

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$654,000	\$529,000	(\$125,000)	-19%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$61,867,000	\$60,164,000	(\$1,703,000)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$5,579,000	\$36,604,000	\$31,025,000	556%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$4,081,000	\$4,341,000	\$260,000	6%
8	Prepaid Expenses	\$2,778,000	\$3,026,000	\$248,000	9%
9	Other Current Assets	\$3,955,000	\$3,289,000	(\$666,000)	-17%
	Total Current Assets	\$78,914,000	\$107,953,000	\$29,039,000	37%
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	\$290,000	\$281,000	(\$9,000)	-3%
	Total Noncurrent Assets Whose Use is Limited:	\$290,000	\$281,000	(\$9,000)	-3%
5	Interest in Net Assets of Foundation	\$21,811,000	\$21,792,000	(\$19,000)	0%
6	Long Term Investments	\$351,018,000	\$283,140,000	(\$67,878,000)	-19%
7	Other Noncurrent Assets	\$44,314,000	\$35,732,000	(\$8,582,000)	-19%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$434,189,000	\$441,826,000	\$7,637,000	2%
2	Less: Accumulated Depreciation	\$258,287,000	\$276,770,000	\$18,483,000	7%
	Property, Plant and Equipment, Net	\$175,902,000	\$165,056,000	(\$10,846,000)	-6%
3	Construction in Progress	\$1,646,000	\$6,387,000	\$4,741,000	288%
	Total Net Fixed Assets	\$177,548,000	\$171,443,000	(\$6,105,000)	-3%
	Total Assets	\$673,895,000	\$620,341,000	(\$53,554,000)	-8%

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$19,930,000	\$16,818,000	(\$3,112,000)	-16%
2	Salaries, Wages and Payroll Taxes	\$23,808,000	\$18,444,000	(\$5,364,000)	-23%
3	Due To Third Party Payers	\$10,642,000	\$9,476,000	(\$1,166,000)	-11%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$885,000	\$1,614,000	\$729,000	82%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$55,265,000	\$46,352,000	(\$8,913,000)	-16%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$56,503,000	\$54,935,000	(\$1,568,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$56,503,000	\$54,935,000	(\$1,568,000)	-3%
3	Accrued Pension Liability	\$4,978,000	\$4,069,000	(\$909,000)	-18%
4	Other Long Term Liabilities	\$12,176,000	\$12,545,000	\$369,000	3%
	Total Long Term Liabilities	\$73,657,000	\$71,549,000	(\$2,108,000)	-3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$522,872,000	\$480,367,000	(\$42,505,000)	-8%
2	Temporarily Restricted Net Assets	\$12,248,000	\$12,151,000	(\$97,000)	-1%
3	Permanently Restricted Net Assets	\$9,853,000	\$9,922,000	\$69,000	1%
	Total Net Assets	\$544,973,000	\$502,440,000	(\$42,533,000)	-8%
	Total Liabilities and Net Assets	\$673,895,000	\$620,341,000	(\$53,554,000)	-8%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014 ACTUAL</u>	<u>FY 2015 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,199,089,000	\$1,306,255,000	\$107,166,000	9%
2	Less: Allowances	\$749,837,000	\$861,354,000	\$111,517,000	15%
3	Less: Charity Care	\$17,249,000	\$21,773,000	\$4,524,000	26%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$432,003,000	\$423,128,000	(\$8,875,000)	-2%
5	Provision for Bad Debts	\$30,938,000	\$20,518,000	(\$10,420,000)	-34%
	Net Patient Service Revenue less provision for bad debts	\$401,065,000	\$402,610,000	\$1,545,000	0%
6	Other Operating Revenue	\$20,396,000	\$18,068,000	(\$2,328,000)	-11%
7	Net Assets Released from Restrictions	\$252,000	\$270,000	\$18,000	7%
	Total Operating Revenue	\$421,713,000	\$420,948,000	(\$765,000)	0%
B. Operating Expenses:					
1	Salaries and Wages	\$151,118,000	\$154,079,000	\$2,961,000	2%
2	Fringe Benefits	\$42,619,000	\$39,934,000	(\$2,685,000)	-6%
3	Physicians Fees	\$32,371,000	\$34,044,000	\$1,673,000	5%
4	Supplies and Drugs	\$47,957,000	\$49,962,000	\$2,005,000	4%
5	Depreciation and Amortization	\$26,699,000	\$24,667,000	(\$2,032,000)	-8%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,818,000	\$1,791,000	(\$27,000)	-1%
8	Malpractice Insurance Cost	\$4,187,000	\$7,350,000	\$3,163,000	76%
9	Other Operating Expenses	\$91,623,000	\$112,967,000	\$21,344,000	23%
	Total Operating Expenses	\$398,392,000	\$424,794,000	\$26,402,000	7%
	Income/(Loss) From Operations	\$23,321,000	(\$3,846,000)	(\$27,167,000)	-116%
C. Non-Operating Revenue:					
1	Income from Investments	\$21,911,000	(\$11,608,000)	(\$33,519,000)	-153%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$250,000)	\$366,000	\$616,000	-246%
	Total Non-Operating Revenue	\$21,661,000	(\$11,242,000)	(\$32,903,000)	-152%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$44,982,000	(\$15,088,000)	(\$60,070,000)	-134%
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	\$44,982,000	(\$15,088,000)	(\$60,070,000)	-134%
	Principal Payments	\$838,147	\$839,000	\$853	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$292,735,408	\$310,703,385	\$17,967,977	6%
2	MEDICARE MANAGED CARE	\$128,326,299	\$132,246,754	\$3,920,455	3%
3	MEDICAID	\$144,867,015	\$161,366,399	\$16,499,384	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$542,043	\$430,089	(\$111,954)	-21%
6	COMMERCIAL INSURANCE	\$39,511,208	\$36,501,857	(\$3,009,351)	-8%
7	NON-GOVERNMENT MANAGED CARE	\$123,696,867	\$152,117,243	\$28,420,376	23%
8	WORKER'S COMPENSATION	\$4,972,144	\$6,726,696	\$1,754,552	35%
9	SELF- PAY/UNINSURED	\$20,452,129	\$21,828,716	\$1,376,587	7%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$932,663	\$2,521,374	\$1,588,711	170%
	TOTAL INPATIENT GROSS REVENUE	\$756,035,776	\$824,442,513	\$68,406,737	9%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$106,454,359	\$117,127,675	\$10,673,316	10%
2	MEDICARE MANAGED CARE	\$45,866,214	\$52,117,456	\$6,251,242	14%
3	MEDICAID	\$99,756,592	\$121,007,554	\$21,250,962	21%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$258,853	\$352,871	\$94,018	36%
6	COMMERCIAL INSURANCE	\$46,397,607	\$35,175,091	(\$11,222,516)	-24%
7	NON-GOVERNMENT MANAGED CARE	\$110,616,013	\$120,209,847	\$9,593,834	9%
8	WORKER'S COMPENSATION	\$3,578,598	\$4,852,168	\$1,273,570	36%
9	SELF- PAY/UNINSURED	\$29,956,877	\$29,623,086	(\$333,791)	-1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$167,823	\$1,345,859	\$1,178,036	702%
	TOTAL OUTPATIENT GROSS REVENUE	\$443,052,936	\$481,811,607	\$38,758,671	9%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$399,189,767	\$427,831,060	\$28,641,293	7%
2	MEDICARE MANAGED CARE	\$174,192,513	\$184,364,210	\$10,171,697	6%
3	MEDICAID	\$244,623,607	\$282,373,953	\$37,750,346	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$800,896	\$782,960	(\$17,936)	-2%
6	COMMERCIAL INSURANCE	\$85,908,815	\$71,676,948	(\$14,231,867)	-17%
7	NON-GOVERNMENT MANAGED CARE	\$234,312,880	\$272,327,090	\$38,014,210	16%
8	WORKER'S COMPENSATION	\$8,550,742	\$11,578,864	\$3,028,122	35%
9	SELF- PAY/UNINSURED	\$50,409,006	\$51,451,802	\$1,042,796	2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$1,100,486	\$3,867,233	\$2,766,747	251%
	TOTAL GROSS REVENUE	\$1,199,088,712	\$1,306,254,120	\$107,165,408	9%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$87,654,885	\$73,536,798	(\$14,118,087)	-16%
2	MEDICARE MANAGED CARE	\$32,983,724	\$29,086,807	(\$3,896,917)	-12%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$36,206,115	\$32,466,881	(\$3,739,234)	-10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$154,612	\$169,349	\$14,737	10%
6	COMMERCIAL INSURANCE	\$18,659,535	\$22,283,712	\$3,624,177	19%
7	NON-GOVERNMENT MANAGED CARE	\$70,245,407	\$70,105,235	(\$140,172)	0%
8	WORKER'S COMPENSATION	\$4,035,976	\$5,401,985	\$1,366,009	34%
9	SELF- PAY/UNINSURED	\$1,347,825	\$2,711,717	\$1,363,892	101%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$107,170	\$128,688	\$21,518	20%
	TOTAL INPATIENT NET REVENUE	\$251,395,249	\$235,891,172	(\$15,504,077)	-6%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$26,320,581	\$30,613,813	\$4,293,232	16%
2	MEDICARE MANAGED CARE	\$9,696,584	\$12,956,316	\$3,259,732	34%
3	MEDICAID	\$24,150,433	\$30,325,692	\$6,175,259	26%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$92,891	\$96,023	\$3,132	3%
6	COMMERCIAL INSURANCE	\$26,902,738	\$20,903,085	(\$5,999,653)	-22%
7	NON-GOVERNMENT MANAGED CARE	\$59,072,491	\$51,801,160	(\$7,271,331)	-12%
8	WORKER'S COMPENSATION	\$2,612,323	\$3,480,815	\$868,492	33%
9	SELF- PAY/UNINSURED	\$2,697,891	\$6,483,695	\$3,785,804	140%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$60,587	\$124,114	\$63,527	105%
	TOTAL OUTPATIENT NET REVENUE	\$151,606,519	\$156,784,713	\$5,178,194	3%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$113,975,466	\$104,150,611	(\$9,824,855)	-9%
2	MEDICARE MANAGED CARE	\$42,680,308	\$42,043,123	(\$637,185)	-1%
3	MEDICAID	\$60,356,548	\$62,792,573	\$2,436,025	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$247,503	\$265,372	\$17,869	7%
6	COMMERCIAL INSURANCE	\$45,562,273	\$43,186,797	(\$2,375,476)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$129,317,898	\$121,906,395	(\$7,411,503)	-6%
8	WORKER'S COMPENSATION	\$6,648,299	\$8,882,800	\$2,234,501	34%
9	SELF- PAY/UNINSURED	\$4,045,716	\$9,195,412	\$5,149,696	127%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$167,757	\$252,802	\$85,045	51%
	TOTAL NET REVENUE	\$403,001,768	\$392,675,885	(\$10,325,883)	-3%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	6,020	5,831	(189)	-3%
2	MEDICARE MANAGED CARE	2,654	2,431	(223)	-8%
3	MEDICAID	4,548	4,699	151	3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	28	19	(9)	-32%
6	COMMERCIAL INSURANCE	1,121	2,135	1,014	90%
7	NON-GOVERNMENT MANAGED CARE	3,625	2,522	(1,103)	-30%
8	WORKER'S COMPENSATION	90	100	10	11%

