

BRISTOL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$8,286,702	\$4,272,881	(\$4,013,821)	-48%
2	Short Term Investments	\$96,165	\$96,343	\$178	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$15,483,112	\$20,427,829	\$4,944,717	32%
4	Current Assets Whose Use is Limited for Current Liabilities	\$452,373	\$462,954	\$10,581	2%
5	Due From Affiliates	\$1,809,846	\$2,258,921	\$449,075	25%
6	Due From Third Party Payers	\$0	\$2,379,937	\$2,379,937	0%
7	Inventories of Supplies	\$1,439,654	\$1,696,559	\$256,905	18%
8	Prepaid Expenses	\$991,052	\$467,593	(\$523,459)	-53%
9	Other Current Assets	\$827,194	\$677,818	(\$149,376)	-18%
	Total Current Assets	\$29,386,098	\$32,740,835	\$3,354,737	11%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$5,780,627	\$5,602,380	(\$178,247)	-3%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$12,202,274	\$12,050,699	(\$151,575)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$17,982,901	\$17,653,079	(\$329,822)	-2%
5	Interest in Net Assets of Foundation	\$4,201,750	\$4,332,419	\$130,669	3%
6	Long Term Investments	\$6,220,475	\$6,015,999	(\$204,476)	-3%
7	Other Noncurrent Assets	\$2,854,095	\$2,353,151	(\$500,944)	-18%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$127,862,964	\$139,095,619	\$11,232,655	9%
2	Less: Accumulated Depreciation	\$93,518,978	\$99,185,736	\$5,666,758	6%
	Property, Plant and Equipment, Net	\$34,343,986	\$39,909,883	\$5,565,897	16%
3	Construction in Progress	\$2,656,483	\$120,375	(\$2,536,108)	-95%
	Total Net Fixed Assets	\$37,000,469	\$40,030,258	\$3,029,789	8%
	Total Assets	\$97,645,788	\$103,125,741	\$5,479,953	6%

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$9,420,211	\$11,772,566	\$2,352,355	25%
2	Salaries, Wages and Payroll Taxes	\$7,122,528	\$11,466,850	\$4,344,322	61%
3	Due To Third Party Payers	\$327,508	\$0	(\$327,508)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$744,758	\$757,385	\$12,627	2%
6	Current Portion of Notes Payable	\$7,083	\$7,444	\$361	5%
7	Other Current Liabilities	\$3,771,110	\$3,541,944	(\$229,166)	-6%
	Total Current Liabilities	\$21,393,198	\$27,546,189	\$6,152,991	29%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$27,047,461	\$26,252,085	(\$795,376)	-3%
2	Notes Payable (Net of Current Portion)	\$305,407	\$297,963	(\$7,444)	-2%
	Total Long Term Debt	\$27,352,868	\$26,550,048	(\$802,820)	-3%
3	Accrued Pension Liability	\$25,355,098	\$25,622,329	\$267,231	1%
4	Other Long Term Liabilities	\$15,324,091	\$15,391,487	\$67,396	0%
	Total Long Term Liabilities	\$68,032,057	\$67,563,864	(\$468,193)	-1%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$755,592	\$427,122	(\$328,470)	-43%
2	Temporarily Restricted Net Assets	\$800,850	\$1,021,495	\$220,645	28%
3	Permanently Restricted Net Assets	\$6,664,091	\$6,567,071	(\$97,020)	-1%
	Total Net Assets	\$8,220,533	\$8,015,688	(\$204,845)	-2%
	Total Liabilities and Net Assets	\$97,645,788	\$103,125,741	\$5,479,953	6%

BRISTOL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$361,761,109	\$345,045,549	(\$16,715,560)	-5%
2	Less: Allowances	\$234,107,114	\$218,880,779	(\$15,226,335)	-7%
3	Less: Charity Care	\$259,103	\$223,751	(\$35,352)	-14%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$127,394,892	\$125,941,019	(\$1,453,873)	-1%
5	Other Operating Revenue	\$4,807,086	\$6,100,777	\$1,293,691	27%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$132,201,978	\$132,041,796	(\$160,182)	0%
B. Operating Expenses:					
1	Salaries and Wages	\$51,473,193	\$53,091,846	\$1,618,653	3%
2	Fringe Benefits	\$15,362,690	\$15,768,577	\$405,887	3%
3	Physicians Fees	\$5,204,873	\$6,039,122	\$834,249	16%
4	Supplies and Drugs	\$16,068,661	\$15,408,234	(\$660,427)	-4%
5	Depreciation and Amortization	\$5,241,260	\$5,714,642	\$473,382	9%
6	Bad Debts	\$10,944,348	\$9,847,024	(\$1,097,324)	-10%
7	Interest	\$1,693,322	\$1,833,355	\$140,033	8%
8	Malpractice	\$1,810,541	\$1,107,439	(\$703,102)	-39%
9	Other Operating Expenses	\$23,188,745	\$23,084,288	(\$104,457)	0%
	Total Operating Expenses	\$130,987,633	\$131,894,527	\$906,894	1%
	Income/(Loss) From Operations	\$1,214,345	\$147,269	(\$1,067,076)	-88%
C. Non-Operating Revenue:					
1	Income from Investments	\$285,251	\$516,585	\$231,334	81%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$286,221	\$1,526,682	\$1,240,461	433%
	Total Non-Operating Revenue	\$571,472	\$2,043,267	\$1,471,795	258%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,785,817	\$2,190,536	\$404,719	23%
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	\$1,785,817	\$2,190,536	\$404,719	23%
	Principal Payments	\$172,922	\$789,832	\$616,910	357%

**BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$69,532,757	\$60,600,712	(\$8,932,045)	-13%
2	MEDICARE MANAGED CARE	\$13,381,601	\$12,722,226	(\$659,375)	-5%
3	MEDICAID	\$9,019,862	\$13,323,161	\$4,303,299	48%
4	MEDICAID MANAGED CARE	\$8,515,511	\$8,184,767	(\$330,744)	-4%
5	CHAMPUS/TRICARE	\$622,433	\$352,195	(\$270,238)	-43%
6	COMMERCIAL INSURANCE	\$21,745,875	\$19,569,070	(\$2,176,805)	-10%
7	NON-GOVERNMENT MANAGED CARE	\$16,271,401	\$14,780,152	(\$1,491,249)	-9%
8	WORKER'S COMPENSATION	\$1,445,196	\$1,302,198	(\$142,998)	-10%
9	SELF- PAY/UNINSURED	\$778,948	\$814,154	\$35,206	5%
10	SAGA	\$4,917,718	\$0	(\$4,917,718)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$146,231,302	\$131,648,635	(\$14,582,667)	-10%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$60,838,619	\$58,428,886	(\$2,409,733)	-4%
2	MEDICARE MANAGED CARE	\$17,730,402	\$15,745,506	(\$1,984,896)	-11%
3	MEDICAID	\$10,694,401	\$23,438,369	\$12,743,968	119%
4	MEDICAID MANAGED CARE	\$20,729,988	\$22,171,679	\$1,441,691	7%
5	CHAMPUS/TRICARE	\$636,350	\$666,145	\$29,795	5%
6	COMMERCIAL INSURANCE	\$48,322,940	\$53,132,267	\$4,809,327	10%
7	NON-GOVERNMENT MANAGED CARE	\$39,127,515	\$30,837,279	(\$8,290,236)	-21%
8	WORKER'S COMPENSATION	\$4,317,070	\$3,828,316	(\$488,754)	-11%
9	SELF- PAY/UNINSURED	\$5,736,491	\$5,148,409	(\$588,082)	-10%
10	SAGA	\$7,396,165	\$0	(\$7,396,165)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$215,529,941	\$213,396,856	(\$2,133,085)	-1%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$130,371,376	\$119,029,598	(\$11,341,778)	-9%
2	MEDICARE MANAGED CARE	\$31,112,003	\$28,467,732	(\$2,644,271)	-8%
3	MEDICAID	\$19,714,263	\$36,761,530	\$17,047,267	86%
4	MEDICAID MANAGED CARE	\$29,245,499	\$30,356,446	\$1,110,947	4%
5	CHAMPUS/TRICARE	\$1,258,783	\$1,018,340	(\$240,443)	-19%
6	COMMERCIAL INSURANCE	\$70,068,815	\$72,701,337	\$2,632,522	4%
7	NON-GOVERNMENT MANAGED CARE	\$55,398,916	\$45,617,431	(\$9,781,485)	-18%
8	WORKER'S COMPENSATION	\$5,762,266	\$5,130,514	(\$631,752)	-11%
9	SELF- PAY/UNINSURED	\$6,515,439	\$5,962,563	(\$552,876)	-8%
10	SAGA	\$12,313,883	\$0	(\$12,313,883)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$361,761,243	\$345,045,491	(\$16,715,752)	-5%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$25,762,383	\$24,923,767	(\$838,616)	-3%
2	MEDICARE MANAGED CARE	\$4,882,292	\$4,266,629	(\$615,663)	-13%
3	MEDICAID	\$3,001,187	\$4,570,490	\$1,569,303	52%
4	MEDICAID MANAGED CARE	\$1,881,370	\$2,061,734	\$180,364	10%
5	CHAMPUS/TRICARE	\$162,772	\$145,385	(\$17,387)	-11%
6	COMMERCIAL INSURANCE	\$9,948,674	\$7,605,094	(\$2,343,580)	-24%
7	NON-GOVERNMENT MANAGED CARE	\$7,299,709	\$8,078,790	\$779,081	11%
8	WORKER'S COMPENSATION	\$1,445,198	\$1,302,196	(\$143,002)	-10%
9	SELF- PAY/UNINSURED	\$27,969	\$20,077	(\$7,892)	-28%
10	SAGA	\$977,565	\$0	(\$977,565)	-100%
11	OTHER	\$0	\$0	\$0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
	TOTAL INPATIENT NET REVENUE	\$55,389,119	\$52,974,162	(\$2,414,957)	-4%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$14,935,136	\$13,974,418	(\$960,718)	-6%
2	MEDICARE MANAGED CARE	\$3,563,811	\$3,904,884	\$341,073	10%
3	MEDICAID	\$2,290,045	\$6,140,712	\$3,850,667	168%
4	MEDICAID MANAGED CARE	\$5,314,656	\$5,471,971	\$157,315	3%
5	CHAMPUS/TRICARE	\$126,904	\$132,563	\$5,659	4%
6	COMMERCIAL INSURANCE	\$20,574,482	\$22,994,993	\$2,420,511	12%
7	NON-GOVERNMENT MANAGED CARE	\$11,040,079	\$5,975,878	(\$5,064,201)	-46%
8	WORKER'S COMPENSATION	\$4,317,070	\$3,828,315	(\$488,755)	-11%
9	SELF- PAY/UNINSURED	\$379,481	\$267,960	(\$111,521)	-29%
10	SAGA	\$1,056,115	\$0	(\$1,056,115)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$63,597,779	\$62,691,694	(\$906,085)	-1%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$40,697,519	\$38,898,185	(\$1,799,334)	-4%
2	MEDICARE MANAGED CARE	\$8,446,103	\$8,171,513	(\$274,590)	-3%
3	MEDICAID	\$5,291,232	\$10,711,202	\$5,419,970	102%
4	MEDICAID MANAGED CARE	\$7,196,026	\$7,533,705	\$337,679	5%
5	CHAMPUS/TRICARE	\$289,676	\$277,948	(\$11,728)	-4%
6	COMMERCIAL INSURANCE	\$30,523,156	\$30,600,087	\$76,931	0%
7	NON-GOVERNMENT MANAGED CARE	\$18,339,788	\$14,054,668	(\$4,285,120)	-23%
8	WORKER'S COMPENSATION	\$5,762,268	\$5,130,511	(\$631,757)	-11%
9	SELF- PAY/UNINSURED	\$407,450	\$288,037	(\$119,413)	-29%
10	SAGA	\$2,033,680	\$0	(\$2,033,680)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$118,986,898	\$115,665,856	(\$3,321,042)	-3%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,852	2,787	(65)	-2%
2	MEDICARE MANAGED CARE	574	591	17	3%
3	MEDICAID	549	858	309	56%
4	MEDICAID MANAGED CARE	776	735	(41)	-5%
5	CHAMPUS/TRICARE	20	25	5	25%
6	COMMERCIAL INSURANCE	1,377	1,291	(86)	-6%
7	NON-GOVERNMENT MANAGED CARE	1,018	959	(59)	-6%
8	WORKER'S COMPENSATION	27	32	5	19%
9	SELF- PAY/UNINSURED	64	38	(26)	-41%
10	SAGA	360	0	(360)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	7,617	7,316	(301)	-4%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	14,425	13,091	(1,334)	-9%
2	MEDICARE MANAGED CARE	2,732	2,559	(173)	-6%
3	MEDICAID	2,106	3,561	1,455	69%
4	MEDICAID MANAGED CARE	2,112	2,092	(20)	-1%
5	CHAMPUS/TRICARE	145	81	(64)	-44%
6	COMMERCIAL INSURANCE	4,297	4,117	(180)	-4%
7	NON-GOVERNMENT MANAGED CARE	3,236	2,952	(284)	-9%
8	WORKER'S COMPENSATION	87	60	(27)	-31%
9	SELF- PAY/UNINSURED	241	157	(84)	-35%
10	SAGA	1,292	0	(1,292)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	30,673	28,670	(2,003)	-7%
C.	OUTPATIENT VISITS				

