

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$6,014,000	\$6,480,000	\$466,000	8%
2	Short Term Investments	\$15,056,000	\$97,000	(\$14,959,000)	-99%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$44,277,000	\$46,049,000	\$1,772,000	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$11,057,000	\$15,022,000	\$3,965,000	36%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,849,000	\$2,851,000	(\$998,000)	-26%
8	Prepaid Expenses	\$2,737,000	\$2,413,000	(\$324,000)	-12%
9	Other Current Assets	\$1,144,000	\$2,882,000	\$1,738,000	152%
	Total Current Assets	\$84,134,000	\$75,794,000	(\$8,340,000)	-10%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$192,369,000	\$184,312,000	(\$8,057,000)	-4%
	Total Noncurrent Assets Whose Use is Limited:	\$192,369,000	\$184,312,000	(\$8,057,000)	-4%
5	Interest in Net Assets of Foundation	\$23,218,000	\$18,259,000	(\$4,959,000)	-21%
6	Long Term Investments	\$50,474,000	\$81,975,000	\$31,501,000	62%
7	Other Noncurrent Assets	\$4,445,000	\$12,515,000	\$8,070,000	182%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$388,908,000	\$400,206,000	\$11,298,000	3%
2	Less: Accumulated Depreciation	\$183,826,000	\$197,451,000	\$13,625,000	7%
	Property, Plant and Equipment, Net	\$205,082,000	\$202,755,000	(\$2,327,000)	-1%
3	Construction in Progress	\$7,882,000	\$7,862,000	(\$20,000)	0%
	Total Net Fixed Assets	\$212,964,000	\$210,617,000	(\$2,347,000)	-1%
	Total Assets	\$567,604,000	\$583,472,000	\$15,868,000	3%

