

SAINT MARY'S HOSPITAL					
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	\$24,610,000	\$13,310,000	(\$11,300,000)	-46%
2	Short Term Investments	\$17,000	\$17,000	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$26,816,000	\$28,548,000	\$1,732,000	6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$1,145,000	\$0	(\$1,145,000)	-100%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,645,000	\$3,701,000	\$56,000	2%
8	Prepaid Expenses	\$2,374,000	\$3,301,000	\$927,000	39%
9	Other Current Assets	\$89,000	\$3,792,000	\$3,703,000	4161%
	Total Current Assets	\$58,696,000	\$52,669,000	(\$6,027,000)	-10%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$15,696,000	\$14,764,000	(\$932,000)	-6%
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	\$4,327,000	\$20,166,000	\$15,839,000	366%
	Total Noncurrent Assets Whose Use is Limited:	\$20,023,000	\$34,930,000	\$14,907,000	74%
5	Interest in Net Assets of Foundation	\$5,182,000	\$4,908,000	(\$274,000)	-5%
6	Long Term Investments	\$19,658,000	\$124,000	(\$19,534,000)	-99%
7	Other Noncurrent Assets	\$23,826,000	\$25,663,000	\$1,837,000	8%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$188,968,000	\$205,415,000	\$16,447,000	9%
2	Less: Accumulated Depreciation	\$129,200,000	\$139,994,000	\$10,794,000	8%
	Property, Plant and Equipment, Net	\$59,768,000	\$65,421,000	\$5,653,000	9%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$59,768,000	\$65,421,000	\$5,653,000	9%
	Total Assets	\$187,153,000	\$183,715,000	(\$3,438,000)	-2%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				
1	Accounts Payable and Accrued Expenses	\$16,795,000	\$21,871,000	\$5,076,000	30%
2	Salaries, Wages and Payroll Taxes	\$3,974,000	\$3,962,000	(\$12,000)	0%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$663,968,691	\$746,752,338	\$82,783,647	12%
2	Less: Allowances	\$414,266,908	\$483,477,353	\$69,210,445	17%
3	Less: Charity Care	\$894,442	\$3,174,277	\$2,279,835	255%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$248,807,341	\$260,100,708	\$11,293,367	5%
5	Provision for Bad Debts	\$10,078,145	\$8,179,905	(\$1,898,240)	-19%
	Net Patient Service Revenue less provision for bad debts	\$238,729,196	\$251,920,803	\$13,191,607	6%
6	Other Operating Revenue	\$8,705,634	\$8,206,509	(\$499,125)	-6%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$247,434,830	\$260,127,312	\$12,692,482	5%
B. Operating Expenses:					
1	Salaries and Wages	\$85,349,853	\$88,792,935	\$3,443,082	4%
2	Fringe Benefits	\$24,561,662	\$27,561,959	\$3,000,297	12%
3	Physicians Fees	\$5,874,170	\$6,098,792	\$224,622	4%
4	Supplies and Drugs	\$35,048,979	\$41,889,763	\$6,840,784	20%
5	Depreciation and Amortization	\$9,939,122	\$11,023,394	\$1,084,272	11%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,353,274	\$962,851	(\$390,423)	-29%
8	Malpractice Insurance Cost	\$5,454,971	\$3,338,483	(\$2,116,488)	-39%
9	Other Operating Expenses	\$59,644,707	\$61,720,306	\$2,075,599	3%
	Total Operating Expenses	\$227,226,738	\$241,388,483	\$14,161,745	6%
	Income/(Loss) From Operations	\$20,208,092	\$18,738,829	(\$1,469,263)	-7%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,278,869	\$1,314,984	(\$963,885)	-42%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$2,737,853	\$1,206,847	(\$1,531,006)	-56%
	Total Non-Operating Revenue	\$5,016,722	\$2,521,831	(\$2,494,891)	-50%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$25,224,814	\$21,260,660	(\$3,964,154)	-16%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

SAINT MARY'S HOSPITAL					
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</u>	<u>FY 2015</u>	<u>AMOUNT</u>	<u>%</u>
		<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$25,224,814	\$21,260,660	(\$3,964,154)	-16%
	Principal Payments	\$2,490,000	\$6,089,000	\$3,599,000	145%

SAINT MARY'S HOSPITAL
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.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$111,791,162	\$120,222,002	\$8,430,840	8%
2	MEDICARE MANAGED CARE	\$36,492,895	\$41,567,669	\$5,074,774	14%
3	MEDICAID	\$59,517,687	\$67,216,873	\$7,699,186	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$208,043	\$596,664	\$388,621	187%
6	COMMERCIAL INSURANCE	\$5,032,812	\$5,285,842	\$253,030	5%
7	NON-GOVERNMENT MANAGED CARE	\$60,500,230	\$62,781,051	\$2,280,821	4%
8	WORKER'S COMPENSATION	\$8,882,210	\$7,596,091	(\$1,286,119)	-14%
9	SELF- PAY/UNINSURED	\$1,781,260	\$1,331,888	(\$449,372)	-25%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$284,206,299	\$306,598,080	\$22,391,781	8%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$79,866,534	\$93,562,518	\$13,695,984	17%
2	MEDICARE MANAGED CARE	\$28,710,091	\$39,168,995	\$10,458,904	36%
3	MEDICAID	\$119,782,447	\$139,462,150	\$19,679,703	16%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$763,864	\$904,569	\$140,705	18%
6	COMMERCIAL INSURANCE	\$8,197,065	\$10,758,245	\$2,561,180	31%
7	NON-GOVERNMENT MANAGED CARE	\$124,128,265	\$137,796,815	\$13,668,550	11%
8	WORKER'S COMPENSATION	\$8,717,963	\$7,875,361	(\$842,602)	-10%
9	SELF- PAY/UNINSURED	\$9,596,163	\$10,625,605	\$1,029,442	11%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$379,762,392	\$440,154,258	\$60,391,866	16%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$191,657,696	\$213,784,520	\$22,126,824	12%
2	MEDICARE MANAGED CARE	\$65,202,986	\$80,736,664	\$15,533,678	24%
3	MEDICAID	\$179,300,134	\$206,679,023	\$27,378,889	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$971,907	\$1,501,233	\$529,326	54%
6	COMMERCIAL INSURANCE	\$13,229,877	\$16,044,087	\$2,814,210	21%
7	NON-GOVERNMENT MANAGED CARE	\$184,628,495	\$200,577,866	\$15,949,371	9%
8	WORKER'S COMPENSATION	\$17,600,173	\$15,471,452	(\$2,128,721)	-12%
9	SELF- PAY/UNINSURED	\$11,377,423	\$11,957,493	\$580,070	5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$663,968,691	\$746,752,338	\$82,783,647	12%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$53,016,836	\$52,145,621	(\$871,215)	-2%
2	MEDICARE MANAGED CARE	\$13,917,242	\$15,709,499	\$1,792,257	13%
3	MEDICAID	\$21,911,696	\$21,137,470	(\$774,226)	-4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$62,761	\$185,111	\$122,350	195%
6	COMMERCIAL INSURANCE	\$1,866,397	\$2,144,958	\$278,561	15%

SAINT MARY'S HOSPITAL
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
7	NON-GOVERNMENT MANAGED CARE	\$31,579,300	\$32,369,474	\$790,174	3%
8	WORKER'S COMPENSATION	\$5,123,319	\$4,357,515	(\$765,804)	-15%
9	SELF- PAY/UNINSURED	\$21,594	\$91,946	\$70,352	326%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$127,499,145	\$128,141,594	\$642,449	1%
B.	<u>OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$17,129,561	\$21,086,196	\$3,956,635	23%
2	MEDICARE MANAGED CARE	\$5,955,623	\$8,212,993	\$2,257,370	38%
3	MEDICAID	\$28,101,645	\$29,023,262	\$921,617	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$163,459	\$193,957	\$30,498	19%
6	COMMERCIAL INSURANCE	\$2,656,520	\$3,770,005	\$1,113,485	42%
7	NON-GOVERNMENT MANAGED CARE	\$41,501,265	\$48,198,163	\$6,696,898	16%
8	WORKER'S COMPENSATION	\$5,477,881	\$3,767,712	(\$1,710,169)	-31%
9	SELF- PAY/UNINSURED	\$383,242	\$511,365	\$128,123	33%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$101,369,196	\$114,763,653	\$13,394,457	13%
C.	<u>TOTAL NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$70,146,397	\$73,231,817	\$3,085,420	4%
2	MEDICARE MANAGED CARE	\$19,872,865	\$23,922,492	\$4,049,627	20%
3	MEDICAID	\$50,013,341	\$50,160,732	\$147,391	0%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$226,220	\$379,068	\$152,848	68%
6	COMMERCIAL INSURANCE	\$4,522,917	\$5,914,963	\$1,392,046	31%
7	NON-GOVERNMENT MANAGED CARE	\$73,080,565	\$80,567,637	\$7,487,072	10%
8	WORKER'S COMPENSATION	\$10,601,200	\$8,125,227	(\$2,475,973)	-23%
9	SELF- PAY/UNINSURED	\$404,836	\$603,311	\$198,475	49%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$228,868,341	\$242,905,247	\$14,036,906	6%
III.	<u>STATISTICS BY PAYER</u>				
A.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	3,845	3,915	70	2%
2	MEDICARE MANAGED CARE	1,224	1,311	87	7%
3	MEDICAID	3,568	3,721	153	4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	21	25	4	19%
6	COMMERCIAL INSURANCE	141	198	57	40%
7	NON-GOVERNMENT MANAGED CARE	2,577	2,465	(112)	-4%
8	WORKER'S COMPENSATION	151	132	(19)	-13%
9	SELF- PAY/UNINSURED	115	78	(37)	-32%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	11,642	11,845	203	2%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	20,159	19,798	(361)	-2%
2	MEDICARE MANAGED CARE	6,077	6,327	250	4%
3	MEDICAID	13,442	14,042	600	4%

**SAINT MARY'S HOSPITAL
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
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	49	68	19	39%
6	COMMERCIAL INSURANCE	652	751	99	15%
7	NON-GOVERNMENT MANAGED CARE	9,771	8,983	(788)	-8%
8	WORKER'S COMPENSATION	385	365	(20)	-5%
9	SELF- PAY/UNINSURED	389	222	(167)	-43%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	50,924	50,556	(368)	-1%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	47,214	54,164	6,950	15%
2	MEDICARE MANAGED CARE	18,330	23,468	5,138	28%
3	MEDICAID	68,805	78,557	9,752	14%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	410	482	72	18%
6	COMMERCIAL INSURANCE	4,974	5,750	776	16%
7	NON-GOVERNMENT MANAGED CARE	72,743	83,485	10,742	15%
8	WORKER'S COMPENSATION	2,775	2,715	(60)	-2%
9	SELF- PAY/UNINSURED	6,487	6,108	(379)	-6%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	221,738	254,729	32,991	15%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$18,030,000	\$18,900,000	\$870,000	5%
2	MEDICARE MANAGED CARE	\$5,400,000	\$6,560,000	\$1,160,000	21%
3	MEDICAID	\$70,550,000	\$78,900,000	\$8,350,000	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$230,000	\$315,000	\$85,000	37%
6	COMMERCIAL INSURANCE	\$2,480,000	\$4,660,000	\$2,180,000	88%
7	NON-GOVERNMENT MANAGED CARE	\$22,400,000	\$24,400,000	\$2,000,000	9%
8	WORKER'S COMPENSATION	\$1,440,000	\$1,310,000	(\$130,000)	-9%
9	SELF- PAY/UNINSURED	\$6,900,000	\$6,500,000	(\$400,000)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$127,430,000	\$141,545,000	\$14,115,000	11%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,940,000	\$3,100,000	\$160,000	5%
2	MEDICARE MANAGED CARE	\$975,000	\$1,100,000	\$125,000	13%
3	MEDICAID	\$10,200,000	\$11,700,000	\$1,500,000	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$35,000	\$48,000	\$13,000	37%
6	COMMERCIAL INSURANCE	\$700,000	\$790,000	\$90,000	13%
7	NON-GOVERNMENT MANAGED CARE	\$6,575,000	\$7,800,000	\$1,225,000	19%
8	WORKER'S COMPENSATION	\$880,000	\$600,000	(\$280,000)	-32%
9	SELF- PAY/UNINSURED	\$75,000	\$129,000	\$54,000	72%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%