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(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
1	MEDICARE TRADITIONAL	38,156	51,621	13,465	35%
2	MEDICARE MANAGED CARE	7,908	9,220	1,312	17%
3	MEDICAID	6,707	20,707	14,000	209%
4	MEDICAID MANAGED CARE	23,163	17,231	(5,932)	-26%
5	CHAMPUS/TRICARE	399	589	190	48%
6	COMMERCIAL INSURANCE	30,306	46,941	16,635	55%
7	NON-GOVERNMENT MANAGED CARE	24,539	27,244	2,705	11%
8	WORKER'S COMPENSATION	2,707	3,382	675	25%
9	SELF- PAY/UNINSURED	3,598	4,549	951	26%
10	SAGA	4,639	0	(4,639)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	142,122	181,484	39,362	28%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$7,043,523	\$6,333,175	(\$710,348)	-10%
2	MEDICARE MANAGED CARE	\$1,433,912	\$1,323,932	(\$109,980)	-8%
3	MEDICAID	\$2,667,057	\$6,897,105	\$4,230,048	159%
4	MEDICAID MANAGED CARE	\$7,299,607	\$7,652,537	\$352,930	5%
5	CHAMPUS/TRICARE	\$208,494	\$239,793	\$31,299	15%
6	COMMERCIAL INSURANCE	\$6,420,804	\$7,737,018	\$1,316,214	20%
7	NON-GOVERNMENT MANAGED CARE	\$5,015,146	\$4,768,653	(\$246,493)	-5%
8	WORKER'S COMPENSATION	\$447,007	\$503,591	\$56,584	13%
9	SELF- PAY/UNINSURED	\$2,988,376	\$2,710,172	(\$278,204)	-9%
10	SAGA	\$2,110,610	\$0	(\$2,110,610)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$35,634,536	\$38,165,976	\$2,531,440	7%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$1,729,099	\$1,514,703	(\$214,396)	-12%
2	MEDICARE MANAGED CARE	\$288,216	\$328,335	\$40,119	14%
3	MEDICAID	\$571,110	\$1,807,000	\$1,235,890	216%
4	MEDICAID MANAGED CARE	\$1,871,439	\$1,888,646	\$17,207	1%
5	CHAMPUS/TRICARE	\$41,579	\$47,719	\$6,140	15%
6	COMMERCIAL INSURANCE	\$2,733,789	\$3,348,486	\$614,697	22%
7	NON-GOVERNMENT MANAGED CARE	\$1,415,056	\$924,105	(\$490,951)	-35%
8	WORKER'S COMPENSATION	\$447,007	\$503,591	\$56,584	13%
9	SELF- PAY/UNINSURED	\$197,687	\$141,057	(\$56,630)	-29%
10	SAGA	\$301,379	\$0	(\$301,379)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$9,596,361	\$10,503,642	\$907,281	9%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,054	5,422	368	7%
2	MEDICARE MANAGED CARE	1,098	1,197	99	9%
3	MEDICAID	2,341	6,251	3,910	167%
4	MEDICAID MANAGED CARE	8,032	7,585	(447)	-6%
5	CHAMPUS/TRICARE	173	183	10	6%
6	COMMERCIAL INSURANCE	5,984	6,297	313	5%
7	NON-GOVERNMENT MANAGED CARE	4,279	3,914	(365)	-9%
8	WORKER'S COMPENSATION	490	517	27	6%
9	SELF- PAY/UNINSURED	3,781	3,131	(650)	-17%
10	SAGA	2,061	0	(2,061)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	33,293	34,497	1,204	4%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$20,662,698	\$20,534,294	(\$128,404)	-1%
2	Physician Salaries	\$365,058	\$427,269	\$62,211	17%
3	Non-Nursing, Non-Physician Salaries	\$30,445,437	\$32,130,283	\$1,684,846	6%
	Total Salaries & Wages	\$51,473,193	\$53,091,846	\$1,618,653	3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$6,166,989	\$6,098,801	(\$68,188)	-1%
2	Physician Fringe Benefits	\$108,955	\$126,901	\$17,946	16%
3	Non-Nursing, Non-Physician Fringe Benefits	\$9,086,746	\$9,542,875	\$456,129	5%
	Total Fringe Benefits	\$15,362,690	\$15,768,577	\$405,887	3%
C. Contractual Labor Fees:					
1	Nursing Fees	\$131,140	\$728,690	\$597,550	456%
2	Physician Fees	\$5,204,873	\$6,039,122	\$834,249	16%
3	Non-Nursing, Non-Physician Fees	\$597,845	\$465,603	(\$132,242)	-22%
	Total Contractual Labor Fees	\$5,933,858	\$7,233,415	\$1,299,557	22%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$9,186,155	\$9,311,049	\$124,894	1%
2	Pharmaceutical Costs	\$6,882,506	\$6,097,185	(\$785,321)	-11%
	Total Medical Supplies and Pharmaceutical Cost	\$16,068,661	\$15,408,234	(\$660,427)	-4%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,337,950	\$2,282,807	(\$55,143)	-2%
2	Depreciation-Equipment	\$2,847,219	\$3,377,134	\$529,915	19%
3	Amortization	\$56,091	\$54,701	(\$1,390)	-2%
	Total Depreciation and Amortization	\$5,241,260	\$5,714,642	\$473,382	9%
F. Bad Debts:					
1	Bad Debts	\$10,944,348	\$9,847,024	(\$1,097,324)	-10%
G. Interest Expense:					
1	Interest Expense	\$1,693,322	\$1,833,355	\$140,033	8%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,810,541	\$1,107,439	(\$703,102)	-39%
I. Utilities:					
1	Water	\$51,234	\$49,515	(\$1,719)	-3%
2	Natural Gas	\$997,940	\$763,304	(\$234,636)	-24%
3	Oil	\$5,422	\$8,646	\$3,224	59%
4	Electricity	\$1,442,943	\$1,467,910	\$24,967	2%
5	Telephone	\$297,193	\$354,329	\$57,136	19%
6	Other Utilities	\$1,659	\$2,188	\$529	32%
	Total Utilities	\$2,796,391	\$2,645,892	(\$150,499)	-5%
J. Business Expenses:					
1	Accounting Fees	\$84,996	\$101,882	\$16,886	20%
2	Legal Fees	\$492,342	\$539,671	\$47,329	10%
3	Consulting Fees	\$828,830	\$809,556	(\$19,274)	-2%
4	Dues and Membership	\$269,755	\$265,871	(\$3,884)	-1%
5	Equipment Leases	\$558,016	\$704,935	\$146,919	26%
6	Building Leases	\$866,285	\$915,674	\$49,389	6%
7	Repairs and Maintenance	\$643,342	\$599,137	(\$44,205)	-7%
8	Insurance	\$317,184	\$299,883	(\$17,301)	-5%

BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$234,830	\$204,579	(\$30,251)	-13%
10	Conferences	\$2,372	\$6,369	\$3,997	169%
11	Property Tax	\$20,892	\$64,477	\$43,585	209%
12	General Supplies	\$722,842	\$587,611	(\$135,231)	-19%
13	Licenses and Subscriptions	\$73,895	\$79,835	\$5,940	8%
14	Postage and Shipping	\$153,453	\$128,723	(\$24,730)	-16%
15	Advertising	\$727,916	\$1,230,650	\$502,734	69%
16	Other Business Expenses	\$13,666,419	\$12,705,250	(\$961,169)	-7%
	Total Business Expenses	\$19,663,369	\$19,244,103	(\$419,266)	-2%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses - All Expense Categories*	\$130,987,633	\$131,894,527	\$906,894	1%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$2,916,623	\$3,076,169	\$159,546	5%
2	General Accounting	\$1,225,446	\$1,448,042	\$222,596	18%
3	Patient Billing & Collection	\$2,407,023	\$2,155,951	(\$251,072)	-10%
4	Admitting / Registration Office	\$738,694	\$778,767	\$40,073	5%
5	Data Processing	\$3,317,051	\$3,646,517	\$329,466	10%
6	Communications	\$263,762	\$222,386	(\$41,376)	-16%
7	Personnel	\$931,623	\$966,644	\$35,021	4%
8	Public Relations	\$939,875	\$1,281,955	\$342,080	36%
9	Purchasing	\$729,882	\$670,907	(\$58,975)	-8%
10	Dietary and Cafeteria	\$1,625,660	\$1,630,200	\$4,540	0%
11	Housekeeping	\$1,653,345	\$1,563,822	(\$89,523)	-5%
12	Laundry & Linen	\$423,006	\$375,593	(\$47,413)	-11%
13	Operation of Plant	\$2,599,676	\$2,287,979	(\$311,697)	-12%
14	Security	\$398,416	\$397,058	(\$1,358)	0%
15	Repairs and Maintenance	\$2,223,395	\$2,467,271	\$243,876	11%
16	Central Sterile Supply	\$446,587	\$466,471	\$19,884	4%
17	Pharmacy Department	\$8,301,152	\$7,671,766	(\$629,386)	-8%
18	Other General Services	\$1,225,846	\$1,650,244	\$424,398	35%
	Total General Services	\$32,367,062	\$32,757,742	\$390,680	1%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$1,273,468	\$2,002,193	\$728,725	57%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,516,629	\$1,674,165	\$157,536	10%
4	Medical Records	\$2,091,637	\$1,862,629	(\$229,008)	-11%
5	Social Service	\$799,888	\$893,342	\$93,454	12%
6	Other Professional Services	\$2,112,011	\$196,355	(\$1,915,656)	-91%
	Total Professional Services	\$7,793,633	\$6,628,684	(\$1,164,949)	-15%
C.	<u>Special Services:</u>				
1	Operating Room	\$8,049,433	\$8,202,012	\$152,579	2%
2	Recovery Room	\$794,646	\$784,741	(\$9,905)	-1%
3	Anesthesiology	\$143,028	\$154,701	\$11,673	8%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$2,731,104	\$2,769,717	\$38,613	1%
6	Diagnostic Ultrasound	\$431,873	\$457,825	\$25,952	6%
7	Radiation Therapy	\$4,589	\$4,295	(\$294)	-6%

BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$516,774	\$625,172	\$108,398	21%
9	CT Scan	\$782,990	\$784,817	\$1,827	0%
10	Laboratory	\$4,501,359	\$5,029,617	\$528,258	12%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$740,078	\$660,421	(\$79,657)	-11%
13	Electrocardiology	\$0	\$0	\$0	0%
14	Electroencephalography	\$18,756	\$22,971	\$4,215	22%
15	Occupational Therapy	\$151,173	\$197,817	\$46,644	31%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$961,718	\$917,780	(\$43,938)	-5%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$219,882	\$195,514	(\$24,368)	-11%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$3,862,360	\$4,140,507	\$278,147	7%
25	MRI	\$725,142	\$497,498	(\$227,644)	-31%
26	PET Scan	\$355,607	\$217,493	(\$138,114)	-39%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,167,175	\$1,124,651	(\$42,524)	-4%
29	Sleep Center	\$0	\$20,058	\$20,058	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,480,143	\$1,526,872	\$46,729	3%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$2,423,617	\$2,259,202	(\$164,415)	-7%
	Total Special Services	\$30,061,447	\$30,593,681	\$532,234	2%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$7,539,260	\$7,647,962	\$108,702	1%
2	Intensive Care Unit	\$2,707,125	\$2,775,574	\$68,449	3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,087,439	\$2,264,898	\$177,459	9%
5	Pediatric Unit	\$167,515	\$127,658	(\$39,857)	-24%
6	Maternity Unit	\$2,474,305	\$2,625,041	\$150,736	6%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$862,262	\$833,397	(\$28,865)	-3%
11	Home Care	\$2,691,484	\$2,950,798	\$259,314	10%
12	Outpatient Clinics	\$2,672,923	\$2,866,639	\$193,716	7%
13	Other Routine Services	\$674,989	\$209,340	(\$465,649)	-69%
	Total Routine Services	\$21,877,302	\$22,301,307	\$424,005	2%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$38,888,189	\$39,613,113	\$724,924	2%
	Total Operating Expenses - All Departments*	\$130,987,633	\$131,894,527	\$906,894	1%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$124,989,832	\$ 127,394,892	\$125,941,019
2	Other Operating Revenue	4,717,358	4,807,086	6,100,777
3	Total Operating Revenue	\$129,707,190	\$132,201,978	\$132,041,796
4	Total Operating Expenses	129,657,399	130,987,633	131,894,527
5	Income/(Loss) From Operations	\$49,791	\$1,214,345	\$147,269
6	Total Non-Operating Revenue	323,607	571,472	2,043,267
7	Excess/(Deficiency) of Revenue Over Expenses	\$373,398	\$1,785,817	\$2,190,536
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.04%	0.91%	0.11%
2	Hospital Non Operating Margin	0.25%	0.43%	1.52%
3	Hospital Total Margin	0.29%	1.35%	1.63%
4	Income/(Loss) From Operations	\$49,791	\$1,214,345	\$147,269
5	Total Operating Revenue	\$129,707,190	\$132,201,978	\$132,041,796
6	Total Non-Operating Revenue	\$323,607	\$571,472	\$2,043,267
7	Total Revenue	\$130,030,797	\$132,773,450	\$134,085,063
8	Excess/(Deficiency) of Revenue Over Expenses	\$373,398	\$1,785,817	\$2,190,536
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	(\$255,398)	\$755,592	\$427,122
2	Hospital Total Net Assets	\$7,239,260	\$8,220,533	\$8,015,688
3	Hospital Change in Total Net Assets	(\$19,185,179)	\$981,273	(\$204,845)
4	Hospital Change in Total Net Assets %	27.4%	13.6%	-2.5%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.36	0.36	0.38
2	Total Operating Expenses	\$129,657,399	\$130,987,633	\$131,894,527
3	Total Gross Revenue	\$359,092,081	\$361,761,243	\$345,045,491
4	Total Other Operating Revenue	\$4,093,007	\$4,183,082	\$6,100,777
5	Private Payment to Cost Ratio	1.18	1.16	1.07
6	Total Non-Government Payments	\$60,660,353	\$55,032,662	\$50,073,303

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
7	Total Uninsured Payments	\$291,719	\$407,450	\$288,037
8	Total Non-Government Charges	\$149,913,369	\$137,745,436	\$129,411,845
9	Total Uninsured Charges	\$6,443,301	\$6,515,439	\$5,962,563
10	<u>Medicare Payment to Cost Ratio</u>	0.81	0.85	0.85
11	Total Medicare Payments	\$45,920,967	\$49,143,622	\$47,069,698
12	Total Medicare Charges	\$157,966,228	\$161,483,379	\$147,497,330
13	<u>Medicaid Payment to Cost Ratio</u>	0.75	0.71	0.72
14	Total Medicaid Payments	\$9,867,439	\$12,487,258	\$18,244,907
15	Total Medicaid Charges	\$37,068,141	\$48,959,762	\$67,117,976
16	<u>Uncompensated Care Cost</u>	\$3,471,915	\$4,010,210	\$3,782,697
17	Charity Care	\$558,883	\$259,103	\$223,751
18	Bad Debts	\$9,166,346	\$10,944,348	\$9,847,024
19	Total Uncompensated Care	\$9,725,229	\$11,203,451	\$10,070,775
20	<u>Uncompensated Care % of Total Expenses</u>	2.7%	3.1%	2.9%
21	Total Operating Expenses	\$129,657,399	\$130,987,633	\$131,894,527
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.25	1.37	1.19
2	Total Current Assets	\$29,039,941	\$29,386,098	\$32,740,835
3	Total Current Liabilities	\$23,178,964	\$21,393,198	\$27,546,189
4	<u>Days Cash on Hand</u>	20	24	13
5	Cash and Cash Equivalents	\$6,746,197	\$8,286,702	\$4,272,881
6	Short Term Investments	96,062	96,165	96,343
7	Total Cash and Short Term Investments	\$6,842,259	\$8,382,867	\$4,369,224
8	Total Operating Expenses	\$129,657,399	\$130,987,633	\$131,894,527
9	Depreciation Expense	\$5,438,713	\$5,241,260	\$5,714,642
10	Operating Expenses less Depreciation Expense	\$124,218,686	\$125,746,373	\$126,179,885
11	<u>Days Revenue in Patient Accounts Receivable</u>	45.19	43.42	66.10

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
12	Net Patient Accounts Receivable	\$ 16,448,223	\$ 15,483,112	\$ 20,427,829
13	Due From Third Party Payers	\$0	\$0	\$2,379,937
14	Due To Third Party Payers	\$971,897	\$327,508	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 15,476,326	\$ 15,155,604	\$ 22,807,766
16	Total Net Patient Revenue	\$124,989,832	\$ 127,394,892	\$ 125,941,019
17	<u>Average Payment Period</u>	68.11	62.10	79.68
18	Total Current Liabilities	\$23,178,964	\$21,393,198	\$27,546,189
19	Total Operating Expenses	\$129,657,399	\$130,987,633	\$131,894,527
20	Depreciation Expense	\$5,438,713	\$5,241,260	\$5,714,642
21	Total Operating Expenses less Depreciation Expense	\$124,218,686	\$125,746,373	\$126,179,885
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	7.7	8.4	7.8
2	Total Net Assets	\$7,239,260	\$8,220,533	\$8,015,688
3	Total Assets	\$94,428,773	\$97,645,788	\$103,125,741
4	<u>Cash Flow to Total Debt Ratio</u>	11.5	14.4	14.6
5	Excess/(Deficiency) of Revenues Over Expenses	\$373,398	\$1,785,817	\$2,190,536
6	Depreciation Expense	\$5,438,713	\$5,241,260	\$5,714,642
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,812,111	\$7,027,077	\$7,905,178
8	Total Current Liabilities	\$23,178,964	\$21,393,198	\$27,546,189
9	Total Long Term Debt	\$27,362,133	\$27,352,868	\$26,550,048
10	Total Current Liabilities and Total Long Term Debt	\$50,541,097	\$48,746,066	\$54,096,237
11	<u>Long Term Debt to Capitalization Ratio</u>	79.1	76.9	76.8
12	Total Long Term Debt	\$27,362,133	\$27,352,868	\$26,550,048
13	Total Net Assets	\$7,239,260	\$8,220,533	\$8,015,688
14	Total Long Term Debt and Total Net Assets	\$34,601,393	\$35,573,401	\$34,565,736
15	<u>Debt Service Coverage Ratio</u>	2.4	4.7	3.7
16	Excess Revenues over Expenses	\$373,398	\$1,785,817	\$2,190,536
17	Interest Expense	\$1,891,953	\$1,693,322	\$1,833,355
18	Depreciation and Amortization Expense	\$5,438,713	\$5,241,260	\$5,714,642

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
19	Principal Payments	\$1,336,136	\$172,922	\$789,832
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	16.2	17.8	17.4
21	Accumulated Depreciation	\$88,333,810	\$93,518,978	\$99,185,736
22	Depreciation and Amortization Expense	\$5,438,713	\$5,241,260	\$5,714,642
H. <u>Utilization Measures Summary</u>				
1	Patient Days	33,658	30,673	28,670
2	Discharges	7,846	7,617	7,316
3	ALOS	4.3	4.0	3.9
4	Staffed Beds	132	132	132
5	Available Beds	-	154	154
6	Licensed Beds	154	154	154
6	Occupancy of Staffed Beds	69.9%	63.7%	59.5%
7	Occupancy of Available Beds	59.9%	54.6%	51.0%
8	Full Time Equivalent Employees	899.4	873.3	860.8
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	40.0%	36.3%	35.8%
2	Medicare Gross Revenue Payer Mix Percentage	44.0%	44.6%	42.7%
3	Medicaid Gross Revenue Payer Mix Percentage	10.3%	13.5%	19.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.8%	3.4%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	1.8%	1.8%	1.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.3%	0.3%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$143,470,068	\$131,229,997	\$123,449,282
9	Medicare Gross Revenue (Charges)	\$157,966,228	\$161,483,379	\$147,497,330
10	Medicaid Gross Revenue (Charges)	\$37,068,141	\$48,959,762	\$67,117,976
11	Other Medical Assistance Gross Revenue (Charges)	\$13,517,699	\$12,313,883	\$0
12	Uninsured Gross Revenue (Charges)	\$6,443,301	\$6,515,439	\$5,962,563
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$626,644	\$1,258,783	\$1,018,340
14	Total Gross Revenue (Charges)	\$359,092,081	\$361,761,243	\$345,045,491
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	51.0%	45.9%	43.0%

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	38.8%	41.3%	40.7%
3	Medicaid Net Revenue Payer Mix Percentage	8.3%	10.5%	15.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.5%	1.7%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.3%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.2%	0.2%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$60,368,634	\$54,625,212	\$49,785,266
9	Medicare Net Revenue (Payments)	\$45,920,967	\$49,143,622	\$47,069,698
10	Medicaid Net Revenue (Payments)	\$9,867,439	\$12,487,258	\$18,244,907
11	Other Medical Assistance Net Revenue (Payments)	\$1,826,700	\$2,033,680	\$0
12	Uninsured Net Revenue (Payments)	\$291,719	\$407,450	\$288,037
13	CHAMPUS / TRICARE Net Revenue Payments)	\$170,999	\$289,676	\$277,948
14	Total Net Revenue (Payments)	\$118,446,458	\$118,986,898	\$115,665,856
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	2,731	2,486	2,320
2	Medicare	3,597	3,426	3,378
3	Medical Assistance	1,507	1,685	1,593
4	Medicaid	1,084	1,325	1,593
5	Other Medical Assistance	423	360	-
6	CHAMPUS / TRICARE	11	20	25
7	Uninsured (Included In Non-Government)	43	64	38
8	Total	7,846	7,617	7,316
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	0.955900	0.946400	0.974500
2	Medicare	1.300400	1.287300	1.292400
3	Medical Assistance	0.829200	0.854425	0.930700
4	Medicaid	0.802900	0.839000	0.930700
5	Other Medical Assistance	0.896600	0.911200	0.000000
6	CHAMPUS / TRICARE	1.054000	1.509400	1.161300
7	Uninsured (Included In Non-Government)	0.964600	0.892300	0.829600
8	Total Case Mix Index	1.089638	1.080863	1.112384
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	5,501	5,467	5,363
2	Emergency Room - Treated and Discharged	33,551	33,293	34,497
3	Total Emergency Room Visits	39,052	38,760	39,860

**BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$105,291	\$437,906	\$332,615	316%
2	Inpatient Payments	\$49,702	\$121,188	\$71,486	144%
3	Outpatient Charges	\$552,121	\$633,084	\$80,963	15%
4	Outpatient Payments	\$169,047	\$234,691	\$65,644	39%
5	Discharges	9	19	10	111%
6	Patient Days	19	89	70	368%
7	Outpatient Visits (Excludes ED Visits)	128	243	115	90%
8	Emergency Department Outpatient Visits	13	32	19	146%
9	Emergency Department Inpatient Admissions	9	17	8	89%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$657,412	\$1,070,990	\$413,578	63%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$218,749	\$355,879	\$137,130	63%
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	\$2,137,639	\$2,009,391	(\$128,248)	-6%
2	Inpatient Payments	\$760,827	\$657,321	(\$103,506)	-14%
3	Outpatient Charges	\$2,923,209	\$3,609,521	\$686,312	23%
4	Outpatient Payments	\$594,992	\$857,944	\$262,952	44%
5	Discharges	88	93	5	6%
6	Patient Days	401	393	(8)	-2%
7	Outpatient Visits (Excludes ED Visits)	1,311	1,868	557	42%
8	Emergency Department Outpatient Visits	186	230	44	24%
9	Emergency Department Inpatient Admissions	74	77	3	4%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$5,060,848	\$5,618,912	\$558,064	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,355,819	\$1,515,265	\$159,446	12%

**BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$7,751,443	\$2,494,497	(\$5,256,946)	-68%
2	Inpatient Payments	\$2,727,746	\$836,477	(\$1,891,269)	-69%
3	Outpatient Charges	\$11,408,873	\$2,186,852	(\$9,222,021)	-81%
4	Outpatient Payments	\$2,061,617	\$535,155	(\$1,526,462)	-74%
5	Discharges	328	96	(232)	-71%
6	Patient Days	1,607	466	(1,141)	-71%
7	Outpatient Visits (Excludes ED Visits)	3,889	970	(2,919)	-75%
8	Emergency Department Outpatient Visits	576	150	(426)	-74%
9	Emergency Department Inpatient Admissions	298	81	(217)	-73%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,160,316	\$4,681,349	(\$14,478,967)	-76%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,789,363	\$1,371,632	(\$3,417,731)	-71%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$287,300	\$116,175	(\$171,125)	-60%
2	Inpatient Payments	\$95,905	\$38,531	(\$57,374)	-60%
3	Outpatient Charges	\$330,214	\$115,081	(\$215,133)	-65%
4	Outpatient Payments	\$61,299	\$23,188	(\$38,111)	-62%
5	Discharges	11	5	(6)	-55%
6	Patient Days	42	13	(29)	-69%
7	Outpatient Visits (Excludes ED Visits)	123	64	(59)	-48%
8	Emergency Department Outpatient Visits	39	33	(6)	-15%
9	Emergency Department Inpatient Admissions	9	4	(5)	-56%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$617,514	\$231,256	(\$386,258)	-63%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$157,204	\$61,719	(\$95,485)	-61%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
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%

BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$798,872	\$5,721,008	\$4,922,136	616%
2	Inpatient Payments	\$268,280	\$1,942,277	\$1,673,997	624%
3	Outpatient Charges	\$634,419	\$7,351,324	\$6,716,905	1059%
4	Outpatient Payments	\$138,636	\$1,773,979	\$1,635,343	1180%
5	Discharges	30	287	257	857%
6	Patient Days	155	1,181	1,026	662%
7	Outpatient Visits (Excludes ED Visits)	299	3,829	3,530	1181%
8	Emergency Department Outpatient Visits	67	534	467	697%
9	Emergency Department Inpatient Admissions	27	247	220	815%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,433,291	\$13,072,332	\$11,639,041	812%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$406,916	\$3,716,256	\$3,309,340	813%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$418,304	\$561,655	\$143,351	34%
2	Inpatient Payments	\$132,804	\$160,518	\$27,714	21%
3	Outpatient Charges	\$268,878	\$516,643	\$247,765	92%
4	Outpatient Payments	\$52,895	\$92,044	\$39,149	74%
5	Discharges	18	27	9	50%
6	Patient Days	81	137	56	69%
7	Outpatient Visits (Excludes ED Visits)	128	198	70	55%
8	Emergency Department Outpatient Visits	79	84	5	6%
9	Emergency Department Inpatient Admissions	17	25	8	47%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$687,182	\$1,078,298	\$391,116	57%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$185,699	\$252,562	\$66,863	36%
I. AETNA					
1	Inpatient Charges	\$1,151,529	\$843,555	(\$307,974)	-27%
2	Inpatient Payments	\$574,680	\$330,760	(\$243,920)	-42%
3	Outpatient Charges	\$1,130,645	\$910,453	(\$220,192)	-19%
4	Outpatient Payments	\$385,412	\$283,602	(\$101,810)	-26%
5	Discharges	51	41	(10)	-20%
6	Patient Days	232	155	(77)	-33%
7	Outpatient Visits (Excludes ED Visits)	657	583	(74)	-11%
8	Emergency Department Outpatient Visits	80	61	(19)	-24%
9	Emergency Department Inpatient Admissions	41	34	(7)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,282,174	\$1,754,008	(\$528,166)	-23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$960,092	\$614,362	(\$345,730)	-36%

BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$9,283	\$12,074	\$2,791	30%
2	Inpatient Payments	\$7,063	\$5,164	(\$1,899)	-27%
3	Outpatient Charges	\$12,448	\$19,568	\$7,120	57%
4	Outpatient Payments	\$1,515	\$4,072	\$2,557	169%
5	Discharges	1	1	0	0%
6	Patient Days	2	4	2	100%
7	Outpatient Visits (Excludes ED Visits)	4	8	4	100%
8	Emergency Department Outpatient Visits	4	8	4	100%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$21,731	\$31,642	\$9,911	46%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,578	\$9,236	\$658	8%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$721,940	\$525,965	(\$195,975)	-27%
2	Inpatient Payments	\$265,285	\$174,393	(\$90,892)	-34%
3	Outpatient Charges	\$469,595	\$402,980	(\$66,615)	-14%
4	Outpatient Payments	\$98,398	\$100,209	\$1,811	2%
5	Discharges	38	22	(16)	-42%
6	Patient Days	193	121	(72)	-37%
7	Outpatient Visits (Excludes ED Visits)	271	260	(11)	-4%
8	Emergency Department Outpatient Visits	54	65	11	20%
9	Emergency Department Inpatient Admissions	38	19	(19)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,191,535	\$928,945	(\$262,590)	-22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$363,683	\$274,602	(\$89,081)	-24%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$13,381,601	\$12,722,226	(\$659,375)	-5%
	TOTAL INPATIENT PAYMENTS	\$4,882,292	\$4,266,629	(\$615,663)	-13%
	TOTAL OUTPATIENT CHARGES	\$17,730,402	\$15,745,506	(\$1,984,896)	-11%
	TOTAL OUTPATIENT PAYMENTS	\$3,563,811	\$3,904,884	\$341,073	10%
	TOTAL DISCHARGES	574	591	17	3%
	TOTAL PATIENT DAYS	2,732	2,559	(173)	-6%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	6,810	8,023	1,213	18%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,098	1,197	99	9%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	514	505	(9)	-2%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,112,003	\$28,467,732	(\$2,644,271)	-8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,446,103	\$8,171,513	(\$274,590)	-3%

BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$6,077	\$0	(\$6,077)	-100%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$60,292	\$0	(\$60,292)	-100%
4	Outpatient Payments	\$15,598	\$0	(\$15,598)	-100%
5	Discharges	1	0	(1)	-100%
6	Patient Days	1	0	(1)	-100%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	45	0	(45)	-100%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$66,369	\$0	(\$66,369)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$15,598	\$0	(\$15,598)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$6,034,128	\$5,957,223	(\$76,905)	-1%
2	Inpatient Payments	\$1,225,843	\$1,504,568	\$278,725	23%
3	Outpatient Charges	\$16,393,071	\$18,418,803	\$2,025,732	12%
4	Outpatient Payments	\$4,091,545	\$4,569,375	\$477,830	12%
5	Discharges	530	534	4	1%
6	Patient Days	1,351	1,420	69	5%
7	Outpatient Visits (Excludes ED Visits)	12,740	7,408	(5,332)	-42%
8	Emergency Department Outpatient Visits	6,287	6,027	(260)	-4%
9	Emergency Department Inpatient Admissions	162	135	(27)	-17%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$22,427,199	\$24,376,026	\$1,948,827	9%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$5,317,388	\$6,073,943	\$756,555	14%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$3,809	\$0	(\$3,809)	-100%
4	Outpatient Payments	\$719	\$0	(\$719)	-100%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	11	0	(11)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$3,809	\$0	(\$3,809)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$719	\$0	(\$719)	-100%

BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$986,611	\$981,374	(\$5,237)	-1%
2	Inpatient Payments	\$285,967	\$278,206	(\$7,761)	-3%
3	Outpatient Charges	\$826,331	\$829,883	\$3,552	0%
4	Outpatient Payments	\$317,573	\$248,092	(\$69,481)	-22%
5	Discharges	110	105	(5)	-5%
6	Patient Days	410	404	(6)	-1%
7	Outpatient Visits (Excludes ED Visits)	1,445	1,407	(38)	-3%
8	Emergency Department Outpatient Visits	0	13	13	0%
9	Emergency Department Inpatient Admissions	98	91	(7)	-7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,812,942	\$1,811,257	(\$1,685)	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$603,540	\$526,298	(\$77,242)	-13%
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%

BRISTOL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
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	\$327,982	\$848,011	\$520,029	159%
2	Inpatient Payments	\$91,536	\$209,169	\$117,633	129%
3	Outpatient Charges	\$983,554	\$1,340,181	\$356,627	36%
4	Outpatient Payments	\$236,151	\$299,597	\$63,446	27%
5	Discharges	31	67	36	116%
6	Patient Days	83	195	112	135%
7	Outpatient Visits (Excludes ED Visits)	322	655	333	103%
8	Emergency Department Outpatient Visits	480	546	66	14%
9	Emergency Department Inpatient Admissions	10	19	9	90%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,311,536	\$2,188,192	\$876,656	67%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$327,687	\$508,766	\$181,079	55%
	H. AETNA				
1	Inpatient Charges	\$1,160,713	\$398,159	(\$762,554)	-66%
2	Inpatient Payments	\$278,024	\$69,791	(\$208,233)	-75%
3	Outpatient Charges	\$2,462,931	\$1,582,812	(\$880,119)	-36%
4	Outpatient Payments	\$653,070	\$354,907	(\$298,163)	-46%
5	Discharges	104	29	(75)	-72%
6	Patient Days	267	73	(194)	-73%
7	Outpatient Visits (Excludes ED Visits)	612	176	(436)	-71%
8	Emergency Department Outpatient Visits	1,220	999	(221)	-18%
9	Emergency Department Inpatient Admissions	52	22	(30)	-58%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,623,644	\$1,980,971	(\$1,642,673)	-45%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$931,094	\$424,698	(\$506,396)	-54%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$8,515,511	\$8,184,767	(\$330,744)	-4%
	TOTAL INPATIENT PAYMENTS	\$1,881,370	\$2,061,734	\$180,364	10%
	TOTAL OUTPATIENT CHARGES	\$20,729,988	\$22,171,679	\$1,441,691	7%
	TOTAL OUTPATIENT PAYMENTS	\$5,314,656	\$5,471,971	\$157,315	3%
	TOTAL DISCHARGES	776	735	(41)	-5%
	TOTAL PATIENT DAYS	2,112	2,092	(20)	-1%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,131	9,646	(5,485)	-36%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	8,032	7,585	(447)	-6%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	323	267	(56)	-17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$29,245,499	\$30,356,446	\$1,110,947	4%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,196,026	\$7,533,705	\$337,679	5%

**BRISTOL HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2011
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$11,995,841	\$9,063,284	(\$2,932,557)	-24%
2	Short Term Investments	\$96,165	\$96,343	\$178	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$18,907,341	\$24,121,394	\$5,214,053	28%
4	Current Assets Whose Use is Limited for Current Liabilities	\$650,669	\$654,455	\$3,786	1%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$2,379,937	\$2,379,937	0%
7	Inventories of Supplies	\$1,474,469	\$1,731,093	\$256,624	17%
8	Prepaid Expenses	\$1,016,410	\$518,896	(\$497,514)	-49%
9	Other Current Assets	\$1,902,570	\$1,618,950	(\$283,620)	-15%
	Total Current Assets	\$36,043,465	\$40,184,352	\$4,140,887	11%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$6,444,079	\$6,253,488	(\$190,591)	-3%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$15,632,088	\$15,480,513	(\$151,575)	-1%
	Total Noncurrent Assets Whose Use is Limited:	\$22,076,167	\$21,734,001	(\$342,166)	-2%
5	Interest in Net Assets of Foundation	\$1,605,640	\$1,493,598	(\$112,042)	-7%
6	Long Term Investments	\$6,220,475	\$6,015,999	(\$204,476)	-3%
7	Other Noncurrent Assets	\$3,071,595	\$2,552,059	(\$519,536)	-17%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$141,773,363	\$153,806,770	\$12,033,407	8%
2	Less: Accumulated Depreciation	\$102,951,387	\$109,172,229	\$6,220,842	\$0
	Property, Plant and Equipment, Net	\$38,821,976	\$44,634,541	\$5,812,565	15%
3	Construction in Progress	\$2,656,646	\$149,341	(\$2,507,305)	-94%
	Total Net Fixed Assets	\$41,478,622	\$44,783,882	\$3,305,260	8%
	Total Assets	\$110,495,964	\$116,763,891	\$6,267,927	6%

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$10,417,635	\$13,113,207	\$2,695,572	26%
2	Salaries, Wages and Payroll Taxes	\$7,522,197	\$12,731,046	\$5,208,849	69%
3	Due To Third Party Payers	\$327,508	\$0	(\$327,508)	-100%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,197,973	\$1,230,305	\$32,332	3%
6	Current Portion of Notes Payable	\$7,083	\$7,444	\$361	5%
7	Other Current Liabilities	\$4,904,173	\$3,952,806	(\$951,367)	-19%
	Total Current Liabilities	\$24,376,569	\$31,034,808	\$6,658,239	27%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$32,333,981	\$31,065,526	(\$1,268,455)	-4%
2	Notes Payable (Net of Current Portion)	\$305,407	\$297,963	(\$7,444)	-2%
	Total Long Term Debt	\$32,639,388	\$31,363,489	(\$1,275,899)	-4%
3	Accrued Pension Liability	\$25,355,098	\$25,622,329	\$267,231	1%
4	Other Long Term Liabilities	\$16,796,133	\$17,247,851	\$451,718	3%
	Total Long Term Liabilities	\$74,790,619	\$74,233,669	(\$556,950)	-1%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$2,731,601	\$2,677,931	(\$53,670)	-2%
2	Temporarily Restricted Net Assets	\$1,933,084	\$2,250,412	\$317,328	16%
3	Permanently Restricted Net Assets	\$6,664,091	\$6,567,071	(\$97,020)	-1%
	Total Net Assets	\$11,328,776	\$11,495,414	\$166,638	1%
	Total Liabilities and Net Assets	\$110,495,964	\$116,763,891	\$6,267,927	6%

