

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$22,941,812	\$23,202,053	\$260,241	1%
2	Short Term Investments	\$35,207	\$497,349	\$462,142	1313%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$21,905,974	\$25,440,911	\$3,534,937	16%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,901,735	\$1,966,806	\$65,071	3%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,240,216	\$2,559,525	\$319,309	14%
8	Prepaid Expenses	\$2,070,542	\$1,020,603	(\$1,049,939)	-51%
9	Other Current Assets	\$5,438,349	\$5,155,367	(\$282,982)	-5%
	Total Current Assets	\$56,533,835	\$59,842,614	\$3,308,779	6%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$17,309,228	\$16,548,938	(\$760,290)	-4%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$3,176,250	\$3,176,250	\$0	0%
	Total Noncurrent Assets Whose Use is Limited:	\$20,485,478	\$19,725,188	(\$760,290)	-4%
5	Interest in Net Assets of Foundation	\$4,509,184	\$4,208,684	(\$300,500)	-7%
6	Long Term Investments	\$12,790,730	\$13,943,997	\$1,153,267	9%
7	Other Noncurrent Assets	\$20,822,558	\$12,329,278	(\$8,493,280)	-41%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$152,831,943	\$167,007,953	\$14,176,010	9%
2	Less: Accumulated Depreciation	\$108,161,901	\$113,942,043	\$5,780,142	5%
	Property, Plant and Equipment, Net	\$44,670,042	\$53,065,910	\$8,395,868	19%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$44,670,042	\$53,065,910	\$8,395,868	19%
	Total Assets	\$159,811,827	\$163,115,671	\$3,303,844	2%

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(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>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$11,742,861	\$17,378,400	\$5,635,539	48%
2	Salaries, Wages and Payroll Taxes	\$4,183,195	\$3,349,897	(\$833,298)	-20%
3	Due To Third Party Payers	\$5,935,477	\$9,296,916	\$3,361,439	57%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,749,509	\$2,319,737	(\$429,772)	-16%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$7,670,100	\$6,522,475	(\$1,147,625)	-15%
	Total Current Liabilities	\$32,281,142	\$38,867,425	\$6,586,283	20%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$24,638,555	\$23,023,958	(\$1,614,597)	-7%
2	Notes Payable (Net of Current Portion)	\$613,860	\$93,125	(\$520,735)	-85%
	Total Long Term Debt	\$25,252,415	\$23,117,083	(\$2,135,332)	-8%
3	Accrued Pension Liability	\$67,434,427	\$75,050,923	\$7,616,496	11%
4	Other Long Term Liabilities	\$11,129,704	\$12,454,069	\$1,324,365	12%
	Total Long Term Liabilities	\$103,816,546	\$110,622,075	\$6,805,529	7%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$6,754,167	(\$2,602,946)	(\$9,357,113)	-139%
2	Temporarily Restricted Net Assets	\$2,582,333	\$2,554,350	(\$27,983)	-1%
3	Permanently Restricted Net Assets	\$14,377,639	\$13,674,767	(\$702,872)	-5%
	Total Net Assets	\$23,714,139	\$13,626,171	(\$10,087,968)	-43%
	Total Liabilities and Net Assets	\$159,811,827	\$163,115,671	\$3,303,844	2%

SAINT MARY'S HOSPITAL					
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	\$481,019,807	\$509,570,825	\$28,551,018	6%
2	Less: Allowances	\$281,520,743	\$301,586,481	\$20,065,738	7%
3	Less: Charity Care	\$1,044,000	\$629,000	(\$415,000)	-40%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$198,455,064	\$207,355,344	\$8,900,280	4%
5	Other Operating Revenue	\$8,481,266	\$5,226,127	(\$3,255,139)	-38%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$206,936,330	\$212,581,471	\$5,645,141	3%
B. Operating Expenses:					
1	Salaries and Wages	\$73,738,064	\$76,501,024	\$2,762,960	4%
2	Fringe Benefits	\$22,842,359	\$23,348,237	\$505,878	2%
3	Physicians Fees	\$3,168,512	\$3,570,969	\$402,457	13%
4	Supplies and Drugs	\$27,417,790	\$28,498,290	\$1,080,500	4%
5	Depreciation and Amortization	\$7,293,834	\$7,469,946	\$176,112	2%
6	Bad Debts	\$11,904,617	\$7,589,833	(\$4,314,784)	-36%
7	Interest	\$1,719,650	\$1,198,337	(\$521,313)	-30%
8	Malpractice	\$4,132,551	\$5,374,420	\$1,241,869	30%
9	Other Operating Expenses	\$44,767,886	\$52,135,818	\$7,367,932	16%
	Total Operating Expenses	\$196,985,263	\$205,686,874	\$8,701,611	4%
	Income/(Loss) From Operations	\$9,951,067	\$6,894,597	(\$3,056,470)	-31%
C. Non-Operating Revenue:					
1	Income from Investments	\$791,000	\$733,709	(\$57,291)	-7%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$2,884,712	(\$1,870,080)	(\$4,754,792)	-165%
	Total Non-Operating Revenue	\$3,675,712	(\$1,136,371)	(\$4,812,083)	-131%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$13,626,779	\$5,758,226	(\$7,868,553)	-58%
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	\$13,626,779	\$5,758,226	(\$7,868,553)	-58%
	Principal Payments	\$1,121,000	\$3,128,000	\$2,007,000	179%

**SAINT MARY'S HOSPITAL
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	\$101,811,069	\$110,870,174	\$9,059,105	9%
2	MEDICARE MANAGED CARE	\$19,410,167	\$23,726,563	\$4,316,396	22%
3	MEDICAID	\$21,093,714	\$29,888,465	\$8,794,751	42%
4	MEDICAID MANAGED CARE	\$13,064,844	\$13,517,829	\$452,985	3%
5	CHAMPUS/TRICARE	\$408,034	\$272,321	(\$135,713)	-33%
6	COMMERCIAL INSURANCE	\$3,758,133	\$4,385,722	\$627,589	17%
7	NON-GOVERNMENT MANAGED CARE	\$63,288,562	\$59,136,445	(\$4,152,117)	-7%
8	WORKER'S COMPENSATION	\$7,701,377	\$7,092,383	(\$608,994)	-8%
9	SELF- PAY/UNINSURED	\$2,728,843	\$1,346,229	(\$1,382,614)	-51%
10	SAGA	\$4,706,147	\$0	(\$4,706,147)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$237,970,890	\$250,236,131	\$12,265,241	5%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$52,378,693	\$55,170,504	\$2,791,811	5%
2	MEDICARE MANAGED CARE	\$11,974,991	\$13,195,373	\$1,220,382	10%
3	MEDICAID	\$22,515,781	\$36,283,206	\$13,767,425	61%
4	MEDICAID MANAGED CARE	\$39,567,011	\$41,818,070	\$2,251,059	6%
5	CHAMPUS/TRICARE	\$668,667	\$641,500	(\$27,167)	-4%
6	COMMERCIAL INSURANCE	\$8,269,775	\$8,504,583	\$234,808	3%
7	NON-GOVERNMENT MANAGED CARE	\$87,862,183	\$91,967,156	\$4,104,973	5%
8	WORKER'S COMPENSATION	\$4,813,065	\$5,330,916	\$517,851	11%
9	SELF- PAY/UNINSURED	\$7,905,155	\$6,423,387	(\$1,481,768)	-19%
10	SAGA	\$7,093,595	\$0	(\$7,093,595)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$243,048,916	\$259,334,695	\$16,285,779	7%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$154,189,762	\$166,040,678	\$11,850,916	8%
2	MEDICARE MANAGED CARE	\$31,385,158	\$36,921,936	\$5,536,778	18%
3	MEDICAID	\$43,609,495	\$66,171,671	\$22,562,176	52%
4	MEDICAID MANAGED CARE	\$52,631,855	\$55,335,899	\$2,704,044	5%
5	CHAMPUS/TRICARE	\$1,076,701	\$913,821	(\$162,880)	-15%
6	COMMERCIAL INSURANCE	\$12,027,908	\$12,890,305	\$862,397	7%
7	NON-GOVERNMENT MANAGED CARE	\$151,150,745	\$151,103,601	(\$47,144)	0%
8	WORKER'S COMPENSATION	\$12,514,442	\$12,423,299	(\$91,143)	-1%
9	SELF- PAY/UNINSURED	\$10,633,998	\$7,769,616	(\$2,864,382)	-27%
10	SAGA	\$11,799,742	\$0	(\$11,799,742)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$481,019,806	\$509,570,826	\$28,551,020	6%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$58,566,351	\$59,319,143	\$752,792	1%
2	MEDICARE MANAGED CARE	\$10,107,225	\$11,939,475	\$1,832,250	18%
3	MEDICAID	\$7,189,780	\$12,305,513	\$5,115,733	71%
4	MEDICAID MANAGED CARE	\$5,416,203	\$5,547,213	\$131,010	2%
5	CHAMPUS/TRICARE	\$156,393	\$99,438	(\$56,955)	-36%
6	COMMERCIAL INSURANCE	\$2,096,583	\$2,305,592	\$209,009	10%
7	NON-GOVERNMENT MANAGED CARE	\$32,957,168	\$31,688,290	(\$1,268,878)	-4%
8	WORKER'S COMPENSATION	\$4,990,607	\$4,293,159	(\$697,448)	-14%
9	SELF- PAY/UNINSURED	\$19,808	\$26,510	\$6,702	34%
10	SAGA	\$979,349	\$0	(\$979,349)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$122,479,467	\$127,524,333	\$5,044,866	4%

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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
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$12,883,244	\$12,673,197	(\$210,047)	-2%
2	MEDICARE MANAGED CARE	\$2,875,207	\$3,171,591	\$296,384	10%
3	MEDICAID	\$4,065,152	\$6,372,305	\$2,307,153	57%
4	MEDICAID MANAGED CARE	\$8,662,222	\$8,181,911	(\$480,311)	-6%
5	CHAMPUS/TRICARE	\$176,473	\$161,937	(\$14,536)	-8%
6	COMMERCIAL INSURANCE	\$3,653,116	\$3,602,689	(\$50,427)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$23,505,617	\$28,089,190	\$4,583,573	19%
8	WORKER'S COMPENSATION	\$3,667,099	\$3,826,235	\$159,136	4%
9	SELF- PAY/UNINSURED	\$229,219	\$238,857	\$9,638	4%
10	SAGA	\$788,737	\$0	(\$788,737)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$60,506,086	\$66,317,912	\$5,811,826	10%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$71,449,595	\$71,992,340	\$542,745	1%
2	MEDICARE MANAGED CARE	\$12,982,432	\$15,111,066	\$2,128,634	16%
3	MEDICAID	\$11,254,932	\$18,677,818	\$7,422,886	66%
4	MEDICAID MANAGED CARE	\$14,078,425	\$13,729,124	(\$349,301)	-2%
5	CHAMPUS/TRICARE	\$332,866	\$261,375	(\$71,491)	-21%
6	COMMERCIAL INSURANCE	\$5,749,699	\$5,908,281	\$158,582	3%
7	NON-GOVERNMENT MANAGED CARE	\$56,462,785	\$59,777,480	\$3,314,695	6%
8	WORKER'S COMPENSATION	\$8,657,706	\$8,119,394	(\$538,312)	-6%
9	SELF- PAY/UNINSURED	\$249,027	\$265,367	\$16,340	7%
10	SAGA	\$1,768,086	\$0	(\$1,768,086)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$182,985,553	\$193,842,245	\$10,856,692	6%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	4,384	4,653	269	6%
2	MEDICARE MANAGED CARE	746	923	177	24%
3	MEDICAID	1,269	1,721	452	36%
4	MEDICAID MANAGED CARE	1,418	1,476	58	4%
5	CHAMPUS/TRICARE	48	26	(22)	-46%
6	COMMERCIAL INSURANCE	188	202	14	7%
7	NON-GOVERNMENT MANAGED CARE	3,453	3,240	(213)	-6%
8	WORKER'S COMPENSATION	182	165	(17)	-9%
9	SELF- PAY/UNINSURED	184	128	(56)	-30%
10	SAGA	336	0	(336)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	12,208	12,534	326	3%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	21,893	24,401	2,508	11%
2	MEDICARE MANAGED CARE	3,777	4,867	1,090	29%
3	MEDICAID	6,084	8,738	2,654	44%
4	MEDICAID MANAGED CARE	4,611	4,509	(102)	-2%
5	CHAMPUS/TRICARE	175	74	(101)	-58%
6	COMMERCIAL INSURANCE	729	812	83	11%
7	NON-GOVERNMENT MANAGED CARE	12,560	11,668	(892)	-7%
8	WORKER'S COMPENSATION	518	474	(44)	-8%
9	SELF- PAY/UNINSURED	647	372	(275)	-43%
10	SAGA	1,613	0	(1,613)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	52,607	55,915	3,308	6%

