SAINT VINCENT HOSPITAL

STEVEN MACLAUCHLAN
PRESIDENT & CEO

September 19, 2014

Mr. David Seltz
Executive Director
Health Policy Commission
Two Boylston Street, 6th floor
Boston, MA 02111

Via Electronic Mail to HPC-Testimony@state.ma.us

Dear Executive Director Seltz:

Pursuant to your letter dated August 1, 2014, and in accordance with Massachusetts General Laws chapter 6D, § 8, please find included herein Saint Vincent Hospital's responses to the questions outlined in Exhibits B and C. I am legally authorized and empowered to represent Saint Vincent Hospital and provide the enclosed testimony.

Sincerely,

Steven MacLauchlan
President & CEO

CC: Stuart Altman, Ph.D.
Chair, Health Policy Commission
Two Boylston Street, 6th floor
Boston, MA 02111

Question 1

Chapter 224 of the Acts of 2012 (c. 224) sets a health care cost growth benchmark for the Commonwealth based on the long-term growth in the state's economy. The benchmark for growth between CY2012-CY2013 and CY2013-CY2014 is 3.6%.

a. What trends has your organization experienced in revenue, utilization, and operating expenses from CY 2010-CY2013 and year-to-date 2014? Please comment on the factors driving these trends.

b. What actions has your organization undertaken since January 1, 2013 to ensure the Commonwealth will meet the benchmark, and what have been the results of these actions?

c. What actions does your organization plan to undertake between now and October 1, 2015 (including but not limited to innovative care delivery approaches, use of technology and error reduction) to ensure the Commonwealth will meet the benchmark?

d. What systematic or policy changes would encourage or enable your organization to operate more efficiently without reducing quality?

Summary: Saint Vincent, as a member of a national healthcare organization, has been fully engaged for several years in delivering high quality, cost-effective, appropriately local care. Saint Vincent's high value proposition provides a model to be utilized in order to provide high quality, cost-effective patient care services with a health care cost growth trend lower than 3.6% within the Central Massachusetts Market.

Answer:

a. Saint Vincent has seen the following trends in utilization and expense controls in the last 3 years:

- Volume has shifted from IP to OP
  - IP Discharges have declined on average -1.3% per year
  - OP Visits have increased on average +1.2% per year
    - Even though patients are being treated for similar diagnosis, treatment plans have become more effective and efficient resulting in shorter lengths of stay
    - The Hospital has acknowledged this trend and implemented clinical decision/observation unit which has benefited the patient with level of care expectations and improved Hospital throughput operations

- Surgical cases have increased, most likely a reflection of greater utilization of tiered networks, and our Tier I status with many payers, as a high value provider

    - Even though overall shift to OP is seen throughout the Hospital, the Operating rooms are appropriately being used for higher acuity Hospital services rather than focusing growth on OP surgery that could be performed in an ambulatory setting

- Gross Revenue has increased on average +2.2% per year
    - This can be used as an indicator of overall volume and intensity growth since St Vincent has not implemented charge increases
- Net Revenue has increased on average +4.9% per year
    - This takes into account volume/mix increase

- Total Operating Expenses have increased on average +3.1% per year

One area that remains a challenge is Medicaid reimbursement, which continues to operate under a fee for service model, and allows members to move in and out of Medicaid MCO plans, making risk stratification difficult. Enrollment plans should lock in similarly to Medicare plans, allowing improved management of a more stable population.

b. Actions to ensure meeting the benchmark since 2013 that Saint Vincent has been focused on include providing high quality, cost-effective care, through the following ongoing initiatives:
    - LEAN daily management of the hospital in line with Tenet-wide principles of lean and effective healthcare management. Tenet's MA hospitals are a leader in effective LEAN management.
    - Significant internal cost reduction initiatives (including position eliminations and consolidations, consolidation of service lines/locations, work redesign, etc.).
    - Continue participation in risk-based contracts with payers, leading to more effective management of Total Medical Expense (TME).
    - Improving access to primary care physicians
    - Population health management programs

c. Actions we plan to undertake to ensure continued benchmark success:
    - Continued participation in cost and risk shared contracts
    - LEAN daily management in our facilities
    - National purchasing contracts as part of the Tenet Health organization.
    - Utilization of discharge management approaches and models to manage hospital readmissions
    - Strengthening and expanding our ACO
    - Specialty care partnerships for the most effective patient care in a local setting

d. We recommend the following policy changes:

- Encourage adequate and flexible behavioral health access with appropriate reimbursement.
- Alternative payment programs, including Medicaid alternative payment programs
- Greater reimbursement rate equity between community-based and academic-based facilities for the same high-quality care.

Question 2

C. 224 requires health plans to reduce the use of fee-for-service payment mechanisms to the maximum extent feasible in order to promote high-quality, efficient care delivery.

a. How have alternative payment methods (APMs) (payment methods used by a payer to reimburse health care providers that are not solely based on the fee-for service basis, e.g., global budget, limited budget, bundled payment, and other non-fee-for-service models, but not including pay-for-performance incentives accompanying fee-for-service payments) affected your organization's overall quality performance, care delivery practices, referral patterns, and operations?

b. Attach and discuss any analyses your organization has conducted on the implementation of APMs and resulting effects on your non-clinical operations (e.g., administrative expenses, resources and burdens).

c. Please include the results of any analyses your organization has conducted on this issue, including both for your patients paid for under APMs and for your overall patient population.

Summary: Saint Vincent has been driving the delivery of cost effective, quality care for the last several years. We support the core elements of Chapter 224 and the desire to reduce healthcare costs in a well thought out and equitable way.

Answer:

a. Alternative payment methods (APMs) and population health management have been effective in shifting our focus from fee-for-service to an approach with greater emphasis on providing alternative care locations, care in a non-urgent facility, and preventative care. Our participation in ACO and risk-sharing networks has allowed us to provide an improved approach to managing health and controlling costs, with integrated services and programs across the continuum of care.

b., c. We do not have additional analysis to share.

Question 3

Please comment on the adequacy or insufficiency of health status risk adjustment measures used in establishing risk contracts and other APM contracts with payers.

a. In your organization's experience, do health status risk adjustment measures

sufficiently account for changes in patient population acuity, including in particular sub-populations (e.g., pediatric) or those with behavioral health conditions?

b. How do the health status risk adjustment measures used by different payers compare?

c. How does the interaction between risk adjustment measures and other risk contract elements (e.g., risk share, availability of quality or performance-based incentives) affect your organization?

Summary: Health Status Risk Adjustment Measures are an important element in the management of population health, but the risk measures currently utilized are not yet standardized and fully proven. As these measures improve and benefit from multi-year/multi-network management and measurement, they will become more effective tools in determining the risk stratification of patient populations.

Answer:

a. Time lags in data availability, as well as, movement of patients across healthcare networks/providers lead to less reliable data availability for accurate risk assessment and corresponding risk adjustment measures.
b. Standardization of risk adjustment measures by different payers would streamline our analysis, removing the extra step currently required to analyze and equalize the varying risk adjustment measures by individual providers. Current risk adjusters are complicated, and algorithms are not shared, so providers are unable to validate their accuracy. Frequently, payers are utilizing risk adjustment algorithms from external vendors (ie Ingenix), and may not be able to share the variables driving the algorithm with providers.
c. Correlation between risk adjustment measures, quality measures, and participation in available patient programs (i.e. weight management) as well as medication and behavioral compliance, and socioeconomic factors, are all essential elements to effectively manage the health of a patient population. Consistency in risk measures, as well as consistent attribution methodologies, will help streamline the management of patient health and risk management. Better incorporation of socioeconomic variables not reflected in historic claims data is also critical for the most accurate and effective identification of potential patient risk.