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$403,084,252	\$390,926,400	(\$12,157,852)	-3%
2	Less: Allowances	\$248,519,495	\$235,543,944	(\$12,975,551)	-5%
3	Less: Charity Care	\$259,103	\$223,751	(\$35,352)	-14%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$154,305,654	\$155,158,705	\$853,051	1%
5	Other Operating Revenue	\$7,156,743	\$8,394,129	\$1,237,386	17%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$161,462,397	\$163,552,834	\$2,090,437	1%
B. Operating Expenses:					
1	Salaries and Wages	\$72,107,323	\$72,229,733	\$122,410	0%
2	Fringe Benefits	\$18,836,459	\$20,027,192	\$1,190,733	6%
3	Physicians Fees	\$5,204,980	\$2,274,756	(\$2,930,224)	-56%
4	Supplies and Drugs	\$19,350,570	\$19,027,463	(\$323,107)	-2%
5	Depreciation and Amortization	\$5,850,296	\$6,287,283	\$436,987	7%
6	Bad Debts	\$12,199,961	\$11,141,062	(\$1,058,899)	-9%
7	Interest	\$2,012,629	\$2,148,712	\$136,083	7%
8	Malpractice	\$1,777,579	\$1,863,983	\$86,404	5%
9	Other Operating Expenses	\$23,198,574	\$29,004,715	\$5,806,141	25%
	Total Operating Expenses	\$160,538,371	\$164,004,899	\$3,466,528	2%
	Income/(Loss) From Operations	\$924,026	(\$452,065)	(\$1,376,091)	-149%
C. Non-Operating Revenue:					
1	Income from Investments	\$294,112	\$528,681	\$234,569	80%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$352,260	\$1,641,535	\$1,289,275	366%
	Total Non-Operating Revenue	\$646,372	\$2,170,216	\$1,523,844	236%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,570,398	\$1,718,151	\$147,753	9%
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	\$1,570,398	\$1,718,151	\$147,753	9%

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$151,167,549	\$154,305,654	\$155,158,705
2	Other Operating Revenue	6,200,797	7,156,743	8,394,129
3	Total Operating Revenue	\$157,368,346	\$161,462,397	\$163,552,834
4	Total Operating Expenses	157,751,440	160,538,371	164,004,899
5	Income/(Loss) From Operations	(\$383,094)	\$924,026	(\$452,065)
6	Total Non-Operating Revenue	390,865	646,372	2,170,216
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,771	\$1,570,398	\$1,718,151
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-0.24%	0.57%	-0.27%
2	Parent Corporation Non-Operating Margin	0.25%	0.40%	1.31%
3	Parent Corporation Total Margin	0.00%	0.97%	1.04%
4	Income/(Loss) From Operations	(\$383,094)	\$924,026	(\$452,065)
5	Total Operating Revenue	\$157,368,346	\$161,462,397	\$163,552,834
6	Total Non-Operating Revenue	\$390,865	\$646,372	\$2,170,216
7	Total Revenue	\$157,759,211	\$162,108,769	\$165,723,050
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,771	\$1,570,398	\$1,718,151
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$1,045,617	\$2,731,601	\$2,677,931
2	Parent Corporation Total Net Assets	\$8,710,815	\$11,328,776	\$11,495,414
3	Parent Corporation Change in Total Net Assets	(\$19,680,790)	\$2,617,961	\$166,638
4	Parent Corporation Change in Total Net Assets %	30.7%	30.1%	1.5%

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
D. Liquidity Measures Summary				
1	Current Ratio	1.44	1.48	1.29
2	Total Current Assets	\$36,679,300	\$36,043,465	\$40,184,352
3	Total Current Liabilities	\$25,448,115	\$24,376,569	\$31,034,808
4	Days Cash on Hand	26	29	21
5	Cash and Cash Equivalents	\$9,448,477	\$11,995,841	\$9,063,284
6	Short Term Investments	1,329,434	96,165	96,343
7	Total Cash and Short Term Investments	\$10,777,911	\$12,092,006	\$9,159,627
8	Total Operating Expenses	\$157,751,440	\$160,538,371	\$164,004,899
9	Depreciation Expense	\$5,945,345	\$5,850,296	\$6,287,283
10	Operating Expenses less Depreciation Expense	\$151,806,095	\$154,688,075	\$157,717,616
11	Days Revenue in Patient Accounts Receivable	46	44	62
12	Net Patient Accounts Receivable	\$ 19,948,367	\$ 18,907,341	\$ 24,121,394
13	Due From Third Party Payers	\$0	\$0	\$2,379,937
14	Due To Third Party Payers	\$971,897	\$327,508	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 18,976,470	\$ 18,579,833	\$ 26,501,331
16	Total Net Patient Revenue	\$151,167,549	\$154,305,654	\$155,158,705
17	Average Payment Period	61	58	72
18	Total Current Liabilities	\$25,448,115	\$24,376,569	\$31,034,808
19	Total Operating Expenses	\$157,751,440	\$160,538,371	\$164,004,899
20	Depreciation Expense	\$5,945,345	\$5,850,296	\$6,287,283
21	Total Operating Expenses less Depreciation Expense	\$151,806,095	\$154,688,075	\$157,717,616

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	8.2	10.3	9.8
2	Total Net Assets	\$8,710,815	\$11,328,776	\$11,495,414
3	Total Assets	\$106,232,385	\$110,495,964	\$116,763,891
4	<u>Cash Flow to Total Debt Ratio</u>	10.2	13.0	12.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,771	\$1,570,398	\$1,718,151
6	Depreciation Expense	\$5,945,345	\$5,850,296	\$6,287,283
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,953,116	\$7,420,694	\$8,005,434
8	Total Current Liabilities	\$25,448,115	\$24,376,569	\$31,034,808
9	Total Long Term Debt	\$33,100,090	\$32,639,388	\$31,363,489
10	Total Current Liabilities and Total Long Term Debt	\$58,548,205	\$57,015,957	\$62,398,297
11	<u>Long Term Debt to Capitalization Ratio</u>	79.2	74.2	73.2
12	Total Long Term Debt	\$33,100,090	\$32,639,388	\$31,363,489
13	Total Net Assets	\$8,710,815	\$11,328,776	\$11,495,414
14	Total Long Term Debt and Total Net Assets	\$41,810,905	\$43,968,164	\$42,858,903

BRISTOL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	17,931	4,918	4,218	78	86	63.0%	57.1%
2	ICU/CCU (Excludes Neonatal ICU)	2,632	657	0	14	14	51.5%	51.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,640	1,038	1,031	14	16	90.8%	79.5%
	TOTAL PSYCHIATRIC	4,640	1,038	1,031	14	16	90.8%	79.5%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,712	674	688	15	15	31.3%	31.3%
7	Newborn	1,656	624	622	8	20	56.7%	22.7%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	99	62	58	3	3	9.0%	9.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	27,014	6,692	5,995	124	134	59.7%	55.2%
	TOTAL INPATIENT BED UTILIZATION	28,670	7,316	6,617	132	154	59.5%	51.0%
	TOTAL INPATIENT REPORTED YEAR	28,670	7,316	6,617	132	154	59.5%	51.0%
	TOTAL INPATIENT PRIOR YEAR	30,673	0	0	132	154	63.7%	54.6%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,003	7,316	6,617	0	0	-4.2%	-3.6%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-7%	0%	0%	0%	0%	-7%	-7%
	Total Licensed Beds and Bassinets	154						
(A) This number may not exceed the number of available beds for each department or in total.								

BRISTOL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	4,531	3,173	-1,358	-30%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,855	3,297	-1,558	-32%
3	Emergency Department Scans	8,160	9,630	1,470	18%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	17,546	16,100	-1,446	-8%
B. MRI Scans (A)					
1	Inpatient Scans	375	343	-32	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,921	2,660	-261	-9%
3	Emergency Department Scans	169	229	60	36%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	3,465	3,232	-233	-7%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	244	181	-63	-26%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	244	181	-63	-26%
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)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(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	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,393	1,334	-59	-4%
2	Outpatient Surgical Procedures	3,695	3,319	-376	-10%
	Total Surgical Procedures	5,088	4,653	-435	-9%
J. Endoscopy Procedures					

BRISTOL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	573	498	-75	-13%
2	Outpatient Endoscopy Procedures	2,035	1,950	-85	-4%
	Total Endoscopy Procedures	2,608	2,448	-160	-6%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	5,467	5,363	-104	-2%
2	Emergency Room Visits: Treated and Discharged	33,293	34,497	1,204	4%
	Total Emergency Room Visits	38,760	39,860	1,100	3%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	25,915	22,116	-3,799	-15%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	0	0	0	0%
	Total Hospital Clinic Visits	25,915	22,116	-3,799	-15%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	83,287	85,137	1,850	2%
2	Cardiology	3,417	3,337	-80	-2%
3	Chemotherapy	9,154	8,697	-457	-5%
4	Gastroenterology	0	1,100	1,100	0%
5	Other Outpatient Visits	3,766	3,416	-350	-9%
	Total Other Hospital Outpatient Visits	99,624	101,687	2,063	2%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	283.4	278.2	-5.2	-2%
2	Total Physician FTEs	2.5	1.9	-0.6	-24%
3	Total Non-Nursing and Non-Physician FTEs	587.4	580.7	-6.7	-1%
	Total Hospital Full Time Equivalent Employees	873.3	860.8	-12.5	-1%

BRISTOL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Bristol Hospital Campus	3,695	3,319	-376	-10%
	Total Outpatient Surgical Procedures(A)	3,695	3,319	-376	-10%
B. Outpatient Endoscopy Procedures					
1	Bristol Hospital Campus	2,035	1,950	-85	-4%
	Total Outpatient Endoscopy Procedures(B)	2,035	1,950	-85	-4%
C. Outpatient Hospital Emergency Room Visits					
1	Bristol Hospital Campus	33,293	34,497	1,204	4%
	Total Outpatient Hospital Emergency Room Visits(C)	33,293	34,497	1,204	4%
(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.					