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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
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$22,380,000	\$25,267,000	\$2,887,000	13%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	7,194	7,100	(94)	-1%
2	MEDICARE MANAGED CARE	2,198	2,581	383	17%
3	MEDICAID	36,469	37,591	1,122	3%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	131	138	7	5%
6	COMMERCIAL INSURANCE	1,539	1,819	280	18%
7	NON-GOVERNMENT MANAGED CARE	10,222	10,257	35	0%
8	WORKER'S COMPENSATION	849	692	(157)	-18%
9	SELF- PAY/UNINSURED	3,733	3,310	(423)	-11%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	62,335	63,488	1,153	2%

SAINT MARY'S HOSPITAL					
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
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$32,118,192	\$32,984,221	\$866,029	3%
2	Physician Salaries	\$3,880,024	\$3,794,093	(\$85,931)	-2%
3	Non-Nursing, Non-Physician Salaries	\$49,351,637	\$52,014,621	\$2,662,984	5%
	Total Salaries & Wages	\$85,349,853	\$88,792,935	\$3,443,082	4%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$6,966,676	\$7,751,649	\$784,973	11%
2	Physician Fringe Benefits	\$1,070,317	\$1,114,917	\$44,600	4%
3	Non-Nursing, Non-Physician Fringe Benefits	\$16,524,669	\$18,695,393	\$2,170,724	13%
	Total Fringe Benefits	\$24,561,662	\$27,561,959	\$3,000,297	12%
C. Contractual Labor Fees:					
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$5,874,170	\$6,098,792	\$224,622	4%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$5,874,170	\$6,098,792	\$224,622	4%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$27,961,334	\$30,038,207	\$2,076,873	7%
2	Pharmaceutical Costs	\$7,087,645	\$11,851,556	\$4,763,911	67%
	Total Medical Supplies and Pharmaceutical Cost	\$35,048,979	\$41,889,763	\$6,840,784	20%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,666,553	\$3,689,036	\$22,483	1%
2	Depreciation-Equipment	\$6,221,284	\$7,115,624	\$894,340	14%
3	Amortization	\$51,285	\$218,734	\$167,449	327%
	Total Depreciation and Amortization	\$9,939,122	\$11,023,394	\$1,084,272	11%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$1,353,274	\$962,851	(\$390,423)	-29%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$5,454,971	\$3,338,483	(\$2,116,488)	-39%
I. Utilities:					
1	Water	\$196,260	\$223,063	\$26,803	14%
2	Natural Gas	\$1,267,431	\$859,348	(\$408,083)	-32%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,730,197	\$1,953,626	\$223,429	13%
5	Telephone	\$731,330	\$823,830	\$92,500	13%
6	Other Utilities	\$180,209	\$218,005	\$37,796	21%
	Total Utilities	\$4,105,427	\$4,077,872	(\$27,555)	-1%
J. Business Expenses:					
1	Accounting Fees	\$270,562	\$283,801	\$13,239	5%
2	Legal Fees	\$1,588,789	\$1,774,351	\$185,562	12%
3	Consulting Fees	\$2,295,360	\$2,323,896	\$28,536	1%

SAINT MARY'S HOSPITAL					
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
4	Dues and Membership	\$829,595	\$856,980	\$27,385	3%
5	Equipment Leases	\$0	\$0	\$0	0%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$7,170,538	\$7,699,811	\$529,273	7%
8	Insurance	\$423,585	\$463,185	\$39,600	9%
9	Travel	\$198,186	\$198,305	\$119	0%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$2,883,823	\$2,793,626	(\$90,197)	-3%
13	Licenses and Subscriptions	\$0	\$0	\$0	0%
14	Postage and Shipping	\$136,878	\$128,263	(\$8,615)	-6%
15	Advertising	\$383,161	\$640,985	\$257,824	67%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$1,454,802	\$804,169	(\$650,633)	-45%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$0	\$0	\$0	0%
20	Lab Fees / Red Cross charges	\$0	\$0	\$0	0%
21	Billing & Collection / Bank Fees	\$0	\$0	\$0	0%
22	Recruiting / Employee Education & Recognition	\$0	\$0	\$0	0%
23	Laundry / Linen	\$312,531	\$375,875	\$63,344	20%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$0	\$0	\$0	0%
26	Purchased Services - Medical	\$0	\$0	\$0	0%
27	Purchased Services - Non Medical	\$24,508,122	\$22,322,905	(\$2,185,217)	-9%
28	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$42,455,932	\$40,666,152	(\$1,789,780)	-4%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$13,083,348	\$16,976,282	\$3,892,934	30%
	Total Operating Expenses - All Expense Categories*	\$227,226,738	\$241,388,483	\$14,161,745	6%
	*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	\$23,445,911	\$23,210,024	(\$235,887)	-1%
2	General Accounting	\$1,133,502	\$1,076,032	(\$57,470)	-5%
3	Patient Billing & Collection	\$4,911,176	\$3,820,073	(\$1,091,103)	-22%
4	Admitting / Registration Office	\$2,129,187	\$1,815,638	(\$313,549)	-15%
5	Data Processing	\$10,439,903	\$10,794,854	\$354,951	3%
6	Communications	\$543,419	\$565,612	\$22,193	4%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$1,384,586	\$2,383,725	\$999,139	72%
9	Purchasing	\$2,772,404	\$1,923,283	(\$849,121)	-31%
10	Dietary and Cafeteria	\$3,851,800	\$3,849,656	(\$2,144)	0%
11	Housekeeping	\$2,592,221	\$2,743,729	\$151,508	6%
12	Laundry & Linen	\$3,984,269	\$3,798,984	(\$185,285)	-5%
13	Operation of Plant	\$5,803,090	\$5,964,409	\$161,319	3%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$2,900,434	\$2,938,335	\$37,901	1%
16	Central Sterile Supply	\$567,362	\$555,978	(\$11,384)	-2%

SAINT MARY'S HOSPITAL					
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
17	Pharmacy Department	\$7,789,076	\$8,170,144	\$381,068	5%
18	Other General Services	\$37,631,451	\$40,979,797	\$3,348,346	9%
	Total General Services	\$111,879,791	\$114,590,273	\$2,710,482	2%
	B. Professional Services:				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$5,553,277	\$5,556,647	\$3,370	0%
3	Nursing Services Administration	\$1,163,716	\$1,109,037	(\$54,679)	-5%
4	Medical Records	\$4,722,684	\$4,188,620	(\$534,064)	-11%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$2,489,793	\$2,560,739	\$70,946	3%
	Total Professional Services	\$13,929,470	\$13,415,043	(\$514,427)	-4%
	C. Special Services:				
1	Operating Room	\$18,378,395	\$20,359,601	\$1,981,206	11%
2	Recovery Room	\$721,662	\$732,190	\$10,528	1%
3	Anesthesiology	\$1,183,207	\$1,417,507	\$234,300	20%
4	Delivery Room	\$3,636,382	\$3,775,092	\$138,710	4%
5	Diagnostic Radiology	\$3,881,563	\$4,554,588	\$673,025	17%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$517,861	\$819,349	\$301,488	58%
9	CT Scan	\$841,630	\$825,253	(\$16,377)	-2%
10	Laboratory	\$9,978,216	\$9,461,098	(\$517,118)	-5%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$4,000,772	\$5,112,424	\$1,111,652	28%
13	Electrocardiology	\$694,502	\$694,808	\$306	0%
14	Electroencephalography	\$704,131	\$581,831	(\$122,300)	-17%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,390,412	\$1,463,546	\$73,134	5%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$266,827	\$263,041	(\$3,786)	-1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$361,844	\$358,698	(\$3,146)	-1%
24	Emergency Room	\$11,257,986	\$12,114,940	\$856,954	8%
25	MRI	\$1,120,317	\$1,174,068	\$53,751	5%
26	PET Scan	\$0	\$0	\$0	0%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,755,562	\$2,009,571	\$254,009	14%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$60,691,269	\$65,717,605	\$5,026,336	8%
	D. Routine Services:				
1	Medical & Surgical Units	\$17,042,160	\$17,109,908	\$67,748	0%
2	Intensive Care Unit	\$3,691,234	\$4,066,133	\$374,899	10%
3	Coronary Care Unit	\$1,210,821	\$1,437,405	\$226,584	19%

SAINT MARY'S HOSPITAL					
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
4	Psychiatric Unit	\$1,498,094	\$1,544,363	\$46,269	3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,526,434	\$1,548,303	\$21,869	1%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$9,715,470	\$9,945,580	\$230,110	2%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$4,924,121	\$10,465,005	\$5,540,884	113%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$39,608,334	\$46,116,697	\$6,508,363	16%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$1,117,874	\$1,548,865	\$430,991	39%
	Total Operating Expenses - All Departments*	\$227,226,738	\$241,388,483	\$14,161,745	6%
*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.					