Question 4

A theme heard repeatedly at the 2013 Annual Cost Trends Hearing was the need for more timely, reliable, and actionable data and information to facilitate high-value care and performance under APMs. What types of data are or would be most valuable to your

organization in this regard? In your response, please address (i) real time data to manage patient care and (ii) historic data or population-level data that would be helpful for population health management and/or financial modeling.

Summary: Saint Vincent is always striving to align analytical tools, care delivery models, and staff development to provide the best ways to manage the health of our patient population. Quick, accurate and easy to use data is essential for the success of these initiatives.

Answer:
More effective real time data could be further facilitated by:
Reduced turnaround time for preventative care claims: Typically claims are reported 90 days post-claim. If this lag could be reduced we believe the impact for our outreach interventions would be improved, both from a resource use perspective and from a patient satisfaction perspective as well as our ability to impact patient health.

Standard data formats for payer claims: Payer claims data is a critical element for our patient information. Non-standardized data formats require added processing time and effort for data analysis.

Site and Provider level cost and utilization data: Improvement in inpatient outcomes is driven by the work at the site level, coupled with the use of accurate and standardized analytics.

Inclusion of all medical expenses, including Medicare, Medicaid and state-subsidized payments in an easily accessible format.

Question 5

C. 224 requires health plans to attribute all members to a primary care provider, to the maximum extent feasible.

a. Which attribution methodologies most accurately account for patients you care for?

b. What suggestions does your organization have for how best to formulate and implement attribution methodologies, especially those used for payment?

Saint Vincent's attribution methodology:

a. For commercial payer contracts we utilize Primary Care provider relationship to assign members. For the Medicare Shared Savings ACO we utilize the CMS methodology which is based on a retroactive attribution to the provider providing the majority of care.
b. Attribution methodologies, while not perfect, are critical to the success of population health management. A shared, common, transparent attribution methodology is critical to the success of more effective population health management in Massachusetts. Even with a more clearly defined attribution model, however, providers will still face the challenge of directing care when the patient's benefit plan (PPO) allows the patient to seek care at any location.

Question 6

Please discuss the level of effort required to report required quality measures to public and private payers, the extent to which quality measures vary across payers, and the resulting impact(s) on your organization.

Summary: While the level of effort is significant to provide quality measures to public and private payers, Saint Vincent is highly focused on measuring and continuously improving the quality of our care. Because of the level of administrative resources required to monitor and report on these metrics, a more standardized measurement of quality reporting across payers would be beneficial.

Answer: Measurement of key quality metrics and indicators has been built into our hospital operational practices. Quality measures are monitored for inpatient and outpatient encounters. For commercial payers, we share key quality metrics with physicians, as well as consolidate metrics into a patient registry. For ACO patients, CPRO quality measures are utilized and shared. The multiple reporting requirements require an investment in administrative and analytic resources to effectively track, monitor and report on the multiple quality metrics. Because there are also multiple quality reporting metrics published for consumers, a lack of standardized quality metrics creates consumer confusion about true measures of quality, in addition to the administrative cost of reporting on non-standardized quality metrics that Saint Vincent's incurs.

The impact of measuring and responding to quality metrics at Saint Vincent has been an increased focus on outcomes in the inpatient setting, and a continued focus on our programs to continually improve outcomes and manage overall cost of care. From an outpatient perspective, measuring and monitoring quality has led to improved management of higher risk population groups (i.e. hypertension, diabetes) leading to an anticipated lower utilization of acute care.

Question 7: AMC Utilization

An issue addressed both at the 2013 Annual Cost Trends Hearing and in the Commission's July 2014 Cost Trends Report Supplement is the Commonwealth's higher than average utilization of inpatient care and its reliance on academic medical centers.

a. Please attach any analyses you have conducted on inpatient utilization trends and the flow of your patients to AMCs or other higher cost care settings.

b. Please describe your organization's efforts to address these trends, including, in particular, actions your organization is taking to ensure that patients receive care in lower-cost community settings, to the extent clinically feasible, and the results of these efforts.

Summary: While Saint Vincent not an AMC, it is a tertiary, teaching, community based provider focused on meeting the health needs of members of our community. We provide cost-effective, high quality care at a lower reimbursement rate than AMCs, yet continue to experience an outflow of patients to AMCs for care that could be provided at our facilities, unnecessarily increasing the total medical expense (TME). Additionally, as a for-profit provider, we provide tax income to support the communities in central Massachusetts.

Answer:

a. Saint Vincent utilizes market share data (Crimson) to evaluate inpatient utilization and market utilization trends.
b. Saint Vincent conducts an annual community needs assessment to identify the prevalent health needs/health risks in our primary and secondary service areas. Working in close relationship with our physician groups engaged in risk-sharing programs, our focus is on effectively managing population health, including efforts to ensure that patient care is delivered at the appropriate local site wherever possible. Our service offerings reflect the needs of our community, but are often reimbursed at a lower rate than AMCs, putting Saint Vincent at an operational disadvantage long term. The rate disparity between community-based hospitals and AMCs creates a need-based community reinvestment gap, where high community needs, such as management of behavioral health issues, are reimbursed at a lower rate for the community based setting seeing the majority of these patients, creating a gap between Total Medical Expense (cost times utilization rate) and community need-based Reinvestment Funding (Total Reimbursement minus Total Medical Expenses). This gap places a disparate burden on community hospitals to operate exponentially more efficiently, to be able to continue to fund programs to meet the needs of patients in the community. Consolidation, layoffs, program reductions and similar cost-saving measures are not viable long-term solutions for non AMC providers – greater rate equity is required for effective management of community-based health.

Question 8: Post-Acute Care

The Commission found in its July 2014 Cost Trends Report Supplement that the use of post-acute care is higher in Massachusetts than elsewhere in the nation and that the use of post-acute care varies substantially depending upon the discharging hospital.

a. Please describe and attach any analyses your organization has conducted regarding levels of and variation in the utilization and site of post-acute care, as well as your efforts to ensure that patients are discharged to the most clinically appropriate, high-value setting.

b. How does your organization ensure optimal use of post-acute care?

Summary: Saint Vincent is focused on effective management of patients at discharge and post discharge, to better manage inpatient readmissions, as well as more effectively manage utilization of post-acute care.

Answer: Programs to manage patients as they are discharged from an inpatient setting include:

- Better care coordination and information sharing with Primary Care physicians
- Discharge and transition coaches to manage post-acute care
- An enhanced care coordination model developed for the ACO organization
- Utilization of home care and hospice to keep patients in an at-home setting post discharge
- Compliance management programs for patients with chronic conditions and frequent inpatient admissions, to reduce the management of acute care incidents.
- For higher-risk populations in our ACO, the assignment of nurse care managers and social workers to assist patients with post-discharge compliance and health management.

Question 9

C. 224 requires providers to provide patients and prospective patients with requested price for admissions, procedures and services. Please describe your organization's progress in this area, including available data regarding the number of individuals that seek this information (using the template below) and identify the top ten admissions, procedures and services about which individuals have requested price information. Additionally, please discuss how patients use this information, any analyses you have conducted to assess the accuracy of estimates provided, and/or any qualitative observations of the value of this increased price transparency for patients.

We receive on average 40 inquiries per month on health care pricing, primarily via phone inquiries.

a. Of these inquiries, 70% are for imaging and 30% for surgical cases. The majority of these requests are insured patients that have contacted their insurance provider and been

advised to contact the facility for average cost. Top ten inquiries on pricing fall into the following categories:

- Imaging: MRI, CT, Bone Density, Nuclear Medicine
- Same day surgeries: arthroscopic & GYN
- In-patients: Deliveries

Pricing inquiries are directed to our financial counselors, who respond to the patient with average procedural costs, as well as additional information they may need.