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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
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	49,625	49,367	(258)	-1%
2	MEDICARE MANAGED CARE	11,749	13,887	2,138	18%
3	MEDICAID	18,056	26,423	8,367	46%
4	MEDICAID MANAGED CARE	38,288	36,455	(1,833)	-5%
5	CHAMPUS/TRICARE	655	571	(84)	-13%
6	COMMERCIAL INSURANCE	5,726	6,315	589	10%
7	NON-GOVERNMENT MANAGED CARE	83,329	80,539	(2,790)	-3%
8	WORKER'S COMPENSATION	2,679	2,817	138	5%
9	SELF- PAY/UNINSURED	8,625	8,074	(551)	-6%
10	SAGA	5,231	0	(5,231)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	223,963	224,448	485	0%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$14,870,663	\$15,834,597	\$963,934	6%
2	MEDICARE MANAGED CARE	\$2,545,683	\$3,227,734	\$682,051	27%
3	MEDICAID	\$7,531,290	\$20,397,943	\$12,866,653	171%
4	MEDICAID MANAGED CARE	\$24,823,929	\$25,375,940	\$552,011	2%
5	CHAMPUS/TRICARE	\$246,268	\$357,895	\$111,627	45%
6	COMMERCIAL INSURANCE	\$2,765,304	\$4,125,440	\$1,360,136	49%
7	NON-GOVERNMENT MANAGED CARE	\$20,020,071	\$20,132,534	\$112,463	1%
8	WORKER'S COMPENSATION	\$1,196,537	\$1,308,440	\$111,903	9%
9	SELF- PAY/UNINSURED	\$7,362,461	\$6,546,080	(\$816,381)	-11%
10	SAGA	\$8,592,011	\$0	(\$8,592,011)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$89,954,217	\$97,306,603	\$7,352,386	8%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$2,351,142	\$3,008,775	\$657,633	28%
2	MEDICARE MANAGED CARE	\$426,866	\$637,201	\$210,335	49%
3	MEDICAID	\$1,044,731	\$2,928,824	\$1,884,093	180%
4	MEDICAID MANAGED CARE	\$3,450,242	\$3,954,379	\$504,137	15%
5	CHAMPUS/TRICARE	\$52,941	\$51,187	(\$1,754)	-3%
6	COMMERCIAL INSURANCE	\$938,654	\$1,567,979	\$629,325	67%
7	NON-GOVERNMENT MANAGED CARE	\$5,662,082	\$6,503,580	\$841,498	15%
8	WORKER'S COMPENSATION	\$620,748	\$942,451	\$321,703	52%
9	SELF- PAY/UNINSURED	\$91,931	\$127,195	\$35,264	38%
10	SAGA	\$831,589	\$0	(\$831,589)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$15,470,926	\$19,721,571	\$4,250,645	27%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	7,603	7,755	152	2%
2	MEDICARE MANAGED CARE	1,308	1,523	215	16%
3	MEDICAID	5,285	12,918	7,633	144%
4	MEDICAID MANAGED CARE	20,633	20,040	(593)	-3%
5	CHAMPUS/TRICARE	175	181	6	3%
6	COMMERCIAL INSURANCE	1,523	2,174	651	43%
7	NON-GOVERNMENT MANAGED CARE	11,522	10,843	(679)	-6%
8	WORKER'S COMPENSATION	880	912	32	4%
9	SELF- PAY/UNINSURED	5,501	4,675	(826)	-15%
10	SAGA	6,097	0	(6,097)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	60,527	61,021	494	1%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$27,239,418	\$28,268,013	\$1,028,595	4%
2	Physician Salaries	\$2,877,015	\$2,984,635	\$107,620	4%
3	Non-Nursing, Non-Physician Salaries	\$43,621,631	\$45,248,376	\$1,626,745	4%
	Total Salaries & Wages	\$73,738,064	\$76,501,024	\$2,762,960	4%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$6,590,600	\$6,406,028	(\$184,572)	-3%
2	Physician Fringe Benefits	\$847,264	\$989,413	\$142,149	17%
3	Non-Nursing, Non-Physician Fringe Benefits	\$15,404,495	\$15,952,796	\$548,301	4%
	Total Fringe Benefits	\$22,842,359	\$23,348,237	\$505,878	2%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$3,168,512	\$3,570,969	\$402,457	13%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$3,168,512	\$3,570,969	\$402,457	13%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$21,867,819	\$22,209,540	\$341,721	2%
2	Pharmaceutical Costs	\$5,549,971	\$6,288,750	\$738,779	13%
	Total Medical Supplies and Pharmaceutical Cost	\$27,417,790	\$28,498,290	\$1,080,500	4%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$3,283,592	\$3,369,991	\$86,399	3%
2	Depreciation-Equipment	\$3,938,836	\$4,031,458	\$92,622	2%
3	Amortization	\$71,406	\$68,497	(\$2,909)	-4%
	Total Depreciation and Amortization	\$7,293,834	\$7,469,946	\$176,112	2%
F.	Bad Debts:				
1	Bad Debts	\$11,904,617	\$7,589,833	(\$4,314,784)	-36%
G.	Interest Expense:				
1	Interest Expense	\$1,719,650	\$1,198,337	(\$521,313)	-30%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$4,132,551	\$5,374,420	\$1,241,869	30%
I.	Utilities:				
1	Water	\$83,368	\$86,854	\$3,486	4%
2	Natural Gas	\$1,029,923	\$937,275	(\$92,648)	-9%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$2,343,905	\$2,499,764	\$155,859	7%
5	Telephone	\$402,570	\$468,300	\$65,730	16%
6	Other Utilities	\$90,816	\$130,976	\$40,160	44%
	Total Utilities	\$3,950,582	\$4,123,169	\$172,587	4%
J.	Business Expenses:				
1	Accounting Fees	\$241,428	\$241,302	(\$126)	0%
2	Legal Fees	\$965,043	\$2,582,755	\$1,617,712	168%
3	Consulting Fees	\$1,250,710	\$2,240,370	\$989,660	79%
4	Dues and Membership	\$640,983	\$606,920	(\$34,063)	-5%
5	Equipment Leases	\$0	\$0	\$0	0%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$4,304,371	\$5,428,461	\$1,124,090	26%
8	Insurance	\$52,346	\$1,061,232	\$1,008,886	1927%
9	Travel	\$132,837	\$165,890	\$33,053	25%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$2,882,487	\$3,497,570	\$615,083	21%
13	Licenses and Subscriptions	\$0	\$0	\$0	0%
14	Postage and Shipping	\$178,436	\$213,889	\$35,453	20%
15	Advertising	\$580,623	\$659,402	\$78,779	14%
16	Other Business Expenses	\$5,397,843	\$7,081,673	\$1,683,830	31%
	Total Business Expenses	\$16,627,107	\$23,779,464	\$7,152,357	43%

SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$24,190,197	\$24,233,185	\$42,988	0%
	Total Operating Expenses - All Expense Categories*	\$196,985,263	\$205,686,874	\$8,701,611	4%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$18,481,600	\$21,559,859	\$3,078,259	17%
2	General Accounting	\$888,933	\$910,399	\$21,466	2%
3	Patient Billing & Collection	\$1,939,585	\$1,972,756	\$33,171	2%
4	Admitting / Registration Office	\$1,146,354	\$1,131,328	(\$15,026)	-1%
5	Data Processing	\$4,867,656	\$5,667,533	\$799,877	16%
6	Communications	\$572,778	\$616,092	\$43,314	8%
7	Personnel	\$138,647	\$149,144	\$10,497	8%
8	Public Relations	\$853,143	\$823,913	(\$29,230)	-3%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$3,266,101	\$3,619,064	\$352,963	11%
11	Housekeeping	\$2,386,642	\$2,402,699	\$16,057	1%
12	Laundry & Linen	\$4,330,728	\$4,500,581	\$169,853	4%
13	Operation of Plant	\$4,207,241	\$5,686,468	\$1,479,227	35%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$1,806,372	\$2,030,198	\$223,826	12%
16	Central Sterile Supply	\$686,446	\$707,355	\$20,909	3%
17	Pharmacy Department	\$6,753,916	\$7,325,006	\$571,090	8%
18	Other General Services	\$45,598,105	\$41,923,227	(\$3,674,878)	-8%
	Total General Services	\$97,924,247	\$101,025,622	\$3,101,375	3%
B.	Professional Services:				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$4,773,610	\$5,059,531	\$285,921	6%
3	Nursing Services Administration	\$1,221,168	\$1,227,943	\$6,775	1%
4	Medical Records	\$2,131,567	\$2,153,469	\$21,902	1%
5	Social Service	\$313,909	\$325,957	\$12,048	4%
6	Other Professional Services	\$2,533,997	\$1,828,693	(\$705,304)	-28%
	Total Professional Services	\$10,974,251	\$10,595,593	(\$378,658)	-3%
C.	Special Services:				
1	Operating Room	\$18,285,274	\$19,171,920	\$886,646	5%
2	Recovery Room	\$621,018	\$704,845	\$83,827	13%
3	Anesthesiology	\$990,397	\$891,886	(\$98,511)	-10%
4	Delivery Room	\$4,005,884	\$4,053,009	\$47,125	1%
5	Diagnostic Radiology	\$3,856,752	\$4,016,687	\$159,935	4%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$1,279	\$646	(\$633)	-49%
8	Radioisotopes	\$576,794	\$624,834	\$48,040	8%
9	CT Scan	\$877,179	\$956,172	\$78,993	9%
10	Laboratory	\$10,260,055	\$10,252,227	(\$7,828)	0%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$7,044,227	\$6,159,144	(\$885,083)	-13%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$753,066	\$795,065	\$41,999	6%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,278,147	\$1,325,621	\$47,474	4%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$128,136	\$128,852	\$716	1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$269,519	\$399,311	\$129,792	48%
24	Emergency Room	\$7,138,173	\$7,687,498	\$549,325	8%
25	MRI	\$730,598	\$868,201	\$137,603	19%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,539,455	\$1,796,914	\$257,459	17%
33	Dental Clinic	\$0	\$0	\$0	0%

**SAINT MARY'S HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2011
 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$58,355,953	\$59,832,832	\$1,476,879	3%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. Routine Services:					
1	Medical & Surgical Units	\$15,533,671	\$17,627,304	\$2,093,633	13%
2	Intensive Care Unit	\$3,823,002	\$4,107,783	\$284,781	7%
3	Coronary Care Unit	\$1,385,478	\$1,445,694	\$60,216	4%
4	Psychiatric Unit	\$1,794,319	\$1,715,918	(\$78,401)	-4%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,632,149	\$1,602,024	(\$30,125)	-2%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,289,957	\$1,273,260	(\$16,697)	-1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$2,721,965	\$4,952,542	\$2,230,577	82%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$28,180,541	\$32,724,525	\$4,543,984	16%
E. Other Departments:					
1	Miscellaneous Other Departments	\$1,550,271	\$1,508,302	(\$41,969)	-3%
	Total Operating Expenses - All Departments*	\$196,985,263	\$205,686,874	\$8,701,611	4%
*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$193,245,559	\$ 198,455,064	\$207,355,344
2	Other Operating Revenue	8,145,638	8,481,266	5,226,127
3	Total Operating Revenue	\$201,391,197	\$206,936,330	\$212,581,471
4	Total Operating Expenses	192,136,903	196,985,263	205,686,874
5	Income/(Loss) From Operations	\$9,254,294	\$9,951,067	\$6,894,597
6	Total Non-Operating Revenue	3,520,657	3,675,712	(1,136,371)
7	Excess/(Deficiency) of Revenue Over Expenses	\$12,774,951	\$13,626,779	\$5,758,226
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	4.52%	4.72%	3.26%
2	Hospital Non Operating Margin	1.72%	1.75%	-0.54%
3	Hospital Total Margin	6.23%	6.47%	2.72%
4	Income/(Loss) From Operations	\$9,254,294	\$9,951,067	\$6,894,597
5	Total Operating Revenue	\$201,391,197	\$206,936,330	\$212,581,471
6	Total Non-Operating Revenue	\$3,520,657	\$3,675,712	(\$1,136,371)
7	Total Revenue	\$204,911,854	\$210,612,042	\$211,445,100
8	Excess/(Deficiency) of Revenue Over Expenses	\$12,774,951	\$13,626,779	\$5,758,226
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	(\$4,907,594)	\$6,754,167	(\$2,602,946)
2	Hospital Total Net Assets	\$11,261,310	\$23,714,139	\$13,626,171
3	Hospital Change in Total Net Assets	(\$3,604,533)	\$12,452,829	(\$10,087,968)
4	Hospital Change in Total Net Assets %	75.8%	110.6%	-42.5%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.42	0.40	0.40
2	Total Operating Expenses	\$192,136,903	\$196,985,263	\$205,686,874
3	Total Gross Revenue	\$453,112,160	\$481,019,806	\$509,570,826
4	Total Other Operating Revenue	\$8,145,638	\$8,481,266	\$7,814,938