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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	\$227,491,163	\$238,729,196	\$251,920,803
2	Other Operating Revenue	5,912,911	8,705,634	8,206,509
3	Total Operating Revenue	\$233,404,074	\$247,434,830	\$260,127,312
4	Total Operating Expenses	221,915,377	227,226,738	241,388,483
5	Income/(Loss) From Operations	\$11,488,697	\$20,208,092	\$18,738,829
6	Total Non-Operating Revenue	6,947,833	5,016,722	2,521,831
7	Excess/(Deficiency) of Revenue Over Expenses	\$18,436,530	\$25,224,814	\$21,260,660
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	4.78%	8.00%	7.13%
2	Hospital Non Operating Margin	2.89%	1.99%	0.96%
3	Hospital Total Margin	7.67%	9.99%	8.09%
4	Income/(Loss) From Operations	\$11,488,697	\$20,208,092	\$18,738,829
5	Total Operating Revenue	\$233,404,074	\$247,434,830	\$260,127,312
6	Total Non-Operating Revenue	\$6,947,833	\$5,016,722	\$2,521,831
7	Total Revenue	\$240,351,907	\$252,451,552	\$262,649,143
8	Excess/(Deficiency) of Revenue Over Expenses	\$18,436,530	\$25,224,814	\$21,260,660
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$31,173,000	\$27,668,000	\$27,411,000
2	Hospital Total Net Assets	\$49,697,000	\$46,764,000	\$45,164,000
3	Hospital Change in Total Net Assets	\$31,773,000	(\$2,933,000)	(\$1,600,000)
4	Hospital Change in Total Net Assets %	277.3%	-5.9%	-3.4%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.37	0.34	0.32
2	Total Operating Expenses	\$221,915,377	\$227,226,738	\$241,388,483
3	Total Gross Revenue	\$598,602,640	\$663,968,691	\$746,752,338
4	Total Other Operating Revenue	\$5,912,911	\$8,705,634	\$8,206,510

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
5	<u>Private Payment to Cost Ratio</u>	1.10	1.21	1.27
6	Total Non-Government Payments	\$80,113,195	\$88,609,518	\$95,211,138
7	Total Uninsured Payments	\$246,168	\$404,836	\$603,311
8	Total Non-Government Charges	\$211,127,757	\$226,835,968	\$244,050,898
9	Total Uninsured Charges	\$12,564,167	\$11,377,423	\$11,957,493
10	<u>Medicare Payment to Cost Ratio</u>	0.98	1.04	1.03
11	Total Medicare Payments	\$83,130,678	\$90,019,262	\$97,154,309
12	Total Medicare Charges	\$230,183,969	\$256,860,682	\$294,521,184
13	<u>Medicaid Payment to Cost Ratio</u>	0.84	0.83	0.76
14	Total Medicaid Payments	\$48,093,069	\$50,013,341	\$50,160,732
15	Total Medicaid Charges	\$156,313,675	\$179,300,134	\$206,679,023
16	<u>Uncompensated Care Cost</u>	\$4,521,847	\$3,706,497	\$3,630,355
17	Charity Care	\$248,631	\$894,442	\$3,174,277
18	Bad Debts	\$12,069,248	\$10,078,145	\$8,179,905
19	Total Uncompensated Care	\$12,317,879	\$10,972,587	\$11,354,182
20	<u>Uncompensated Care % of Total Expenses</u>	2.0%	1.6%	1.5%
21	Total Operating Expenses	\$221,915,377	\$227,226,738	\$241,388,483
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1	2	1
2	Total Current Assets	\$62,013,000	\$58,696,000	\$52,669,000
3	Total Current Liabilities	\$45,481,000	\$37,647,000	\$43,716,000
4	<u>Days Cash on Hand</u>	48	41	21
5	Cash and Cash Equivalents	\$28,153,000	\$24,610,000	\$13,310,000
6	Short Term Investments	29,000	17,000	17,000

SAINT MARY'S HOSPITAL				
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
7	Total Cash and Short Term Investments	\$28,182,000	\$24,627,000	\$13,327,000
8	Total Operating Expenses	\$221,915,377	\$227,226,738	\$241,388,483
9	Depreciation Expense	\$9,245,153	\$9,939,122	\$11,023,394
10	Operating Expenses less Depreciation Expense	\$212,670,224	\$217,287,616	\$230,365,089
11	<u>Days Revenue in Patient Accounts Receivable</u>	36	40	40
12	Net Patient Accounts Receivable	\$28,777,000	\$26,816,000	\$28,548,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$6,035,000	\$783,000	\$727,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$22,742,000	\$26,033,000	\$27,821,000
16	Total Net Patient Revenue	\$227,491,163	\$238,729,196	\$251,920,803
17	<u>Average Payment Period</u>	78	63	69
18	Total Current Liabilities	\$45,481,000	\$37,647,000	\$43,716,000
19	Total Operating Expenses	\$221,915,377	\$227,226,738	\$241,388,483
20	Depreciation Expense	\$9,245,153	\$9,939,122	\$11,023,394
21	Total Operating Expenses less Depreciation Expense	\$212,670,224	\$217,287,616	\$230,365,089
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	26.5	25.0	24.6
2	Total Net Assets	\$49,697,000	\$46,764,000	\$45,164,000
3	Total Assets	\$187,263,000	\$187,153,000	\$183,715,000
4	<u>Cash Flow to Total Debt Ratio</u>	42.3	63.4	59.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$18,436,530	\$25,224,814	\$21,260,660
6	Depreciation Expense	\$9,245,153	\$9,939,122	\$11,023,394
7	Excess of Revenues Over Expenses and Depreciation Expense	\$27,681,683	\$35,163,936	\$32,284,054
8	Total Current Liabilities	\$45,481,000	\$37,647,000	\$43,716,000
9	Total Long Term Debt	\$19,892,000	\$17,818,000	\$10,589,000
10	Total Current Liabilities and Total Long Term Debt	\$65,373,000	\$55,465,000	\$54,305,000

SAINT MARY'S HOSPITAL				
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
11	<u>Long Term Debt to Capitalization Ratio</u>	28.6	27.6	19.0
12	Total Long Term Debt	\$19,892,000	\$17,818,000	\$10,589,000
13	Total Net Assets	\$49,697,000	\$46,764,000	\$45,164,000
14	Total Long Term Debt and Total Net Assets	\$69,589,000	\$64,582,000	\$55,753,000
15	<u>Debt Service Coverage Ratio</u>	9.2	9.5	4.7
16	Excess Revenues over Expenses	18,436,530	\$25,224,814	\$21,260,660
17	Interest Expense	1,471,201	\$1,353,274	\$962,851
18	Depreciation and Amortization Expense	9,245,153	\$9,939,122	\$11,023,394
19	Principal Payments	1,705,000	\$2,490,000	\$6,089,000
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	13.0	13.0	12.7
21	Accumulated Depreciation	119,872,000	129,200,000	139,994,000
22	Depreciation and Amortization Expense	9,245,153	9,939,122	11,023,394
H.	<u>Utilization Measures Summary</u>			
1	Patient Days	51,833	50,924	50,556
2	Discharges	11,729	11,642	11,845
3	ALOS	4.4	4.4	4.3
4	Staffed Beds	182	182	168
5	Available Beds	-	182	210
6	Licensed Beds	182	379	379
7	Occupancy of Staffed Beds	78.0%	76.7%	82.4%
8	Occupancy of Available Beds	78.0%	76.7%	66.0%
9	Full Time Equivalent Employees	1,355.2	1,315.4	1,384.2
I.	<u>Hospital Gross Revenue Payer Mix Percentage</u>			
1	Non-Government Gross Revenue Payer Mix Percentage	33.2%	32.5%	31.1%
2	Medicare Gross Revenue Payer Mix Percentage	38.5%	38.7%	39.4%

SAINT MARY'S HOSPITAL				
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 Gross Revenue Payer Mix Percentage	26.1%	27.0%	27.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	1.7%	1.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$198,563,590	\$215,458,545	\$232,093,405
9	Medicare Gross Revenue (Charges)	\$230,183,969	\$256,860,682	\$294,521,184
10	Medicaid Gross Revenue (Charges)	\$156,313,675	\$179,300,134	\$206,679,023
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$12,564,167	\$11,377,423	\$11,957,493
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$977,239	\$971,907	\$1,501,233
14	Total Gross Revenue (Charges)	\$598,602,640	\$663,968,691	\$746,752,338
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	37.7%	38.5%	38.9%
2	Medicare Net Revenue Payer Mix Percentage	39.3%	39.3%	40.0%
3	Medicaid Net Revenue Payer Mix Percentage	22.7%	21.9%	20.7%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.1%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$79,867,027	\$88,204,682	\$94,607,827
9	Medicare Net Revenue (Payments)	\$83,130,678	\$90,019,262	\$97,154,309
10	Medicaid Net Revenue (Payments)	\$48,093,069	\$50,013,341	\$50,160,732
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$246,168	\$404,836	\$603,311
13	CHAMPUS / TRICARE Net Revenue Payments)	\$253,826	\$226,220	\$379,068
14	Total Net Revenue (Payments)	\$211,590,768	\$228,868,341	\$242,905,247
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	3,306	2,984	2,873
2	Medicare	5,053	5,069	5,226
3	Medical Assistance	3,345	3,568	3,721
4	Medicaid	3,345	3,568	3,721
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	25	21	25

SAINT MARY'S HOSPITAL				
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
7	Uninsured (Included In Non-Government)	178	115	78
8	Total	11,729	11,642	11,845
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.19740	1.32120	1.30200
2	Medicare	1.49895	1.55860	1.57370
3	Medical Assistance	1.04397	1.02330	1.05047
4	Medicaid	1.04397	1.02330	1.05047
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.73607	0.74590	1.14717
7	Uninsured (Included In Non-Government)	0.93112	1.17280	0.96269
8	Total Case Mix Index	1.28257	1.33223	1.34253
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	7,991	7,886	8,274
2	Emergency Room - Treated and Discharged	62,003	62,335	63,488
3	Total Emergency Room Visits	69,994	70,221	71,762

**SAINT MARY'S HOSPITAL
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	\$197,697	\$1,092,277	\$894,580	453%
2	Inpatient Payments	\$98,447	\$437,326	\$338,879	344%
3	Outpatient Charges	\$285,673	\$885,514	\$599,841	210%
4	Outpatient Payments	\$71,762	\$166,996	\$95,234	133%
5	Discharges	9	41	32	356%
6	Patient Days	27	170	143	530%
7	Outpatient Visits (Excludes ED Visits)	175	508	333	190%
8	Emergency Department Outpatient Visits	9	75	66	733%
9	Emergency Department Inpatient Admissions	9	33	24	267%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$483,370	\$1,977,791	\$1,494,421	309%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$170,209	\$604,322	\$434,113	255%
B.	CIGNA HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	CONNECTICARE, INC.				
1	Inpatient Charges	\$8,711,983	\$12,923,893	\$4,211,910	48%
2	Inpatient Payments	\$3,293,662	\$4,923,398	\$1,629,736	49%
3	Outpatient Charges	\$7,085,666	\$11,698,001	\$4,612,335	65%
4	Outpatient Payments	\$1,588,790	\$2,555,602	\$966,812	61%
5	Discharges	286	391	105	37%
6	Patient Days	1,332	1,861	529	40%
7	Outpatient Visits (Excludes ED Visits)	4,237	6,985	2,748	65%
8	Emergency Department Outpatient Visits	351	482	131	37%
9	Emergency Department Inpatient Admissions	228	336	108	47%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,797,649	\$24,621,894	\$8,824,245	56%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,882,452	\$7,479,000	\$2,596,548	53%
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%