Question 10

Please describe the manner and extent to which tiered and limited network products affect your organization, including but not limited to any effects on contracting and/or referral practices, and attach any analyses your organization has conducted on this issue. Describe any actions your organization taken (e.g., pricing changes) in response to tier placement and any impacts on volume you have experienced based on tier placement.

Summary: Tiered and limited network products can be an effective vehicle to encourage plan participants to remain in-network for healthcare services. In order to be most effective, plan members must have a greater understanding of the benefits of keeping care within an integrated network of high quality, cost-effective care.

Answer: For Saint Vincent and the surrounding community, as employers shift to tiered and limited network products to better manage healthcare costs for their employees, the impact on in-network retention is beginning to reflect a greater consumer consideration for the price of healthcare. Driven primarily by the cost of service or copay, this shift is encouraging in terms of the impact of better managing the cost and location of care for services and procedures easily managed in a local setting, as well as better patient health information sharing across a continuum of care. As a high value provider in central Massachusetts, Saint Vincent's attempts to work within a rate band that allows us to stay in Tier I for the majority of limited/tiered network products.

Question 11

The Commission has identified that spending for patients with comorbid behavioral health and chronic medical conditions is 2-2.5 times as high as spending for patients with a chronic medical condition but no behavioral health condition. As reported in the July 2014 Cost Trends Report Supplement, higher spending for patients with behavioral health conditions is concentrated in emergency departments and inpatient care.

a. Please describe ways that your organization is collaborating with other providers to integrate physical and behavioral health care services and provide care across a continuum to these high-cost, high-risk patients.
b. Please discuss ways that your organization is addressing the needs of individuals to avoid unnecessary utilization of emergency room departments and psychiatric

inpatient care.
c. Please discuss successes and challenges your organization has experienced in providing care for these patients, including how to overcome any barriers to integration of services.
d. There has been increased statewide interest in data reporting across all services, inclusive of behavioral health. Please describe your organization's willingness and ability to report discharge data.

Summary: Collaboration with our primary care network on the management of behavioral health conditions, expanding outpatient behavioral health services, and behavioral health management strategies across both of our Massachusetts hospitals and affiliated physician networks are all elements of our approach to improve the management of patients with comorbid behavioral health issues.

Answer:

Saint Vincent, along with MetroWest, has continued to invest in behavioral health programs, services, and education. We have added 13 additional beds at MetroWest, with further expansion plans under development. Saint Vincent has relocated the behavioral health unit to a main campus, state-of-the-art facility, allowing behavioral health care closer to the ED and closer access to behavioral health care for acute care inpatients, allowing for improved management of comorbidities. Our strategy for behavioral health management extends across our campuses and physician organizations, since this is a statewide issue not confined to a single facility.

As part of our ACO approach to comorbidity management, behavioral health screenings are incorporated into patient care, as well as identification and connection of patients with appropriate behavioral health resources for patients with an identified behavioral health need. Training and support for our primary care network in behavioral health management and resources have also been incorporated into our overall behavioral health management strategy. Continued investment in both inpatient and outpatient behavioral health programs is at the core of our behavioral health management strategy. Education of our residents and primary care physicians in the area of behavioral health management is also an essential element of the strategy, since these providers are often the gateway to behavioral health care.

One of the key challenges we face in behavioral health management is the underpayment of behavioral health by Medicaid and commercial payers. Additionally, due to the lack of appropriate placement options, we incur additional costs associated with the necessary 1:1 staffing in the ED and inpatient units for patients with behavioral health issues who are waiting for placement in appropriate programs or locations.

Question 12

Describe your organization's efforts and experience with implementation of patient centered medical home (PCMH) model.

a. What percentage of your organization's primary care providers (PCPs) or other providers are in practices that are recognized or accredited as PCMHs by one or more national organizations?

b. What percentage of your organization's primary care patients receives care from those PCPs or other providers?

c. Please discuss the results of any analyses your organization has conducted on the impact of PCMH recognition or accreditation, including on outcomes, quality, and costs of care.

Summary: We have utilized Patient-Centered Medical Home principles since 2011 in our employed primary care physician practices. Our ACO organizations also utilize care coordination and interdisciplinary teams to manage the health of our patients.

Answer:

a. We have been aware of, supportive of, and utilizing the Patient-Centered Medical Home Model since 2011, and are now at a point where many of our primary care physicians will be recertifying for PCMH. Employed primary care physician practices in our ACO participate in our PCMH optimization program currently, while more of our employed physicians have committed to engagement with the PCMH program by the end of 2015.
b. We do not currently track this data
c. We do not currently track this data

Question 13: Commentary on cost trends report

After reviewing the Commission's 2013 Cost Trends Report and the July 2014 Supplement to that report, please provide any commentary on the findings presented in light of your organization's experiences.

Summary: We are engaged in and fully support the continued efforts to better manage healthcare costs in Massachusetts. Key areas impacting our operations include:

- The rate equity gap continues to create a higher bar for non AMC providers to provide high quality local care for patients. Saint Vincent is required to operate

more efficiently to provide the same high quality care at a lower rate of reimbursement.

- We see a significant community need in behavioral health, which continues to be reimbursed poorly, leading to a gap in adequate coverage and programs, and higher overall TME.
- Alternative payment methods will continue to grow – we continue to be focused on providing alternative solutions and new approaches.

Answer:

We are pleased with the efforts that resulted in the 2013 Cost Trends Report, and are supportive of the initiative to better manage healthcare costs in Massachusetts. There is still much work to be done in creating an efficient, high-quality health care delivery system. A key step will be greater equity in reimbursement rates across providers. A tiered model of payment/reimbursement does not result in greater efficiency, but instead places a more significant burden on the hospitals in the lower-reimbursed strata to operate more efficiently than those in the higher reimbursed strata.

Consumer engagement in health care spending will continue to drive efficiency, particularly as more consumers/employers participate in tiered or limited network products, and are more aware of health care costs, and their required contribution or copay.

Investment in behavioral health, while necessary to meet the needs of the community, is not reimbursed at a sufficient level to invest in the programs and facilities needed to effectively manage behavioral health resources at Saint Vincent and MetroWest. The lack of adequate treatment options continues to result in behavioral health patients boarding in the ED, or utilizing inpatient care when no appropriate outpatient care is available. We will continue to invest in both inpatient and outpatient behavioral health programs in Massachusetts. Our observation is that of the Top 20 episodes by contribution to growth, 6 are behavioral health related. Better management/coordination of care with appropriate reimbursement can significantly contribute to lowering the growth curve increase. The Behavioral Health concentration of care in ED is directly related to an underinvestment in behavioral health programs due to poor reimbursement. Because our mission is to provide for the overall health of our communities, we continue to invest in behavioral health despite the gap in reimbursement. This places an unequal burden on community hospitals, where many of these patients are frequently seen.

In terms of Massachusetts' high ranking for spending on children, our observation as part of a national organization is that higher spending on children in Massachusetts may be reflective of the fact the MA is ahead of the curve in state mandated coverage for children. Other states, such as Illinois and Pennsylvania have only recently put such mandates in place, and they are not yet fully implemented.

We see the following areas as drivers of improved management of Total Medical Expense (TME):

- Investment in behavioral health facilities and programs (inpatient and outpatient) which ultimately decreases ED boarding and associated costs.
- Better management of data relating to behavioral health as a comorbid condition
- Change in reimbursement to encourage greater investment in community health needs and drivers of better health outcomes
- Commercial rate adjustment, as well as Medicare/Medicaid
- Investment in ASCs and other Ambulatory care options to reduce inpatient cost.
- Continue to provide access to primary care, particularly in lower-income communities

As we plan for 2015, Saint Vincent, by providing high quality, cost-effective local care is focused on stemming the outmigration of care to higher cost facilities and will continue to focus on being the high value care provider in Worcester. We will continue to utilize APMs to manage total medical expense, and will expand on programs initiated over the last several years to manage population health. The volume shift we have seen from IP to OP, combined with the heavy risk environment we operate under, which promotes a lower utilization of acute services, make rate parity, particularly for inpatient services, critical for our continued well-being as a community healthcare provider.

