

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$13,310,000	\$19,731,000	\$6,421,000	48%
2	Short Term Investments	\$17,000	\$177,000	\$160,000	941%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$28,548,000	\$26,179,000	(\$2,369,000)	-8%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$3,701,000	\$3,889,000	\$188,000	5%
8	Prepaid Expenses	\$3,301,000	\$2,930,000	(\$371,000)	-11%
9	Other Current Assets	\$3,792,000	\$3,212,000	(\$580,000)	-15%
	Total Current Assets	\$52,669,000	\$56,118,000	\$3,449,000	7%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$14,764,000	\$13,780,000	(\$984,000)	-7%
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	\$20,166,000	\$10,849,000	(\$9,317,000)	-46%
	Total Noncurrent Assets Whose Use is Limited:	\$34,930,000	\$24,629,000	(\$10,301,000)	-29%
5	Interest in Net Assets of Foundation	\$4,908,000	\$5,549,000	\$641,000	13%
6	Long Term Investments	\$124,000	\$0	(\$124,000)	-100%
7	Other Noncurrent Assets	\$25,663,000	\$31,480,000	\$5,817,000	23%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$205,415,000	\$99,138,000	(\$106,277,000)	-52%
2	Less: Accumulated Depreciation	\$139,994,000	\$2,656,000	(\$137,338,000)	-98%
	Property, Plant and Equipment, Net	\$65,421,000	\$96,482,000	\$31,061,000	47%
3	Construction in Progress	\$0	\$0	\$0	0%
	Total Net Fixed Assets	\$65,421,000	\$96,482,000	\$31,061,000	47%
	Total Assets	\$183,715,000	\$214,258,000	\$30,543,000	17%
II.	LIABILITIES AND NET ASSETS				
A.	Current Liabilities:				

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Accounts Payable and Accrued Expenses	\$21,871,000	\$23,861,000	\$1,990,000	9%
2	Salaries, Wages and Payroll Taxes	\$3,962,000	\$9,183,000	\$5,221,000	132%
3	Due To Third Party Payers	\$727,000	\$2,990,000	\$2,263,000	311%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,180,000	\$89,000	(\$3,091,000)	-97%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$13,976,000	\$2,324,000	(\$11,652,000)	-83%
	Total Current Liabilities	\$43,716,000	\$38,447,000	(\$5,269,000)	-12%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$10,589,000	\$0	(\$10,589,000)	-100%
	Total Long Term Debt	\$10,589,000	\$0	(\$10,589,000)	-100%
3	Accrued Pension Liability	\$74,894,000	\$82,429,000	\$7,535,000	10%
4	Other Long Term Liabilities	\$9,352,000	\$12,702,000	\$3,350,000	36%
	Total Long Term Liabilities	\$94,835,000	\$95,131,000	\$296,000	0%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$27,411,000	\$62,162,000	\$34,751,000	127%
2	Temporarily Restricted Net Assets	\$1,922,000	\$1,970,000	\$48,000	2%
3	Permanently Restricted Net Assets	\$15,831,000	\$16,548,000	\$717,000	5%
	Total Net Assets	\$45,164,000	\$80,680,000	\$35,516,000	79%
	Total Liabilities and Net Assets	\$183,715,000	\$214,258,000	\$30,543,000	17%

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$120,222,002	\$122,221,443	\$1,999,441	2%
2	MEDICARE MANAGED CARE	\$41,567,669	\$42,007,643	\$439,974	1%
3	MEDICAID	\$67,216,873	\$72,868,103	\$5,651,230	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$596,664	\$491,825	(\$104,839)	-18%
6	COMMERCIAL INSURANCE	\$5,285,842	\$6,868,575	\$1,582,733	30%
7	NON-GOVERNMENT MANAGED CARE	\$62,781,051	\$61,172,978	(\$1,608,073)	-3%
8	WORKER'S COMPENSATION	\$7,596,091	\$7,752,881	\$156,790	2%
9	SELF- PAY/UNINSURED	\$1,331,888	\$1,753,618	\$421,730	32%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$306,598,080	\$315,137,066	\$8,538,986	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$93,562,518	\$112,456,384	\$18,893,866	20%
2	MEDICARE MANAGED CARE	\$39,168,995	\$47,321,205	\$8,152,210	21%
3	MEDICAID	\$139,462,150	\$155,038,353	\$15,576,203	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$904,569	\$899,169	(\$5,400)	-1%
6	COMMERCIAL INSURANCE	\$10,758,245	\$15,590,060	\$4,831,815	45%
7	NON-GOVERNMENT MANAGED CARE	\$137,796,815	\$150,896,235	\$13,099,420	10%
8	WORKER'S COMPENSATION	\$7,875,361	\$7,194,896	(\$680,465)	-9%
9	SELF- PAY/UNINSURED	\$10,625,605	\$12,583,003	\$1,957,398	18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$440,154,258	\$501,979,305	\$61,825,047	14%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$213,784,520	\$234,677,827	\$20,893,307	10%
2	MEDICARE MANAGED CARE	\$80,736,664	\$89,328,848	\$8,592,184	11%
3	MEDICAID	\$206,679,023	\$227,906,456	\$21,227,433	10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,501,233	\$1,390,994	(\$110,239)	-7%
6	COMMERCIAL INSURANCE	\$16,044,087	\$22,458,635	\$6,414,548	40%
7	NON-GOVERNMENT MANAGED CARE	\$200,577,866	\$212,069,213	\$11,491,347	6%
8	WORKER'S COMPENSATION	\$15,471,452	\$14,947,777	(\$523,675)	-3%
9	SELF- PAY/UNINSURED	\$11,957,493	\$14,336,621	\$2,379,128	20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$746,752,338	\$817,116,371	\$70,364,033	9%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$52,145,621	\$55,135,977	\$2,990,356	6%
2	MEDICARE MANAGED CARE	\$15,709,499	\$16,634,657	\$925,158	6%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$21,137,470	\$21,746,068	\$608,598	3%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$185,111	\$140,465	(\$44,646)	-24%
6	COMMERCIAL INSURANCE	\$2,144,958	\$2,796,947	\$651,989	30%
7	NON-GOVERNMENT MANAGED CARE	\$32,369,474	\$31,375,379	(\$994,095)	-3%
8	WORKER'S COMPENSATION	\$4,357,515	\$4,303,815	(\$53,700)	-1%
9	SELF- PAY/UNINSURED	\$91,946	\$24,237	(\$67,709)	-74%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$128,141,594	\$132,157,545	\$4,015,951	3%
B.	<u>OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$21,086,196	\$24,312,747	\$3,226,551	15%
2	MEDICARE MANAGED CARE	\$8,212,993	\$9,575,776	\$1,362,783	17%
3	MEDICAID	\$29,023,262	\$29,484,033	\$460,771	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$193,957	\$179,457	(\$14,500)	-7%
6	COMMERCIAL INSURANCE	\$3,770,005	\$5,321,429	\$1,551,424	41%
7	NON-GOVERNMENT MANAGED CARE	\$48,198,163	\$53,818,500	\$5,620,337	12%
8	WORKER'S COMPENSATION	\$3,767,712	\$2,685,844	(\$1,081,868)	-29%
9	SELF- PAY/UNINSURED	\$511,365	\$527,219	\$15,854	3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$114,763,653	\$125,905,005	\$11,141,352	10%
C.	<u>TOTAL NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$73,231,817	\$79,448,724	\$6,216,907	8%
2	MEDICARE MANAGED CARE	\$23,922,492	\$26,210,433	\$2,287,941	10%
3	MEDICAID	\$50,160,732	\$51,230,101	\$1,069,369	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$379,068	\$319,922	(\$59,146)	-16%
6	COMMERCIAL INSURANCE	\$5,914,963	\$8,118,376	\$2,203,413	37%
7	NON-GOVERNMENT MANAGED CARE	\$80,567,637	\$85,193,879	\$4,626,242	6%
8	WORKER'S COMPENSATION	\$8,125,227	\$6,989,659	(\$1,135,568)	-14%
9	SELF- PAY/UNINSURED	\$603,311	\$551,456	(\$51,855)	-9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$242,905,247	\$258,062,550	\$15,157,303	6%
III.	<u>STATISTICS BY PAYER</u>				
A.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	3,915	3,985	70	2%
2	MEDICARE MANAGED CARE	1,311	1,264	(47)	-4%
3	MEDICAID	3,721	3,675	(46)	-1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	25	21	(4)	-16%
6	COMMERCIAL INSURANCE	198	210	12	6%
7	NON-GOVERNMENT MANAGED CARE	2,465	2,289	(176)	-7%
8	WORKER'S COMPENSATION	132	115	(17)	-13%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	78	97	19	24%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	11,845	11,656	(189)	-2%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	19,798	17,932	(1,866)	-9%
2	MEDICARE MANAGED CARE	6,327	5,851	(476)	-8%
3	MEDICAID	14,042	13,454	(588)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	68	131	63	93%
6	COMMERCIAL INSURANCE	751	801	50	7%
7	NON-GOVERNMENT MANAGED CARE	8,983	7,923	(1,060)	-12%
8	WORKER'S COMPENSATION	365	296	(69)	-19%
9	SELF- PAY/UNINSURED	222	246	24	11%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	50,556	46,634	(3,922)	-8%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	54,164	60,669	6,505	12%
2	MEDICARE MANAGED CARE	23,468	26,790	3,322	14%
3	MEDICAID	78,557	86,066	7,509	10%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	482	500	18	4%
6	COMMERCIAL INSURANCE	5,750	7,847	2,097	36%
7	NON-GOVERNMENT MANAGED CARE	83,485	89,825	6,340	8%
8	WORKER'S COMPENSATION	2,715	2,290	(425)	-16%
9	SELF- PAY/UNINSURED	6,108	5,870	(238)	-4%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	254,729	279,857	25,128	10%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$18,900,000	\$22,300,000	\$3,400,000	18%
2	MEDICARE MANAGED CARE	\$6,560,000	\$8,000,000	\$1,440,000	22%
3	MEDICAID	\$78,900,000	\$85,300,000	\$6,400,000	8%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$315,000	\$250,000	(\$65,000)	-21%
6	COMMERCIAL INSURANCE	\$4,660,000	\$6,700,000	\$2,040,000	44%
7	NON-GOVERNMENT MANAGED CARE	\$24,400,000	\$25,750,000	\$1,350,000	6%
8	WORKER'S COMPENSATION	\$1,310,000	\$1,400,000	\$90,000	7%
9	SELF- PAY/UNINSURED	\$6,500,000	\$7,800,000	\$1,300,000	20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$141,545,000	\$157,500,000	\$15,955,000	11%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	\$3,100,000	\$3,600,000	\$500,000	16%
2	MEDICARE MANAGED CARE	\$1,100,000	\$1,300,000	\$200,000	18%
3	MEDICAID	\$11,700,000	\$12,500,000	\$800,000	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$48,000	\$40,000	(\$8,000)	-17%
6	COMMERCIAL INSURANCE	\$790,000	\$1,600,000	\$810,000	103%
7	NON-GOVERNMENT MANAGED CARE	\$7,800,000	\$8,300,000	\$500,000	6%
8	WORKER'S COMPENSATION	\$600,000	\$500,000	(\$100,000)	-17%
9	SELF- PAY/UNINSURED	\$129,000	\$125,000	(\$4,000)	-3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$25,267,000	\$27,965,000	\$2,698,000	11%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,100	7,553	453	6%
2	MEDICARE MANAGED CARE	2,581	2,786	205	8%
3	MEDICAID	37,591	38,040	449	1%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	138	119	(19)	-14%
6	COMMERCIAL INSURANCE	1,819	2,453	634	35%
7	NON-GOVERNMENT MANAGED CARE	10,257	9,808	(449)	-4%
8	WORKER'S COMPENSATION	692	684	(8)	-1%
9	SELF- PAY/UNINSURED	3,310	3,509	199	6%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	63,488	64,952	1,464	2%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$32,984,221	\$33,797,299	\$813,078	2%
2	Physician Salaries	\$3,794,093	\$3,788,870	(\$5,223)	0%
3	Non-Nursing, Non-Physician Salaries	\$52,014,621	\$54,522,428	\$2,507,807	5%
	Total Salaries & Wages	\$88,792,935	\$92,108,597	\$3,315,662	4%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$7,751,649	\$7,850,173	\$98,524	1%
2	Physician Fringe Benefits	\$1,114,917	\$1,090,866	(\$24,051)	-2%
3	Non-Nursing, Non-Physician Fringe Benefits	\$18,695,393	\$19,044,853	\$349,460	2%
	Total Fringe Benefits	\$27,561,959	\$27,985,892	\$423,933	2%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$6,098,792	\$5,026,083	(\$1,072,709)	-18%
3	Non-Nursing, Non-Physician Fees	\$0	\$0	\$0	0%
	Total Contractual Labor Fees	\$6,098,792	\$5,026,083	(\$1,072,709)	-18%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$30,038,207	\$27,334,437	(\$2,703,770)	-9%
2	Pharmaceutical Costs	\$11,851,556	\$13,066,600	\$1,215,044	10%
	Total Medical Supplies and Pharmaceutical Cost	\$41,889,763	\$40,401,037	(\$1,488,726)	-4%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$3,689,036	\$3,805,993	\$116,957	3%
2	Depreciation-Equipment	\$7,115,624	\$8,335,418	\$1,219,794	17%
3	Amortization	\$218,734	\$0	(\$218,734)	-100%
	Total Depreciation and Amortization	\$11,023,394	\$12,141,411	\$1,118,017	10%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$0	\$0	\$0	0%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$962,851	\$197,037	(\$765,814)	-80%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$3,338,483	\$4,550,896	\$1,212,413	36%
I.	<u>Utilities:</u>				
1	Water	\$223,063	\$224,587	\$1,524	1%
2	Natural Gas	\$859,348	\$722,241	(\$137,107)	-16%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$1,953,626	\$1,942,742	(\$10,884)	-1%
5	Telephone	\$823,830	\$1,040,303	\$216,473	26%
6	Other Utilities	\$218,005	\$144,609	(\$73,396)	-34%
	Total Utilities	\$4,077,872	\$4,074,482	(\$3,390)	0%