SAINT MARY'S HOSPITAL
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
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$888,887	\$1,620,119	\$731,232	82%
2	Inpatient Payments	\$306,761	\$674,889	\$368,128	120%
3	Outpatient Charges	\$472,643	\$1,716,357	\$1,243,714	263%
4	Outpatient Payments	\$92,741	\$317,664	\$224,923	243%
5	Discharges	20	49	29	145%
6	Patient Days	132	276	144	109%
7	Outpatient Visits (Excludes ED Visits)	220	608	388	176%
8	Emergency Department Outpatient Visits	77	136	59	77%
9	Emergency Department Inpatient Admissions	19	44	25	132%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,361,530	\$3,336,476	\$1,974,946	145%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$399,502	\$992,553	\$593,051	148%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$582,197	\$129,188	(\$453,009)	-78%
2	Inpatient Payments	\$255,394	\$46,373	(\$209,021)	-82%
3	Outpatient Charges	\$498,244	\$50,016	(\$448,228)	-90%
4	Outpatient Payments	\$83,967	\$12,001	(\$71,966)	-86%
5	Discharges	27	2	(25)	-93%
6	Patient Days	120	12	(108)	-90%
7	Outpatient Visits (Excludes ED Visits)	418	49	(369)	-88%
8	Emergency Department Outpatient Visits	53	9	(44)	-83%
9	Emergency Department Inpatient Admissions	23	2	(21)	-91%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,080,441	\$179,204	(\$901,237)	-83%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$339,361	\$58,374	(\$280,987)	-83%
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$11,267,765	\$10,984,611	(\$283,154)	-3%
2	Inpatient Payments	\$4,396,905	\$4,060,742	(\$336,163)	-8%
3	Outpatient Charges	\$8,472,117	\$8,792,580	\$320,463	4%
4	Outpatient Payments	\$1,691,660	\$1,843,792	\$152,132	9%
5	Discharges	397	335	(62)	-16%
6	Patient Days	2,003	1,667	(336)	-17%
7	Outpatient Visits (Excludes ED Visits)	4,941	4,675	(266)	-5%
8	Emergency Department Outpatient Visits	578	564	(14)	-2%
9	Emergency Department Inpatient Admissions	359	289	(70)	-19%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,739,882	\$19,777,191	\$37,309	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,088,565	\$5,904,534	(\$184,031)	-3%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$6,306,361	\$7,109,268	\$802,907	13%
2	Inpatient Payments	\$2,339,564	\$2,621,613	\$282,049	12%
3	Outpatient Charges	\$4,779,676	\$7,163,883	\$2,384,207	50%
4	Outpatient Payments	\$884,696	\$1,341,182	\$456,486	52%
5	Discharges	212	240	28	13%
6	Patient Days	1,076	1,142	66	6%
7	Outpatient Visits (Excludes ED Visits)	2,199	3,268	1,069	49%
8	Emergency Department Outpatient Visits	766	911	145	19%
9	Emergency Department Inpatient Admissions	191	215	24	13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$11,086,037	\$14,273,151	\$3,187,114	29%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,224,260	\$3,962,795	\$738,535	23%
I. AETNA					

SAINT MARY'S HOSPITAL
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
1	Inpatient Charges	\$8,538,005	\$7,708,313	(\$829,692)	-10%
2	Inpatient Payments	\$3,226,509	\$2,945,158	(\$281,351)	-9%
3	Outpatient Charges	\$7,116,072	\$8,862,644	\$1,746,572	25%
4	Outpatient Payments	\$1,542,007	\$1,975,756	\$433,749	28%
5	Discharges	273	253	(20)	-7%
6	Patient Days	1,387	1,199	(188)	-14%
7	Outpatient Visits (Excludes ED Visits)	3,942	4,794	852	22%
8	Emergency Department Outpatient Visits	364	404	40	11%
9	Emergency Department Inpatient Admissions	231	213	(18)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,654,077	\$16,570,957	\$916,880	6%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,768,516	\$4,920,914	\$152,398	3%
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%

**SAINT MARY'S HOSPITAL
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
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$36,492,895	\$41,567,669	\$5,074,774	14%
	TOTAL INPATIENT PAYMENTS	\$13,917,242	\$15,709,499	\$1,792,257	13%
	TOTAL OUTPATIENT CHARGES	\$28,710,091	\$39,168,995	\$10,458,904	36%
	TOTAL OUTPATIENT PAYMENTS	\$5,955,623	\$8,212,993	\$2,257,370	38%
	TOTAL DISCHARGES	1,224	1,311	87	7%
	TOTAL PATIENT DAYS	6,077	6,327	250	4%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	16,132	20,887	4,755	29%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,198	2,581	383	17%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,060	1,132	72	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$65,202,986	\$80,736,664	\$15,533,678	24%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$19,872,865	\$23,922,492	\$4,049,627	20%

**SAINT MARY'S HOSPITAL
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
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%
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%

**SAINT MARY'S HOSPITAL
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
	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%
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%

**SAINT MARY'S HOSPITAL
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
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%

SAINT MARY'S HEALTH SYSTEM, INC.					
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	\$26,866,000	\$15,091,000	(\$11,775,000)	-44%
2	Short Term Investments	\$17,000	\$17,000	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$30,238,000	\$32,905,000	\$2,667,000	9%
4	Current Assets Whose Use is Limited for Current Liabilities	\$5,948,000	\$3,418,000	(\$2,530,000)	-43%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,886,000	\$3,701,000	(\$185,000)	-5%
8	Prepaid Expenses	\$2,383,000	\$3,300,000	\$917,000	38%
9	Other Current Assets	\$854,000	\$4,618,000	\$3,764,000	441%
	Total Current Assets	\$70,192,000	\$63,050,000	(\$7,142,000)	-10%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$15,696,000	\$14,764,000	(\$932,000)	-6%
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	\$39,417,000	\$43,057,000	\$3,640,000	9%
	Total Noncurrent Assets Whose Use is Limited:	\$55,113,000	\$57,821,000	\$2,708,000	5%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$24,966,000	\$4,244,000	(\$20,722,000)	-83%
7	Other Noncurrent Assets	\$10,368,000	\$11,454,000	\$1,086,000	10%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$200,746,000	\$219,963,000	\$19,217,000	10%
2	Less: Accumulated Depreciation	\$137,372,000	\$149,672,000	\$12,300,000	\$0
	Property, Plant and Equipment, Net	\$63,374,000	\$70,291,000	\$6,917,000	11%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$63,374,000	\$70,291,000	\$6,917,000	11%
	Total Assets	\$224,013,000	\$206,860,000	(\$17,153,000)	-8%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

SAINT MARY'S HEALTH SYSTEM, INC.					
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
1	Accounts Payable and Accrued Expenses	\$17,369,000	\$22,665,000	\$5,296,000	30%
2	Salaries, Wages and Payroll Taxes	\$5,643,000	\$6,002,000	\$359,000	6%
3	Due To Third Party Payers	\$783,000	\$727,000	(\$56,000)	-7%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,509,000	\$3,409,000	\$900,000	36%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$14,308,000	\$12,980,000	(\$1,328,000)	-9%
	Total Current Liabilities	\$40,612,000	\$45,783,000	\$5,171,000	13%
	B. Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$17,891,000	\$0	(\$17,891,000)	-100%
2	Notes Payable (Net of Current Portion)	\$0	\$11,018,000	\$11,018,000	0%
	Total Long Term Debt	\$17,891,000	\$11,018,000	(\$6,873,000)	-38%
3	Accrued Pension Liability	\$72,182,000	\$74,894,000	\$2,712,000	4%
4	Other Long Term Liabilities	\$41,337,000	\$24,062,000	(\$17,275,000)	-42%
	Total Long Term Liabilities	\$131,410,000	\$109,974,000	(\$21,436,000)	-16%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$370,000	\$955,000	\$585,000	158%
	C. Net Assets:				
1	Unrestricted Net Assets or Equity	\$32,525,000	\$32,395,000	(\$130,000)	0%
2	Temporarily Restricted Net Assets	\$2,415,000	\$1,922,000	(\$493,000)	-20%
3	Permanently Restricted Net Assets	\$16,681,000	\$15,831,000	(\$850,000)	-5%
	Total Net Assets	\$51,621,000	\$50,148,000	(\$1,473,000)	-3%
	Total Liabilities and Net Assets	\$224,013,000	\$206,860,000	(\$17,153,000)	-8%

SAINT MARY'S HEALTH SYSTEM, INC.

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	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$733,919,000	\$832,217,000	\$98,298,000	13%
2	Less: Allowances	\$454,404,000	\$536,081,000	\$81,677,000	18%
3	Less: Charity Care	\$328,000	\$1,072,000	\$744,000	227%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$279,187,000	\$295,064,000	\$15,877,000	6%
5	Provision for Bad Debts	\$11,100,000	\$9,675,000	(\$1,425,000)	-13%
	Net Patient Service Revenue less provision for bad debts	\$268,087,000	\$285,389,000	\$17,302,000	6%
6	Other Operating Revenue	\$10,774,000	\$10,072,000	(\$702,000)	-7%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$278,861,000	\$295,461,000	\$16,600,000	6%
B. Operating Expenses:					
1	Salaries and Wages	\$113,553,000	\$123,197,000	\$9,644,000	8%
2	Fringe Benefits	\$28,631,000	\$32,298,000	\$3,667,000	13%
3	Physicians Fees	\$8,659,000	\$9,916,000	\$1,257,000	15%
4	Supplies and Drugs	\$36,800,000	\$43,411,000	\$6,611,000	18%
5	Depreciation and Amortization	\$10,529,000	\$11,636,000	\$1,107,000	11%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,438,000	\$980,000	(\$458,000)	-32%
8	Malpractice Insurance Cost	\$6,148,000	\$4,154,000	(\$1,994,000)	-32%
9	Other Operating Expenses	\$63,957,000	\$67,708,000	\$3,751,000	6%
	Total Operating Expenses	\$269,715,000	\$293,300,000	\$23,585,000	9%
	Income/(Loss) From Operations	\$9,146,000	\$2,161,000	(\$6,985,000)	-76%
C. Non-Operating Revenue:					
1	Income from Investments	\$3,824,000	\$1,565,000	(\$2,259,000)	-59%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$140,000)	\$963,000	\$1,103,000	-788%
	Total Non-Operating Revenue	\$3,684,000	\$2,528,000	(\$1,156,000)	-31%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$12,830,000	\$4,689,000	(\$8,141,000)	-63%
	Other Adjustments:				

SAINT MARY'S HEALTH SYSTEM, INC.

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	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	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	\$12,830,000	\$4,689,000	(\$8,141,000)	-63%

SAINT MARY'S HEALTH SYSTEM, INC.				
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	\$256,021,000	\$268,087,000	\$285,389,000
2	Other Operating Revenue	7,864,000	10,774,000	10,072,000
3	Total Operating Revenue	\$263,885,000	\$278,861,000	\$295,461,000
4	Total Operating Expenses	255,204,000	269,715,000	293,300,000
5	Income/(Loss) From Operations	\$8,681,000	\$9,146,000	\$2,161,000
6	Total Non-Operating Revenue	1,758,000	3,684,000	2,528,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$10,439,000	\$12,830,000	\$4,689,000
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	3.27%	3.24%	0.73%
2	Parent Corporation Non-Operating Margin	0.66%	1.30%	0.85%
3	Parent Corporation Total Margin	3.93%	4.54%	1.57%
4	Income/(Loss) From Operations	\$8,681,000	\$9,146,000	\$2,161,000
5	Total Operating Revenue	\$263,885,000	\$278,861,000	\$295,461,000
6	Total Non-Operating Revenue	\$1,758,000	\$3,684,000	\$2,528,000
7	Total Revenue	\$265,643,000	\$282,545,000	\$297,989,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$10,439,000	\$12,830,000	\$4,689,000
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$34,102,000	\$32,525,000	\$32,395,000
2	Parent Corporation Total Net Assets	\$52,626,000	\$51,621,000	\$50,148,000
3	Parent Corporation Change in Total Net Assets	\$32,441,000	(\$1,005,000)	(\$1,473,000)
4	Parent Corporation Change in Total Net Assets %	260.7%	-1.9%	-2.9%
D. Liquidity Measures Summary				
1	Current Ratio	1.45	1.73	1.38
2	Total Current Assets	\$73,609,000	\$70,192,000	\$63,050,000
3	Total Current Liabilities	\$50,730,000	\$40,612,000	\$45,783,000
4	Days Cash on Hand	45	38	20