Exhibit C, Question 3: Risk Stratification Response

Our approach for risk stratification is to quantify, analyze and project our ability to manage risk for risk-based contracts. We utilize the following steps in our assessment of population risk:

I. Examination of historical claims data
II. Utilize data from payers on risk stratification of patient population
III. Estimate anticipated risk levels and variables
IV. Project anticipated costs and TME for the population
V. Budget for the patient population based on anticipated risk levels and TME

Exhibit C, Question 4

Saint Vincent tracks physician referral volume for both inpatient and outpatient procedures based on claims and procedural data. Monthly volume reports are utilized to project anticipated demand, which drives volume planning and resource allocation.

2013

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
Blue Cross Blue Shield	$22M	$19M	$ 0.67	$ 0.56	X	X	X	X	X	X	X	X	X	X	X
Tufts Health Plan	X	X	X	X	X	X	X	X	X	X	$7M	$6M	X	X	X
Harvard Pilgrim Health Care	$11M	$8M	$ 0.18	$ 0.14	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	$45M	X	$ 0.02	X	$5M	X	X	$ 0.20	X	X	$1M
CIGNA	X	X	X	X	X	X	X	X	X	X	$2M	$ 0.44	X	X	X
United Healthcare	X	X	X	X	X	X	X	X	X	X	$2M	$ 0.45	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	$2M	$ 0.89	X	X	X
Other Commercial	X	X	X	X	X	X	X	X	X	X	X	$5M	X	X	X
Total Commercial	$33M	$27M	$ 0.85	$ 0.70	$45M	X	$ 0.02	X	$5M	X	$13M	$13M	X	X	$1M
Network Health	X	X	X	X	X	X	X	X	X	X	$7M	X	X	X	X
Neighborhood Health Plan	X	X	X	X	X	X	X	X	X	X	$1M	X	X	X	X
BMC HealthNet, Inc.	X	X	X	X	X	X	X	X	X	X	$3M	X	X	X	X
Health New England	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	$8M	X	X	X	X
Other Managed Medicaid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Managed Medicaid	X	X	X	X	X	X	X	X	X	X	$19M	X	X	X	X
MassHealth	X	X	X	X	X	X	X	X	X	X	$16M	X	X	X	X
Tufts Medicare Preferred	X	X	X	X	X	X	X	X	X		$7M	X	X	X	X
Blue Cross Senior Options	X	X	X	X	X	X	X	X	X		$2M	$4M	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	$87M	X	X	X	X
Commercial Medicare Subtotal											$96M	$4M			
Medicare	X	X	X	X	X	X	X	X	X	X	X	$75M	X	X	X
Other	X	X	X	X	X	X	X	X	X	X	X	X	$22M	X	X
GRAND TOTAL	$33M	$27M	$0.85	$0.70	$45M	X	$0.02	X	$5M	X	$144M	$92M	$22M	X	$1M

2012

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
Blue Cross Blue Shield	$20M	$16M	$ 0.56	$ 0.47	X	X	X	X	X	X	X	X	X	X	X
Tufts Health Plan	X	X	X	X	X	X	X	X	X	X	$6M	$5M	X	X	X
Harvard Pilgrim Health Care	$9M	$6M	$ 0.07	$ 0.05	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	$44M	X	$1M	X	$5M	X	X	$ 0.15	X	X	$2M
CIGNA	X	X	X	X	X	X	X	X	X	X	$2M	$2M	X	X	X
United Healthcare	X	X	X	X	X	X	X	X	X	X	$2M	$ 0.50	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	$2M	$ 0.60	X	X	X
Other Commercial	X	X	X	X	X	X	X	X	X	X	X	5M	X	X	X
Total Commercial	$29M	$22M	$ 0.63	$ 0.52	$44M	X	$1M	X	$5M	X	$12M	$13M	X	X	$2M
Network Health	X	X	X	X	X	X	X	X	X	X	$7M	X	X	X	X
Neighborhood Health Plan	X	X	X	X	X	X	X	X	X	X	$1M	X	X	X	X
BMC HealthNet, Inc.	X	X	X	X	X	X	X	X	X	X	$2M	X	X	X	X
Health New England	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	$7M	X	X	X	X
Other Managed Medicaid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Managed Medicaid	X	X	X	X	X	X	X	X	X	X	$17M	X	X	X	X
MassHealth	X	X	X	X	X	X	X	X	X	X	$15	X	X	X	X
Tufts Medicare Preferred	X	X	X	X	X	X	X	X	X		$3M	X	X	X	X
Blue Cross Senior Options	X	X	X	X	X	X	X	X	X		$1M	$1M	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	$88M	X	X	X	X
Commercial Medicare Subtotal											$92M	$1M			
Medicare	X	X	X	X	X	X	X	X	X	X	X	$72M	X	X	X
Other	X	X	X	X	X	X	X	X	X	X	X	X	$22M	X	X
GRAND TOTAL						X		X		X					

2011

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
Blue Cross Blue Shield	$21M	$17M	$ 0.56	$ 0.43	X	X	X	X	X	X	X	X	X	X	X
Tufts Health Plan	X	X	X	X	X	X	X	X	X	X	$5M	$3M	X	X	X
Harvard Pilgrim Health Care	$6M	$5M	$ 0.06	$ 0.04	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	$40	$ 0.09	$4M	X	X	X	X	X	X	X	X	X	X	X	$2M
CIGNA	X	X	X	X	X	X	X	X	X	X	$2M	$2M	X	X	X
United Healthcare	X	X	X	X	X	X	X	X	X	X	$2M	$ 0.40	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	$2M	$ 0.70	X	X	X
Other Commercial	X	X	X	X	X	X	X	X	X	X	X	$4M	X	X	X
Total Commercial	$67M	$22M	$5M	$ 0.47	X	X	X	X	X	X	$11M	$10	X	X	$2M
Network Health	X	X	X	X	X	X	X	X	X	X	$6M	X	X	X	X
Neighborhood Health Plan	X	X	X	X	X	X	X	X	X	X	$2M	X	X	X	X
BMC HealthNet, Inc.	X	X	X	X	X	X	X	X	X	X	$2M	X	X	X	X
Health New England	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	$7M	X	X	X	X
Other Managed Medicaid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Managed Medicaid	X	X	X	X	X	X	X	X	X	X	$17M	X	X	X	X
MassHealth	X	X	X	X	X	X	X	X	X	X	15M	X	X	X	X
Tufts Medicare Preferred	X	X	X	X	X	X	X	X	X		$5M	X	X	X	X
Blue Cross Senior Options	X	X	X	X	X	X	X	X	X		$ 0.80	$1M	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	$83M	X	X	X	X
Commercial Medicare Subtotal											$89M	$1M			
Medicare	X	X	X	X	X	X	X	X	X	X	X	$63M	X	X	X
Other	X	X	X	X	X	X	X	X	X	X	X	X	$23M	X	X
GRAND TOTAL	$67M	$22M	$5M	$ 0.47	X	X	X	X	X	X	$132M	$74M	$23M	X	$2M