SAINT MARY'S HOSPITAL				
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
5	<u>Private Payment to Cost Ratio</u>	1.02	1.00	1.05
6	Total Non-Government Payments	\$69,666,312	\$71,119,217	\$74,070,522
7	Total Uninsured Payments	\$331,792	\$249,027	\$265,367
8	Total Non-Government Charges	\$174,131,459	\$186,327,093	\$184,186,821
9	Total Uninsured Charges	\$10,403,387	\$10,633,998	\$7,769,616
10	<u>Medicare Payment to Cost Ratio</u>	1.13	1.13	1.08
11	Total Medicare Payments	\$84,533,079	\$84,432,027	\$87,103,406
12	Total Medicare Charges	\$179,215,718	\$185,574,920	\$202,962,614
13	<u>Medicaid Payment to Cost Ratio</u>	0.65	0.65	0.67
14	Total Medicaid Payments	\$20,968,946	\$25,333,357	\$32,406,942
15	Total Medicaid Charges	\$76,990,155	\$96,241,350	\$121,507,570
16	<u>Uncompensated Care Cost</u>	\$5,089,127	\$5,210,770	\$3,267,541
17	Charity Care	\$493,000	\$1,043,954	\$629,356
18	Bad Debts	\$11,724,327	\$11,904,617	\$7,589,833
19	Total Uncompensated Care	\$12,217,327	\$12,948,571	\$8,219,189
20	<u>Uncompensated Care % of Total Expenses</u>	2.6%	2.6%	1.6%
21	Total Operating Expenses	\$192,136,903	\$196,985,263	\$205,686,874
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.69	1.75	1.54
2	Total Current Assets	\$51,079,294	\$56,533,835	\$59,842,614
3	Total Current Liabilities	\$30,222,771	\$32,281,142	\$38,867,425
4	<u>Days Cash on Hand</u>	38	44	44
5	Cash and Cash Equivalents	\$19,053,028	\$22,941,812	\$23,202,053
6	Short Term Investments	28,176	35,207	497,349
7	Total Cash and Short Term Investments	\$19,081,204	\$22,977,019	\$23,699,402
8	Total Operating Expenses	\$192,136,903	\$196,985,263	\$205,686,874
9	Depreciation Expense	\$7,500,925	\$7,293,834	\$7,469,946
10	Operating Expenses less Depreciation Expense	\$184,635,978	\$189,691,429	\$198,216,928

SAINT MARY'S HOSPITAL				
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
11	<u>Days Revenue in Patient Accounts Receivable</u>	27.42	29.37	28.42
12	Net Patient Accounts Receivable	\$ 21,361,544	\$ 21,905,974	\$ 25,440,911
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$6,846,898	\$5,935,477	\$9,296,916
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 14,514,646	\$ 15,970,497	\$ 16,143,995
16	Total Net Patient Revenue	\$193,245,559	\$ 198,455,064	\$ 207,355,344
17	<u>Average Payment Period</u>	59.75	62.11	71.57
18	Total Current Liabilities	\$30,222,771	\$32,281,142	\$38,867,425
19	Total Operating Expenses	\$192,136,903	\$196,985,263	\$205,686,874
20	Depreciation Expense	\$7,500,925	\$7,293,834	\$7,469,946
21	Total Operating Expenses less Depreciation Expense	\$184,635,978	\$189,691,429	\$198,216,928
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	7.4	14.8	8.4
2	Total Net Assets	\$11,261,310	\$23,714,139	\$13,626,171
3	Total Assets	\$153,005,388	\$159,811,827	\$163,115,671
4	<u>Cash Flow to Total Debt Ratio</u>	34.8	36.4	21.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$12,774,951	\$13,626,779	\$5,758,226
6	Depreciation Expense	\$7,500,925	\$7,293,834	\$7,469,946
7	Excess of Revenues Over Expenses and Depreciation Expense	\$20,275,876	\$20,920,613	\$13,228,172
8	Total Current Liabilities	\$30,222,771	\$32,281,142	\$38,867,425
9	Total Long Term Debt	\$27,966,513	\$25,252,415	\$23,117,083
10	Total Current Liabilities and Total Long Term Debt	\$58,189,284	\$57,533,557	\$61,984,508
11	<u>Long Term Debt to Capitalization Ratio</u>	71.3	51.6	62.9
12	Total Long Term Debt	\$27,966,513	\$25,252,415	\$23,117,083
13	Total Net Assets	\$11,261,310	\$23,714,139	\$13,626,171
14	Total Long Term Debt and Total Net Assets	\$39,227,823	\$48,966,554	\$36,743,254

SAINT MARY'S HOSPITAL				
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
15	<u>Debt Service Coverage Ratio</u>	5.0	8.0	3.3
16	Excess Revenues over Expenses	\$12,774,951	\$13,626,779	\$5,758,226
17	Interest Expense	\$1,861,697	\$1,719,650	\$1,198,337
18	Depreciation and Amortization Expense	\$7,500,925	\$7,293,834	\$7,469,946
19	Principal Payments	\$2,563,000	\$1,121,000	\$3,128,000
	<u>G. Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	13.9	14.8	15.3
21	Accumulated Depreciation	\$104,096,037	\$108,161,901	\$113,942,043
22	Depreciation and Amortization Expense	\$7,500,925	\$7,293,834	\$7,469,946
	<u>H. Utilization Measures Summary</u>			
1	Patient Days	53,096	52,607	55,915
2	Discharges	12,462	12,208	12,534
3	ALOS	4.3	4.3	4.5
4	Staffed Beds	196	181	179
5	Available Beds	-	181	181
6	Licensed Beds	379	379	379
6	Occupancy of Staffed Beds	74.2%	79.6%	85.6%
7	Occupancy of Available Beds	74.2%	79.6%	84.6%
8	Full Time Equivalent Employees	1,205.4	1,198.7	1,237.9
	<u>I. Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	36.1%	36.5%	34.6%
2	Medicare Gross Revenue Payer Mix Percentage	39.6%	38.6%	39.8%
3	Medicaid Gross Revenue Payer Mix Percentage	17.0%	20.0%	23.8%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.8%	2.5%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.3%	2.2%	1.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$163,728,072	\$175,693,095	\$176,417,205
9	Medicare Gross Revenue (Charges)	\$179,215,718	\$185,574,920	\$202,962,614
10	Medicaid Gross Revenue (Charges)	\$76,990,155	\$96,241,350	\$121,507,570
11	Other Medical Assistance Gross Revenue (Charges)	\$21,904,011	\$11,799,742	\$0
12	Uninsured Gross Revenue (Charges)	\$10,403,387	\$10,633,998	\$7,769,616
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$870,817	\$1,076,701	\$913,821
14	Total Gross Revenue (Charges)	\$453,112,160	\$481,019,806	\$509,570,826

SAINT MARY'S HOSPITAL				
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
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	38.9%	38.7%	38.1%
2	Medicare Net Revenue Payer Mix Percentage	47.4%	46.1%	44.9%
3	Medicaid Net Revenue Payer Mix Percentage	11.8%	13.8%	16.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.6%	1.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.1%	0.1%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.2%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$69,334,520	\$70,870,190	\$73,805,155
9	Medicare Net Revenue (Payments)	\$84,533,079	\$84,432,027	\$87,103,406
10	Medicaid Net Revenue (Payments)	\$20,968,946	\$25,333,357	\$32,406,942
11	Other Medical Assistance Net Revenue (Payments)	\$2,788,947	\$1,768,086	\$0
12	Uninsured Net Revenue (Payments)	\$331,792	\$249,027	\$265,367
13	CHAMPUS / TRICARE Net Revenue Payments)	\$318,057	\$332,866	\$261,375
14	Total Net Revenue (Payments)	\$178,275,341	\$182,985,553	\$193,842,245
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	3,956	4,007	3,735
2	Medicare	5,300	5,130	5,576
3	Medical Assistance	3,176	3,023	3,197
4	Medicaid	2,603	2,687	3,197
5	Other Medical Assistance	573	336	-
6	CHAMPUS / TRICARE	30	48	26
7	Uninsured (Included In Non-Government)	196	184	128
8	Total	12,462	12,208	12,534
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.139350	1.193550	1.202440
2	Medicare	1.564440	1.535060	1.512600
3	Medical Assistance	0.911074	0.988114	1.044100
4	Medicaid	0.858700	0.973840	1.044100
5	Other Medical Assistance	1.149000	1.102270	0.000000
6	CHAMPUS / TRICARE	0.617970	0.682270	0.861900
7	Uninsured (Included In Non-Government)	0.989590	1.038350	1.046900
8	Total Case Mix Index	1.260705	1.284176	1.299327
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	7,575	7,441	8,191
2	Emergency Room - Treated and Discharged	61,984	60,527	61,021
3	Total Emergency Room Visits	69,559	67,968	69,212

**SAINT MARY'S HOSPITAL
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	\$280,132	\$868,929	\$588,797	210%
2	Inpatient Payments	\$115,586	\$391,854	\$276,268	239%
3	Outpatient Charges	\$272,473	\$330,708	\$58,235	21%
4	Outpatient Payments	\$110,085	\$129,344	\$19,259	17%
5	Discharges	10	28	18	180%
6	Patient Days	52	105	53	102%
7	Outpatient Visits (Excludes ED Visits)	284	405	121	43%
8	Emergency Department Outpatient Visits	26	36	10	38%
9	Emergency Department Inpatient Admissions	9	24	15	167%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$552,605	\$1,199,637	\$647,032	117%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$225,671	\$521,198	\$295,527	131%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$2,746,167	\$5,376,081	\$2,629,914	96%
2	Inpatient Payments	\$1,337,758	\$2,510,175	\$1,172,417	88%
3	Outpatient Charges	\$1,324,800	\$2,566,510	\$1,241,710	94%
4	Outpatient Payments	\$352,592	\$679,920	\$327,328	93%
5	Discharges	83	154	71	86%
6	Patient Days	430	865	435	101%
7	Outpatient Visits (Excludes ED Visits)	1,640	2,445	805	49%
8	Emergency Department Outpatient Visits	93	215	122	131%
9	Emergency Department Inpatient Admissions	63	120	57	90%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,070,967	\$7,942,591	\$3,871,624	95%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,690,350	\$3,190,095	\$1,499,745	89%

SAINT MARY'S HOSPITAL
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	\$9,852,781	\$7,101,046	(\$2,751,735)	-28%
2	Inpatient Payments	\$5,179,057	\$3,698,404	(\$1,480,653)	-29%
3	Outpatient Charges	\$5,270,677	\$3,677,042	(\$1,593,635)	-30%
4	Outpatient Payments	\$1,271,394	\$914,424	(\$356,970)	-28%
5	Discharges	368	298	(70)	-19%
6	Patient Days	1,935	1,637	(298)	-15%
7	Outpatient Visits (Excludes ED Visits)	4,363	3,597	(766)	-18%
8	Emergency Department Outpatient Visits	401	340	(61)	-15%
9	Emergency Department Inpatient Admissions	299	265	(34)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,123,458	\$10,778,088	(\$4,345,370)	-29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,450,451	\$4,612,828	(\$1,837,623)	-28%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$846,001	\$1,255,820	\$409,819	48%
2	Inpatient Payments	\$389,147	\$584,695	\$195,548	50%
3	Outpatient Charges	\$477,328	\$760,297	\$282,969	59%
4	Outpatient Payments	\$117,533	\$194,395	\$76,862	65%
5	Discharges	40	114	74	185%
6	Patient Days	291	783	492	169%
7	Outpatient Visits (Excludes ED Visits)	355	651	296	83%
8	Emergency Department Outpatient Visits	55	80	25	45%
9	Emergency Department Inpatient Admissions	29	33	4	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,323,329	\$2,016,117	\$692,788	52%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$506,680	\$779,090	\$272,410	54%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$1,438,175	\$2,994,670	\$1,556,495	108%
2	Inpatient Payments	\$662,913	\$1,475,752	\$812,839	123%
3	Outpatient Charges	\$1,100,681	\$1,625,755	\$525,074	48%
4	Outpatient Payments	\$185,886	\$290,079	\$104,193	56%
5	Discharges	55	124	69	125%
6	Patient Days	288	640	352	122%
7	Outpatient Visits (Excludes ED Visits)	1,145	1,695	550	48%
8	Emergency Department Outpatient Visits	116	192	76	66%
9	Emergency Department Inpatient Admissions	41	108	67	163%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,538,856	\$4,620,425	\$2,081,569	82%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$848,799	\$1,765,831	\$917,032	108%