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		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$22,763,000	\$27,138,000	\$4,375,000	19%
2	Salaries, Wages and Payroll Taxes	\$15,249,000	\$17,128,000	\$1,879,000	12%
3	Due To Third Party Payers	\$12,219,000	\$10,883,000	(\$1,336,000)	-11%
4	Due To Affiliates	\$404,000	\$438,000	\$34,000	8%
5	Current Portion of Long Term Debt	\$1,035,000	\$989,000	(\$46,000)	-4%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$51,670,000	\$56,576,000	\$4,906,000	9%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$59,295,000	\$46,906,000	(\$12,389,000)	-21%
2	Notes Payable (Net of Current Portion)	\$11,191,000	\$10,753,000	(\$438,000)	-4%
	Total Long Term Debt	\$70,486,000	\$57,659,000	(\$12,827,000)	-18%
3	Accrued Pension Liability	\$37,854,000	\$10,738,000	(\$27,116,000)	-72%
4	Other Long Term Liabilities	\$10,868,000	\$12,572,000	\$1,704,000	16%
	Total Long Term Liabilities	\$119,208,000	\$80,969,000	(\$38,239,000)	-32%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$373,265,000	\$427,407,000	\$54,142,000	15%
2	Temporarily Restricted Net Assets	\$15,105,000	\$10,120,000	(\$4,985,000)	-33%
3	Permanently Restricted Net Assets	\$8,356,000	\$8,400,000	\$44,000	1%
	Total Net Assets	\$396,726,000	\$445,927,000	\$49,201,000	12%
	Total Liabilities and Net Assets	\$567,604,000	\$583,472,000	\$15,868,000	3%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$928,516,000	\$1,004,233,000	\$75,717,000	8%
2	Less: Allowances	\$567,130,000	\$606,134,000	\$39,004,000	7%
3	Less: Charity Care	\$7,662,000	\$9,025,000	\$1,363,000	18%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$353,724,000	\$389,074,000	\$35,350,000	10%
5	Other Operating Revenue	\$12,404,000	\$7,720,000	(\$4,684,000)	-38%
6	Net Assets Released from Restrictions	\$446,000	\$243,000	(\$203,000)	-46%
	Total Operating Revenue	\$366,574,000	\$397,037,000	\$30,463,000	8%
B. Operating Expenses:					
1	Salaries and Wages	\$142,346,000	\$143,020,000	\$674,000	0%
2	Fringe Benefits	\$38,478,000	\$39,463,000	\$985,000	3%
3	Physicians Fees	\$2,362,000	\$3,123,000	\$761,000	32%
4	Supplies and Drugs	\$53,377,000	\$51,277,000	(\$2,100,000)	-4%
5	Depreciation and Amortization	\$22,115,000	\$22,895,000	\$780,000	4%
6	Bad Debts	\$21,127,000	\$32,811,000	\$11,684,000	55%
7	Interest	\$2,186,000	\$2,562,000	\$376,000	17%
8	Malpractice	\$7,005,000	\$3,148,000	(\$3,857,000)	-55%
9	Other Operating Expenses	\$62,817,000	\$84,011,000	\$21,194,000	34%
	Total Operating Expenses	\$351,813,000	\$382,310,000	\$30,497,000	9%
	Income/(Loss) From Operations	\$14,761,000	\$14,727,000	(\$34,000)	0%
C. Non-Operating Revenue:					
1	Income from Investments	\$26,784,000	\$7,829,000	(\$18,955,000)	-71%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$780,000)	(\$694,000)	\$86,000	-11%
	Total Non-Operating Revenue	\$26,004,000	\$7,135,000	(\$18,869,000)	-73%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$40,765,000	\$21,862,000	(\$18,903,000)	-46%
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	\$40,765,000	\$21,862,000	(\$18,903,000)	-46%
	Principal Payments	\$932,801	\$580,330	(\$352,471)	-38%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$255,540,233	\$264,964,087	\$9,423,854	4%
2	MEDICARE MANAGED CARE	\$103,643,190	\$112,248,748	\$8,605,558	8%
3	MEDICAID	\$59,383,222	\$83,571,067	\$24,187,845	41%
4	MEDICAID MANAGED CARE	\$31,237,897	\$30,059,815	(\$1,178,082)	-4%
5	CHAMPUS/TRICARE	\$483,690	\$421,973	(\$61,717)	-13%
6	COMMERCIAL INSURANCE	\$47,236,109	\$44,176,526	(\$3,059,583)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$129,136,241	\$121,717,135	(\$7,419,106)	-6%
8	WORKER'S COMPENSATION	\$6,532,474	\$6,714,122	\$181,648	3%
9	SELF- PAY/UNINSURED	\$18,013,248	\$19,174,537	\$1,161,289	6%
10	SAGA	\$10,685,294	\$0	(\$10,685,294)	-100%
11	OTHER	\$360,997	\$1,096,495	\$735,498	204%
	TOTAL INPATIENT GROSS REVENUE	\$662,252,595	\$684,144,505	\$21,891,910	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$63,042,261	\$72,962,013	\$9,919,752	16%
2	MEDICARE MANAGED CARE	\$27,236,342	\$31,556,790	\$4,320,448	16%
3	MEDICAID	\$18,441,730	\$37,385,599	\$18,943,869	103%
4	MEDICAID MANAGED CARE	\$21,922,834	\$29,092,757	\$7,169,923	33%
5	CHAMPUS/TRICARE	\$266,626	\$349,831	\$83,205	31%
6	COMMERCIAL INSURANCE	\$32,786,081	\$35,572,018	\$2,785,937	8%
7	NON-GOVERNMENT MANAGED CARE	\$68,768,765	\$81,984,531	\$13,215,766	19%
8	WORKER'S COMPENSATION	\$4,808,282	\$5,600,859	\$792,577	16%
9	SELF- PAY/UNINSURED	\$22,035,587	\$25,074,092	\$3,038,505	14%
10	SAGA	\$6,711,759	\$0	(\$6,711,759)	-100%
11	OTHER	\$242,766	\$510,375	\$267,609	110%
	TOTAL OUTPATIENT GROSS REVENUE	\$266,263,033	\$320,088,865	\$53,825,832	20%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$318,582,494	\$337,926,100	\$19,343,606	6%
2	MEDICARE MANAGED CARE	\$130,879,532	\$143,805,538	\$12,926,006	10%
3	MEDICAID	\$77,824,952	\$120,956,666	\$43,131,714	55%
4	MEDICAID MANAGED CARE	\$53,160,731	\$59,152,572	\$5,991,841	11%
5	CHAMPUS/TRICARE	\$750,316	\$771,804	\$21,488	3%
6	COMMERCIAL INSURANCE	\$80,022,190	\$79,748,544	(\$273,646)	0%
7	NON-GOVERNMENT MANAGED CARE	\$197,905,006	\$203,701,666	\$5,796,660	3%
8	WORKER'S COMPENSATION	\$11,340,756	\$12,314,981	\$974,225	9%
9	SELF- PAY/UNINSURED	\$40,048,835	\$44,248,629	\$4,199,794	10%
10	SAGA	\$17,397,053	\$0	(\$17,397,053)	-100%
11	OTHER	\$603,763	\$1,606,870	\$1,003,107	166%
	TOTAL GROSS REVENUE	\$928,515,628	\$1,004,233,370	\$75,717,742	8%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$89,377,029	\$89,527,937	\$150,908	0%
2	MEDICARE MANAGED CARE	\$32,953,688	\$35,279,434	\$2,325,746	7%
3	MEDICAID	\$14,857,701	\$17,883,645	\$3,025,944	20%
4	MEDICAID MANAGED CARE	\$9,146,667	\$7,350,578	(\$1,796,089)	-20%
5	CHAMPUS/TRICARE	\$190,001	\$154,404	(\$35,597)	-19%
6	COMMERCIAL INSURANCE	\$19,355,591	\$20,297,776	\$942,185	5%
7	NON-GOVERNMENT MANAGED CARE	\$74,140,381	\$66,390,668	(\$7,749,713)	-10%
8	WORKER'S COMPENSATION	\$4,235,894	\$4,302,101	\$66,207	2%
9	SELF- PAY/UNINSURED	\$1,010,117	\$856,333	(\$153,784)	-15%
10	SAGA	\$165,649	\$0	(\$165,649)	-100%
11	OTHER	\$80,040	\$535,027	\$454,987	568%
	TOTAL INPATIENT NET REVENUE	\$245,512,758	\$242,577,903	(\$2,934,855)	-1%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$18,212,362	\$18,467,672	\$255,310	1%
2	MEDICARE MANAGED CARE	\$7,604,170	\$8,282,133	\$677,963	9%
3	MEDICAID	\$3,222,124	\$9,573,530	\$6,351,406	197%
4	MEDICAID MANAGED CARE	\$5,657,042	\$8,472,806	\$2,815,764	50%
5	CHAMPUS/TRICARE	\$91,593	\$92,111	\$518	1%
6	COMMERCIAL INSURANCE	\$10,898,955	\$14,543,579	\$3,644,624	33%
7	NON-GOVERNMENT MANAGED CARE	\$34,179,885	\$43,041,569	\$8,861,684	26%
8	WORKER'S COMPENSATION	\$3,345,866	\$4,275,655	\$929,789	28%
9	SELF- PAY/UNINSURED	\$1,818,473	\$1,803,958	(\$14,515)	-1%
10	SAGA	\$1,998,932	\$0	(\$1,998,932)	-100%
11	OTHER	\$55,429	\$196,253	\$140,824	254%
	TOTAL OUTPATIENT NET REVENUE	\$87,084,831	\$108,749,266	\$21,664,435	25%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$107,589,391	\$107,995,609	\$406,218	0%
2	MEDICARE MANAGED CARE	\$40,557,858	\$43,561,567	\$3,003,709	7%
3	MEDICAID	\$18,079,825	\$27,457,175	\$9,377,350	52%
4	MEDICAID MANAGED CARE	\$14,803,709	\$15,823,384	\$1,019,675	7%
5	CHAMPUS/TRICARE	\$281,594	\$246,515	(\$35,079)	-12%
6	COMMERCIAL INSURANCE	\$30,254,546	\$34,841,355	\$4,586,809	15%
7	NON-GOVERNMENT MANAGED CARE	\$108,320,266	\$109,432,237	\$1,111,971	1%
8	WORKER'S COMPENSATION	\$7,581,760	\$8,577,756	\$995,996	13%
9	SELF- PAY/UNINSURED	\$2,828,590	\$2,660,291	(\$168,299)	-6%
10	SAGA	\$2,164,581	\$0	(\$2,164,581)	-100%
11	OTHER	\$135,469	\$731,280	\$595,811	440%
	TOTAL NET REVENUE	\$332,597,589	\$351,327,169	\$18,729,580	6%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	6,978	7,155	177	3%
2	MEDICARE MANAGED CARE	2,942	3,009	67	2%
3	MEDICAID	1,927	2,810	883	46%
4	MEDICAID MANAGED CARE	1,725	1,678	(47)	-3%
5	CHAMPUS/TRICARE	30	21	(9)	-30%
6	COMMERCIAL INSURANCE	1,956	1,753	(203)	-10%
7	NON-GOVERNMENT MANAGED CARE	4,774	4,513	(261)	-5%
8	WORKER'S COMPENSATION	143	142	(1)	-1%
9	SELF- PAY/UNINSURED	1,024	991	(33)	-3%
10	SAGA	353	0	(353)	-100%
11	OTHER	21	28	7	33%
	TOTAL DISCHARGES	21,873	22,100	227	1%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	45,977	45,731	(246)	-1%
2	MEDICARE MANAGED CARE	16,791	17,942	1,151	7%
3	MEDICAID	13,346	18,000	4,654	35%
4	MEDICAID MANAGED CARE	9,249	8,478	(771)	-8%
5	CHAMPUS/TRICARE	116	56	(60)	-52%
6	COMMERCIAL INSURANCE	8,491	7,621	(870)	-10%
7	NON-GOVERNMENT MANAGED CARE	20,989	19,396	(1,593)	-8%
8	WORKER'S COMPENSATION	541	501	(40)	-7%
9	SELF- PAY/UNINSURED	5,403	4,531	(872)	-16%
10	SAGA	1,845	0	(1,845)	-100%
11	OTHER	64	184	120	188%
	TOTAL PATIENT DAYS	122,812	122,440	(372)	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	39,623	41,096	1,473	4%
2	MEDICARE MANAGED CARE	14,107	15,241	1,134	8%
3	MEDICAID	18,723	33,923	15,200	81%
4	MEDICAID MANAGED CARE	31,492	36,353	4,861	15%
5	CHAMPUS/TRICARE	291	286	(5)	-2%
6	COMMERCIAL INSURANCE	32,669	30,208	(2,461)	-8%
7	NON-GOVERNMENT MANAGED CARE	50,951	56,158	5,207	10%
8	WORKER'S COMPENSATION	8,364	8,760	396	5%
9	SELF- PAY/UNINSURED	29,665	29,942	277	1%
10	SAGA	5,969	0	(5,969)	-100%
11	OTHER	265	388	123	46%
	TOTAL OUTPATIENT VISITS	232,119	252,355	20,236	9%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$11,701,255	\$14,169,505	\$2,468,250	21%
2	MEDICARE MANAGED CARE	\$3,943,261	\$5,545,290	\$1,602,029	41%
3	MEDICAID	\$7,228,017	\$17,644,011	\$10,415,994	144%
4	MEDICAID MANAGED CARE	\$11,617,137	\$17,017,142	\$5,400,005	46%
5	CHAMPUS/TRICARE	\$142,737	\$179,980	\$37,243	26%
6	COMMERCIAL INSURANCE	\$9,190,106	\$9,555,044	\$364,938	4%
7	NON-GOVERNMENT MANAGED CARE	\$16,252,448	\$19,472,744	\$3,220,296	20%
8	WORKER'S COMPENSATION	\$1,211,214	\$1,281,184	\$69,970	6%
9	SELF- PAY/UNINSURED	\$12,652,143	\$14,738,941	\$2,086,798	16%
10	SAGA	\$3,461,648	\$0	(\$3,461,648)	-100%
11	OTHER	\$217,946	\$440,224	\$222,278	102%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$77,617,912	\$100,044,065	\$22,426,153	29%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$3,143,010	\$3,234,767	\$91,757	3%
2	MEDICARE MANAGED CARE	\$1,046,117	\$1,685,389	\$639,272	61%
3	MEDICAID	\$1,619,364	\$3,635,170	\$2,015,806	124%
4	MEDICAID MANAGED CARE	\$3,174,450	\$4,981,575	\$1,807,125	57%
5	CHAMPUS/TRICARE	\$65,756	\$53,499	(\$12,257)	-19%
6	COMMERCIAL INSURANCE	\$4,438,615	\$5,876,939	\$1,438,324	32%
7	NON-GOVERNMENT MANAGED CARE	\$8,660,519	\$14,761,450	\$6,100,931	70%
8	WORKER'S COMPENSATION	\$884,529	\$1,039,224	\$154,695	17%
9	SELF- PAY/UNINSURED	\$1,969,363	\$889,598	(\$1,079,765)	-55%
10	SAGA	\$189,279	\$0	(\$189,279)	-100%
11	OTHER	\$5,505	\$164,219	\$158,714	2883%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$25,196,507	\$36,321,830	\$11,125,323	44%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	6,490	6,901	411	6%
2	MEDICARE MANAGED CARE	2,021	2,484	463	23%
3	MEDICAID	5,232	10,796	5,564	106%
4	MEDICAID MANAGED CARE	10,876	13,226	2,350	22%
5	CHAMPUS/TRICARE	100	106	6	6%
6	COMMERCIAL INSURANCE	6,494	5,627	(867)	-13%
7	NON-GOVERNMENT MANAGED CARE	10,178	10,781	603	6%
8	WORKER'S COMPENSATION	1,068	942	(126)	-12%
9	SELF- PAY/UNINSURED	9,315	9,196	(119)	-1%
10	SAGA	2,776	0	(2,776)	-100%
11	OTHER	210	301	91	43%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	54,760	60,360	5,600	10%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$61,447,266	\$62,345,375	\$898,109	1%
2	Physician Salaries	\$14,734,157	\$10,691,645	(\$4,042,512)	-27%
3	Non-Nursing, Non-Physician Salaries	\$66,164,577	\$69,982,980	\$3,818,403	6%
	Total Salaries & Wages	\$142,346,000	\$143,020,000	\$674,000	0%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$16,610,102	\$17,202,845	\$592,743	4%
2	Physician Fringe Benefits	\$3,982,860	\$2,950,126	(\$1,032,734)	-26%
3	Non-Nursing, Non-Physician Fringe Benefits	\$17,885,038	\$19,310,029	\$1,424,991	8%
	Total Fringe Benefits	\$38,478,000	\$39,463,000	\$985,000	3%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$969,320	\$1,132,788	\$163,468	17%
2	Physician Fees	\$2,362,000	\$3,123,000	\$761,000	32%
3	Non-Nursing, Non-Physician Fees	\$576,059	\$788,496	\$212,437	37%
	Total Contractual Labor Fees	\$3,907,379	\$5,044,284	\$1,136,905	29%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$38,482,803	\$37,894,700	(\$588,103)	-2%
2	Pharmaceutical Costs	\$14,894,197	\$13,382,300	(\$1,511,897)	-10%
	Total Medical Supplies and Pharmaceutical Cost	\$53,377,000	\$51,277,000	(\$2,100,000)	-4%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$10,060,379	\$10,340,960	\$280,581	3%
2	Depreciation-Equipment	\$12,054,621	\$12,554,040	\$499,419	4%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$22,115,000	\$22,895,000	\$780,000	4%
F.	Bad Debts:				
1	Bad Debts	\$21,127,000	\$32,811,000	\$11,684,000	55%
G.	Interest Expense:				
1	Interest Expense	\$2,186,000	\$2,562,000	\$376,000	17%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$7,005,000	\$3,148,000	(\$3,857,000)	-55%
I.	Utilities:				
1	Water	\$380,757	\$414,496	\$33,739	9%
2	Natural Gas	\$900,350	\$1,434,571	\$534,221	59%
3	Oil	\$353,187	\$77,234	(\$275,953)	-78%
4	Electricity	\$3,365,047	\$3,369,703	\$4,656	0%
5	Telephone	\$746,719	\$841,565	\$94,846	13%
6	Other Utilities	\$44,706	\$48,387	\$3,681	8%
	Total Utilities	\$5,790,766	\$6,185,956	\$395,190	7%
J.	Business Expenses:				
1	Accounting Fees	\$329,525	\$447,983	\$118,458	36%
2	Legal Fees	\$1,161,429	\$1,506,862	\$345,433	30%
3	Consulting Fees	\$1,103,284	\$1,598,828	\$495,544	45%
4	Dues and Membership	\$855,242	\$757,218	(\$98,024)	-11%
5	Equipment Leases	\$1,019,926	\$676,143	(\$343,783)	-34%
6	Building Leases	\$2,044,747	\$2,155,801	\$111,054	5%
7	Repairs and Maintenance	\$2,430,592	\$2,859,696	\$429,104	18%
8	Insurance	\$164,331	\$403,790	\$239,459	146%
9	Travel	\$165,222	\$143,120	(\$22,102)	-13%
10	Conferences	\$404,521	\$496,027	\$91,506	23%
11	Property Tax	\$213,353	\$111,000	(\$102,353)	-48%
12	General Supplies	\$8,446,392	\$8,765,595	\$319,203	4%
13	Licenses and Subscriptions	\$295,000	\$237,932	(\$57,068)	-19%
14	Postage and Shipping	\$250,803	\$287,982	\$37,179	15%
15	Advertising	\$2,007,664	\$2,409,423	\$401,759	20%
16	Other Business Expenses	\$34,588,824	\$53,046,360	\$18,457,536	53%
	Total Business Expenses	\$55,480,855	\$75,903,760	\$20,422,905	37%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$351,813,000	\$382,310,000	\$30,497,000	9%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 157				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$75,288,931	\$97,191,662	\$21,902,731	29%
2	General Accounting	\$1,869,774	\$2,129,271	\$259,497	14%
3	Patient Billing & Collection	\$4,338,070	\$4,511,087	\$173,017	4%
4	Admitting / Registration Office	\$2,230,865	\$2,340,348	\$109,483	5%
5	Data Processing	\$12,732,438	\$15,962,507	\$3,230,069	25%
6	Communications	\$1,726,448	\$1,950,699	\$224,251	13%
7	Personnel	\$41,205,860	\$42,370,964	\$1,165,104	3%
8	Public Relations	\$2,728,247	\$3,222,346	\$494,099	18%
9	Purchasing	\$510,959	\$649,073	\$138,114	27%
10	Dietary and Cafeteria	\$5,659,622	\$5,665,046	\$5,424	0%
11	Housekeeping	\$3,716,772	\$3,755,441	\$38,669	1%
12	Laundry & Linen	\$1,144,203	\$1,032,487	(\$111,716)	-10%
13	Operation of Plant	\$6,050,024	\$6,688,658	\$638,634	11%
14	Security	\$1,549,877	\$1,632,046	\$82,169	5%
15	Repairs and Maintenance	\$6,380,478	\$7,951,444	\$1,570,966	25%
16	Central Sterile Supply	\$1,087,676	\$1,004,325	(\$83,351)	-8%
17	Pharmacy Department	\$19,561,346	\$18,266,040	(\$1,295,306)	-7%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$187,781,590	\$216,323,444	\$28,541,854	15%
B.	Professional Services:				
1	Medical Care Administration	\$620,576	\$434,691	(\$185,885)	-30%
2	Residency Program	\$5,161,996	\$5,163,577	\$1,581	0%
3	Nursing Services Administration	\$2,625,219	\$2,718,469	\$93,250	4%
4	Medical Records	\$2,828,182	\$2,723,531	(\$104,651)	-4%
5	Social Service	\$699,485	\$750,423	\$50,938	7%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$11,935,458	\$11,790,691	(\$144,767)	-1%
C.	Special Services:				
1	Operating Room	\$23,022,201	\$23,696,971	\$674,770	3%
2	Recovery Room	\$1,798,981	\$1,818,030	\$19,049	1%
3	Anesthesiology	\$1,215,286	\$1,111,281	(\$104,005)	-9%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,662,275	\$3,853,560	\$191,285	5%
6	Diagnostic Ultrasound	\$578,077	\$700,630	\$122,553	21%
7	Radiation Therapy	\$1,554,960	\$1,816,682	\$261,722	17%
8	Radioisotopes	\$501,416	\$478,691	(\$22,725)	-5%
9	CT Scan	\$1,264,538	\$1,337,824	\$73,286	6%
10	Laboratory	\$7,064,706	\$7,243,260	\$178,554	3%
11	Blood Storing/Processing	\$3,274,476	\$3,224,422	(\$50,054)	-2%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$1,410,314	\$1,617,301	\$206,987	15%
14	Electroencephalography	\$30,247	\$49,822	\$19,575	65%
15	Occupational Therapy	\$460,690	\$550,960	\$90,270	20%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,595,608	\$2,611,733	\$16,125	1%
19	Pulmonary Function	\$400,938	\$415,433	\$14,495	4%
20	Intravenous Therapy	\$388,530	\$325,549	(\$62,981)	-16%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$1,184,332	\$919,588	(\$264,744)	-22%
24	Emergency Room	\$11,543,354	\$11,531,717	(\$11,637)	0%
25	MRI	\$472,394	\$484,622	\$12,228	3%
26	PET Scan	\$381,739	\$126,549	(\$255,190)	-67%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,153,444	\$1,208,187	\$54,743	5%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$12,138,003	\$11,314,461	(\$823,542)	-7%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
32	Occupational Therapy / Physical Therapy	\$1,032,060	\$1,117,613	\$85,553	8%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,061,050	\$2,783,488	(\$277,562)	-9%
	Total Special Services	\$80,189,619	\$80,338,374	\$148,755	0%
D.	Routine Services:				
1	Medical & Surgical Units	\$35,737,665	\$35,445,176	(\$292,489)	-1%
2	Intensive Care Unit	\$8,523,139	\$7,904,653	(\$618,486)	-7%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$7,945,856	\$9,575,998	\$1,630,142	21%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$3,601,215	\$4,338,716	\$737,501	20%
7	Newborn Nursery Unit	\$1,306,824	\$1,281,233	(\$25,591)	-2%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,117,328	\$2,083,880	(\$33,448)	-2%
10	Ambulatory Surgery	\$6,158,205	\$5,971,049	(\$187,156)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$6,279,381	\$6,997,329	\$717,948	11%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$71,669,613	\$73,598,034	\$1,928,421	3%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$236,720	\$259,457	\$22,737	10%
	Total Operating Expenses - All Departments*	\$351,813,000	\$382,310,000	\$30,497,000	9%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$341,788,581	\$ 353,724,000	\$389,074,000
2	Other Operating Revenue	11,020,419	12,850,000	7,963,000
3	Total Operating Revenue	\$352,809,000	\$366,574,000	\$397,037,000
4	Total Operating Expenses	341,987,000	351,813,000	382,310,000
5	Income/(Loss) From Operations	\$10,822,000	\$14,761,000	\$14,727,000
6	Total Non-Operating Revenue	(3,815,000)	26,004,000	7,135,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,007,000	\$40,765,000	\$21,862,000
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	3.10%	3.76%	3.64%
2	Hospital Non Operating Margin	-1.09%	6.62%	1.77%
3	Hospital Total Margin	2.01%	10.38%	5.41%
4	Income/(Loss) From Operations	\$10,822,000	\$14,761,000	\$14,727,000
5	Total Operating Revenue	\$352,809,000	\$366,574,000	\$397,037,000
6	Total Non-Operating Revenue	(\$3,815,000)	\$26,004,000	\$7,135,000
7	Total Revenue	\$348,994,000	\$392,578,000	\$404,172,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,007,000	\$40,765,000	\$21,862,000
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$314,991,000	\$373,265,000	\$427,407,000
2	Hospital Total Net Assets	\$356,510,000	\$396,726,000	\$445,927,000
3	Hospital Change in Total Net Assets	(\$24,301,000)	\$40,216,000	\$49,201,000
4	Hospital Change in Total Net Assets %	93.6%	11.3%	12.4%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.40	0.37	0.38
2	Total Operating Expenses	\$341,987,000	\$351,813,000	\$382,310,000
3	Total Gross Revenue	\$852,498,869	\$928,515,628	\$1,004,233,370
4	Total Other Operating Revenue	\$9,864,000	\$12,404,000	\$7,720,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
5	<u>Private Payment to Cost Ratio</u>	1.28	1.35	1.37
6	Total Non-Government Payments	\$142,224,171	\$148,985,162	\$155,511,639
7	Total Uninsured Payments	\$3,052,195	\$2,828,590	\$2,660,291
8	Total Non-Government Charges	\$316,158,051	\$329,316,787	\$340,013,820
9	Total Uninsured Charges	\$41,092,431	\$40,048,835	\$44,248,629
10	<u>Medicare Payment to Cost Ratio</u>	0.89	0.88	0.83
11	Total Medicare Payments	\$145,672,141	\$148,147,249	\$151,557,176
12	Total Medicare Charges	\$414,483,421	\$449,462,026	\$481,731,638
13	<u>Medicaid Payment to Cost Ratio</u>	0.74	0.67	0.64
14	Total Medicaid Payments	\$28,439,441	\$32,883,534	\$43,280,559
15	Total Medicaid Charges	\$96,364,311	\$130,985,683	\$180,109,238
16	<u>Uncompensated Care Cost</u>	\$15,619,940	\$14,299,563	\$15,805,393
17	Charity Care	\$8,833,000	\$7,662,000	\$9,025,000
18	Bad Debts	\$30,554,626	\$30,582,008	\$32,811,000
19	Total Uncompensated Care	\$39,387,626	\$38,244,008	\$41,836,000
20	<u>Uncompensated Care % of Total Expenses</u>	4.6%	4.1%	4.1%
21	Total Operating Expenses	\$341,987,000	\$351,813,000	\$382,310,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.26	1.63	1.34
2	Total Current Assets	\$69,692,000	\$84,134,000	\$75,794,000
3	Total Current Liabilities	\$55,125,000	\$51,670,000	\$56,576,000
4	<u>Days Cash on Hand</u>	21	23	7
5	Cash and Cash Equivalents	\$10,599,000	\$6,014,000	\$6,480,000
6	Short Term Investments	7,793,000	15,056,000	97,000
7	Total Cash and Short Term Investments	\$18,392,000	\$21,070,000	\$6,577,000
8	Total Operating Expenses	\$341,987,000	\$351,813,000	\$382,310,000
9	Depreciation Expense	\$18,628,000	\$22,115,000	\$22,895,000
10	Operating Expenses less Depreciation Expense	\$323,359,000	\$329,698,000	\$359,415,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
11	<u>Days Revenue in Patient Accounts Receivable</u>	33.89	33.08	32.99
12	Net Patient Accounts Receivable	\$ 40,833,000	\$ 44,277,000	\$ 46,049,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$9,102,000	\$12,219,000	\$10,883,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 31,731,000	\$ 32,058,000	\$ 35,166,000
16	Total Net Patient Revenue	\$341,788,581	\$ 353,724,000	\$ 389,074,000
17	<u>Average Payment Period</u>	62.22	57.20	57.46
18	Total Current Liabilities	\$55,125,000	\$51,670,000	\$56,576,000
19	Total Operating Expenses	\$341,987,000	\$351,813,000	\$382,310,000
20	Depreciation Expense	\$18,628,000	\$22,115,000	\$22,895,000
21	Total Operating Expenses less Depreciation Expense	\$323,359,000	\$329,698,000	\$359,415,000
	<u>F. Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	67.3	69.9	76.4
2	Total Net Assets	\$356,510,000	\$396,726,000	\$445,927,000
3	Total Assets	\$529,360,000	\$567,604,000	\$583,472,000
4	<u>Cash Flow to Total Debt Ratio</u>	20.3	51.5	39.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,007,000	\$40,765,000	\$21,862,000
6	Depreciation Expense	\$18,628,000	\$22,115,000	\$22,895,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$25,635,000	\$62,880,000	\$44,757,000
8	Total Current Liabilities	\$55,125,000	\$51,670,000	\$56,576,000
9	Total Long Term Debt	\$71,089,000	\$70,486,000	\$57,659,000
10	Total Current Liabilities and Total Long Term Debt	\$126,214,000	\$122,156,000	\$114,235,000
11	<u>Long Term Debt to Capitalization Ratio</u>	16.6	15.1	11.4
12	Total Long Term Debt	\$71,089,000	\$70,486,000	\$57,659,000
13	Total Net Assets	\$356,510,000	\$396,726,000	\$445,927,000
14	Total Long Term Debt and Total Net Assets	\$427,599,000	\$467,212,000	\$503,586,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
15	Debt Service Coverage Ratio	16.5	20.9	15.1
16	Excess Revenues over Expenses	\$7,007,000	\$40,765,000	\$21,862,000
17	Interest Expense	\$678,000	\$2,186,000	\$2,562,000
18	Depreciation and Amortization Expense	\$18,628,000	\$22,115,000	\$22,895,000
19	Principal Payments	\$912,458	\$932,801	\$580,330
	G. Other Financial Ratios			
20	Average Age of Plant	8.7	8.3	8.6
21	Accumulated Depreciation	\$162,502,000	\$183,826,000	\$197,451,000
22	Depreciation and Amortization Expense	\$18,628,000	\$22,115,000	\$22,895,000
	H. Utilization Measures Summary			
1	Patient Days	125,447	122,812	122,440
2	Discharges	21,743	21,873	22,100
3	ALOS	5.8	5.6	5.5
4	Staffed Beds	415	423	423
5	Available Beds	-	423	423
6	Licensed Beds	520	520	520
6	Occupancy of Staffed Beds	82.8%	79.5%	79.3%
7	Occupancy of Available Beds	81.3%	79.5%	79.3%
8	Full Time Equivalent Employees	2,049.6	2,020.1	2,047.2
	I. Hospital Gross Revenue Payer Mix Percentage			
1	Non-Government Gross Revenue Payer Mix Percentage	32.3%	31.2%	29.5%
2	Medicare Gross Revenue Payer Mix Percentage	48.6%	48.4%	48.0%
3	Medicaid Gross Revenue Payer Mix Percentage	11.3%	14.1%	17.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.9%	1.9%	0.2%
5	Uninsured Gross Revenue Payer Mix Percentage	4.8%	4.3%	4.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$275,065,620	\$289,267,952	\$295,765,191
9	Medicare Gross Revenue (Charges)	\$414,483,421	\$449,462,026	\$481,731,638
10	Medicaid Gross Revenue (Charges)	\$96,364,311	\$130,985,683	\$180,109,238
11	Other Medical Assistance Gross Revenue (Charges)	\$24,848,470	\$18,000,816	\$1,606,870
12	Uninsured Gross Revenue (Charges)	\$41,092,431	\$40,048,835	\$44,248,629
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$644,616	\$750,316	\$771,804
14	Total Gross Revenue (Charges)	\$852,498,869	\$928,515,628	\$1,004,233,370