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FISCAL YEAR 2015
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	584	521	(63)	-11%
10	SAGA	0	0	0	0%
11	OTHER	41	50	9	22%
	TOTAL DISCHARGES	18,711	18,308	(403)	-2%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	40,422	39,153	(1,269)	-3%
2	MEDICARE MANAGED CARE	16,724	15,967	(757)	-5%
3	MEDICAID	28,260	30,133	1,873	7%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	117	58	(59)	-50%
6	COMMERCIAL INSURANCE	5,120	10,363	5,243	102%
7	NON-GOVERNMENT MANAGED CARE	16,169	12,313	(3,856)	-24%
8	WORKER'S COMPENSATION	377	507	130	34%
9	SELF- PAY/UNINSURED	3,329	2,357	(972)	-29%
10	SAGA	0	0	0	0%
11	OTHER	238	294	56	24%
	TOTAL PATIENT DAYS	110,756	111,145	389	0%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	47,692	27,936	(19,756)	-41%
2	MEDICARE MANAGED CARE	19,344	11,143	(8,201)	-42%
3	MEDICAID	80,598	56,782	(23,816)	-30%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	351	202	(149)	-42%
6	COMMERCIAL INSURANCE	20,864	33,198	12,334	59%
7	NON-GOVERNMENT MANAGED CARE	64,484	26,347	(38,137)	-59%
8	WORKER'S COMPENSATION	6,695	2,573	(4,122)	-62%
9	SELF- PAY/UNINSURED	32,910	17,650	(15,260)	-46%
10	SAGA	0	0	0	0%
11	OTHER	0	491	491	0%
	TOTAL OUTPATIENT VISITS	272,938	176,322	(96,616)	-35%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$18,098,019	\$19,172,119	\$1,074,100	6%
2	MEDICARE MANAGED CARE	\$8,178,094	\$8,837,935	\$659,841	8%
3	MEDICAID	\$44,886,437	\$54,885,348	\$9,998,911	22%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$308,238	\$240,443	(\$67,795)	-22%
6	COMMERCIAL INSURANCE	\$10,707,885	\$7,910,054	(\$2,797,831)	-26%
7	NON-GOVERNMENT MANAGED CARE	\$24,601,768	\$29,757,923	\$5,156,155	21%
8	WORKER'S COMPENSATION	\$1,724,860	\$2,109,384	\$384,524	22%
9	SELF- PAY/UNINSURED	\$14,444,268	\$14,385,861	(\$58,407)	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$566,422	\$959,607	\$393,185	69%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$123,515,991	\$138,258,674	\$14,742,683	12%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$6,366,628	\$6,777,269	\$410,641	6%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$3,024,555	\$2,470,720	(\$553,835)	-18%
3	MEDICAID	\$6,643,928	\$10,523,621	\$3,879,693	58%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$54,571	\$44,309	(\$10,262)	-19%
6	COMMERCIAL INSURANCE	\$6,287,933	\$13,014,238	\$6,726,305	107%
7	NON-GOVERNMENT MANAGED CARE	\$14,710,247	\$12,088,367	(\$2,621,880)	-18%
8	WORKER'S COMPENSATION	\$1,406,384	\$1,588,252	\$181,868	13%
9	SELF- PAY/UNINSURED	\$1,067,544	\$284,672	(\$782,872)	-73%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$146,070	\$217,214	\$71,144	49%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$39,707,860	\$47,008,662	\$7,300,802	18%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	7,547	6,802	(745)	-10%
2	MEDICARE MANAGED CARE	3,447	3,102	(345)	-10%
3	MEDICAID	23,719	24,144	425	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	129	94	(35)	-27%
6	COMMERCIAL INSURANCE	3,823	6,351	2,528	66%
7	NON-GOVERNMENT MANAGED CARE	10,959	6,586	(4,373)	-40%
8	WORKER'S COMPENSATION	914	821	(93)	-10%
9	SELF- PAY/UNINSURED	6,784	5,981	(803)	-12%
10	SAGA	0	0	0	0%
11	OTHER	367	425	58	16%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	57,689	54,306	(3,383)	-6%

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 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$68,135,000	\$69,408,000	\$1,273,000	2%
2	Physician Salaries	\$5,941,000	\$7,397,000	\$1,456,000	25%
3	Non-Nursing, Non-Physician Salaries	\$77,042,000	\$77,274,000	\$232,000	0%
	Total Salaries & Wages	\$151,118,000	\$154,079,000	\$2,961,000	2%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$19,216,000	\$17,989,000	(\$1,227,000)	-6%
2	Physician Fringe Benefits	\$1,676,000	\$1,917,000	\$241,000	14%
3	Non-Nursing, Non-Physician Fringe Benefits	\$21,727,000	\$20,028,000	(\$1,699,000)	-8%
	Total Fringe Benefits	\$42,619,000	\$39,934,000	(\$2,685,000)	-6%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$2,213,000	\$1,835,000	(\$378,000)	-17%
2	Physician Fees	\$32,371,000	\$34,044,000	\$1,673,000	5%
3	Non-Nursing, Non-Physician Fees	\$1,302,000	\$1,315,000	\$13,000	1%
	Total Contractual Labor Fees	\$35,886,000	\$37,194,000	\$1,308,000	4%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$30,990,000	\$31,733,000	\$743,000	2%
2	Pharmaceutical Costs	\$16,967,000	\$18,229,000	\$1,262,000	7%
	Total Medical Supplies and Pharmaceutical Cost	\$47,957,000	\$49,962,000	\$2,005,000	4%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$12,883,000	\$12,581,000	(\$302,000)	-2%
2	Depreciation-Equipment	\$8,083,000	\$6,493,000	(\$1,590,000)	-20%
3	Amortization	\$5,733,000	\$5,593,000	(\$140,000)	-2%
	Total Depreciation and Amortization	\$26,699,000	\$24,667,000	(\$2,032,000)	-8%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$1,818,000	\$1,791,000	(\$27,000)	-1%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$4,187,000	\$7,350,000	\$3,163,000	76%
I.	Utilities:				
1	Water	\$568,000	\$586,000	\$18,000	3%
2	Natural Gas	\$1,707,000	\$1,658,000	(\$49,000)	-3%
3	Oil	\$14,000	\$22,000	\$8,000	57%
4	Electricity	\$3,503,000	\$3,526,000	\$23,000	1%
5	Telephone	\$363,000	\$139,000	(\$224,000)	-62%
6	Other Utilities	\$44,000	\$194,000	\$150,000	341%
	Total Utilities	\$6,199,000	\$6,125,000	(\$74,000)	-1%
J.	Business Expenses:				
1	Accounting Fees	\$584,000	\$471,000	(\$113,000)	-19%
2	Legal Fees	\$1,138,000	\$959,000	(\$179,000)	-16%
3	Consulting Fees	\$1,804,000	\$2,102,000	\$298,000	17%
4	Dues and Membership	\$1,335,000	\$1,190,000	(\$145,000)	-11%
5	Equipment Leases	\$1,482,000	\$1,614,000	\$132,000	9%
6	Building Leases	\$3,393,000	\$3,134,000	(\$259,000)	-8%
7	Repairs and Maintenance	\$2,501,000	\$2,368,000	(\$133,000)	-5%
8	Insurance	\$550,000	\$472,000	(\$78,000)	-14%
9	Travel	\$468,000	\$419,000	(\$49,000)	-10%
10	Conferences	\$889,000	\$741,000	(\$148,000)	-17%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$74,000	\$48,000	(\$26,000)	-35%
12	General Supplies	\$5,236,000	\$6,102,000	\$866,000	17%
13	Licenses and Subscriptions	\$286,000	\$363,000	\$77,000	27%
14	Postage and Shipping	\$192,000	\$242,000	\$50,000	26%
15	Advertising	\$2,789,000	\$2,945,000	\$156,000	6%
16	Corporate parent/system fees	\$177,000	\$290,000	\$113,000	64%
17	Computer Software	\$443,000	\$298,000	(\$145,000)	-33%
18	Computer hardware & small equipment	\$679,000	\$766,000	\$87,000	13%
19	Dietary / Food Services	\$3,635,000	\$4,153,000	\$518,000	14%
20	Lab Fees / Red Cross charges	\$4,981,000	\$3,982,000	(\$999,000)	-20%
21	Billing & Collection / Bank Fees	\$3,933,000	\$3,119,000	(\$814,000)	-21%
22	Recruiting / Employee Education & Recognition	\$451,000	\$615,000	\$164,000	36%
23	Laundry / Linen	\$1,688,000	\$1,231,000	(\$457,000)	-27%
24	Professional / Physician Fees	\$547,000	\$251,000	(\$296,000)	-54%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$9,714,000	\$10,049,000	\$335,000	3%
27	Purchased Services - Non Medical	\$30,590,000	\$37,874,000	\$7,284,000	24%
28	Other Business Expenses	\$2,350,000	\$17,894,000	\$15,544,000	661%
	Total Business Expenses	\$81,909,000	\$103,692,000	\$21,783,000	27%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$398,392,000	\$424,794,000	\$26,402,000	7%
	*A.-K.The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$51,955,994	\$77,867,000	\$25,911,006	50%
2	General Accounting	\$2,447,260	\$3,162,000	\$714,740	29%
3	Patient Billing & Collection	\$4,787,736	\$5,217,000	\$429,264	9%
4	Admitting / Registration Office	\$3,181,744	\$2,869,000	(\$312,744)	-10%
5	Data Processing	\$26,571,937	\$25,166,000	(\$1,405,937)	-5%
6	Communications	\$832,920	\$523,000	(\$309,920)	-37%
7	Personnel	\$33,041,708	\$42,538,000	\$9,496,292	29%
8	Public Relations	\$3,674,535	\$3,835,000	\$160,465	4%
9	Purchasing	\$1,233,385	\$1,764,000	\$530,615	43%
10	Dietary and Cafeteria	\$6,629,401	\$6,406,000	(\$223,401)	-3%
11	Housekeeping	\$4,362,326	\$4,437,000	\$74,674	2%
12	Laundry & Linen	\$1,219,520	\$690,000	(\$529,520)	-43%
13	Operation of Plant	\$6,946,014	\$8,657,000	\$1,710,986	25%
14	Security	\$2,298,914	\$2,300,000	\$1,086	0%
15	Repairs and Maintenance	\$9,699,824	\$9,410,000	(\$289,824)	-3%
16	Central Sterile Supply	\$975,114	\$936,000	(\$39,114)	-4%
17	Pharmacy Department	\$25,699,553	\$26,457,000	\$757,447	3%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$185,557,885	\$222,234,000	\$36,676,115	20%
B.	Professional Services:				
1	Medical Care Administration	\$276,880	\$307,000	\$30,120	11%
2	Residency Program	\$4,842,056	\$4,438,000	(\$404,056)	-8%
3	Nursing Services Administration	\$2,737,342	\$3,069,000	\$331,658	12%
4	Medical Records	\$3,788,315	\$3,952,000	\$163,685	4%
5	Social Service	\$966,786	\$968,000	\$1,214	0%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$12,611,379	\$12,734,000	\$122,621	1%
C.	Special Services:				