SAINT MARY'S HOSPITAL
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	\$1,395,713	\$3,343,299	\$1,947,586	140%
2	Inpatient Payments	\$796,354	\$1,824,307	\$1,027,953	129%
3	Outpatient Charges	\$1,431,630	\$1,979,765	\$548,135	38%
4	Outpatient Payments	\$333,456	\$445,888	\$112,432	34%
5	Discharges	76	78	2	3%
6	Patient Days	327	328	1	0%
7	Outpatient Visits (Excludes ED Visits)	943	1,816	873	93%
8	Emergency Department Outpatient Visits	249	247	(2)	-1%
9	Emergency Department Inpatient Admissions	70	122	52	74%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,827,343	\$5,323,064	\$2,495,721	88%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,129,810	\$2,270,195	\$1,140,385	101%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$1,808,108	\$1,622,261	(\$185,847)	-10%
2	Inpatient Payments	\$888,399	\$891,723	\$3,324	0%
3	Outpatient Charges	\$1,261,416	\$1,577,964	\$316,548	25%
4	Outpatient Payments	\$283,575	\$339,871	\$56,296	20%
5	Discharges	65	79	14	22%
6	Patient Days	369	416	47	13%
7	Outpatient Visits (Excludes ED Visits)	969	1,036	67	7%
8	Emergency Department Outpatient Visits	287	351	64	22%
9	Emergency Department Inpatient Admissions	57	77	20	35%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,069,524	\$3,200,225	\$130,701	4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,171,974	\$1,231,594	\$59,620	5%
I. AETNA					
1	Inpatient Charges	\$1,043,090	\$1,164,457	\$121,367	12%
2	Inpatient Payments	\$738,011	\$562,565	(\$175,446)	-24%
3	Outpatient Charges	\$835,986	\$677,332	(\$158,654)	-19%
4	Outpatient Payments	\$220,686	\$177,670	(\$43,016)	-19%
5	Discharges	49	48	(1)	-2%
6	Patient Days	85	93	8	9%
7	Outpatient Visits (Excludes ED Visits)	742	719	(23)	-3%
8	Emergency Department Outpatient Visits	81	62	(19)	-23%
9	Emergency Department Inpatient Admissions	36	42	6	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,879,076	\$1,841,789	(\$37,287)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$958,697	\$740,235	(\$218,462)	-23%

SAINT MARY'S HOSPITAL
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 MARY'S HOSPITAL
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	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$19,410,167	\$23,726,563	\$4,316,396	22%
	TOTAL INPATIENT PAYMENTS	\$10,107,225	\$11,939,475	\$1,832,250	18%
	TOTAL OUTPATIENT CHARGES	\$11,974,991	\$13,195,373	\$1,220,382	10%
	TOTAL OUTPATIENT PAYMENTS	\$2,875,207	\$3,171,591	\$296,384	10%
	TOTAL DISCHARGES	746	923	177	24%
	TOTAL PATIENT DAYS	3,777	4,867	1,090	29%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	10,441	12,364	1,923	18%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,308	1,523	215	16%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	604	791	187	31%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,385,158	\$36,921,936	\$5,536,778	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$12,982,432	\$15,111,066	\$2,128,634	16%

**SAINT MARY'S HOSPITAL
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	\$6,001,969	\$6,556,459	\$554,490	9%
2	Inpatient Payments	\$2,789,723	\$2,870,374	\$80,651	3%
3	Outpatient Charges	\$24,026,208	\$25,410,237	\$1,384,029	6%
4	Outpatient Payments	\$5,140,461	\$4,985,517	(\$154,944)	-3%
5	Discharges	750	788	38	5%
6	Patient Days	2,274	2,238	(36)	-2%
7	Outpatient Visits (Excludes ED Visits)	10,382	9,653	(729)	-7%
8	Emergency Department Outpatient Visits	13,161	12,690	(471)	-4%
9	Emergency Department Inpatient Admissions	146	179	33	23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,028,177	\$31,966,696	\$1,938,519	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,930,184	\$7,855,891	(\$74,293)	-1%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$2,661,253	\$2,031,077	(\$630,176)	-24%
2	Inpatient Payments	\$1,231,528	\$863,488	(\$368,040)	-30%
3	Outpatient Charges	\$4,622,334	\$5,055,215	\$432,881	9%
4	Outpatient Payments	\$1,221,516	\$1,014,026	(\$207,490)	-17%
5	Discharges	291	255	(36)	-12%
6	Patient Days	1,163	868	(295)	-25%
7	Outpatient Visits (Excludes ED Visits)	2,118	1,851	(267)	-13%
8	Emergency Department Outpatient Visits	2,329	2,444	115	5%
9	Emergency Department Inpatient Admissions	101	100	(1)	-1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,283,587	\$7,086,292	(\$197,295)	-3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,453,044	\$1,877,514	(\$575,530)	-23%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT MARY'S HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
G. UNITED HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. AETNA					
1	Inpatient Charges	\$4,401,622	\$4,930,293	\$528,671	12%
2	Inpatient Payments	\$1,394,952	\$1,813,351	\$418,399	30%
3	Outpatient Charges	\$10,918,469	\$11,352,618	\$434,149	4%
4	Outpatient Payments	\$2,300,245	\$2,182,368	(\$117,877)	-5%
5	Discharges	377	433	56	15%
6	Patient Days	1,174	1,403	229	20%
7	Outpatient Visits (Excludes ED Visits)	5,155	4,911	(244)	-5%
8	Emergency Department Outpatient Visits	5,143	4,906	(237)	-5%
9	Emergency Department Inpatient Admissions	92	118	26	28%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,320,091	\$16,282,911	\$962,820	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,695,197	\$3,995,719	\$300,522	8%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$13,064,844	\$13,517,829	\$452,985	3%
	TOTAL INPATIENT PAYMENTS	\$5,416,203	\$5,547,213	\$131,010	2%
	TOTAL OUTPATIENT CHARGES	\$39,567,011	\$41,818,070	\$2,251,059	6%
	TOTAL OUTPATIENT PAYMENTS	\$8,662,222	\$8,181,911	(\$480,311)	-6%
	TOTAL DISCHARGES	1,418	1,476	58	4%
	TOTAL PATIENT DAYS	4,611	4,509	(102)	-2%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	17,655	16,415	(1,240)	-7%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	20,633	20,040	(593)	-3%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	339	397	58	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$52,631,855	\$55,335,899	\$2,704,044	5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,078,425	\$13,729,124	(\$349,301)	-2%

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$26,358,000	\$25,568,000	(\$790,000)	-3%
2	Short Term Investments	\$1,182,000	\$497,000	(\$685,000)	-58%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$26,752,000	\$28,879,000	\$2,127,000	8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$4,714,000	\$6,428,000	\$1,714,000	36%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$0	\$2,561,706	\$2,561,706	0%
8	Prepaid Expenses	\$0	\$1,142,417	\$1,142,417	0%
9	Other Current Assets	\$4,560,000	\$2,403,877	(\$2,156,123)	-47%
	Total Current Assets	\$63,566,000	\$67,480,000	\$3,914,000	6%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$13,375,000	\$12,673,000	(\$702,000)	-5%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$27,918,000	\$25,834,000	(\$2,084,000)	-7%
	Total Noncurrent Assets Whose Use is Limited:	\$41,293,000	\$38,507,000	(\$2,786,000)	-7%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$15,804,000	\$16,163,000	\$359,000	2%
7	Other Noncurrent Assets	\$10,087,000	\$10,421,000	\$334,000	3%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$175,254,000	\$178,374,000	\$3,120,000	2%
2	Less: Accumulated Depreciation	\$119,376,000	\$120,573,000	\$1,197,000	\$0
	Property, Plant and Equipment, Net	\$55,878,000	\$57,801,000	\$1,923,000	3%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$55,878,000	\$57,801,000	\$1,923,000	3%
	Total Assets	\$186,628,000	\$190,372,000	\$3,744,000	2%

SAINT MARY'S HEALTH SYSTEM, 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	\$22,790,000	\$32,246,000	\$9,456,000	41%
2	Salaries, Wages and Payroll Taxes	\$6,499,000	\$5,260,000	(\$1,239,000)	-19%
3	Due To Third Party Payers	\$5,935,000	\$7,100,000	\$1,165,000	20%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,124,000	\$2,655,000	(\$469,000)	-15%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$38,348,000	\$47,261,000	\$8,913,000	23%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$26,789,000	\$24,165,000	(\$2,624,000)	-10%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$26,789,000	\$24,165,000	(\$2,624,000)	-10%
3	Accrued Pension Liability	\$67,434,000	\$75,051,000	\$7,617,000	11%
4	Other Long Term Liabilities	\$27,697,000	\$29,324,000	\$1,627,000	6%
	Total Long Term Liabilities	\$121,920,000	\$128,540,000	\$6,620,000	5%
5	Interest in Net Assets of Affiliates or Joint	\$1,663,000	\$478,000	(\$1,185,000)	-71%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$7,737,000	(\$2,136,000)	(\$9,873,000)	-128%
2	Temporarily Restricted Net Assets	\$2,582,000	\$2,554,000	(\$28,000)	-1%
3	Permanently Restricted Net Assets	\$14,378,000	\$13,675,000	(\$703,000)	-5%
	Total Net Assets	\$24,697,000	\$14,093,000	(\$10,604,000)	-43%
	Total Liabilities and Net Assets	\$186,628,000	\$190,372,000	\$3,744,000	2%

SAINT MARY'S HEALTH SYSTEM, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$562,404,000	\$608,295,000	\$45,891,000	8%
2	Less: Allowances	\$317,513,000	\$356,387,000	\$38,874,000	12%
3	Less: Charity Care	\$1,044,000	\$629,000	(\$415,000)	-40%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$243,847,000	\$251,279,000	\$7,432,000	3%
5	Other Operating Revenue	\$7,572,000	\$7,199,000	(\$373,000)	-5%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$251,419,000	\$258,478,000	\$7,059,000	3%
B. Operating Expenses:					
1	Salaries and Wages	\$105,443,000	\$111,631,000	\$6,188,000	6%
2	Fringe Benefits	\$28,308,000	\$29,004,000	\$696,000	2%
3	Physicians Fees	\$0	\$7,342,000	\$7,342,000	0%
4	Supplies and Drugs	\$0	\$31,904,000	\$31,904,000	0%
5	Depreciation and Amortization	\$0	\$8,977,000	\$8,977,000	0%
6	Bad Debts	\$13,281,000	\$9,606,000	(\$3,675,000)	-28%
7	Interest	\$0	\$1,345,000	\$1,345,000	0%
8	Malpractice	\$0	\$5,374,420	\$5,374,420	0%
9	Other Operating Expenses	\$100,285,000	\$55,615,580	(\$44,669,420)	-45%
	Total Operating Expenses	\$247,317,000	\$260,799,000	\$13,482,000	5%
	Income/(Loss) From Operations	\$4,102,000	(\$2,321,000)	(\$6,423,000)	-157%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,723,000	\$979,000	(\$744,000)	-43%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$712,000	(\$426,000)	(\$1,138,000)	-160%
	Total Non-Operating Revenue	\$2,435,000	\$553,000	(\$1,882,000)	-77%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$6,537,000	(\$1,768,000)	(\$8,305,000)	-127%
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	\$6,537,000	(\$1,768,000)	(\$8,305,000)	-127%