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	43.5%	43.9%	43.5%
2	Medicare Net Revenue Payer Mix Percentage	45.5%	44.5%	43.1%
3	Medicaid Net Revenue Payer Mix Percentage	8.9%	9.9%	12.3%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.1%	0.7%	0.2%
5	Uninsured Net Revenue Payer Mix Percentage	1.0%	0.9%	0.8%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	8,200	7,897	7,399
2	Medicare	9,746	9,920	10,164
3	Medical Assistance	3,779	4,026	4,516
4	Medicaid	3,120	3,652	4,488
5	Other Medical Assistance	659	374	28
6	CHAMPUS / TRICARE	18	30	21
7	Uninsured (Included In Non-Government)	955	1,024	991
8	Total	21,743	21,873	22,100
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.190900	1.227600	1.236900
2	Medicare	1.529900	1.516200	1.497100
3	Medical Assistance	0.963437	0.961121	0.995706
4	Medicaid	0.912500	0.927400	0.995400
5	Other Medical Assistance	1.204600	1.290400	1.044900
6	CHAMPUS / TRICARE	1.110900	0.810400	1.383600
7	Uninsured (Included In Non-Government)	1.098700	1.067500	1.026000
8	Total Case Mix Index	1.303252	1.308866	1.307421
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	10,882	14,253	15,163
2	Emergency Room - Treated and Discharged	50,431	54,760	60,360
3	Total Emergency Room Visits	61,313	69,013	75,523