SAINT MARY'S HEALTH SYSTEM, INC.				
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
5	Cash and Cash Equivalents	\$29,939,000	\$26,866,000	\$15,091,000
6	Short Term Investments	\$29,000	\$17,000	\$17,000
7	Total Cash and Short Term Investments	\$29,968,000	\$26,883,000	\$15,108,000
8	Total Operating Expenses	\$255,204,000	\$269,715,000	\$293,300,000
9	Depreciation Expense	\$10,052,000	\$10,529,000	\$11,636,000
10	Operating Expenses less Depreciation Expense	\$245,152,000	\$259,186,000	\$281,664,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	35	40	41
12	Net Patient Accounts Receivable	\$ 30,768,000	\$ 30,238,000	\$ 32,905,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$6,035,000	\$783,000	\$727,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 24,733,000	\$ 29,455,000	\$ 32,178,000
16	Total Net Patient Revenue	\$256,021,000	\$268,087,000	\$285,389,000
17	<u>Average Payment Period</u>	76	57	59
18	Total Current Liabilities	\$50,730,000	\$40,612,000	\$45,783,000
19	Total Operating Expenses	\$255,204,000	\$269,715,000	\$293,300,000
20	Depreciation Expense	\$10,052,000	\$10,529,000	\$11,636,000
20	Total Operating Expenses less Depreciation Expense	\$245,152,000	\$259,186,000	\$281,664,000
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	24.5	23.0	24.2
2	Total Net Assets	\$52,626,000	\$51,621,000	\$50,148,000
3	Total Assets	\$214,935,000	\$224,013,000	\$206,860,000
4	<u>Cash Flow to Total Debt Ratio</u>	28.8	39.9	28.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$10,439,000	\$12,830,000	\$4,689,000
6	Depreciation Expense	\$10,052,000	\$10,529,000	\$11,636,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$20,491,000	\$23,359,000	\$16,325,000
8	Total Current Liabilities	\$50,730,000	\$40,612,000	\$45,783,000
9	Total Long Term Debt	\$20,374,000	\$17,891,000	\$11,018,000

SAINT MARY'S HEALTH SYSTEM, INC.				
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
10	Total Current Liabilities and Total Long Term Debt	\$71,104,000	\$58,503,000	\$56,801,000
11	<u>Long Term Debt to Capitalization Ratio</u>	27.9	25.7	18.0
12	Total Long Term Debt	\$20,374,000	\$17,891,000	\$11,018,000
13	Total Net Assets	\$52,626,000	\$51,621,000	\$50,148,000
14	Total Long Term Debt and Total Net Assets	\$73,000,000	\$69,512,000	\$61,166,000

SAINT MARY'S HOSPITAL								
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 # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	36,164	9,062	9,216	110	123	90.1%	80.6%
2	ICU/CCU (Excludes Neonatal ICU)	4,206	1,288	0	14	20	82.3%	57.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,139	654	656	12	12	94.5%	94.5%
	TOTAL PSYCHIATRIC	4,139	654	656	12	12	94.5%	94.5%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	2,765	1,070	1,110	15	23	50.5%	32.9%
7	Newborn	2,055	913	982	12	23	46.9%	24.5%
8	Neonatal ICU	1,227	146	0	5	9	67.2%	37.4%
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	48,501	10,932	10,982	156	187	85.2%	71.1%
	TOTAL INPATIENT BED UTILIZATION	50,556	11,845	11,964	168	210	82.4%	66.0%
	TOTAL INPATIENT REPORTED YEAR	50,556	11,845	11,964	168	210	82.4%	66.0%
	TOTAL INPATIENT PRIOR YEAR	50,924	11,642	11,774	182	182	76.7%	76.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-368	203	190	-14	28	5.8%	-10.7%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-1%	2%	2%	-8%	15%	8%	-14%
	Total Licensed Beds and Bassinets	379						
(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 MARY'S HOSPITAL					
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	5,491	5,763	272	5%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,991	4,234	243	6%
3	Emergency Department Scans	8,664	9,342	678	8%
4	Other Non-Hospital Providers' Scans (A)	4,189	3,090	-1,099	-26%
	Total CT Scans	22,335	22,429	94	0%
B. MRI Scans (A)					
1	Inpatient Scans	1,253	1,136	-117	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,408	2,433	25	1%
3	Emergency Department Scans	205	277	72	35%
4	Other Non-Hospital Providers' Scans (A)	8,666	7,941	-725	-8%
	Total MRI Scans	12,532	11,787	-745	-6%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	785	704	-81	-10%
	Total PET/CT Scans	785	704	-81	-10%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	11,742	11,118	-624	-5%
	Total Linear Accelerator Procedures	11,742	11,118	-624	-5%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	421	432	11	3%
2	Outpatient Procedures	414	449	35	8%
	Total Cardiac Catheterization Procedures	835	881	46	6%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	284	317	33	12%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	284	317	33	12%
H. Electrophysiology Studies					
1	Inpatient Studies	119	85	-34	-29%
2	Outpatient Studies	95	114	19	20%
	Total Electrophysiology Studies	214	199	-15	-7%

SAINT MARY'S HOSPITAL					
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
I. Surgical Procedures					
1	Inpatient Surgical Procedures	2,152	2,128	-24	-1%
2	Outpatient Surgical Procedures	8,041	7,735	-306	-4%
	Total Surgical Procedures	10,193	9,863	-330	-3%
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	564	532	-32	-6%
2	Outpatient Endoscopy Procedures	3,700	3,867	167	5%
	Total Endoscopy Procedures	4,264	4,399	135	3%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	7,886	8,274	388	5%
2	Emergency Room Visits: Treated and Discharged	62,335	63,488	1,153	2%
	Total Emergency Room Visits	70,221	71,762	1,541	2%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	2,354	1,675	-679	-29%
2	Dental Clinic Visits	3,352	3,725	373	11%
3	Psychiatric Clinic Visits	2,999	2,561	-438	-15%
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	0	0	0	0%
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%
8	Medical Clinic Visits - Other Medical Clinics	21,131	19,386	-1,745	-8%
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	0	0	0	0%
	Total Hospital Clinic Visits	29,836	27,347	-2,489	-8%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	11,011	11,872	861	8%
2	Cardiac Rehabilitation	2,084	2,400	316	15%
3	Chemotherapy	131	759	628	479%
4	Gastroenterology	3,700	3,867	167	5%
5	Other Outpatient Visits	142,477	144,996	2,519	2%
	Total Other Hospital Outpatient Visits	159,403	163,894	4,491	3%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	373.1	389.3	16.2	4%
2	Total Physician FTEs	57.3	56.0	-1.3	-2%
3	Total Non-Nursing and Non-Physician FTEs	885.0	938.9	53.9	6%
	Total Hospital Full Time Equivalent Employees	1,315.4	1,384.2	68.8	5%

SAINT MARY'S HOSPITAL					
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	Hospital	3,367	3,550	183	5%
2	Naugatuck Valley Surgical Center	4,674	4,185	-489	-10%
	Total Outpatient Surgical Procedures(A)	8,041	7,735	-306	-4%
B. Outpatient Endoscopy Procedures					
1	Naugatuck Valley Surgical Center	3,700	3,867	167	5%
2	Hospital	0	0	0	0%
	Total Outpatient Endoscopy Procedures(B)	3,700	3,867	167	5%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital	62,335	63,488	1,153	2%
	Total Outpatient Hospital Emergency Room Visits(C)	62,335	63,488	1,153	2%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 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
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$148,284,057	\$161,789,671	\$13,505,614	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$66,934,078	\$67,855,120	\$921,042	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	45.14%	41.94%	-3.20%	-7%
4	DISCHARGES	5,069	5,226	157	3%
5	CASE MIX INDEX (CMI)	1.55860	1.57370	0.01510	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7,900.54340	8,224.15620	323.61280	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,472.09	\$8,250.71	(\$221.38)	-3%
8	PATIENT DAYS	26,236	26,125	(111)	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,551.23	\$2,597.33	\$46.09	2%
10	AVERAGE LENGTH OF STAY	5.2	5.0	(0.2)	-3%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$108,576,625	\$132,731,513	\$24,154,888	22%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,085,184	\$29,299,189	\$6,214,005	27%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.26%	22.07%	0.81%	4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	73.22%	82.04%	8.82%	12%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,711.62567	4,287.38672	575.76105	16%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,219.70	\$6,833.81	\$614.11	10%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$256,860,682	\$294,521,184	\$37,660,502	15%
18	TOTAL ACCRUED PAYMENTS	\$90,019,262	\$97,154,309	\$7,135,047	8%
19	TOTAL ALLOWANCES	\$166,841,420	\$197,366,875	\$30,525,455	18%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$76,196,512	\$76,994,872	\$798,360	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,590,610	\$38,963,893	\$373,283	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.65%	50.61%	-0.04%	0%
4	DISCHARGES	2,984	2,873	(111)	-4%
5	CASE MIX INDEX (CMI)	1.32120	1.30200	(0.01920)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,942.46080	3,740.64600	(201.81480)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,788.46	\$10,416.35	\$627.90	6%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,316.37)	(\$2,165.64)	(\$849.27)	65%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$5,189,746)	(\$8,100,911)	(\$2,911,166)	56%
10	PATIENT DAYS	11,197	10,321	(876)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,446.51	\$3,775.21	\$328.69	10%
12	AVERAGE LENGTH OF STAY	3.8	3.6	(0.2)	-4%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$150,639,456	\$167,056,026	\$16,416,570	11%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$50,018,908	\$56,247,245	\$6,228,337	12%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.20%	33.67%	0.47%	1%

SAINT MARY'S HOSPITAL					
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
16	OUTPATIENT CHARGES / INPATIENT CHARGES	197.70%	216.97%	19.27%	10%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,899.32695	6,233.55751	334.23056	6%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,478.75	\$9,023.30	\$544.55	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,259.05)	(\$2,189.49)	\$69.57	-3%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,326,887)	(\$13,648,293)	(\$321,407)	2%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$226,835,968	\$244,050,898	\$17,214,930	8%
22	TOTAL ACCRUED PAYMENTS	\$88,609,518	\$95,211,138	\$6,601,620	7%
23	TOTAL ALLOWANCES	\$138,226,450	\$148,839,760	\$10,613,310	8%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,516,632)	(\$21,749,205)	(\$3,232,572)	17%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$215,458,545	\$232,093,405	\$16,634,860	8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$88,204,682	\$94,607,827	\$6,403,145	7%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$127,253,863	\$137,485,578	\$10,231,715	8%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.06%	59.24%	0.18%	
<u>C. UNINSURED</u>					
<u>UNINSURED INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$1,781,260	\$1,331,888	(\$449,372)	-25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,594	\$91,946	\$70,352	326%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	1.21%	6.90%	5.69%	469%
4	DISCHARGES	115	78	(37)	-32%
5	CASE MIX INDEX (CMI)	1.17280	0.96269	(0.21011)	-18%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	134.87200	75.08982	(59.78218)	-44%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$160.11	\$1,224.48	\$1,064.37	665%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,628.35	\$9,191.87	(\$436.48)	-5%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$8,311.98	\$7,026.23	(\$1,285.75)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,121,053	\$527,598	(\$593,455)	-53%
11	PATIENT DAYS	389	222	(167)	-43%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$55.51	\$414.17	\$358.66	646%
13	AVERAGE LENGTH OF STAY	3.4	2.8	(0.5)	-16%
<u>UNINSURED OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$9,596,163	\$10,625,605	\$1,029,442	11%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$383,242	\$511,365	\$128,123	33%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	3.99%	4.81%	0.82%	21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	538.73%	797.79%	259.06%	48%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	619.53827	622.27244	2.73416	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$618.59	\$821.77	\$203.18	33%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,860.16	\$8,201.53	\$341.37	4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,601.10	\$6,012.04	\$410.94	7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,470,098	\$3,741,127	\$271,029	8%
<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>					
23	TOTAL ACCRUED CHARGES	\$11,377,423	\$11,957,493	\$580,070	5%