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$26,152,076	\$25,542,000	(\$610,076)	-2%
2	Recovery Room	\$1,738,067	\$1,639,000	(\$99,067)	-6%
3	Anesthesiology	\$1,304,481	\$1,067,000	(\$237,481)	-18%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$3,800,982	\$3,609,000	(\$191,982)	-5%
6	Diagnostic Ultrasound	\$760,350	\$741,456	(\$18,894)	-2%
7	Radiation Therapy	\$1,621,777	\$1,418,544	(\$203,233)	-13%
8	Radioisotopes	\$303,595	\$537,000	\$233,405	77%
9	CT Scan	\$1,527,740	\$1,509,000	(\$18,740)	-1%
10	Laboratory	\$8,258,450	\$7,384,000	(\$874,450)	-11%
11	Blood Storing/Processing	\$2,487,088	\$2,126,000	(\$361,088)	-15%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$7,908,833	\$7,211,000	(\$697,833)	-9%
14	Electroencephalography	\$58,103	\$0	(\$58,103)	-100%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$2,950,203	\$2,733,000	(\$217,203)	-7%
19	Pulmonary Function	\$384,642	\$372,000	(\$12,642)	-3%
20	Intravenous Therapy	\$140,555	\$85,000	(\$55,555)	-40%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$983,022	\$1,252,000	\$268,978	27%
24	Emergency Room	\$20,758,018	\$19,615,000	(\$1,143,018)	-6%
25	MRI	\$517,500	\$550,000	\$32,500	6%
26	PET Scan	\$167,214	\$154,000	(\$13,214)	-8%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,366,862	\$1,213,000	(\$153,862)	-11%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$13,642,748	\$12,553,000	(\$1,089,748)	-8%
32	Occupational Therapy / Physical Therapy	\$2,661,178	\$2,501,000	(\$160,178)	-6%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,548,166	\$3,646,000	\$97,834	3%
	Total Special Services	\$103,041,650	\$97,458,000	(\$5,583,650)	-5%
D.	Routine Services:				
1	Medical & Surgical Units	\$46,460,571	\$46,252,000	(\$208,571)	0%
2	Intensive Care Unit	\$9,476,813	\$8,338,000	(\$1,138,813)	-12%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$10,295,738	\$9,988,000	(\$307,738)	-3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$4,216,850	\$4,084,000	(\$132,850)	-3%
7	Newborn Nursery Unit	\$1,342,081	\$1,490,000	\$147,919	11%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$2,460,680	\$2,451,000	(\$9,680)	0%
10	Ambulatory Surgery	\$6,762,581	\$6,381,000	(\$381,581)	-6%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$15,815,651	\$13,324,000	(\$2,491,651)	-16%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$96,830,965	\$92,308,000	(\$4,522,965)	-5%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$350,121	\$60,000	(\$290,121)	-83%
	Total Operating Expenses - All Departments*	\$398,392,000	\$424,794,000	\$26,402,000	7%
	*A.- E. 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 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$408,184,000	\$401,065,000	\$402,610,000
2	Other Operating Revenue	16,547,000	20,648,000	18,338,000
3	Total Operating Revenue	\$424,731,000	\$421,713,000	\$420,948,000
4	Total Operating Expenses	394,491,000	398,392,000	424,794,000
5	Income/(Loss) From Operations	\$30,240,000	\$23,321,000	(\$3,846,000)
6	Total Non-Operating Revenue	23,663,000	21,661,000	(11,242,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$53,903,000	\$44,982,000	(\$15,088,000)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	6.74%	5.26%	-0.94%
2	Hospital Non Operating Margin	5.28%	4.89%	-2.74%
3	Hospital Total Margin	12.02%	10.15%	-3.68%
4	Income/(Loss) From Operations	\$30,240,000	\$23,321,000	(\$3,846,000)
5	Total Operating Revenue	\$424,731,000	\$421,713,000	\$420,948,000
6	Total Non-Operating Revenue	\$23,663,000	\$21,661,000	(\$11,242,000)
7	Total Revenue	\$448,394,000	\$443,374,000	\$409,706,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$53,903,000	\$44,982,000	(\$15,088,000)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$517,788,000	\$522,872,000	\$480,367,000
2	Hospital Total Net Assets	\$538,420,000	\$544,973,000	\$502,440,000
3	Hospital Change in Total Net Assets	\$43,136,000	\$6,553,000	(\$42,533,000)
4	Hospital Change in Total Net Assets %	108.7%	1.2%	-7.8%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.33	0.33	0.32
2	Total Operating Expenses	\$394,491,000	\$398,392,000	\$424,794,000
3	Total Gross Revenue	\$1,192,685,498	\$1,199,088,712	\$1,306,254,120
4	Total Other Operating Revenue	\$15,967,000	\$20,648,000	\$20,518,000
5	<u>Private Payment to Cost Ratio</u>	1.78	1.69	1.53
6	Total Non-Government Payments	\$187,090,654	\$185,574,186	\$183,171,404
7	Total Uninsured Payments	\$3,466,251	\$4,045,716	\$9,195,412
8	Total Non-Government Charges	\$373,127,096	\$379,181,443	\$407,034,704
9	Total Uninsured Charges	\$56,404,564	\$50,409,006	\$51,451,802
10	<u>Medicare Payment to Cost Ratio</u>	0.86	0.84	0.75
11	Total Medicare Payments	\$160,682,023	\$156,655,774	\$146,193,734
12	Total Medicare Charges	\$575,019,746	\$573,382,280	\$612,195,270
13	<u>Medicaid Payment to Cost Ratio</u>	0.72	0.76	0.69
14	Total Medicaid Payments	\$56,472,732	\$60,356,548	\$62,792,573
15	Total Medicaid Charges	\$241,466,815	\$244,623,607	\$282,373,953
16	<u>Uncompensated Care Cost</u>	\$13,319,286	\$15,738,901	\$13,540,353
17	Charity Care	\$14,991,000	\$17,249,000	\$21,773,000
18	Bad Debts	\$25,817,000	\$30,938,000	\$20,518,000
19	Total Uncompensated Care	\$40,808,000	\$48,187,000	\$42,291,000
20	<u>Uncompensated Care % of Total Expenses</u>	3.4%	4.0%	3.2%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses	\$394,491,000	\$398,392,000	\$424,794,000
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2	1	2
2	Total Current Assets	\$90,802,000	\$78,914,000	\$107,953,000
3	Total Current Liabilities	\$55,537,000	\$55,265,000	\$46,352,000
4	<u>Days Cash on Hand</u>	4	1	0
5	Cash and Cash Equivalents	\$3,609,000	\$654,000	\$529,000
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$3,609,000	\$654,000	\$529,000
8	Total Operating Expenses	\$394,491,000	\$398,392,000	\$424,794,000
9	Depreciation Expense	\$24,642,000	\$26,699,000	\$24,667,000
10	Operating Expenses less Depreciation Expense	\$369,849,000	\$371,693,000	\$400,127,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	41	47	46
12	Net Patient Accounts Receivable	\$52,068,000	\$61,867,000	\$60,164,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$5,681,000	\$10,642,000	\$9,476,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$46,387,000	\$51,225,000	\$50,688,000
16	Total Net Patient Revenue	\$408,184,000	\$401,065,000	\$402,610,000
17	<u>Average Payment Period</u>	55	54	42
18	Total Current Liabilities	\$55,537,000	\$55,265,000	\$46,352,000
19	Total Operating Expenses	\$394,491,000	\$398,392,000	\$424,794,000
20	Depreciation Expense	\$24,642,000	\$26,699,000	\$24,667,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2013</u>	<u>ACTUAL</u> <u>FY 2014</u>	<u>ACTUAL</u> <u>FY 2015</u>
21	Total Operating Expenses less Depreciation Expense	\$369,849,000	\$371,693,000	\$400,127,000
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	80.6	80.9	81.0
2	Total Net Assets	\$538,420,000	\$544,973,000	\$502,440,000
3	Total Assets	\$668,337,000	\$673,895,000	\$620,341,000
4	<u>Cash Flow to Total Debt Ratio</u>	69.5	64.1	9.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$53,903,000	\$44,982,000	(\$15,088,000)
6	Depreciation Expense	\$24,642,000	\$26,699,000	\$24,667,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$78,545,000	\$71,681,000	\$9,579,000
8	Total Current Liabilities	\$55,537,000	\$55,265,000	\$46,352,000
9	Total Long Term Debt	\$57,489,000	\$56,503,000	\$54,935,000
10	Total Current Liabilities and Total Long Term Debt	\$113,026,000	\$111,768,000	\$101,287,000
11	<u>Long Term Debt to Capitalization Ratio</u>	9.6	9.4	9.9
12	Total Long Term Debt	\$57,489,000	\$56,503,000	\$54,935,000
13	Total Net Assets	\$538,420,000	\$544,973,000	\$502,440,000
14	Total Long Term Debt and Total Net Assets	\$595,909,000	\$601,476,000	\$557,375,000
15	<u>Debt Service Coverage Ratio</u>	33.4	27.7	4.3
16	Excess Revenues over Expenses	53,903,000	\$44,982,000	(\$15,088,000)
17	Interest Expense	1,954,000	\$1,818,000	\$1,791,000
18	Depreciation and Amortization Expense	24,642,000	\$26,699,000	\$24,667,000
19	Principal Payments	458,802	\$838,147	\$839,000
G. <u>Other Financial Ratios</u>				

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
20	Average Age of Plant	9.6	9.7	11.2
21	Accumulated Depreciation	237,495,000	258,287,000	276,770,000
22	Depreciation and Amortization Expense	24,642,000	26,699,000	24,667,000
H. Utilization Measures Summary				
1	Patient Days	120,574	110,756	111,145
2	Discharges	20,324	18,711	18,308
3	ALOS	5.9	5.9	6.1
4	Staffed Beds	424	424	424
5	Available Beds	-	446	446
6	Licensed Beds	446	520	520
7	Occupancy of Staffed Beds	77.9%	71.6%	71.8%
8	Occupancy of Available Beds	74.1%	68.0%	68.3%
9	Full Time Equivalent Employees	2,263.2	2,281.8	2,183.5
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	26.6%	27.4%	27.2%
2	Medicare Gross Revenue Payer Mix Percentage	48.2%	47.8%	46.9%
3	Medicaid Gross Revenue Payer Mix Percentage	20.2%	20.4%	21.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.3%
5	Uninsured Gross Revenue Payer Mix Percentage	4.7%	4.2%	3.9%
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)	\$316,722,532	\$328,772,437	\$355,582,902
9	Medicare Gross Revenue (Charges)	\$575,019,746	\$573,382,280	\$612,195,270
10	Medicaid Gross Revenue (Charges)	\$241,466,815	\$244,623,607	\$282,373,953
11	Other Medical Assistance Gross Revenue (Charges)	\$2,039,689	\$1,100,486	\$3,867,233
12	Uninsured Gross Revenue (Charges)	\$56,404,564	\$50,409,006	\$51,451,802
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,032,152	\$800,896	\$782,960
14	Total Gross Revenue (Charges)	\$1,192,685,498	\$1,199,088,712	\$1,306,254,120
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	45.3%	45.0%	44.3%
2	Medicare Net Revenue Payer Mix Percentage	39.7%	38.9%	37.2%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
3	Medicaid Net Revenue Payer Mix Percentage	13.9%	15.0%	16.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.2%	0.0%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	0.9%	1.0%	2.3%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.0%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$183,624,403	\$181,528,470	\$173,975,992
9	Medicare Net Revenue (Payments)	\$160,682,023	\$156,655,774	\$146,193,734
10	Medicaid Net Revenue (Payments)	\$56,472,732	\$60,356,548	\$62,792,573
11	Other Medical Assistance Net Revenue (Payments)	\$701,192	\$167,757	\$252,802
12	Uninsured Net Revenue (Payments)	\$3,466,251	\$4,045,716	\$9,195,412
13	CHAMPUS / TRICARE Net Revenue Payments)	\$152,676	\$247,503	\$265,372
14	Total Net Revenue (Payments)	\$405,099,277	\$403,001,768	\$392,675,885
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	6,023	5,420	5,278
2	Medicare	9,550	8,674	8,262
3	Medical Assistance	4,721	4,589	4,749
4	Medicaid	4,685	4,548	4,699
5	Other Medical Assistance	36	41	50
6	CHAMPUS / TRICARE	30	28	19
7	Uninsured (Included In Non-Government)	793	584	521
8	Total	20,324	18,711	18,308
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.27660	1.34360	1.41650
2	Medicare	1.53370	1.55610	1.54270
3	Medical Assistance	1.03923	1.07631	1.13765
4	Medicaid	1.04000	1.07420	1.13800
5	Other Medical Assistance	0.93920	1.31090	1.10450
6	CHAMPUS / TRICARE	0.99130	0.84150	1.07090
7	Uninsured (Included In Non-Government)	1.09140	1.19770	1.22410
8	Total Case Mix Index	1.34185	1.37581	1.40076
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	14,293	13,155	11,960
2	Emergency Room - Treated and Discharged	64,264	57,689	54,306
3	Total Emergency Room Visits	78,557	70,844	66,266