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$964,324	\$12,395,890	\$11,431,566	1185%
2	Inpatient Payments	\$265,456	\$3,154,148	\$2,888,692	1088%
3	Outpatient Charges	\$162,501	\$3,571,108	\$3,408,607	2098%
4	Outpatient Payments	\$51,157	\$1,026,882	\$975,725	1907%
5	Discharges	21	326	305	1452%
6	Patient Days	141	1,827	1,686	1196%
7	Outpatient Visits (Excludes ED Visits)	126	1,485	1,359	1079%
8	Emergency Department Outpatient Visits	17	252	235	1382%
9	Emergency Department Inpatient Admissions	16	260	244	1525%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,126,825	\$15,966,998	\$14,840,173	1317%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$316,613	\$4,181,030	\$3,864,417	1221%
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	\$5,693,878	\$12,143,585	\$6,449,707	113%
2	Inpatient Payments	\$1,902,362	\$3,406,947	\$1,504,585	79%
3	Outpatient Charges	\$2,024,252	\$4,004,825	\$1,980,573	98%
4	Outpatient Payments	\$572,283	\$1,041,484	\$469,201	82%
5	Discharges	162	299	137	85%
6	Patient Days	911	1,969	1,058	116%
7	Outpatient Visits (Excludes ED Visits)	1,108	1,859	751	68%
8	Emergency Department Outpatient Visits	82	295	213	260%
9	Emergency Department Inpatient Admissions	127	227	100	79%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,718,130	\$16,148,410	\$8,430,280	109%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,474,645	\$4,448,431	\$1,973,786	80%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$85,023,617	\$22,853,036	(\$62,170,581)	-73%
2	Inpatient Payments	\$26,633,498	\$10,408,127	(\$16,225,371)	-61%
3	Outpatient Charges	\$21,203,849	\$5,288,376	(\$15,915,473)	-75%
4	Outpatient Payments	\$6,002,357	\$2,156,264	(\$3,846,093)	-64%
5	Discharges	2,393	640	(1,753)	-73%
6	Patient Days	13,591	3,881	(9,710)	-71%
7	Outpatient Visits (Excludes ED Visits)	9,071	2,375	(6,696)	-74%
8	Emergency Department Outpatient Visits	1,480	409	(1,071)	-72%
9	Emergency Department Inpatient Admissions	1,848	506	(1,342)	-73%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$106,227,466	\$28,141,412	(\$78,086,054)	-74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$32,635,855	\$12,564,391	(\$20,071,464)	-62%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$4,158	\$4,158	0%
4	Outpatient Payments	\$0	\$1,932	\$1,932	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	3	3	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$4,158	\$4,158	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,932	\$1,932	0%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$233,626	\$233,626	0%
2	Inpatient Payments	\$0	\$9,761	\$9,761	0%
3	Outpatient Charges	\$0	\$58,213	\$58,213	0%
4	Outpatient Payments	\$0	\$174	\$174	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	6	6	0%
7	Outpatient Visits (Excludes ED Visits)	0	29	29	0%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	0	4	4	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$291,839	\$291,839	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$9,935	\$9,935	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$51,186,272	\$51,186,272	0%
2	Inpatient Payments	\$0	\$14,001,350	\$14,001,350	0%
3	Outpatient Charges	\$0	\$14,301,219	\$14,301,219	0%
4	Outpatient Payments	\$0	\$2,927,642	\$2,927,642	0%
5	Discharges	0	1,396	1,396	0%
6	Patient Days	0	8,053	8,053	0%
7	Outpatient Visits (Excludes ED Visits)	0	5,164	5,164	0%
8	Emergency Department Outpatient Visits	0	1,066	1,066	0%
9	Emergency Department Inpatient Admissions	0	1,162	1,162	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$65,487,491	\$65,487,491	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$16,928,992	\$16,928,992	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$5,663,302	\$5,453,824	(\$209,478)	-4%
2	Inpatient Payments	\$1,929,870	\$1,652,561	(\$277,309)	-14%
3	Outpatient Charges	\$1,723,883	\$2,118,288	\$394,405	23%
4	Outpatient Payments	\$424,576	\$529,786	\$105,210	25%
5	Discharges	171	152	(19)	-11%
6	Patient Days	1,075	1,012	(63)	-6%
7	Outpatient Visits (Excludes ED Visits)	756	868	112	15%
8	Emergency Department Outpatient Visits	229	297	68	30%
9	Emergency Department Inpatient Admissions	136	130	(6)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,387,185	\$7,572,112	\$184,927	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,354,446	\$2,182,347	(\$172,099)	-7%
I. AETNA					
1	Inpatient Charges	\$2,584,371	\$3,956,924	\$1,372,553	53%
2	Inpatient Payments	\$742,133	\$1,204,839	\$462,706	62%
3	Outpatient Charges	\$672,084	\$867,098	\$195,014	29%
4	Outpatient Payments	\$171,798	\$233,945	\$62,147	36%
5	Discharges	67	92	25	37%
6	Patient Days	391	600	209	53%
7	Outpatient Visits (Excludes ED Visits)	429	429	0	0%
8	Emergency Department Outpatient Visits	69	66	(3)	-4%
9	Emergency Department Inpatient Admissions	49	64	15	31%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,256,455	\$4,824,022	\$1,567,567	48%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$913,931	\$1,438,784	\$524,853	57%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$1,073,268	\$934,051	(\$139,217)	-13%
2	Inpatient Payments	\$441,688	\$278,470	(\$163,218)	-37%
3	Outpatient Charges	\$198,085	\$462,818	\$264,733	134%
4	Outpatient Payments	\$78,181	\$82,591	\$4,410	6%
5	Discharges	35	23	(12)	-34%
6	Patient Days	197	114	(83)	-42%
7	Outpatient Visits (Excludes ED Visits)	84	140	56	67%
8	Emergency Department Outpatient Visits	34	20	(14)	-41%
9	Emergency Department Inpatient Admissions	30	17	(13)	-43%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,271,353	\$1,396,869	\$125,516	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$519,869	\$361,061	(\$158,808)	-31%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 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	\$2,640,430	\$3,091,540	\$451,110	17%
2	Inpatient Payments	\$1,038,681	\$1,163,231	\$124,550	12%
3	Outpatient Charges	\$1,251,688	\$880,687	(\$371,001)	-30%
4	Outpatient Payments	\$303,818	\$281,433	(\$22,385)	-7%
5	Discharges	93	80	(13)	-14%
6	Patient Days	485	480	(5)	-1%
7	Outpatient Visits (Excludes ED Visits)	512	407	(105)	-21%
8	Emergency Department Outpatient Visits	110	74	(36)	-33%
9	Emergency Department Inpatient Admissions	90	73	(17)	-19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,892,118	\$3,972,227	\$80,109	2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,342,499	\$1,444,664	\$102,165	8%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$103,643,190	\$112,248,748	\$8,605,558	8%
	TOTAL INPATIENT PAYMENTS	\$32,953,688	\$35,279,434	\$2,325,746	7%
	TOTAL OUTPATIENT CHARGES	\$27,236,342	\$31,556,790	\$4,320,448	16%
	TOTAL OUTPATIENT PAYMENTS	\$7,604,170	\$8,282,133	\$677,963	9%
	TOTAL DISCHARGES	2,942	3,009	67	2%
	TOTAL PATIENT DAYS	16,791	17,942	1,151	7%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	12,086	12,757	671	6%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,021	2,484	463	23%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,296	2,443	147	6%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$130,879,532	\$143,805,538	\$12,926,006	10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$40,557,858	\$43,561,567	\$3,003,709	7%

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

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$8,854,379	\$8,900,309	\$45,930	1%
2	Inpatient Payments	\$2,161,032	\$2,002,951	(\$158,081)	-7%
3	Outpatient Charges	\$13,255,933	\$16,475,527	\$3,219,594	24%
4	Outpatient Payments	\$3,438,323	\$4,757,796	\$1,319,473	38%
5	Discharges	713	709	(4)	-1%
6	Patient Days	1,980	2,072	92	5%
7	Outpatient Visits (Excludes ED Visits)	11,794	11,708	(86)	-1%
8	Emergency Department Outpatient Visits	7,291	8,394	1,103	15%
9	Emergency Department Inpatient Admissions	196	186	(10)	-5%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$22,110,312	\$25,375,836	\$3,265,524	15%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$5,599,355	\$6,760,747	\$1,161,392	21%
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 VINCENT'S MEDICAL CENTER
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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	\$15,493,609	\$13,231,104	(\$2,262,505)	-15%
2	Inpatient Payments	\$4,954,991	\$3,250,368	(\$1,704,623)	-34%
3	Outpatient Charges	\$2,057,950	\$1,722,342	(\$335,608)	-16%
4	Outpatient Payments	\$451,193	\$606,265	\$155,072	34%
5	Discharges	557	383	(174)	-31%
6	Patient Days	5,643	4,423	(1,220)	-22%
7	Outpatient Visits (Excludes ED Visits)	3,256	3,439	183	6%
8	Emergency Department Outpatient Visits	285	6	(279)	-98%
9	Emergency Department Inpatient Admissions	311	192	(119)	-38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,551,559	\$14,953,446	(\$2,598,113)	-15%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,406,184	\$3,856,633	(\$1,549,551)	-29%
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 VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
G. UNITED HEALTHCARE					
1	Inpatient Charges	\$2,954,816	\$3,407,737	\$452,921	15%
2	Inpatient Payments	\$690,754	\$872,350	\$181,596	26%
3	Outpatient Charges	\$2,626,600	\$4,303,191	\$1,676,591	64%
4	Outpatient Payments	\$703,940	\$1,248,509	\$544,569	77%
5	Discharges	182	224	42	23%
6	Patient Days	673	857	184	27%
7	Outpatient Visits (Excludes ED Visits)	2,051	2,929	878	43%
8	Emergency Department Outpatient Visits	1,393	2,116	723	52%
9	Emergency Department Inpatient Admissions	45	48	3	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,581,416	\$7,710,928	\$2,129,512	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,394,694	\$2,120,859	\$726,165	52%
H. AETNA					
1	Inpatient Charges	\$3,935,093	\$4,520,665	\$585,572	15%
2	Inpatient Payments	\$1,339,890	\$1,224,909	(\$114,981)	-9%
3	Outpatient Charges	\$3,982,351	\$6,591,697	\$2,609,346	66%
4	Outpatient Payments	\$1,063,586	\$1,860,236	\$796,650	75%
5	Discharges	273	362	89	33%
6	Patient Days	953	1,126	173	18%
7	Outpatient Visits (Excludes ED Visits)	3,515	5,051	1,536	44%
8	Emergency Department Outpatient Visits	1,907	2,710	803	42%
9	Emergency Department Inpatient Admissions	97	99	2	2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,917,444	\$11,112,362	\$3,194,918	40%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,403,476	\$3,085,145	\$681,669	28%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$31,237,897	\$30,059,815	(\$1,178,082)	-4%
	TOTAL INPATIENT PAYMENTS	\$9,146,667	\$7,350,578	(\$1,796,089)	-20%
	TOTAL OUTPATIENT CHARGES	\$21,922,834	\$29,092,757	\$7,169,923	33%
	TOTAL OUTPATIENT PAYMENTS	\$5,657,042	\$8,472,806	\$2,815,764	50%
	TOTAL DISCHARGES	1,725	1,678	(47)	-3%
	TOTAL PATIENT DAYS	9,249	8,478	(771)	-8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	20,616	23,127	2,511	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	10,876	13,226	2,350	22%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	649	525	(124)	-19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$53,160,731	\$59,152,572	\$5,991,841	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,803,709	\$15,823,384	\$1,019,675	7%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$7,535,000	\$8,155,000	\$620,000	8%
2	Short Term Investments	\$20,955,000	\$4,548,000	(\$16,407,000)	-78%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$45,741,000	\$47,626,000	\$1,885,000	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,849,000	\$2,852,000	(\$997,000)	-26%
8	Prepaid Expenses	\$3,114,000	\$3,091,000	(\$23,000)	-1%
9	Other Current Assets	\$8,070,000	\$8,040,000	(\$30,000)	0%
	Total Current Assets	\$89,264,000	\$74,312,000	(\$14,952,000)	-17%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$234,848,000	\$224,359,000	(\$10,489,000)	-4%
	Total Noncurrent Assets Whose Use is Limited:	\$234,848,000	\$224,359,000	(\$10,489,000)	-4%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$76,973,000	\$108,053,000	\$31,080,000	40%
7	Other Noncurrent Assets	\$5,296,000	\$13,706,000	\$8,410,000	159%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$429,297,000	\$440,312,000	\$11,015,000	3%
2	Less: Accumulated Depreciation	\$198,130,000	\$212,078,000	\$13,948,000	\$0
	Property, Plant and Equipment, Net	\$231,167,000	\$228,234,000	(\$2,933,000)	-1%
3	Construction in Progress	\$7,882,000	\$8,014,000	\$132,000	2%
	Total Net Fixed Assets	\$239,049,000	\$236,248,000	(\$2,801,000)	-1%
	Total Assets	\$645,430,000	\$656,678,000	\$11,248,000	2%

ST VINCENTS HEALTH SERVICES CORPORATION					
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	\$20,380,000	\$31,652,000	\$11,272,000	55%
2	Salaries, Wages and Payroll Taxes	\$22,512,000	\$20,854,000	(\$1,658,000)	-7%
3	Due To Third Party Payers	\$12,291,000	\$10,883,000	(\$1,408,000)	-11%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,502,000	\$1,427,000	(\$75,000)	-5%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$2,473,000	\$459,000	(\$2,014,000)	-81%
	Total Current Liabilities	\$59,158,000	\$65,275,000	\$6,117,000	10%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$78,227,000	\$57,659,000	(\$20,568,000)	-26%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$78,227,000	\$57,659,000	(\$20,568,000)	-26%
3	Accrued Pension Liability	\$42,153,000	\$13,962,000	(\$28,191,000)	-67%
4	Other Long Term Liabilities	\$11,270,000	\$13,421,000	\$2,151,000	19%
	Total Long Term Liabilities	\$131,650,000	\$85,042,000	(\$46,608,000)	-35%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$425,240,000	\$482,267,000	\$57,027,000	13%
2	Temporarily Restricted Net Assets	\$18,588,000	\$13,250,000	(\$5,338,000)	-29%
3	Permanently Restricted Net Assets	\$10,794,000	\$10,844,000	\$50,000	0%
	Total Net Assets	\$454,622,000	\$506,361,000	\$51,739,000	11%
	Total Liabilities and Net Assets	\$645,430,000	\$656,678,000	\$11,248,000	2%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$940,977,000	\$1,025,861,000	\$84,884,000	9%
2	Less: Allowances	\$563,014,000	\$616,487,000	\$53,473,000	9%
3	Less: Charity Care	\$7,667,000	\$9,026,000	\$1,359,000	18%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$370,296,000	\$400,348,000	\$30,052,000	8%
5	Other Operating Revenue	\$39,206,000	\$37,202,000	(\$2,004,000)	-5%
6	Net Assets Released from Restrictions	\$1,302,000	\$1,356,000	\$54,000	4%
	Total Operating Revenue	\$410,804,000	\$438,906,000	\$28,102,000	7%
B. Operating Expenses:					
1	Salaries and Wages	\$174,495,000	\$182,920,000	\$8,425,000	5%
2	Fringe Benefits	\$46,145,000	\$48,538,000	\$2,393,000	5%
3	Physicians Fees	\$2,421,000	\$3,205,000	\$784,000	32%
4	Supplies and Drugs	\$53,678,000	\$51,358,000	(\$2,320,000)	-4%
5	Depreciation and Amortization	\$23,481,000	\$24,213,000	\$732,000	3%
6	Bad Debts	\$21,985,000	\$33,993,000	\$12,008,000	55%
7	Interest	\$2,433,000	\$2,776,000	\$343,000	14%
8	Malpractice	\$7,511,000	\$5,102,000	(\$2,409,000)	-32%
9	Other Operating Expenses	\$68,066,000	\$74,490,000	\$6,424,000	9%
	Total Operating Expenses	\$400,215,000	\$426,595,000	\$26,380,000	7%
	Income/(Loss) From Operations	\$10,589,000	\$12,311,000	\$1,722,000	16%
C. Non-Operating Revenue:					
1	Income from Investments	\$32,144,000	\$11,660,000	(\$20,484,000)	-64%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,004,000)	(\$1,229,000)	(\$225,000)	22%
	Total Non-Operating Revenue	\$31,140,000	\$10,431,000	(\$20,709,000)	-67%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$41,729,000	\$22,742,000	(\$18,987,000)	-46%
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	\$41,729,000	\$22,742,000	(\$18,987,000)	-46%