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$283,801	\$290,291	\$6,490	2%
2	Legal Fees	\$1,774,351	\$1,138,196	(\$636,155)	-36%
3	Consulting Fees	\$2,323,896	\$3,325,982	\$1,002,086	43%
4	Dues and Membership	\$856,980	\$1,099,667	\$242,687	28%
5	Equipment Leases	\$0	\$0	\$0	0%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$7,699,811	\$7,134,830	(\$564,981)	-7%
8	Insurance	\$463,185	\$528,259	\$65,074	14%
9	Travel	\$198,305	\$174,020	(\$24,285)	-12%
10	Conferences	\$0	\$0	\$0	0%
11	Property Tax	\$0	\$0	\$0	0%
12	General Supplies	\$2,793,626	\$4,338,060	\$1,544,434	55%
13	Licenses and Subscriptions	\$0	\$0	\$0	0%
14	Postage and Shipping	\$128,263	\$122,444	(\$5,819)	-5%
15	Advertising	\$640,985	\$504,100	(\$136,885)	-21%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$804,169	\$1,094,883	\$290,714	36%
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	\$375,875	\$288,444	(\$87,431)	-23%
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	\$22,322,905	\$27,172,801	\$4,849,896	22%
28	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$40,666,152	\$47,211,977	\$6,545,825	16%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$16,976,282	\$19,017,232	\$2,040,950	12%
	Total Operating Expenses - All Expense Categories*	\$241,388,483	\$252,714,644	\$11,326,161	5%
*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.	<u>General Services:</u>				
1	General Administration	\$23,210,024	\$22,222,161	(\$987,863)	-4%
2	General Accounting	\$1,076,032	\$1,159,858	\$83,826	8%
3	Patient Billing & Collection	\$3,820,073	\$2,282,030	(\$1,538,043)	-40%
4	Admitting / Registration Office	\$1,815,638	\$1,953,593	\$137,955	8%
5	Data Processing	\$10,794,854	\$10,439,510	(\$355,344)	-3%
6	Communications	\$565,612	\$547,350	(\$18,262)	-3%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$2,383,725	\$2,253,402	(\$130,323)	-5%
9	Purchasing	\$1,923,283	\$2,053,918	\$130,635	7%
10	Dietary and Cafeteria	\$3,849,656	\$3,913,739	\$64,083	2%
11	Housekeeping	\$2,743,729	\$2,836,634	\$92,905	3%
12	Laundry & Linen	\$3,798,984	\$3,585,381	(\$213,603)	-6%
13	Operation of Plant	\$5,964,409	\$5,778,853	(\$185,556)	-3%
14	Security	\$0	\$0	\$0	0%
15	Repairs and Maintenance	\$2,938,335	\$2,868,461	(\$69,874)	-2%
16	Central Sterile Supply	\$555,978	\$575,780	\$19,802	4%
17	Pharmacy Department	\$8,170,144	\$8,578,778	\$408,634	5%
18	Other General Services	\$40,979,797	\$56,907,375	\$15,927,578	39%
	Total General Services	\$114,590,273	\$127,956,823	\$13,366,550	12%
	B. Professional Services:				
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$5,556,647	\$5,582,771	\$26,124	0%
3	Nursing Services Administration	\$1,109,037	\$969,104	(\$139,933)	-13%
4	Medical Records	\$4,188,620	\$4,726,163	\$537,543	13%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$2,560,739	\$2,271,532	(\$289,207)	-11%
	Total Professional Services	\$13,415,043	\$13,549,570	\$134,527	1%
	C. Special Services:				
1	Operating Room	\$20,359,601	\$19,289,753	(\$1,069,848)	-5%
2	Recovery Room	\$732,190	\$1,921,636	\$1,189,446	162%
3	Anesthesiology	\$1,417,507	\$1,637,781	\$220,274	16%
4	Delivery Room	\$3,775,092	\$3,791,850	\$16,758	0%
5	Diagnostic Radiology	\$4,554,588	\$4,614,946	\$60,358	1%
6	Diagnostic Ultrasound	\$0	\$0	\$0	0%
7	Radiation Therapy	\$0	\$65	\$65	0%
8	Radioisotopes	\$819,349	\$654,516	(\$164,833)	-20%
9	CT Scan	\$825,253	\$915,285	\$90,032	11%
10	Laboratory	\$9,461,098	\$9,613,314	\$152,216	2%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$5,112,424	\$5,333,661	\$221,237	4%
13	Electrocardiology	\$694,808	\$795,087	\$100,279	14%
14	Electroencephalography	\$581,831	\$445,632	(\$136,199)	-23%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$1,463,546	\$1,420,230	(\$43,316)	-3%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$263,041	\$292,982	\$29,941	11%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$358,698	\$398,559	\$39,861	11%
24	Emergency Room	\$12,114,940	\$11,452,141	(\$662,799)	-5%
25	MRI	\$1,174,068	\$674,938	(\$499,130)	-43%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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	\$2,009,571	\$1,940,643	(\$68,928)	-3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$65,717,605	\$65,193,019	(\$524,586)	-1%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$17,109,908	\$17,341,901	\$231,993	1%
2	Intensive Care Unit	\$4,066,133	\$4,077,922	\$11,789	0%
3	Coronary Care Unit	\$1,437,405	\$1,332,115	(\$105,290)	-7%
4	Psychiatric Unit	\$1,544,363	\$1,554,815	\$10,452	1%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$1,548,303	\$1,415,104	(\$133,199)	-9%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$9,945,580	\$8,403,304	(\$1,542,276)	-16%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$10,465,005	\$10,836,328	\$371,323	4%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$46,116,697	\$44,961,489	(\$1,155,208)	-3%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$1,548,865	\$1,053,743	(\$495,122)	-32%
	Total Operating Expenses - All Departments*	\$241,388,483	\$252,714,644	\$11,326,161	5%
*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 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$238,729,196	\$251,920,803	\$270,262,578
2	Other Operating Revenue	8,705,634	8,206,509	12,538,000
3	Total Operating Revenue	\$247,434,830	\$260,127,312	\$282,800,578
4	Total Operating Expenses	227,226,738	241,388,483	252,714,644
5	Income/(Loss) From Operations	\$20,208,092	\$18,738,829	\$30,085,934
6	Total Non-Operating Revenue	5,016,722	2,521,831	1,052,235
7	Excess/(Deficiency) of Revenue Over Expenses	\$25,224,814	\$21,260,660	\$31,138,169
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	8.00%	7.13%	10.60%
2	Hospital Non Operating Margin	1.99%	0.96%	0.37%
3	Hospital Total Margin	9.99%	8.09%	10.97%
4	Income/(Loss) From Operations	\$20,208,092	\$18,738,829	\$30,085,934
5	Total Operating Revenue	\$247,434,830	\$260,127,312	\$282,800,578
6	Total Non-Operating Revenue	\$5,016,722	\$2,521,831	\$1,052,235
7	Total Revenue	\$252,451,552	\$262,649,143	\$283,852,813
8	Excess/(Deficiency) of Revenue Over Expenses	\$25,224,814	\$21,260,660	\$31,138,169
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$27,668,000	\$27,411,000	\$62,162,000
2	Hospital Total Net Assets	\$46,764,000	\$45,164,000	\$80,680,000
3	Hospital Change in Total Net Assets	(\$2,933,000)	(\$1,600,000)	\$35,516,000
4	Hospital Change in Total Net Assets %	94.1%	-3.4%	78.6%
D. <u>Cost Data Summary</u>				