SAINT MARY'S HEALTH SYSTEM, 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
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$238,143,000	\$243,847,000	\$251,279,000
2	Other Operating Revenue	7,585,000	7,572,000	7,199,000
3	Total Operating Revenue	\$245,728,000	\$251,419,000	\$258,478,000
4	Total Operating Expenses	237,560,000	247,317,000	260,799,000
5	Income/(Loss) From Operations	\$8,168,000	\$4,102,000	(\$2,321,000)
6	Total Non-Operating Revenue	285,000	2,435,000	553,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$8,453,000	\$6,537,000	(\$1,768,000)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.32%	1.62%	-0.90%
2	Parent Corporation Non-Operating Margin	0.12%	0.96%	0.21%
3	Parent Corporation Total Margin	3.44%	2.58%	-0.68%
4	Income/(Loss) From Operations	\$8,168,000	\$4,102,000	(\$2,321,000)
5	Total Operating Revenue	\$245,728,000	\$251,419,000	\$258,478,000
6	Total Non-Operating Revenue	\$285,000	\$2,435,000	\$553,000
7	Total Revenue	\$246,013,000	\$253,854,000	\$259,031,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$8,453,000	\$6,537,000	(\$1,768,000)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	(\$3,025,000)	\$7,737,000	-\$2,136,000
2	Parent Corporation Total Net Assets	\$13,143,000	\$24,697,000	\$14,093,000
3	Parent Corporation Change in Total Net Assets	(\$4,104,000)	\$11,554,000	(\$10,604,000)
4	Parent Corporation Change in Total Net Assets %	76.2%	87.9%	-42.9%

SAINT MARY'S HEALTH SYSTEM, 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	1.60	1.66	1.43
2	Total Current Assets	\$58,784,000	\$63,566,000	\$67,480,000
3	Total Current Liabilities	\$36,724,000	\$38,348,000	\$47,261,000
4	Days Cash on Hand	37	41	38
5	Cash and Cash Equivalents	\$23,213,000	\$26,358,000	\$25,568,000
6	Short Term Investments	1,082,000	1,182,000	497,000
7	Total Cash and Short Term Investments	\$24,295,000	\$27,540,000	\$26,065,000
8	Total Operating Expenses	\$237,560,000	\$247,317,000	\$260,799,000
9	Depreciation Expense	\$0	\$0	\$8,977,000
10	Operating Expenses less Depreciation Expense	\$237,560,000	\$247,317,000	\$251,822,000
11	Days Revenue in Patient Accounts Receivable	29	31	32
12	Net Patient Accounts Receivable	\$ 25,784,000	\$ 26,752,000	\$ 28,879,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$6,847,000	\$5,935,000	\$7,100,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 18,937,000	\$ 20,817,000	\$ 21,779,000
16	Total Net Patient Revenue	\$238,143,000	\$243,847,000	\$251,279,000
17	Average Payment Period	56	57	69
18	Total Current Liabilities	\$36,724,000	\$38,348,000	\$47,261,000
19	Total Operating Expenses	\$237,560,000	\$247,317,000	\$260,799,000
20	Depreciation Expense	\$0	\$0	\$8,977,000
21	Total Operating Expenses less Depreciation Expense	\$237,560,000	\$247,317,000	\$251,822,000

SAINT MARY'S HEALTH SYSTEM, 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
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	7.4	13.2	7.4
2	Total Net Assets	\$13,143,000	\$24,697,000	\$14,093,000
3	Total Assets	\$177,833,000	\$186,628,000	\$190,372,000
4	<u>Cash Flow to Total Debt Ratio</u>	13.0	10.0	10.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$8,453,000	\$6,537,000	(\$1,768,000)
6	Depreciation Expense	\$0	\$0	\$8,977,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,453,000	\$6,537,000	\$7,209,000
8	Total Current Liabilities	\$36,724,000	\$38,348,000	\$47,261,000
9	Total Long Term Debt	\$28,263,000	\$26,789,000	\$24,165,000
10	Total Current Liabilities and Total Long Term Debt	\$64,987,000	\$65,137,000	\$71,426,000
11	<u>Long Term Debt to Capitalization Ratio</u>	68.3	52.0	63.2
12	Total Long Term Debt	\$28,263,000	\$26,789,000	\$24,165,000
13	Total Net Assets	\$13,143,000	\$24,697,000	\$14,093,000
14	Total Long Term Debt and Total Net Assets	\$41,406,000	\$51,486,000	\$38,258,000

SAINT MARY'S HOSPITAL								
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	41,588	9,558	10,122	122	122	93.4%	93.4%
2	ICU/CCU (Excludes Neonatal ICU)	3,827	337	0	16	16	65.5%	65.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	3,999	597	701	12	12	91.3%	91.3%
	TOTAL PSYCHIATRIC	3,999	597	701	12	12	91.3%	91.3%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,936	1,080	1,146	16	16	50.3%	50.3%
7	Newborn	2,101	908	986	7	7	82.2%	82.2%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	0	0.0%	0.0%
10	Other	1,464	391	199	6	8	66.8%	50.1%
	TOTAL EXCLUDING NEWBORN	53,814	11,626	12,168	172	174	85.7%	84.7%
	TOTAL INPATIENT BED UTILIZATION	55,915	12,534	13,154	179	181	85.6%	84.6%
	TOTAL INPATIENT REPORTED YEAR	55,915	12,534	13,154	179	181	85.6%	84.6%
	TOTAL INPATIENT PRIOR YEAR	52,607	0	0	181	181	79.6%	79.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	3,308	12,534	13,154	-2	0	6.0%	5.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	6%	0%	0%	-1%	0%	7%	6%
	Total Licensed Beds and Bassinets	379						
(A) This number may not exceed the number of available beds for each department or in total.								

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	8,343	5,720	-2,623	-31%
2	Outpatient Scans (Excluding Emergency Department Scans)	5,988	4,095	-1,893	-32%
3	Emergency Department Scans	10,189	8,625	-1,564	-15%
4	Other Non-Hospital Providers' Scans (A)	4,792	3,505	-1,287	-27%
	Total CT Scans	29,312	21,945	-7,367	-25%
B. MRI Scans (A)					
1	Inpatient Scans	1,830	1,397	-433	-24%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,907	1,960	53	3%
3	Emergency Department Scans	126	142	16	13%
4	Other Non-Hospital Providers' Scans (A)	10,955	11,082	127	1%
	Total MRI Scans	14,818	14,581	-237	-2%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	804	711	-93	-12%
	Total PET Scans	804	711	-93	-12%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	11,132	10,955	-177	-2%
	Total Linear Accelerator Procedures	11,132	10,955	-177	-2%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	470	581	111	24%
2	Outpatient Procedures	334	323	-11	-3%
	Total Cardiac Catheterization Procedures	804	904	100	12%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	291	363	72	25%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	291	363	72	25%
H. Electrophysiology Studies					
1	Inpatient Studies	149	118	-31	-21%
2	Outpatient Studies	23	90	67	291%
	Total Electrophysiology Studies	172	208	36	21%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	8,642	8,426	-216	-2%
2	Outpatient Surgical Procedures	9,804	7,703	-2,101	-21%
	Total Surgical Procedures	18,446	16,129	-2,317	-13%

SAINT MARY'S HOSPITAL					
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
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	336	303	-33	-10%
2	Outpatient Endoscopy Procedures	1,648	438	-1,210	-73%
	Total Endoscopy Procedures	1,984	741	-1,243	-63%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	7,441	8,191	750	10%
2	Emergency Room Visits: Treated and Discharged	60,527	61,021	494	1%
	Total Emergency Room Visits	67,968	69,212	1,244	2%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	268	191	-77	-29%
2	Dental Clinic Visits	6,517	6,116	-401	-6%
3	Psychiatric Clinic Visits	8,216	9,578	1,362	17%
4	Medical Clinic Visits	45,748	50,130	4,382	10%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	60,749	66,015	5,266	9%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	11,896	12,452	556	5%
2	Cardiology	2,098	2,565	467	22%
3	Chemotherapy	112	112	0	0%
4	Gastroenterology	2,221	511	-1,710	-77%
5	Other Outpatient Visits	147,135	147,786	651	0%
	Total Other Hospital Outpatient Visits	163,462	163,426	-36	0%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	328.2	339.7	11.5	4%
2	Total Physician FTEs	52.2	52.5	0.3	1%
3	Total Non-Nursing and Non-Physician FTEs	818.3	845.7	27.4	3%
	Total Hospital Full Time Equivalent Employees	1,198.7	1,237.9	39.2	3%

SAINT MARY'S HOSPITAL					
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	Hospital	9,804	5,873	-3,931	-40%
2	Naugatuck Valley Surgical Center	0	1,830	1,830	0%
	Total Outpatient Surgical Procedures(A)	9,804	7,703	-2,101	-21%
B. Outpatient Endoscopy Procedures					
1	Hospital	1,648	438	-1,210	-73%
	Total Outpatient Endoscopy Procedures(B)	1,648	438	-1,210	-73%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital	60,527	61,021	494	1%
	Total Outpatient Hospital Emergency Room Visits(C)	60,527	61,021	494	1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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	\$121,221,236	\$134,596,737	\$13,375,501	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$68,673,576	\$71,258,618	\$2,585,042	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.65%	52.94%	-3.71%	-7%
4	DISCHARGES	5,130	5,576	446	9%
5	CASE MIX INDEX (CMI)	1.53506	1.51260	(0.02246)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,874,85780	8,434,25760	559,39980	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,720.61	\$8,448.71	(\$271.90)	-3%
8	PATIENT DAYS	25,670	29,268	3,598	14%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,675.25	\$2,434.69	(\$240.55)	-9%
10	AVERAGE LENGTH OF STAY	5.0	5.2	0.2	5%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$64,353,684	\$68,365,877	\$4,012,193	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,758,451	\$15,844,788	\$86,337	1%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.49%	23.18%	-1.31%	-5%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	53.09%	50.79%	-2.29%	-4%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,723.40400	2,832.22416	108.82016	4%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,786.31	\$5,594.47	(\$191.84)	-3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$185,574,920	\$202,962,614	\$17,387,694	9%
18	TOTAL ACCRUED PAYMENTS	\$84,432,027	\$87,103,406	\$2,671,379	3%
19	TOTAL ALLOWANCES	\$101,142,893	\$115,859,208	\$14,716,315	15%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$77,476,915	\$71,960,779	(\$5,516,136)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$40,064,166	\$38,313,551	(\$1,750,615)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.71%	53.24%	1.53%	3%
4	DISCHARGES	4,007	3,735	(272)	-7%
5	CASE MIX INDEX (CMI)	1.19355	1.20244	0.00889	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,782,55485	4,491,11340	(291,44145)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,377.15	\$8,530.97	\$153.82	2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$343.46	(\$82.26)	(\$425.72)	-124%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,642,637	(\$369,425)	(\$2,012,062)	-122%
10	PATIENT DAYS	14,454	13,326	(1,128)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,771.84	\$2,875.10	\$103.26	4%
12	AVERAGE LENGTH OF STAY	3.6	3.6	(0.0)	-1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$108,850,178	\$112,226,042	\$3,375,864	3%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$31,055,051	\$35,756,971	\$4,701,920	15%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.53%	31.86%	3.33%	12%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	140.49%	155.95%	15.46%	11%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,629,58222	5,824,89896	195,31674	3%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,516.40	\$6,138.64	\$622.24	11%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$269.90	(\$544.17)	(\$814.08)	-302%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,519,439	(\$3,169,759)	(\$4,689,198)	-309%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$186,327,093	\$184,186,821	(\$2,140,272)	-1%
22	TOTAL ACCRUED PAYMENTS	\$71,119,217	\$74,070,522	\$2,951,305	4%
23	TOTAL ALLOWANCES	\$115,207,876	\$110,116,299	(\$5,091,577)	-4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,162,076	(\$3,539,184)	(\$6,701,260)	-212%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$186,327,093	\$184,186,821	(\$2,140,272)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$71,119,217	\$74,070,522	\$2,951,305	4%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$115,207,876	\$110,116,299	(\$5,091,577)	-4%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.83%	59.79%	-2.05%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,728,843	\$1,346,229	(\$1,382,614)	-51%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$19,808	\$26,510	\$6,702	34%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.73%	1.97%	1.24%	171%
4	DISCHARGES	184	128	(56)	-30%
5	CASE MIX INDEX (CMI)	1.03835	1.04690	0.00855	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	191.05640	134.00320	(\$7.05320)	-30%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$103.68	\$197.83	\$94.15	91%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$8,273.47	\$8,333.14	\$59.67	1%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,616.94	\$8,250.88	(\$366.05)	-4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,646,321	\$1,105,645	(\$540,676)	-33%
11	PATIENT DAYS	647	372	(275)	-43%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$30.62	\$71.26	\$40.65	133%
13	AVERAGE LENGTH OF STAY	3.5	2.9	(0.6)	-17%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,905,155	\$6,423,387	(\$1,481,768)	-19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$229,219	\$238,857	\$9,638	4%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.90%	3.72%	0.82%	28%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	289.69%	477.14%	187.45%	65%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	533.02756	610.73824	77.71069	15%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$430.03	\$391.10	(\$38.94)	-9%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,086.37	\$5,747.55	\$661.17	13%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,356.27	\$5,203.37	(\$152.90)	-3%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,855,042	\$3,177,899	\$322,857	11%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$10,633,998	\$7,769,616	(\$2,864,382)	-27%
24	TOTAL ACCRUED PAYMENTS	\$249,027	\$265,367	\$16,340	7%
25	TOTAL ALLOWANCES	\$10,384,971	\$7,504,249	(\$2,880,722)	-28%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,501,363	\$4,283,543	(\$217,819)	-5%