BRISTOL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$82,914,358	\$73,322,938	(\$9,591,420)	-12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$30,644,675	\$29,190,396	(\$1,454,279)	-5%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.96%	39.81%	2.85%	8%
4	DISCHARGES	3,426	3,378	(48)	-1%
5	CASE MIX INDEX (CMI)	1.28730	1.29240	0.00510	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,410.28980	4,365.72720	(44.56260)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,948.45	\$6,686.26	(\$262.19)	-4%
8	PATIENT DAYS	17,157	15,650	(1,507)	-9%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,786.13	\$1,865.20	\$79.07	4%
10	AVERAGE LENGTH OF STAY	5.0	4.6	(0.4)	-7%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$78,569,021	\$74,174,392	(\$4,394,629)	-6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,498,947	\$17,879,302	(\$619,645)	-3%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.54%	24.10%	0.56%	2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	94.76%	101.16%	6.40%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,246.45179	3,417.22663	170.77484	5%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,698.20	\$5,232.11	(\$466.10)	-8%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$161,483,379	\$147,497,330	(\$13,986,049)	-9%
18	TOTAL ACCRUED PAYMENTS	\$49,143,622	\$47,069,698	(\$2,073,924)	-4%
19	TOTAL ALLOWANCES	\$112,339,757	\$100,427,632	(\$11,912,125)	-11%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$40,241,420	\$36,465,574	(\$3,775,846)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,721,550	\$17,006,157	(\$1,715,393)	-9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.52%	46.64%	0.11%	0%
4	DISCHARGES	2,486	2,320	(166)	-7%
5	CASE MIX INDEX (CMI)	0.94640	0.97450	0.02810	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,352,75040	2,260,84000	(91,91040)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,957.30	\$7,522.05	(\$435.25)	-5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$1,008.85)	(\$835.79)	\$173.06	-17%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$2,373,583)	(\$1,889,588)	\$483,995	-20%
10	PATIENT DAYS	7,861	7,286	(575)	-7%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,381.57	\$2,334.09	(\$47.49)	-2%
12	AVERAGE LENGTH OF STAY	3.2	3.1	(0.0)	-1%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$97,504,016	\$92,946,271	(\$4,557,745)	-5%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$36,311,112	\$33,067,146	(\$3,243,966)	-9%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.24%	35.58%	-1.66%	-4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	242.30%	254.89%	12.59%	5%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,023.51964	5,913.39516	(110.12448)	-2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,028.22	\$5,591.91	(\$436.32)	-7%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$330.02)	(\$359.80)	(\$29.78)	9%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,987,864)	(\$2,127,618)	(\$139,755)	7%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$137,745,436	\$129,411,845	(\$8,333,591)	-6%
22	TOTAL ACCRUED PAYMENTS	\$55,032,662	\$50,073,303	(\$4,959,359)	-9%
23	TOTAL ALLOWANCES	\$82,712,774	\$79,338,542	(\$3,374,232)	-4%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$4,361,447)	(\$4,017,207)	\$344,240	-8%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$121,599,557	\$122,450,596	\$851,039	1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$53,040,369	\$58,072,723	\$5,032,354	9%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,559,188	\$64,377,873	(\$4,181,315)	-6%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.38%	52.57%	-3.81%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$778,948	\$814,154	\$35,206	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$27,969	\$20,077	(\$7,892)	-28%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	3.59%	2.47%	-1.12%	-31%
4	DISCHARGES	64	38	(26)	-41%
5	CASE MIX INDEX (CMI)	0.89230	0.82960	(0.06270)	-7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	57.10720	31.52480	(25.58240)	-45%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$489.76	\$636.86	\$147.10	30%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,467.54	\$6,885.19	(\$582.35)	-8%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,458.69	\$6,049.40	(\$409.29)	-6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$368,837	\$190,706	(\$178,131)	-48%
11	PATIENT DAYS	241	157	(84)	-35%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$116.05	\$127.88	\$11.83	10%
13	AVERAGE LENGTH OF STAY	3.8	4.1	0.4	10%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,736,491	\$5,148,409	(\$588,082)	-10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$379,481	\$267,960	(\$111,521)	-29%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	6.62%	5.20%	-1.41%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	736.44%	632.36%	-104.08%	-14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	471.32212	240.29796	(231.02417)	-49%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$805.14	\$1,115.12	\$309.97	38%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,223.08	\$4,476.79	(\$746.29)	-14%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,893.06	\$4,116.99	(\$776.07)	-16%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,306,209	\$989,305	(\$1,316,904)	-57%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$6,515,439	\$5,962,563	(\$552,876)	-8%
24	TOTAL ACCRUED PAYMENTS	\$407,450	\$288,037	(\$119,413)	-29%
25	TOTAL ALLOWANCES	\$6,107,989	\$5,674,526	(\$433,463)	-7%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,675,046	\$1,180,011	(\$1,495,035)	-56%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$17,535,373	\$21,507,928	\$3,972,555	23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,882,557	\$6,632,224	\$1,749,667	36%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.84%	30.84%	2.99%	11%
4	DISCHARGES	1,325	1,593	268	20%
5	CASE MIX INDEX (CMI)	0.83900	0.93070	0.09170	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,111.67500	1,482.60510	370.93010	33%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,392.07	\$4,473.36	\$81.29	2%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,565.23	\$3,048.69	(\$516.54)	-14%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,556.38	\$2,212.90	(\$343.47)	-13%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,841,860	\$3,280,862	\$439,002	15%
11	PATIENT DAYS	4,218	5,653	1,435	34%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,157.55	\$1,173.22	\$15.67	1%
13	AVERAGE LENGTH OF STAY	3.2	3.5	0.4	11%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$31,424,389	\$45,610,048	\$14,185,659	45%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,604,701	\$11,612,683	\$4,007,982	53%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.20%	25.46%	1.26%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	179.21%	212.06%	32.86%	18%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,374.47561	3,378.14068	1,003.66507	42%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,202.69	\$3,437.60	\$234.91	7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,825.54	\$2,154.31	(\$671.23)	-24%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,495.52	\$1,794.51	(\$701.01)	-28%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,925,547	\$6,062,117	\$136,570	2%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$48,959,762	\$67,117,976	\$18,158,214	37%
24	TOTAL ACCRUED PAYMENTS	\$12,487,258	\$18,244,907	\$5,757,649	46%
25	TOTAL ALLOWANCES	\$36,472,504	\$48,873,069	\$12,400,565	34%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$8,767,408	\$9,342,979	\$575,572	7%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$4,917,718	\$0	(\$4,917,718)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$977,565	\$0	(\$977,565)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	19.88%	0.00%	-19.88%	-100%
4	DISCHARGES	360	-	(360)	-100%
5	CASE MIX INDEX (CMI)	0.91120	0.00000	(0.91120)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	328.03200	0.00000	(328.03200)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,980.09	\$0.00	(\$2,980.09)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$4,977.21	\$7,522.05	\$2,544.84	51%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,968.36	\$6,686.26	\$2,717.90	68%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,301,749	\$0	(\$1,301,749)	-100%
11	PATIENT DAYS	1,292	0	(1,292)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$756.63	\$0.00	(\$756.63)	-100%
13	AVERAGE LENGTH OF STAY	3.6	-	(3.6)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$7,396,165	\$0	(\$7,396,165)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,056,115	\$0	(\$1,056,115)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	14.28%	0.00%	-14.28%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	150.40%	0.00%	-150.40%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	541.43393	0.00000	(541.43393)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,950.59	\$0.00	(\$1,950.59)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,077.63	\$5,591.91	\$1,514.27	37%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,747.62	\$5,232.11	\$1,484.49	40%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,029,086	\$0	(\$2,029,086)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$12,313,883	\$0	(\$12,313,883)	-100%
24	TOTAL ACCRUED PAYMENTS	\$2,033,680	\$0	(\$2,033,680)	-100%
25	TOTAL ALLOWANCES	\$10,280,203	\$0	(\$10,280,203)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$3,330,835	\$0	(\$3,330,835)	-100%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$22,453,091	\$21,507,928	(\$945,163)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,860,122	\$6,632,224	\$772,102	13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.10%	30.84%	4.74%	18%
4	DISCHARGES	1,685	1,593	(92)	-5%
5	CASE MIX INDEX (CMI)	0.85443	0.93070	0.07627	9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,439.70700	1,482.60510	42.89810	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,070.36	\$4,473.36	\$403.00	10%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,886.95	\$3,048.69	(\$838.25)	-22%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,878.09	\$2,212.90	(\$665.19)	-23%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,143,609	\$3,280,862	(\$862,747)	-21%
11	PATIENT DAYS	5,510	5,653	143	3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,063.54	\$1,173.22	\$109.68	10%
13	AVERAGE LENGTH OF STAY	3.3	3.5	0.3	9%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$38,820,554	\$45,610,048	\$6,789,494	17%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$8,660,816	\$11,612,683	\$2,951,867	34%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.31%	25.46%	3.15%	14%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	172.90%	212.06%	39.17%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,915.90954	3,378.14068	462.23114	16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,970.19	\$3,437.60	\$467.40	16%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,058.03	\$2,154.31	(\$903.72)	-30%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,728.01	\$1,794.51	(\$933.50)	-34%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,954,634	\$6,062,117	(\$1,892,517)	-24%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$61,273,645	\$67,117,976	\$5,844,331	10%
24	TOTAL ACCRUED PAYMENTS	\$14,520,938	\$18,244,907	\$3,723,969	26%
25	TOTAL ALLOWANCES	\$46,752,707	\$48,873,069	\$2,120,362	5%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$622,433	\$352,195	(\$270,238)	-43%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$162,772	\$145,385	(\$17,387)	-11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.15%	41.28%	15.13%	58%
4	DISCHARGES	20	25	5	25%
5	CASE MIX INDEX (CMI)	1.50940	1.16130	(0.34810)	-23%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	30.18800	29.03250	(1.15550)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,391.94	\$5,007.66	(\$384.28)	-7%
8	PATIENT DAYS	145	81	(64)	-44%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,122.57	\$1,794.88	\$672.31	60%
10	AVERAGE LENGTH OF STAY	7.3	3.2	(4.0)	-55%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$636,350	\$666,145	\$29,795	5%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$126,904	\$132,563	\$5,659	4%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,258,783	\$1,018,340	(\$240,443)	-19%
14	TOTAL ACCRUED PAYMENTS	\$289,676	\$277,948	(\$11,728)	-4%
15	TOTAL ALLOWANCES	\$969,107	\$740,392	(\$228,715)	-24%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$4,183,082	\$6,100,777	\$1,917,695	46%
2	TOTAL OPERATING EXPENSES	\$130,987,633	\$131,894,527	\$906,894	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$624,004	\$0	(\$624,004)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$259,103	\$223,751	(\$35,352)	-14%
5	BAD DEBTS (CHARGES)	\$10,944,348	\$9,847,024	(\$1,097,324)	-10%
6	UNCOMPENSATED CARE (CHARGES)	\$11,203,451	\$10,070,775	(\$1,132,676)	-10%
7	COST OF UNCOMPENSATED CARE	\$3,704,252	\$3,437,666	(\$266,586)	-7%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$61,273,645	\$67,117,976	\$5,844,331	10%
9	TOTAL ACCRUED PAYMENTS	\$14,520,938	\$18,244,907	\$3,723,969	26%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$20,259,206	\$22,910,766	\$2,651,559	13%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,738,268	\$4,665,859	(\$1,072,410)	-19%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$146,231,302	\$131,648,635	(\$14,582,667)	-10%
2	TOTAL INPATIENT PAYMENTS	\$55,389,119	\$52,974,162	(\$2,414,957)	-4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	37.88%	40.24%	2.36%	6%
4	TOTAL DISCHARGES	7,617	7,316	(301)	-4%
5	TOTAL CASE MIX INDEX	1.08086	1.11238	0.03152	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,232,93520	8,138,20480	(94,73040)	-1%
7	TOTAL OUTPATIENT CHARGES	\$215,529,941	\$213,396,856	(\$2,133,085)	-1%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	147.39%	162.10%	14.71%	10%
9	TOTAL OUTPATIENT PAYMENTS	\$63,597,779	\$62,691,694	(\$906,085)	-1%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.51%	29.38%	-0.13%	0%
11	TOTAL CHARGES	\$361,761,243	\$345,045,491	(\$16,715,752)	-5%
12	TOTAL PAYMENTS	\$118,986,898	\$115,665,856	(\$3,321,042)	-3%
13	TOTAL PAYMENTS / TOTAL CHARGES	32.89%	33.52%	0.63%	2%
14	PATIENT DAYS	30,673	28,670	(2,003)	-7%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$105,989,882	\$95,183,061	(\$10,806,821)	-10%
2	INPATIENT PAYMENTS	\$36,667,569	\$35,968,005	(\$699,564)	-2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	34.60%	37.79%	3.19%	9%
4	DISCHARGES	5,131	4,996	(135)	-3%
5	CASE MIX INDEX	1.14601	1.17641	0.03040	3%
6	CASE MIX ADJUSTED DISCHARGES	5,880.18480	5,877.36480	(2.82000)	0%
7	OUTPATIENT CHARGES	\$118,025,925	\$120,450,585	\$2,424,660	2%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	111.36%	126.55%	15.19%	14%
9	OUTPATIENT PAYMENTS	\$27,286,667	\$29,624,548	\$2,337,881	9%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	23.12%	24.59%	1.48%	6%
11	TOTAL CHARGES	\$224,015,807	\$215,633,646	(\$8,382,161)	-4%
12	TOTAL PAYMENTS	\$63,954,236	\$65,592,553	\$1,638,317	3%
13	TOTAL PAYMENTS / CHARGES	28.55%	30.42%	1.87%	7%
14	PATIENT DAYS	22,812	21,384	(1,428)	-6%
15	TOTAL GOVERNMENT DEDUCTIONS	\$160,061,571	\$150,041,093	(\$10,020,478)	-6%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.0	4.6	(0.4)	-7%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.2	3.1	(0.0)	-1%
3	UNINSURED	3.8	4.1	0.4	10%
4	MEDICAID	3.2	3.5	0.4	11%
5	OTHER MEDICAL ASSISTANCE	3.6	-	(3.6)	-100%
6	CHAMPUS / TRICARE	7.3	3.2	(4.0)	-55%
7	TOTAL AVERAGE LENGTH OF STAY	4.0	3.9	(0.1)	-3%