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$2,410,637	\$1,899,154	(\$511,483)	-21%
2	Inpatient Payments	\$665,365	\$624,406	(\$40,959)	-6%
3	Outpatient Charges	\$760,978	\$1,537,725	\$776,747	102%
4	Outpatient Payments	\$239,375	\$540,494	\$301,119	126%
5	Discharges	57	34	(23)	-40%
6	Patient Days	331	221	(110)	-33%
7	Outpatient Visits (Excludes ED Visits)	474	171	(303)	-64%
8	Emergency Department Outpatient Visits	59	51	(8)	-14%
9	Emergency Department Inpatient Admissions	42	26	(16)	-38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,171,615	\$3,436,879	\$265,264	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$904,740	\$1,164,900	\$260,160	29%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$150,181	\$150,181	0%
2	Inpatient Payments	\$0	\$116,957	\$116,957	0%
3	Outpatient Charges	\$0	\$14,726	\$14,726	0%
4	Outpatient Payments	\$0	\$9,246	\$9,246	0%
5	Discharges	0	2	2	0%
6	Patient Days	0	18	18	0%
7	Outpatient Visits (Excludes ED Visits)	0	5	5	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$164,907	\$164,907	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$126,203	\$126,203	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$24,855,573	\$31,590,361	\$6,734,788	27%
2	Inpatient Payments	\$6,307,397	\$7,097,225	\$789,828	13%
3	Outpatient Charges	\$10,436,568	\$13,802,838	\$3,366,270	32%
4	Outpatient Payments	\$2,228,713	\$3,719,544	\$1,490,831	67%
5	Discharges	517	568	51	10%
6	Patient Days	3,040	3,097	57	2%
7	Outpatient Visits (Excludes ED Visits)	3,757	2,211	(1,546)	-41%
8	Emergency Department Outpatient Visits	502	568	66	13%
9	Emergency Department Inpatient Admissions	407	446	39	10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$35,292,141	\$45,393,199	\$10,101,058	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,536,110	\$10,816,769	\$2,280,659	27%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET 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%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$62,450	\$1,574,147	\$1,511,697	2421%
2	Inpatient Payments	\$24,962	\$1,011,066	\$986,104	3950%
3	Outpatient Charges	\$155,619	\$283,880	\$128,261	82%
4	Outpatient Payments	\$30,540	\$128,521	\$97,981	321%
5	Discharges	10	24	14	140%
6	Patient Days	52	210	158	304%
7	Outpatient Visits (Excludes ED Visits)	498	65	(433)	-87%
8	Emergency Department Outpatient Visits	51	33	(18)	-35%
9	Emergency Department Inpatient Admissions	40	22	(18)	-45%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$218,069	\$1,858,027	\$1,639,958	752%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$55,502	\$1,139,587	\$1,084,085	1953%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$196,735	\$0	(\$196,735)	-100%
2	Inpatient Payments	\$27,892	\$0	(\$27,892)	-100%
3	Outpatient Charges	\$124,920	\$0	(\$124,920)	-100%
4	Outpatient Payments	\$5,665	\$0	(\$5,665)	-100%
5	Discharges	2	0	(2)	-100%
6	Patient Days	20	0	(20)	-100%
7	Outpatient Visits (Excludes ED Visits)	30	0	(30)	-100%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$321,655	\$0	(\$321,655)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$33,557	\$0	(\$33,557)	-100%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$64,718,750	\$59,244,430	(\$5,474,320)	-8%
2	Inpatient Payments	\$17,015,034	\$11,128,395	(\$5,886,639)	-35%
3	Outpatient Charges	\$19,166,550	\$19,536,611	\$370,061	2%
4	Outpatient Payments	\$4,114,468	\$4,530,798	\$416,330	10%
5	Discharges	1,321	1,143	(178)	-13%
6	Patient Days	8,453	7,343	(1,110)	-13%
7	Outpatient Visits (Excludes ED Visits)	5,969	2,878	(3,091)	-52%
8	Emergency Department Outpatient Visits	1,457	1,314	(143)	-10%
9	Emergency Department Inpatient Admissions	1,113	979	(134)	-12%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$83,885,300	\$78,781,041	(\$5,104,259)	-6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$21,129,502	\$15,659,193	(\$5,470,309)	-26%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$12,537,273	\$17,597,137	\$5,059,864	40%
2	Inpatient Payments	\$2,572,419	\$6,011,474	\$3,439,055	134%
3	Outpatient Charges	\$5,224,156	\$7,757,926	\$2,533,770	49%
4	Outpatient Payments	\$1,026,140	\$1,775,757	\$749,617	73%
5	Discharges	273	302	29	11%
6	Patient Days	1,773	2,649	876	49%
7	Outpatient Visits (Excludes ED Visits)	1,784	1,278	(506)	-28%
8	Emergency Department Outpatient Visits	791	742	(49)	-6%
9	Emergency Department Inpatient Admissions	246	265	19	8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,761,429	\$25,355,063	\$7,593,634	43%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,598,559	\$7,787,231	\$4,188,672	116%
I. AETNA					
1	Inpatient Charges	\$22,583,872	\$19,187,520	(\$3,396,352)	-15%
2	Inpatient Payments	\$6,139,451	\$2,650,772	(\$3,488,679)	-57%
3	Outpatient Charges	\$9,589,702	\$8,840,081	(\$749,621)	-8%
4	Outpatient Payments	\$1,907,647	\$2,106,854	\$199,207	10%
5	Discharges	459	342	(117)	-25%
6	Patient Days	2,968	2,322	(646)	-22%
7	Outpatient Visits (Excludes ED Visits)	3,290	1,377	(1,913)	-58%
8	Emergency Department Outpatient Visits	557	372	(185)	-33%
9	Emergency Department Inpatient Admissions	340	267	(73)	-21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$32,173,574	\$28,027,601	(\$4,145,973)	-13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,047,098	\$4,757,626	(\$3,289,472)	-41%

**SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$436,481	\$805,049	\$368,568	84%
2	Inpatient Payments	\$100,926	\$353,168	\$252,242	250%
3	Outpatient Charges	\$230,230	\$288,567	\$58,337	25%
4	Outpatient Payments	\$120,849	\$126,714	\$5,865	5%
5	Discharges	11	13	2	18%
6	Patient Days	66	91	25	38%
7	Outpatient Visits (Excludes ED Visits)	61	49	(12)	-20%
8	Emergency Department Outpatient Visits	20	22	2	10%
9	Emergency Department Inpatient Admissions	7	9	2	29%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$666,711	\$1,093,616	\$426,905	64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$221,775	\$479,882	\$258,107	116%
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 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 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	\$524,528	\$198,775	(\$325,753)	-62%
2	Inpatient Payments	\$130,278	\$93,344	(\$36,934)	-28%
3	Outpatient Charges	\$177,491	\$55,102	(\$122,389)	-69%
4	Outpatient Payments	\$23,187	\$18,388	(\$4,799)	-21%
5	Discharges	4	3	(1)	-25%
6	Patient Days	21	16	(5)	-24%
7	Outpatient Visits (Excludes ED Visits)	34	7	(27)	-79%
8	Emergency Department Outpatient Visits	8	0	(8)	-100%
9	Emergency Department Inpatient Admissions	7	3	(4)	-57%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$702,019	\$253,877	(\$448,142)	-64%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$153,465	\$111,732	(\$41,733)	-27%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$128,326,299	\$132,246,754	\$3,920,455	3%
	TOTAL INPATIENT PAYMENTS	\$32,983,724	\$29,086,807	(\$3,896,917)	-12%
	TOTAL OUTPATIENT CHARGES	\$45,866,214	\$52,117,456	\$6,251,242	14%
	TOTAL OUTPATIENT PAYMENTS	\$9,696,584	\$12,956,316	\$3,259,732	34%
	TOTAL DISCHARGES	2,654	2,431	(223)	-8%
	TOTAL PATIENT DAYS	16,724	15,967	(757)	-5%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,897	8,041	(7,856)	-49%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	3,447	3,102	(345)	-10%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	2,203	2,018	(185)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$174,192,513	\$184,364,210	\$10,171,697	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$42,680,308	\$42,043,123	(\$637,185)	-1%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% 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	\$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. 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
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,300,000	\$7,449,000	\$4,149,000	126%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$67,589,000	\$70,492,000	\$2,903,000	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	\$4,264,000	\$4,341,000	\$77,000	2%
8	Prepaid Expenses	\$3,691,000	\$3,448,000	(\$243,000)	-7%
9	Other Current Assets	\$13,622,000	\$10,424,000	(\$3,198,000)	-23%
	Total Current Assets	\$92,466,000	\$96,154,000	\$3,688,000	4%
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	\$43,490,000	\$43,113,000	(\$377,000)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$43,490,000	\$43,113,000	(\$377,000)	-1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$385,447,000	\$321,091,000	(\$64,356,000)	-17%
7	Other Noncurrent Assets	\$43,092,000	\$38,923,000	(\$4,169,000)	-10%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$480,748,000	\$489,801,000	\$9,053,000	2%
2	Less: Accumulated Depreciation	\$275,790,000	\$296,408,000	\$20,618,000	\$0
	Property, Plant and Equipment, Net	\$204,958,000	\$193,393,000	(\$11,565,000)	-6%
3	Construction in Progress	\$2,391,000	\$8,634,000	\$6,243,000	261%
	Total Net Fixed Assets	\$207,349,000	\$202,027,000	(\$5,322,000)	-3%
	Total Assets	\$771,844,000	\$701,308,000	(\$70,536,000)	-9%

ST VINCENTS HEALTH SERVICES CORPORATION

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2015

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$26,124,000	\$23,542,000	(\$2,582,000)	-10%
2	Salaries, Wages and Payroll Taxes	\$29,153,000	\$23,003,000	(\$6,150,000)	-21%
3	Due To Third Party Payers	\$10,642,000	\$9,476,000	(\$1,166,000)	-11%
4	Due To Affiliates	\$4,483,000	\$4,223,000	(\$260,000)	-6%
5	Current Portion of Long Term Debt	\$885,000	\$1,614,000	\$729,000	82%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$335,000	\$484,000	\$149,000	44%
	Total Current Liabilities	\$71,622,000	\$62,342,000	(\$9,280,000)	-13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$56,503,000	\$54,935,000	(\$1,568,000)	-3%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$56,503,000	\$54,935,000	(\$1,568,000)	-3%
3	Accrued Pension Liability	\$5,194,000	\$8,113,000	\$2,919,000	56%
4	Other Long Term Liabilities	\$13,607,000	\$14,300,000	\$693,000	5%
	Total Long Term Liabilities	\$75,304,000	\$77,348,000	\$2,044,000	3%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$596,405,000	\$533,334,000	(\$63,071,000)	-11%
2	Temporarily Restricted Net Assets	\$15,750,000	\$15,414,000	(\$336,000)	-2%
3	Permanently Restricted Net Assets	\$12,763,000	\$12,870,000	\$107,000	1%
	Total Net Assets	\$624,918,000	\$561,618,000	(\$63,300,000)	-10%
	Total Liabilities and Net Assets	\$771,844,000	\$701,308,000	(\$70,536,000)	-9%

ST VINCENTS HEALTH SERVICES CORPORATION					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,285,467,000	\$1,431,622,000	\$146,155,000	11%
2	Less: Allowances	\$802,402,000	\$943,281,000	\$140,879,000	18%
3	Less: Charity Care	\$17,265,000	\$21,887,000	\$4,622,000	27%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$465,800,000	\$466,454,000	\$654,000	0%
5	Provision for Bad Debts	\$34,098,000	\$24,067,000	(\$10,031,000)	-29%
	Net Patient Service Revenue less provision for bad debts	\$431,702,000	\$442,387,000	\$10,685,000	2%
6	Other Operating Revenue	\$47,142,000	\$44,801,000	(\$2,341,000)	-5%
7	Net Assets Released from Restrictions	\$1,614,000	\$1,307,000	(\$307,000)	-19%
	Total Operating Revenue	\$480,458,000	\$488,495,000	\$8,037,000	2%
B. Operating Expenses:					
1	Salaries and Wages	\$206,029,000	\$221,430,000	\$15,401,000	7%
2	Fringe Benefits	\$55,142,000	\$53,194,000	(\$1,948,000)	-4%
3	Physicians Fees	\$17,610,000	\$21,401,000	\$3,791,000	22%
4	Supplies and Drugs	\$50,105,000	\$51,197,000	\$1,092,000	2%
5	Depreciation and Amortization	\$28,822,000	\$26,783,000	(\$2,039,000)	-7%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,818,000	\$1,791,000	(\$27,000)	-1%
8	Malpractice Insurance Cost	\$3,290,000	\$8,484,000	\$5,194,000	158%
9	Other Operating Expenses	\$101,241,000	\$123,921,000	\$22,680,000	22%
	Total Operating Expenses	\$464,057,000	\$508,201,000	\$44,144,000	10%
	Income/(Loss) From Operations	\$16,401,000	(\$19,706,000)	(\$36,107,000)	-220%
C. Non-Operating Revenue:					
1	Income from Investments	\$26,670,000	(\$12,409,000)	(\$39,079,000)	-147%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$1,630,000)	(\$768,000)	\$862,000	-53%
	Total Non-Operating Revenue	\$25,040,000	(\$13,177,000)	(\$38,217,000)	-153%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$41,441,000	(\$32,883,000)	(\$74,324,000)	-179%
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	\$41,441,000	(\$32,883,000)	(\$74,324,000)	-179%

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$433,357,000	\$431,702,000	\$442,387,000
2	Other Operating Revenue	41,260,000	48,756,000	46,108,000
3	Total Operating Revenue	\$474,617,000	\$480,458,000	\$488,495,000
4	Total Operating Expenses	456,701,000	464,057,000	508,201,000
5	Income/(Loss) From Operations	\$17,916,000	\$16,401,000	(\$19,706,000)
6	Total Non-Operating Revenue	27,179,000	25,040,000	(13,177,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$45,095,000	\$41,441,000	(\$32,883,000)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.57%	3.24%	-4.15%
2	Parent Corporation Non-Operating Margin	5.42%	4.95%	-2.77%
3	Parent Corporation Total Margin	8.99%	8.20%	-6.92%
4	Income/(Loss) From Operations	\$17,916,000	\$16,401,000	(\$19,706,000)
5	Total Operating Revenue	\$474,617,000	\$480,458,000	\$488,495,000
6	Total Non-Operating Revenue	\$27,179,000	\$25,040,000	(\$13,177,000)
7	Total Revenue	\$501,796,000	\$505,498,000	\$475,318,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$45,095,000	\$41,441,000	(\$32,883,000)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$569,055,000	\$596,405,000	\$533,334,000
2	Parent Corporation Total Net Assets	\$596,123,000	\$624,918,000	\$561,618,000
3	Parent Corporation Change in Total Net Assets	\$31,797,000	\$28,795,000	(\$63,300,000)
4	Parent Corporation Change in Total Net Assets %	105.6%	4.8%	-10.1%

