567,614,472	\$600,219,083	\$32,604,611

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.89%	16.20%	-0.68%
2	MEDICARE	28.98%	30.70%	1.72%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.83%	10.89%	1.06%
4	MEDICAID	8.44%	10.89%	2.45%
5	OTHER MEDICAL ASSISTANCE	1.38%	0.00%	-1.38%
6	CHAMPUS / TRICARE	0.13%	0.16%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.44%	0.29%	-0.15%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	38.94%	41.75%	2.81%
	TOTAL INPATIENT PAYER MIX	55.83%	57.95%	2.13%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.50%	19.16%	-1.34%
2	MEDICARE	14.67%	14.08%	-0.59%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.83%	8.64%	-0.18%
4	MEDICAID	7.45%	8.64%	1.19%
5	OTHER MEDICAL ASSISTANCE	1.38%	0.00%	-1.38%
6	CHAMPUS / TRICARE	0.18%	0.16%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.51%	1.42%	-0.09%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	23.67%	22.88%	-0.79%
	TOTAL OUTPATIENT PAYER MIX	44.17%	42.05%	-2.13%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.11%	24.71%	-0.40%
2	MEDICARE	33.82%	34.28%	0.45%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.03%	7.91%	0.88%
4	MEDICAID	6.59%	7.91%	1.31%
5	OTHER MEDICAL ASSISTANCE	0.44%	0.00%	-0.44%
6	CHAMPUS / TRICARE	0.12%	0.17%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.12%	0.17%	0.05%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	40.97%	42.36%	1.38%
	TOTAL INPATIENT PAYER MIX	66.08%	67.07%	0.98%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	19.43%	19.19%	-0.25%
2	MEDICARE	10.18%	8.78%	-1.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.20%	4.85%	0.65%
4	MEDICAID	3.82%	4.85%	1.03%
5	OTHER MEDICAL ASSISTANCE	0.38%	0.00%	-0.38%
6	CHAMPUS / TRICARE	0.10%	0.11%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.46%	0.89%	0.43%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.48%	13.75%	-0.74%
	TOTAL OUTPATIENT PAYER MIX	33.92%	32.93%	-0.98%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11,175	10,615	(560)
2	MEDICARE	13,376	13,685	309
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,759	7,447	688
4	MEDICAID	6,038	7,447	1,409
5	OTHER MEDICAL ASSISTANCE	721	0	(721)
6	CHAMPUS / TRICARE	90	95	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	301	219	(82)
	TOTAL GOVERNMENT DISCHARGES	20,225	21,227	1,002
	TOTAL DISCHARGES	31,400	31,842	442
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	44,680	42,365	(2,315)
2	MEDICARE	73,494	76,935	3,441
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	35,881	38,232	2,351
4	MEDICAID	31,913	38,232	6,319
5	OTHER MEDICAL ASSISTANCE	3,968	0	(3,968)
6	CHAMPUS / TRICARE	405	427	22
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,090	653	(437)
	TOTAL GOVERNMENT PATIENT DAYS	109,780	115,594	5,814
	TOTAL PATIENT DAYS	154,460	157,959	3,499
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	4.0	(0.0)
2	MEDICARE	5.5	5.6	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.3	5.1	(0.2)
4	MEDICAID	5.3	5.1	(0.2)
5	OTHER MEDICAL ASSISTANCE	5.5	0.0	(5.5)
6	CHAMPUS / TRICARE	4.5	4.5	(0.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.6	3.0	(0.6)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	5.4	5.4	0.0
	TOTAL AVERAGE LENGTH OF STAY	4.9	5.0	0.0
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.36670	1.38190	0.01520
2	MEDICARE	1.76820	1.75520	(0.01300)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.12833	1.07570	(0.05263)
4	MEDICAID	1.09810	1.07570	(0.02240)
5	OTHER MEDICAL ASSISTANCE	1.38150	0.00000	(1.38150)
6	CHAMPUS / TRICARE	1.42080	1.28510	(0.13570)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.27970	1.20930	(0.07040)
	TOTAL GOVERNMENT CASE MIX INDEX	1.55282	1.51471	(0.03811)
	TOTAL CASE MIX INDEX	1.48658	1.47044	(0.01614)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$425,690,074	\$460,834,368	\$35,144,294
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$208,112,762	\$220,701,204	\$12,588,442
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$217,577,312	\$240,133,164	\$22,555,852
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	51.11%	52.11%	1.00%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$22,487,861	\$21,987,682	(\$500,179)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,264,439	\$12,570,938	\$306,499
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$4,009,860	\$0	(\$4,009,860)
8	CHARITY CARE	\$5,320,840	\$5,103,750	(\$217,090)