2010

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
Blue Cross Blue Shield	$20M	$16M	$ 0.40	$ 0.30	X	X	X	X	X	X	X	X	X	X	X
Tufts Health Plan	X	X	X	X	X	X	X	X	X	X	$5M	$3M	X	X	X
Harvard Pilgrim Health Care	$6M	$4M	$ 0.06	$ 0.03	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	$42M	$ 0.09	$4M	X	X	X	X	X	X	X	X	X	X	X	X
CIGNA	X	X	X	X	X	X	X	X	X	X	$1M	$ 0.10	X	X	X
United Healthcare	X	X	X	X	X	X	X	X	X	X	$2M	$ 0.20	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	$1M	$ 0.50	X	X	X
Other Commercial	X	X	X	X	X	X	X	X	X	X	X	$3M	X	X	X
Total Commercial	$68M	$20M	$4M	$ 0.33	X	X	X	X	X	X	$9M	$7M	X	X	X
Network Health	X	X	X	X	X	X	X	X	X	X	$5M	X	X	X	X
Neighborhood Health Plan	X	X	X	X	X	X	X	X	X	X	$ 0.90	X	X	X	X
BMC HealthNet, Inc.	X	X	X	X	X	X	X	X	X	X	$2M	X	X	X	X
Health New England	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	$7M	X	X	X	X
Other Managed Medicaid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Managed Medicaid	X	X	X	X	X	X	X	X	X	X	$15M	X	X	X	X
MassHealth	X	X	X	X	X	X	X	X	X	X	$15M	X	X	X	X
Tufts Medicare Preferred	X	X	X	X	X	X	X	X	X		$ 0.80	X	X	X	X
Blue Cross Senior Options	X	X	X	X	X	X	X	X	X		$1M	$ 0.80	$ 0.90	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	$84M	X	X	X	X
Commercial Medicare Subtotal											$86M	$ 0.80	$ 0.90		
Medicare	X	X	X	X	X	X	X	X	X	X	X	$59M	X	X	X
Other	X	X	X	X	X	X	X	X	X	X	X	X	$21M	X	X
GRAND TOTAL					X	X	X	X	X	X				X	

Row Labels	Sum of Net rev
AETNA HMO	$ 2,202,182
AETNA PPO	$ 893,966
BC HMO	$ 22,847,166
BC PPO	$ 19,124,635
BC MEDICARE HMO	$ 2,175,208
BC MEDICARE PPO	$ 4,378,395
BMC MEDICAID	$ 2,709,772
CIGNA HMO	$ 1,934,556
CIGNA PPO	$ 444,724
FALLON COMMERCIAL	$ 44,921,320
FALLON MEDICAID	$ 8,089,027
FALLON PPO	$ 205,922
HPHC HMO	$ 11,248,747
HPHC PPO	$ 8,539,741
MASS HEALTH	$ 15,561,492
MEDICARE	$ 74,968,603
NETWORK HEALTH MEDICAID	$ 7,109,553
NHP MEDICAID	$ 1,352,244
OTHER	$ 22,299,884
OTHER COMM MEDICARE	$ 86,699,658
OTHER COMMERCIAL	$ 4,941,718
TUFTS HMO	$ 6,701,118
TUFTS PPO	$ 6,175,580
TUFTS MEDICARE HMO	$ 6,140,694
UNITED HMO	$ 2,322,705
UNITED PPO	$ 453,861
Grand Total	$ 364,442,472

Row Labels	Sum of Net rev
AETNA HMO	$ 2,128,272
AETNA PPO	$ 583,322
BC HMO	$ 20,463,656
BC PPO	$ 16,860,659
BC MEDICARE HMO	$ 1,061,039
BC MEDICARE PPO	$ 1,469,201
BMC MEDICAID	$ 1,902,766
CIGNA HMO	$ 1,651,378
CIGNA PPO	$ 1,564,705
FALLON COMMERCIAL	$ 44,303,837
FALLON MEDICAID	$ 7,278,107
FALLON PPO	$ 153,118
HPHC HMO	$ 9,311,594
HPHC PPO	$ 6,330,238
MASS HEALTH	$ 14,587,719
MEDICARE	$ 71,860,290
NETWORK HEALTH MEDICAID	$ 6,540,712
NHP MEDICAID	$ 1,122,207
OTHER	$ 22,047,245
OTHER COMM MEDICARE	$ 88,179,436
OTHER COMMERCIAL	$ 4,730,121
TUFTS HMO	$ 5,902,097
TUFTS PPO	$ 4,769,444
TUFTS MEDICARE HMO	$ 2,852,798
UNITED HMO	$ 1,970,321
UNITED PPO	$ 526,897
Grand Total	$ 340,151,180

Row Labels	Sum of Net rev
AETNA HMO	$ 1,902,125
AETNA PPO	$ 655,243
BC HMO	$ 21,899,464
BC PPO	$ 17,043,038
BC MEDICARE HMO	$ 796,780
BC MEDICARE PPO	$ 1,128,349
BMC MEDICAID	$ 1,617,327
CIGNA HMO	$ 1,862,198
CIGNA PPO	$ 1,540,886
FALLON COMMERCIAL	$ 39,732,762
FALLON MEDICAID	$ 7,073,353
FALLON PPO	$ 89,184
HPHC HMO	$ 6,296,465
HPHC PPO	$ 4,698,625
MASS HEALTH	$ 14,578,742
MEDICARE	$ 63,060,706
NETWORK HEALTH MEDICAID	$ 6,052,061
NHP MEDICAID	$ 1,515,489
OTHER	$ 22,745,761
OTHER COMM MEDICARE	$ 82,860,078
OTHER COMMERCIAL	$ 4,352,995
TUFTS HMO	$ 4,601,295
TUFTS PPO	$ 3,036,943
TUFTS MEDICARE HMO	$ 2,160,505
UNITED HMO	$ 1,831,870
UNITED PPO	$ 384,404
Grand Total	$ 313,516,650

Row Labels	Sum of Net rev			
AETNA HMO	$ 1,476,734			
AETNA PPO	$ 486,275			
BC HMO	$ 20,557,824	1.77%	$ 363,873	$ 20,193,951
BC PPO	$ 16,356,001	1.77%	$ 289,501	$ 16,066,500
BC MEDICARE HMO	$ 1,388,132			
BC MEDICARE PPO	$ 761,783			
BMC MEDICAID	$ 1,544,477			
CIGNA HMO	$ 1,133,714			
CIGNA PPO	$ 134,400			
FALLON COMMERCIAL	$ 42,737,822			
FALLON MEDICAID	$ 6,541,840			
FALLON PPO	$ 91,421			
HPHC HMO	$ 6,437,634	0.9%	$ 57,939	$ 6,379,695
HPHC PPO	$ 3,878,485	0.9%	$ 34,906	$ 3,843,578
MASS HEALTH	$ 15,217,826			
MEDICARE	$ 58,517,357			
NETWORK HEALTH MEDICAID	$ 5,012,584			
NHP MEDICAID	$ 880,599			
OTHER	$ 21,162,071			
OTHER COMM MEDICARE	$ 83,731,445			
OTHER COMMERCIAL	$ 3,418,633			
TUFTS HMO	$ 4,567,332			
TUFTS PPO	$ 3,387,918			
TUFTS MEDICARE HMO	$ 800,474			
UNITED HMO	$ 2,067,802			
UNITED PPO	$ 261,522			
Grand Total	$ 302,552,106			

Saint Vincent Hospital

GAO Net Revenue and Margin

Calendar Year 2010, 2011, 2012, 2013

Souce: Avega Decision Support System
Revenue = Net Patient Service Revenue
Margin = Net Revenue less Total Direct Costs

Includes All Inpatient and Outpatient Encounters
Net Revenue is based on actual reimbursement from patient accounting or an estimate based on payer contracts
Net Revenue does not include journal entries, one-time lump sum adjustments or prior year reimbursement
Total Direct Costs per Avega include Salaries, Wages and Benefits, Supplies, Drugs, Implants and Other Expenses

Medicare, Medicaid, Managed Medicare and Managed Medicaid products were mapped to "Government"