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.18	1.29	1.54
2	Total Current Assets	\$80,766,000	\$92,466,000	\$96,154,000
3	Total Current Liabilities	\$68,249,000	\$71,622,000	\$62,342,000
4	<u>Days Cash on Hand</u>	4	3	6
5	Cash and Cash Equivalents	\$5,001,000	\$3,300,000	\$7,449,000
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$5,001,000	\$3,300,000	\$7,449,000
8	Total Operating Expenses	\$456,701,000	\$464,057,000	\$508,201,000
9	Depreciation Expense	\$26,417,000	\$28,822,000	\$26,783,000
10	Operating Expenses less Depreciation Expense	\$430,284,000	\$435,235,000	\$481,418,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	42	48	50
12	Net Patient Accounts Receivable	\$ 56,043,000	\$ 67,589,000	\$ 70,492,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$5,681,000	\$10,642,000	\$9,476,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 50,362,000	\$ 56,947,000	\$ 61,016,000
16	Total Net Patient Revenue	\$433,357,000	\$431,702,000	\$442,387,000
17	<u>Average Payment Period</u>	58	60	47
18	Total Current Liabilities	\$68,249,000	\$71,622,000	\$62,342,000
19	Total Operating Expenses	\$456,701,000	\$464,057,000	\$508,201,000
20	Depreciation Expense	\$26,417,000	\$28,822,000	\$26,783,000
20	Total Operating Expenses less Depreciation Expense	\$430,284,000	\$435,235,000	\$481,418,000

ST VINCENTS HEALTH SERVICES CORPORATION				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	80.3	81.0	80.1
2	Total Net Assets	\$596,123,000	\$624,918,000	\$561,618,000
3	Total Assets	\$742,783,000	\$771,844,000	\$701,308,000
4	<u>Cash Flow to Total Debt Ratio</u>	56.9	54.8	(5.2)
5	Excess/(Deficiency) of Revenues Over Expenses	\$45,095,000	\$41,441,000	(\$32,883,000)
6	Depreciation Expense	\$26,417,000	\$28,822,000	\$26,783,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$71,512,000	\$70,263,000	(\$6,100,000)
8	Total Current Liabilities	\$68,249,000	\$71,622,000	\$62,342,000
9	Total Long Term Debt	\$57,489,000	\$56,503,000	\$54,935,000
10	Total Current Liabilities and Total Long Term Debt	\$125,738,000	\$128,125,000	\$117,277,000
11	<u>Long Term Debt to Capitalization Ratio</u>	8.8	8.3	8.9
12	Total Long Term Debt	\$57,489,000	\$56,503,000	\$54,935,000
13	Total Net Assets	\$596,123,000	\$624,918,000	\$561,618,000
14	Total Long Term Debt and Total Net Assets	\$653,612,000	\$681,421,000	\$616,553,000

SAINT VINCENT'S MEDICAL CENTER								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIEN	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	66,834	12,739	13,910	243	253	75.4%	72.4%
2	ICU/CCU (Excludes Neonatal ICU)	7,400	526	0	30	30	67.6%	67.6%
3	Psychiatric: Ages 0 to 17	3,949	485	488	17	17	63.6%	63.6%
4	Psychiatric: Ages 18+	23,996	2,277	1,643	75	75	87.7%	87.7%
	TOTAL PSYCHIATRIC	27,945	2,762	2,131	92	92	83.2%	83.2%
5	Rehabilitation	3,115	229	230	10	10	85.3%	85.3%
6	Maternity	2,821	1,037	1,018	22	26	35.1%	29.7%
7	Newborn	3,030	1,015	1,010	27	35	30.7%	23.7%
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	108,115	16,767	17,289	397	411	74.6%	72.1%
	TOTAL INPATIENT BED UTILIZATION	111,145	17,782	18,299	424	446	71.8%	68.3%
	TOTAL INPATIENT REPORTED YEAR	111,145	17,782	18,299	424	446	71.8%	68.3%
	TOTAL INPATIENT PRIOR YEAR	110,756	18,356	18,648	424	446	71.6%	68.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	389	-574	-349	0	0	0.3%	0.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	0%	-3%	-2%	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.								
Note: Total discharges do not include ICU/CCU patients.								

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	12,350	13,040	690	6%
2	Outpatient Scans (Excluding Emergency Department Scans)	6,161	5,984	-177	-3%
3	Emergency Department Scans	13,544	14,273	729	5%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	32,055	33,297	1,242	4%
B. MRI Scans (A)					
1	Inpatient Scans	1,727	1,752	25	1%
2	Outpatient Scans (Excluding Emergency Department Scans)	1,899	1,968	69	4%
3	Emergency Department Scans	251	207	-44	-18%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,877	3,927	50	1%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	3	3	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	3	3	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	28	13	-15	-54%
2	Outpatient Scans (Excluding Emergency Department Scans)	584	529	-55	-9%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	612	542	-70	-11%
(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	1,141	549	-592	-52%
2	Outpatient Procedures	14,696	6,134	-8,562	-58%
	Total Linear Accelerator Procedures	15,837	6,683	-9,154	-58%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	706	685	-21	-3%
2	Outpatient Procedures	686	659	-27	-4%
	Total Cardiac Catheterization Procedures	1,392	1,344	-48	-3%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	567	751	184	32%
2	Elective Procedures	428	494	66	15%
	Total Cardiac Angioplasty Procedures	995	1,245	250	25%
H. Electrophysiology Studies					
1	Inpatient Studies	419	456	37	9%
2	Outpatient Studies	289	418	129	45%
	Total Electrophysiology Studies	708	874	166	23%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	5,182	2,283	-2,899	-56%
2	Outpatient Surgical Procedures	3,503	3,200	-303	-9%
	Total Surgical Procedures	8,685	5,483	-3,202	-37%
J. Endoscopy Procedures					

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	1,955	1,170	-785	-40%
2	Outpatient Endoscopy Procedures	5,065	3,384	-1,681	-33%
	Total Endoscopy Procedures	7,020	4,554	-2,466	-35%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	13,155	11,960	-1,195	-9%
2	Emergency Room Visits: Treated and Discharged	57,689	54,306	-3,383	-6%
	Total Emergency Room Visits	70,844	66,266	-4,578	-6%
	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	18,590	18,224	-366	-2%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	47,258	23,530	-23,728	-50%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	15,070	14,471	-599	-4%
	Total Hospital Clinic Visits	80,918	56,225	-24,693	-31%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	9,305	7,156	-2,149	-23%
2	Cardiac Rehabilitation	5,346	4,722	-624	-12%
3	Chemotherapy	2,815	2,101	-714	-25%
4	Gastroenterology	3,184	247	-2,937	-92%
5	Other Outpatient Visits	79,469	81,707	2,238	3%
	Total Other Hospital Outpatient Visits	100,119	95,933	-4,186	-4%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	936.7	912.7	-24.0	-3%
2	Total Physician FTEs	65.2	64.4	-0.8	-1%
3	Total Non-Nursing and Non-Physician FTEs	1,279.9	1,206.4	-73.5	-6%
	Total Hospital Full Time Equivalent Employees	2,281.8	2,183.5	-98.3	-4%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	St. Vincents Medical Center	3,503	3,200	-303	-9%
	Total Outpatient Surgical Procedures(A)	3,503	3,200	-303	-9%
B. Outpatient Endoscopy Procedures					
1	St. Vincents Medical Center	5,065	3,384	-1,681	-33%
	Total Outpatient Endoscopy Procedures(B)	5,065	3,384	-1,681	-33%
C. Outpatient Hospital Emergency Room Visits					
1	St. Vincents Medical Center	57,689	54,306	-3,383	-6%
	Total Outpatient Hospital Emergency Room Visits(C)	57,689	54,306	-3,383	-6%
(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 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$421,061,707	\$442,950,139	\$21,888,432	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$120,638,609	\$102,623,605	(\$18,015,004)	-15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.65%	23.17%	-5.48%	-19%
4	DISCHARGES	8,674	8,262	(412)	-5%
5	CASE MIX INDEX (CMI)	1.55610	1.54270	(0.01340)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	13,497.61140	12,745.78740	(751.82400)	-6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,937.77	\$8,051.57	(\$886.20)	-10%
8	PATIENT DAYS	57,146	55,120	(2,026)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,111.06	\$1,861.82	(\$249.24)	-12%
10	AVERAGE LENGTH OF STAY	6.6	6.7	0.1	1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$152,320,573	\$169,245,131	\$16,924,558	11%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,017,165	\$43,570,129	\$7,552,964	21%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.65%	25.74%	2.10%	9%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	36.18%	38.21%	2.03%	6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,137.85041	3,156.79610	18.94569	1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$11,478.29	\$13,802.01	\$2,323.72	20%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$573,382,280	\$612,195,270	\$38,812,990	7%
18	TOTAL ACCRUED PAYMENTS	\$156,655,774	\$146,193,734	(\$10,462,040)	-7%
19	TOTAL ALLOWANCES	\$416,726,506	\$466,001,536	\$49,275,030	12%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$188,632,348	\$217,174,512	\$28,542,164	15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$94,288,743	\$100,502,649	\$6,213,906	7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	49.99%	46.28%	-3.71%	-7%
4	DISCHARGES	5,420	5,278	(142)	-3%
5	CASE MIX INDEX (CMI)	1.34360	1.41650	0.07290	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,282.31200	7,476.28700	193.97500	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$12,947.64	\$13,442.86	\$495.22	4%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$4,009.86)	(\$5,391.29)	(\$1,381.42)	34%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$29,201,079)	(\$40,306,798)	(\$11,105,718)	38%
10	PATIENT DAYS	24,995	25,540	545	2%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,772.30	\$3,935.11	\$162.80	4%
12	AVERAGE LENGTH OF STAY	4.6	4.8	0.2	5%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$190,549,095	\$189,860,192	(\$688,903)	0%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$91,285,443	\$82,668,755	(\$8,616,688)	-9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	47.91%	43.54%	-4.36%	-9%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	101.02%	87.42%	-13.59%	-13%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,475.07416	4,614.17910	(860.89507)	-16%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$16,672.91	\$17,916.24	\$1,243.33	7%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$5,194.62)	(\$4,114.23)	\$1,080.39	-21%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$28,440,940)	(\$18,983,812)	\$9,457,128	-33%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$379,181,443	\$407,034,704	\$27,853,261	7%
22	TOTAL ACCRUED PAYMENTS	\$185,574,186	\$183,171,404	(\$2,402,782)	-1%
23	TOTAL ALLOWANCES	\$193,607,257	\$223,863,300	\$30,256,043	16%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$57,642,019)	(\$59,290,610)	(\$1,648,591)	3%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$328,772,437	\$344,004,037	\$15,231,600	5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$181,528,473	\$165,093,192	(\$16,435,281)	-9%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,243,964	\$178,910,845	\$31,666,881	22%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.79%	52.01%	7.22%	