SAINT MARY'S HOSPITAL					
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
24	TOTAL ACCRUED PAYMENTS	\$404,836	\$603,311	\$198,475	49%
25	TOTAL ALLOWANCES	\$10,972,587	\$11,354,182	\$381,595	3%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,591,151	\$4,268,725	(\$322,426)	-7%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$59,517,687	\$67,216,873	\$7,699,186	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,911,696	\$21,137,470	(\$774,226)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.82%	31.45%	-5.37%	-15%
4	DISCHARGES	3,568	3,721	153	4%
5	CASE MIX INDEX (CMI)	1.02330	1.05047	0.02717	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,651.13440	3,908.79887	257.66447	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,001.34	\$5,407.66	(\$593.68)	-10%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,787.12	\$5,008.69	\$1,221.57	32%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,470.75	\$2,843.05	\$372.30	15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,021,026	\$11,112,892	\$2,091,866	23%
11	PATIENT DAYS	13,442	14,042	600	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,630.09	\$1,505.30	(\$124.79)	-8%
13	AVERAGE LENGTH OF STAY	3.8	3.8	0.0	0%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$119,782,447	\$139,462,150	\$19,679,703	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$28,101,645	\$29,023,262	\$921,617	3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.46%	20.81%	-2.65%	-11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	201.26%	207.48%	6.23%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,180.78596	7,720.36301	539.57706	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,913.45	\$3,759.31	(\$154.14)	-4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$4,565.30	\$5,263.98	\$698.69	15%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,306.25	\$3,074.50	\$768.25	33%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,560,662	\$23,736,237	\$7,175,575	43%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$179,300,134	\$206,679,023	\$27,378,889	15%
24	TOTAL ACCRUED PAYMENTS	\$50,013,341	\$50,160,732	\$147,391	0%
25	TOTAL ALLOWANCES	\$129,286,793	\$156,518,291	\$27,231,498	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$25,581,688	\$34,849,129	\$9,267,441	36%
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%

SAINT MARY'S HOSPITAL					
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
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$9,788.46	\$10,416.35	\$627.90	6%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,472.09	\$8,250.71	(\$221.38)	-3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	-	-	0%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
20	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$8,478.75	\$9,023.30	\$544.55	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,219.70	\$6,833.81	\$614.11	10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$59,517,687	\$67,216,873	\$7,699,186	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,911,696	\$21,137,470	(\$774,226)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.82%	31.45%	-5.37%	-15%
4	DISCHARGES	3,568	3,721	153	4%
5	CASE MIX INDEX (CMI)	1.02330	1.05047	0.02717	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,651.13440	3,908.79887	257.66447	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,001.34	\$5,407.66	(\$593.68)	-10%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,787.12	\$5,008.69	\$1,221.57	32%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,470.75	\$2,843.05	\$372.30	15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,021,026	\$11,112,892	\$2,091,866	23%
11	PATIENT DAYS	13,442	14,042	600	4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,630.09	\$1,505.30	(\$124.79)	-8%
13	AVERAGE LENGTH OF STAY	3.8	3.8	0.0	0%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$119,782,447	\$139,462,150	\$19,679,703	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$28,101,645	\$29,023,262	\$921,617	3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.46%	20.81%	-2.65%	-11%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	201.26%	207.48%	6.23%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,180.78596	7,720.36301	539.57706	8%

SAINT MARY'S HOSPITAL					
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
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,913.45	\$3,759.31	(\$154.14)	-4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,565.30	\$5,263.98	\$698.69	15%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,306.25	\$3,074.50	\$768.25	33%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,560,662	\$23,736,237	\$7,175,575	43%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$179,300,134	\$206,679,023	\$27,378,889	15%
24	TOTAL ACCRUED PAYMENTS	\$50,013,341	\$50,160,732	\$147,391	0%
25	TOTAL ALLOWANCES	\$129,286,793	\$156,518,291	\$27,231,498	21%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$208,043	\$596,664	\$388,621	187%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$62,761	\$185,111	\$122,350	195%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.17%	31.02%	0.86%	3%
4	DISCHARGES	21	25	4	19%
5	CASE MIX INDEX (CMI)	0.74590	1.14717	0.40127	54%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	15.66390	28.67925	13.01535	83%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,006.73	\$6,454.53	\$2,447.80	61%
8	PATIENT DAYS	49	68	19	39%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,280.84	\$2,722.22	\$1,441.38	113%
10	AVERAGE LENGTH OF STAY	2.3	2.7	0.4	17%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$763,864	\$904,569	\$140,705	18%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$163,459	\$193,957	\$30,498	19%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$971,907	\$1,501,233	\$529,326	54%
14	TOTAL ACCRUED PAYMENTS	\$226,220	\$379,068	\$152,848	68%
15	TOTAL ALLOWANCES	\$745,687	\$1,122,165	\$376,478	50%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$8,705,634	\$8,206,510	(\$499,124)	-6%
2	TOTAL OPERATING EXPENSES	\$227,226,738	\$241,388,483	\$14,161,745	6%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$894,442	\$3,174,277	\$2,279,835	255%
5	BAD DEBTS (CHARGES)	\$10,078,145	\$8,179,905	(\$1,898,240)	-19%
6	UNCOMPENSATED CARE (CHARGES)	\$10,972,587	\$11,354,182	\$381,595	3%
7	COST OF UNCOMPENSATED CARE	\$3,658,859	\$3,553,743	(\$105,116)	-3%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$179,300,134	\$206,679,023	\$27,378,889	15%
9	TOTAL ACCRUED PAYMENTS	\$50,013,341	\$50,160,732	\$147,391	0%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$59,788,441	\$64,688,428	\$4,899,987	8%

SAINT MARY'S HOSPITAL					
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
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,775,100	\$14,527,696	\$4,752,596	49%
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$284,206,299	\$306,598,080	\$22,391,781	8%
2	TOTAL INPATIENT PAYMENTS	\$127,499,145	\$128,141,594	\$642,449	1%
3	TOTAL INPATIENT PAYMENTS / CHARGES	44.86%	41.79%	-3.07%	-7%
4	TOTAL DISCHARGES	11,642	11,845	203	2%
5	TOTAL CASE MIX INDEX	1.33223	1.34253	0.01030	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,509.80250	15,902.28032	392.47782	3%
7	TOTAL OUTPATIENT CHARGES	\$379,762,392	\$440,154,258	\$60,391,866	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	133.62%	143.56%	9.94%	7%
9	TOTAL OUTPATIENT PAYMENTS	\$101,369,196	\$114,763,653	\$13,394,457	13%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.69%	26.07%	-0.62%	-2%
11	TOTAL CHARGES	\$663,968,691	\$746,752,338	\$82,783,647	12%
12	TOTAL PAYMENTS	\$228,868,341	\$242,905,247	\$14,036,906	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	34.47%	32.53%	-1.94%	-6%
14	PATIENT DAYS	50,924	50,556	(368)	-1%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$208,009,787	\$229,603,208	\$21,593,421	10%
2	INPATIENT PAYMENTS	\$88,908,535	\$89,177,701	\$269,166	0%
3	GOVT. INPATIENT PAYMENTS / CHARGES	42.74%	38.84%	-3.90%	-9%
4	DISCHARGES	8,658	8,972	314	4%
5	CASE MIX INDEX	1.33603	1.35551	0.01948	1%
6	CASE MIX ADJUSTED DISCHARGES	11,567.34170	12,161.63432	594.29262	5%
7	OUTPATIENT CHARGES	\$229,122,936	\$273,098,232	\$43,975,296	19%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	110.15%	118.94%	8.79%	8%
9	OUTPATIENT PAYMENTS	\$51,350,288	\$58,516,408	\$7,166,120	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.41%	21.43%	-0.98%	-4%
11	TOTAL CHARGES	\$437,132,723	\$502,701,440	\$65,568,717	15%
12	TOTAL PAYMENTS	\$140,258,823	\$147,694,109	\$7,435,286	5%
13	TOTAL PAYMENTS / CHARGES	32.09%	29.38%	-2.71%	-8%
14	PATIENT DAYS	39,727	40,235	508	1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$296,873,900	\$355,007,331	\$58,133,431	20%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.2	5.0	(0.2)	-3%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.8	3.6	(0.2)	-4%
3	UNINSURED	3.4	2.8	(0.5)	-16%
4	MEDICAID	3.8	3.8	0.0	0%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.3	2.7	0.4	17%
7	TOTAL AVERAGE LENGTH OF STAY	4.4	4.3	(0.1)	-2%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$663,968,691	\$746,752,338	\$82,783,647	12%
2	TOTAL GOVERNMENT DEDUCTIONS	\$296,873,900	\$355,007,331	\$58,133,431	20%

SAINT MARY'S HOSPITAL					
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
3	UNCOMPENSATED CARE	\$10,972,587	\$11,354,182	\$381,595	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$127,253,863	\$137,485,578	\$10,231,715	8%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,464,975	\$9,179,375	\$1,714,400	23%
6	TOTAL ADJUSTMENTS	\$442,565,325	\$513,026,466	\$70,461,141	16%
7	TOTAL ACCRUED PAYMENTS	\$221,403,366	\$233,725,872	\$12,322,506	6%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$221,403,366	\$233,725,872	\$12,322,506	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3334545273	0.3129898095	(0.0204647178)	-6%
11	COST OF UNCOMPENSATED CARE	\$3,658,859	\$3,553,743	(\$105,116)	-3%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,775,100	\$14,527,696	\$4,752,596	49%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND				
	MEDICAL ASSISTANCE UNDERPAYMENT	\$13,433,959	\$18,081,439	\$4,647,480	35%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$16,560,662	\$23,736,237	\$7,175,575	43%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,591,151	\$4,268,725	(\$322,426)	-7%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,151,813	\$28,004,962	\$6,853,149	32%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$11,348,829	\$13,563,930	\$2,215,101	19.52%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$9,860,854	\$9,015,555	(\$845,299)	-8.57%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$238,729,196	\$251,920,802	\$13,191,606	5.53%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$663,968,691	\$746,752,338	\$82,783,647	12.47%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$10,972,587	\$11,354,182	\$381,595	3.48%