9	BAD DEBTS	\$18,896,554	\$15,406,823	(\$3,489,731)
10	TOTAL UNCOMPENSATED CARE	\$24,217,394	\$20,510,573	(\$3,706,821)
11	TOTAL OTHER OPERATING REVENUE	\$425,690,074	\$460,834,368	\$35,144,294
12	TOTAL OPERATING EXPENSES	\$614,686,051	\$646,777,800	\$32,091,749

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15,272.87250	14,668.86850	(604.00400)
2	MEDICARE	23,651.44320	24,019.91200	368.46880
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,626.38930	8,010.73790	384.34860
4	MEDICAID	6,630.32780	8,010.73790	1,380.41010
5	OTHER MEDICAL ASSISTANCE	996.06150	0.00000	(996.06150)
6	CHAMPUS / TRICARE	127.87200	122.08450	(5.78750)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	385.18970	264.83670	(120.35300)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	31,405.70450	32,152.73440	747.02990
	TOTAL CASE MIX ADJUSTED DISCHARGES	46,678.57700	46,821.60290	143.02590
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13,566.68188	12,554.89929	-1,011.78259
2	MEDICARE	6,769.50356	6,276.72877	-492.77479
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,044.36772	5,910.35865	-134.00907
4	MEDICAID	5,326.24514	5,910.35865	584.11352
5	OTHER MEDICAL ASSISTANCE	718.12259	0.00000	-718.12259
6	CHAMPUS / TRICARE	125.02829	94.28641	-30.74188
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,027.13201	1,073.90537	46.77336
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	12,938.89957	12,281.37383	-657.52574
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	26,505.58145	24,836.27312	-1,669.30834
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,331.92	\$10,110.28	\$778.37
2	MEDICARE	\$8,117.65	\$8,565.32	\$447.67
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,231.38	\$5,923.12	\$691.73
4	MEDICAID	\$5,643.97	\$5,923.12	\$279.15
5	OTHER MEDICAL ASSISTANCE	\$2,484.98	\$0.00	(\$2,484.98)
6	CHAMPUS / TRICARE	\$5,301.58	\$8,591.21	\$3,289.64
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,804.71	\$3,834.25	\$2,029.54
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,405.30	\$7,907.12	\$501.82
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,035.68	\$8,597.36	\$561.68
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,131.30	\$9,173.18	\$1,041.88
2	MEDICARE	\$8,535.90	\$8,398.98	(\$136.92)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,943.87	\$4,929.93	\$986.06
4	MEDICAID	\$4,075.70	\$4,929.93	\$854.23
5	OTHER MEDICAL ASSISTANCE	\$2,966.13	\$0.00	(\$2,966.13)
6	CHAMPUS / TRICARE	\$4,669.29	\$6,925.20	\$2,255.91
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,545.08	\$4,990.08	\$2,445.00
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,353.39	\$6,718.20	\$364.81
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,263.40	\$7,959.21	\$695.81

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$23,756,134	\$20,503,337	(\$3,252,797)
2	OTHER MEDICAL ASSISTANCE	\$9,610,268	\$0	(\$9,610,268)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$8,585,046	\$4,913,796	(\$3,671,250)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$41,951,448	\$25,417,133	(\$16,534,316)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,404,989,047	\$1,568,373,476	\$163,384,429
2	TOTAL GOVERNMENT DEDUCTIONS	\$564,881,388	\$676,919,448	\$112,038,060
3	UNCOMPENSATED CARE	\$24,217,394	\$20,510,573	(\$3,706,821)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$217,577,312	\$240,133,164	\$22,555,852
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,264,439	\$12,570,938	\$306,499
6	TOTAL ADJUSTMENTS	\$818,940,533	\$950,134,123	\$131,193,590
7	TOTAL ACCRUED PAYMENTS	\$586,048,514	\$618,239,353	\$32,190,839
8	UCP DSH PAYMENTS (OHCA INPUT)	\$4,009,860	\$0	(\$4,009,860)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$590,058,374	\$618,239,353	\$28,180,979
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4199736470	0.3941914107	(0.0257822363)
11	COST OF UNCOMPENSATED CARE	\$10,170,667	\$8,085,092	(\$2,085,576)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$46,322,333	\$44,161,029	(\$2,161,304)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$56,493,001	\$52,246,121	(\$4,246,880)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	60.07%	58.36%	-1.71%
2	MEDICARE	47.15%	42.73%	-4.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28.90%	27.78%	-1.11%
4	MEDICAID	31.54%	27.78%	-3.76%