Saint Vincent Hospital

CY 2010 - Inpatient

Service Line	Commercial		Government		All Other		Total	
	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)
CardiacSvcs	7,838,296	3,243,203	28,473,886	10,449,351	618,299	(13,569)	36,930,482	13,678,985
Ent	409,458	167,180	678,241	295,815	26,478	(1,974)	1,114,178	461,021
GenMed	11,901,657	5,318,673	45,587,163	19,654,346	1,423,601	(330,933)	58,912,421	24,642,085
GenSurg	7,845,394	2,507,355	12,213,218	4,331,394	359,731	23,907	20,418,343	6,862,655
Gynecology	947,793	239,533	443,882	170,888	21,270	(4,611)	1,412,944	405,811
Invalid	25,018	8,069	850	(14,520)			25,868	(6,451)
Neonatology	1,491,314	(421,114)	2,996,780	1,758,303	20,370	(6,335)	4,508,464	1,330,854
Neurology	1,113,525	627,296	4,465,607	2,141,556	57,387	(30,121)	5,636,518	2,738,732
Neurosurgery	385,828	115,264	891,697	339,063	27,537	(3,521)	1,305,062	450,807
Obstetrics	8,237,058	3,548,474	4,654,087	2,356,949	75,092	(14,201)	12,966,237	5,891,222
Oncology	1,665,397	1,083,891	3,612,511	1,818,350	56,507	10,150	5,334,415	2,912,391
Ophthalmology	51,482	30,881	101,291	49,657	5,301	2,478	158,074	83,016
Orthopedics	5,664,016	2,171,860	10,851,741	3,149,628	187,001	72,605	16,702,757	5,394,093
SPINE	1,937,294	598,264	2,849,173	733,281	39,975	18,010	4,826,442	1,349,554
ThoracicSurgery	1,404,374	431,159	2,580,748	688,960	55,901	15,753	4,041,023	1,135,872
Trauma	106,466	71,088	502,357	271,351	46,857	18,421	655,680	360,860
Urology	1,904,330	567,253	2,696,076	734,528	33,392	(15,828)	4,633,799	1,285,954
VascularSurgery	2,190,646	1,072,283	7,420,738	2,823,629	79,660	3,413	9,691,044	3,899,325
Total	**55,119,346**	**21,380,612**	**131,020,045**	**51,752,529**	**3,134,358**	**(256,356)**	**189,273,750**	**72,876,785**

Saint Vincent Hospital

CY 2010 - Outpatient

Service Line	Commercial		Government		All Other		Total	
	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
Cardiology	9,014,332	3,848,860	9,968,635	1,645,839	337,996	22,435	19,320,963	5,517,134
Cosmetic Procedures	291,473	(84,341)	62,579	(97,510)	59,120	(179,726)	413,173	(361,577)
Dermatology	222,170	98,901	234,706	24,820	30,473	(23,307)	487,348	100,415
ENT	1,270,947	177,380	436,026	(281,311)	41,435	(15,440)	1,748,409	(119,371)
Evaluation and Management	958,187	438,553	2,901,510	1,384,594	695,420	117,548	4,555,118	1,940,695
Gastroenterology	3,015,763	1,629,170	1,352,835	124,634	75,285	12,600	4,443,883	1,766,404
General Surgery	3,719,281	398,842	1,196,127	(873,776)	56,564	(11,048)	4,971,972	(485,981)
Gynecology	806,827	(96,930)	191,315	(199,024)	19,940	(2,537)	1,018,082	(298,491)
IP ONLY UNGROUPABLE	125,212	(38,524)	81,273	(61,604)			206,485	(100,128)
Lab	84,889	56,154	108,957	42,714	28,181	21,110	222,028	119,978
Miscellaneous Services	7,704,180	4,004,947	7,640,826	1,720,670	853,640	(204,144)	16,198,645	5,521,472
Nephrology	871,497	483,784	1,711,826	(80,109)			2,583,323	403,675
Neurology	1,117,552	692,516	308,103	59,627	9,552	696	1,435,208	752,839
Neurosurgery	235,119	106,546	260,172	(8,028)	8,209	881	503,499	99,398
Obstetrics	335,897	21,542	129,720	(13,376)	16,975	7,502	482,592	15,668
Oncology	6,650,233	2,234,797	5,759,732	(729,404)	131,195	45,995	12,541,161	1,551,388
Ophthalmology	1,184,719	110,582	1,997,138	(290,880)	36,386	7,624	3,218,244	(172,674)
Orthopedics	6,933,438	(49,816)	2,141,296	(984,840)	194,078	(136,962)	9,268,812	(1,171,617)
Pain Management	418,178	263,084	371,871	139,090	19,917	(6,661)	809,967	395,514
Physical Therapy/Rehabilitation	1,890,038	599,252	1,490,675	590,456	255,462	137,695	3,636,175	1,327,403
Podiatry	26,078	14,650	28,467	(9,089)	2,805	(424)	57,350	5,138
Psychiatry	107,208	46,928	92,196	4,409	12,808	(14,194)	212,213	37,143
Pulmonology	538,664	137,637	729,024	(13,833)	25,731	(15,919)	1,293,419	107,884
Radiology	8,816,057	5,994,340	4,859,623	2,417,473	1,428,524	688,574	15,104,204	9,100,387
Spine	492,811	57,746	515,897	(189,011)	6,895	(10,320)	1,015,603	(141,585)
Thoracic Surgery	8,124	5,818	26,275	11,060	-	(770)	34,399	16,109
Trauma	495,761	295,721	401,828	122,280	85,927	(21,222)	983,516	396,779
Ungroupable	7,363	3,690	6,061	(1,767)	3,374	74	16,797	1,996
Urology	1,453,335	99,045	1,118,031	(333,574)	29,506	(722)	2,600,871	(235,250)
Vascular	1,256,523	337,893	1,933,772	79,692	20,249	3,842	3,210,544	421,427
Grand Total	**60,051,855**	**21,888,767**	**48,056,499**	**4,200,225**	**4,485,649**	**423,181**	**112,594,003**	**26,512,173**

Saint Vincent Hospital

CY 2011 - Inpatient

Service Line	Commercial		Government		All Other		Total	
	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)
CardiacSvcs	7,635,079	3,758,169	25,898,593	10,571,694	468,617	180,000	34,002,289	14,509,864
Ent	529,264	195,568	825,165	412,096	29,891	12,562	1,384,320	620,226
GenMed	11,746,309	5,935,009	50,054,900	23,005,651	1,598,111	217,389	63,399,319	29,158,049
GenSurg	6,899,073	2,140,429	11,778,953	3,739,084	403,449	138,415	19,081,474	6,017,928
Gynecology	1,018,246	213,824	579,233	194,288	5,695	3,088	1,603,173	411,200
Invalid			41,058	24,881			41,058	24,881
Neonatology	1,900,954	(162,722)	3,165,822	1,874,807	25,369	(7,074)	5,092,144	1,705,011
Neurology	1,405,141	894,714	5,274,643	2,739,637	119,164	(10,335)	6,798,948	3,624,016
Neurosurgery	508,585	267,307	785,551	113,466	50,960	2,054	1,345,096	382,827
Obstetrics	8,509,551	3,666,175	4,906,525	2,329,389	104,790	15,262	13,520,866	6,010,826
Oncology	1,394,704	809,681	3,784,468	1,848,374	34,700	8,800	5,213,872	2,666,855
Ophthalmology	80,972	52,693	84,344	33,595	15,864	2,330	181,180	88,619
Orthopedics	5,669,623	2,199,039	11,442,537	3,289,262	127,972	4,126	17,240,131	5,492,427
SPINE	1,745,077	625,133	2,880,676	1,095,629	32,716	20,474	4,658,469	1,741,236
ThoracicSurgery	1,015,306	499,004	2,560,975	847,144	20,278	9,020	3,596,559	1,355,168
Trauma	115,474	81,170	665,110	330,960	36,018	22,321	816,602	434,452
Urology	1,780,964	523,297	2,211,983	782,719	28,829	8,706	4,021,776	1,314,722
VascularSurgery	1,694,435	898,764	7,465,288	3,145,334	193,320	22,343	9,353,043	4,066,441
Total	**53,648,756**	**22,597,257**	**134,405,826**	**56,378,009**	**3,295,739**	**649,479**	**191,350,321**	**79,624,745**

