

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I. <u>ASSETS</u>					
A. <u>Current Assets:</u>					
1 Cash and Cash Equivalents		\$23,495,000	\$32,972,000	\$9,477,000	40%
2 Short Term Investments		\$0	\$0	\$0	0%
3 Accounts Receivable (Less: Allowance for Doubtful Accounts)		\$34,402,000	\$33,101,000	(\$1,301,000)	-4%
4 Current Assets Whose Use is Limited for Current Liabilities		\$0	\$0	\$0	0%
5 Due From Affiliates		\$0	\$0	\$0	0%
6 Due From Third Party Payers		\$4,197,000	\$1,517,000	(\$2,680,000)	-64%
7 Inventories of Supplies		\$4,075,000	\$3,286,000	(\$789,000)	-19%
8 Prepaid Expenses		\$2,629,000	\$1,502,000	(\$1,127,000)	-43%
9 Other Current Assets		\$3,226,000	\$3,342,000	\$116,000	4%
Total Current Assets		\$72,024,000	\$75,720,000	\$3,696,000	5%
B. <u>Noncurrent Assets Whose Use is Limited:</u>					
1 Held by Trustee		\$0	\$0	\$0	0%
2 Board Designated for Capital Acquisition		\$0	\$0	\$0	0%
3 Funds Held in Escrow		\$5,899,000	\$5,845,000	(\$54,000)	-1%
4 Other Noncurrent Assets Whose Use is Limited		\$0	\$0	\$0	0%
Total Noncurrent Assets Whose Use is Limited:		\$5,899,000	\$5,845,000	(\$54,000)	-1%
5 Interest in Net Assets of Foundation		\$0	\$0	\$0	0%
6 Long Term Investments		\$28,973,000	\$26,174,000	(\$2,799,000)	-10%
7 Other Noncurrent Assets		\$58,072,000	\$50,935,000	(\$7,137,000)	-12%
C. <u>Net Fixed Assets:</u>					
1 Property, Plant and Equipment		\$343,279,000	\$366,772,000	\$23,493,000	7%
2 Less: Accumulated Depreciation		\$242,387,000	\$260,098,000	\$17,711,000	7%
Property, Plant and Equipment, Net		\$100,892,000	\$106,674,000	\$5,782,000	6%
3 Construction in Progress		\$22,622,000	\$12,497,000	(\$10,125,000)	-45%
Total Net Fixed Assets		\$123,514,000	\$119,171,000	(\$4,343,000)	-4%
Total Assets		\$288,482,000	\$277,845,000	(\$10,637,000)	-4%

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LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	<u>Current Liabilities:</u>				
1	Accounts Payable and Accrued Expenses	\$15,752,000	\$8,362,000	(\$7,390,000)	-47%
2	Salaries, Wages and Payroll Taxes	\$29,992,000	\$35,311,000	\$5,319,000	18%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,795,000	\$2,785,000	(\$10,000)	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$48,539,000	\$46,458,000	(\$2,081,000)	-4%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$52,720,000	\$50,090,000	(\$2,630,000)	-5%
2	Notes Payable (Net of Current Portion)	\$155,000	\$0	(\$155,000)	-100%
	Total Long Term Debt	\$52,875,000	\$50,090,000	(\$2,785,000)	-5%
3	Accrued Pension Liability	\$0	\$48,492,000	\$48,492,000	0%
4	Other Long Term Liabilities	\$38,471,000	\$43,953,000	\$5,482,000	14%
	Total Long Term Liabilities	\$91,346,000	\$142,535,000	\$51,189,000	56%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$108,789,000	\$49,998,000	(\$58,791,000)	-54%
2	Temporarily Restricted Net Assets	\$29,127,000	\$26,622,000	(\$2,505,000)	-9%
3	Permanently Restricted Net Assets	\$10,681,000	\$12,232,000	\$1,551,000	15%
	Total Net Assets	\$148,597,000	\$88,852,000	(\$59,745,000)	-40%
	Total Liabilities and Net Assets	\$288,482,000	\$277,845,000	(\$10,637,000)	-4%