5	OTHER MEDICAL ASSISTANCE	12.74%	0.00%	-12.74%
6	CHAMPUS / TRICARE	37.71%	42.12%	4.41%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.15%	22.31%	11.16%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	42.51%	38.83%	-3.68%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	47.82%	44.29%	-3.53%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	38.30%	38.32%	0.02%
2	MEDICARE	28.04%	23.87%	-4.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.22%	21.50%	2.27%
4	MEDICAID	20.74%	21.50%	0.75%
5	OTHER MEDICAL ASSISTANCE	11.01%	0.00%	-11.01%
6	CHAMPUS / TRICARE	23.38%	26.42%	3.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12.29%	24.00%	11.72%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	24.72%	22.99%	-1.73%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	31.02%	29.98%	-1.04%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	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	\$567,614,472	\$600,219,083	\$32,604,611
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$4,009,860	\$0	(\$4,009,860)
	OHCA DEFINED NET REVENUE	\$571,624,332	\$600,219,083	\$28,594,751
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$11,435,922	\$12,522,301	\$1,086,379
4	CALCULATED NET REVENUE	\$583,060,254	\$612,741,384	\$29,681,130
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$583,060,254	\$612,741,381	\$29,681,127
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$3	\$3
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,404,989,047	\$1,568,373,476	\$163,384,429
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$48,004,718	\$53,307,920	\$5,303,202
	CALCULATED GROSS REVENUE	\$1,452,993,765	\$1,621,681,396	\$168,687,631
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,452,993,764	\$1,621,681,396	\$168,687,632
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1	\$0	(\$1)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$24,217,394	\$20,510,573	(\$3,706,821)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$8,422,297	\$8,070,452	(\$351,845)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$32,639,691	\$28,581,025	(\$4,058,666)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$32,639,691	\$28,581,025	(\$4,058,666)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$254,133,305
2	MEDICARE	481,529,431
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	170,777,505
4	MEDICAID	170,777,505
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,489,908
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,552,529
	TOTAL INPATIENT GOVERNMENT CHARGES	\$654,796,844
	TOTAL INPATIENT CHARGES	\$908,930,149
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$300,576,359
2	MEDICARE	220,857,116
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	135,538,647
4	MEDICAID	135,538,647
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	2,471,205
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	22,324,134
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$358,866,968
	TOTAL OUTPATIENT CHARGES	\$659,443,327
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$554,709,664
2	TOTAL GOVERNMENT ACCRUED CHARGES	1,013,663,812
	TOTAL ACCRUED CHARGES	\$1,568,373,476
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,306,424
2	MEDICARE	205,738,275
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47,448,523
4	MEDICAID	47,448,523
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,048,854
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,015,451
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$254,235,652
	TOTAL INPATIENT PAYMENTS	\$402,542,076
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$115,168,295
2	MEDICARE	52,718,116
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,137,644
4	MEDICAID	29,137,644
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	652,952
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,358,874
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$82,508,712
	TOTAL OUTPATIENT PAYMENTS	\$197,677,007
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$263,474,719
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	336,744,364
	TOTAL ACCRUED PAYMENTS	\$600,219,083

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,615
2	MEDICARE	13,685
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,447
4	MEDICAID	7,447
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	95