Saint Vincent Hospital

CY 2011 - Outpatient

Service Line	Commercial		Government		All Other		Total	
	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
Cardiology	7,937,865	3,937,324	9,192,557	1,994,162	286,170	147,367	17,416,591	6,078,852
Cosmetic Procedures	285,942	(40,271)	62,927	(88,056)	65,305	(188,593)	414,174	(316,921)
Dermatology	193,334	69,250	235,467	10,829	37,168	5,533	465,969	85,612
ENT	1,344,666	69,008	557,930	(463,461)	41,744	3,077	1,944,339	(391,375)
Evaluation and Management	1,093,881	430,766	3,111,548	1,346,070	654,036	268,396	4,859,466	2,045,232
Gastroenterology	2,874,922	1,515,994	1,309,222	111,665	66,815	29,453	4,250,958	1,657,113
General Surgery	3,933,604	616,406	1,435,323	(958,527)	48,322	(6,382)	5,417,248	(348,502)
Gynecology	814,993	(193,892)	218,984	(208,434)	8,191	1,204	1,042,168	(401,122)
IP ONLY UNGROUPABLE	85,974	(11,004)	56,943	(51,411)	1,139	444	144,056	(61,972)
Lab	96,021	63,534	140,136	69,165	21,304	19,290	257,462	151,990
Miscellaneous Services	7,771,943	4,299,285	7,887,911	2,122,610	724,065	257,849	16,383,919	6,679,744
Nephrology	986,246	587,944	1,457,562	(127,835)			2,443,808	460,109
Neurology	1,013,488	635,400	343,440	68,037	3,651	1,600	1,360,579	705,037
Neurosurgery	258,958	52,515	254,177	(14,235)	1,280	(774)	514,416	37,506
Obstetrics	306,976	32,871	152,102	(7,614)	11,914	253	470,993	25,509
Oncology	9,139,121	4,158,220	6,844,568	213,374	32,379	15,355	16,016,068	4,386,948
Ophthalmology	1,003,797	161,312	2,168,942	(187,195)	9,611	(2,791)	3,182,350	(28,674)
Orthopedics	6,934,879	249,585	2,105,068	(1,004,122)	290,891	20,337	9,330,838	(734,200)
Pain Management	517,605	265,217	318,174	47,368	17,697	5,066	853,475	317,650
Physical Therapy/Rehabilitation	1,932,856	699,801	1,696,011	738,813	438,498	314,571	4,067,364	1,753,184
Podiatry	23,813	10,515	22,160	(20,698)	481	(240)	46,454	(10,424)
Psychiatry	62,008	24,046	80,440	23,065	5,490	(2,014)	147,937	45,097
Pulmonology	612,748	160,358	800,245	47,526	45,082	9,149	1,458,075	217,033
Radiology	8,518,593	5,610,549	4,806,861	2,208,293	1,273,966	790,978	14,599,421	8,609,820
Spine	387,633	45,306	324,216	(262,307)	8,965	3,782	720,814	(213,219)
Thoracic Surgery	15,334	4	13,669	(3,268)			29,004	(3,264)
Trauma	530,660	292,382	418,113	142,241	94,811	38,256	1,043,584	472,880
Ungroupable	17,170	10,293	12,622	(7,709)	2,146	631	31,938	3,214
Urology	1,407,497	139,018	1,222,286	(319,154)	18,620	(11,299)	2,648,403	(191,435)
Vascular	1,846,942	781,979	2,243,858	(139,958)	34,438	15,971	4,125,238	657,991
Grand Total	**61,949,468**	**24,673,714**	**49,493,461**	**5,279,232**	**4,244,178**	**1,736,469**	**115,687,107**	**31,689,415**

Saint Vincent Hospital

CY 2012 - Inpatient

Service Line	Commercial		Government		All Other		Total	
	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)
CardiacSvcs	8,780,688	4,529,455	26,683,792	10,735,491	476,157	15,394	35,940,637	15,280,340
Ent	474,499	186,658	788,255	337,087	66,159	23,282	1,328,914	547,027
GenMed	12,459,390	6,819,371	50,834,541	24,147,134	1,391,104	29,681	64,685,035	30,996,187
GenSurg	7,963,982	2,843,563	14,652,008	5,504,225	384,672	48,280	23,000,662	8,396,068
Gynecology	1,125,470	276,197	533,397	167,079	9,374	(1,794)	1,668,241	441,482
Invalid			-	(44,457)			-	(44,457)
Neonatology	1,770,989	(211,750)	2,864,055	1,615,114	65,255	(5,295)	4,700,298	1,398,069
Neurology	1,391,352	907,926	4,449,740	2,161,941	116,832	39,543	5,957,924	3,109,410
Neurosurgery	278,496	66,174	881,610	281,214	-	(4,039)	1,160,106	343,348
Obstetrics	9,106,806	3,703,030	4,771,875	2,030,482	157,764	29,094	14,036,445	5,762,606
Oncology	1,292,922	765,950	3,961,650	2,082,228	51,889	16,373	5,306,461	2,864,551
Ophthalmology	14,566	9,041	87,014	56,215			101,580	65,256
Orthopedics	6,938,586	2,967,217	13,425,764	4,214,047	196,771	31,799	20,561,121	7,213,063
SPINE	2,253,539	1,032,192	3,407,837	1,427,554	29,946	16,624	5,691,323	2,476,370
ThoracicSurgery	1,511,915	721,115	2,709,228	942,629	51,245	11,267	4,272,387	1,675,011
Trauma	162,022	120,297	527,992	305,882	18,246	14,927	708,261	441,106
Urology	2,163,539	864,697	2,829,769	770,355	23,108	1,578	5,016,416	1,636,630
VascularSurgery	1,741,459	859,772	5,426,144	1,961,613	100,312	5,550	7,267,916	2,826,935