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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	\$34,158,558	\$43,406,294	\$9,247,736	27%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,605,983	\$17,852,726	\$5,246,743	42%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.90%	41.13%	4.23%	11%
4	DISCHARGES	2,687	3,197	510	19%
5	CASE MIX INDEX (CMI)	0.97384	1.04410	0.07026	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,616.70808	3,337.98770	721.27962	28%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,817.50	\$5,348.35	\$530.85	11%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,559.65	\$3,182.62	(\$377.03)	-11%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,903.11	\$3,100.36	(\$802.75)	-21%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$10,213,312	\$10,348,973	\$135,661	1%
11	PATIENT DAYS	10,695	13,247	2,552	24%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,178.68	\$1,347.68	\$169.00	14%
13	AVERAGE LENGTH OF STAY	4.0	4.1	0.2	4%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$62,082,792	\$78,101,276	\$16,018,484	26%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$12,727,374	\$14,554,216	\$1,826,842	14%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.50%	18.64%	-1.87%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	181.75%	179.93%	-1.82%	-1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,883.59204	5,752.38649	868.79445	18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,606.15	\$2,530.12	(\$76.03)	-3%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,910.25	\$3,608.52	\$698.27	24%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,180.16	\$3,064.35	(\$115.81)	-4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,530,588	\$17,627,327	\$2,096,740	14%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$96,241,350	\$121,507,570	\$25,266,220	26%
24	TOTAL ACCRUED PAYMENTS	\$25,333,357	\$32,406,942	\$7,073,585	28%
25	TOTAL ALLOWANCES	\$70,907,993	\$89,100,628	\$18,192,635	26%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$25,743,899	\$27,976,300	\$2,232,400	9%

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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
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,706,147	\$0	(\$4,706,147)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$979,349	\$0	(\$979,349)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.81%	0.00%	-20.81%	-100%
4	DISCHARGES	336	-	(336)	-100%
5	CASE MIX INDEX (CMI)	1.10227	0.00000	(1.10227)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	370.36272	0.00000	(370.36272)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,644.30	\$0.00	(\$2,644.30)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,732.85	\$8,530.97	\$2,798.12	49%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,076.31	\$8,448.71	\$2,372.40	39%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,250,440	\$0	(\$2,250,440)	-100%
11	PATIENT DAYS	1,613	0	(1,613)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$607.16	\$0.00	(\$607.16)	-100%
13	AVERAGE LENGTH OF STAY	4.8	-	(4.8)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,093,595	\$0	(\$7,093,595)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$788,737	\$0	(\$788,737)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.12%	0.00%	-11.12%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	150.73%	0.00%	-150.73%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	506.45420	0.00000	(506.45420)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,557.37	\$0.00	(\$1,557.37)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$3,959.03	\$6,138.64	\$2,179.61	55%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,228.94	\$5,594.47	\$1,365.53	32%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,141,762	\$0	(\$2,141,762)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$11,799,742	\$0	(\$11,799,742)	-100%
24	TOTAL ACCRUED PAYMENTS	\$1,768,086	\$0	(\$1,768,086)	-100%
25	TOTAL ALLOWANCES	\$10,031,656	\$0	(\$10,031,656)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$4,392,203	\$0	(\$4,392,203)	-100%

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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	\$38,864,705	\$43,406,294	\$4,541,589	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,585,332	\$17,852,726	\$4,267,394	31%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.96%	41.13%	6.17%	18%
4	DISCHARGES	3,023	3,197	174	6%
5	CASE MIX INDEX (CMI)	0.98811	1.04410	0.05599	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,987.07080	3,337.98770	350.91690	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,548.04	\$5,348.35	\$800.30	18%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,829.10	\$3,182.62	(\$646.48)	-17%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$4,172.57	\$3,100.36	(\$1,072.20)	-26%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,463,752	\$10,348,973	(\$2,114,780)	-17%
11	PATIENT DAYS	12,308	13,247	939	8%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,103.78	\$1,347.68	\$243.90	22%
13	AVERAGE LENGTH OF STAY	4.1	4.1	0.1	2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$69,176,387	\$78,101,276	\$8,924,889	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,516,111	\$14,554,216	\$1,038,105	8%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	19.54%	18.64%	-0.90%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	177.99%	179.93%	1.94%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,390.04625	5,752.38649	362.34025	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,507.61	\$2,530.12	\$22.51	1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,008.80	\$3,608.52	\$599.73	20%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,278.70	\$3,064.35	(\$214.35)	-7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$17,672,350	\$17,627,327	(\$45,023)	0%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$108,041,092	\$121,507,570	\$13,466,478	12%
24	TOTAL ACCRUED PAYMENTS	\$27,101,443	\$32,406,942	\$5,305,499	20%
25	TOTAL ALLOWANCES	\$80,939,649	\$89,100,628	\$8,160,979	10%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$408,034	\$272,321	(\$135,713)	-33%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$156,393	\$99,438	(\$56,955)	-36%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	38.33%	36.51%	-1.81%	-5%
4	DISCHARGES	48	26	(22)	-46%
5	CASE MIX INDEX (CMI)	0.68227	0.86190	0.17963	26%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	32.74896	22.40940	(10.33956)	-32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,775.51	\$4,437.33	(\$338.18)	-7%
8	PATIENT DAYS	175	74	(101)	-58%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$893.67	\$1,343.76	\$450.08	50%
10	AVERAGE LENGTH OF STAY	3.6	2.8	(0.8)	-22%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$668,667	\$641,500	(\$27,167)	-4%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$176,473	\$161,937	(\$14,536)	-8%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,076,701	\$913,821	(\$162,880)	-15%
14	TOTAL ACCRUED PAYMENTS	\$332,866	\$261,375	(\$71,491)	-21%
15	TOTAL ALLOWANCES	\$743,835	\$652,446	(\$91,389)	-12%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$8,481,266	\$7,814,938	(\$666,328)	-8%
2	TOTAL OPERATING EXPENSES	\$196,985,263	\$205,686,874	\$8,701,611	4%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$1,270,330	\$0	(\$1,270,330)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,043,954	\$629,356	(\$414,598)	-40%
5	BAD DEBTS (CHARGES)	\$11,904,617	\$7,589,833	(\$4,314,784)	-36%
6	UNCOMPENSATED CARE (CHARGES)	\$12,948,571	\$8,219,189	(\$4,729,382)	-37%
7	COST OF UNCOMPENSATED CARE	\$4,457,978	\$2,909,475	(\$1,548,504)	-35%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$108,041,092	\$121,507,570	\$13,466,478	12%
9	TOTAL ACCRUED PAYMENTS	\$27,101,443	\$32,406,942	\$5,305,499	20%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$37,196,756	\$43,011,930	\$5,815,174	16%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$10,095,313	\$10,604,988	\$509,675	5%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$237,970,890	\$250,236,131	\$12,265,241	5%
2	TOTAL INPATIENT PAYMENTS	\$122,479,467	\$127,524,333	\$5,044,866	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	51.47%	50.96%	-0.51%	-1%
4	TOTAL DISCHARGES	12,208	12,534	326	3%
5	TOTAL CASE MIX INDEX	1.28418	1.29933	0.01515	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,677,23241	16,285,76810	608,53569	4%
7	TOTAL OUTPATIENT CHARGES	\$243,048,916	\$259,334,695	\$16,285,779	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	102.13%	103.64%	1.50%	1%
9	TOTAL OUTPATIENT PAYMENTS	\$60,506,086	\$66,317,912	\$5,811,826	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.89%	25.57%	0.68%	3%
11	TOTAL CHARGES	\$481,019,806	\$509,570,826	\$28,551,020	6%
12	TOTAL PAYMENTS	\$182,985,553	\$193,842,245	\$10,856,692	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	38.04%	38.04%	0.00%	0%
14	PATIENT DAYS	52,607	55,915	3,308	6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$160,493,975	\$178,275,352	\$17,781,377	11%
2	INPATIENT PAYMENTS	\$82,415,301	\$89,210,782	\$6,795,481	8%
3	GOVT. INPATIENT PAYMENTS / CHARGES	51.35%	50.04%	-1.31%	-3%
4	DISCHARGES	8,201	8,799	598	7%
5	CASE MIX INDEX	1.32846	1.34045	0.01200	1%
6	CASE MIX ADJUSTED DISCHARGES	10,894.67756	11,794.65470	899.97714	8%
7	OUTPATIENT CHARGES	\$134,198,738	\$147,108,653	\$12,909,915	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	83.62%	82.52%	-1.10%	-1%
9	OUTPATIENT PAYMENTS	\$29,451,035	\$30,560,941	\$1,109,906	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.95%	20.77%	-1.17%	-5%
11	TOTAL CHARGES	\$294,692,713	\$325,384,005	\$30,691,292	10%
12	TOTAL PAYMENTS	\$111,866,336	\$119,771,723	\$7,905,387	7%
13	TOTAL PAYMENTS / CHARGES	37.96%	36.81%	-1.15%	-3%
14	PATIENT DAYS	38,153	42,589	4,436	12%
15	TOTAL GOVERNMENT DEDUCTIONS	\$182,826,377	\$205,612,282	\$22,785,905	12%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.0	5.2	0.2	5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.6	(0.0)	-1%
3	UNINSURED	3.5	2.9	(0.6)	-17%
4	MEDICAID	4.0	4.1	0.2	4%
5	OTHER MEDICAL ASSISTANCE	4.8	-	(4.8)	-100%
6	CHAMPUS / TRICARE	3.6	2.8	(0.8)	-22%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.5	0.2	4%

SAINT MARY'S HOSPITAL					
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	\$481,019,806	\$509,570,826	\$28,551,020	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$182,826,377	\$205,612,282	\$22,785,905	12%
3	UNCOMPENSATED CARE	\$12,948,571	\$8,219,189	(\$4,729,382)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$115,207,876	\$110,116,299	(\$5,091,577)	-4%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,700,172	\$5,242,323	(\$457,849)	-8%
6	TOTAL ADJUSTMENTS	\$316,682,996	\$329,190,093	\$12,507,097	4%
7	TOTAL ACCRUED PAYMENTS	\$164,336,810	\$180,380,733	\$16,043,923	10%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$1,270,330	\$0	(\$1,270,330)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$165,607,140	\$180,380,733	\$14,773,593	9%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3442834119	0.3539855969	0.0097021850	3%
11	COST OF UNCOMPENSATED CARE	\$4,457,978	\$2,909,475	(\$1,548,504)	-35%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$10,095,313	\$10,604,988	\$509,675	5%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$14,553,291	\$13,514,462	(\$1,038,829)	-7%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$15,530,588	\$17,627,327	\$2,096,740	14%
2	OTHER MEDICAL ASSISTANCE	\$4,392,203	\$0	(\$4,392,203)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,501,363	\$4,283,543	(\$217,819)	-5%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$24,424,153	\$21,910,871	(\$2,513,283)	-10%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,265,066	\$8,576,435	(\$688,631)	-7.43%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$17,189,016	\$13,512,756	(\$3,676,260)	-21.39%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$201,445,000	\$207,355,000	\$5,910,000	2.93%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$481,020,000	\$509,571,000	\$28,551,000	5.94%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$12,949,000	\$8,219,189	(\$4,729,811)	-36.53%