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$346,694,000	\$370,296,000	\$400,348,000
2	Other Operating Revenue	40,358,000	40,508,000	38,558,000
3	Total Operating Revenue	\$387,052,000	\$410,804,000	\$438,906,000
4	Total Operating Expenses	375,628,000	400,215,000	426,595,000
5	Income/(Loss) From Operations	\$11,424,000	\$10,589,000	\$12,311,000
6	Total Non-Operating Revenue	(6,287,000)	31,140,000	10,431,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$5,137,000	\$41,729,000	\$22,742,000
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	3.00%	2.40%	2.74%
2	Parent Corporation Non-Operating Margin	-1.65%	7.05%	2.32%
3	Parent Corporation Total Margin	1.35%	9.44%	5.06%
4	Income/(Loss) From Operations	\$11,424,000	\$10,589,000	\$12,311,000
5	Total Operating Revenue	\$387,052,000	\$410,804,000	\$438,906,000
6	Total Non-Operating Revenue	(\$6,287,000)	\$31,140,000	\$10,431,000
7	Total Revenue	\$380,765,000	\$441,944,000	\$449,337,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$5,137,000	\$41,729,000	\$22,742,000
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$364,490,000	\$425,240,000	\$482,267,000
2	Parent Corporation Total Net Assets	\$411,285,000	\$454,622,000	\$506,361,000
3	Parent Corporation Change in Total Net Assets	(\$22,213,000)	\$43,337,000	\$51,739,000
4	Parent Corporation Change in Total Net Assets %	94.9%	10.5%	11.4%

ST VINCENTS HEALTH SERVICES CORPORATION				
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	<u>Current Ratio</u>	1.26	1.51	1.14
2	Total Current Assets	\$76,132,000	\$89,264,000	\$74,312,000
3	Total Current Liabilities	\$60,648,000	\$59,158,000	\$65,275,000
4	<u>Days Cash on Hand</u>	24	28	12
5	Cash and Cash Equivalents	\$12,274,000	\$7,535,000	\$8,155,000
6	Short Term Investments	11,030,000	20,955,000	4,548,000
7	Total Cash and Short Term Investments	\$23,304,000	\$28,490,000	\$12,703,000
8	Total Operating Expenses	\$375,628,000	\$400,215,000	\$426,595,000
9	Depreciation Expense	\$20,021,000	\$23,481,000	\$24,213,000
10	Operating Expenses less Depreciation Expense	\$355,607,000	\$376,734,000	\$402,382,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	34	33	33
12	Net Patient Accounts Receivable	\$ 41,629,000	\$ 45,741,000	\$ 47,626,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$9,131,000	\$12,291,000	\$10,883,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 32,498,000	\$ 33,450,000	\$ 36,743,000
16	Total Net Patient Revenue	\$346,694,000	\$370,296,000	\$400,348,000
17	<u>Average Payment Period</u>	62	57	59
18	Total Current Liabilities	\$60,648,000	\$59,158,000	\$65,275,000
19	Total Operating Expenses	\$375,628,000	\$400,215,000	\$426,595,000
20	Depreciation Expense	\$20,021,000	\$23,481,000	\$24,213,000
21	Total Operating Expenses less Depreciation Expense	\$355,607,000	\$376,734,000	\$402,382,000

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	68.3	70.4	77.1
2	Total Net Assets	\$411,285,000	\$454,622,000	\$506,361,000
3	Total Assets	\$602,068,000	\$645,430,000	\$656,678,000
4	<u>Cash Flow to Total Debt Ratio</u>	18.0	47.5	38.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$5,137,000	\$41,729,000	\$22,742,000
6	Depreciation Expense	\$20,021,000	\$23,481,000	\$24,213,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$25,158,000	\$65,210,000	\$46,955,000
8	Total Current Liabilities	\$60,648,000	\$59,158,000	\$65,275,000
9	Total Long Term Debt	\$78,872,000	\$78,227,000	\$57,659,000
10	Total Current Liabilities and Total Long Term Debt	\$139,520,000	\$137,385,000	\$122,934,000
11	<u>Long Term Debt to Capitalization Ratio</u>	16.1	14.7	10.2
12	Total Long Term Debt	\$78,872,000	\$78,227,000	\$57,659,000
13	Total Net Assets	\$411,285,000	\$454,622,000	\$506,361,000
14	Total Long Term Debt and Total Net Assets	\$490,157,000	\$532,849,000	\$564,020,000

SAINT VINCENT'S MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	76,339	16,517	15,002	242	242	86.4%	86.4%
2	ICU/CCU (Excludes Neonatal ICU)	7,146	282	0	30	30	65.3%	65.3%
3	Psychiatric: Ages 0 to 17	4,809	386	388	17	17	77.5%	77.5%
4	Psychiatric: Ages 18+	24,234	2,551	2,539	75	75	88.5%	88.5%
	TOTAL PSYCHIATRIC	29,043	2,937	2,927	92	92	86.5%	86.5%
5	Rehabilitation	2,679	197	200	10	10	73.4%	73.4%
6	Maternity	3,469	1,256	1,202	22	22	43.2%	43.2%
7	Newborn	3,764	1,193	1,193	27	27	38.2%	38.2%
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	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	118,676	20,907	19,331	396	396	82.1%	82.1%
	TOTAL INPATIENT BED UTILIZATION	122,440	22,100	20,524	423	423	79.3%	79.3%
	TOTAL INPATIENT REPORTED YEAR	122,440	22,100	20,524	423	423	79.3%	79.3%
	TOTAL INPATIENT PRIOR YEAR	122,812	0	0	423	423	79.5%	79.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-372	22,100	20,524	0	0	-0.2%	-0.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	0%	0%	0%	0%	0%	0%	0%
	Total Licensed Beds and Bassinets	520						
(A) This number may not exceed the number of available beds for each department or in total.								