BRISTOL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$361,761,243	\$345,045,491	(\$16,715,752)	-5%
2	TOTAL GOVERNMENT DEDUCTIONS	\$160,061,571	\$150,041,093	(\$10,020,478)	-6%
3	UNCOMPENSATED CARE	\$11,203,451	\$10,070,775	(\$1,132,676)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,559,188	\$64,377,873	(\$4,181,315)	-6%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,950,139	\$2,774,243	(\$175,896)	-6%
6	TOTAL ADJUSTMENTS	\$242,774,349	\$227,263,984	(\$15,510,365)	-6%
7	TOTAL ACCRUED PAYMENTS	\$118,986,894	\$117,781,507	(\$1,205,387)	-1%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$624,004	\$0	(\$624,004)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$119,610,898	\$117,781,507	(\$1,829,391)	-2%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3306349155	0.3413506627	0.0107157472	3%
11	COST OF UNCOMPENSATED CARE	\$3,704,252	\$3,437,666	(\$266,586)	-7%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,738,268	\$4,665,859	(\$1,072,410)	-19%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,442,521	\$8,103,524	(\$1,338,996)	-14%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$5,925,547	\$6,062,117	\$136,570	2%
2	OTHER MEDICAL ASSISTANCE	\$3,330,835	\$0	(\$3,330,835)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,675,046	\$1,180,011	(\$1,495,035)	-56%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$11,931,429	\$7,242,128	(\$4,689,301)	-39%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,371,872	\$4,277,938	(\$93,934)	-2.15%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$8,407,994	\$10,275,104	\$1,867,110	22.21%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$128,018,896	\$125,941,019	(\$2,077,877)	-1.62%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$361,761,109	\$345,045,549	(\$16,715,560)	-4.62%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$11,203,451	\$10,070,775	(\$1,132,676)	-10.11%

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$40,241,420	\$36,465,574	(\$3,775,846)
2	MEDICARE	\$82,914,358	73,322,938	(\$9,591,420)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,453,091	21,507,928	(\$945,163)
4	MEDICAID	\$17,535,373	21,507,928	\$3,972,555
5	OTHER MEDICAL ASSISTANCE	\$4,917,718	0	(\$4,917,718)
6	CHAMPUS / TRICARE	\$622,433	352,195	(\$270,238)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$778,948	814,154	\$35,206
	TOTAL INPATIENT GOVERNMENT CHARGES	\$105,989,882	\$95,183,061	(\$10,806,821)
	TOTAL INPATIENT CHARGES	\$146,231,302	\$131,648,635	(\$14,582,667)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$97,504,016	\$92,946,271	(\$4,557,745)
2	MEDICARE	\$78,569,021	74,174,392	(\$4,394,629)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$38,820,554	45,610,048	\$6,789,494
4	MEDICAID	\$31,424,389	45,610,048	\$14,185,659
5	OTHER MEDICAL ASSISTANCE	\$7,396,165	0	(\$7,396,165)
6	CHAMPUS / TRICARE	\$636,350	666,145	\$29,795
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,736,491	5,148,409	(\$588,082)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$118,025,925	\$120,450,585	\$2,424,660
	TOTAL OUTPATIENT CHARGES	\$215,529,941	\$213,396,856	(\$2,133,085)
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$137,745,436	\$129,411,845	(\$8,333,591)
2	TOTAL MEDICARE	\$161,483,379	\$147,497,330	(\$13,986,049)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$61,273,645	\$67,117,976	\$5,844,331
4	TOTAL MEDICAID	\$48,959,762	\$67,117,976	\$18,158,214
5	TOTAL OTHER MEDICAL ASSISTANCE	\$12,313,883	\$0	(\$12,313,883)
6	TOTAL CHAMPUS / TRICARE	\$1,258,783	\$1,018,340	(\$240,443)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,515,439	\$5,962,563	(\$552,876)
	TOTAL GOVERNMENT CHARGES	\$224,015,807	\$215,633,646	(\$8,382,161)
	TOTAL CHARGES	\$361,761,243	\$345,045,491	(\$16,715,752)
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,721,550	\$17,006,157	(\$1,715,393)
2	MEDICARE	\$30,644,675	29,190,396	(\$1,454,279)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,860,122	6,632,224	\$772,102
4	MEDICAID	\$4,882,557	6,632,224	\$1,749,667
5	OTHER MEDICAL ASSISTANCE	\$977,565	0	(\$977,565)
6	CHAMPUS / TRICARE	\$162,772	145,385	(\$17,387)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,969	20,077	(\$7,892)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$36,667,569	\$35,968,005	(\$699,564)
	TOTAL INPATIENT PAYMENTS	\$55,389,119	\$52,974,162	(\$2,414,957)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,311,112	\$33,067,146	(\$3,243,966)
2	MEDICARE	\$18,498,947	17,879,302	(\$619,645)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,660,816	11,612,683	\$2,951,867
4	MEDICAID	\$7,604,701	11,612,683	\$4,007,982
5	OTHER MEDICAL ASSISTANCE	\$1,056,115	0	(\$1,056,115)
6	CHAMPUS / TRICARE	\$126,904	132,563	\$5,659
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$379,481	267,960	(\$111,521)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$27,286,667	\$29,624,548	\$2,337,881
	TOTAL OUTPATIENT PAYMENTS	\$63,597,779	\$62,691,694	(\$906,085)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$55,032,662	\$50,073,303	(\$4,959,359)
2	TOTAL MEDICARE	\$49,143,622	\$47,069,698	(\$2,073,924)
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,520,938	\$18,244,907	\$3,723,969
4	TOTAL MEDICAID	\$12,487,258	\$18,244,907	\$5,757,649
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,033,680	\$0	(\$2,033,680)
6	TOTAL CHAMPUS / TRICARE	\$289,676	\$277,948	(\$11,728)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$407,450	\$288,037	(\$119,413)
	TOTAL GOVERNMENT PAYMENTS	\$63,954,236	\$65,592,553	\$1,638,317
	TOTAL PAYMENTS	\$118,986,898	\$115,665,856	(\$3,321,042)

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.12%	10.57%	-0.56%
2	MEDICARE	22.92%	21.25%	-1.67%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.21%	6.23%	0.03%
4	MEDICAID	4.85%	6.23%	1.39%
5	OTHER MEDICAL ASSISTANCE	1.36%	0.00%	-1.36%
6	CHAMPUS / TRICARE	0.17%	0.10%	-0.07%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.22%	0.24%	0.02%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.30%	27.59%	-1.71%
	TOTAL INPATIENT PAYER MIX	40.42%	38.15%	-2.27%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.95%	26.94%	-0.02%
2	MEDICARE	21.72%	21.50%	-0.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.73%	13.22%	2.49%
4	MEDICAID	8.69%	13.22%	4.53%
5	OTHER MEDICAL ASSISTANCE	2.04%	0.00%	-2.04%
6	CHAMPUS / TRICARE	0.18%	0.19%	0.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.59%	1.49%	-0.09%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	32.63%	34.91%	2.28%
	TOTAL OUTPATIENT PAYER MIX	59.58%	61.85%	2.27%
	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)	15.73%	14.70%	-1.03%
2	MEDICARE	25.75%	25.24%	-0.52%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.93%	5.73%	0.81%
4	MEDICAID	4.10%	5.73%	1.63%
5	OTHER MEDICAL ASSISTANCE	0.82%	0.00%	-0.82%
6	CHAMPUS / TRICARE	0.14%	0.13%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.02%	0.02%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.82%	31.10%	0.28%
	TOTAL INPATIENT PAYER MIX	46.55%	45.80%	-0.75%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.52%	28.59%	-1.93%
2	MEDICARE	15.55%	15.46%	-0.09%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.28%	10.04%	2.76%
4	MEDICAID	6.39%	10.04%	3.65%
5	OTHER MEDICAL ASSISTANCE	0.89%	0.00%	-0.89%
6	CHAMPUS / TRICARE	0.11%	0.11%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.32%	0.23%	-0.09%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	22.93%	25.61%	2.68%
	TOTAL OUTPATIENT PAYER MIX	53.45%	54.20%	0.75%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,486	2,320	(166)
2	MEDICARE	3,426	3,378	(48)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,685	1,593	(92)
4	MEDICAID	1,325	1,593	268
5	OTHER MEDICAL ASSISTANCE	360	0	(360)
6	CHAMPUS / TRICARE	20	25	5
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	64	38	(26)
	TOTAL GOVERNMENT DISCHARGES	5,131	4,996	(135)
	TOTAL DISCHARGES	7,617	7,316	(301)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,861	7,286	(575)
2	MEDICARE	17,157	15,650	(1,507)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,510	5,653	143
4	MEDICAID	4,218	5,653	1,435
5	OTHER MEDICAL ASSISTANCE	1,292	0	(1,292)
6	CHAMPUS / TRICARE	145	81	(64)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	241	157	(84)
	TOTAL GOVERNMENT PATIENT DAYS	22,812	21,384	(1,428)
	TOTAL PATIENT DAYS	30,673	28,670	(2,003)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.2	3.1	(0.0)
2	MEDICARE	5.0	4.6	(0.4)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.3	3.5	0.3
4	MEDICAID	3.2	3.5	0.4
5	OTHER MEDICAL ASSISTANCE	3.6	0.0	(3.6)
6	CHAMPUS / TRICARE	7.3	3.2	(4.0)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.8	4.1	0.4
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.4	4.3	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	4.0	3.9	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.94640	0.97450	0.02810
2	MEDICARE	1.28730	1.29240	0.00510
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.85443	0.93070	0.07627
4	MEDICAID	0.83900	0.93070	0.09170
5	OTHER MEDICAL ASSISTANCE	0.91120	0.00000	(0.91120)
6	CHAMPUS / TRICARE	1.50940	1.16130	(0.34810)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.89230	0.82960	(0.06270)
	TOTAL GOVERNMENT CASE MIX INDEX	1.14601	1.17641	0.03040
	TOTAL CASE MIX INDEX	1.08086	1.11238	0.03152
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$121,599,557	\$122,450,596	\$851,039
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$53,040,369	\$58,072,723	\$5,032,354
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,559,188	\$64,377,873	(\$4,181,315)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	56.38%	52.57%	-3.81%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,371,872	\$4,277,938	(\$93,934)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,950,139	\$2,774,243	(\$175,896)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$624,004	\$0	(\$624,004)
8	CHARITY CARE	\$259,103	\$223,751	(\$35,352)
9	BAD DEBTS	\$10,944,348	\$9,847,024	(\$1,097,324)
10	TOTAL UNCOMPENSATED CARE	\$11,203,451	\$10,070,775	(\$1,132,676)
11	TOTAL OTHER OPERATING REVENUE	\$121,599,557	\$122,450,596	\$851,039
12	TOTAL OPERATING EXPENSES	\$130,987,633	\$131,894,527	\$906,894

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,352.75040	2,260.84000	(91.91040)
2	MEDICARE	4,410.28980	4,365.72720	(44.56260)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,439.70700	1,482.60510	42.89810
4	MEDICAID	1,111.67500	1,482.60510	370.93010
5	OTHER MEDICAL ASSISTANCE	328.03200	0.00000	(328.03200)
6	CHAMPUS / TRICARE	30.18800	29.03250	(1.15550)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	57.10720	31.52480	(25.58240)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,880.18480	5,877.36480	(2.82000)
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,232.93520	8,138.20480	(94.73040)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,023.51964	5,913.39516	-110.12448
2	MEDICARE	3,246.45179	3,417.22663	170.77484
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,915.90954	3,378.14068	462.23114
4	MEDICAID	2,374.47561	3,378.14068	1,003.66507
5	OTHER MEDICAL ASSISTANCE	541.43393	0.00000	-541.43393
6	CHAMPUS / TRICARE	20.44718	47.28524	26.83806
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	471.32212	240.29796	-231.02417
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,182.80851	6,842.65255	659.84404
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	12,206.32815	12,756.04770	549.71955
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,957.30	\$7,522.05	(\$435.25)
2	MEDICARE	\$6,948.45	\$6,686.26	(\$262.19)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,070.36	\$4,473.36	\$403.00
4	MEDICAID	\$4,392.07	\$4,473.36	\$81.29
5	OTHER MEDICAL ASSISTANCE	\$2,980.09	\$0.00	(\$2,980.09)
6	CHAMPUS / TRICARE	\$5,391.94	\$5,007.66	(\$384.28)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$489.76	\$636.86	\$147.10
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,235.79	\$6,119.75	(\$116.03)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,727.75	\$6,509.32	(\$218.43)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,028.22	\$5,591.91	(\$436.32)
2	MEDICARE	\$5,698.20	\$5,232.11	(\$466.10)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,970.19	\$3,437.60	\$467.40
4	MEDICAID	\$3,202.69	\$3,437.60	\$234.91
5	OTHER MEDICAL ASSISTANCE	\$1,950.59	\$0.00	(\$1,950.59)
6	CHAMPUS / TRICARE	\$6,206.43	\$2,803.48	(\$3,402.95)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$805.14	\$1,115.12	\$309.97
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,413.31	\$4,329.40	(\$83.92)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,210.23	\$4,914.66	(\$295.57)