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. <u>Operating Revenue:</u>					
1	Total Gross Patient Revenue	\$1,040,100,000	\$1,105,535,000	\$65,435,000	6%
2	Less: Allowances	\$675,301,000	\$720,998,000	\$45,697,000	7%
3	Less: Charity Care	\$38,325,000	\$35,053,000	(\$3,272,000)	-9%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$326,474,000	\$349,484,000	\$23,010,000	7%
5	Other Operating Revenue	\$8,225,000	\$4,458,000	(\$3,767,000)	-46%
6	Net Assets Released from Restrictions	\$2,807,000	\$1,853,000	(\$954,000)	-34%
	Total Operating Revenue	\$337,506,000	\$355,795,000	\$18,289,000	5%
B. <u>Operating Expenses:</u>					
1	Salaries and Wages	\$115,219,000	\$130,488,000	\$15,269,000	13%
2	Fringe Benefits	\$36,176,000	\$38,557,000	\$2,381,000	7%
3	Physicians Fees	\$13,977,000	\$15,538,000	\$1,561,000	11%
4	Supplies and Drugs	\$46,927,000	\$45,415,000	(\$1,512,000)	-3%
5	Depreciation and Amortization	\$17,159,000	\$18,962,000	\$1,803,000	11%
6	Bad Debts	\$5,659,000	\$13,240,000	\$7,581,000	134%
7	Interest	\$3,483,000	\$3,200,000	(\$283,000)	-8%
8	Malpractice	\$8,622,000	\$12,652,000	\$4,030,000	47%
9	Other Operating Expenses	\$86,287,000	\$73,003,000	(\$13,284,000)	-15%
	Total Operating Expenses	\$333,509,000	\$351,055,000	\$17,546,000	5%
	Income/(Loss) From Operations	\$3,997,000	\$4,740,000	\$743,000	19%
C. <u>Non-Operating Revenue:</u>					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$5,238,000)	(\$3,150,000)	\$2,088,000	-40%
	Total Non-Operating Revenue	(\$5,238,000)	(\$3,150,000)	\$2,088,000	-40%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,241,000)	\$1,590,000	\$2,831,000	-228%
	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	(\$1,241,000)	\$1,590,000	\$2,831,000	-228%
	Principal Payments	\$0	\$2,795,000	\$2,795,000	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$227,770,029	\$226,475,519	(\$1,294,510)	-1%
2	MEDICARE MANAGED CARE	\$91,403,243	\$98,347,270	\$6,944,027	8%
3	MEDICAID	\$79,726,712	\$76,995,271	(\$2,731,441)	-3%
4	MEDICAID MANAGED CARE	\$39,484,839	\$52,059,570	\$12,574,731	32%
5	CHAMPUS/TRICARE	\$781,871	\$1,196,962	\$415,091	53%
6	COMMERCIAL INSURANCE	\$81,824,556	\$74,600,114	(\$7,224,442)	-9%
7	NON-GOVERNMENT MANAGED CARE	\$108,969,245	\$106,239,595	(\$2,729,650)	-3%
8	WORKER'S COMPENSATION	\$9,418,096	\$10,783,647	\$1,365,551	14%
9	SELF- PAY/UNINSURED	\$14,399,365	\$13,809,812	(\$589,553)	-4%
10	SAGA	\$20,437,449	\$25,590,134	\$5,152,685	25%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$674,215,405	\$686,097,894	\$11,882,489	2%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$64,782,118	\$67,032,799	\$2,250,681	3%
2	MEDICARE MANAGED CARE	\$25,739,420	\$31,596,002	\$5,856,582	23%
3	MEDICAID	\$32,611,511	\$35,384,392	\$2,772,881	9%
4	MEDICAID MANAGED CARE	\$49,180,672	\$64,409,193	\$15,228,521	31%
5	CHAMPUS/TRICARE	\$486,906	\$495,806	\$8,900	2%
6	COMMERCIAL INSURANCE	\$63,398,476	\$69,685,147	\$6,286,671	10%
7	NON-GOVERNMENT MANAGED CARE	\$78,805,416	\$90,899,692	\$12,094,276	15%
8	WORKER'S COMPENSATION	\$4,370,841	\$5,311,165	\$940,324	22%
9	SELF- PAY/UNINSURED	\$27,594,113	\$30,854,209	\$3,260,096	12%
10	SAGA	\$18,915,610	\$23,768,204	\$4,852,594	26%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$365,885,083	\$419,436,609	\$53,551,526	15%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$292,552,147	\$293,508,318	\$956,171	0%
2	MEDICARE MANAGED CARE	\$117,142,663	\$129,943,272	\$12,800,609	11%
3	MEDICAID	\$112,338,223	\$112,379,663	\$41,440	0%
4	MEDICAID MANAGED CARE	\$88,665,511	\$116,468,763	\$27,803,252	31%
5	CHAMPUS/TRICARE	\$1,268,777	\$1,692,768	\$423,991	33%
6	COMMERCIAL INSURANCE	\$145,223,032	\$144,285,261	(\$937,771)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$187,774,661	\$197,139,287	\$9,364,626	5%
8	WORKER'S COMPENSATION	\$13,788,937	\$16,094,812	\$2,305,875	17%
9	SELF- PAY/UNINSURED	\$41,993,478	\$44,664,021	\$2,670,543	6%
10	SAGA	\$39,353,059	\$49,358,338	\$10,005,279	25%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$1,040,100,488	\$1,105,534,503	\$65,434,015	6%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$87,728,970	\$84,031,667	(\$3,697,303)	-4%
2	MEDICARE MANAGED CARE	\$28,216,147	\$31,258,582	\$3,042,435	11%
3	MEDICAID	\$23,849,057	\$21,156,066	(\$2,692,991)	-11%
4	MEDICAID MANAGED CARE	\$9,383,326	\$12,709,030	\$3,325,704	35%
5	CHAMPUS/TRICARE	\$162,671	\$347,123	\$184,452	113%
6	COMMERCIAL INSURANCE	\$27,764,576	\$28,254,555	\$489,979	2%
7	NON-GOVERNMENT MANAGED CARE	\$39,872,522	\$41,384,792	\$1,512,270	4%
8	WORKER'S COMPENSATION	\$9,255,688	\$10,496,030	\$1,240,342	13%
9	SELF- PAY/UNINSURED	\$2,733,608	\$1,020,113	(\$1,713,495)	-63%
10	SAGA	\$2,655,597	\$3,255,583	\$599,986	23%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$231,622,162	\$233,913,541	\$2,291,379	1%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$13,190,036	\$13,545,525	\$355,489	3%
2	MEDICARE MANAGED CARE	\$6,144,708	\$7,979,855	\$1,835,147	30%
3	MEDICAID	\$7,362,083	\$7,492,810	\$130,727	2%
4	MEDICAID MANAGED CARE	\$10,931,798	\$14,503,033	\$3,571,235	33%
5	CHAMPUS/TRICARE	\$149,967	\$131,600	(\$18,367)	-12%
6	COMMERCIAL INSURANCE	\$21,232,629	\$23,024,444	\$1,791,815	8%
7	NON-GOVERNMENT MANAGED CARE	\$26,891,008	\$29,417,205	\$2,526,197	9%
8	WORKER'S COMPENSATION	\$4,295,028	\$5,174,894	\$879,866	20%
9	SELF- PAY/UNINSURED	\$1,268,636	\$1,755,156	\$486,520	38%
10	SAGA	\$2,559,567	\$2,985,307	\$425,740	17%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$94,025,460	\$106,009,829	\$11,984,369	13%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$100,919,006	\$97,577,192	(\$3,341,814)	-3%
2	MEDICARE MANAGED CARE	\$34,360,855	\$39,238,437	\$4,877,582	14%
3	MEDICAID	\$31,211,140	\$28,648,876	(\$2,562,264)	-8%
4	MEDICAID MANAGED CARE	\$20,315,124	\$27,212,063	\$6,896,939	34%
5	CHAMPUS/TRICARE	\$312,638	\$478,723	\$166,085	53%
6	COMMERCIAL INSURANCE	\$48,997,205	\$51,278,999	\$2,281,794	5%
7	NON-GOVERNMENT MANAGED CARE	\$66,763,530	\$70,801,997	\$4,038,467	6%
8	WORKER'S COMPENSATION	\$13,550,716	\$15,670,924	\$2,120,208	16%
9	SELF- PAY/UNINSURED	\$4,002,244	\$2,775,269	(\$1,226,975)	-31%
10	SAGA	\$5,215,164	\$6,240,890	\$1,025,726	20%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$325,647,622	\$339,923,370	\$14,275,748	4%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	5,088	4,976	(112)	-2%
2	MEDICARE MANAGED CARE	2,008	2,131	123	6%
3	MEDICAID	2,404	2,402	(2)	0%
4	MEDICAID MANAGED CARE	2,355	2,560	205	9%
5	CHAMPUS/TRICARE	33	23	(10)	-30%
6	COMMERCIAL INSURANCE	3,036	2,778	(258)	-8%
7	NON-GOVERNMENT MANAGED CARE	3,891	3,650	(241)	-6%
8	WORKER'S COMPENSATION	176	190	14	8%
9	SELF- PAY/UNINSURED	375	398	23	6%
10	SAGA	656	700	44	7%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	20,022	19,808	(214)	-1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	36,444	34,795	(1,649)	-5%
2	MEDICARE MANAGED CARE	13,682	14,929	1,247	9%
3	MEDICAID	15,388	13,728	(1,660)	-11%
4	MEDICAID MANAGED CARE	7,763	8,763	1,000	13%
5	CHAMPUS/TRICARE	120	161	41	34%
6	COMMERCIAL INSURANCE	11,683	10,146	(1,537)	-13%
7	NON-GOVERNMENT MANAGED CARE	15,093	14,407	(686)	-5%
8	WORKER'S COMPENSATION	1,104	854	(250)	-23%
9	SELF- PAY/UNINSURED	1,939	1,724	(215)	-11%
10	SAGA	3,629	4,094	465	13%
11	OTHER	0	0	0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL PATIENT DAYS	106,845	103,601	(3,244)	-3%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	22,812	22,957	145	1%
2	MEDICARE MANAGED CARE	7,821	9,290	1,469	19%
3	MEDICAID	20,362	19,565	(797)	-4%
4	MEDICAID MANAGED CARE	37,130	44,946	7,816	21%
5	CHAMPUS/TRICARE	255	307	52	20%
6	COMMERCIAL INSURANCE	5,107	28,117	23,010	451%
7	NON-GOVERNMENT MANAGED CARE	56,484	35,138	(21,346)	-38%
8	WORKER'S COMPENSATION	1,605	1,663	58	4%
9	SELF- PAY/UNINSURED	15,047	16,944	1,897	13%
10	SAGA	10,506	12,921	2,415	23%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	177,129	191,848	14,719	8%
	IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$14,593,645	\$15,535,687	\$942,042	6%
2	MEDICARE MANAGED CARE	\$5,165,545	\$6,015,830	\$850,285	16%
3	MEDICAID	\$12,324,834	\$13,375,671	\$1,050,837	9%
4	MEDICAID MANAGED CARE	\$22,691,174	\$30,597,908	\$7,906,734	35%
5	CHAMPUS/TRICARE	\$145,783	\$227,654	\$81,871	56%
6	COMMERCIAL INSURANCE	\$2,691,478	\$16,715,928	\$14,024,450	521%
7	NON-GOVERNMENT MANAGED CARE	\$33,322,885	\$21,081,519	(\$12,241,366)	-37%
8	WORKER'S COMPENSATION	\$998,281	\$1,082,253	\$83,972	8%
9	SELF- PAY/UNINSURED	\$17,980,260	\$20,954,690	\$2,974,430	17%
10	SAGA	\$9,116,487	\$11,426,870	\$2,310,383	25%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$119,030,372	\$137,014,010	\$17,983,638	15%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$4,937,735	\$5,198,214	\$260,479	5%
2	MEDICARE MANAGED CARE	\$972,888	\$1,455,372	\$482,484	50%
3	MEDICAID	\$2,248,618	\$2,411,263	\$162,645	7%
4	MEDICAID MANAGED CARE	\$4,294,987	\$5,723,780	\$1,428,793	33%
5	CHAMPUS/TRICARE	\$45,187	\$70,314	\$25,127	56%
6	COMMERCIAL INSURANCE	\$1,870,609	\$6,238,455	\$4,367,846	233%
7	NON-GOVERNMENT MANAGED CARE	\$11,286,202	\$7,577,315	(\$3,708,887)	-33%
8	WORKER'S COMPENSATION	\$708,811	\$670,508	(\$38,303)	-5%
9	SELF- PAY/UNINSURED	\$17,978,821	\$20,772,002	\$2,793,181	16%
10	SAGA	\$1,516,040	\$1,351,334	(\$164,706)	-11%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$45,859,898	\$51,468,557	\$5,608,659	12%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	5,031	5,522	491	10%
2	MEDICARE MANAGED CARE	1,569	1,913	344	22%
3	MEDICAID	6,537	6,965	428	7%
4	MEDICAID MANAGED CARE	14,579	19,534	4,955	34%
5	CHAMPUS/TRICARE	90	136	46	51%
6	COMMERCIAL INSURANCE	1,035	7,093	6,058	585%
7	NON-GOVERNMENT MANAGED CARE	14,023	9,052	(4,971)	-35%
8	WORKER'S COMPENSATION	475	529	54	11%
9	SELF- PAY/UNINSURED	8,787	10,274	1,487	17%
10	SAGA	4,454	5,794	1,340	30%
11	OTHER	0	0	0	0%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	56,580	66,812	10,232	18%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$41,382,100	\$42,767,886	\$1,385,786	3%
2	Physician Salaries	\$8,413,688	\$8,311,122	(\$102,566)	-1%
3	Non-Nursing, Non-Physician Salaries	\$65,423,212	\$79,408,992	\$13,985,780	21%
	Total Salaries & Wages	\$115,219,000	\$130,488,000	\$15,269,000	13%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$9,692,122	\$10,711,918	\$1,019,796	11%
2	Physician Fringe Benefits	\$2,243,039	\$2,452,306	\$209,267	9%
3	Non-Nursing, Non-Physician Fringe Benefits	\$24,240,839	\$25,392,776	\$1,151,937	5%
	Total Fringe Benefits	\$36,176,000	\$38,557,000	\$2,381,000	7%
C. Contractual Labor Fees:					
1	Nursing Fees	\$4,453,000	\$2,744,248	(\$1,708,752)	-38%
2	Physician Fees	\$13,977,000	\$15,538,000	\$1,561,000	11%
3	Non-Nursing, Non-Physician Fees	\$14,605,182	\$20,347,594	\$5,742,412	39%
	Total Contractual Labor Fees	\$33,035,182	\$38,629,842	\$5,594,660	17%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$36,937,000	\$35,569,000	(\$1,368,000)	-4%
2	Pharmaceutical Costs	\$9,990,000	\$9,846,000	(\$144,000)	-1%
	Total Medical Supplies and Pharmaceutical Cost	\$46,927,000	\$45,415,000	(\$1,512,000)	-3%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$8,928,000	\$9,866,000	\$938,000	11%
2	Depreciation-Equipment	\$8,231,000	\$9,096,000	\$865,000	11%
3	Amortization	\$0	\$0	\$0	0%
	Total Depreciation and Amortization	\$17,159,000	\$18,962,000	\$1,803,000	11%
F. Bad Debts:					
1	Bad Debts	\$5,659,000	\$13,240,000	\$7,581,000	134%
G. Interest Expense:					
1	Interest Expense	\$3,483,000	\$3,200,000	(\$283,000)	-8%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$8,622,000	\$12,652,000	\$4,030,000	47%
I. Utilities:					
1	Water	\$247,000	\$199,502	(\$47,498)	-19%
2	Natural Gas	\$2,402,000	\$2,197,040	(\$204,960)	-9%
3	Oil	\$0	\$0	\$0	0%
4	Electricity	\$3,758,000	\$3,805,879	\$47,879	1%
5	Telephone	\$461,000	\$468,581	\$7,581	2%
6	Other Utilities	\$130,000	\$123,225	(\$6,775)	-5%
	Total Utilities	\$6,998,000	\$6,794,227	(\$203,773)	-3%
J. Business Expenses:					
1	Accounting Fees	\$316,000	\$324,796	\$8,796	3%
2	Legal Fees	\$997,000	\$1,084,214	\$87,214	9%
3	Consulting Fees	\$1,859,000	\$3,219,951	\$1,360,951	73%
4	Dues and Membership	\$517,000	\$193,501	(\$323,499)	-63%
5	Equipment Leases	\$97,000	\$72,592	(\$24,408)	-25%
6	Building Leases	\$1,035,000	\$1,345,951	\$310,951	30%
7	Repairs and Maintenance	\$6,151,000	\$7,181,156	\$1,030,156	17%
8	Insurance	\$901,000	\$983,845	\$82,845	9%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	Travel	\$439,000	\$279,211	(\$159,789)	-36%
10	Conferences	\$7,000	\$9,706	\$2,706	39%
11	Property Tax	\$157,000	\$184,336	\$27,336	17%
12	General Supplies	\$6,454,000	\$6,288,319	(\$165,681)	-3%
13	Licenses and Subscriptions	\$338,000	\$316,231	(\$21,769)	-6%
14	Postage and Shipping	\$378,000	\$540,066	\$162,066	43%
15	Advertising	\$0	\$0	\$0	0%
16	Other Business Expenses	\$16,488,818	\$9,874,624	(\$6,614,194)	-40%
Total Business Expenses		\$36,134,818	\$31,898,499	(\$4,236,319)	-12%
K. Other Operating Expense:					
1	Miscellaneous Other Operating Expenses	\$24,096,000	\$11,218,432	(\$12,877,568)	-53%
Total Operating Expenses - All Expense Categories*		\$333,509,000	\$351,055,000	\$17,546,000	5%