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
1	<u>Ratio of Cost to Charges</u>	0.34	0.32	0.30
2	Total Operating Expenses	\$227,226,738	\$241,388,483	\$252,714,644
3	Total Gross Revenue	\$663,968,691	\$746,752,338	\$817,116,371
4	Total Other Operating Revenue	\$8,705,634	\$8,206,510	\$12,538,000
5	<u>Private Payment to Cost Ratio</u>	1.21	1.27	1.32
6	Total Non-Government Payments	\$88,609,518	\$95,211,138	\$100,853,370
7	Total Uninsured Payments	\$404,836	\$603,311	\$551,456
8	Total Non-Government Charges	\$226,835,968	\$244,050,898	\$263,812,246
9	Total Uninsured Charges	\$11,377,423	\$11,957,493	\$14,336,621
10	<u>Medicare Payment to Cost Ratio</u>	1.04	1.03	1.07
11	Total Medicare Payments	\$90,019,262	\$97,154,309	\$105,659,157
12	Total Medicare Charges	\$256,860,682	\$294,521,184	\$324,006,675
13	<u>Medicaid Payment to Cost Ratio</u>	0.83	0.76	0.74
14	Total Medicaid Payments	\$50,013,341	\$50,160,732	\$51,230,101
15	Total Medicaid Charges	\$179,300,134	\$206,679,023	\$227,906,456
16	<u>Uncompensated Care Cost</u>	\$3,706,497	\$3,630,355	\$4,198,994
17	Charity Care	\$894,442	\$3,174,277	\$6,949,752
18	Bad Debts	\$10,078,145	\$8,179,905	\$6,835,415
19	Total Uncompensated Care	\$10,972,587	\$11,354,182	\$13,785,167
20	<u>Uncompensated Care % of Total Expenses</u>	1.6%	1.5%	1.7%
21	Total Operating Expenses	\$227,226,738	\$241,388,483	\$252,714,644
E.	<u>Liquidity Measures Summary</u>			

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
1	<u>Current Ratio</u>	2	1	1
2	Total Current Assets	\$58,696,000	\$52,669,000	\$56,118,000
3	Total Current Liabilities	\$37,647,000	\$43,716,000	\$38,447,000
4	<u>Days Cash on Hand</u>	41	21	30
5	Cash and Cash Equivalents	\$24,610,000	\$13,310,000	\$19,731,000
6	Short Term Investments	17,000	17,000	177,000
7	Total Cash and Short Term Investments	\$24,627,000	\$13,327,000	\$19,908,000
8	Total Operating Expenses	\$227,226,738	\$241,388,483	\$252,714,644
9	Depreciation Expense	\$9,939,122	\$11,023,394	\$12,141,411
10	Operating Expenses less Depreciation Expense	\$217,287,616	\$230,365,089	\$240,573,233
11	<u>Days Revenue in Patient Accounts Receivable</u>	40	40	31
12	Net Patient Accounts Receivable	\$26,816,000	\$28,548,000	\$26,179,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$783,000	\$727,000	\$2,990,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$26,033,000	\$27,821,000	\$23,189,000
16	Total Net Patient Revenue	\$238,729,196	\$251,920,803	\$270,262,578
17	<u>Average Payment Period</u>	63	69	58
18	Total Current Liabilities	\$37,647,000	\$43,716,000	\$38,447,000
19	Total Operating Expenses	\$227,226,738	\$241,388,483	\$252,714,644
20	Depreciation Expense	\$9,939,122	\$11,023,394	\$12,141,411
21	Total Operating Expenses less Depreciation Expense	\$217,287,616	\$230,365,089	\$240,573,233
F.	<u>Solvency Measures Summary</u>			

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
1	<u>Equity Financing Ratio</u>	25.0	24.6	37.7
2	Total Net Assets	\$46,764,000	\$45,164,000	\$80,680,000
3	Total Assets	\$187,153,000	\$183,715,000	\$214,258,000
4	<u>Cash Flow to Total Debt Ratio</u>	63.4	59.4	112.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$25,224,814	\$21,260,660	\$31,138,169
6	Depreciation Expense	\$9,939,122	\$11,023,394	\$12,141,411
7	Excess of Revenues Over Expenses and Depreciation Expense	\$35,163,936	\$32,284,054	\$43,279,580
8	Total Current Liabilities	\$37,647,000	\$43,716,000	\$38,447,000
9	Total Long Term Debt	\$17,818,000	\$10,589,000	\$0
10	Total Current Liabilities and Total Long Term Debt	\$55,465,000	\$54,305,000	\$38,447,000
11	<u>Long Term Debt to Capitalization Ratio</u>	27.6	19.0	-
12	Total Long Term Debt	\$17,818,000	\$10,589,000	\$0
13	Total Net Assets	\$46,764,000	\$45,164,000	\$80,680,000
14	Total Long Term Debt and Total Net Assets	\$64,582,000	\$55,753,000	\$80,680,000
15	<u>Debt Service Coverage Ratio</u>	9.5	4.7	220.7
16	Excess Revenues over Expenses	25,224,814	\$21,260,660	\$31,138,169
17	Interest Expense	1,353,274	\$962,851	\$197,037
18	Depreciation and Amortization Expense	9,939,122	\$11,023,394	\$12,141,411
19	Principal Payments	2,490,000	\$6,089,000	\$1
G.	<u>Other Financial Ratios</u>			
20	<u>Average Age of Plant</u>	13.0	12.7	0.2
21	Accumulated Depreciation	129,200,000	139,994,000	2,656,000
22	Depreciation and Amortization Expense	9,939,122	11,023,394	12,141,411

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
H. Utilization Measures Summary				
1	Patient Days	50,924	50,556	46,634
2	Discharges	11,642	11,845	11,656
3	ALOS	4.4	4.3	4.0
4	Staffed Beds	182	168	171
5	Available Beds	-	210	182
6	Licensed Beds	182	379	379
7	Occupancy of Staffed Beds	76.7%	82.4%	74.7%
8	Occupancy of Available Beds	76.7%	66.0%	70.2%
9	Full Time Equivalent Employees	1,315.4	1,384.2	1,398.3
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	32.5%	31.1%	30.5%
2	Medicare Gross Revenue Payer Mix Percentage	38.7%	39.4%	39.7%
3	Medicaid Gross Revenue Payer Mix Percentage	27.0%	27.7%	27.9%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.7%	1.6%	1.8%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.2%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$215,458,545	\$232,093,405	\$249,475,625
9	Medicare Gross Revenue (Charges)	\$256,860,682	\$294,521,184	\$324,006,675
10	Medicaid Gross Revenue (Charges)	\$179,300,134	\$206,679,023	\$227,906,456
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0
12	Uninsured Gross Revenue (Charges)	\$11,377,423	\$11,957,493	\$14,336,621
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$971,907	\$1,501,233	\$1,390,994
14	Total Gross Revenue (Charges)	\$663,968,691	\$746,752,338	\$817,116,371
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	38.5%	38.9%	38.9%
2	Medicare Net Revenue Payer Mix Percentage	39.3%	40.0%	40.9%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
3	Medicaid Net Revenue Payer Mix Percentage	21.9%	20.7%	19.9%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.2%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$88,204,682	\$94,607,827	\$100,301,914
9	Medicare Net Revenue (Payments)	\$90,019,262	\$97,154,309	\$105,659,157
10	Medicaid Net Revenue (Payments)	\$50,013,341	\$50,160,732	\$51,230,101
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0
12	Uninsured Net Revenue (Payments)	\$404,836	\$603,311	\$551,456
13	CHAMPUS / TRICARE Net Revenue Payments)	\$226,220	\$379,068	\$319,922
14	Total Net Revenue (Payments)	\$228,868,341	\$242,905,247	\$258,062,550
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	2,984	2,873	2,711
2	Medicare	5,069	5,226	5,249
3	Medical Assistance	3,568	3,721	3,675
4	Medicaid	3,568	3,721	3,675
5	Other Medical Assistance	-	-	-
6	CHAMPUS / TRICARE	21	25	21
7	Uninsured (Included In Non-Government)	115	78	97
8	Total	11,642	11,845	11,656
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	1.32120	1.30200	1.35160
2	Medicare	1.55860	1.57370	1.58521
3	Medical Assistance	1.02330	1.05047	1.15879
4	Medicaid	1.02330	1.05047	1.15879
5	Other Medical Assistance	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	0.74590	1.14717	0.94090
7	Uninsured (Included In Non-Government)	1.17280	0.96269	1.08541
8	Total Case Mix Index	1.33223	1.34253	1.39527

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	7,886	8,274	7,461
2	Emergency Room - Treated and Discharged	62,335	63,488	64,952
3	Total Emergency Room Visits	70,221	71,762	72,413