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,452,129	\$21,828,716	\$1,376,587	7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,347,825	\$2,711,717	\$1,363,892	101%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	6.59%	12.42%	5.83%	89%
4	DISCHARGES	584	521	(63)	-11%
5	CASE MIX INDEX (CMI)	1.19770	1.22410	0.02640	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	699.45680	637.75610	(61.70070)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,926.96	\$4,251.97	\$2,325.01	121%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$11,020.68	\$9,190.89	(\$1,829.79)	-17%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,010.82	\$3,799.60	(\$3,211.21)	-46%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,903,762	\$2,423,221	(\$2,480,541)	-51%
11	PATIENT DAYS	3,329	2,357	(972)	-29%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$404.87	\$1,150.50	\$745.62	184%
13	AVERAGE LENGTH OF STAY	5.7	4.5	(1.2)	-21%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,956,877	\$29,623,086	(\$333,791)	-1%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,697,891	\$6,483,695	\$3,785,804	140%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	9.01%	21.89%	12.88%	143%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	146.47%	135.71%	-10.77%	-7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	855.40318	707.03324	(148.36994)	-17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,153.94	\$9,170.28	\$6,016.34	191%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$13,518.97	\$8,745.96	(\$4,773.01)	-35%
21	MEDICARE - UNINSURED OP PMT / OPED	\$8,324.35	\$4,631.73	(\$3,692.63)	-44%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,120,677	\$3,274,784	(\$3,845,893)	-54%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$50,409,006	\$51,451,802	\$1,042,796	2%
24	TOTAL ACCRUED PAYMENTS	\$4,045,716	\$9,195,412	\$5,149,696	127%
25	TOTAL ALLOWANCES	\$46,363,290	\$42,256,390	(\$4,106,900)	-9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$12,024,439	\$5,698,005	(\$6,326,434)	-53%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$144,867,015	\$161,366,399	\$16,499,384	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$36,206,115	\$32,466,881	(\$3,739,234)	-10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.99%	20.12%	-4.87%	-19%
4	DISCHARGES	4,548	4,699	151	3%
5	CASE MIX INDEX (CMI)	1.07420	1.13800	0.06380	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,885.46160	5,347.46200	462.00040	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,410.99	\$6,071.46	(\$1,339.54)	-18%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,536.65	\$7,371.40	\$1,834.75	33%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,526.78	\$1,980.11	\$453.33	30%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,459,040	\$10,588,586	\$3,129,546	42%
11	PATIENT DAYS	28,260	30,133	1,873	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,281.18	\$1,077.45	(\$203.73)	-16%
13	AVERAGE LENGTH OF STAY	6.2	6.4	0.2	3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$99,756,592	\$121,007,554	\$21,250,962	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,150,433	\$30,325,692	\$6,175,259	26%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.21%	25.06%	0.85%	4%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	68.86%	74.99%	6.13%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,131.78939	3,523.74782	391.95843	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,711.38	\$8,606.09	\$894.71	12%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$8,961.53	\$9,310.15	\$348.62	4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,766.91	\$5,195.92	\$1,429.01	38%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,797,162	\$18,309,108	\$6,511,946	55%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$244,623,607	\$282,373,953	\$37,750,346	15%
24	TOTAL ACCRUED PAYMENTS	\$60,356,548	\$62,792,573	\$2,436,025	4%
25	TOTAL ALLOWANCES	\$184,267,059	\$219,581,380	\$35,314,321	19%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,256,202	\$28,897,694	\$9,641,492	50%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$932,663	\$2,521,374	\$1,588,711	170%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$107,170	\$128,688	\$21,518	20%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	11.49%	5.10%	-6.39%	-56%
4	DISCHARGES	41	50	9	22%
5	CASE MIX INDEX (CMI)	1.31090	1.10450	(0.20640)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	53.74690	55.22500	1.47810	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,993.98	\$2,330.25	\$336.27	17%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$10,953.66	\$11,112.61	\$158.94	1%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,943.80	\$5,721.32	(\$1,222.48)	-18%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$373,208	\$315,960	(\$57,248)	-15%
11	PATIENT DAYS	238	294	56	24%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$450.29	\$437.71	(\$12.58)	-3%
13	AVERAGE LENGTH OF STAY	5.8	5.9	0.1	1%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$167,823	\$1,345,859	\$1,178,036	702%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$60,587	\$124,114	\$63,527	105%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.10%	9.22%	-26.88%	-74%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	17.99%	53.38%	35.38%	197%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7.37752	26.68900	19.31148	262%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,212.38	\$4,650.38	(\$3,562.00)	-43%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$8,460.54	\$13,265.86	\$4,805.33	57%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,265.92	\$9,151.63	\$5,885.71	180%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,094	\$244,248	\$220,153	914%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$1,100,486	\$3,867,233	\$2,766,747	251%
24	TOTAL ACCRUED PAYMENTS	\$167,757	\$252,802	\$85,045	51%
25	TOTAL ALLOWANCES	\$932,729	\$3,614,431	\$2,681,702	288%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$397,302	\$560,208	\$162,906	41%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$145,799,678	\$163,887,773	\$18,088,095	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$36,313,285	\$32,595,569	(\$3,717,716)	-10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	24.91%	19.89%	-5.02%	-20%
4	DISCHARGES	4,589	4,749	160	3%
5	CASE MIX INDEX (CMI)	1.07631	1.13765	0.06133	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,939.20850	5,402.68700	463.47850	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,352.05	\$6,033.21	(\$1,318.83)	-18%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,595.59	\$7,409.64	\$1,814.05	32%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,585.73	\$2,018.36	\$432.63	27%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,832,248	\$10,904,546	\$3,072,298	39%
11	PATIENT DAYS	28,498	30,427	1,929	7%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,274.24	\$1,071.27	(\$202.97)	-16%
13	AVERAGE LENGTH OF STAY	6.2	6.4	0.2	3%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$99,924,415	\$122,353,413	\$22,428,998	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,211,020	\$30,449,806	\$6,238,786	26%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.23%	24.89%	0.66%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	68.54%	74.66%	6.12%	9%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,139.16691	3,550.43682	411.26990	13%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,712.56	\$8,576.35	\$863.79	11%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$8,960.35	\$9,339.89	\$379.54	4%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,765.73	\$5,225.65	\$1,459.92	39%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,821,256	\$18,553,356	\$6,732,100	57%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$245,724,093	\$286,241,186	\$40,517,093	16%
24	TOTAL ACCRUED PAYMENTS	\$60,524,305	\$63,045,375	\$2,521,070	4%
25	TOTAL ALLOWANCES	\$185,199,788	\$223,195,811	\$37,996,023	21%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$542,043	\$430,089	(\$111,954)	-21%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$154,612	\$169,349	\$14,737	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	28.52%	39.38%	10.85%	38%
4	DISCHARGES	28	19	(9)	-32%
5	CASE MIX INDEX (CMI)	0.84150	1.07090	0.22940	27%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	23.56200	20.34710	(3.21490)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,561.92	\$8,323.00	\$1,761.08	27%
8	PATIENT DAYS	117	58	(59)	-50%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,321.47	\$2,919.81	\$1,598.34	121%
10	AVERAGE LENGTH OF STAY	4.2	3.1	(1.1)	-27%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$258,853	\$352,871	\$94,018	36%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$92,891	\$96,023	\$3,132	3%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$800,896	\$782,960	(\$17,936)	-2%
14	TOTAL ACCRUED PAYMENTS	\$247,503	\$265,372	\$17,869	7%
15	TOTAL ALLOWANCES	\$553,393	\$517,588	(\$35,805)	-6%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$20,648,000	\$20,518,000	(\$130,000)	-1%
2	TOTAL OPERATING EXPENSES	\$398,392,000	\$424,794,000	\$26,402,000	7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$17,249,000	\$21,773,000	\$4,524,000	26%
5	BAD DEBTS (CHARGES)	\$30,938,000	\$20,518,000	(\$10,420,000)	-34%
6	UNCOMPENSATED CARE (CHARGES)	\$48,187,000	\$42,291,000	(\$5,896,000)	-12%
7	COST OF UNCOMPENSATED CARE	\$15,999,138	\$12,493,095	(\$3,506,043)	-22%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$245,724,093	\$286,241,186	\$40,517,093	16%
9	TOTAL ACCRUED PAYMENTS	\$60,524,305	\$63,045,375	\$2,521,070	4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$81,585,774	\$84,557,904	\$2,972,130	4%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,061,469	\$21,512,529	\$451,060	2%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$756,035,776	\$824,442,513	\$68,406,737	9%
2	TOTAL INPATIENT PAYMENTS	\$251,395,249	\$235,891,172	(\$15,504,077)	-6%
3	TOTAL INPATIENT PAYMENTS / CHARGES	33.25%	28.61%	-4.64%	-14%
4	TOTAL DISCHARGES	18,711	18,308	(403)	-2%
5	TOTAL CASE MIX INDEX	1.37581	1.40076	0.02495	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	25,742.69390	25,645.10850	(97.58540)	0%
7	TOTAL OUTPATIENT CHARGES	\$443,052,936	\$481,811,607	\$38,758,671	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	58.60%	58.44%	-0.16%	0%
9	TOTAL OUTPATIENT PAYMENTS	\$151,606,519	\$156,784,713	\$5,178,194	3%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.22%	32.54%	-1.68%	-5%
11	TOTAL CHARGES	\$1,199,088,712	\$1,306,254,120	\$107,165,408	9%
12	TOTAL PAYMENTS	\$403,001,768	\$392,675,885	(\$10,325,883)	-3%
13	TOTAL PAYMENTS / TOTAL CHARGES	33.61%	30.06%	-3.55%	-11%
14	PATIENT DAYS	110,756	111,145	389	0%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$567,403,428	\$607,268,001	\$39,864,573	7%
2	INPATIENT PAYMENTS	\$157,106,506	\$135,388,523	(\$21,717,983)	-14%
3	GOVT. INPATIENT PAYMENTS / CHARGES	27.69%	22.29%	-5.39%	-19%
4	DISCHARGES	13,291	13,030	(261)	-2%
5	CASE MIX INDEX	1.38894	1.39438	0.00545	0%
6	CASE MIX ADJUSTED DISCHARGES	18,460.38190	18,168.82150	(291.56040)	-2%
7	OUTPATIENT CHARGES	\$252,503,841	\$291,951,415	\$39,447,574	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	44.50%	48.08%	3.57%	8%
9	OUTPATIENT PAYMENTS	\$60,321,076	\$74,115,958	\$13,794,882	23%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.89%	25.39%	1.50%	6%
11	TOTAL CHARGES	\$819,907,269	\$899,219,416	\$79,312,147	10%
12	TOTAL PAYMENTS	\$217,427,582	\$209,504,481	(\$7,923,101)	-4%
13	TOTAL PAYMENTS / CHARGES	26.52%	23.30%	-3.22%	-12%
14	PATIENT DAYS	85,761	85,605	(156)	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$602,479,687	\$689,714,935	\$87,235,248	14%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	6.6	6.7	0.1	1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.6	4.8	0.2	5%
3	UNINSURED	5.7	4.5	(1.2)	-21%
4	MEDICAID	6.2	6.4	0.2	3%
5	OTHER MEDICAL ASSISTANCE	5.8	5.9	0.1	1%
6	CHAMPUS / TRICARE	4.2	3.1	(1.1)	-27%
7	TOTAL AVERAGE LENGTH OF STAY	5.9	6.1	0.2	3%