*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.

II. OPERATING EXPENSE BY DEPARTMENT					
A. General Services:					
1	General Administration	\$23,307,000	\$27,584,359	\$4,277,359	18%
2	General Accounting	\$1,657,000	\$1,875,546	\$218,546	13%
3	Patient Billing & Collection	\$6,557,000	\$7,213,846	\$656,846	10%
4	Admitting / Registration Office	\$1,454,000	\$1,102,805	(\$351,195)	-24%
5	Data Processing	\$6,537,000	\$6,555,976	\$18,976	0%
6	Communications	\$0	\$0	\$0	0%
7	Personnel	\$37,823,000	\$38,894,716	\$1,071,716	3%
8	Public Relations	\$4,000	\$3,469	(\$531)	-13%
9	Purchasing	\$322,000	\$269,276	(\$52,724)	-16%
10	Dietary and Cafeteria	\$3,660,000	\$3,649,804	(\$10,196)	0%
11	Housekeeping	\$3,339,000	\$3,290,578	(\$48,422)	-1%
12	Laundry & Linen	\$0	\$53	\$53	0%
13	Operation of Plant	\$6,339,000	\$6,001,462	(\$337,538)	-5%
14	Security	\$1,659,000	\$1,652,654	(\$6,346)	0%
15	Repairs and Maintenance	\$4,971,000	\$5,147,421	\$176,421	4%
16	Central Sterile Supply	\$2,863,000	\$2,706,120	(\$156,880)	-5%
17	Pharmacy Department	\$12,790,000	\$12,414,482	(\$375,518)	-3%
18	Other General Services	\$29,738,000	\$33,341,690	\$3,603,690	12%
Total General Services		\$143,020,000	\$151,704,257	\$8,684,257	6%
B. Professional Services:					
1	Medical Care Administration	\$0	\$0	\$0	0%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$3,066,000	\$2,700,797	(\$365,203)	-12%
4	Medical Records	\$2,653,000	\$2,630,522	(\$22,478)	-1%
5	Social Service	\$2,581,000	\$2,417,960	(\$163,040)	-6%
6	Other Professional Services	\$0	\$0	\$0	0%
Total Professional Services		\$8,300,000	\$7,749,279	(\$550,721)	-7%
C. Special Services:					
1	Operating Room	\$22,297,000	\$22,204,008	(\$92,992)	0%
2	Recovery Room	\$1,485,000	\$1,432,159	(\$52,841)	-4%
3	Anesthesiology	\$2,168,000	\$2,403,919	\$235,919	11%
4	Delivery Room	\$3,969,000	\$3,873,868	(\$95,132)	-2%
5	Diagnostic Radiology	\$5,060,000	\$5,175,499	\$115,499	2%
6	Diagnostic Ultrasound	\$1,238,000	\$1,286,104	\$48,104	4%
7	Radiation Therapy	\$1,090,000	\$1,477,774	\$387,774	36%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
8	Radioisotopes	\$679,000	\$672,676	(\$6,324)	-1%
9	CT Scan	\$1,122,000	\$1,106,710	(\$15,290)	-1%
10	Laboratory	\$11,724,000	\$12,068,330	\$344,330	3%
11	Blood Storing/Processing	\$0	\$0	\$0	0%
12	Cardiology	\$11,496,000	\$9,527,659	(\$1,968,341)	-17%
13	Electrocardiology	\$1,432,000	\$1,407,814	(\$24,186)	-2%
14	Electroencephalography	\$118,000	\$119,217	\$1,217	1%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$3,099,000	\$2,654,465	(\$444,535)	-14%
19	Pulmonary Function	\$274,000	\$233,168	(\$40,832)	-15%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$1,541,000	\$1,482,524	(\$58,476)	-4%
23	Renal Dialysis	\$553,000	\$631,139	\$78,139	14%
24	Emergency Room	\$14,269,000	\$15,151,233	\$882,233	6%
25	MRI	\$0	\$0	\$0	0%
26	PET Scan	\$293,000	\$216,842	(\$76,158)	-26%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$2,393,000	\$2,460,268	\$67,268	3%
29	Sleep Center	\$0	\$0	\$0	0%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$5,687,000	\$5,220,667	(\$466,333)	-8%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$0	\$0	\$0	0%
	Total Special Services	\$91,987,000	\$90,806,043	(\$1,180,957)	-1%
D.	Routine Services:				
1	Medical & Surgical Units	\$43,707,000	\$41,416,122	(\$2,290,878)	-5%
2	Intensive Care Unit	\$3,461,000	\$3,170,841	(\$290,159)	-8%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$1,713,000	\$1,776,814	\$63,814	4%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$0	\$0	\$0	0%
7	Newborn Nursery Unit	\$0	\$0	\$0	0%
8	Neonatal ICU	\$2,730,000	\$2,611,608	(\$118,392)	-4%
9	Rehabilitation Unit	\$2,101,000	\$2,588,256	\$487,256	23%
10	Ambulatory Surgery	\$8,394,000	\$8,175,815	(\$218,185)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$2,512,000	\$2,053,423	(\$458,577)	-18%
13	Other Routine Services	\$1,559,000	\$4,267,770	\$2,708,770	174%
	Total Routine Services	\$66,177,000	\$66,060,649	(\$116,351)	0%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$24,025,000	\$34,734,772	\$10,709,772	45%
	Total Operating Expenses - All Departments*	\$333,509,000	\$351,055,000	\$17,546,000	5%