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,092,277	\$6,962,718	\$5,870,441	537%
2	Inpatient Payments	\$437,326	\$2,775,026	\$2,337,700	535%
3	Outpatient Charges	\$885,514	\$8,527,739	\$7,642,225	863%
4	Outpatient Payments	\$166,996	\$1,504,164	\$1,337,168	801%
5	Discharges	41	245	204	498%
6	Patient Days	170	992	822	484%
7	Outpatient Visits (Excludes ED Visits)	508	4,068	3,560	701%
8	Emergency Department Outpatient Visits	75	860	785	1047%
9	Emergency Department Inpatient Admissions	33	204	171	518%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,977,791	\$15,490,457	\$13,512,666	683%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$604,322	\$4,279,190	\$3,674,868	608%
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	\$12,923,893	\$14,760,209	\$1,836,316	14%
2	Inpatient Payments	\$4,923,398	\$5,970,928	\$1,047,530	21%
3	Outpatient Charges	\$11,698,001	\$14,484,273	\$2,786,272	24%
4	Outpatient Payments	\$2,555,602	\$3,017,991	\$462,389	18%
5	Discharges	391	416	25	6%
6	Patient Days	1,861	1,995	134	7%
7	Outpatient Visits (Excludes ED Visits)	6,985	7,857	872	12%
8	Emergency Department Outpatient Visits	482	571	89	18%
9	Emergency Department Inpatient Admissions	336	321	(15)	-4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,621,894	\$29,244,482	\$4,622,588	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,479,000	\$8,988,919	\$1,509,919	20%
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%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	OTHER MEDICARE MANAGED CARE				
1	Inpatient Charges	\$1,620,119	\$629,569	(\$990,550)	-61%
2	Inpatient Payments	\$674,889	\$247,576	(\$427,313)	-63%
3	Outpatient Charges	\$1,716,357	\$654,040	(\$1,062,317)	-62%
4	Outpatient Payments	\$317,664	\$125,228	(\$192,436)	-61%
5	Discharges	49	18	(31)	-63%
6	Patient Days	276	76	(200)	-72%
7	Outpatient Visits (Excludes ED Visits)	608	271	(337)	-55%
8	Emergency Department Outpatient Visits	136	94	(42)	-31%
9	Emergency Department Inpatient Admissions	44	17	(27)	-61%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,336,476	\$1,283,609	(\$2,052,867)	-62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$992,553	\$372,804	(\$619,749)	-62%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE				
1	Inpatient Charges	\$129,188	\$21,503	(\$107,685)	-83%
2	Inpatient Payments	\$46,373	\$7,596	(\$38,777)	-84%
3	Outpatient Charges	\$50,016	\$108,859	\$58,843	118%
4	Outpatient Payments	\$12,001	\$19,804	\$7,803	65%
5	Discharges	2	1	(1)	-50%
6	Patient Days	12	5	(7)	-58%
7	Outpatient Visits (Excludes ED Visits)	49	66	17	35%
8	Emergency Department Outpatient Visits	9	24	15	167%
9	Emergency Department Inpatient Admissions	2	1	(1)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$179,204	\$130,362	(\$48,842)	-27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$58,374	\$27,400	(\$30,974)	-53%
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$10,984,611	\$8,395,877	(\$2,588,734)	-24%
2	Inpatient Payments	\$4,060,742	\$3,284,610	(\$776,132)	-19%
3	Outpatient Charges	\$8,792,580	\$10,355,065	\$1,562,485	18%
4	Outpatient Payments	\$1,843,792	\$2,146,359	\$302,567	16%
5	Discharges	335	257	(78)	-23%
6	Patient Days	1,667	1,262	(405)	-24%
7	Outpatient Visits (Excludes ED Visits)	4,675	5,344	669	14%
8	Emergency Department Outpatient Visits	564	533	(31)	-5%
9	Emergency Department Inpatient Admissions	289	211	(78)	-27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,777,191	\$18,750,942	(\$1,026,249)	-5%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,904,534	\$5,430,969	(\$473,565)	-8%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$7,109,268	\$2,519,928	(\$4,589,340)	-65%
2	Inpatient Payments	\$2,621,613	\$1,192,027	(\$1,429,586)	-55%
3	Outpatient Charges	\$7,163,883	\$2,948,399	(\$4,215,484)	-59%
4	Outpatient Payments	\$1,341,182	\$491,223	(\$849,959)	-63%
5	Discharges	240	80	(160)	-67%
6	Patient Days	1,142	330	(812)	-71%
7	Outpatient Visits (Excludes ED Visits)	3,268	1,244	(2,024)	-62%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
8	Emergency Department Outpatient Visits	911	312	(599)	-66%
9	Emergency Department Inpatient Admissions	215	64	(151)	-70%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$14,273,151	\$5,468,327	(\$8,804,824)	-62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,962,795	\$1,683,250	(\$2,279,545)	-58%
I.	AETNA				
1	Inpatient Charges	\$7,708,313	\$8,717,839	\$1,009,526	13%
2	Inpatient Payments	\$2,945,158	\$3,156,894	\$211,736	7%
3	Outpatient Charges	\$8,862,644	\$10,242,830	\$1,380,186	16%
4	Outpatient Payments	\$1,975,756	\$2,271,007	\$295,251	15%
5	Discharges	253	247	(6)	-2%
6	Patient Days	1,199	1,191	(8)	-1%
7	Outpatient Visits (Excludes ED Visits)	4,794	5,154	360	8%
8	Emergency Department Outpatient Visits	404	392	(12)	-3%
9	Emergency Department Inpatient Admissions	213	196	(17)	-8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,570,957	\$18,960,669	\$2,389,712	14%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,920,914	\$5,427,901	\$506,987	10%
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%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
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%
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	\$41,567,669	\$42,007,643	\$439,974	1%
	TOTAL INPATIENT PAYMENTS	\$15,709,499	\$16,634,657	\$925,158	6%
	TOTAL OUTPATIENT CHARGES	\$39,168,995	\$47,321,205	\$8,152,210	21%
	TOTAL OUTPATIENT PAYMENTS	\$8,212,993	\$9,575,776	\$1,362,783	17%
	TOTAL DISCHARGES	1,311	1,264	(47)	-4%
	TOTAL PATIENT DAYS	6,327	5,851	(476)	-8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	20,887	24,004	3,117	15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	2,581	2,786	205	8%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,132	1,014	(118)	-10%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$80,736,664	\$89,328,848	\$8,592,184	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$23,922,492	\$26,210,433	\$2,287,941	10%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
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%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F.	FIRST CHOICE OF CONNECTICUT, PREFERRED ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
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%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 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%
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%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$15,091,000	\$72,316,000	\$57,225,000	379%
2	Short Term Investments	\$17,000	\$49,401,000	\$49,384,000	290494%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$32,905,000	\$124,168,000	\$91,263,000	277%
4	Current Assets Whose Use is Limited for Current Liabilities	\$3,418,000	\$5,754,000	\$2,336,000	68%
5	Due From Affiliates	\$0	\$3,147,000	\$3,147,000	0%
6	Due From Third Party Payers	\$0	\$5,513,000	\$5,513,000	0%
7	Inventories of Supplies	\$3,701,000	\$14,316,000	\$10,615,000	287%
8	Prepaid Expenses	\$3,300,000	\$8,569,000	\$5,269,000	160%
9	Other Current Assets	\$4,618,000	\$13,155,000	\$8,537,000	185%
	Total Current Assets	\$63,050,000	\$296,339,000	\$233,289,000	370%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$14,764,000	\$0	(\$14,764,000)	-100%
2	Board Designated for Capital Acquisition	\$0	\$139,813,000	\$139,813,000	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$43,057,000	\$24,717,000	(\$18,340,000)	-43%
	Total Noncurrent Assets Whose Use is Limited:	\$57,821,000	\$164,530,000	\$106,709,000	185%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$4,244,000	\$52,748,000	\$48,504,000	1143%
7	Other Noncurrent Assets	\$11,454,000	\$18,518,000	\$7,064,000	62%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$219,963,000	\$551,097,000	\$331,134,000	151%
2	Less: Accumulated Depreciation	\$149,672,000	\$49,168,000	(\$100,504,000)	(\$1)
	Property, Plant and Equipment, Net	\$70,291,000	\$501,929,000	\$431,638,000	614%
3	Construction in Progress	\$0	\$23,674,000	\$23,674,000	0%
	Total Net Fixed Assets	\$70,291,000	\$525,603,000	\$455,312,000	648%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	Total Assets	\$206,860,000	\$1,057,738,000	\$850,878,000	411%
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	<u>Current Liabilities:</u>				
1	Accounts Payable and Accrued Expenses	\$22,665,000	\$68,313,000	\$45,648,000	201%
2	Salaries, Wages and Payroll Taxes	\$6,002,000	\$75,613,000	\$69,611,000	1160%
3	Due To Third Party Payers	\$727,000	\$15,903,000	\$15,176,000	2087%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$3,409,000	\$7,821,000	\$4,412,000	129%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$12,980,000	\$11,999,000	(\$981,000)	-8%
	Total Current Liabilities	\$45,783,000	\$179,649,000	\$133,866,000	292%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$0	\$256,156,000	\$256,156,000	0%
2	Notes Payable (Net of Current Portion)	\$11,018,000	\$0	(\$11,018,000)	-100%
	Total Long Term Debt	\$11,018,000	\$256,156,000	\$245,138,000	2225%
3	Accrued Pension Liability	\$74,894,000	\$314,044,000	\$239,150,000	319%
4	Other Long Term Liabilities	\$24,062,000	\$79,162,000	\$55,100,000	229%
	Total Long Term Liabilities	\$109,974,000	\$649,362,000	\$539,388,000	490%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$955,000	\$0	(\$955,000)	-100%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$32,395,000	\$123,226,000	\$90,831,000	280%
2	Temporarily Restricted Net Assets	\$1,922,000	\$33,642,000	\$31,720,000	1650%
3	Permanently Restricted Net Assets	\$15,831,000	\$71,859,000	\$56,028,000	354%
	Total Net Assets	\$50,148,000	\$228,727,000	\$178,579,000	356%
	Total Liabilities and Net Assets	\$206,860,000	\$1,057,738,000	\$850,878,000	411%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$832,217,000	\$763,437,000	(\$68,780,000)	-8%
2	Less: Allowances	\$536,081,000	\$492,276,000	(\$43,805,000)	-8%
3	Less: Charity Care	\$1,072,000	\$6,950,000	\$5,878,000	548%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$295,064,000	\$264,211,000	(\$30,853,000)	-10%
5	Provision for Bad Debts	\$9,675,000	\$7,524,000	(\$2,151,000)	-22%
	Net Patient Service Revenue less provision for bad debts	\$285,389,000	\$256,687,000	(\$28,702,000)	-10%
6	Other Operating Revenue	\$10,072,000	\$9,039,000	(\$1,033,000)	-10%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$295,461,000	\$265,726,000	(\$29,735,000)	-10%
B. Operating Expenses:					
1	Salaries and Wages	\$123,197,000	\$110,216,000	(\$12,981,000)	-11%
2	Fringe Benefits	\$32,298,000	\$28,306,000	(\$3,992,000)	-12%
3	Physicians Fees	\$9,916,000	\$8,934,000	(\$982,000)	-10%
4	Supplies and Drugs	\$43,411,000	\$34,973,000	(\$8,438,000)	-19%
5	Depreciation and Amortization	\$11,636,000	\$10,110,000	(\$1,526,000)	-13%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$980,000	\$210,000	(\$770,000)	-79%
8	Malpractice Insurance Cost	\$4,154,000	\$1,201,000	(\$2,953,000)	-71%
9	Other Operating Expenses	\$67,708,000	\$63,037,000	(\$4,671,000)	-7%
	Total Operating Expenses	\$293,300,000	\$256,987,000	(\$36,313,000)	-12%
	Income/(Loss) From Operations	\$2,161,000	\$8,739,000	\$6,578,000	304%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,565,000	\$1,263,000	(\$302,000)	-19%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$963,000	\$82,000	(\$881,000)	-91%
	Total Non-Operating Revenue	\$2,528,000	\$1,345,000	(\$1,183,000)	-47%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$4,689,000	\$10,084,000	\$5,395,000	115%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	Other Adjustments:				
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$4,689,000	\$10,084,000	\$5,395,000	115%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. <u>Parent Corporation Statement of Operations Summary</u>				
1	Net Patient Revenue	\$268,087,000	\$285,389,000	\$256,687,000
2	Other Operating Revenue	10,774,000	10,072,000	9,039,000
3	Total Operating Revenue	\$278,861,000	\$295,461,000	\$265,726,000
4	Total Operating Expenses	269,715,000	293,300,000	256,987,000
5	Income/(Loss) From Operations	\$9,146,000	\$2,161,000	\$8,739,000
6	Total Non-Operating Revenue	3,684,000	2,528,000	1,345,000
7	Excess/(Deficiency) of Revenue Over Expenses	\$12,830,000	\$4,689,000	\$10,084,000
B. <u>Parent Corporation Profitability Summary</u>				
1	Parent Corporation Operating Margin	3.24%	0.73%	3.27%
2	Parent Corporation Non-Operating Margin	1.30%	0.85%	0.50%
3	Parent Corporation Total Margin	4.54%	1.57%	3.78%
4	Income/(Loss) From Operations	\$9,146,000	\$2,161,000	\$8,739,000
5	Total Operating Revenue	\$278,861,000	\$295,461,000	\$265,726,000
6	Total Non-Operating Revenue	\$3,684,000	\$2,528,000	\$1,345,000
7	Total Revenue	\$282,545,000	\$297,989,000	\$267,071,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$12,830,000	\$4,689,000	\$10,084,000
C. <u>Parent Corporation Net Assets Summary</u>				
1	Parent Corporation Unrestricted Net Assets	\$32,525,000	\$32,395,000	\$123,226,000
2	Parent Corporation Total Net Assets	\$51,621,000	\$50,148,000	\$228,727,000
3	Parent Corporation Change in Total Net Assets	(\$1,005,000)	(\$1,473,000)	\$178,579,000
4	Parent Corporation Change in Total Net Assets %	98.1%	-2.9%	356.1%
D. <u>Liquidity Measures Summary</u>				
1	Current Ratio	1.73	1.38	1.65