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE DESCRIPTION		ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$5,925,547	\$6,062,117	\$136,570
2	OTHER MEDICAL ASSISTANCE	\$3,330,835	\$0	(\$3,330,835)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,675,046	\$1,180,011	(\$1,495,035)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$11,931,429	\$7,242,128	(\$4,689,301)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$361,761,243	\$345,045,491	(\$16,715,752)
2	TOTAL GOVERNMENT DEDUCTIONS	\$160,061,571	\$150,041,093	(\$10,020,478)
3	UNCOMPENSATED CARE	\$11,203,451	\$10,070,775	(\$1,132,676)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$68,559,188	\$64,377,873	(\$4,181,315)
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,950,139	\$2,774,243	(\$175,896)
6	TOTAL ADJUSTMENTS	\$242,774,349	\$227,263,984	(\$15,510,365)
7	TOTAL ACCRUED PAYMENTS	\$118,986,894	\$117,781,507	(\$1,205,387)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$624,004	\$0	(\$624,004)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$119,610,898	\$117,781,507	(\$1,829,391)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3306349155	0.3413506627	0.0107157472
11	COST OF UNCOMPENSATED CARE	\$3,704,252	\$3,437,666	(\$266,586)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$5,738,268	\$4,665,859	(\$1,072,410)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$9,442,521	\$8,103,524	(\$1,338,996)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.52%	46.64%	0.11%
2	MEDICARE	36.96%	39.81%	2.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26.10%	30.84%	4.74%
4	MEDICAID	27.84%	30.84%	2.99%
5	OTHER MEDICAL ASSISTANCE	19.88%	0.00%	-19.88%
6	CHAMPUS / TRICARE	26.15%	41.28%	15.13%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.59%	2.47%	-1.12%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.60%	37.79%	3.19%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	37.88%	40.24%	2.36%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.24%	35.58%	-1.66%
2	MEDICARE	23.54%	24.10%	0.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22.31%	25.46%	3.15%
4	MEDICAID	24.20%	25.46%	1.26%
5	OTHER MEDICAL ASSISTANCE	14.28%	0.00%	-14.28%
6	CHAMPUS / TRICARE	19.94%	19.90%	-0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	6.62%	5.20%	-1.41%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	23.12%	24.59%	1.48%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	29.51%	29.38%	-0.13%

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$118,986,898	\$115,665,856	(\$3,321,042)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$624,004	\$0	(\$624,004)
	OHCA DEFINED NET REVENUE	\$119,610,902	\$115,665,856	(\$3,945,046)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$8,407,994	\$10,275,104	\$1,867,110
4	CALCULATED NET REVENUE	\$128,018,896	\$125,940,960	(\$2,077,936)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$128,018,896	\$125,941,019	(\$2,077,877)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$59)	(\$59)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$361,761,243	\$345,045,491	(\$16,715,752)
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$361,761,243	\$345,045,491	(\$16,715,752)
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$361,761,109	\$345,045,549	(\$16,715,560)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$134	(\$58)	(\$192)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,203,451	\$10,070,775	(\$1,132,676)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$11,203,451	\$10,070,775	(\$1,132,676)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$11,203,451	\$10,070,775	(\$1,132,676)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,465,574
2	MEDICARE	73,322,938
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	21,507,928
4	MEDICAID	21,507,928
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	352,195
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	814,154
	TOTAL INPATIENT GOVERNMENT CHARGES	\$95,183,061
	TOTAL INPATIENT CHARGES	\$131,648,635
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$92,946,271
2	MEDICARE	74,174,392
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	45,610,048
4	MEDICAID	45,610,048
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	666,145
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,148,409
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$120,450,585
	TOTAL OUTPATIENT CHARGES	\$213,396,856
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$129,411,845
2	TOTAL GOVERNMENT ACCRUED CHARGES	215,633,646
	TOTAL ACCRUED CHARGES	\$345,045,491
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,006,157
2	MEDICARE	29,190,396
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6,632,224
4	MEDICAID	6,632,224
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	145,385
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20,077
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$35,968,005
	TOTAL INPATIENT PAYMENTS	\$52,974,162
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,067,146
2	MEDICARE	17,879,302
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,612,683
4	MEDICAID	11,612,683
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	132,563
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	267,960
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$29,624,548
	TOTAL OUTPATIENT PAYMENTS	\$62,691,694
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$50,073,303
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	65,592,553
	TOTAL ACCRUED PAYMENTS	\$115,665,856

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,320
2	MEDICARE	3,378
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,593
4	MEDICAID	1,593
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	25
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	38
	TOTAL GOVERNMENT DISCHARGES	4,996
	TOTAL DISCHARGES	7,316
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.97450
2	MEDICARE	1.29240
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.93070
4	MEDICAID	0.93070
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	1.16130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.82960
	TOTAL GOVERNMENT CASE MIX INDEX	1.17641
	TOTAL CASE MIX INDEX	1.11238
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$122,450,596
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$58,072,723
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$64,377,873
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.57%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,277,938
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$2,774,243
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$223,751
9	BAD DEBTS	\$9,847,024
10	TOTAL UNCOMPENSATED CARE	\$10,070,775
11	TOTAL OTHER OPERATING REVENUE	\$6,100,777
12	TOTAL OPERATING EXPENSES	\$131,894,527

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2011</u>
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	\$115,665,856
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$115,665,856
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$10,275,104
	CALCULATED NET REVENUE	\$125,940,960
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$125,941,019
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$59)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$345,045,491
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$345,045,491
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$345,045,549
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$58)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,070,775
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$10,070,775
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$10,070,775
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	122	82	(40)	-33%
2	Number of Approved Applicants	113	79	(34)	-30%
3	Total Charges (A)	\$259,103	\$223,751	(\$35,352)	-14%
4	Average Charges	\$2,293	\$2,832	\$539	24%
5	Ratio of Cost to Charges (RCC)	0.357001	0.357944	0.000943	0%
6	Total Cost	\$92,500	\$80,090	(\$12,410)	-13%
7	Average Cost	\$819	\$1,014	\$195	24%
8	Charity Care - Inpatient Charges	\$112,925	\$110,509	(\$2,416)	-2%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	107,044	76,227	(30,817)	-29%
10	Charity Care - Emergency Department Charges	39,134	37,015	(2,119)	-5%
11	Total Charges (A)	\$259,103	\$223,751	(\$35,352)	-14%
12	Charity Care - Number of Patient Days	15	16	1	7%
13	Charity Care - Number of Discharges	7	2	(5)	-71%
14	Charity Care - Number of Outpatient ED Visits	43	32	(11)	-26%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	130	62	(68)	-52%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$3,160,089	\$2,727,226	(\$432,863)	-14%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	6,514,871	5,862,099	(652,772)	-10%
3	Bad Debts - Emergency Department	1,269,388	1,257,699	(11,689)	-1%
4	Total Bad Debts (A)	\$10,944,348	\$9,847,024	(\$1,097,324)	-10%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$259,103	\$223,751	(\$35,352)	-14%
2	Bad Debts (A)	10,944,348	9,847,024	(1,097,324)	-10%
3	Total Uncompensated Care (A)	\$11,203,451	\$10,070,775	(\$1,132,676)	-10%
4	Uncompensated Care - Inpatient Services	\$3,273,014	\$2,837,735	(\$435,279)	-13%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	6,621,915	5,938,326	(683,589)	-10%
6	Uncompensated Care - Emergency Department	1,308,522	1,294,714	(13,808)	-1%
7	Total Uncompensated Care (A)	\$11,203,451	\$10,070,775	(\$1,132,676)	-10%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL TOTAL NON-GOVERNMENT	FY 2011 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$121,599,557	\$122,450,596	\$851,039	1%
2	Total Contractual Allowances	\$68,559,188	\$64,377,873	(\$4,181,315)	-6%
	Total Accrued Payments (A)	\$53,040,369	\$58,072,723	\$5,032,354	9%
	Total Discount Percentage	56.38%	52.57%	-3.81%	-7%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$152,310,534	\$146,231,302	\$131,648,635
2	Outpatient Gross Revenue	\$206,781,547	\$215,529,941	\$213,396,856
3	Total Gross Patient Revenue	\$359,092,081	\$361,761,243	\$345,045,491
4	Net Patient Revenue	\$124,989,832	\$127,394,892	\$125,941,019
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$129,657,399	\$130,987,633	\$131,894,527
C. <u>Utilization Statistics</u>				
1	Patient Days	33,658	30,673	28,670
2	Discharges	7,846	7,617	7,316
3	Average Length of Stay	4.3	4.0	3.9
4	Equivalent (Adjusted) Patient Days (EPD)	79,353	75,882	75,143
0	Equivalent (Adjusted) Discharges (ED)	18,498	18,844	19,175
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.08964	1.08086	1.11238
2	Case Mix Adjusted Patient Days (CMAPD)	36,675	33,153	31,892
3	Case Mix Adjusted Discharges (CMAD)	8,549	8,233	8,138
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	86,466	82,018	83,588
5	Case Mix Adjusted Equivalent Discharges (CMAED)	20,156	20,367	21,330
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$10,669	\$11,794	\$12,035
2	Total Gross Revenue per Discharge	\$45,768	\$47,494	\$47,163
3	Total Gross Revenue per EPD	\$4,525	\$4,767	\$4,592
4	Total Gross Revenue per ED	\$19,413	\$19,198	\$17,995
5	Total Gross Revenue per CMAEPD	\$4,153	\$4,411	\$4,128
6	Total Gross Revenue per CMAED	\$17,816	\$17,762	\$16,177
7	Inpatient Gross Revenue per EPD	\$1,919	\$1,927	\$1,752
8	Inpatient Gross Revenue per ED	\$8,234	\$7,760	\$6,866

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,714	\$4,153	\$4,393
2	Net Patient Revenue per Discharge	\$15,930	\$16,725	\$17,214
3	Net Patient Revenue per EPD	\$1,575	\$1,679	\$1,676
4	Net Patient Revenue per ED	\$6,757	\$6,761	\$6,568
5	Net Patient Revenue per CMAEPD	\$1,446	\$1,553	\$1,507
6	Net Patient Revenue per CMAED	\$6,201	\$6,255	\$5,904
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,852	\$4,270	\$4,600
2	Total Operating Expense per Discharge	\$16,525	\$17,197	\$18,028
3	Total Operating Expense per EPD	\$1,634	\$1,726	\$1,755
4	Total Operating Expense per ED	\$7,009	\$6,951	\$6,878
5	Total Operating Expense per CMAEPD	\$1,500	\$1,597	\$1,578
6	Total Operating Expense per CMAED	\$6,433	\$6,431	\$6,184
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$21,080,745	\$20,662,698	\$20,534,294
2	Nursing Fringe Benefits Expense	\$5,421,117	\$6,166,989	\$6,098,801
3	Total Nursing Salary and Fringe Benefits Expense	\$26,501,862	\$26,829,687	\$26,633,095
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$539,198	\$365,058	\$427,269
2	Physician Fringe Benefits Expense	\$138,660	\$108,955	\$126,901
3	Total Physician Salary and Fringe Benefits Expense	\$677,858	\$474,013	\$554,170
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$32,074,903	\$30,445,437	\$32,130,283
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$8,248,371	\$9,086,746	\$9,542,875
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$40,323,274	\$39,532,183	\$41,673,158
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$53,694,846	\$51,473,193	\$53,091,846
2	Total Fringe Benefits Expense	\$13,808,148	\$15,362,690	\$15,768,577
3	Total Salary and Fringe Benefits Expense	\$67,502,994	\$66,835,883	\$68,860,423

BRISTOL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	285.8	283.4	278.2
2	Total Physician FTEs	2.6	2.5	1.9
3	Total Non-Nursing, Non-Physician FTEs	611.0	587.4	580.7
4	Total Full Time Equivalent Employees (FTEs)	899.4	873.3	860.8
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$73,760	\$72,910	\$73,811
2	Nursing Fringe Benefits Expense per FTE	\$18,968	\$21,761	\$21,922
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$92,729	\$94,671	\$95,734
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$207,384	\$146,023	\$224,878
2	Physician Fringe Benefits Expense per FTE	\$53,331	\$43,582	\$66,790
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$260,715	\$189,605	\$291,668
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$52,496	\$51,831	\$55,330
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$13,500	\$15,469	\$16,433
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$65,996	\$67,300	\$71,764
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$59,701	\$58,941	\$61,677
2	Total Fringe Benefits Expense per FTE	\$15,353	\$17,592	\$18,319
3	Total Salary and Fringe Benefits Expense per FTE	\$75,053	\$76,533	\$79,996
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,006	\$2,179	\$2,402
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,603	\$8,775	\$9,412
3	Total Salary and Fringe Benefits Expense per EPD	\$851	\$881	\$916
4	Total Salary and Fringe Benefits Expense per ED	\$3,649	\$3,547	\$3,591
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$781	\$815	\$824
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,349	\$3,282	\$3,228