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	6,959	6,774	-185	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,080	2,013	-67	-3%
3	Emergency Department Scans	8,133	7,571	-562	-7%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	17,172	16,358	-814	-5%
B. MRI Scans (A)					
1	Inpatient Scans	1,269	1,271	2	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,642	1,657	15	1%
3	Emergency Department Scans	137	137	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,048	3,065	17	1%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	31	77	46	148%
2	Outpatient Scans (Excluding Emergency Department Scans)	482	461	-21	-4%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	513	538	25	5%
(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	920	816	-104	-11%
2	Outpatient Procedures	15,537	18,326	2,789	18%
	Total Linear Accelerator Procedures	16,457	19,142	2,685	16%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	1,188	983	-205	-17%
2	Outpatient Procedures	600	801	201	34%
	Total Cardiac Catheterization Procedures	1,788	1,784	-4	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	448	227	-221	-49%
2	Elective Procedures	454	640	186	41%
	Total Cardiac Angioplasty Procedures	902	867	-35	-4%
H. Electrophysiology Studies					
1	Inpatient Studies	677	647	-30	-4%
2	Outpatient Studies	276	361	85	31%
	Total Electrophysiology Studies	953	1,008	55	6%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	5,926	5,257	-669	-11%
2	Outpatient Surgical Procedures	6,696	6,324	-372	-6%
	Total Surgical Procedures	12,622	11,581	-1,041	-8%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	1,983	2,063	80	4%
2	Outpatient Endoscopy Procedures	4,319	4,590	271	6%
	Total Endoscopy Procedures	6,302	6,653	351	6%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	14,253	15,163	910	6%
2	Emergency Room Visits: Treated and Discharged	54,760	60,360	5,600	10%
	Total Emergency Room Visits	69,013	75,523	6,510	9%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	15,670	21,483	5,813	37%
4	Medical Clinic Visits	49,569	53,932	4,363	9%
5	Specialty Clinic Visits	15,544	14,819	-725	-5%
	Total Hospital Clinic Visits	80,783	90,234	9,451	12%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	1,869	2,188	319	17%
2	Cardiology	997	966	-31	-3%
3	Chemotherapy	1,774	1,213	-561	-32%
4	Gastroenterology	3,144	3,225	81	3%
5	Other Outpatient Visits	88,792	94,646	5,854	7%
	Total Other Hospital Outpatient Visits	96,576	102,238	5,662	6%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	740.3	783.7	43.4	6%
2	Total Physician FTEs	95.9	77.1	-18.8	-20%
3	Total Non-Nursing and Non-Physician FTEs	1,183.9	1,186.4	2.5	0%
	Total Hospital Full Time Equivalent Employees	2,020.1	2,047.2	27.1	1%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	St. Vincents Medical Center	6,696	6,324	-372	-6%
	Total Outpatient Surgical Procedures(A)	6,696	6,324	-372	-6%
B. Outpatient Endoscopy Procedures					
1	St. Vincents Medical Center	4,319	4,590	271	6%
	Total Outpatient Endoscopy Procedures(B)	4,319	4,590	271	6%
C. Outpatient Hospital Emergency Room Visits					
1	St. Vincents Medical Center	54,760	60,360	5,600	10%
	Total Outpatient Hospital Emergency Room Visits(C)	54,760	60,360	5,600	10%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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	\$359,183,423	\$377,212,835	\$18,029,412	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$122,330,717	\$124,807,371	\$2,476,654	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.06%	33.09%	-0.97%	-3%
4	DISCHARGES	9,920	10,164	244	2%
5	CASE MIX INDEX (CMI)	1.51620	1.49710	(0.01910)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	15,040.70400	15,216.52440	175.82040	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,133.31	\$8,202.09	\$68.78	1%
8	PATIENT DAYS	62,768	63,673	905	1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,948.93	\$1,960.13	\$11.20	1%
10	AVERAGE LENGTH OF STAY	6.3	6.3	(0.1)	-1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$90,278,603	\$104,518,803	\$14,240,200	16%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$25,816,532	\$26,749,805	\$933,273	4%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.60%	25.59%	-3.00%	-11%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	25.13%	27.71%	2.57%	10%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,493.33261	2,816.25919	322.92658	13%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$10,354.23	\$9,498.35	(\$855.88)	-8%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$449,462,026	\$481,731,638	\$32,269,612	7%
18	TOTAL ACCRUED PAYMENTS	\$148,147,249	\$151,557,176	\$3,409,927	2%
19	TOTAL ALLOWANCES	\$301,314,777	\$330,174,462	\$28,859,685	10%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$200,918,072	\$191,782,320	(\$9,135,752)	-5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$98,741,983	\$91,846,878	(\$6,895,105)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.15%	47.89%	-1.25%	-3%
4	DISCHARGES	7,897	7,399	(498)	-6%
5	CASE MIX INDEX (CMI)	1.22760	1.23690	0.00930	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9,694.35720	9,151.82310	(542.53410)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,185.51	\$10,035.91	(\$149.60)	-1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,052.20)	(\$1,833.82)	\$218.38	-11%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$19,894,765)	(\$16,782,760)	\$3,112,005	-16%
10	PATIENT DAYS	35,424	32,049	(3,375)	-10%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,787.43	\$2,865.83	\$78.39	3%
12	AVERAGE LENGTH OF STAY	4.5	4.3	(0.2)	-3%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$128,398,715	\$148,231,500	\$19,832,785	15%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$50,243,179	\$63,664,761	\$13,421,582	27%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.13%	42.95%	3.82%	10%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	63.91%	77.29%	13.39%	21%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,046.65729	5,718.80071	672.14343	13%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,955.73	\$11,132.54	\$1,176.80	12%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$398.49	(\$1,634.19)	(\$2,032.68)	-510%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,011,056	(\$9,345,612)	(\$11,356,668)	-565%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$329,316,787	\$340,013,820	\$10,697,033	3%
22	TOTAL ACCRUED PAYMENTS	\$148,985,162	\$155,511,639	\$6,526,477	4%
23	TOTAL ALLOWANCES	\$180,331,625	\$184,502,181	\$4,170,556	2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$17,883,709)	(\$26,128,372)	(\$8,244,663)	46%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$314,090,520	\$321,561,592	\$7,471,072	2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$185,607,039	\$190,427,843	\$4,820,804	3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$128,483,481	\$131,133,749	\$2,650,268	2%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	40.91%	40.78%	-0.13%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$18,013,248	\$19,174,537	\$1,161,289	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,010,117	\$856,333	(\$153,784)	-15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	5.61%	4.47%	-1.14%	-20%
4	DISCHARGES	1,024	991	(33)	-3%
5	CASE MIX INDEX (CMI)	1.06750	1.02600	(0.04150)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,093.12000	1,016.76600	(76.35400)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$924.07	\$842.21	(\$81.86)	-9%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,261.44	\$9,193.70	(\$67.75)	-1%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,209.24	\$7,359.88	\$150.64	2%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,880,567	\$7,483,278	(\$397,290)	-5%
11	PATIENT DAYS	5,403	4,531	(872)	-16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$186.95	\$188.99	\$2.04	1%
13	AVERAGE LENGTH OF STAY	5.3	4.6	(0.7)	-13%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,035,587	\$25,074,092	\$3,038,505	14%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,818,473	\$1,803,958	(\$14,515)	-1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	8.25%	7.19%	-1.06%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	122.33%	130.77%	8.44%	7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,252.65810	1,295.90744	43.24934	3%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,451.69	\$1,392.04	(\$59.65)	-4%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,504.04	\$9,740.49	\$1,236.45	15%
21	MEDICARE - UNINSURED OP PMT / OPED	\$8,902.54	\$8,106.30	(\$796.23)	-9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,151,833	\$10,505,020	(\$646,814)	-6%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$40,048,835	\$44,248,629	\$4,199,794	10%
24	TOTAL ACCRUED PAYMENTS	\$2,828,590	\$2,660,291	(\$168,299)	-6%
25	TOTAL ALLOWANCES	\$37,220,245	\$41,588,338	\$4,368,093	12%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,032,401	\$17,988,297	(\$1,044,103)	-5%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$90,621,119	\$113,630,882	\$23,009,763	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$24,004,368	\$25,234,223	\$1,229,855	5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.49%	22.21%	-4.28%	-16%
4	DISCHARGES	3,652	4,488	836	23%
5	CASE MIX INDEX (CMI)	0.92740	0.99540	0.06800	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,386.86480	4,467.35520	1,080.49040	32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,087.49	\$5,648.58	(\$1,438.91)	-20%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,098.02	\$4,387.33	\$1,289.31	42%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,045.82	\$2,553.51	\$1,507.69	144%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,542,055	\$11,407,446	\$7,865,391	222%
11	PATIENT DAYS	22,595	26,478	3,883	17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,062.38	\$953.03	(\$109.35)	-10%
13	AVERAGE LENGTH OF STAY	6.2	5.9	(0.3)	-5%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$40,364,564	\$66,478,356	\$26,113,792	65%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,879,166	\$18,046,336	\$9,167,170	103%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.00%	27.15%	5.15%	23%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	44.54%	58.50%	13.96%	31%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,626.67808	2,625.64944	998.97136	61%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,458.47	\$6,873.09	\$1,414.63	26%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,497.27	\$4,259.44	(\$237.83)	-5%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,895.76	\$2,625.25	(\$2,270.51)	-46%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,963,828	\$6,892,992	(\$1,070,837)	-13%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$130,985,683	\$180,109,238	\$49,123,555	38%
24	TOTAL ACCRUED PAYMENTS	\$32,883,534	\$43,280,559	\$10,397,025	32%
25	TOTAL ALLOWANCES	\$98,102,149	\$136,828,679	\$38,726,530	39%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,505,884	\$18,300,438	\$6,794,555	59%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$11,046,291	\$1,096,495	(\$9,949,796)	-90%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$245,689	\$535,027	\$289,338	118%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	2.22%	48.79%	46.57%	2094%
4	DISCHARGES	374	28	(346)	-93%
5	CASE MIX INDEX (CMI)	1.29040	1.04490	(0.24550)	-19%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	482.60960	29.25720	(453.35240)	-94%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$509.08	\$18,287.02	\$17,777.94	3492%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$9,676.43	(\$8,251.11)	(\$17,927.54)	-185%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$7,624.23	(\$10,084.93)	(\$17,709.15)	-232%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,679,525	(\$295,057)	(\$3,974,581)	-108%
11	PATIENT DAYS	1,909	184	(1,725)	-90%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$128.70	\$2,907.76	\$2,779.06	2159%
13	AVERAGE LENGTH OF STAY	5.1	6.6	1.5	29%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$6,954,525	\$510,375	(\$6,444,150)	-93%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,054,361	\$196,253	(\$1,858,108)	-90%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.54%	38.45%	8.91%	30%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	62.96%	46.55%	-16.41%	-26%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	235.46296	13.03289	(222.43007)	-94%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,724.77	\$15,058.29	\$6,333.51	73%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$1,230.96	(\$3,925.75)	(\$5,156.71)	-419%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$1,629.45	(\$5,559.94)	(\$7,189.39)	-441%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$383,676	(\$72,462)	(\$456,138)	-119%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$18,000,816	\$1,606,870	(\$16,393,946)	-91%
24	TOTAL ACCRUED PAYMENTS	\$2,300,050	\$731,280	(\$1,568,770)	-68%
25	TOTAL ALLOWANCES	\$15,700,766	\$875,590	(\$14,825,176)	-94%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$4,063,201	(\$367,519)	(\$4,430,719)	-109%

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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	\$101,667,410	\$114,727,377	\$13,059,967	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$24,250,057	\$25,769,250	\$1,519,193	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.85%	22.46%	-1.39%	-6%
4	DISCHARGES	4,026	4,516	490	12%
5	CASE MIX INDEX (CMI)	0.96112	0.99571	0.03459	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,869.47440	4,496.61240	627.13800	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,267.02	\$5,730.81	(\$536.20)	-9%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,918.50	\$4,305.10	\$386.60	10%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,866.29	\$2,471.28	\$604.99	32%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,221,580	\$11,112,390	\$3,890,810	54%
11	PATIENT DAYS	24,504	26,662	2,158	9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$989.64	\$966.52	(\$23.12)	-2%
13	AVERAGE LENGTH OF STAY	6.1	5.9	(0.2)	-3%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$47,319,089	\$66,988,731	\$19,669,642	42%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,933,527	\$18,242,589	\$7,309,062	67%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.11%	27.23%	4.13%	18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	46.54%	58.39%	11.85%	25%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,862.14104	2,638.68233	776.54130	42%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,871.48	\$6,913.52	\$1,042.04	18%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,084.25	\$4,219.01	\$134.76	3%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,482.75	\$2,584.82	(\$1,897.92)	-42%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,347,504	\$6,820,529	(\$1,526,975)	-18%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$148,986,499	\$181,716,108	\$32,729,609	22%
24	TOTAL ACCRUED PAYMENTS	\$35,183,584	\$44,011,839	\$8,828,255	25%
25	TOTAL ALLOWANCES	\$113,802,915	\$137,704,269	\$23,901,354	21%

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LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$483,690	\$421,973	(\$61,717)	-13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$190,001	\$154,404	(\$35,597)	-19%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	39.28%	36.59%	-2.69%	-7%
4	DISCHARGES	30	21	(9)	-30%
5	CASE MIX INDEX (CMI)	0.81040	1.38360	0.57320	71%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	24.31200	29.05560	4.74360	20%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,815.11	\$5,314.09	(\$2,501.02)	-32%
8	PATIENT DAYS	116	56	(60)	-52%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,637.94	\$2,757.21	\$1,119.27	68%
10	AVERAGE LENGTH OF STAY	3.9	2.7	(1.2)	-31%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$266,626	\$349,831	\$83,205	31%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$91,593	\$92,111	\$518	1%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$750,316	\$771,804	\$21,488	3%
14	TOTAL ACCRUED PAYMENTS	\$281,594	\$246,515	(\$35,079)	-12%
15	TOTAL ALLOWANCES	\$468,722	\$525,289	\$56,567	12%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$12,404,000	\$7,720,000	(\$4,684,000)	-38%
2	TOTAL OPERATING EXPENSES	\$351,813,000	\$382,310,000	\$30,497,000	9%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$2,541,411	\$0	(\$2,541,411)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$7,662,000	\$9,025,000	\$1,363,000	18%
5	BAD DEBTS (CHARGES)	\$30,582,008	\$32,811,000	\$2,228,992	7%
6	UNCOMPENSATED CARE (CHARGES)	\$38,244,008	\$41,836,000	\$3,591,992	9%
7	COST OF UNCOMPENSATED CARE	\$13,985,710	\$14,635,311	\$649,602	5%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$148,986,499	\$181,716,108	\$32,729,609	22%
9	TOTAL ACCRUED PAYMENTS	\$35,183,584	\$44,011,839	\$8,828,255	25%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$54,483,879	\$63,568,978	\$9,085,099	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,300,295	\$19,557,139	\$256,844	1%