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	219
	TOTAL GOVERNMENT DISCHARGES	21,227
	TOTAL DISCHARGES	31,842
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.38190
2	MEDICARE	1.75520
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.07570
4	MEDICAID	1.07570
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.28510
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.20930
	TOTAL GOVERNMENT CASE MIX INDEX	1.51471
	TOTAL CASE MIX INDEX	1.47044
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$460,834,368
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$220,701,204
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$240,133,164
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.11%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$21,987,682
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$12,570,938
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$5,103,750
9	BAD DEBTS	\$15,406,823
10	TOTAL UNCOMPENSATED CARE	\$20,510,573
11	TOTAL OTHER OPERATING REVENUE	\$24,517,993
12	TOTAL OPERATING EXPENSES	\$646,777,800

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
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	\$600,219,083
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$600,219,083
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,522,301
	CALCULATED NET REVENUE	\$612,741,384
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$612,741,381
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,568,373,476
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$53,307,920
	CALCULATED GROSS REVENUE	\$1,621,681,396
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,621,681,396
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$20,510,573
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$8,070,452
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,581,025
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,581,025
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	12,809	12,477	(332)	-3%
2	Number of Approved Applicants	11,758	11,424	(334)	-3%
3	Total Charges (A)	\$5,320,840	\$5,103,750	(\$217,090)	-4%
4	Average Charges	\$453	\$447	(\$6)	-1%
5	Ratio of Cost to Charges (RCC)	0.440458	0.428621	(0.011837)	-3%
6	Total Cost	\$2,343,607	\$2,187,574	(\$156,032)	-7%
7	Average Cost	\$199	\$191	(\$8)	-4%
8	Charity Care - Inpatient Charges	\$1,755,877	\$1,480,087	(\$275,790)	-16%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,383,418	1,378,013	(5,405)	0%
10	Charity Care - Emergency Department Charges	2,181,545	2,245,650	64,105	3%
11	Total Charges (A)	\$5,320,840	\$5,103,750	(\$217,090)	-4%
12	Charity Care - Number of Patient Days	2,344	2,335	(9)	0%
13	Charity Care - Number of Discharges	566	563	(3)	-1%
14	Charity Care - Number of Outpatient ED Visits	921	1,166	245	27%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,702	5,259	557	12%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$6,235,863	\$4,467,979	(\$1,767,884)	-28%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	4,913,104	4,159,842	(753,262)	-15%
3	Bad Debts - Emergency Department	7,747,587	6,779,002	(968,585)	-13%
4	Total Bad Debts (A)	\$18,896,554	\$15,406,823	(\$3,489,731)	-18%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$5,320,840	\$5,103,750	(\$217,090)	-4%
2	Bad Debts (A)	18,896,554	15,406,823	(3,489,731)	-18%
3	Total Uncompensated Care (A)	\$24,217,394	\$20,510,573	(\$3,706,821)	-15%
4	Uncompensated Care - Inpatient Services	\$7,991,740	\$5,948,066	(\$2,043,674)	-26%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	6,296,522	5,537,855	(758,667)	-12%
6	Uncompensated Care - Emergency Department	9,929,132	9,024,652	(904,480)	-9%
7	Total Uncompensated Care (A)	\$24,217,394	\$20,510,573	(\$3,706,821)	-15%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$754,771,971	\$784,347,703	\$908,930,149
2	Outpatient Gross Revenue	\$563,041,619	\$620,641,344	\$659,443,327
3	Total Gross Patient Revenue	\$1,317,813,590	\$1,404,989,047	\$1,568,373,476
4	Net Patient Revenue	\$569,815,727	\$575,650,377	\$612,741,381
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$591,542,174	\$614,686,051	\$646,777,800
C. <u>Utilization Statistics</u>				
1	Patient Days	162,158	154,460	157,959
2	Discharges	33,057	31,400	31,842
3	Average Length of Stay	4.9	4.9	5.0
4	Equivalent (Adjusted) Patient Days (EPD)	283,124	276,682	272,561
0	Equivalent (Adjusted) Discharges (ED)	57,717	56,246	54,944