*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$297,562,000	\$ 326,474,000	\$349,484,000
2	Other Operating Revenue	8,904,000	11,032,000	6,311,000
3	Total Operating Revenue	\$306,466,000	\$337,506,000	\$355,795,000
4	Total Operating Expenses	303,901,000	333,509,000	351,055,000
5	Income/(Loss) From Operations	\$2,565,000	\$3,997,000	\$4,740,000
6	Total Non-Operating Revenue	5,154,000	(5,238,000)	(3,150,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,719,000	(\$1,241,000)	\$1,590,000
B. Profitability Summary				
1	Hospital Operating Margin	0.82%	1.20%	1.34%
2	Hospital Non Operating Margin	1.65%	-1.58%	-0.89%
3	Hospital Total Margin	2.48%	-0.37%	0.45%
4	Income/(Loss) From Operations	\$2,565,000	\$3,997,000	\$4,740,000
5	Total Operating Revenue	\$306,466,000	\$337,506,000	\$355,795,000
6	Total Non-Operating Revenue	\$5,154,000	(\$5,238,000)	(\$3,150,000)
7	Total Revenue	\$311,620,000	\$332,268,000	\$352,645,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,719,000	(\$1,241,000)	\$1,590,000
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$101,094,000	\$108,789,000	\$49,998,000
2	Hospital Total Net Assets	\$147,184,000	\$148,597,000	\$88,852,000
3	Hospital Change in Total Net Assets	\$147,184,000	\$1,413,000	(\$59,745,000)
4	Hospital Change in Total Net Assets %	0.0%	1.0%	-40.2%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.32	0.32	0.32
2	Total Operating Expenses	\$297,609,099	\$333,443,334	\$351,055,000
3	Total Gross Revenue	\$927,224,457	\$1,040,100,488	\$1,105,534,503
4	Total Other Operating Revenue	\$5,387,188	\$7,318,660	\$6,491,465
5	Private Payment to Cost Ratio	1.24	1.17	1.22
6	Total Non-Government Payments	\$123,062,761	\$133,313,695	\$140,527,189

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
7	Total Uninsured Payments	\$1,919,143	\$4,002,244	\$2,775,269
8	Total Non-Government Charges	\$344,148,169	\$388,780,108	\$402,183,381
9	Total Uninsured Charges	\$37,971,485	\$41,993,478	\$44,664,021
10	<u>Medicare Payment to Cost Ratio</u>	1.06	1.04	1.02
11	Total Medicare Payments	\$125,099,381	\$135,279,861	\$136,815,629
12	Total Medicare Charges	\$369,912,719	\$409,694,810	\$423,451,590
13	<u>Medicaid Payment to Cost Ratio</u>	0.71	0.81	0.77
14	Total Medicaid Payments	\$39,794,965	\$51,526,264	\$55,860,939
15	Total Medicaid Charges	\$174,626,829	\$201,003,734	\$228,848,426
16	<u>Uncompensated Care Cost</u>	\$11,959,917	\$14,002,199	\$15,245,620
17	Charity Care	\$10,897,000	\$11,818,000	\$15,999,852
18	Bad Debts	\$26,581,552	\$32,166,000	\$32,293,223
19	Total Uncompensated Care	\$37,478,552	\$43,984,000	\$48,293,075
20	<u>Uncompensated Care % of Total Expenses</u>	4.0%	4.2%	4.3%
21	Total Operating Expenses	\$297,609,099	\$333,443,334	\$351,055,000
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	1.47	1.48	1.63
2	Total Current Assets	\$69,287,000	\$72,024,000	\$75,720,000
3	Total Current Liabilities	\$47,151,000	\$48,539,000	\$46,458,000
4	<u>Days Cash on Hand</u>	38	27	36
5	Cash and Cash Equivalents	\$29,922,000	\$23,495,000	\$32,972,000
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$29,922,000	\$23,495,000	\$32,972,000
8	Total Operating Expenses	\$303,901,000	\$333,509,000	\$351,055,000
9	Depreciation Expense	\$14,166,000	\$17,159,000	\$18,962,000
10	Operating Expenses less Depreciation Expense	\$289,735,000	\$316,350,000	\$332,093,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	36.99	43.15	36.15

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
12	Net Patient Accounts Receivable	\$ 30,110,000	\$ 34,402,000	\$ 33,101,000
13	Due From Third Party Payers	\$45,000	\$4,197,000	\$1,517,000
14	Due To Third Party Payers	\$0	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 30,155,000	\$ 38,599,000	\$ 34,618,000
16	Total Net Patient Revenue	\$297,562,000	\$ 326,474,000	\$ 349,484,000
17	Average Payment Period	59.40	56.00	51.06
18	Total Current Liabilities	\$47,151,000	\$48,539,000	\$46,458,000
19	Total Operating Expenses	\$303,901,000	\$333,509,000	\$351,055,000
20	Depreciation Expense	\$14,166,000	\$17,159,000	\$18,962,000
21	Total Operating Expenses less Depreciation Expense	\$289,735,000	\$316,350,000	\$332,093,000
F. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	51.5	51.5	32.0
2	Total Net Assets	\$147,184,000	\$148,597,000	\$88,852,000
3	Total Assets	\$285,764,000	\$288,482,000	\$277,845,000
4	<u>Cash Flow to Total Debt Ratio</u>	21.3	15.7	21.3
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,719,000	(\$1,241,000)	\$1,590,000
6	Depreciation Expense	\$14,166,000	\$17,159,000	\$18,962,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$21,885,000	\$15,918,000	\$20,552,000
8	Total Current Liabilities	\$47,151,000	\$48,539,000	\$46,458,000
9	Total Long Term Debt	\$55,670,000	\$52,875,000	\$50,090,000
10	Total Current Liabilities and Total Long Term Debt	\$102,821,000	\$101,414,000	\$96,548,000
11	<u>Long Term Debt to Capitalization Ratio</u>	27.4	26.2	36.1
12	Total Long Term Debt	\$55,670,000	\$52,875,000	\$50,090,000
13	Total Net Assets	\$147,184,000	\$148,597,000	\$88,852,000
14	Total Long Term Debt and Total Net Assets	\$202,854,000	\$201,472,000	\$138,942,000
15	<u>Debt Service Coverage Ratio</u>	7.2	5.6	4.0
16	Excess Revenues over Expenses	\$7,719,000	(\$1,241,000)	\$1,590,000
17	Interest Expense	\$3,534,000	\$3,483,000	\$3,200,000
18	Depreciation and Amortization Expense	\$14,166,000	\$17,159,000	\$18,962,000

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
19	Principal Payments	\$0	\$0	\$2,795,000
G. Other Financial Ratios				
20	<u>Average Age of Plant</u>	16.0	14.1	13.7
21	Accumulated Depreciation	\$227,305,000	\$242,387,000	\$260,098,000
22	Depreciation and Amortization Expense	\$14,166,000	\$17,159,000	\$18,962,000
H. Utilization Measures Summary				
1	Patient Days	104,291	106,845	103,601
2	Discharges	19,675	20,022	19,808
3	ALOS	5.3	5.3	5.2
4	Staffed Beds	335	302	288
5	Available Beds	-	-	377
6	Licensed Beds	425	389	425
6	Occupancy of Staffed Beds	85.3%	96.9%	98.6%
7	Occupancy of Available Beds	67.2%	75.3%	75.3%
8	Full Time Equivalent Employees	2,007.8	2,079.8	2,039.5
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	33.0%	33.3%	32.3%
2	Medicare Gross Revenue Payer Mix Percentage	39.9%	39.4%	38.3%
3	Medicaid Gross Revenue Payer Mix Percentage	18.8%	19.3%	20.7%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.0%	3.8%	4.5%
5	Uninsured Gross Revenue Payer Mix Percentage	4.1%	4.0%	4.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.2%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$306,176,684	\$346,786,630	\$357,519,360
9	Medicare Gross Revenue (Charges)	\$369,912,719	\$409,694,810	\$423,451,590
10	Medicaid Gross Revenue (Charges)	\$174,626,829	\$201,003,734	\$228,848,426
11	Other Medical Assistance Gross Revenue (Charges)	\$37,490,876	\$39,353,059	\$49,358,338
12	Uninsured Gross Revenue (Charges)	\$37,971,485	\$41,993,478	\$44,664,021
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,045,864	\$1,268,777	\$1,692,768
14	Total Gross Revenue (Charges)	\$927,224,457	\$1,040,100,488	\$1,105,534,503
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	41.2%	39.7%	40.5%