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FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$662,252,595	\$684,144,505	\$21,891,910	3%
2	TOTAL INPATIENT PAYMENTS	\$245,512,758	\$242,577,903	(\$2,934,855)	-1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	37.07%	35.46%	-1.62%	-4%
4	TOTAL DISCHARGES	21,873	22,100	227	1%
5	TOTAL CASE MIX INDEX	1.30887	1.30742	(0.00145)	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	28,628,84760	28,894,01550	265,16790	1%
7	TOTAL OUTPATIENT CHARGES	\$266,263,033	\$320,088,865	\$53,825,832	20%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	40.21%	46.79%	6.58%	16%
9	TOTAL OUTPATIENT PAYMENTS	\$87,084,831	\$108,749,266	\$21,664,435	25%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.71%	33.97%	1.27%	4%
11	TOTAL CHARGES	\$928,515,628	\$1,004,233,370	\$75,717,742	8%
12	TOTAL PAYMENTS	\$332,597,589	\$351,327,169	\$18,729,580	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	35.82%	34.98%	-0.84%	-2%
14	PATIENT DAYS	122,812	122,440	(372)	0%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$461,334,523	\$492,362,185	\$31,027,662	7%
2	INPATIENT PAYMENTS	\$146,770,775	\$150,731,025	\$3,960,250	3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	31.81%	30.61%	-1.20%	-4%
4	DISCHARGES	13,976	14,701	725	5%
5	CASE MIX INDEX	1.35479	1.34291	(0.01187)	-1%
6	CASE MIX ADJUSTED DISCHARGES	18,934.49040	19,742.19240	807.70200	4%
7	OUTPATIENT CHARGES	\$137,864,318	\$171,857,365	\$33,993,047	25%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	29.88%	34.90%	5.02%	17%
9	OUTPATIENT PAYMENTS	\$36,841,652	\$45,084,505	\$8,242,853	22%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.72%	26.23%	-0.49%	-2%
11	TOTAL CHARGES	\$599,198,841	\$664,219,550	\$65,020,709	11%
12	TOTAL PAYMENTS	\$183,612,427	\$195,815,530	\$12,203,103	7%
13	TOTAL PAYMENTS / CHARGES	30.64%	29.48%	-1.16%	-4%
14	PATIENT DAYS	87,388	90,391	3,003	3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$415,586,414	\$468,404,020	\$52,817,606	13%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.3	6.3	(0.1)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.3	(0.2)	-3%
3	UNINSURED	5.3	4.6	(0.7)	-13%
4	MEDICAID	6.2	5.9	(0.3)	-5%
5	OTHER MEDICAL ASSISTANCE	5.1	6.6	1.5	29%
6	CHAMPUS / TRICARE	3.9	2.7	(1.2)	-31%
7	TOTAL AVERAGE LENGTH OF STAY	5.6	5.5	(0.1)	-1%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$928,515,628	\$1,004,233,370	\$75,717,742	8%
2	TOTAL GOVERNMENT DEDUCTIONS	\$415,586,414	\$468,404,020	\$52,817,606	13%
3	UNCOMPENSATED CARE	\$38,244,008	\$41,836,000	\$3,591,992	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$128,483,481	\$131,133,749	\$2,650,268	2%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,187,986	\$11,552,884	\$2,364,898	26%
6	TOTAL ADJUSTMENTS	\$591,501,889	\$652,926,653	\$61,424,764	10%
7	TOTAL ACCRUED PAYMENTS	\$337,013,739	\$351,306,717	\$14,292,978	4%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$2,541,411	\$0	(\$2,541,411)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$339,555,150	\$351,306,717	\$11,751,567	3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3656967527	0.3498257751	(0.0158709777)	-4%
11	COST OF UNCOMPENSATED CARE	\$13,985,710	\$14,635,311	\$649,602	5%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,300,295	\$19,557,139	\$256,844	1%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$33,286,004	\$34,192,450	\$906,446	3%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$7,963,828	\$6,892,992	(\$1,070,837)	-13%
2	OTHER MEDICAL ASSISTANCE	\$4,063,201	(\$367,519)	(\$4,430,719)	-109%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,032,401	\$17,988,297	(\$1,044,103)	-5%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$31,059,430	\$24,513,770	(\$6,545,660)	-21%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,226,266	\$18,452,227	\$3,225,961	21.19%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$23,537,405	\$37,747,172	\$14,209,767	60.37%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$358,676,000	\$389,074,000	\$30,398,000	8.48%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$928,516,000	\$1,004,233,000	\$75,717,000	8.15%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	(\$9,455,404)	\$0	\$9,455,404	-100.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$28,788,604	\$41,836,165	\$13,047,561	45.32%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$200,918,072	\$191,782,320	(\$9,135,752)
2	MEDICARE	\$359,183,423	377,212,835	\$18,029,412
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$101,667,410	114,727,377	\$13,059,967
4	MEDICAID	\$90,621,119	113,630,882	\$23,009,763
5	OTHER MEDICAL ASSISTANCE	\$11,046,291	1,096,495	(\$9,949,796)
6	CHAMPUS / TRICARE	\$483,690	421,973	(\$61,717)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$18,013,248	19,174,537	\$1,161,289
	TOTAL INPATIENT GOVERNMENT CHARGES	\$461,334,523	\$492,362,185	\$31,027,662
	TOTAL INPATIENT CHARGES	\$662,252,595	\$684,144,505	\$21,891,910
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$128,398,715	\$148,231,500	\$19,832,785
2	MEDICARE	\$90,278,603	104,518,803	\$14,240,200
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$47,319,089	66,988,731	\$19,669,642
4	MEDICAID	\$40,364,564	66,478,356	\$26,113,792
5	OTHER MEDICAL ASSISTANCE	\$6,954,525	510,375	(\$6,444,150)
6	CHAMPUS / TRICARE	\$266,626	349,831	\$83,205
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$22,035,587	25,074,092	\$3,038,505
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$137,864,318	\$171,857,365	\$33,993,047
	TOTAL OUTPATIENT CHARGES	\$266,263,033	\$320,088,865	\$53,825,832
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$329,316,787	\$340,013,820	\$10,697,033
2	TOTAL MEDICARE	\$449,462,026	\$481,731,638	\$32,269,612
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$148,986,499	\$181,716,108	\$32,729,609
4	TOTAL MEDICAID	\$130,985,683	\$180,109,238	\$49,123,555
5	TOTAL OTHER MEDICAL ASSISTANCE	\$18,000,816	\$1,606,870	(\$16,393,946)
6	TOTAL CHAMPUS / TRICARE	\$750,316	\$771,804	\$21,488
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$40,048,835	\$44,248,629	\$4,199,794
	TOTAL GOVERNMENT CHARGES	\$599,198,841	\$664,219,550	\$65,020,709
	TOTAL CHARGES	\$928,515,628	\$1,004,233,370	\$75,717,742
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$98,741,983	\$91,846,878	(\$6,895,105)
2	MEDICARE	\$122,330,717	124,807,371	\$2,476,654
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,250,057	25,769,250	\$1,519,193
4	MEDICAID	\$24,004,368	25,234,223	\$1,229,855
5	OTHER MEDICAL ASSISTANCE	\$245,689	535,027	\$289,338
6	CHAMPUS / TRICARE	\$190,001	154,404	(\$35,597)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,010,117	856,333	(\$153,784)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$146,770,775	\$150,731,025	\$3,960,250
	TOTAL INPATIENT PAYMENTS	\$245,512,758	\$242,577,903	(\$2,934,855)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$50,243,179	\$63,664,761	\$13,421,582
2	MEDICARE	\$25,816,532	26,749,805	\$933,273
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,933,527	18,242,589	\$7,309,062
4	MEDICAID	\$8,879,166	18,046,336	\$9,167,170
5	OTHER MEDICAL ASSISTANCE	\$2,054,361	196,253	(\$1,858,108)
6	CHAMPUS / TRICARE	\$91,593	92,111	\$518
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,818,473	1,803,958	(\$14,515)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$36,841,652	\$45,084,505	\$8,242,853
	TOTAL OUTPATIENT PAYMENTS	\$87,084,831	\$108,749,266	\$21,664,435
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,985,162	\$155,511,639	\$6,526,477
2	TOTAL MEDICARE	\$148,147,249	\$151,557,176	\$3,409,927
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,183,584	\$44,011,839	\$8,828,255
4	TOTAL MEDICAID	\$32,883,534	\$43,280,559	\$10,397,025
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,300,050	\$731,280	(\$1,568,770)
6	TOTAL CHAMPUS / TRICARE	\$281,594	\$246,515	(\$35,079)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,828,590	\$2,660,291	(\$168,299)
	TOTAL GOVERNMENT PAYMENTS	\$183,612,427	\$195,815,530	\$12,203,103
	TOTAL PAYMENTS	\$332,597,589	\$351,327,169	\$18,729,580

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	21.64%	19.10%	-2.54%
2	MEDICARE	38.68%	37.56%	-1.12%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.95%	11.42%	0.47%
4	MEDICAID	9.76%	11.32%	1.56%
5	OTHER MEDICAL ASSISTANCE	1.19%	0.11%	-1.08%
6	CHAMPUS / TRICARE	0.05%	0.04%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.94%	1.91%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	49.69%	49.03%	-0.66%
	TOTAL INPATIENT PAYER MIX	71.32%	68.13%	-3.20%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.83%	14.76%	0.93%
2	MEDICARE	9.72%	10.41%	0.68%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.10%	6.67%	1.57%
4	MEDICAID	4.35%	6.62%	2.27%
5	OTHER MEDICAL ASSISTANCE	0.75%	0.05%	-0.70%
6	CHAMPUS / TRICARE	0.03%	0.03%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.37%	2.50%	0.12%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.85%	17.11%	2.27%
	TOTAL OUTPATIENT PAYER MIX	28.68%	31.87%	3.20%
	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)	29.69%	26.14%	-3.55%
2	MEDICARE	36.78%	35.52%	-1.26%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.29%	7.33%	0.04%
4	MEDICAID	7.22%	7.18%	-0.03%
5	OTHER MEDICAL ASSISTANCE	0.07%	0.15%	0.08%
6	CHAMPUS / TRICARE	0.06%	0.04%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.30%	0.24%	-0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	44.13%	42.90%	-1.23%
	TOTAL INPATIENT PAYER MIX	73.82%	69.05%	-4.77%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.11%	18.12%	3.01%
2	MEDICARE	7.76%	7.61%	-0.15%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.29%	5.19%	1.91%
4	MEDICAID	2.67%	5.14%	2.47%
5	OTHER MEDICAL ASSISTANCE	0.62%	0.06%	-0.56%
6	CHAMPUS / TRICARE	0.03%	0.03%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.55%	0.51%	-0.03%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	11.08%	12.83%	1.76%
	TOTAL OUTPATIENT PAYER MIX	26.18%	30.95%	4.77%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,897	7,399	(498)
2	MEDICARE	9,920	10,164	244
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,026	4,516	490
4	MEDICAID	3,652	4,488	836
5	OTHER MEDICAL ASSISTANCE	374	28	(346)
6	CHAMPUS / TRICARE	30	21	(9)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,024	991	(33)
	TOTAL GOVERNMENT DISCHARGES	13,976	14,701	725
	TOTAL DISCHARGES	21,873	22,100	227
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	35,424	32,049	(3,375)
2	MEDICARE	62,768	63,673	905
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,504	26,662	2,158
4	MEDICAID	22,595	26,478	3,883
5	OTHER MEDICAL ASSISTANCE	1,909	184	(1,725)
6	CHAMPUS / TRICARE	116	56	(60)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,403	4,531	(872)
	TOTAL GOVERNMENT PATIENT DAYS	87,388	90,391	3,003
	TOTAL PATIENT DAYS	122,812	122,440	(372)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.5	4.3	(0.2)
2	MEDICARE	6.3	6.3	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.1	5.9	(0.2)
4	MEDICAID	6.2	5.9	(0.3)
5	OTHER MEDICAL ASSISTANCE	5.1	6.6	1.5
6	CHAMPUS / TRICARE	3.9	2.7	(1.2)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.3	4.6	(0.7)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.3	6.1	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	5.6	5.5	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.22760	1.23690	0.00930
2	MEDICARE	1.51620	1.49710	(0.01910)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96112	0.99571	0.03459
4	MEDICAID	0.92740	0.99540	0.06800
5	OTHER MEDICAL ASSISTANCE	1.29040	1.04490	(0.24550)
6	CHAMPUS / TRICARE	0.81040	1.38360	0.57320
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.06750	1.02600	(0.04150)
	TOTAL GOVERNMENT CASE MIX INDEX	1.35479	1.34291	(0.01187)
	TOTAL CASE MIX INDEX	1.30887	1.30742	(0.00145)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$314,090,520	\$321,561,592	\$7,471,072
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$185,607,039	\$190,427,843	\$4,820,804
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$128,483,481	\$131,133,749	\$2,650,268
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	40.91%	40.78%	-0.13%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$15,226,266	\$18,452,227	\$3,225,961
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,187,986	\$11,552,884	\$2,364,898
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$2,541,411	\$0	(\$2,541,411)
8	CHARITY CARE	\$7,662,000	\$9,025,000	\$1,363,000
9	BAD DEBTS	\$30,582,008	\$32,811,000	\$2,228,992
10	TOTAL UNCOMPENSATED CARE	\$38,244,008	\$41,836,000	\$3,591,992
11	TOTAL OTHER OPERATING REVENUE	\$314,090,520	\$321,561,592	\$7,471,072
12	TOTAL OPERATING EXPENSES	\$351,813,000	\$382,310,000	\$30,497,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9,694.35720	9,151.82310	(542.53410)
2	MEDICARE	15,040.70400	15,216.52440	175.82040
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,869.47440	4,496.61240	627.13800
4	MEDICAID	3,386.86480	4,467.35520	1,080.49040
5	OTHER MEDICAL ASSISTANCE	482.60960	29.25720	(453.35240)
6	CHAMPUS / TRICARE	24.31200	29.05560	4.74360
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,093.12000	1,016.76600	(76.35400)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	18,934.49040	19,742.19240	807.70200
	TOTAL CASE MIX ADJUSTED DISCHARGES	28,628.84760	28,894.01550	265.16790
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,046.65729	5,718.80071	672.14343
2	MEDICARE	2,493.33261	2,816.25919	322.92658
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,862.14104	2,638.68233	776.54130
4	MEDICAID	1,626.67808	2,625.64944	998.97136
5	OTHER MEDICAL ASSISTANCE	235.46296	13.03289	-222.43007
6	CHAMPUS / TRICARE	16.53700	17.40977	0.87277
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,252.65810	1,295.90744	43.24934
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,372.01064	5,472.35129	1,100.34064
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,418.66793	11,191.15200	1,772.48407
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,185.51	\$10,035.91	(\$149.60)
2	MEDICARE	\$8,133.31	\$8,202.09	\$68.78
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,267.02	\$5,730.81	(\$536.20)
4	MEDICAID	\$7,087.49	\$5,648.58	(\$1,438.91)
5	OTHER MEDICAL ASSISTANCE	\$509.08	\$18,287.02	\$17,777.94
6	CHAMPUS / TRICARE	\$7,815.11	\$5,314.09	(\$2,501.02)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$924.07	\$842.21	(\$81.86)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,751.50	\$7,634.97	(\$116.53)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,575.71	\$8,395.44	(\$180.27)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,955.73	\$11,132.54	\$1,176.80
2	MEDICARE	\$10,354.23	\$9,498.35	(\$855.88)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,871.48	\$6,913.52	\$1,042.04
4	MEDICAID	\$5,458.47	\$6,873.09	\$1,414.63
5	OTHER MEDICAL ASSISTANCE	\$8,724.77	\$15,058.29	\$6,333.51
6	CHAMPUS / TRICARE	\$5,538.67	\$5,290.77	(\$247.91)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,451.69	\$1,392.04	(\$59.65)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$8,426.71	\$8,238.60	(\$188.11)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,245.98	\$9,717.43	\$471.45