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.45045	1.48658	1.47044
2	Case Mix Adjusted Patient Days (CMAPD)	235,202	229,617	232,268
3	Case Mix Adjusted Discharges (CMAD)	47,948	46,679	46,822
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	410,657	411,309	400,783
5	Case Mix Adjusted Equivalent Discharges (CMAED)	83,715	83,615	80,791
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,127	\$9,096	\$9,929
2	Total Gross Revenue per Discharge	\$39,865	\$44,745	\$49,255
3	Total Gross Revenue per EPD	\$4,655	\$5,078	\$5,754
4	Total Gross Revenue per ED	\$22,832	\$24,979	\$28,545
5	Total Gross Revenue per CMAEPD	\$3,209	\$3,416	\$3,913
6	Total Gross Revenue per CMAED	\$15,742	\$16,803	\$19,413
7	Inpatient Gross Revenue per EPD	\$2,666	\$2,835	\$3,335
8	Inpatient Gross Revenue per ED	\$13,077	\$13,945	\$16,543

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
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FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,514	\$3,727	\$3,879
2	Net Patient Revenue per Discharge	\$17,237	\$18,333	\$19,243
3	Net Patient Revenue per EPD	\$2,013	\$2,081	\$2,248
4	Net Patient Revenue per ED	\$9,873	\$10,234	\$11,152
5	Net Patient Revenue per CMAEPD	\$1,388	\$1,400	\$1,529
6	Net Patient Revenue per CMAED	\$6,807	\$6,885	\$7,584
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,648	\$3,980	\$4,095
2	Total Operating Expense per Discharge	\$17,895	\$19,576	\$20,312
3	Total Operating Expense per EPD	\$2,089	\$2,222	\$2,373
4	Total Operating Expense per ED	\$10,249	\$10,928	\$11,772
5	Total Operating Expense per CMAEPD	\$1,440	\$1,494	\$1,614
6	Total Operating Expense per CMAED	\$7,066	\$7,351	\$8,006
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$99,917,154	\$100,307,204	\$104,116,810
2	Nursing Fringe Benefits Expense	\$24,062,802	\$26,305,917	\$26,422,533
3	Total Nursing Salary and Fringe Benefits Expense	\$123,979,956	\$126,613,121	\$130,539,343
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$13,856,651	\$12,923,717	\$10,413,391
2	Physician Fringe Benefits Expense	\$3,337,063	\$3,389,290	\$2,617,901
3	Total Physician Salary and Fringe Benefits Expense	\$17,193,714	\$16,313,007	\$13,031,292
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$119,253,156	\$124,767,276	\$125,547,365
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$28,719,444	\$32,720,657	\$31,840,979
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$147,972,600	\$157,487,933	\$157,388,344
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$233,026,961	\$237,998,197	\$240,077,566
2	Total Fringe Benefits Expense	\$56,119,309	\$62,415,864	\$60,881,413
3	Total Salary and Fringe Benefits Expense	\$289,146,270	\$300,414,061	\$300,958,979

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	1378.3	1364.4	1307.4
2	Total Physician FTEs	78.0	75.5	62.6
3	Total Non-Nursing, Non-Physician FTEs	2154.5	2148.6	2184.4
4	Total Full Time Equivalent Employees (FTEs)	3,610.8	3,588.5	3,554.4
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$72,493	\$73,517	\$79,637
2	Nursing Fringe Benefits Expense per FTE	\$17,458	\$19,280	\$20,210
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$89,951	\$92,798	\$99,847
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$177,649	\$171,175	\$166,348
2	Physician Fringe Benefits Expense per FTE	\$42,783	\$44,891	\$41,820
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$220,432	\$216,066	\$208,168
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,351	\$58,069	\$57,475
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,330	\$15,229	\$14,577
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$68,681	\$73,298	\$72,051
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$64,536	\$66,322	\$67,544
2	Total Fringe Benefits Expense per FTE	\$15,542	\$17,393	\$17,128
3	Total Salary and Fringe Benefits Expense per FTE	\$80,078	\$83,716	\$84,672
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,783	\$1,945	\$1,905
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,747	\$9,567	\$9,452
3	Total Salary and Fringe Benefits Expense per EPD	\$1,021	\$1,086	\$1,104
4	Total Salary and Fringe Benefits Expense per ED	\$5,010	\$5,341	\$5,478
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$704	\$730	\$751
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,454	\$3,593	\$3,725