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
2	Medicare Net Revenue Payer Mix Percentage	42.6%	41.5%	40.2%
3	Medicaid Net Revenue Payer Mix Percentage	13.5%	15.8%	16.4%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.9%	1.6%	1.8%
5	Uninsured Net Revenue Payer Mix Percentage	0.7%	1.2%	0.8%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$121,143,618	\$129,311,451	\$137,751,920
9	Medicare Net Revenue (Payments)	\$125,099,381	\$135,279,861	\$136,815,629
10	Medicaid Net Revenue (Payments)	\$39,794,965	\$51,526,264	\$55,860,939
11	Other Medical Assistance Net Revenue (Payments)	\$5,491,774	\$5,215,164	\$6,240,889
12	Uninsured Net Revenue (Payments)	\$1,919,143	\$4,002,244	\$2,775,269
13	CHAMPUS / TRICARE Net Revenue Payments)	\$374,931	\$312,638	\$478,723
14	Total Net Revenue (Payments)	\$293,823,812	\$325,647,622	\$339,923,369
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	7,449	7,478	7,016
2	Medicare	7,016	7,096	7,107
3	Medical Assistance	5,179	5,415	5,662
4	Medicaid	4,577	4,759	4,962
5	Other Medical Assistance	602	656	700
6	CHAMPUS / TRICARE	31	33	23
7	Uninsured (Included In Non-Government)	448	375	398
8	Total	19,675	20,022	19,808
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.120720	1.169770	1.137170
2	Medicare	1.630640	1.612240	1.642520
3	Medical Assistance	0.942605	0.956343	0.955779
4	Medicaid	0.889940	0.928290	0.961570
5	Other Medical Assistance	1.343020	1.159860	0.914730
6	CHAMPUS / TRICARE	1.165260	1.116410	1.427960
7	Uninsured (Included In Non-Government)	1.284870	1.274330	1.215740
8	Total Case Mix Index	1.255740	1.268776	1.266974
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	9,556	10,058	10,610
2	Emergency Room - Treated and Discharged	57,987	56,580	66,812
3	Total Emergency Room Visits	67,543	66,638	77,422

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$1,556,693	\$1,179,026	(\$377,667)	-24%
2	Inpatient Payments	\$439,097	\$383,760	(\$55,337)	-13%
3	Outpatient Charges	\$439,056	\$468,345	\$29,289	7%
4	Outpatient Payments	\$151,930	\$162,218	\$10,288	7%
5	Discharges	33	30	(3)	-9%
6	Patient Days	238	200	(38)	-16%
7	Outpatient Visits (Excludes ED Visits)	79	84	5	6%
8	Emergency Department Outpatient Visits	26	21	(5)	-19%
9	Emergency Department Inpatient Admissions	21	21	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,995,749	\$1,647,371	(\$348,378)	-17%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$591,027	\$545,978	(\$45,049)	-8%
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	\$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%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$79,035,635	\$80,362,530	\$1,326,895	2%
2	Inpatient Payments	\$24,562,343	\$25,612,838	\$1,050,495	4%
3	Outpatient Charges	\$21,243,482	\$23,371,878	\$2,128,396	10%
4	Outpatient Payments	\$4,656,020	\$5,973,009	\$1,316,989	28%
5	Discharges	1,766	1,714	(52)	-3%
6	Patient Days	11,708	12,283	575	5%
7	Outpatient Visits (Excludes ED Visits)	4,838	5,099	261	5%
8	Emergency Department Outpatient Visits	1,138	1,180	42	4%
9	Emergency Department Inpatient Admissions	1,232	1,238	6	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$100,279,117	\$103,734,408	\$3,455,291	3%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$29,218,363	\$31,585,847	\$2,367,484	8%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$6,006,003	\$10,961,295	\$4,955,292	83%
2	Inpatient Payments	\$1,845,085	\$3,529,537	\$1,684,452	91%
3	Outpatient Charges	\$1,327,649	\$4,452,037	\$3,124,388	235%
4	Outpatient Payments	\$477,119	\$1,116,167	\$639,048	134%
5	Discharges	83	235	152	183%
6	Patient Days	979	1,585	606	62%
7	Outpatient Visits (Excludes ED Visits)	322	995	673	209%
8	Emergency Department Outpatient Visits	123	328	205	167%
9	Emergency Department Inpatient Admissions	63	169	106	168%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,333,652	\$15,413,332	\$8,079,680	110%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,322,204	\$4,645,704	\$2,323,500	100%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$16,602	\$16,602	0%
2	Inpatient Payments	\$0	\$8,636	\$8,636	0%
3	Outpatient Charges	\$22,296	\$36,335	\$14,039	63%
4	Outpatient Payments	\$7,176	\$12,888	\$5,712	80%
5	Discharges	0	1	1	0%
6	Patient Days	0	1	1	0%
7	Outpatient Visits (Excludes ED Visits)	5	8	3	60%
8	Emergency Department Outpatient Visits	0	2	2	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$22,296	\$52,937	\$30,641	137%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,176	\$21,524	\$14,348	200%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$4,804,912	\$5,827,817	\$1,022,905	21%
2	Inpatient Payments	\$1,369,622	\$1,723,811	\$354,189	26%
3	Outpatient Charges	\$2,706,937	\$3,267,407	\$560,470	21%
4	Outpatient Payments	\$852,463	\$715,573	(\$136,890)	-16%
5	Discharges	126	151	25	20%
6	Patient Days	757	860	103	14%
7	Outpatient Visits (Excludes ED Visits)	1,008	1,191	183	18%
8	Emergency Department Outpatient Visits	282	382	100	35%
9	Emergency Department Inpatient Admissions	108	123	15	14%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,511,849	\$9,095,224	\$1,583,375	21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,222,085	\$2,439,384	\$217,299	10%
I. AETNA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 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	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$91,403,243	\$98,347,270	\$6,944,027	8%
	TOTAL INPATIENT PAYMENTS	\$28,216,147	\$31,258,582	\$3,042,435	11%
	TOTAL OUTPATIENT CHARGES	\$25,739,420	\$31,596,002	\$5,856,582	23%
	TOTAL OUTPATIENT PAYMENTS	\$6,144,708	\$7,979,855	\$1,835,147	30%
	TOTAL DISCHARGES	2,008	2,131	123	6%
	TOTAL PATIENT DAYS	13,682	14,929	1,247	9%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	6,252	7,377	1,125	18%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,569	1,913	344	22%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	1,424	1,551	127	9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$117,142,663	\$129,943,272	\$12,800,609	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$34,360,855	\$39,238,437	\$4,877,582	14%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1 Inpatient Charges	\$13,419,235	\$4,084,707	(\$9,334,528)	-70%	
2 Inpatient Payments	\$3,298,108	\$988,180	(\$2,309,928)	-70%	
3 Outpatient Charges	\$13,862,256	\$5,545,166	(\$8,317,090)	-60%	
4 Outpatient Payments	\$2,930,778	\$1,304,410	(\$1,626,368)	-55%	
5 Discharges	704	242	(462)	-66%	
6 Patient Days	2,518	724	(1,794)	-71%	
7 Outpatient Visits (Excludes ED Visits)	6,319	2,175	(4,144)	-66%	
8 Emergency Department Outpatient Visits	3,863	1,720	(2,143)	-55%	
9 Emergency Department Inpatient Admissions	192	71	(121)	-63%	
TOTAL INPATIENT & OUTPATIENT CHARGES	\$27,281,491	\$9,629,873	(\$17,651,618)	-65%	
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,228,886	\$2,292,590	(\$3,936,296)	-63%	
B. COMMUNITY HEALTH NETWORK OF CT					
1 Inpatient Charges	\$12,420,961	\$30,373,454	\$17,952,493	145%	
2 Inpatient Payments	\$3,185,424	\$7,460,545	\$4,275,121	134%	
3 Outpatient Charges	\$18,844,228	\$40,377,210	\$21,532,982	114%	
4 Outpatient Payments	\$4,369,116	\$9,098,203	\$4,729,087	108%	
5 Discharges	803	1,464	661	82%	
6 Patient Days	2,485	5,123	2,638	106%	
7 Outpatient Visits (Excludes ED Visits)	8,239	15,430	7,191	87%	
8 Emergency Department Outpatient Visits	5,692	12,666	6,974	123%	
9 Emergency Department Inpatient Admissions	233	516	283	121%	
TOTAL INPATIENT & OUTPATIENT CHARGES	\$31,265,189	\$70,750,664	\$39,485,475	126%	
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,554,540	\$16,558,748	\$9,004,208	119%	
C. HEALTHNET OF THE NORTHEAST, INC.					
1 Inpatient Charges	\$9,564,094	\$6,899,887	(\$2,664,207)	-28%	
2 Inpatient Payments	\$2,136,406	\$1,692,787	(\$443,619)	-21%	
3 Outpatient Charges	\$10,519,246	\$6,974,029	(\$3,545,217)	-34%	
4 Outpatient Payments	\$2,327,188	\$1,561,159	(\$766,029)	-33%	
5 Discharges	564	369	(195)	-35%	
6 Patient Days	1,941	1,187	(754)	-39%	
7 Outpatient Visits (Excludes ED Visits)	4,564	3,132	(1,432)	-31%	
8 Emergency Department Outpatient Visits	3,055	2,066	(989)	-32%	
9 Emergency Department Inpatient Admissions	146	104	(42)	-29%	
TOTAL INPATIENT & OUTPATIENT CHARGES	\$20,083,340	\$13,873,916	(\$6,209,424)	-31%	
TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,463,594	\$3,253,946	(\$1,209,648)	-27%	