**SAINT MARY'S HOSPITAL
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 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$76,196,512	\$76,994,872	\$798,360
2	MEDICARE	\$148,284,057	161,789,671	\$13,505,614
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$59,517,687	67,216,873	\$7,699,186
4	MEDICAID	\$59,517,687	67,216,873	\$7,699,186
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$208,043	596,664	\$388,621
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,781,260	1,331,888	(\$449,372)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$208,009,787	\$229,603,208	\$21,593,421
	TOTAL INPATIENT CHARGES	\$284,206,299	\$306,598,080	\$22,391,781
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$150,639,456	\$167,056,026	\$16,416,570
2	MEDICARE	\$108,576,625	132,731,513	\$24,154,888
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$119,782,447	139,462,150	\$19,679,703
4	MEDICAID	\$119,782,447	139,462,150	\$19,679,703
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$763,864	904,569	\$140,705
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$9,596,163	10,625,605	\$1,029,442
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$229,122,936	\$273,098,232	\$43,975,296
	TOTAL OUTPATIENT CHARGES	\$379,762,392	\$440,154,258	\$60,391,866
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$226,835,968	\$244,050,898	\$17,214,930
2	TOTAL MEDICARE	\$256,860,682	\$294,521,184	\$37,660,502
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$179,300,134	\$206,679,023	\$27,378,889
4	TOTAL MEDICAID	\$179,300,134	\$206,679,023	\$27,378,889
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$971,907	\$1,501,233	\$529,326
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,377,423	\$11,957,493	\$580,070
	TOTAL GOVERNMENT CHARGES	\$437,132,723	\$502,701,440	\$65,568,717
	TOTAL CHARGES	\$663,968,691	\$746,752,338	\$82,783,647
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,590,610	\$38,963,893	\$373,283
2	MEDICARE	\$66,934,078	67,855,120	\$921,042
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,911,696	21,137,470	(\$774,226)
4	MEDICAID	\$21,911,696	21,137,470	(\$774,226)
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$62,761	185,111	\$122,350
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$21,594	91,946	\$70,352
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$88,908,535	\$89,177,701	\$269,166
	TOTAL INPATIENT PAYMENTS	\$127,499,145	\$128,141,594	\$642,449
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$50,018,908	\$56,247,245	\$6,228,337
2	MEDICARE	\$23,085,184	29,299,189	\$6,214,005
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$28,101,645	29,023,262	\$921,617
4	MEDICAID	\$28,101,645	29,023,262	\$921,617
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$163,459	193,957	\$30,498
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$383,242	511,365	\$128,123
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$51,350,288	\$58,516,408	\$7,166,120
	TOTAL OUTPATIENT PAYMENTS	\$101,369,196	\$114,763,653	\$13,394,457
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$88,609,518	\$95,211,138	\$6,601,620
2	TOTAL MEDICARE	\$90,019,262	\$97,154,309	\$7,135,047
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$50,013,341	\$50,160,732	\$147,391
4	TOTAL MEDICAID	\$50,013,341	\$50,160,732	\$147,391
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$226,220	\$379,068	\$152,848
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$404,836	\$603,311	\$198,475
	TOTAL GOVERNMENT PAYMENTS	\$140,258,823	\$147,694,109	\$7,435,286
	TOTAL PAYMENTS	\$228,868,341	\$242,905,247	\$14,036,906
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.48%	10.31%	-1.17%
2	MEDICARE	22.33%	21.67%	-0.67%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.96%	9.00%	0.04%

SAINT MARY'S HOSPITAL						
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	ACTUAL	FY	AMOUNT
		2014		2015		DIFFERENCE
4	MEDICAID		8.96%		9.00%	0.04%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.03%		0.08%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.27%		0.18%	-0.09%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		31.33%		30.75%	-0.58%
	TOTAL INPATIENT PAYER MIX		42.80%		41.06%	-1.75%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		22.69%		22.37%	-0.32%
2	MEDICARE		16.35%		17.77%	1.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		18.04%		18.68%	0.64%
4	MEDICAID		18.04%		18.68%	0.64%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.12%		0.12%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.45%		1.42%	-0.02%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		34.51%		36.57%	2.06%
	TOTAL OUTPATIENT PAYER MIX		57.20%		58.94%	1.75%
	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)		16.86%		16.04%	-0.82%
2	MEDICARE		29.25%		27.93%	-1.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		9.57%		8.70%	-0.87%
4	MEDICAID		9.57%		8.70%	-0.87%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.03%		0.08%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.01%		0.04%	0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		38.85%		36.71%	-2.13%
	TOTAL INPATIENT PAYER MIX		55.71%		52.75%	-2.95%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		21.85%		23.16%	1.30%
2	MEDICARE		10.09%		12.06%	1.98%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		12.28%		11.95%	-0.33%
4	MEDICAID		12.28%		11.95%	-0.33%
5	OTHER MEDICAL ASSISTANCE		0.00%		0.00%	0.00%
6	CHAMPUS / TRICARE		0.07%		0.08%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.17%		0.21%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		22.44%		24.09%	1.65%
	TOTAL OUTPATIENT PAYER MIX		44.29%		47.25%	2.95%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%		100.00%	0.00%
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA						
A. DISCHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		2,984		2,873	(111)
2	MEDICARE		5,069		5,226	157
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		3,568		3,721	153
4	MEDICAID		3,568		3,721	153
5	OTHER MEDICAL ASSISTANCE		0		0	-
6	CHAMPUS / TRICARE		21		25	4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		115		78	(37)
	TOTAL GOVERNMENT DISCHARGES		8,658		8,972	314
	TOTAL DISCHARGES		11,642		11,845	203
B. PATIENT DAYS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		11,197		10,321	(876)
2	MEDICARE		26,236		26,125	(111)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		13,442		14,042	600
4	MEDICAID		13,442		14,042	600
5	OTHER MEDICAL ASSISTANCE		0		0	-
6	CHAMPUS / TRICARE		49		68	19
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		389		222	(167)
	TOTAL GOVERNMENT PATIENT DAYS		39,727		40,235	508
	TOTAL PATIENT DAYS		50,924		50,556	(368)
C. AVERAGE LENGTH OF STAY (ALOS)						

SAINT MARY'S HOSPITAL						
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	ACTUAL	FY	AMOUNT
		2014		2015		DIFFERENCE
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		3.8		3.6	(0.2)
2	MEDICARE		5.2		5.0	(0.2)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		3.8		3.8	0.0
4	MEDICAID		3.8		3.8	0.0
5	OTHER MEDICAL ASSISTANCE		0.0		0.0	-
6	CHAMPUS / TRICARE		2.3		2.7	0.4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		3.4		2.8	(0.5)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY		4.6		4.5	(0.1)
	TOTAL AVERAGE LENGTH OF STAY		4.4		4.3	(0.1)
D. CASE MIX INDEX						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		1.32120		1.30200	(0.01920)
2	MEDICARE		1.55860		1.57370	0.01510
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		1.02330		1.05047	0.02717
4	MEDICAID		1.02330		1.05047	0.02717
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		0.74590		1.14717	0.40127
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		1.17280		0.96269	(0.21011)
	TOTAL GOVERNMENT CASE MIX INDEX		1.33603		1.35551	0.01948
	TOTAL CASE MIX INDEX		1.33223		1.34253	0.01030
E. OTHER REQUIRED DATA						
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$215,458,545		\$232,093,405	\$16,634,860
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$88,204,682		\$94,607,827	\$6,403,145
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES		\$127,253,863		\$137,485,578	\$10,231,715
4	TOTAL ACTUAL DISCOUNT PERCENTAGE		59.06%		59.24%	0.18%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE		\$11,348,829		\$13,563,930	\$2,215,101
6	EMPLOYEE SELF INSURANCE ALLOWANCE		\$7,464,975		\$9,179,375	\$1,714,400
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)		\$0		\$0	\$0
8	CHARITY CARE		\$894,442		\$3,174,277	\$2,279,835
9	BAD DEBTS		\$10,078,145		\$8,179,905	(\$1,898,240)
10	TOTAL UNCOMPENSATED CARE		\$10,972,587		\$11,354,182	\$381,595
11	TOTAL OTHER OPERATING REVENUE		\$8,705,634		\$8,206,510	(\$499,124)
12	TOTAL OPERATING EXPENSES		\$227,226,738		\$241,388,483	\$14,161,745
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS						
A. CASE MIX ADJUSTED DISCHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		3,942.46080		3,740.64600	(201.81480)
2	MEDICARE		7,900.54340		8,224.15620	323.61280
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		3,651.13440		3,908.79887	257.66447
4	MEDICAID		3,651.13440		3,908.79887	257.66447
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		15.66390		28.67925	13.01535
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		134.87200		75.08982	(59.78218)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES		11,567.34170		12,161.63432	594.29262
	TOTAL CASE MIX ADJUSTED DISCHARGES		15,509.80250		15,902.28032	392.47782
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		5,899.32695		6,233.55751	334.23056
2	MEDICARE		3,711.62567		4,287.38672	575.76105
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		7,180.78596		7,720.36301	539.57706
4	MEDICAID		7,180.78596		7,720.36301	539.57706
5	OTHER MEDICAL ASSISTANCE		0.00000		0.00000	0.00000
6	CHAMPUS / TRICARE		77.10494		37.90111	-39.20384
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		619.53827		622.27244	2.73416
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES		10,969.51657		12,045.65084	1,076.13427
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES		16,868.84352		18,279.20835	1,410.36483
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		\$9,788.46		\$10,416.35	\$627.90
2	MEDICARE		\$8,472.09		\$8,250.71	(\$221.38)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		\$6,001.34		\$5,407.66	(\$593.68)
4	MEDICAID		\$6,001.34		\$5,407.66	(\$593.68)
5	OTHER MEDICAL ASSISTANCE		\$0.00		\$0.00	\$0.00
6	CHAMPUS / TRICARE		\$4,006.73		\$6,454.53	\$2,447.80

**SAINT MARY'S HOSPITAL
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 2014	FY ACTUAL 2015	AMOUNT DIFFERENCE
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$160.11	\$1,224.48	\$1,064.37
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,686.17	\$7,332.71	(\$353.46)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,220.55	\$8,058.06	(\$162.49)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,478.75	\$9,023.30	\$544.55
2	MEDICARE	\$6,219.70	\$6,833.81	\$614.11
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,913.45	\$3,759.31	(\$154.14)
4	MEDICAID	\$3,913.45	\$3,759.31	(\$154.14)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$2,119.95	\$5,117.45	\$2,997.49
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$618.59	\$821.77	\$203.18
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,681.18	\$4,857.89	\$176.71
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,009.26	\$6,278.37	\$269.12
V.	CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)			
1	MEDICAID	\$16,560,662	\$23,736,237	\$7,175,575
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,591,151	\$4,268,725	(\$322,426)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$21,151,813	\$28,004,962	\$6,853,149
VI.	CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)			
1	TOTAL CHARGES	\$663,968,691	\$746,752,338	\$82,783,647
2	TOTAL GOVERNMENT DEDUCTIONS	\$296,873,900	\$355,007,331	\$58,133,431
3	UNCOMPENSATED CARE	\$10,972,587	\$11,354,182	\$381,595
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$127,253,863	\$137,485,578	\$10,231,715
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$7,464,975	\$9,179,375	\$1,714,400
6	TOTAL ADJUSTMENTS	\$442,565,325	\$513,026,466	\$70,461,141
7	TOTAL ACCRUED PAYMENTS	\$221,403,366	\$233,725,872	\$12,322,506
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$221,403,366	\$233,725,872	\$12,322,506
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3334545273	0.3129898095	(0.0204647178)
11	COST OF UNCOMPENSATED CARE	\$3,658,859	\$3,553,743	(\$105,116)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$9,775,100	\$14,527,696	\$4,752,596
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$13,433,959	\$18,081,439	\$4,647,480
VII.	RATIOS			
A.	RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.65%	50.61%	-0.04%
2	MEDICARE	45.14%	41.94%	-3.20%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	36.82%	31.45%	-5.37%
4	MEDICAID	36.82%	31.45%	-5.37%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	30.17%	31.02%	0.86%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.21%	6.90%	5.69%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	42.74%	38.84%	-3.90%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	44.86%	41.79%	-3.07%
B.	RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.20%	33.67%	0.47%
2	MEDICARE	21.26%	22.07%	0.81%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	23.46%	20.81%	-2.65%
4	MEDICAID	23.46%	20.81%	-2.65%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	21.40%	21.44%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.99%	4.81%	0.82%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	22.41%	21.43%	-0.98%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.69%	26.07%	-0.62%
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	\$228,868,341	\$242,905,247	\$14,036,906