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$7,963,828	\$6,892,992	(\$1,070,837)
2	OTHER MEDICAL ASSISTANCE	\$4,063,201	(\$367,519)	(\$4,430,719)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$19,032,401	\$17,988,297	(\$1,044,103)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$31,059,430	\$24,513,770	(\$6,545,660)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$928,515,628	\$1,004,233,370	\$75,717,742
2	TOTAL GOVERNMENT DEDUCTIONS	\$415,586,414	\$468,404,020	\$52,817,606
3	UNCOMPENSATED CARE	\$38,244,008	\$41,836,000	\$3,591,992
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$128,483,481	\$131,133,749	\$2,650,268
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,187,986	\$11,552,884	\$2,364,898
6	TOTAL ADJUSTMENTS	\$591,501,889	\$652,926,653	\$61,424,764
7	TOTAL ACCRUED PAYMENTS	\$337,013,739	\$351,306,717	\$14,292,978
8	UCP DSH PAYMENTS (OHCA INPUT)	\$2,541,411	\$0	(\$2,541,411)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$339,555,150	\$351,306,717	\$11,751,567
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3656967527	0.3498257751	(0.0158709777)
11	COST OF UNCOMPENSATED CARE	\$13,985,710	\$14,635,311	\$649,602
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$19,300,295	\$19,557,139	\$256,844
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$33,286,004	\$34,192,450	\$906,446
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.15%	47.89%	-1.25%
2	MEDICARE	34.06%	33.09%	-0.97%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.85%	22.46%	-1.39%
4	MEDICAID	26.49%	22.21%	-4.28%
5	OTHER MEDICAL ASSISTANCE	2.22%	48.79%	46.57%
6	CHAMPUS / TRICARE	39.28%	36.59%	-2.69%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.61%	4.47%	-1.14%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	31.81%	30.61%	-1.20%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.07%	35.46%	-1.62%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	39.13%	42.95%	3.82%
2	MEDICARE	28.60%	25.59%	-3.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.11%	27.23%	4.13%
4	MEDICAID	22.00%	27.15%	5.15%
5	OTHER MEDICAL ASSISTANCE	29.54%	38.45%	8.91%
6	CHAMPUS / TRICARE	34.35%	26.33%	-8.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	8.25%	7.19%	-1.06%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.72%	26.23%	-0.49%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	32.71%	33.97%	1.27%

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$332,597,589	\$351,327,169	\$18,729,580
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$2,541,411	\$0	(\$2,541,411)
	OHCA DEFINED NET REVENUE	\$335,139,000	\$351,327,169	\$16,188,169
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$23,537,405	\$37,747,172	\$14,209,767
4	CALCULATED NET REVENUE	\$358,676,405	\$389,074,341	\$30,397,936
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$358,676,000	\$389,074,000	\$30,398,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$405	\$341	(\$64)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$928,515,628	\$1,004,233,370	\$75,717,742
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$928,515,628	\$1,004,233,370	\$75,717,742
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$928,516,000	\$1,004,233,000	\$75,717,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$372)	\$370	\$742
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$38,244,008	\$41,836,000	\$3,591,992
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	(\$9,455,404)	\$0	\$9,455,404
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$28,788,604	\$41,836,000	\$13,047,396
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$28,788,604	\$41,836,165	\$13,047,561
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$165)	(\$165)

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$191,782,320
2	MEDICARE	377,212,835
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	114,727,377
4	MEDICAID	113,630,882
5	OTHER MEDICAL ASSISTANCE	1,096,495
6	CHAMPUS / TRICARE	421,973
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	19,174,537
	TOTAL INPATIENT GOVERNMENT CHARGES	\$492,362,185
	TOTAL INPATIENT CHARGES	\$684,144,505
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$148,231,500
2	MEDICARE	104,518,803
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	66,988,731
4	MEDICAID	66,478,356
5	OTHER MEDICAL ASSISTANCE	510,375
6	CHAMPUS / TRICARE	349,831
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25,074,092
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$171,857,365
	TOTAL OUTPATIENT CHARGES	\$320,088,865
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$340,013,820
2	TOTAL GOVERNMENT ACCRUED CHARGES	664,219,550
	TOTAL ACCRUED CHARGES	\$1,004,233,370
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,846,878
2	MEDICARE	124,807,371
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,769,250
4	MEDICAID	25,234,223
5	OTHER MEDICAL ASSISTANCE	535,027
6	CHAMPUS / TRICARE	154,404
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	856,333
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$150,731,025
	TOTAL INPATIENT PAYMENTS	\$242,577,903
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$63,664,761
2	MEDICARE	26,749,805
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,242,589
4	MEDICAID	18,046,336
5	OTHER MEDICAL ASSISTANCE	196,253
6	CHAMPUS / TRICARE	92,111
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,803,958
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$45,084,505
	TOTAL OUTPATIENT PAYMENTS	\$108,749,266
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$155,511,639
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	195,815,530
	TOTAL ACCRUED PAYMENTS	\$351,327,169

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,399
2	MEDICARE	10,164
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,516
4	MEDICAID	4,488
5	OTHER MEDICAL ASSISTANCE	28
6	CHAMPUS / TRICARE	21
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	991
	TOTAL GOVERNMENT DISCHARGES	14,701
	TOTAL DISCHARGES	22,100
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.23690
2	MEDICARE	1.49710
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.99571
4	MEDICAID	0.99540
5	OTHER MEDICAL ASSISTANCE	1.04490
6	CHAMPUS / TRICARE	1.38360
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02600
	TOTAL GOVERNMENT CASE MIX INDEX	1.34291
	TOTAL CASE MIX INDEX	1.30742
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$321,561,592
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$190,427,843
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$131,133,749
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	40.78%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$18,452,227
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$11,552,884
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$9,025,000
9	BAD DEBTS	\$32,811,000
10	TOTAL UNCOMPENSATED CARE	\$41,836,000
11	TOTAL OTHER OPERATING REVENUE	\$7,720,000
12	TOTAL OPERATING EXPENSES	\$382,310,000

SAINT VINCENT'S MEDICAL CENTER TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$351,327,169
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$351,327,169
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$37,747,172
	CALCULATED NET REVENUE	\$389,074,341
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$389,074,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$341
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,004,233,370
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,004,233,370
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,004,233,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$370
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,836,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$41,836,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$41,836,165
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$165)

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	2,781	2,496	(285)	-10%
2	Number of Approved Applicants	2,653	2,440	(213)	-8%
3	Total Charges (A)	\$7,662,000	\$9,025,000	\$1,363,000	18%
4	Average Charges	\$2,888	\$3,699	\$811	28%
5	Ratio of Cost to Charges (RCC)	0.396570	0.373903	(0.022667)	-6%
6	Total Cost	\$3,038,519	\$3,374,475	\$335,955	11%
7	Average Cost	\$1,145	\$1,383	\$238	21%
8	Charity Care - Inpatient Charges	\$1,848,739	\$2,204,488	\$355,749	19%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	4,487,566	5,254,296	766,730	17%
10	Charity Care - Emergency Department Charges	1,325,695	1,566,216	240,521	18%
11	Total Charges (A)	\$7,662,000	\$9,025,000	\$1,363,000	18%
12	Charity Care - Number of Patient Days	320	426	106	33%
13	Charity Care - Number of Discharges	72	72	0	0%
14	Charity Care - Number of Outpatient ED Visits	880	903	23	3%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,834	7,071	237	3%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$13,393,972	\$16,070,000	\$2,676,028	20%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	9,092,355	7,390,000	(1,702,355)	-19%
3	Bad Debts - Emergency Department	8,095,681	9,351,000	1,255,319	16%
4	Total Bad Debts (A)	\$30,582,008	\$32,811,000	\$2,228,992	7%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$7,662,000	\$9,025,000	\$1,363,000	18%
2	Bad Debts (A)	30,582,008	32,811,000	2,228,992	7%
3	Total Uncompensated Care (A)	\$38,244,008	\$41,836,000	\$3,591,992	9%
4	Uncompensated Care - Inpatient Services	\$15,242,711	\$18,274,488	\$3,031,777	20%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	13,579,921	12,644,296	(935,625)	-7%
6	Uncompensated Care - Emergency Department	9,421,376	10,917,216	1,495,840	16%
7	Total Uncompensated Care (A)	\$38,244,008	\$41,836,000	\$3,591,992	9%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$613,526,265	\$662,252,595	\$684,144,505
2	Outpatient Gross Revenue	\$238,972,604	\$266,263,033	\$320,088,865
3	Total Gross Patient Revenue	\$852,498,869	\$928,515,628	\$1,004,233,370
4	Net Patient Revenue	\$341,788,581	\$353,724,000	\$389,074,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$341,987,000	\$351,813,000	\$382,310,000
C. <u>Utilization Statistics</u>				
1	Patient Days	125,447	122,812	122,440
2	Discharges	21,743	21,873	22,100
3	Average Length of Stay	5.8	5.6	5.5
4	Equivalent (Adjusted) Patient Days (EPD)	174,309	172,189	179,726
0	Equivalent (Adjusted) Discharges (ED)	30,212	30,667	32,440
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.30325	1.30887	1.30742
2	Case Mix Adjusted Patient Days (CMAPD)	163,489	160,745	160,081
3	Case Mix Adjusted Discharges (CMAD)	28,337	28,629	28,894
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	227,169	225,373	234,977
5	Case Mix Adjusted Equivalent Discharges (CMAED)	39,374	40,139	42,413
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$6,796	\$7,560	\$8,202
2	Total Gross Revenue per Discharge	\$39,208	\$42,450	\$45,440
3	Total Gross Revenue per EPD	\$4,891	\$5,392	\$5,588
4	Total Gross Revenue per ED	\$28,217	\$30,277	\$30,957
5	Total Gross Revenue per CMAEPD	\$3,753	\$4,120	\$4,274
6	Total Gross Revenue per CMAED	\$21,651	\$23,132	\$23,678
7	Inpatient Gross Revenue per EPD	\$3,520	\$3,846	\$3,807
8	Inpatient Gross Revenue per ED	\$20,307	\$21,595	\$21,090

SAINT VINCENT'S MEDICAL CENTER				
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	\$2,725	\$2,880	\$3,178
2	Net Patient Revenue per Discharge	\$15,719	\$16,172	\$17,605
3	Net Patient Revenue per EPD	\$1,961	\$2,054	\$2,165
4	Net Patient Revenue per ED	\$11,313	\$11,534	\$11,994
5	Net Patient Revenue per CMAEPD	\$1,505	\$1,570	\$1,656
6	Net Patient Revenue per CMAED	\$8,681	\$8,812	\$9,174
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$2,726	\$2,865	\$3,122
2	Total Operating Expense per Discharge	\$15,729	\$16,084	\$17,299
3	Total Operating Expense per EPD	\$1,962	\$2,043	\$2,127
4	Total Operating Expense per ED	\$11,320	\$11,472	\$11,785
5	Total Operating Expense per CMAEPD	\$1,505	\$1,561	\$1,627
6	Total Operating Expense per CMAED	\$8,686	\$8,765	\$9,014
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$59,660,307	\$61,447,266	\$62,345,375
2	Nursing Fringe Benefits Expense	\$13,620,400	\$16,610,102	\$17,202,845
3	Total Nursing Salary and Fringe Benefits Expense	\$73,280,707	\$78,057,368	\$79,548,220
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$23,691,353	\$14,734,157	\$10,691,645
2	Physician Fringe Benefits Expense	\$5,408,717	\$3,982,860	\$2,950,126
3	Total Physician Salary and Fringe Benefits Expense	\$29,100,070	\$18,717,017	\$13,641,771
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$63,525,340	\$66,164,577	\$69,982,980
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$14,502,883	\$17,885,038	\$19,310,029
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$78,028,223	\$84,049,615	\$89,293,009
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$146,877,000	\$142,346,000	\$143,020,000
2	Total Fringe Benefits Expense	\$33,532,000	\$38,478,000	\$39,463,000
3	Total Salary and Fringe Benefits Expense	\$180,409,000	\$180,824,000	\$182,483,000

SAINT VINCENT'S MEDICAL CENTER				
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	766.9	740.3	783.7
2	Total Physician FTEs	143.8	95.9	77.1
3	Total Non-Nursing, Non-Physician FTEs	1138.9	1183.9	1186.4
4	Total Full Time Equivalent Employees (FTEs)	2,049.6	2,020.1	2,047.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$77,794	\$83,003	\$79,553
2	Nursing Fringe Benefits Expense per FTE	\$17,760	\$22,437	\$21,951
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$95,554	\$105,440	\$101,503
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$164,752	\$153,641	\$138,672
2	Physician Fringe Benefits Expense per FTE	\$37,613	\$41,531	\$38,264
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$202,365	\$195,172	\$176,936
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,778	\$55,887	\$58,988
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$12,734	\$15,107	\$16,276
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$68,512	\$70,994	\$75,264
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$71,661	\$70,465	\$69,861
2	Total Fringe Benefits Expense per FTE	\$16,360	\$19,048	\$19,277
3	Total Salary and Fringe Benefits Expense per FTE	\$88,022	\$89,512	\$89,138
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,438	\$1,472	\$1,490
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,297	\$8,267	\$8,257
3	Total Salary and Fringe Benefits Expense per EPD	\$1,035	\$1,050	\$1,015
4	Total Salary and Fringe Benefits Expense per ED	\$5,971	\$5,896	\$5,625
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$794	\$802	\$777
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,582	\$4,505	\$4,303