Saint Vincent Hospital

CY 2012 - Outpatient

Service Line	Commercial		Government		All Other		Total	
	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
Cardiology	7,937,865	3,937,324	9,192,557	1,994,162	286,170	147,367	17,416,591	6,078,852
Cosmetic Procedures	285,942	(40,271)	62,927	(88,056)	65,305	(188,593)	414,174	(316,921)
Dermatology	193,334	69,250	235,467	10,829	37,168	5,533	465,969	85,612
ENT	1,344,666	69,008	557,930	(463,461)	41,744	3,077	1,944,339	(391,375)
Evaluation and Management	1,093,881	430,766	3,111,548	1,346,070	654,036	268,396	4,859,466	2,045,232
Gastroenterology	2,874,922	1,515,994	1,309,222	111,665	66,815	29,453	4,250,958	1,657,113
General Surgery	3,933,604	616,406	1,435,323	(958,527)	48,322	(6,382)	5,417,248	(348,502)
Gynecology	814,993	(193,892)	218,984	(208,434)	8,191	1,204	1,042,168	(401,122)
IP ONLY UNGROUPABLE	85,974	(11,004)	56,943	(51,411)	1,139	444	144,056	(61,972)
Lab	96,021	63,534	140,136	69,165	21,304	19,290	257,462	151,990
Miscellaneous Services	7,771,943	4,299,285	7,887,911	2,122,610	724,065	257,849	16,383,919	6,679,744
Nephrology	986,246	587,944	1,457,562	(127,835)			2,443,808	460,109
Neurology	1,013,488	635,400	343,440	68,037	3,651	1,600	1,360,579	705,037
Neurosurgery	258,958	52,515	254,177	(14,235)	1,280	(774)	514,416	37,506
Obstetrics	306,976	32,871	152,102	(7,614)	11,914	253	470,993	25,509
Oncology	9,139,121	4,158,220	6,844,568	213,374	32,379	15,355	16,016,068	4,386,948
Ophthalmology	1,003,797	161,312	2,168,942	(187,195)	9,611	(2,791)	3,182,350	(28,674)
Orthopedics	6,934,879	249,585	2,105,068	(1,004,122)	290,891	20,337	9,330,838	(734,200)
Pain Management	517,605	265,217	318,174	47,368	17,697	5,066	853,475	317,650
Physical Therapy/Rehabilitation	1,932,856	699,801	1,696,011	738,813	438,498	314,571	4,067,364	1,753,184
Podiatry	23,813	10,515	22,160	(20,698)	481	(240)	46,454	(10,424)
Psychiatry	62,008	24,046	80,440	23,065	5,490	(2,014)	147,937	45,097
Pulmonology	612,748	160,358	800,245	47,526	45,082	9,149	1,458,075	217,033
Radiology	8,518,593	5,610,549	4,806,861	2,208,293	1,273,966	790,978	14,599,421	8,609,820
Spine	387,633	45,306	324,216	(262,307)	8,965	3,782	720,814	(213,219)
Thoracic Surgery	15,334	4	13,669	(3,268)			29,004	(3,264)
Trauma	530,660	292,382	418,113	142,241	94,811	38,256	1,043,584	472,880
Ungroupable	17,170	10,293	12,622	(7,709)	2,146	631	31,938	3,214
Urology	1,407,497	139,018	1,222,286	(319,154)	18,620	(11,299)	2,648,403	(191,435)
Vascular	1,846,942	781,979	2,243,858	(139,958)	34,438	15,971	4,125,238	657,991
Grand Total	**61,949,468**	**24,673,714**	**49,493,461**	**5,279,232**	**4,244,178**	**1,736,469**	**115,687,107**	**31,689,415**

Saint Vincent Hospital

CY 2013 - Inpatient

Service Line	Commercial		Government		All Other		Total	
	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)
CardiacSvcs	9,243,959	4,907,540	26,922,170	11,089,750	187,716	(43,219)	36,353,845	15,954,070
Ent	609,382	316,811	790,432	378,299	10,281	(2,091)	1,410,095	693,019
GenMed	15,108,113	8,767,890	53,464,821	25,464,663	1,669,500	409,325	70,242,434	34,641,878
GenSurg	9,036,680	3,786,304	16,201,929	6,100,339	586,263	197,386	25,824,872	10,084,030
Gynecology	1,065,678	273,964	524,158	173,977	-	(1,902)	1,589,836	446,039
Invalid			15,958	13,152			15,958	13,152
Neonatology	1,932,012	(56,392)	3,071,152	1,767,840	41,837	(11,406)	5,045,001	1,700,041
Neurology	2,537,719	1,866,827	4,983,142	2,665,039	53,006	2,262	7,573,867	4,534,128
Neurosurgery	723,754	360,497	748,165	211,026			1,471,919	571,523
Obstetrics	9,568,664	4,063,331	4,728,222	2,086,005	180,581	46,432	14,477,467	6,195,768
Oncology	2,023,867	1,289,000	4,225,149	2,190,922	74,380	13,271	6,323,396	3,493,193
Ophthalmology	36,850	19,337	111,444	56,501	7,142	6,037	155,436	81,875
Orthopedics	7,719,686	3,627,963	13,731,746	4,933,588	163,170	74,228	21,614,601	8,635,779
SPINE	2,966,855	1,228,955	3,855,475	1,747,049	84,496	26,990	6,906,826	3,002,995
ThoracicSurgery	1,316,328	621,578	2,087,433	735,957	230,901	116,270	3,634,663	1,473,804
Trauma	86,445	61,756	586,229	380,787	19,159	10,294	691,833	452,836
Urology	1,909,614	757,066	3,659,023	1,080,893	51,604	3,312	5,620,242	1,841,271
VascularSurgery	2,030,290	1,039,972	6,649,914	2,697,311	108,247	36,681	8,788,451	3,773,964

Saint Vincent Hospital

CY 2013 - Outpatient

Service Line	Commercial		Government		All Other		Total	
	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
Cardiology	8,557,831	4,526,666	11,043,145	3,270,796	274,619	93,164	19,875,596	7,890,626
Cosmetic Procedures	317,694	21,457	138,051	(91,776)	94,421	(230,552)	550,166	(300,870)
Dermatology	194,483	74,198	271,841	68,625	24,014	(1,432)	490,338	141,391
ENT	1,674,752	102,420	781,004	(566,038)	27,719	(6,168)	2,483,475	(469,786)
Evaluation and Management	1,146,330	681,232	4,081,705	2,765,435	554,325	368,456	5,782,361	3,815,123
Gastroenterology	2,758,051	1,353,856	1,616,602	186,304	60,788	22,759	4,435,441	1,562,919
General Surgery	4,280,984	552,656	2,883,647	(150,220)	42,052	(26,828)	7,206,684	375,609
Gynecology	1,041,891	(142,237)	369,453	(197,917)	21,176	(4,841)	1,432,520	(344,995)
IP ONLY UNGROUPABLE	306,820	(27,810)	238,613	(45,747)	2,137	(3,396)	547,570	(76,952)
Lab	731,766	454,061	423,951	135,445	252,777	126,679	1,408,494	716,185
Miscellaneous Services	8,194,105	4,536,694	8,942,914	1,447,184	699,712	149,944	17,836,731	6,133,821
Nephrology	811,709	545,087	3,017,165	1,156,642			3,828,874	1,701,729
Neurology	1,161,004	719,960	544,331	182,544	20,372	12,834	1,725,707	915,338
Neurosurgery	200,133	(22,692)	350,483	73,388	5,016	(242)	555,632	50,455
Obstetrics	354,586	80,776	174,334	(18,615)	7,614	(3,785)	536,534	58,377
Oncology	11,846,775	5,953,652	9,138,526	999,575	154,308	54,457	21,139,608	7,007,684
Ophthalmology	1,252,428	341,832	3,334,609	323,668	21,509	6,590	4,608,546	672,090
Orthopedics	8,944,503	1,676,506	3,273,673	141,377	243,972	31,919	12,462,148	1,849,801
Pain Management	202,127	5,472	181,681	(48,810)	17,433	4,685	401,241	(38,652)
Physical Therapy/Rehabilitation	1,933,959	605,455	1,946,180	635,850	318,147	193,791	4,198,286	1,435,097
Podiatry	14,814	3,609	67,250	(14,973)	494	(5,462)	82,558	(16,826)
Psychiatry	113,547	48,052	132,996	30,196	12,000	(3,151)	258,544	75,097
Pulmonology	601,773	179,588	1,263,306	4,673	53,445	11,313	1,918,524	195,574
Radiology	8,894,743	5,964,465	5,731,337	2,966,633	1,309,711	927,194	15,935,791	9,858,293
Spine	530,464	64,918	414,643	29,947	34,025	16,102	979,132	110,967
Thoracic Surgery	20,489	11,520	20,458	7,762			40,947	19,282
Trauma	1,100,785	919,668	853,922	532,352	115,339	56,598	2,070,046	1,508,618
Ungroupable	7,970	2,427	15,498	(1,551)	260	106	23,728	982
Urology	1,736,052	169,832	2,111,078	94,771	30,345	(12,767)	3,877,475	251,837
Vascular	1,556,802	527,510	3,017,621	552,841	37,499	22,476	4,611,921	1,102,826
Grand Total	**70,489,370**	**29,930,831**	**66,380,018**	**14,470,362**	**4,435,232**	**1,800,445**	**141,304,620**	**46,201,638**