SAINT VINCENT'S MEDICAL CENTER					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,199,088,712	\$1,306,254,120	\$107,165,408	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$602,479,687	\$689,714,935	\$87,235,248	14%
3	UNCOMPENSATED CARE	\$48,187,000	\$42,291,000	(\$5,896,000)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,243,964	\$178,910,845	\$31,666,881	22%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$3,054,381	\$9,459,570	\$6,405,189	210%
6	TOTAL ADJUSTMENTS	\$800,965,032	\$920,376,350	\$119,411,318	15%
7	TOTAL ACCRUED PAYMENTS	\$398,123,680	\$385,877,770	(\$12,245,910)	-3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$398,123,680	\$385,877,770	(\$12,245,910)	-3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3320218730	0.2954078874	(0.0366139856)	-11%
11	COST OF UNCOMPENSATED CARE	\$15,999,138	\$12,493,095	(\$3,506,043)	-22%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$21,061,469	\$21,512,529	\$451,060	2%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$37,060,607	\$34,005,624	(\$3,054,983)	-8%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$11,797,162	\$18,309,108	\$6,511,946	55%
2	OTHER MEDICAL ASSISTANCE	\$397,302	\$560,208	\$162,906	41%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,024,439	\$5,698,005	(\$6,326,434)	-53%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$24,218,903	\$24,567,321	\$348,418	1%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,559,565	\$22,800,495	\$3,240,930	16.57%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$1,936,980)	\$9,934,276	\$11,871,256	-612.87%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$401,065,000	\$402,610,000	\$1,545,000	0.39%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,199,089,000	\$1,306,254,000	\$107,165,000	8.94%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$48,187,000	\$42,291,000	(\$5,896,000)	-12.24%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$188,632,348	\$217,174,512	\$28,542,164
2	MEDICARE	\$421,061,707	442,950,139	\$21,888,432
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$145,799,678	163,887,773	\$18,088,095
4	MEDICAID	\$144,867,015	161,366,399	\$16,499,384
5	OTHER MEDICAL ASSISTANCE	\$932,663	2,521,374	\$1,588,711
6	CHAMPUS / TRICARE	\$542,043	430,089	(\$111,954)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$20,452,129	21,828,716	\$1,376,587
	TOTAL INPATIENT GOVERNMENT CHARGES	\$567,403,428	\$607,268,001	\$39,864,573
	TOTAL INPATIENT CHARGES	\$756,035,776	\$824,442,513	\$68,406,737
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$190,549,095	\$189,860,192	(\$688,903)
2	MEDICARE	\$152,320,573	169,245,131	\$16,924,558
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$99,924,415	122,353,413	\$22,428,998
4	MEDICAID	\$99,756,592	121,007,554	\$21,250,962
5	OTHER MEDICAL ASSISTANCE	\$167,823	1,345,859	\$1,178,036
6	CHAMPUS / TRICARE	\$258,853	352,871	\$94,018
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$29,956,877	29,623,086	(\$333,791)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$252,503,841	\$291,951,415	\$39,447,574
	TOTAL OUTPATIENT CHARGES	\$443,052,936	\$481,811,607	\$38,758,671
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$379,181,443	\$407,034,704	\$27,853,261
2	TOTAL MEDICARE	\$573,382,280	\$612,195,270	\$38,812,990
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$245,724,093	\$286,241,186	\$40,517,093
4	TOTAL MEDICAID	\$244,623,607	\$282,373,953	\$37,750,346
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,100,486	\$3,867,233	\$2,766,747
6	TOTAL CHAMPUS / TRICARE	\$800,896	\$782,960	(\$17,936)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$50,409,006	\$51,451,802	\$1,042,796
	TOTAL GOVERNMENT CHARGES	\$819,907,269	\$899,219,416	\$79,312,147
	TOTAL CHARGES	\$1,199,088,712	\$1,306,254,120	\$107,165,408
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$94,288,743	\$100,502,649	\$6,213,906
2	MEDICARE	\$120,638,609	102,623,605	(\$18,015,004)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$36,313,285	32,595,569	(\$3,717,716)
4	MEDICAID	\$36,206,115	32,466,881	(\$3,739,234)
5	OTHER MEDICAL ASSISTANCE	\$107,170	128,688	\$21,518
6	CHAMPUS / TRICARE	\$154,612	169,349	\$14,737
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,347,825	2,711,717	\$1,363,892
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$157,106,506	\$135,388,523	(\$21,717,983)
	TOTAL INPATIENT PAYMENTS	\$251,395,249	\$235,891,172	(\$15,504,077)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$91,285,443	\$82,668,755	(\$8,616,688)
2	MEDICARE	\$36,017,165	43,570,129	\$7,552,964
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,211,020	30,449,806	\$6,238,786
4	MEDICAID	\$24,150,433	30,325,692	\$6,175,259
5	OTHER MEDICAL ASSISTANCE	\$60,587	124,114	\$63,527
6	CHAMPUS / TRICARE	\$92,891	96,023	\$3,132
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,697,891	6,483,695	\$3,785,804
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$60,321,076	\$74,115,958	\$13,794,882
	TOTAL OUTPATIENT PAYMENTS	\$151,606,519	\$156,784,713	\$5,178,194
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$185,574,186	\$183,171,404	(\$2,402,782)
2	TOTAL MEDICARE	\$156,655,774	\$146,193,734	(\$10,462,040)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$60,524,305	\$63,045,375	\$2,521,070
4	TOTAL MEDICAID	\$60,356,548	\$62,792,573	\$2,436,025
5	TOTAL OTHER MEDICAL ASSISTANCE	\$167,757	\$252,802	\$85,045
6	TOTAL CHAMPUS / TRICARE	\$247,503	\$265,372	\$17,869
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,045,716	\$9,195,412	\$5,149,696
	TOTAL GOVERNMENT PAYMENTS	\$217,427,582	\$209,504,481	(\$7,923,101)
	TOTAL PAYMENTS	\$403,001,768	\$392,675,885	(\$10,325,883)

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.73%	16.63%	0.89%
2	MEDICARE	35.12%	33.91%	-1.21%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.16%	12.55%	0.39%
4	MEDICAID	12.08%	12.35%	0.27%
5	OTHER MEDICAL ASSISTANCE	0.08%	0.19%	0.12%
6	CHAMPUS / TRICARE	0.05%	0.03%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.71%	1.67%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	47.32%	46.49%	-0.83%
	TOTAL INPATIENT PAYER MIX	63.05%	63.12%	0.06%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	15.89%	14.53%	-1.36%
2	MEDICARE	12.70%	12.96%	0.25%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.33%	9.37%	1.03%
4	MEDICAID	8.32%	9.26%	0.94%
5	OTHER MEDICAL ASSISTANCE	0.01%	0.10%	0.09%
6	CHAMPUS / TRICARE	0.02%	0.03%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.50%	2.27%	-0.23%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.06%	22.35%	1.29%
	TOTAL OUTPATIENT PAYER MIX	36.95%	36.88%	-0.06%
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)	23.40%	25.59%	2.20%
2	MEDICARE	29.94%	26.13%	-3.80%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.01%	8.30%	-0.71%
4	MEDICAID	8.98%	8.27%	-0.72%
5	OTHER MEDICAL ASSISTANCE	0.03%	0.03%	0.01%
6	CHAMPUS / TRICARE	0.04%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.33%	0.69%	0.36%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	38.98%	34.48%	-4.51%
	TOTAL INPATIENT PAYER MIX	62.38%	60.07%	-2.31%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.65%	21.05%	-1.60%
2	MEDICARE	8.94%	11.10%	2.16%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.01%	7.75%	1.75%
4	MEDICAID	5.99%	7.72%	1.73%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.03%	0.02%
6	CHAMPUS / TRICARE	0.02%	0.02%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.67%	1.65%	0.98%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	14.97%	18.87%	3.91%
	TOTAL OUTPATIENT PAYER MIX	37.62%	39.93%	2.31%
TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%	100.00%	0.00%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,420	5,278	(142)
2	MEDICARE	8,674	8,262	(412)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,589	4,749	160
4	MEDICAID	4,548	4,699	151
5	OTHER MEDICAL ASSISTANCE	41	50	9
6	CHAMPUS / TRICARE	28	19	(9)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	584	521	(63)
	TOTAL GOVERNMENT DISCHARGES	13,291	13,030	(261)
	TOTAL DISCHARGES	18,711	18,308	(403)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24,995	25,540	545
2	MEDICARE	57,146	55,120	(2,026)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	28,498	30,427	1,929
4	MEDICAID	28,260	30,133	1,873
5	OTHER MEDICAL ASSISTANCE	238	294	56
6	CHAMPUS / TRICARE	117	58	(59)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,329	2,357	(972)
	TOTAL GOVERNMENT PATIENT DAYS	85,761	85,605	(156)
	TOTAL PATIENT DAYS	110,756	111,145	389
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.6	4.8	0.2
2	MEDICARE	6.6	6.7	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.2	6.4	0.2
4	MEDICAID	6.2	6.4	0.2
5	OTHER MEDICAL ASSISTANCE	5.8	5.9	0.1
6	CHAMPUS / TRICARE	4.2	3.1	(1.1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.7	4.5	(1.2)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.5	6.6	0.1
	TOTAL AVERAGE LENGTH OF STAY	5.9	6.1	0.2
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.34360	1.41650	0.07290
2	MEDICARE	1.55610	1.54270	(0.01340)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.07631	1.13765	0.06133
4	MEDICAID	1.07420	1.13800	0.06380
5	OTHER MEDICAL ASSISTANCE	1.31090	1.10450	(0.20640)
6	CHAMPUS / TRICARE	0.84150	1.07090	0.22940
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.19770	1.22410	0.02640
	TOTAL GOVERNMENT CASE MIX INDEX	1.38894	1.39438	0.00545
	TOTAL CASE MIX INDEX	1.37581	1.40076	0.02495
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$328,772,437	\$344,004,037	\$15,231,600
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$181,528,473	\$165,093,192	(\$16,435,281)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,243,964	\$178,910,845	\$31,666,881
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.79%	52.01%	7.22%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$19,559,565	\$22,800,495	\$3,240,930
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$3,054,381	\$9,459,570	\$6,405,189
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$17,249,000	\$21,773,000	\$4,524,000
9	BAD DEBTS	\$30,938,000	\$20,518,000	(\$10,420,000)
10	TOTAL UNCOMPENSATED CARE	\$48,187,000	\$42,291,000	(\$5,896,000)
11	TOTAL OTHER OPERATING REVENUE	\$20,648,000	\$20,518,000	(\$130,000)
12	TOTAL OPERATING EXPENSES	\$398,392,000	\$424,794,000	\$26,402,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,282.31200	7,476.28700	193.97500
2	MEDICARE	13,497.61140	12,745.78740	(751.82400)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,939.20850	5,402.68700	463.47850
4	MEDICAID	4,885.46160	5,347.46200	462.00040
5	OTHER MEDICAL ASSISTANCE	53.74690	55.22500	1.47810
6	CHAMPUS / TRICARE	23.56200	20.34710	(3.21490)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	699.45680	637.75610	(61.70070)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	18,460.38190	18,168.82150	(291.56040)
	TOTAL CASE MIX ADJUSTED DISCHARGES	25,742.69390	25,645.10850	(97.58540)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,475.07416	4,614.17910	-860.89507
2	MEDICARE	3,137.85041	3,156.79610	18.94569
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,139.16691	3,550.43682	411.26990
4	MEDICAID	3,131.78939	3,523.74782	391.95843
5	OTHER MEDICAL ASSISTANCE	7.37752	26.68900	19.31148
6	CHAMPUS / TRICARE	13.37142	15.58875	2.21733
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	855.40318	707.03324	-148.36994
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,290.38874	6,722.82167	432.43293
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,765.46291	11,337.00076	-428.46214
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,947.64	\$13,442.86	\$495.22
2	MEDICARE	\$8,937.77	\$8,051.57	(\$886.20)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,352.05	\$6,033.21	(\$1,318.83)
4	MEDICAID	\$7,410.99	\$6,071.46	(\$1,339.54)
5	OTHER MEDICAL ASSISTANCE	\$1,993.98	\$2,330.25	\$336.27
6	CHAMPUS / TRICARE	\$6,561.92	\$8,323.00	\$1,761.08
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,926.96	\$4,251.97	\$2,325.01
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,510.47	\$7,451.70	(\$1,058.77)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,765.69	\$9,198.29	(\$567.40)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$16,672.91	\$17,916.24	\$1,243.33
2	MEDICARE	\$11,478.29	\$13,802.01	\$2,323.72
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,712.56	\$8,576.35	\$863.79
4	MEDICAID	\$7,711.38	\$8,606.09	\$894.71
5	OTHER MEDICAL ASSISTANCE	\$8,212.38	\$4,650.38	(\$3,562.00)
6	CHAMPUS / TRICARE	\$6,946.98	\$6,159.76	(\$787.22)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,153.94	\$9,170.28	\$6,016.34
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$9,589.40	\$11,024.53	\$1,435.13
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$12,885.72	\$13,829.47	\$943.75

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$11,797,162	\$18,309,108	\$6,511,946
2	OTHER MEDICAL ASSISTANCE	\$397,302	\$560,208	\$162,906
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$12,024,439	\$5,698,005	(\$6,326,434)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$24,218,903	\$24,567,321	\$348,418
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$1,199,088,712	\$1,306,254,120	\$107,165,408
2	TOTAL GOVERNMENT DEDUCTIONS	\$602,479,687	\$689,714,935	\$87,235,248
3	UNCOMPENSATED CARE	\$48,187,000	\$42,291,000	(\$5,896,000)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$147,243,964	\$178,910,845	\$31,666,881
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$3,054,381	\$9,459,570	\$6,405,189
6	TOTAL ADJUSTMENTS	\$800,965,032	\$920,376,350	\$119,411,318
7	TOTAL ACCRUED PAYMENTS	\$398,123,680	\$385,877,770	(\$12,245,910)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$398,123,680	\$385,877,770	(\$12,245,910)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3320218730	0.2954078874	(0.0366139856)
11	COST OF UNCOMPENSATED CARE	\$15,999,138	\$12,493,095	(\$3,506,043)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$21,061,469	\$21,512,529	\$451,060
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$37,060,607	\$34,005,624	(\$3,054,983)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.99%	46.28%	-3.71%
2	MEDICARE	28.65%	23.17%	-5.48%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.91%	19.89%	-5.02%
4	MEDICAID	24.99%	20.12%	-4.87%
5	OTHER MEDICAL ASSISTANCE	11.49%	5.10%	-6.39%
6	CHAMPUS / TRICARE	28.52%	39.38%	10.85%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.59%	12.42%	5.83%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	27.69%	22.29%	-5.39%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.25%	28.61%	-4.64%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.91%	43.54%	-4.36%
2	MEDICARE	23.65%	25.74%	2.10%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.23%	24.89%	0.66%
4	MEDICAID	24.21%	25.06%	0.85%
5	OTHER MEDICAL ASSISTANCE	36.10%	9.22%	-26.88%
6	CHAMPUS / TRICARE	35.89%	27.21%	-8.67%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	9.01%	21.89%	12.88%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	23.89%	25.39%	1.50%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.22%	32.54%	-1.68%