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
2	Total Current Assets	\$70,192,000	\$63,050,000	\$296,339,000
3	Total Current Liabilities	\$40,612,000	\$45,783,000	\$179,649,000
4	<u>Days Cash on Hand</u>	38	20	180
5	Cash and Cash Equivalents	\$26,866,000	\$15,091,000	\$72,316,000
6	Short Term Investments	\$17,000	\$17,000	\$49,401,000
7	Total Cash and Short Term Investments	\$26,883,000	\$15,108,000	\$121,717,000
8	Total Operating Expenses	\$269,715,000	\$293,300,000	\$256,987,000
9	Depreciation Expense	\$10,529,000	\$11,636,000	\$10,110,000
10	Operating Expenses less Depreciation Expense	\$259,186,000	\$281,664,000	\$246,877,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	40	41	162
12	Net Patient Accounts Receivable	\$ 30,238,000	\$ 32,905,000	\$ 124,168,000
13	Due From Third Party Payers	\$0	\$0	\$5,513,000
14	Due To Third Party Payers	\$783,000	\$727,000	\$15,903,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 29,455,000	\$ 32,178,000	\$ 113,778,000
16	Total Net Patient Revenue	\$268,087,000	\$285,389,000	\$256,687,000
17	<u>Average Payment Period</u>	57	59	266
18	Total Current Liabilities	\$40,612,000	\$45,783,000	\$179,649,000
19	Total Operating Expenses	\$269,715,000	\$293,300,000	\$256,987,000
20	Depreciation Expense	\$10,529,000	\$11,636,000	\$10,110,000
20	Total Operating Expenses less Depreciation Expense	\$259,186,000	\$281,664,000	\$246,877,000
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	23.0	24.2	21.6
2	Total Net Assets	\$51,621,000	\$50,148,000	\$228,727,000

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
3	Total Assets	\$224,013,000	\$206,860,000	\$1,057,738,000
4	<u>Cash Flow to Total Debt Ratio</u>	39.9	28.7	4.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$12,830,000	\$4,689,000	\$10,084,000
6	Depreciation Expense	\$10,529,000	\$11,636,000	\$10,110,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$23,359,000	\$16,325,000	\$20,194,000
8	Total Current Liabilities	\$40,612,000	\$45,783,000	\$179,649,000
9	Total Long Term Debt	\$17,891,000	\$11,018,000	\$256,156,000
10	Total Current Liabilities and Total Long Term Debt	\$58,503,000	\$56,801,000	\$435,805,000
11	<u>Long Term Debt to Capitalization Ratio</u>	25.7	18.0	52.8
12	Total Long Term Debt	\$17,891,000	\$11,018,000	\$256,156,000
13	Total Net Assets	\$51,621,000	\$50,148,000	\$228,727,000
14	Total Long Term Debt and Total Net Assets	\$69,512,000	\$61,166,000	\$484,883,000

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	5,763	5,859	96	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,234	4,538	304	7%
3	Emergency Department Scans	9,342	10,169	827	9%
4	Other Non-Hospital Providers' Scans (A)	3,090	3,295	205	7%
	Total CT Scans	22,429	23,861	1,432	6%
B. MRI Scans (A)					
1	Inpatient Scans	1,136	1,132	-4	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,433	2,622	189	8%
3	Emergency Department Scans	277	345	68	25%
4	Other Non-Hospital Providers' Scans (A)	7,941	7,842	-99	-1%
	Total MRI Scans	11,787	11,941	154	1%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	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)	704	849	145	21%
	Total PET/CT Scans	704	849	145	21%
(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	11,118	12,758	1,640	15%
	Total Linear Accelerator Procedures	11,118	12,758	1,640	15%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	432	381	-51	-12%
2	Outpatient Procedures	449	523	74	16%
	Total Cardiac Catheterization Procedures	881	904	23	3%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	317	297	-20	-6%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	317	297	-20	-6%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
H.	<u>Electrophysiology Studies</u>				
1	Inpatient Studies	85	60	-25	-29%
2	Outpatient Studies	114	142	28	25%
	Total Electrophysiology Studies	199	202	3	2%
I.	<u>Surgical Procedures</u>				
1	Inpatient Surgical Procedures	2,128	2,144	16	1%
2	Outpatient Surgical Procedures	7,735	6,786	-949	-12%
	Total Surgical Procedures	9,863	8,930	-933	-9%
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	532	468	-64	-12%
2	Outpatient Endoscopy Procedures	3,867	5,384	1,517	39%
	Total Endoscopy Procedures	4,399	5,852	1,453	33%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	8,274	7,461	-813	-10%
2	Emergency Room Visits: Treated and Discharged	63,488	64,952	1,464	2%
	Total Emergency Room Visits	71,762	72,413	651	1%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	1,675	1,773	98	6%
2	Dental Clinic Visits	3,725	2,436	-1,289	-35%
3	Psychiatric Clinic Visits	2,561	2,276	-285	-11%
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	19,386	25,356	5,970	31%
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	27,347	31,841	4,494	16%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	11,872	11,667	-205	-2%
2	Cardiac Rehabilitation	2,400	3,165	765	32%
3	Chemotherapy	3,022	4,942	1,920	64%
4	Gastroenterology	3,867	5,384	1,517	39%
5	Other Outpatient Visits	144,996	150,455	5,459	4%
	Total Other Hospital Outpatient Visits	166,157	175,613	9,456	6%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	389.3	393.1	3.8	1%
2	Total Physician FTEs	56.0	54.6	-1.4	-3%
3	Total Non-Nursing and Non-Physician FTEs	938.9	950.6	11.7	1%
	Total Hospital Full Time Equivalent Employees	1,384.2	1,398.3	14.1	1%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Hospital	3,550	3,716	166	5%
2	Naugatuck Valley Surgical Center	4,185	3,070	-1,115	-27%
	Total Outpatient Surgical Procedures(A)	7,735	6,786	-949	-12%
B. Outpatient Endoscopy Procedures					
1	Hospital	0	762	762	0%
2	Naugatuck Valley Surgical Center	3,867	4,622	755	20%
	Total Outpatient Endoscopy Procedures(B)	3,867	5,384	1,517	39%
C. Outpatient Hospital Emergency Room Visits					
1	Hospital	63,488	64,952	1,464	2%
	Total Outpatient Hospital Emergency Room Visits(C)	63,488	64,952	1,464	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 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$161,789,671	\$164,229,086	\$2,439,415	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$67,855,120	\$71,770,634	\$3,915,514	6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	41.94%	43.70%	1.76%	4%
4	DISCHARGES	5,226	5,249	23	0%
5	CASE MIX INDEX (CMI)	1.57370	1.58521	0.01151	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,224.15620	8,320.76729	96.61109	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,250.71	\$8,625.48	\$374.77	5%
8	PATIENT DAYS	26,125	23,783	(2,342)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,597.33	\$3,017.73	\$420.40	16%
10	AVERAGE LENGTH OF STAY	5.0	4.5	(0.5)	-9%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$132,731,513	\$159,777,589	\$27,046,076	20%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,299,189	\$33,888,523	\$4,589,334	16%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.07%	21.21%	-0.86%	-4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	82.04%	97.29%	15.25%	19%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,287.38672	5,106.72369	819.33697	19%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,833.81	\$6,636.06	(\$197.75)	-3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$294,521,184	\$324,006,675	\$29,485,491	10%
18	TOTAL ACCRUED PAYMENTS	\$97,154,309	\$105,659,157	\$8,504,848	9%
19	TOTAL ALLOWANCES	\$197,366,875	\$218,347,518	\$20,980,643	11%
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$76,994,872	\$77,548,052	\$553,180	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$38,963,893	\$38,500,378	(\$463,515)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.61%	49.65%	-0.96%	-2%
4	DISCHARGES	2,873	2,711	(162)	-6%
5	CASE MIX INDEX (CMI)	1.30200	1.35160	0.04960	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,740.64600	3,664.18760	(76.45840)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,416.35	\$10,507.21	\$90.85	1%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$2,165.64)	(\$1,881.72)	\$283.92	-13%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$8,100,911)	(\$6,894,991)	\$1,205,920	-15%
10	PATIENT DAYS	10,321	9,266	(1,055)	-10%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,775.21	\$4,155.02	\$379.81	10%
12	AVERAGE LENGTH OF STAY	3.6	3.4	(0.2)	-5%
NON-GOVERNMENT OUTPATIENT					