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$2,354	\$2,354	0%
4	Outpatient Payments	\$0	\$430	\$430	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	2	2	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$2,354	\$2,354	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$430	\$430	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$4,080,549	\$0	(\$4,080,549)	-100%
2	Inpatient Payments	\$763,388	\$0	(\$763,388)	-100%
3	Outpatient Charges	\$5,954,942	\$0	(\$5,954,942)	-100%
4	Outpatient Payments	\$1,304,716	\$0	(\$1,304,716)	-100%
5	Discharges	284	0	(284)	-100%
6	Patient Days	819	0	(819)	-100%
7	Outpatient Visits (Excludes ED Visits)	3,429	0	(3,429)	-100%
8	Emergency Department Outpatient Visits	1,969	0	(1,969)	-100%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	80	0	(80)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,035,491	\$0	(\$10,035,491)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,068,104	\$0	(\$2,068,104)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$4,092	\$4,092	0%
4	Outpatient Payments	\$0	\$2,930	\$2,930	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	3	3	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$4,092	\$4,092	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$2,930	\$2,930	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$10,701,522	\$10,701,522	0%
2	Inpatient Payments	\$0	\$2,567,518	\$2,567,518	0%
3	Outpatient Charges	\$0	\$11,506,342	\$11,506,342	0%
4	Outpatient Payments	\$0	\$2,535,901	\$2,535,901	0%
5	Discharges	0	485	485	0%
6	Patient Days	0	1,729	1,729	0%
7	Outpatient Visits (Excludes ED Visits)	0	4,672	4,672	0%
8	Emergency Department Outpatient Visits	0	3,079	3,079	0%
9	Emergency Department Inpatient Admissions	0	132	132	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$22,207,864	\$22,207,864	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$5,103,419	\$5,103,419	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$39,484,839	\$52,059,570	\$12,574,731	32%
	TOTAL INPATIENT PAYMENTS	\$9,383,326	\$12,709,030	\$3,325,704	35%
	TOTAL OUTPATIENT CHARGES	\$49,180,672	\$64,409,193	\$15,228,521	31%
	TOTAL OUTPATIENT PAYMENTS	\$10,931,798	\$14,503,033	\$3,571,235	33%
	TOTAL DISCHARGES	2,355	2,560	205	9%
	TOTAL PATIENT DAYS	7,763	8,763	1,000	13%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	22,551	25,412	2,861	13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	14,579	19,534	4,955	34%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	651	823	172	26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$88,665,511	\$116,468,763	\$27,803,252	31%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$20,315,124	\$27,212,063	\$6,896,939	34%

BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1) <u>LINE</u>	(2) <u>DESCRIPTION</u>	(3) <u>FY 2008</u> <u>ACTUAL</u>	(4) <u>FY 2009</u> <u>ACTUAL</u>	(5) <u>AMOUNT</u> <u>DIFFERENCE</u>	(6) <u>%</u> <u>DIFFERENCE</u>
I. ASSETS					
A. Current Assets:					
1 Cash and Cash Equivalents		\$29,605,000	\$35,088,000	\$5,483,000	19%
2 Short Term Investments		\$0	\$0	\$0	0%
3 Accounts Receivable (Less: Allowance for Doubtful Accounts)		\$36,168,000	\$34,835,000	(\$1,333,000)	-4%
4 Current Assets Whose Use is Limited for Current Liabilities		\$0	\$0	\$0	0%
5 Due From Affiliates		\$0	\$0	\$0	0%
6 Due From Third Party Payers		\$0	\$0	\$0	0%
7 Inventories of Supplies		\$4,075,000	\$3,286,000	(\$789,000)	-19%
8 Prepaid Expenses		\$2,027,000	\$1,796,000	(\$231,000)	-11%
9 Other Current Assets		\$7,973,000	\$4,761,000	(\$3,212,000)	-40%
Total Current Assets		\$79,848,000	\$79,766,000	(\$82,000)	0%
B. Noncurrent Assets Whose Use is Limited:					
1 Held by Trustee		\$2,134,000	\$580,000	(\$1,554,000)	-73%
2 Board Designated for Capital Acquisition		\$0	\$0	\$0	0%
3 Funds Held in Escrow		\$5,899,000	\$5,845,000	(\$54,000)	-1%
4 Other Noncurrent Assets Whose Use is Limited		\$0	\$0	\$0	0%
Total Noncurrent Assets Whose Use is Limited:		\$8,033,000	\$6,425,000	(\$1,608,000)	-20%
5 Interest in Net Assets of Foundation		\$0	\$0	\$0	0%
6 Long Term Investments		\$67,829,000	\$67,769,000	(\$60,000)	0%
7 Other Noncurrent Assets		\$14,169,000	\$9,337,000	(\$4,832,000)	-34%
C. Net Fixed Assets:					
1 Property, Plant and Equipment		\$346,765,000	\$370,563,000	\$23,798,000	7%
2 Less: Accumulated Depreciation		\$243,520,000	\$261,403,000	\$17,883,000	\$0
Property, Plant and Equipment, Net		\$103,245,000	\$109,160,000	\$5,915,000	6%
3 Construction in Progress		\$22,622,000	\$12,497,000	(\$10,125,000)	-45%
Total Net Fixed Assets		\$125,867,000	\$121,657,000	(\$4,210,000)	-3%
Total Assets		\$295,746,000	\$284,954,000	(\$10,792,000)	-4%

BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1) <u>LINE</u>	(2) <u>DESCRIPTION</u>	(3) FY 2008 <u>ACTUAL</u>	(4) FY 2009 <u>ACTUAL</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
II.	<u>LIABILITIES AND NET ASSETS</u>				
A.	<u>Current Liabilities:</u>				
1	Accounts Payable and Accrued Expenses	\$48,851,000	\$46,318,000	(\$2,533,000)	-5%
2	Salaries, Wages and Payroll Taxes	\$0	\$0	\$0	0%
3	Due To Third Party Payers	\$0	\$0	\$0	0%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$2,795,000	\$2,785,000	(\$10,000)	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$0	\$0	\$0	0%
	Total Current Liabilities	\$51,646,000	\$49,103,000	(\$2,543,000)	-5%
B.	<u>Long Term Debt:</u>				
1	Bonds Payable (Net of Current Portion)	\$52,875,000	\$50,090,000	(\$2,785,000)	-5%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$52,875,000	\$50,090,000	(\$2,785,000)	-5%
3	Accrued Pension Liability	\$0	\$54,221,000	\$54,221,000	0%
4	Other Long Term Liabilities	\$41,314,000	\$44,849,000	\$3,535,000	9%
	Total Long Term Liabilities	\$94,189,000	\$149,160,000	\$54,971,000	58%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C.	<u>Net Assets:</u>				
1	Unrestricted Net Assets or Equity	\$110,103,000	\$47,837,000	(\$62,266,000)	-57%
2	Temporarily Restricted Net Assets	\$29,127,000	\$26,622,000	(\$2,505,000)	-9%
3	Permanently Restricted Net Assets	\$10,681,000	\$12,232,000	\$1,551,000	15%
	Total Net Assets	\$149,911,000	\$86,691,000	(\$63,220,000)	-42%
	Total Liabilities and Net Assets	\$295,746,000	\$284,954,000	(\$10,792,000)	-4%

BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3) FY 2008	(4) FY 2009	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$1,084,041,000	\$1,155,983,000	\$71,942,000	7%
2	Less: Allowances	\$691,325,000	\$740,508,000	\$49,183,000	7%
3	Less: Charity Care	\$39,618,000	\$35,961,000	(\$3,657,000)	-9%
4	Less: Other Deductions	\$8,141,000	\$8,234,000	\$93,000	1%
	Total Net Patient Revenue	\$344,957,000	\$371,280,000	\$26,323,000	8%
5	Other Operating Revenue	\$9,133,000	\$5,322,000	(\$3,811,000)	-42%
6	Net Assets Released from Restrictions	\$4,542,000	\$4,386,000	(\$156,000)	-3%
	Total Operating Revenue	\$358,632,000	\$380,988,000	\$22,356,000	6%
B. Operating Expenses:					
1	Salaries and Wages	\$148,790,000	\$152,260,000	\$3,470,000	2%
2	Fringe Benefits	\$39,649,000	\$43,009,000	\$3,360,000	8%
3	Physicians Fees	\$3,904,000	\$4,105,000	\$201,000	5%
4	Supplies and Drugs	\$135,097,000	\$141,023,000	\$5,926,000	4%
5	Depreciation and Amortization	\$17,338,000	\$19,468,000	\$2,130,000	12%
6	Bad Debts	\$6,818,000	\$14,535,000	\$7,717,000	113%
7	Interest	\$3,483,000	\$3,200,000	(\$283,000)	-8%
8	Malpractice	\$0	\$0	\$0	0%
9	Other Operating Expenses	\$0	\$0	\$0	0%
	Total Operating Expenses	\$355,079,000	\$377,600,000	\$22,521,000	6%
	Income/(Loss) From Operations	\$3,553,000	\$3,388,000	(\$165,000)	-5%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$0	\$0	0%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$5,514,000)	(\$3,545,000)	\$1,969,000	-36%
	Total Non-Operating Revenue	(\$5,514,000)	(\$3,545,000)	\$1,969,000	-36%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	(\$1,961,000)	(\$157,000)	\$1,804,000	-92%
	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	(\$1,961,000)	(\$157,000)	\$1,804,000	-92%

BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	<u>DESCRIPTION</u>	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$312,970,000	\$344,957,000	\$371,280,000
2	Other Operating Revenue	11,552,000	13,675,000	9,708,000
3	Total Operating Revenue	\$324,522,000	\$358,632,000	\$380,988,000
4	Total Operating Expenses	322,180,000	355,079,000	377,600,000
5	Income/(Loss) From Operations	\$2,342,000	\$3,553,000	\$3,388,000
6	Total Non-Operating Revenue	5,178,000	(5,514,000)	(3,545,000)
7	Excess/(Deficiency) of Revenue Over Expenses	\$7,520,000	(\$1,961,000)	(\$157,000)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.71%	1.01%	0.90%
2	Parent Corporation Non-Operating Margin	1.57%	-1.56%	-0.94%
3	Parent Corporation Total Margin	2.28%	-0.56%	-0.04%
4	Income/(Loss) From Operations	\$2,342,000	\$3,553,000	\$3,388,000
5	Total Operating Revenue	\$324,522,000	\$358,632,000	\$380,988,000
6	Total Non-Operating Revenue	\$5,178,000	(\$5,514,000)	(\$3,545,000)
7	Total Revenue	\$329,700,000	\$353,118,000	\$377,443,000
8	Excess/(Deficiency) of Revenue Over Expenses	\$7,520,000	(\$1,961,000)	(\$157,000)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$102,787,000	\$110,103,000	\$47,837,000
2	Parent Corporation Total Net Assets	\$148,877,000	\$149,911,000	\$86,691,000
3	Parent Corporation Change in Total Net Assets	\$148,877,000	\$1,034,000	(\$63,220,000)
4	Parent Corporation Change in Total Net Assets %	0.0%	0.7%	-42.2%

BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.58	1.55	1.62
2	Total Current Assets	\$78,684,000	\$79,848,000	\$79,766,000
3	Total Current Liabilities	\$49,793,000	\$51,646,000	\$49,103,000
4	<u>Days Cash on Hand</u>	44	32	36
5	Cash and Cash Equivalents	\$37,401,000	\$29,605,000	\$35,088,000
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$37,401,000	\$29,605,000	\$35,088,000
8	Total Operating Expenses	\$322,180,000	\$355,079,000	\$377,600,000
9	Depreciation Expense	\$14,313,000	\$17,338,000	\$19,468,000
10	Operating Expenses less Depreciation Expense	\$307,867,000	\$337,741,000	\$358,132,000
11	<u>Days Revenue in Patient Accounts Receivable</u>	36	38	34
12	Net Patient Accounts Receivable	\$ 31,486,000	\$ 36,168,000	\$ 34,835,000
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$261,000	\$0	\$0
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 31,225,000	\$ 36,168,000	\$ 34,835,000
16	Total Net Patient Revenue	\$312,970,000	\$344,957,000	\$371,280,000
17	<u>Average Payment Period</u>	59	56	50
18	Total Current Liabilities	\$49,793,000	\$51,646,000	\$49,103,000
19	Total Operating Expenses	\$322,180,000	\$355,079,000	\$377,600,000
20	Depreciation Expense	\$14,313,000	\$17,338,000	\$19,468,000
21	Total Operating Expenses less Depreciation Expense	\$307,867,000	\$337,741,000	\$358,132,000

BRIDGEPORT HOSPITAL & HEALTHCARE SERVICES, INC.				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	50.7	50.7	30.4
2	Total Net Assets	\$148,877,000	\$149,911,000	\$86,691,000
3	Total Assets	\$293,525,000	\$295,746,000	\$284,954,000
4	<u>Cash Flow to Total Debt Ratio</u>	20.7	14.7	19.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$7,520,000	(\$1,961,000)	(\$157,000)
6	Depreciation Expense	\$14,313,000	\$17,338,000	\$19,468,000
7	Excess of Revenues Over Expenses and Depreciation Expense	\$21,833,000	\$15,377,000	\$19,311,000
8	Total Current Liabilities	\$49,793,000	\$51,646,000	\$49,103,000
9	Total Long Term Debt	\$55,670,000	\$52,875,000	\$50,090,000
10	Total Current Liabilities and Total Long Term Debt	\$105,463,000	\$104,521,000	\$99,193,000
11	<u>Long Term Debt to Capitalization Ratio</u>	27.2	26.1	36.6
12	Total Long Term Debt	\$55,670,000	\$52,875,000	\$50,090,000
13	Total Net Assets	\$148,877,000	\$149,911,000	\$86,691,000
14	Total Long Term Debt and Total Net Assets	\$204,547,000	\$202,786,000	\$136,781,000

BRIDGEPORT HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	64,218	176	199	100.0%	88.4%
2	ICU/CCU (Excludes Neonatal ICU)	7,949	22	36	99.0%	60.5%
3	Psychiatric: Ages 0 to 17	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,583	16	19	95.6%	80.5%
	TOTAL PSYCHIATRIC	5,583	16	19	95.6%	80.5%
5	Rehabilitation	5,357	15	19	97.8%	77.2%
6	Maternity	7,749	22	42	96.5%	50.5%
7	Newborn	5,420	15	24	99.0%	61.9%
8	Neonatal ICU	4,878	15	20	89.1%	66.8%
9	Pediatric	2,447	7	18	95.8%	37.2%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	98,181	273	353	98.5%	76.2%
	TOTAL INPATIENT BED UTILIZATION	103,601	288	377	98.6%	75.3%
	TOTAL INPATIENT REPORTED YEAR	103,601	288	377	98.6%	75.3%
	TOTAL INPATIENT PRIOR YEAR	106,845	302	389	96.9%	75.3%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-3,244	-14	-12	1.6%	0.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-3%	-5%	-3%	2%	0%
	Total Licensed Beds and Bassinets	425				
(A) This number may not exceed the number of available beds for each department or in total.						

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT	%
		<u>FY 2008</u>	<u>FY 2009</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
A. CT Scans (A)					
1	Inpatient Scans	11,207	11,136	-71	-1%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,121	2,292	171	8%
3	Emergency Department Scans	9,336	9,454	118	1%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	22,664	22,882	218	1%
B. MRI Scans (A)					
1	Inpatient Scans	1,321	1,089	-232	-18%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	244	212	-32	-13%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	1,565	1,301	-264	-17%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	0	0	0	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	177	138	-39	-22%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	177	138	-39	-22%
(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	485	421	-64	-13%
2	Outpatient Procedures	8,037	7,448	-589	-7%
	Total Linear Accelerator Procedures	8,522	7,869	-653	-8%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	817	629	-188	-23%
2	Outpatient Procedures	265	373	108	41%
	Total Cardiac Catheterization Procedures	1,082	1,002	-80	-7%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	221	200	-21	-10%
2	Elective Procedures	40	333	293	733%
	Total Cardiac Angioplasty Procedures	261	533	272	104%
H. Electrophysiology Studies					
1	Inpatient Studies	25	11	-14	-56%
2	Outpatient Studies	47	60	13	28%
	Total Electrophysiology Studies	72	71	-1	-1%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	4,539	4,520	-19	0%
2	Outpatient Surgical Procedures	7,232	7,430	198	3%
	Total Surgical Procedures	11,771	11,950	179	2%

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	1,394	1,208	-186	-13%
2	Outpatient Endoscopy Procedures	5,866	5,871	5	0%
	Total Endoscopy Procedures	7,260	7,079	-181	-2%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	10,058	10,610	552	5%
2	Emergency Room Visits: Treated and Discharged	56,580	66,812	10,232	18%
	Total Emergency Room Visits	66,638	77,422	10,784	16%
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	0	0	0	0%
4	Medical Clinic Visits	24,874	27,088	2,214	9%
5	Specialty Clinic Visits	9,088	7,932	-1,156	-13%
	Total Hospital Clinic Visits	33,962	35,020	1,058	3%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	38,145	39,375	1,230	3%
2	Cardiology	3,223	4,069	846	26%
3	Chemotherapy	819	734	-85	-10%
4	Gastroenterology	5,866	5,871	5	0%
5	Other Outpatient Visits	71,671	79,356	7,685	11%
	Total Other Hospital Outpatient Visits	119,724	129,405	9,681	8%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	557.2	566.6	9.4	2%
2	Total Physician FTEs	129.0	129.7	0.7	1%
3	Total Non-Nursing and Non-Physician FTEs	1,393.6	1,343.2	-50.4	-4%
	Total Hospital Full Time Equivalent Employees	2,079.8	2,039.5	-40.3	-2%