SAINT MARY'S HOSPITAL				
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)	\$77,476,915	\$71,960,779	(\$5,516,136)
2	MEDICARE	\$121,221,236	134,596,737	\$13,375,501
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$38,864,705	43,406,294	\$4,541,589
4	MEDICAID	\$34,158,558	43,406,294	\$9,247,736
5	OTHER MEDICAL ASSISTANCE	\$4,706,147	0	(\$4,706,147)
6	CHAMPUS / TRICARE	\$408,034	272,321	(\$135,713)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,728,843	1,346,229	(\$1,382,614)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$160,493,975	\$178,275,352	\$17,781,377
	TOTAL INPATIENT CHARGES	\$237,970,890	\$250,236,131	\$12,265,241
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$108,850,178	\$112,226,042	\$3,375,864
2	MEDICARE	\$64,353,684	68,365,877	\$4,012,193
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$69,176,387	78,101,276	\$8,924,889
4	MEDICAID	\$62,082,792	78,101,276	\$16,018,484
5	OTHER MEDICAL ASSISTANCE	\$7,093,595	0	(\$7,093,595)
6	CHAMPUS / TRICARE	\$668,667	641,500	(\$27,167)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,905,155	6,423,387	(\$1,481,768)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$134,198,738	\$147,108,653	\$12,909,915
	TOTAL OUTPATIENT CHARGES	\$243,048,916	\$259,334,695	\$16,285,779
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$186,327,093	\$184,186,821	(\$2,140,272)
2	TOTAL MEDICARE	\$185,574,920	\$202,962,614	\$17,387,694
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$108,041,092	\$121,507,570	\$13,466,478
4	TOTAL MEDICAID	\$96,241,350	\$121,507,570	\$25,266,220
5	TOTAL OTHER MEDICAL ASSISTANCE	\$11,799,742	\$0	(\$11,799,742)
6	TOTAL CHAMPUS / TRICARE	\$1,076,701	\$913,821	(\$162,880)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,633,998	\$7,769,616	(\$2,864,382)
	TOTAL GOVERNMENT CHARGES	\$294,692,713	\$325,384,005	\$30,691,292
	TOTAL CHARGES	\$481,019,806	\$509,570,826	\$28,551,020
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$40,064,166	\$38,313,551	(\$1,750,615)
2	MEDICARE	\$68,673,576	71,258,618	\$2,585,042
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,585,332	17,852,726	\$4,267,394
4	MEDICAID	\$12,605,983	17,852,726	\$5,246,743
5	OTHER MEDICAL ASSISTANCE	\$979,349	0	(\$979,349)
6	CHAMPUS / TRICARE	\$156,393	99,438	(\$56,955)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,808	26,510	\$6,702
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$82,415,301	\$89,210,782	\$6,795,481
	TOTAL INPATIENT PAYMENTS	\$122,479,467	\$127,524,333	\$5,044,866
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$31,055,051	\$35,756,971	\$4,701,920
2	MEDICARE	\$15,758,451	15,844,788	\$86,337
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,516,111	14,554,216	\$1,038,105
4	MEDICAID	\$12,727,374	14,554,216	\$1,826,842
5	OTHER MEDICAL ASSISTANCE	\$788,737	0	(\$788,737)
6	CHAMPUS / TRICARE	\$176,473	161,937	(\$14,536)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$229,219	238,857	\$9,638
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$29,451,035	\$30,560,941	\$1,109,906
	TOTAL OUTPATIENT PAYMENTS	\$60,506,086	\$66,317,912	\$5,811,826
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$71,119,217	\$74,070,522	\$2,951,305
2	TOTAL MEDICARE	\$84,432,027	\$87,103,406	\$2,671,379
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$27,101,443	\$32,406,942	\$5,305,499
4	TOTAL MEDICAID	\$25,333,357	\$32,406,942	\$7,073,585
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,768,086	\$0	(\$1,768,086)
6	TOTAL CHAMPUS / TRICARE	\$332,866	\$261,375	(\$71,491)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$249,027	\$265,367	\$16,340
	TOTAL GOVERNMENT PAYMENTS	\$111,866,336	\$119,771,723	\$7,905,387
	TOTAL PAYMENTS	\$182,985,553	\$193,842,245	\$10,856,692

SAINT MARY'S HOSPITAL				
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)	16.11%	14.12%	-1.98%
2	MEDICARE	25.20%	26.41%	1.21%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.08%	8.52%	0.44%
4	MEDICAID	7.10%	8.52%	1.42%
5	OTHER MEDICAL ASSISTANCE	0.98%	0.00%	-0.98%
6	CHAMPUS / TRICARE	0.08%	0.05%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.57%	0.26%	-0.30%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	33.37%	34.99%	1.62%
	TOTAL INPATIENT PAYER MIX	49.47%	49.11%	-0.36%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.63%	22.02%	-0.61%
2	MEDICARE	13.38%	13.42%	0.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.38%	15.33%	0.95%
4	MEDICAID	12.91%	15.33%	2.42%
5	OTHER MEDICAL ASSISTANCE	1.47%	0.00%	-1.47%
6	CHAMPUS / TRICARE	0.14%	0.13%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.64%	1.26%	-0.38%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	27.90%	28.87%	0.97%
	TOTAL OUTPATIENT PAYER MIX	50.53%	50.89%	0.36%
	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)	21.89%	19.77%	-2.13%
2	MEDICARE	37.53%	36.76%	-0.77%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.42%	9.21%	1.79%
4	MEDICAID	6.89%	9.21%	2.32%
5	OTHER MEDICAL ASSISTANCE	0.54%	0.00%	-0.54%
6	CHAMPUS / TRICARE	0.09%	0.05%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.01%	0.01%	0.00%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	45.04%	46.02%	0.98%
	TOTAL INPATIENT PAYER MIX	66.93%	65.79%	-1.15%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.97%	18.45%	1.48%
2	MEDICARE	8.61%	8.17%	-0.44%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.39%	7.51%	0.12%
4	MEDICAID	6.96%	7.51%	0.55%
5	OTHER MEDICAL ASSISTANCE	0.43%	0.00%	-0.43%
6	CHAMPUS / TRICARE	0.10%	0.08%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.13%	0.12%	0.00%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	16.09%	15.77%	-0.33%
	TOTAL OUTPATIENT PAYER MIX	33.07%	34.21%	1.15%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

SAINT MARY'S HOSPITAL				
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)	4,007	3,735	(272)
2	MEDICARE	5,130	5,576	446
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,023	3,197	174
4	MEDICAID	2,687	3,197	510
5	OTHER MEDICAL ASSISTANCE	336	0	(336)
6	CHAMPUS / TRICARE	48	26	(22)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	184	128	(56)
	TOTAL GOVERNMENT DISCHARGES	8,201	8,799	598
	TOTAL DISCHARGES	12,208	12,534	326
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14,454	13,326	(1,128)
2	MEDICARE	25,670	29,268	3,598
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,308	13,247	939
4	MEDICAID	10,695	13,247	2,552
5	OTHER MEDICAL ASSISTANCE	1,613	0	(1,613)
6	CHAMPUS / TRICARE	175	74	(101)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	647	372	(275)
	TOTAL GOVERNMENT PATIENT DAYS	38,153	42,589	4,436
	TOTAL PATIENT DAYS	52,607	55,915	3,308
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.6	(0.0)
2	MEDICARE	5.0	5.2	0.2
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.1	4.1	0.1
4	MEDICAID	4.0	4.1	0.2
5	OTHER MEDICAL ASSISTANCE	4.8	0.0	(4.8)
6	CHAMPUS / TRICARE	3.6	2.8	(0.8)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.5	2.9	(0.6)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.8	0.2
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.5	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.19355	1.20244	0.00889
2	MEDICARE	1.53506	1.51260	(0.02246)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.98811	1.04410	0.05599
4	MEDICAID	0.97384	1.04410	0.07026
5	OTHER MEDICAL ASSISTANCE	1.10227	0.00000	(1.10227)
6	CHAMPUS / TRICARE	0.68227	0.86190	0.17963
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.03835	1.04690	0.00855
	TOTAL GOVERNMENT CASE MIX INDEX	1.32846	1.34045	0.01200
	TOTAL CASE MIX INDEX	1.28418	1.29933	0.01515
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$186,327,093	\$184,186,821	(\$2,140,272)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$71,119,217	\$74,070,522	\$2,951,305
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$115,207,876	\$110,116,299	(\$5,091,577)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	61.83%	59.79%	-2.05%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,265,066	\$8,576,435	(\$688,631)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,700,172	\$5,242,323	(\$457,849)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$1,270,330	\$0	(\$1,270,330)
8	CHARITY CARE	\$1,043,954	\$629,356	(\$414,598)
9	BAD DEBTS	\$11,904,617	\$7,589,833	(\$4,314,784)
10	TOTAL UNCOMPENSATED CARE	\$12,948,571	\$8,219,189	(\$4,729,382)
11	TOTAL OTHER OPERATING REVENUE	\$186,327,093	\$184,186,821	(\$2,140,272)
12	TOTAL OPERATING EXPENSES	\$196,985,263	\$205,686,874	\$8,701,611

SAINT MARY'S HOSPITAL				
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)	4,782.55485	4,491.11340	(291.44145)
2	MEDICARE	7,874.85780	8,434.25760	559.39980
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,987.07080	3,337.98770	350.91690
4	MEDICAID	2,616.70808	3,337.98770	721.27962
5	OTHER MEDICAL ASSISTANCE	370.36272	0.00000	(370.36272)
6	CHAMPUS / TRICARE	32.74896	22.40940	(10.33956)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	191.05640	134.00320	(57.05320)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	10,894.67756	11,794.65470	899.97714
	TOTAL CASE MIX ADJUSTED DISCHARGES	15,677.23241	16,285.76810	608.53569
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,629.58222	5,824.89896	195.31674
2	MEDICARE	2,723.40400	2,832.22416	108.82016
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,390.04625	5,752.38649	362.34025
4	MEDICAID	4,883.59204	5,752.38649	868.79445
5	OTHER MEDICAL ASSISTANCE	506.45420	0.00000	-506.45420
6	CHAMPUS / TRICARE	78.66015	61.24757	-17.41258
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	533.02756	610.73824	77.71069
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,192.11040	8,645.85822	453.74783
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	13,821.69262	14,470.75719	649.06457
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,377.15	\$8,530.97	\$153.82
2	MEDICARE	\$8,720.61	\$8,448.71	(\$271.90)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,548.04	\$5,348.35	\$800.30
4	MEDICAID	\$4,817.50	\$5,348.35	\$530.85
5	OTHER MEDICAL ASSISTANCE	\$2,644.30	\$0.00	(\$2,644.30)
6	CHAMPUS / TRICARE	\$4,775.51	\$4,437.33	(\$338.18)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$103.68	\$197.83	\$94.15
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,564.73	\$7,563.66	(\$1.07)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,812.57	\$7,830.42	\$17.85
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,516.40	\$6,138.64	\$622.24
2	MEDICARE	\$5,786.31	\$5,594.47	(\$191.84)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,507.61	\$2,530.12	\$22.51
4	MEDICAID	\$2,606.15	\$2,530.12	(\$76.03)
5	OTHER MEDICAL ASSISTANCE	\$1,557.37	\$0.00	(\$1,557.37)
6	CHAMPUS / TRICARE	\$2,243.49	\$2,643.97	\$400.49
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$430.03	\$391.10	(\$38.94)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$3,595.05	\$3,534.75	(\$60.30)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,377.62	\$4,582.89	\$205.27

SAINT MARY'S HOSPITAL 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	\$15,530,588	\$17,627,327	\$2,096,740
2	OTHER MEDICAL ASSISTANCE	\$4,392,203	\$0	(\$4,392,203)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,501,363	\$4,283,543	(\$217,819)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$24,424,153	\$21,910,871	(\$2,513,283)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$481,019,806	\$509,570,826	\$28,551,020
2	TOTAL GOVERNMENT DEDUCTIONS	\$182,826,377	\$205,612,282	\$22,785,905
3	UNCOMPENSATED CARE	\$12,948,571	\$8,219,189	(\$4,729,382)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$115,207,876	\$110,116,299	(\$5,091,577)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,700,172	\$5,242,323	(\$457,849)
6	TOTAL ADJUSTMENTS	\$316,682,996	\$329,190,093	\$12,507,097
7	TOTAL ACCRUED PAYMENTS	\$164,336,810	\$180,380,733	\$16,043,923
8	UCP DSH PAYMENTS (OHCA INPUT)	\$1,270,330	\$0	(\$1,270,330)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$165,607,140	\$180,380,733	\$14,773,593
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3442834119	0.3539855969	0.0097021850
11	COST OF UNCOMPENSATED CARE	\$4,457,978	\$2,909,475	(\$1,548,504)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$10,095,313	\$10,604,988	\$509,675
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$14,553,291	\$13,514,462	(\$1,038,829)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.71%	53.24%	1.53%
2	MEDICARE	56.65%	52.94%	-3.71%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34.96%	41.13%	6.17%
4	MEDICAID	36.90%	41.13%	4.23%
5	OTHER MEDICAL ASSISTANCE	20.81%	0.00%	-20.81%
6	CHAMPUS / TRICARE	38.33%	36.51%	-1.81%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.73%	1.97%	1.24%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	51.35%	50.04%	-1.31%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	51.47%	50.96%	-0.51%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	28.53%	31.86%	3.33%
2	MEDICARE	24.49%	23.18%	-1.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	19.54%	18.64%	-0.90%
4	MEDICAID	20.50%	18.64%	-1.87%
5	OTHER MEDICAL ASSISTANCE	11.12%	0.00%	-11.12%
6	CHAMPUS / TRICARE	26.39%	25.24%	-1.15%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.90%	3.72%	0.82%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	21.95%	20.77%	-1.17%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	24.89%	25.57%	0.68%