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$167,056,026	\$186,264,194	\$19,208,168	11%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$56,247,245	\$62,352,992	\$6,105,747	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.67%	33.48%	-0.19%	-1%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	216.97%	240.19%	23.22%	11%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,233.55751	6,511.60431	278.04680	4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,023.30	\$9,575.67	\$552.38	6%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,189.49)	(\$2,939.61)	(\$750.13)	34%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$13,648,293)	(\$19,141,597)	(\$5,493,304)	40%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$244,050,898	\$263,812,246	\$19,761,348	8%
22	TOTAL ACCRUED PAYMENTS	\$95,211,138	\$100,853,370	\$5,642,232	6%
23	TOTAL ALLOWANCES	\$148,839,760	\$162,958,876	\$14,119,116	9%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$21,749,205)	(\$26,036,589)	(\$4,287,384)	20%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$232,093,405	\$249,475,625	\$17,382,220	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$94,607,827	\$100,301,914	\$5,694,087	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$137,485,578	\$149,173,711	\$11,688,133	9%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.24%	59.79%	0.56%	
<u>C. UNINSURED</u>					
<u>UNINSURED INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$1,331,888	\$1,753,618	\$421,730	32%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$91,946	\$24,237	(\$67,709)	-74%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	6.90%	1.38%	-5.52%	-80%
4	DISCHARGES	78	97	19	24%
5	CASE MIX INDEX (CMI)	0.96269	1.08541	0.12272	13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	75.08982	105.28477	30.19495	40%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,224.48	\$230.20	(\$994.28)	-81%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,191.87	\$10,277.00	\$1,085.13	12%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,026.23	\$8,395.28	\$1,369.05	19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$527,598	\$883,895	\$356,297	68%
11	PATIENT DAYS	222	246	24	11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$414.17	\$98.52	(\$315.65)	-76%
13	AVERAGE LENGTH OF STAY	2.8	2.5	(0.3)	-11%
<u>UNINSURED OUTPATIENT</u>					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$10,625,605	\$12,583,003	\$1,957,398	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$511,365	\$527,219	\$15,854	3%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.81%	4.19%	-0.62%	-13%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	797.79%	717.55%	-80.24%	-10%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	622.27244	696.01891	73.74648	12%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$821.77	\$757.48	(\$64.29)	-8%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$8,201.53	\$8,818.19	\$616.67	8%
21	MEDICARE - UNINSURED OP PMT / OPED	\$6,012.04	\$5,878.58	(\$133.46)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,741,127	\$4,091,604	\$350,477	9%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$11,957,493	\$14,336,621	\$2,379,128	20%
24	TOTAL ACCRUED PAYMENTS	\$603,311	\$551,456	(\$51,855)	-9%
25	TOTAL ALLOWANCES	\$11,354,182	\$13,785,165	\$2,430,983	21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,268,725	\$4,975,499	\$706,774	17%
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$67,216,873	\$72,868,103	\$5,651,230	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,137,470	\$21,746,068	\$608,598	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.45%	29.84%	-1.60%	-5%
4	DISCHARGES	3,721	3,675	(46)	-1%
5	CASE MIX INDEX (CMI)	1.05047	1.15879	0.10832	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,908.79887	4,258.55325	349.75438	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,407.66	\$5,106.45	(\$301.22)	-6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,008.69	\$5,400.76	\$392.07	8%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,843.05	\$3,519.04	\$675.99	24%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,112,892	\$14,986,009	\$3,873,117	35%
11	PATIENT DAYS	14,042	13,454	(588)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,505.30	\$1,616.33	\$111.02	7%
13	AVERAGE LENGTH OF STAY	3.8	3.7	(0.1)	-3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,462,150	\$155,038,353	\$15,576,203	11%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,023,262	\$29,484,033	\$460,771	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.81%	19.02%	-1.79%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	207.48%	212.77%	5.28%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,720.36301	7,819.14066	98.77765	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,759.31	\$3,770.75	\$11.44	0%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$5,263.98	\$5,804.92	\$540.94	10%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,074.50	\$2,865.31	(\$209.19)	-7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$23,736,237	\$22,404,251	(\$1,331,986)	-6%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$206,679,023	\$227,906,456	\$21,227,433	10%
24	TOTAL ACCRUED PAYMENTS	\$50,160,732	\$51,230,101	\$1,069,369	2%
25	TOTAL ALLOWANCES	\$156,518,291	\$176,676,355	\$20,158,064	13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$34,849,129	\$37,390,260	\$2,541,131	7%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
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%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$10,416.35	\$10,507.21	\$90.85	1%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$8,250.71	\$8,625.48	\$374.77	5%
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	\$9,023.30	\$9,575.67	\$552.38	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$6,833.81	\$6,636.06	(\$197.75)	-3%
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	\$67,216,873	\$72,868,103	\$5,651,230	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$21,137,470	\$21,746,068	\$608,598	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.45%	29.84%	-1.60%	-5%
4	DISCHARGES	3,721	3,675	(46)	-1%
5	CASE MIX INDEX (CMI)	1.05047	1.15879	0.10832	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3,908.79887	4,258.55325	349.75438	9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,407.66	\$5,106.45	(\$301.22)	-6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$5,008.69	\$5,400.76	\$392.07	8%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,843.05	\$3,519.04	\$675.99	24%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,112,892	\$14,986,009	\$3,873,117	35%
11	PATIENT DAYS	14,042	13,454	(588)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,505.30	\$1,616.33	\$111.02	7%
13	AVERAGE LENGTH OF STAY	3.8	3.7	(0.1)	-3%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$139,462,150	\$155,038,353	\$15,576,203	11%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,023,262	\$29,484,033	\$460,771	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.81%	19.02%	-1.79%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	207.48%	212.77%	5.28%	3%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	7,720.36301	7,819.14066	98.77765	1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,759.31	\$3,770.75	\$11.44	0%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$5,263.98	\$5,804.92	\$540.94	10%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,074.50	\$2,865.31	(\$209.19)	-7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$23,736,237	\$22,404,251	(\$1,331,986)	-6%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$206,679,023	\$227,906,456	\$21,227,433	10%
24	TOTAL ACCRUED PAYMENTS	\$50,160,732	\$51,230,101	\$1,069,369	2%
25	TOTAL ALLOWANCES	\$156,518,291	\$176,676,355	\$20,158,064	13%
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$596,664	\$491,825	(\$104,839)	-18%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$185,111	\$140,465	(\$44,646)	-24%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.02%	28.56%	-2.46%	-8%
4	DISCHARGES	25	21	(4)	-16%
5	CASE MIX INDEX (CMI)	1.14717	0.94090	(0.20627)	-18%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	28.67925	19.75890	(8.92035)	-31%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,454.53	\$7,108.95	\$654.42	10%
8	PATIENT DAYS	68	131	63	93%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,722.22	\$1,072.25	(\$1,649.97)	-61%
10	AVERAGE LENGTH OF STAY	2.7	6.2	3.5	129%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$904,569	\$899,169	(\$5,400)	-1%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$193,957	\$179,457	(\$14,500)	-7%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,501,233	\$1,390,994	(\$110,239)	-7%
14	TOTAL ACCRUED PAYMENTS	\$379,068	\$319,922	(\$59,146)	-16%
15	TOTAL ALLOWANCES	\$1,122,165	\$1,071,072	(\$51,093)	-5%
H. OTHER DATA					

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
1	OTHER OPERATING REVENUE	\$8,206,510	\$12,538,000	\$4,331,490	53%
2	TOTAL OPERATING EXPENSES	\$241,388,483	\$252,714,644	\$11,326,161	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$3,174,277	\$6,949,752	\$3,775,475	119%
5	BAD DEBTS (CHARGES)	\$8,179,905	\$6,835,415	(\$1,344,490)	-16%
6	UNCOMPENSATED CARE (CHARGES)	\$11,354,182	\$13,785,167	\$2,430,985	21%
7	COST OF UNCOMPENSATED CARE	\$3,553,743	\$4,185,214	\$631,470	18%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$206,679,023	\$227,906,456	\$21,227,433	10%
9	TOTAL ACCRUED PAYMENTS	\$50,160,732	\$51,230,101	\$1,069,369	2%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$64,688,428	\$69,193,011	\$4,504,583	7%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$14,527,696	\$17,962,910	\$3,435,214	24%
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$306,598,080	\$315,137,066	\$8,538,986	3%
2	TOTAL INPATIENT PAYMENTS	\$128,141,594	\$132,157,545	\$4,015,951	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	41.79%	41.94%	0.14%	0%
4	TOTAL DISCHARGES	11,845	11,656	(189)	-2%
5	TOTAL CASE MIX INDEX	1.34253	1.39527	0.05274	4%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	15,902.28032	16,263.26704	360.98672	2%
7	TOTAL OUTPATIENT CHARGES	\$440,154,258	\$501,979,305	\$61,825,047	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	143.56%	159.29%	15.73%	11%
9	TOTAL OUTPATIENT PAYMENTS	\$114,763,653	\$125,905,005	\$11,141,352	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.07%	25.08%	-0.99%	-4%
11	TOTAL CHARGES	\$746,752,338	\$817,116,371	\$70,364,033	9%
12	TOTAL PAYMENTS	\$242,905,247	\$258,062,550	\$15,157,303	6%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.53%	31.58%	-0.95%	-3%
14	PATIENT DAYS	50,556	46,634	(3,922)	-8%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$229,603,208	\$237,589,014	\$7,985,806	3%
2	INPATIENT PAYMENTS	\$89,177,701	\$93,657,167	\$4,479,466	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	38.84%	39.42%	0.58%	1%
4	DISCHARGES	8,972	8,945	(27)	0%
5	CASE MIX INDEX	1.35551	1.40851	0.05300	4%
6	CASE MIX ADJUSTED DISCHARGES	12,161.63432	12,599.07944	437.44512	4%
7	OUTPATIENT CHARGES	\$273,098,232	\$315,715,111	\$42,616,879	16%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	118.94%	132.88%	13.94%	12%
9	OUTPATIENT PAYMENTS	\$58,516,408	\$63,552,013	\$5,035,605	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.43%	20.13%	-1.30%	-6%
11	TOTAL CHARGES	\$502,701,440	\$553,304,125	\$50,602,685	10%
12	TOTAL PAYMENTS	\$147,694,109	\$157,209,180	\$9,515,071	6%

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LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
13	TOTAL PAYMENTS / CHARGES	29.38%	28.41%	-0.97%	-3%
14	PATIENT DAYS	40,235	37,368	(2,867)	-7%
15	TOTAL GOVERNMENT DEDUCTIONS	\$355,007,331	\$396,094,945	\$41,087,614	12%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.0	4.5	(0.5)	-9%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.4	(0.2)	-5%
3	UNINSURED	2.8	2.5	(0.3)	-11%
4	MEDICAID	3.8	3.7	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.7	6.2	3.5	129%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.0	(0.3)	-6%
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$746,752,338	\$817,116,371	\$70,364,033	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$355,007,331	\$396,094,945	\$41,087,614	12%
3	UNCOMPENSATED CARE	\$11,354,182	\$13,785,167	\$2,430,985	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$137,485,578	\$149,173,711	\$11,688,133	9%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,179,375	\$9,983,827	\$804,452	9%
6	TOTAL ADJUSTMENTS	\$513,026,466	\$569,037,650	\$56,011,184	11%
7	TOTAL ACCRUED PAYMENTS	\$233,725,872	\$248,078,721	\$14,352,849	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.	\$233,725,872	\$248,078,721	\$14,352,849	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3129898095	0.3036026811	(0.0093871284)	-3%
11	COST OF UNCOMPENSATED CARE	\$3,553,743	\$4,185,214	\$631,470	18%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$14,527,696	\$17,962,910	\$3,435,214	24%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$18,081,439	\$22,148,124	\$4,066,684	22%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$23,736,237	\$22,404,251	(\$1,331,986)	-6%
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0	0%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,268,725	\$4,975,499	\$706,774	17%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$28,004,962	\$27,379,750	(\$625,212)	-2%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$13,563,930	\$14,458,133	\$894,203	6.59%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$9,015,555	\$12,200,028	\$3,184,473	35.32%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$251,920,802	\$270,262,578	\$18,341,776	7.28%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$746,752,338	\$817,116,371	\$70,364,033	9.42%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%

SAINT MARY'S HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$11,354,182	\$13,785,167	\$2,430,985	21.41%