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	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	\$403,001,768	\$392,675,885	(\$10,325,883)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$403,001,768	\$392,675,885	(\$10,325,883)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,936,980)	\$9,934,276	\$11,871,256
4	CALCULATED NET REVENUE	\$448,507,972	\$402,610,161	(\$45,897,811)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$401,065,000	\$402,610,000	\$1,545,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$47,442,972	\$161	(\$47,442,811)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,199,088,712	\$1,306,254,120	\$107,165,408
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,199,088,712	\$1,306,254,120	\$107,165,408
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,199,089,000	\$1,306,254,000	\$107,165,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$288)	\$120	\$408
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$48,187,000	\$42,291,000	(\$5,896,000)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$48,187,000	\$42,291,000	(\$5,896,000)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$48,187,000	\$42,291,000	(\$5,896,000)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$217,174,512
2	MEDICARE	442,950,139
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	163,887,773
4	MEDICAID	161,366,399
5	OTHER MEDICAL ASSISTANCE	2,521,374
6	CHAMPUS / TRICARE	430,089
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	21,828,716
	TOTAL INPATIENT GOVERNMENT CHARGES	\$607,268,001
	TOTAL INPATIENT CHARGES	\$824,442,513
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$189,860,192
2	MEDICARE	169,245,131
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	122,353,413
4	MEDICAID	121,007,554
5	OTHER MEDICAL ASSISTANCE	1,345,859
6	CHAMPUS / TRICARE	352,871
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	29,623,086
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$291,951,415
	TOTAL OUTPATIENT CHARGES	\$481,811,607
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$407,034,704
2	TOTAL GOVERNMENT ACCRUED CHARGES	899,219,416
	TOTAL ACCRUED CHARGES	\$1,306,254,120
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$100,502,649
2	MEDICARE	102,623,605
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32,595,569
4	MEDICAID	32,466,881
5	OTHER MEDICAL ASSISTANCE	128,688
6	CHAMPUS / TRICARE	169,349
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,711,717
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$135,388,523
	TOTAL INPATIENT PAYMENTS	\$235,891,172
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$82,668,755
2	MEDICARE	43,570,129
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30,449,806
4	MEDICAID	30,325,692
5	OTHER MEDICAL ASSISTANCE	124,114
6	CHAMPUS / TRICARE	96,023
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6,483,695
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$74,115,958
	TOTAL OUTPATIENT PAYMENTS	\$156,784,713
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$183,171,404
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	209,504,481
	TOTAL ACCRUED PAYMENTS	\$392,675,885

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,278
2	MEDICARE	8,262
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,749
4	MEDICAID	4,699
5	OTHER MEDICAL ASSISTANCE	50
6	CHAMPUS / TRICARE	19
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	521
	TOTAL GOVERNMENT DISCHARGES	13,030
	TOTAL DISCHARGES	18,308
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.41650
2	MEDICARE	1.54270
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.13765
4	MEDICAID	1.13800
5	OTHER MEDICAL ASSISTANCE	1.10450
6	CHAMPUS / TRICARE	1.07090
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22410
	TOTAL GOVERNMENT CASE MIX INDEX	1.39438
	TOTAL CASE MIX INDEX	1.40076
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$344,004,037
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$165,093,192
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$178,910,845
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.01%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$22,800,495
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,459,570
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$21,773,000
9	BAD DEBTS	\$20,518,000
10	TOTAL UNCOMPENSATED CARE	\$42,291,000
11	TOTAL OTHER OPERATING REVENUE	\$20,518,000
12	TOTAL OPERATING EXPENSES	\$424,794,000

SAINT VINCENT'S MEDICAL CENTER		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
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	\$392,675,885
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$392,675,885
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$9,934,276
	CALCULATED NET REVENUE	\$402,610,161
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$402,610,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$161
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,306,254,120
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,306,254,120
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,306,254,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$120
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,291,000
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$42,291,000
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$42,291,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT VINCENT'S MEDICAL CENTER
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u> <u>FY 2014</u>	<u>ACTUAL</u> <u>FY 2015</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	4,002	2,519	(1,483)	-37%
2	Number of Approved Applicants	3,910	2,409	(1,501)	-38%
3	Total Charges (A)	\$17,249,000	\$21,773,000	\$4,524,000	26%
4	Average Charges	\$4,412	\$9,038	\$4,627	105%
5	Ratio of Cost to Charges (RCC)	0.326389	0.326621	0.000232	0%
6	Total Cost	\$5,629,884	\$7,111,519	\$1,481,635	26%
7	Average Cost	\$1,440	\$2,952	\$1,512	105%
8	Charity Care - Inpatient Charges	\$8,536,000	\$8,402,000	(\$134,000)	-2%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	5,613,000	9,059,000	3,446,000	61%
10	Charity Care - Emergency Department Charges	3,100,000	4,312,000	1,212,000	39%
11	Total Charges (A)	\$17,249,000	\$21,773,000	\$4,524,000	26%
12	Charity Care - Number of Patient Days	503	1,023	520	103%
13	Charity Care - Number of Discharges	108	202	94	87%
14	Charity Care - Number of Outpatient ED Visits	760	1,519	759	100%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,879	6,431	1,552	32%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$13,199,000	\$10,143,000	(\$3,056,000)	-23%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	14,254,000	4,683,000	(9,571,000)	-67%
3	Bad Debts - Emergency Department	3,485,000	5,692,000	2,207,000	63%
4	Total Bad Debts (A)	\$30,938,000	\$20,518,000	(\$10,420,000)	-34%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$17,249,000	\$21,773,000	\$4,524,000	26%
2	Bad Debts (A)	30,938,000	20,518,000	(10,420,000)	-34%
3	Total Uncompensated Care (A)	\$48,187,000	\$42,291,000	(\$5,896,000)	-12%
4	Uncompensated Care - Inpatient Services	\$21,735,000	\$18,545,000	(\$3,190,000)	-15%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	19,867,000	13,742,000	(6,125,000)	-31%
6	Uncompensated Care - Emergency Department	6,585,000	10,004,000	3,419,000	52%
7	Total Uncompensated Care (A)	\$48,187,000	\$42,291,000	(\$5,896,000)	-12%
(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 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	COMMERCIAL - ALL PAYERS				
1	Total Gross Revenue	\$328,772,437	\$344,004,037	\$15,231,600	5%
2	Total Contractual Allowances	\$147,243,964	\$178,910,845	\$31,666,881	22%
	Total Accrued Payments (A)	\$181,528,473	\$165,093,192	(\$16,435,281)	-9%
	Total Discount Percentage	44.79%	52.01%	7.22%	16%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$762,459,747	\$756,035,776	\$824,442,513
2	Outpatient Gross Revenue	\$430,225,751	\$443,052,936	\$481,811,607
3	Total Gross Patient Revenue	\$1,192,685,498	\$1,199,088,712	\$1,306,254,120
4	Net Patient Revenue	\$408,184,000	\$401,065,000	\$402,610,000
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$394,491,000	\$398,392,000	\$424,794,000
C. <u>Utilization Statistics</u>				
1	Patient Days	120,574	110,756	111,145
2	Discharges	20,324	18,711	18,308
3	Average Length of Stay	5.9	5.9	6.1
4	Equivalent (Adjusted) Patient Days (EPD)	188,609	175,661	176,099
0	Equivalent (Adjusted) Discharges (ED)	31,792	29,676	29,007
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.34185	1.37581	1.40076
2	Case Mix Adjusted Patient Days (CMAPD)	161,792	152,379	155,687
3	Case Mix Adjusted Discharges (CMAD)	27,272	25,743	25,645
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	253,085	241,676	246,673
5	Case Mix Adjusted Equivalent Discharges (CMAED)	42,660	40,828	40,632
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$9,892	\$10,826	\$11,753
2	Total Gross Revenue per Discharge	\$58,684	\$64,085	\$71,349
3	Total Gross Revenue per EPD	\$6,324	\$6,826	\$7,418
4	Total Gross Revenue per ED	\$37,515	\$40,406	\$45,032
5	Total Gross Revenue per CMAEPD	\$4,713	\$4,962	\$5,295
6	Total Gross Revenue per CMAED	\$27,958	\$29,369	\$32,148
7	Inpatient Gross Revenue per EPD	\$4,043	\$4,304	\$4,682
8	Inpatient Gross Revenue per ED	\$23,983	\$25,476	\$28,422

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,385	\$3,621	\$3,622
2	Net Patient Revenue per Discharge	\$20,084	\$21,435	\$21,991
3	Net Patient Revenue per EPD	\$2,164	\$2,283	\$2,286
4	Net Patient Revenue per ED	\$12,839	\$13,515	\$13,880
5	Net Patient Revenue per CMAEPD	\$1,613	\$1,660	\$1,632
6	Net Patient Revenue per CMAED	\$9,568	\$9,823	\$9,909
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,272	\$3,597	\$3,822
2	Total Operating Expense per Discharge	\$19,410	\$21,292	\$23,203
3	Total Operating Expense per EPD	\$2,092	\$2,268	\$2,412
4	Total Operating Expense per ED	\$12,408	\$13,425	\$14,644
5	Total Operating Expense per CMAEPD	\$1,559	\$1,648	\$1,722
6	Total Operating Expense per CMAED	\$9,247	\$9,758	\$10,455
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$69,212,911	\$68,135,000	\$69,408,000
2	Nursing Fringe Benefits Expense	\$19,798,899	\$19,216,000	\$17,989,000
3	Total Nursing Salary and Fringe Benefits Expense	\$89,011,810	\$87,351,000	\$87,397,000
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$10,079,633	\$5,941,000	\$7,397,000
2	Physician Fringe Benefits Expense	\$2,883,358	\$1,676,000	\$1,917,000
3	Total Physician Salary and Fringe Benefits Expense	\$12,962,991	\$7,617,000	\$9,314,000
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$77,039,456	\$77,042,000	\$77,274,000
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$22,037,743	\$21,727,000	\$20,028,000
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$99,077,199	\$98,769,000	\$97,302,000
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$156,332,000	\$151,118,000	\$154,079,000
2	Total Fringe Benefits Expense	\$44,720,000	\$42,619,000	\$39,934,000
3	Total Salary and Fringe Benefits Expense	\$201,052,000	\$193,737,000	\$194,013,000

SAINT VINCENT'S MEDICAL CENTER				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>ACTUAL FY 2015</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	853.0	936.7	912.7
2	Total Physician FTEs	69.9	65.2	64.4
3	Total Non-Nursing, Non-Physician FTEs	1340.3	1279.9	1206.4
4	Total Full Time Equivalent Employees (FTEs)	2,263.2	2,281.8	2,183.5
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$81,141	\$72,739	\$76,047
2	Nursing Fringe Benefits Expense per FTE	\$23,211	\$20,515	\$19,710
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$104,351	\$93,254	\$95,757
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$144,201	\$91,120	\$114,860
2	Physician Fringe Benefits Expense per FTE	\$41,250	\$25,706	\$29,767
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$185,451	\$116,825	\$144,627
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$57,479	\$60,194	\$64,053
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,442	\$16,976	\$16,601
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,922	\$77,169	\$80,655
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$69,076	\$66,228	\$70,565
2	Total Fringe Benefits Expense per FTE	\$19,760	\$18,678	\$18,289
3	Total Salary and Fringe Benefits Expense per FTE	\$88,835	\$84,905	\$88,854
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,667	\$1,749	\$1,746
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,892	\$10,354	\$10,597
3	Total Salary and Fringe Benefits Expense per EPD	\$1,066	\$1,103	\$1,102
4	Total Salary and Fringe Benefits Expense per ED	\$6,324	\$6,528	\$6,688
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$794	\$802	\$787
6	Total Salary and Fringe Benefits Expense per CMAED	\$4,713	\$4,745	\$4,775