SAINT MARY'S HOSPITAL				
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 2014	FY 2015	AMOUNT DIFFERENCE
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$228,868,341	\$242,905,247	\$14,036,906
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$9,860,854	\$9,015,555	(\$845,299)
4	CALCULATED NET REVENUE	\$252,691,194	\$251,920,802	(\$770,392)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$238,729,196	\$251,920,802	\$13,191,606
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$13,961,998	\$0	(\$13,961,998)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$663,968,691	\$746,752,338	\$82,783,647
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$663,968,691	\$746,752,338	\$82,783,647
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$663,968,691	\$746,752,338	\$82,783,647
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,972,587	\$11,354,182	\$381,595
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,972,587	\$11,354,182	\$381,595
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,972,587	\$11,354,182	\$381,595
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

SAINT MARY'S HOSPITAL		
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)	\$76,994,872
2	MEDICARE	161,789,671
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	67,216,873
4	MEDICAID	67,216,873
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	596,664
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,331,888
	TOTAL INPATIENT GOVERNMENT CHARGES	\$229,603,208
	TOTAL INPATIENT CHARGES	\$306,598,080
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$167,056,026
2	MEDICARE	132,731,513
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	139,462,150
4	MEDICAID	139,462,150
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	904,569
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	10,625,605
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$273,098,232
	TOTAL OUTPATIENT CHARGES	\$440,154,258
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$244,050,898
2	TOTAL GOVERNMENT ACCRUED CHARGES	502,701,440
	TOTAL ACCRUED CHARGES	\$746,752,338
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,963,893
2	MEDICARE	67,855,120
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,137,470
4	MEDICAID	21,137,470
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	185,111
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	91,946
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$89,177,701
	TOTAL INPATIENT PAYMENTS	\$128,141,594
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$56,247,245
2	MEDICARE	29,299,189
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,023,262
4	MEDICAID	29,023,262
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	193,957
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	511,365
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$58,516,408
	TOTAL OUTPATIENT PAYMENTS	\$114,763,653
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$95,211,138
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	147,694,109
	TOTAL ACCRUED PAYMENTS	\$242,905,247
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,873
2	MEDICARE	5,226
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,721
4	MEDICAID	3,721
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	25

SAINT MARY'S HOSPITAL		
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
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	78
	TOTAL GOVERNMENT DISCHARGES	8,972
	TOTAL DISCHARGES	11,845
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.30200
2	MEDICARE	1.57370
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05047
4	MEDICAID	1.05047
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.14717
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.96269
	TOTAL GOVERNMENT CASE MIX INDEX	1.35551
	TOTAL CASE MIX INDEX	1.34253
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$232,093,405
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$94,607,827
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$137,485,578
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.24%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$13,563,930
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,179,375
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$3,174,277
9	BAD DEBTS	\$8,179,905
10	TOTAL UNCOMPENSATED CARE	\$11,354,182
11	TOTAL OTHER OPERATING REVENUE	\$8,206,510
12	TOTAL OPERATING EXPENSES	\$241,388,483
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	\$242,905,247
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$242,905,247
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$9,015,555
	CALCULATED NET REVENUE	\$251,920,802
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$251,920,802
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$746,752,338
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$746,752,338
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$746,752,338
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,354,182
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,354,182

SAINT MARY'S HOSPITAL		
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
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,354,182
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	267	902	635	238%
2	Number of Approved Applicants	264	879	615	233%
3	Total Charges (A)	\$894,442	\$3,174,277	\$2,279,835	255%
4	Average Charges	\$3,388	\$3,611	\$223	7%
5	Ratio of Cost to Charges (RCC)	0.367096	0.337796	(0.029300)	-8%
6	Total Cost	\$328,346	\$1,072,258	\$743,912	227%
7	Average Cost	\$1,244	\$1,220	(\$24)	-2%
8	Charity Care - Inpatient Charges	\$328,802	\$1,158,143	\$829,341	252%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	294,437	1,083,233	788,796	268%
10	Charity Care - Emergency Department Charges	271,203	932,901	661,698	244%
11	Total Charges (A)	\$894,442	\$3,174,277	\$2,279,835	255%
12	Charity Care - Number of Patient Days	57	165	108	189%
13	Charity Care - Number of Discharges	14	49	35	250%
14	Charity Care - Number of Outpatient ED Visits	134	666	532	397%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	116	506	390	336%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$1,429,144	\$81,799	(\$1,347,345)	-94%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,534,434	1,885,598	351,164	23%
3	Bad Debts - Emergency Department	7,114,567	6,212,508	(902,059)	-13%
4	Total Bad Debts (A)	\$10,078,145	\$8,179,905	(\$1,898,240)	-19%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$894,442	\$3,174,277	\$2,279,835	255%
2	Bad Debts (A)	10,078,145	8,179,905	(1,898,240)	-19%
3	Total Uncompensated Care (A)	\$10,972,587	\$11,354,182	\$381,595	3%
4	Uncompensated Care - Inpatient Services	\$1,757,946	\$1,239,942	(\$518,004)	-29%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,828,871	2,968,831	1,139,960	62%
6	Uncompensated Care - Emergency Department	7,385,770	7,145,409	(240,361)	-3%
7	Total Uncompensated Care (A)	\$10,972,587	\$11,354,182	\$381,595	3%

(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>ACTUAL TOTAL</u> <u>NON-GOVERNMENT</u>	<u>AMOUNT</u> <u>DIFFERENCE</u>	<u>%</u> <u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$215,458,545	\$232,093,405	\$16,634,860	8%
2	Total Contractual Allowances	\$127,253,863	\$137,485,578	\$10,231,715	8%
	Total Accrued Payments (A)	\$88,204,682	\$94,607,827	\$6,403,145	7%
	Total Discount Percentage	59.06%	59.24%	0.18%	0%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 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
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$262,675,487	\$284,206,299	\$306,598,080
2	Outpatient Gross Revenue	\$335,927,153	\$379,762,392	\$440,154,258
3	Total Gross Patient Revenue	\$598,602,640	\$663,968,691	\$746,752,338
4	Net Patient Revenue	\$227,491,163	\$238,729,196	\$251,920,803
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$221,915,377	\$227,226,738	\$241,388,483
C.	<u>Utilization Statistics</u>			
1	Patient Days	51,833	50,924	50,556
2	Discharges	11,729	11,642	11,845
3	Average Length of Stay	4.4	4.4	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	118,121	118,970	123,135
0	Equivalent (Adjusted) Discharges (ED)	26,729	27,198	28,850
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.28257	1.33223	1.34253
2	Case Mix Adjusted Patient Days (CMAPD)	66,480	67,842	67,873
3	Case Mix Adjusted Discharges (CMAD)	15,043	15,510	15,902
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	151,498	158,495	165,312
5	Case Mix Adjusted Equivalent Discharges (CMAED)	34,282	36,234	38,732
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$11,549	\$13,038	\$14,771
2	Total Gross Revenue per Discharge	\$51,036	\$57,032	\$63,044
3	Total Gross Revenue per EPD	\$5,068	\$5,581	\$6,065
4	Total Gross Revenue per ED	\$22,395	\$24,412	\$25,884
5	Total Gross Revenue per CMAEPD	\$3,951	\$4,189	\$4,517
6	Total Gross Revenue per CMAED	\$17,461	\$18,324	\$19,280
7	Inpatient Gross Revenue per EPD	\$2,224	\$2,389	\$2,490
8	Inpatient Gross Revenue per ED	\$9,827	\$10,449	\$10,627

SAINT MARY'S HOSPITAL				
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.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$4,389	\$4,688	\$4,983
2	Net Patient Revenue per Discharge	\$19,396	\$20,506	\$21,268
3	Net Patient Revenue per EPD	\$1,926	\$2,007	\$2,046
4	Net Patient Revenue per ED	\$8,511	\$8,777	\$8,732
5	Net Patient Revenue per CMAEPD	\$1,502	\$1,506	\$1,524
6	Net Patient Revenue per CMAED	\$6,636	\$6,588	\$6,504
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$4,281	\$4,462	\$4,775
2	Total Operating Expense per Discharge	\$18,920	\$19,518	\$20,379
3	Total Operating Expense per EPD	\$1,879	\$1,910	\$1,960
4	Total Operating Expense per ED	\$8,302	\$8,354	\$8,367
5	Total Operating Expense per CMAEPD	\$1,465	\$1,434	\$1,460
6	Total Operating Expense per CMAED	\$6,473	\$6,271	\$6,232
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$28,956,807	\$32,118,192	\$32,984,221
2	Nursing Fringe Benefits Expense	\$6,967,392	\$6,966,676	\$7,751,649
3	Total Nursing Salary and Fringe Benefits Expense	\$35,924,199	\$39,084,868	\$40,735,870
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$3,289,143	\$3,880,024	\$3,794,093
2	Physician Fringe Benefits Expense	\$1,124,776	\$1,070,317	\$1,114,917
3	Total Physician Salary and Fringe Benefits Expense	\$4,413,919	\$4,950,341	\$4,909,010
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$51,910,300	\$49,351,637	\$52,014,621
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$19,096,852	\$16,524,669	\$18,695,393
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$71,007,152	\$65,876,306	\$70,710,014

SAINT MARY'S HOSPITAL				
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
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$84,156,250	\$85,349,853	\$88,792,935
2	Total Fringe Benefits Expense	\$27,189,020	\$24,561,662	\$27,561,959
3	Total Salary and Fringe Benefits Expense	\$111,345,270	\$109,911,515	\$116,354,894
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	347.3	373.1	389.3
2	Total Physician FTEs	56.1	57.3	56.0
3	Total Non-Nursing, Non-Physician FTEs	951.8	885.0	938.9
4	Total Full Time Equivalent Employees (FTEs)	1,355.2	1,315.4	1,384.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$83,377	\$86,085	\$84,727
2	Nursing Fringe Benefits Expense per FTE	\$20,062	\$18,672	\$19,912
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$103,439	\$104,757	\$104,639
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$58,630	\$67,714	\$67,752
2	Physician Fringe Benefits Expense per FTE	\$20,049	\$18,679	\$19,909
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$78,679	\$86,393	\$87,661
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$54,539	\$55,765	\$55,400
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$20,064	\$18,672	\$19,912
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$74,603	\$74,437	\$75,312
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$62,099	\$64,885	\$64,147
2	Total Fringe Benefits Expense per FTE	\$20,063	\$18,672	\$19,912
3	Total Salary and Fringe Benefits Expense per FTE	\$82,162	\$83,557	\$84,059
Q.	Total Salary and Fringe Ben. Expense per Statistic			

SAINT MARY'S HOSPITAL				
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
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,148	\$2,158	\$2,302
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,493	\$9,441	\$9,823
3	Total Salary and Fringe Benefits Expense per EPD	\$943	\$924	\$945
4	Total Salary and Fringe Benefits Expense per ED	\$4,166	\$4,041	\$4,033
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$735	\$693	\$704
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,248	\$3,033	\$3,004