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$76,994,872	\$77,548,052	\$553,180
2	MEDICARE	\$161,789,671	164,229,086	\$2,439,415
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$67,216,873	72,868,103	\$5,651,230
4	MEDICAID	\$67,216,873	72,868,103	\$5,651,230
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$596,664	491,825	(\$104,839)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,331,888	1,753,618	\$421,730
	TOTAL INPATIENT GOVERNMENT CHARGES	\$229,603,208	\$237,589,014	\$7,985,806
	TOTAL INPATIENT CHARGES	\$306,598,080	\$315,137,066	\$8,538,986
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$167,056,026	\$186,264,194	\$19,208,168
2	MEDICARE	\$132,731,513	159,777,589	\$27,046,076
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$139,462,150	155,038,353	\$15,576,203
4	MEDICAID	\$139,462,150	155,038,353	\$15,576,203
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$904,569	899,169	(\$5,400)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$10,625,605	12,583,003	\$1,957,398
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$273,098,232	\$315,715,111	\$42,616,879
	TOTAL OUTPATIENT CHARGES	\$440,154,258	\$501,979,305	\$61,825,047
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$244,050,898	\$263,812,246	\$19,761,348
2	TOTAL MEDICARE	\$294,521,184	\$324,006,675	\$29,485,491
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$206,679,023	\$227,906,456	\$21,227,433
4	TOTAL MEDICAID	\$206,679,023	\$227,906,456	\$21,227,433
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$1,501,233	\$1,390,994	(\$110,239)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$11,957,493	\$14,336,621	\$2,379,128
	TOTAL GOVERNMENT CHARGES	\$502,701,440	\$553,304,125	\$50,602,685
	TOTAL CHARGES	\$746,752,338	\$817,116,371	\$70,364,033
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,963,893	\$38,500,378	(\$463,515)
2	MEDICARE	\$67,855,120	71,770,634	\$3,915,514
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,137,470	21,746,068	\$608,598
4	MEDICAID	\$21,137,470	21,746,068	\$608,598
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$185,111	140,465	(\$44,646)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$91,946	24,237	(\$67,709)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$89,177,701	\$93,657,167	\$4,479,466
	TOTAL INPATIENT PAYMENTS	\$128,141,594	\$132,157,545	\$4,015,951
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$56,247,245	\$62,352,992	\$6,105,747
2	MEDICARE	\$29,299,189	33,888,523	\$4,589,334
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$29,023,262	29,484,033	\$460,771
4	MEDICAID	\$29,023,262	29,484,033	\$460,771
5	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
6	CHAMPUS / TRICARE	\$193,957	179,457	(\$14,500)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$511,365	527,219	\$15,854
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$58,516,408	\$63,552,013	\$5,035,605
	TOTAL OUTPATIENT PAYMENTS	\$114,763,653	\$125,905,005	\$11,141,352
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$95,211,138	\$100,853,370	\$5,642,232
2	TOTAL MEDICARE	\$97,154,309	\$105,659,157	\$8,504,848
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$50,160,732	\$51,230,101	\$1,069,369
4	TOTAL MEDICAID	\$50,160,732	\$51,230,101	\$1,069,369

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$379,068	\$319,922	(\$59,146)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$603,311	\$551,456	(\$51,855)
	TOTAL GOVERNMENT PAYMENTS	\$147,694,109	\$157,209,180	\$9,515,071
	TOTAL PAYMENTS	\$242,905,247	\$258,062,550	\$15,157,303
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.31%	9.49%	-0.82%
2	MEDICARE	21.67%	20.10%	-1.57%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.00%	8.92%	-0.08%
4	MEDICAID	9.00%	8.92%	-0.08%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.08%	0.06%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.18%	0.21%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.75%	29.08%	-1.67%
	TOTAL INPATIENT PAYER MIX	41.06%	38.57%	-2.49%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.37%	22.80%	0.42%
2	MEDICARE	17.77%	19.55%	1.78%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18.68%	18.97%	0.30%
4	MEDICAID	18.68%	18.97%	0.30%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.12%	0.11%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.42%	1.54%	0.12%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	36.57%	38.64%	2.07%
	TOTAL OUTPATIENT PAYER MIX	58.94%	61.43%	2.49%
	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)	16.04%	14.92%	-1.12%
2	MEDICARE	27.93%	27.81%	-0.12%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.70%	8.43%	-0.28%
4	MEDICAID	8.70%	8.43%	-0.28%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.08%	0.05%	-0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.04%	0.01%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	36.71%	36.29%	-0.42%
	TOTAL INPATIENT PAYER MIX	52.75%	51.21%	-1.54%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.16%	24.16%	1.01%
2	MEDICARE	12.06%	13.13%	1.07%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.95%	11.43%	-0.52%
4	MEDICAID	11.95%	11.43%	-0.52%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	0.08%	0.07%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.21%	0.20%	-0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	24.09%	24.63%	0.54%
	TOTAL OUTPATIENT PAYER MIX	47.25%	48.79%	1.54%
	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				

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,873	2,711	(162)
2	MEDICARE	5,226	5,249	23
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,721	3,675	(46)
4	MEDICAID	3,721	3,675	(46)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	25	21	(4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	78	97	19
	TOTAL GOVERNMENT DISCHARGES	8,972	8,945	(27)
	TOTAL DISCHARGES	11,845	11,656	(189)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10,321	9,266	(1,055)
2	MEDICARE	26,125	23,783	(2,342)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14,042	13,454	(588)
4	MEDICAID	14,042	13,454	(588)
5	OTHER MEDICAL ASSISTANCE	0	0	-
6	CHAMPUS / TRICARE	68	131	63
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	222	246	24
	TOTAL GOVERNMENT PATIENT DAYS	40,235	37,368	(2,867)
	TOTAL PATIENT DAYS	50,556	46,634	(3,922)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.4	(0.2)
2	MEDICARE	5.0	4.5	(0.5)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.8	3.7	(0.1)
4	MEDICAID	3.8	3.7	(0.1)
5	OTHER MEDICAL ASSISTANCE	0.0	0.0	-
6	CHAMPUS / TRICARE	2.7	6.2	3.5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.8	2.5	(0.3)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.5	4.2	(0.3)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.0	(0.3)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.30200	1.35160	0.04960
2	MEDICARE	1.57370	1.58521	0.01151
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.05047	1.15879	0.10832
4	MEDICAID	1.05047	1.15879	0.10832
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	1.14717	0.94090	(0.20627)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.96269	1.08541	0.12272
	TOTAL GOVERNMENT CASE MIX INDEX	1.35551	1.40851	0.05300
	TOTAL CASE MIX INDEX	1.34253	1.39527	0.05274
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$232,093,405	\$249,475,625	\$17,382,220
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$94,607,827	\$100,301,914	\$5,694,087
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$137,485,578	\$149,173,711	\$11,688,133
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.24%	59.79%	0.56%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$13,563,930	\$14,458,133	\$894,203
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,179,375	\$9,983,827	\$804,452
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
8	CHARITY CARE	\$3,174,277	\$6,949,752	\$3,775,475
9	BAD DEBTS	\$8,179,905	\$6,835,415	(\$1,344,490)
10	TOTAL UNCOMPENSATED CARE	\$11,354,182	\$13,785,167	\$2,430,985
11	TOTAL OTHER OPERATING REVENUE	\$8,206,510	\$12,538,000	\$4,331,490
12	TOTAL OPERATING EXPENSES	\$241,388,483	\$252,714,644	\$11,326,161
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3,740.64600	3,664.18760	(76.45840)
2	MEDICARE	8,224.15620	8,320.76729	96.61109
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,908.79887	4,258.55325	349.75438
4	MEDICAID	3,908.79887	4,258.55325	349.75438
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	28.67925	19.75890	(8.92035)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	75.08982	105.28477	30.19495
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	12,161.63432	12,599.07944	437.44512
	TOTAL CASE MIX ADJUSTED DISCHARGES	15,902.28032	16,263.26704	360.98672
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,233.55751	6,511.60431	278.04680
2	MEDICARE	4,287.38672	5,106.72369	819.33697
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,720.36301	7,819.14066	98.77765
4	MEDICAID	7,720.36301	7,819.14066	98.77765
5	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	37.90111	38.39282	0.49172
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	622.27244	696.01891	73.74648
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	12,045.65084	12,964.25718	918.60634
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	18,279.20835	19,475.86149	1,196.65314
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,416.35	\$10,507.21	\$90.85
2	MEDICARE	\$8,250.71	\$8,625.48	\$374.77
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,407.66	\$5,106.45	(\$301.22)
4	MEDICAID	\$5,407.66	\$5,106.45	(\$301.22)
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$6,454.53	\$7,108.95	\$654.42
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,224.48	\$230.20	(\$994.28)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,332.71	\$7,433.65	\$100.94
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$8,058.06	\$8,126.14	\$68.07
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,023.30	\$9,575.67	\$552.38
2	MEDICARE	\$6,833.81	\$6,636.06	(\$197.75)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,759.31	\$3,770.75	\$11.44
4	MEDICAID	\$3,759.31	\$3,770.75	\$11.44
5	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
6	CHAMPUS / TRICARE	\$5,117.45	\$4,674.23	(\$443.22)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$821.77	\$757.48	(\$64.29)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,857.89	\$4,902.09	\$44.21
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,278.37	\$6,464.67	\$186.30
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$23,736,237	\$22,404,251	(\$1,331,986)
2	OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,268,725	\$4,975,499	\$706,774
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$28,004,962	\$27,379,750	(\$625,212)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$746,752,338	\$817,116,371	\$70,364,033
2	TOTAL GOVERNMENT DEDUCTIONS	\$355,007,331	\$396,094,945	\$41,087,614
3	UNCOMPENSATED CARE	\$11,354,182	\$13,785,167	\$2,430,985
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$137,485,578	\$149,173,711	\$11,688,133
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,179,375	\$9,983,827	\$804,452
6	TOTAL ADJUSTMENTS	\$513,026,466	\$569,037,650	\$56,011,184
7	TOTAL ACCRUED PAYMENTS	\$233,725,872	\$248,078,721	\$14,352,849
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$233,725,872	\$248,078,721	\$14,352,849
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3129898095	0.3036026811	(0.0093871284)
11	COST OF UNCOMPENSATED CARE	\$3,553,743	\$4,185,214	\$631,470
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$14,527,696	\$17,962,910	\$3,435,214
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$18,081,439	\$22,148,124	\$4,066,684
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.61%	49.65%	-0.96%
2	MEDICARE	41.94%	43.70%	1.76%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.45%	29.84%	-1.60%
4	MEDICAID	31.45%	29.84%	-1.60%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	31.02%	28.56%	-2.46%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.90%	1.38%	-5.52%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	38.84%	39.42%	0.58%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	41.79%	41.94%	0.14%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.67%	33.48%	-0.19%
2	MEDICARE	22.07%	21.21%	-0.86%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.81%	19.02%	-1.79%
4	MEDICAID	20.81%	19.02%	-1.79%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
6	CHAMPUS / TRICARE	21.44%	19.96%	-1.48%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.81%	4.19%	-0.62%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	21.43%	20.13%	-1.30%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	26.07%	25.08%	-0.99%
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	\$242,905,247	\$258,062,550	\$15,157,303
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$242,905,247	\$258,062,550	\$15,157,303
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$9,015,555	\$12,200,028	\$3,184,473
4	CALCULATED NET REVENUE	\$264,485,262	\$270,262,578	\$5,777,316
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$251,920,802	\$270,262,578	\$18,341,776