SAINT MARY'S HOSPITAL				
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	\$182,985,553	\$193,842,245	\$10,856,692
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$1,270,330	\$0	(\$1,270,330)
	OHCA DEFINED NET REVENUE	\$184,255,883	\$193,842,245	\$9,586,362
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$17,189,016	\$13,512,756	(\$3,676,260)
4	CALCULATED NET REVENUE	\$201,444,899	\$207,355,001	\$5,910,102
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$201,445,000	\$207,355,000	\$5,910,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$101)	\$1	\$102
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$481,019,806	\$509,570,826	\$28,551,020
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$481,019,806	\$509,570,826	\$28,551,020
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$481,020,000	\$509,571,000	\$28,551,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$194)	(\$174)	\$20
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,948,571	\$8,219,189	(\$4,729,382)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$12,948,571	\$8,219,189	(\$4,729,382)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$12,949,000	\$8,219,189	(\$4,729,811)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$429)	\$0	\$429

SAINT MARY'S HOSPITAL 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)	\$71,960,779
2	MEDICARE	134,596,737
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	43,406,294
4	MEDICAID	43,406,294
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	272,321
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,346,229
	TOTAL INPATIENT GOVERNMENT CHARGES	\$178,275,352
	TOTAL INPATIENT CHARGES	\$250,236,131
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$112,226,042
2	MEDICARE	68,365,877
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	78,101,276
4	MEDICAID	78,101,276
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	641,500
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,423,387
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$147,108,653
	TOTAL OUTPATIENT CHARGES	\$259,334,695
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$184,186,821
2	TOTAL GOVERNMENT ACCRUED CHARGES	325,384,005
	TOTAL ACCRUED CHARGES	\$509,570,826
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,313,551
2	MEDICARE	71,258,618
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,852,726
4	MEDICAID	17,852,726
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	99,438
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26,510
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$89,210,782
	TOTAL INPATIENT PAYMENTS	\$127,524,333
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$35,756,971
2	MEDICARE	15,844,788
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,554,216
4	MEDICAID	14,554,216
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	161,937
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	238,857
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$30,560,941
	TOTAL OUTPATIENT PAYMENTS	\$66,317,912
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$74,070,522
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	119,771,723
	TOTAL ACCRUED PAYMENTS	\$193,842,245

SAINT MARY'S HOSPITAL 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)	3,735
2	MEDICARE	5,576
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,197
4	MEDICAID	3,197
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	26
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	128
	TOTAL GOVERNMENT DISCHARGES	8,799
	TOTAL DISCHARGES	12,534
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.20244
2	MEDICARE	1.51260
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.04410
4	MEDICAID	1.04410
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.86190
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04690
	TOTAL GOVERNMENT CASE MIX INDEX	1.34045
	TOTAL CASE MIX INDEX	1.29933
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$184,186,821
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$74,070,522
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$110,116,299
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.79%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$8,576,435
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,242,323
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$629,356
9	BAD DEBTS	\$7,589,833
10	TOTAL UNCOMPENSATED CARE	\$8,219,189
11	TOTAL OTHER OPERATING REVENUE	\$7,814,938
12	TOTAL OPERATING EXPENSES	\$205,686,874

SAINT MARY'S HOSPITAL 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	\$193,842,245
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$193,842,245
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$13,512,756
	CALCULATED NET REVENUE	\$207,355,001
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$207,355,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$509,570,826
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$509,570,826
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$509,571,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$174)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,219,189
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$8,219,189
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$8,219,189
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT MARY'S HOSPITAL 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	679	966	287	42%
2	Number of Approved Applicants	510	574	64	13%
3	Total Charges (A)	\$1,043,954	\$629,356	(\$414,598)	-40%
4	Average Charges	\$2,047	\$1,096	(\$951)	-46%
5	Ratio of Cost to Charges (RCC)	0.416550	0.402420	(0.014130)	-3%
6	Total Cost	\$434,859	\$253,265	(\$181,594)	-42%
7	Average Cost	\$853	\$441	(\$411)	-48%
8	Charity Care - Inpatient Charges	\$584,317	\$168,212	(\$416,105)	-71%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	184,697	217,315	32,618	18%
10	Charity Care - Emergency Department Charges	274,940	243,829	(31,111)	-11%
11	Total Charges (A)	\$1,043,954	\$629,356	(\$414,598)	-40%
12	Charity Care - Number of Patient Days	220	38	(182)	-83%
13	Charity Care - Number of Discharges	28	13	(15)	-54%
14	Charity Care - Number of Outpatient ED Visits	179	151	(28)	-16%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	81	409	328	405%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$3,902,095	\$1,937,180	(\$1,964,915)	-50%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,598,949	1,002,847	(596,102)	-37%
3	Bad Debts - Emergency Department	6,403,573	4,649,806	(1,753,767)	-27%
4	Total Bad Debts (A)	\$11,904,617	\$7,589,833	(\$4,314,784)	-36%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,043,954	\$629,356	(\$414,598)	-40%
2	Bad Debts (A)	11,904,617	7,589,833	(4,314,784)	-36%
3	Total Uncompensated Care (A)	\$12,948,571	\$8,219,189	(\$4,729,382)	-37%
4	Uncompensated Care - Inpatient Services	\$4,486,412	\$2,105,392	(\$2,381,020)	-53%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,783,646	1,220,162	(563,484)	-32%
6	Uncompensated Care - Emergency Department	6,678,513	4,893,635	(1,784,878)	-27%
7	Total Uncompensated Care (A)	\$12,948,571	\$8,219,189	(\$4,729,382)	-37%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2010	(4) FY 2011	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$186,327,093	\$184,186,821	(\$2,140,272)	-1%
2	Total Contractual Allowances	\$115,207,876	\$110,116,299	(\$5,091,577)	-4%
	Total Accrued Payments (A)	\$71,119,217	\$74,070,522	\$2,951,305	4%
	Total Discount Percentage	61.83%	59.79%	-2.05%	-3%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$231,212,934	\$237,970,890	\$250,236,131
2	Outpatient Gross Revenue	\$221,899,226	\$243,048,916	\$259,334,695
3	Total Gross Patient Revenue	\$453,112,160	\$481,019,806	\$509,570,826
4	Net Patient Revenue	\$193,245,559	\$198,455,064	\$207,355,344
B. Total Operating Expenses				
1	Total Operating Expense	\$192,136,903	\$196,985,263	\$205,686,874
C. Utilization Statistics				
1	Patient Days	53,096	52,607	55,915
2	Discharges	12,462	12,208	12,534
3	Average Length of Stay	4.3	4.3	4.5
4	Equivalent (Adjusted) Patient Days (EPD)	104,053	106,337	113,863
0	Equivalent (Adjusted) Discharges (ED)	24,422	24,677	25,524
D. Case Mix Statistics				
1	Case Mix Index	1.26071	1.28418	1.29933
2	Case Mix Adjusted Patient Days (CMAPD)	66,938	67,557	72,652
3	Case Mix Adjusted Discharges (CMAD)	15,711	15,677	16,286
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	131,180	136,555	147,945
5	Case Mix Adjusted Equivalent Discharges (CMAED)	30,789	31,689	33,164
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$8,534	\$9,144	\$9,113
2	Total Gross Revenue per Discharge	\$36,360	\$39,402	\$40,655
3	Total Gross Revenue per EPD	\$4,355	\$4,524	\$4,475
4	Total Gross Revenue per ED	\$18,553	\$19,493	\$19,965
5	Total Gross Revenue per CMAEPD	\$3,454	\$3,523	\$3,444
6	Total Gross Revenue per CMAED	\$14,717	\$15,179	\$15,365
7	Inpatient Gross Revenue per EPD	\$2,222	\$2,238	\$2,198
8	Inpatient Gross Revenue per ED	\$9,467	\$9,644	\$9,804

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,640	\$3,772	\$3,708
2	Net Patient Revenue per Discharge	\$15,507	\$16,256	\$16,543
3	Net Patient Revenue per EPD	\$1,857	\$1,866	\$1,821
4	Net Patient Revenue per ED	\$7,913	\$8,042	\$8,124
5	Net Patient Revenue per CMAEPD	\$1,473	\$1,453	\$1,402
6	Net Patient Revenue per CMAED	\$6,276	\$6,263	\$6,252
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,619	\$3,744	\$3,679
2	Total Operating Expense per Discharge	\$15,418	\$16,136	\$16,410
3	Total Operating Expense per EPD	\$1,847	\$1,852	\$1,806
4	Total Operating Expense per ED	\$7,867	\$7,983	\$8,059
5	Total Operating Expense per CMAEPD	\$1,465	\$1,443	\$1,390
6	Total Operating Expense per CMAED	\$6,240	\$6,216	\$6,202
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$27,364,646	\$27,239,418	\$28,268,013
2	Nursing Fringe Benefits Expense	\$6,314,946	\$6,590,600	\$6,406,028
3	Total Nursing Salary and Fringe Benefits Expense	\$33,679,592	\$33,830,018	\$34,674,041
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,773,646	\$2,877,015	\$2,984,635
2	Physician Fringe Benefits Expense	\$943,697	\$847,264	\$989,413
3	Total Physician Salary and Fringe Benefits Expense	\$3,717,343	\$3,724,279	\$3,974,048
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$41,585,364	\$43,621,631	\$45,248,376
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$15,154,217	\$15,404,495	\$15,952,796
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$56,739,581	\$59,026,126	\$61,201,172
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$71,723,656	\$73,738,064	\$76,501,024
2	Total Fringe Benefits Expense	\$22,412,860	\$22,842,359	\$23,348,237
3	Total Salary and Fringe Benefits Expense	\$94,136,516	\$96,580,423	\$99,849,261

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L. Total Full Time Equivalent Employees (FTEs)				
1	Total Nursing FTEs	339.6	328.2	339.7
2	Total Physician FTEs	50.8	52.2	52.5
3	Total Non-Nursing, Non-Physician FTEs	815.0	818.3	845.7
4	Total Full Time Equivalent Employees (FTEs)	1,205.4	1,198.7	1,237.9
M. Nursing Salaries and Fringe Benefits Expense per FTE				
1	Nursing Salary Expense per FTE	\$80,579	\$82,996	\$83,215
2	Nursing Fringe Benefits Expense per FTE	\$18,595	\$20,081	\$18,858
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$99,174	\$103,077	\$102,073
N. Physician Salary and Fringe Expense per FTE				
1	Physician Salary Expense per FTE	\$54,599	\$55,115	\$56,850
2	Physician Fringe Benefits Expense per FTE	\$18,577	\$16,231	\$18,846
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$73,176	\$71,346	\$75,696
O. Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE				
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,025	\$53,308	\$53,504
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,594	\$18,825	\$18,863
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$69,619	\$72,133	\$72,367
P. Total Salary and Fringe Benefits Expense per FTE				
1	Total Salary Expense per FTE	\$59,502	\$61,515	\$61,799
2	Total Fringe Benefits Expense per FTE	\$18,594	\$19,056	\$18,861
3	Total Salary and Fringe Benefits Expense per FTE	\$78,096	\$80,571	\$80,660
Q. Total Salary and Fringe Ben. Expense per Statistic				
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,773	\$1,836	\$1,786
2	Total Salary and Fringe Benefits Expense per Discharge	\$7,554	\$7,911	\$7,966
3	Total Salary and Fringe Benefits Expense per EPD	\$905	\$908	\$877
4	Total Salary and Fringe Benefits Expense per ED	\$3,855	\$3,914	\$3,912
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$718	\$707	\$675
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,057	\$3,048	\$3,011