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$12,564,460	\$0	(\$12,564,460)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$746,752,338	\$817,116,371	\$70,364,033
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$746,752,338	\$817,116,371	\$70,364,033
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$746,752,338	\$817,116,371	\$70,364,033
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)	\$11,354,182	\$13,785,167	\$2,430,985
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,354,182	\$13,785,167	\$2,430,985
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,354,182	\$13,785,167	\$2,430,985
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$77,548,052
2	MEDICARE	164,229,086
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	72,868,103
4	MEDICAID	72,868,103
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	491,825
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,753,618
	TOTAL INPATIENT GOVERNMENT CHARGES	\$237,589,014
	TOTAL INPATIENT CHARGES	\$315,137,066
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$186,264,194
2	MEDICARE	159,777,589
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	155,038,353
4	MEDICAID	155,038,353
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	899,169
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	12,583,003
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$315,715,111
	TOTAL OUTPATIENT CHARGES	\$501,979,305
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$263,812,246
2	TOTAL GOVERNMENT ACCRUED CHARGES	553,304,125
	TOTAL ACCRUED CHARGES	\$817,116,371
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,500,378
2	MEDICARE	71,770,634
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,746,068
4	MEDICAID	21,746,068
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	140,465
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	24,237
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$93,657,167
	TOTAL INPATIENT PAYMENTS	\$132,157,545
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$62,352,992
2	MEDICARE	33,888,523
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29,484,033
4	MEDICAID	29,484,033
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	179,457
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	527,219
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$63,552,013
	TOTAL OUTPATIENT PAYMENTS	\$125,905,005
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$100,853,370
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	157,209,180
	TOTAL ACCRUED PAYMENTS	\$258,062,550

SAINT MARY'S HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,711
2	MEDICARE	5,249
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,675
4	MEDICAID	3,675
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	21
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	97
	TOTAL GOVERNMENT DISCHARGES	8,945
	TOTAL DISCHARGES	11,656
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.35160
2	MEDICARE	1.58521
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.15879
4	MEDICAID	1.15879
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.94090
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.08541
	TOTAL GOVERNMENT CASE MIX INDEX	1.40851
	TOTAL CASE MIX INDEX	1.39527
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$249,475,625
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$100,301,914
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$149,173,711
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.79%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$14,458,133
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$9,983,827
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$6,949,752
9	BAD DEBTS	\$6,835,415
10	TOTAL UNCOMPENSATED CARE	\$13,785,167
11	TOTAL OTHER OPERATING REVENUE	\$12,538,000
12	TOTAL OPERATING EXPENSES	\$252,714,644
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	\$258,062,550
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$258,062,550
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$12,200,028
	CALCULATED NET REVENUE	\$270,262,578
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$270,262,578

SAINT MARY'S HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2016		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
	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	\$817,116,371
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$817,116,371
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$817,116,371
	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)	\$13,785,167
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$13,785,167
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$13,785,167
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

SAINT MARY'S HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	902	2,970	2,068	229%
2	Number of Approved Applicants	879	2,894	2,015	229%
3	Total Charges (A)	\$3,174,277	\$6,949,752	\$3,775,475	119%
4	Average Charges	\$3,611	\$2,401	(\$1,210)	-34%
5	Ratio of Cost to Charges (RCC)	0.337796	0.319737	(0.018059)	-5%
6	Total Cost	\$1,072,258	\$2,222,093	\$1,149,835	107%
7	Average Cost	\$1,220	\$768	(\$452)	-37%
8	Charity Care - Inpatient Charges	\$1,158,143	\$1,558,496	\$400,353	35%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,083,233	1,855,927	772,694	71%
10	Charity Care - Emergency Department Charges	932,901	3,535,329	2,602,428	279%
11	Total Charges (A)	\$3,174,277	\$6,949,752	\$3,775,475	119%
12	Charity Care - Number of Patient Days	165	194	29	18%
13	Charity Care - Number of Discharges	49	71	22	45%
14	Charity Care - Number of Outpatient ED Visits	666	2,311	1,645	247%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	506	1,638	1,132	224%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$81,799	\$170,885	\$89,086	109%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,885,598	2,508,748	623,150	33%
3	Bad Debts - Emergency Department	6,212,508	4,155,782	(2,056,726)	-33%
4	Total Bad Debts (A)	\$8,179,905	\$6,835,415	(\$1,344,490)	-16%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$3,174,277	\$6,949,752	\$3,775,475	119%
2	Bad Debts (A)	8,179,905	6,835,415	(1,344,490)	-16%
3	Total Uncompensated Care (A)	\$11,354,182	\$13,785,167	\$2,430,985	21%
4	Uncompensated Care - Inpatient Services	\$1,239,942	\$1,729,381	\$489,439	39%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,968,831	4,364,675	1,395,844	47%
6	Uncompensated Care - Emergency Department	7,145,409	7,691,111	545,702	8%
7	Total Uncompensated Care (A)	\$11,354,182	\$13,785,167	\$2,430,985	21%

(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 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	FY 2016 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$232,093,405	\$249,475,625	\$17,382,220	7%
2	Total Contractual Allowances	\$137,485,578	\$149,173,711	\$11,688,133	9%
	Total Accrued Payments (A)	\$94,607,827	\$100,301,914	\$5,694,087	6%
	Total Discount Percentage	59.24%	59.79%	0.56%	1%
(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 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL 2016 FY
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$284,206,299	\$306,598,080	\$315,137,066
2	Outpatient Gross Revenue	\$379,762,392	\$440,154,258	\$501,979,305
3	Total Gross Patient Revenue	\$663,968,691	\$746,752,338	\$817,116,371
4	Net Patient Revenue	\$238,729,196	\$251,920,803	\$270,262,578
B. Total Operating Expenses				
1	Total Operating Expense	\$227,226,738	\$241,388,483	\$252,714,644
C. Utilization Statistics				
1	Patient Days	50,924	50,556	46,634
2	Discharges	11,642	11,845	11,656
3	Average Length of Stay	4.4	4.3	4.0
4	Equivalent (Adjusted) Patient Days (EPD)	118,970	123,135	120,917
0	Equivalent (Adjusted) Discharges (ED)	27,198	28,850	30,223
D. Case Mix Statistics				
1	Case Mix Index	1.33223	1.34253	1.39527
2	Case Mix Adjusted Patient Days (CMAPD)	67,842	67,873	65,067
3	Case Mix Adjusted Discharges (CMAD)	15,510	15,902	16,263
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	158,495	165,312	168,712
5	Case Mix Adjusted Equivalent Discharges (CMAED)	36,234	38,732	42,169
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$13,038	\$14,771	\$17,522
2	Total Gross Revenue per Discharge	\$57,032	\$63,044	\$70,103
3	Total Gross Revenue per EPD	\$5,581	\$6,065	\$6,758
4	Total Gross Revenue per ED	\$24,412	\$25,884	\$27,036
5	Total Gross Revenue per CMAEPD	\$4,189	\$4,517	\$4,843
6	Total Gross Revenue per CMAED	\$18,324	\$19,280	\$19,377
7	Inpatient Gross Revenue per EPD	\$2,389	\$2,490	\$2,606
8	Inpatient Gross Revenue per ED	\$10,449	\$10,627	\$10,427

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL 2016 FY
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,688	\$4,983	\$5,795
2	Net Patient Revenue per Discharge	\$20,506	\$21,268	\$23,187
3	Net Patient Revenue per EPD	\$2,007	\$2,046	\$2,235
4	Net Patient Revenue per ED	\$8,777	\$8,732	\$8,942
5	Net Patient Revenue per CMAEPD	\$1,506	\$1,524	\$1,602
6	Net Patient Revenue per CMAED	\$6,588	\$6,504	\$6,409
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,462	\$4,775	\$5,419
2	Total Operating Expense per Discharge	\$19,518	\$20,379	\$21,681
3	Total Operating Expense per EPD	\$1,910	\$1,960	\$2,090
4	Total Operating Expense per ED	\$8,354	\$8,367	\$8,362
5	Total Operating Expense per CMAEPD	\$1,434	\$1,460	\$1,498
6	Total Operating Expense per CMAED	\$6,271	\$6,232	\$5,993
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$32,118,192	\$32,984,221	\$33,797,299
2	Nursing Fringe Benefits Expense	\$6,966,676	\$7,751,649	\$7,850,173
3	Total Nursing Salary and Fringe Benefits Expense	\$39,084,868	\$40,735,870	\$41,647,472
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$3,880,024	\$3,794,093	\$3,788,870
2	Physician Fringe Benefits Expense	\$1,070,317	\$1,114,917	\$1,090,866
3	Total Physician Salary and Fringe Benefits Expense	\$4,950,341	\$4,909,010	\$4,879,736
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$49,351,637	\$52,014,621	\$54,522,428
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$16,524,669	\$18,695,393	\$19,044,853
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$65,876,306	\$70,710,014	\$73,567,281

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL 2016 FY
K.	Total Salary and Fringe Benefits Expense			
1	Total Salary Expense	\$85,349,853	\$88,792,935	\$92,108,597
2	Total Fringe Benefits Expense	\$24,561,662	\$27,561,959	\$27,985,892
3	Total Salary and Fringe Benefits Expense	\$109,911,515	\$116,354,894	\$120,094,489
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	373.1	389.3	393.1
2	Total Physician FTEs	57.3	56.0	54.6
3	Total Non-Nursing, Non-Physician FTEs	885.0	938.9	950.6
4	Total Full Time Equivalent Employees (FTEs)	1,315.4	1,384.2	1,398.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$86,085	\$84,727	\$85,976
2	Nursing Fringe Benefits Expense per FTE	\$18,672	\$19,912	\$19,970
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$104,757	\$104,639	\$105,946
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$67,714	\$67,752	\$69,393
2	Physician Fringe Benefits Expense per FTE	\$18,679	\$19,909	\$19,979
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$86,393	\$87,661	\$89,372
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$55,765	\$55,400	\$57,356
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,672	\$19,912	\$20,035
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$74,437	\$75,312	\$77,390
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$64,885	\$64,147	\$65,872
2	Total Fringe Benefits Expense per FTE	\$18,672	\$19,912	\$20,014
3	Total Salary and Fringe Benefits Expense per FTE	\$83,557	\$84,059	\$85,886

SAINT MARY'S HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL 2016
				FY
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,158	\$2,302	\$2,575
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,441	\$9,823	\$10,303
3	Total Salary and Fringe Benefits Expense per EPD	\$924	\$945	\$993
4	Total Salary and Fringe Benefits Expense per ED	\$4,041	\$4,033	\$3,974
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$693	\$704	\$712
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,033	\$3,004	\$2,848