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$319,173,272	\$324,822,789	\$5,649,517	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$115,945,117	\$115,290,249	(\$654,868)	-1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	36.33%	35.49%	-0.83%	-2%
4	DISCHARGES	7,096	7,107	11	0%
5	CASE MIX INDEX (CMI)	1.61224	1.64252	0.03028	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	11,440,45504	11,673,38964	232,93460	2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,134.66	\$9,876.33	(\$258.33)	-3%
8	PATIENT DAYS	50,126	49,724	(402)	-1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,313.07	\$2,318.60	\$5.53	0%
10	AVERAGE LENGTH OF STAY	7.1	7.0	(0.1)	-1%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$90,521,538	\$98,628,801	\$8,107,263	9%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$19,334,744	\$21,525,380	\$2,190,636	11%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.36%	21.82%	0.47%	2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	28.36%	30.36%	2.00%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,012,51449	2,157,96093	145,44645	7%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$9,607.26	\$9,974.87	\$367.61	4%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$409,694,810	\$423,451,590	\$13,756,780	3%
18	TOTAL ACCRUED PAYMENTS	\$135,279,861	\$136,815,629	\$1,535,768	1%
19	TOTAL ALLOWANCES	\$274,414,949	\$286,635,961	\$12,221,012	4%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$214,611,262	\$205,433,168	(\$9,178,094)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$79,626,394	\$81,155,490	\$1,529,096	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	37.10%	39.50%	2.40%	6%
4	DISCHARGES	7,478	7,016	(462)	-6%
5	CASE MIX INDEX (CMI)	1.16977	1.13717	(0.03260)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	8,747.54006	7,978.38472	(769.15534)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,102.72	\$10,171.92	\$1,069.20	12%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,031.94	(\$295.59)	(\$1,327.53)	-129%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,026,946	(\$2,358,329)	(\$11,385,276)	-126%
10	PATIENT DAYS	29,819	27,131	(2,688)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,670.32	\$2,991.25	\$320.92	12%
12	AVERAGE LENGTH OF STAY	4.0	3.9	(0.1)	-3%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$174,168,846	\$196,750,213	\$22,581,367	13%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$53,687,301	\$59,371,699	\$5,684,398	11%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.82%	30.18%	-0.65%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	81.16%	95.77%	14.62%	18%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,068.80840	6,719.45776	650.64935	11%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$8,846.43	\$8,835.79	(\$10.64)	0%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$760.83	\$1,139.08	\$378.26	50%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,617,301	\$7,654,019	\$3,036,718	66%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$388,780,108	\$402,183,381	\$13,403,273	3%
22	TOTAL ACCRUED PAYMENTS	\$133,313,695	\$140,527,189	\$7,213,494	5%
23	TOTAL ALLOWANCES	\$255,466,413	\$261,656,192	\$6,189,779	2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,644,248	\$5,295,690	(\$8,348,558)	-61%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$331,733,199	\$340,205,958	\$8,472,759	3%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$121,113,486	\$137,366,697	\$16,253,211	13%
(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)					
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$210,619,713	\$202,839,261	(\$7,780,452)	-4%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	63.49%	59.62%	-3.87%	

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LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$14,399,365	\$13,809,812	(\$589,553)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,733,608	\$1,020,113	(\$1,713,495)	-63%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.98%	7.39%	-11.60%	-61%
4	DISCHARGES	375	398	23	6%
5	CASE MIX INDEX (CMI)	1.27433	1.21574	(0.05859)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	477,87375	483,86452	5,99077	1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,720.36	\$2,108.26	(\$3,612.09)	-63%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$3,382.36	\$8,063.66	\$4,681.30	138%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$4,414.30	\$7,768.07	\$3,353.76	76%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,109,480	\$3,758,693	\$1,649,213	78%
11	PATIENT DAYS	1,939	1,724	(215)	-11%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,409.80	\$591.71	(\$818.09)	-58%
13	AVERAGE LENGTH OF STAY	5.2	4.3	(0.8)	-16%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$27,594,113	\$30,854,209	\$3,260,096	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,268,636	\$1,755,156	\$486,520	38%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.60%	5.69%	1.09%	24%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	191.63%	223.42%	31.79%	179%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	718,62838	889,22103	170,59264	24%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,765.36	\$1,973.81	\$208.46	12%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,081.07	\$6,861.97	(\$219.10)	-3%
21	MEDICARE - UNINSURED OP PMT / OPED	\$7,841.90	\$8,001.06	\$159.16	2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,635,412	\$7,114,708	\$1,479,297	26%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$41,993,478	\$44,664,021	\$2,670,543	6%
24	TOTAL ACCRUED PAYMENTS	\$4,002,244	\$2,775,269	(\$1,226,975)	-31%
25	TOTAL ALLOWANCES	\$37,991,234	\$41,888,752	\$3,897,518	10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,744,891	\$10,873,401	\$3,128,510	40%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$119,211,551	\$129,054,841	\$9,843,290	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,232,383	\$33,865,096	\$632,713	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.88%	26.24%	-1.64%	-6%
4	DISCHARGES	4,759	4,962	203	4%
5	CASE MIX INDEX (CMI)	0.92829	0.96157	0.03328	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,417,73211	4,771,31034	353,57823	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,522.50	\$7,097.65	(\$424.85)	-6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,580.22	\$3,074.27	\$1,494.05	95%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,612.16	\$2,778.68	\$166.52	6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,539,828	\$13,257,940	\$1,718,112	15%
11	PATIENT DAYS	23,151	22,491	(660)	-3%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,435.46	\$1,505.72	\$70.26	5%
13	AVERAGE LENGTH OF STAY	4.9	4.5	(0.3)	-7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$81,792,183	\$99,793,585	\$18,001,402	22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,293,881	\$21,995,843	\$3,701,962	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.37%	22.04%	-0.32%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	68.61%	77.33%	8.72%	13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,265,19532	3,836,94068	571,74535	18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,602.69	\$5,732.65	\$129.96	2%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,243.74	\$3,103.14	(\$140.60)	-4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$4,004.57	\$4,242.22	\$237.65	6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,075,690	\$16,277,142	\$3,201,452	24%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$201,003,734	\$228,848,426	\$27,844,692	14%
24	TOTAL ACCRUED PAYMENTS	\$51,526,264	\$55,860,939	\$4,334,675	8%
25	TOTAL ALLOWANCES	\$149,477,470	\$172,987,487	\$23,510,017	16%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$24,615,518	\$29,535,082	\$4,919,564	20%

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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
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LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,437,449	\$25,590,134	\$5,152,685	25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,655,597	\$3,255,582	\$599,985	23%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	12.99%	12.72%	-0.27%	-2%
4	DISCHARGES	656	700	44	7%
5	CASE MIX INDEX (CMI)	1.15986	0.91473	(0.24513)	-21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	760.86816	640.31100	(120.55716)	-16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,490.22	\$5,084.38	\$1,594.16	46%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$5,612.50	\$5,087.54	(\$524.96)	-9%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,644.44	\$4,791.95	(\$1,852.49)	-28%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,055,543	\$3,068,341	(\$1,987,202)	-39%
11	PATIENT DAYS	3,629	4,094	465	13%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$731.77	\$795.21	\$63.44	9%
13	AVERAGE LENGTH OF STAY	5.5	5.8	0.3	6%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,915,610	\$23,768,204	\$4,852,594	26%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$2,559,567	\$2,985,307	\$425,740	17%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	13.53%	12.56%	-0.97%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	92.55%	92.88%	0.33%	0%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	607.15210	650.16239	43,01029	7%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,215.69	\$4,591.63	\$375.94	9%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,630.74	\$4,244.15	(\$386.58)	-8%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,391.56	\$5,383.24	(\$8.33)	0%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,273,499	\$3,499,978	\$226,479	7%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$39,353,059	\$49,358,338	\$10,005,279	25%
24	TOTAL ACCRUED PAYMENTS	\$5,215,164	\$6,240,889	\$1,025,725	20%
25	TOTAL ALLOWANCES	\$34,137,895	\$43,117,449	\$8,979,554	26%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$8,329,042	\$6,568,319	(\$1,760,723)	-21%

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LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$139,649,000	\$154,644,975	\$14,995,975	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$35,887,980	\$37,120,678	\$1,232,698	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.70%	24.00%	-1.69%	-7%
4	DISCHARGES	5,415	5,662	247	5%
5	CASE MIX INDEX (CMI)	0.95634	0.95578	(0.00056)	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,178,60027	5,411,62134	233,02107	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,930.05	\$6,859.44	(\$70.62)	-1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,172.66	\$3,312.48	\$1,139.82	52%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,204.61	\$3,016.89	(\$187.71)	-6%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,595,371	\$16,326,281	(\$269,090)	-2%
11	PATIENT DAYS	26,780	26,585	(195)	-1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,340.10	\$1,396.30	\$56.20	4%
13	AVERAGE LENGTH OF STAY	4.9	4.7	(0.3)	-5%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$100,707,793	\$123,561,789	\$22,853,996	23%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$20,853,448	\$24,981,150	\$4,127,702	20%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.71%	20.22%	-0.49%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	72.11%	79.90%	7.79%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,872,34743	4,487,10307	614,75564	16%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,385.22	\$5,567.32	\$182.10	3%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,461.21	\$3,268.46	(\$192.75)	-6%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$4,222.04	\$4,407.55	\$185.51	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$16,349,189	\$19,777,120	\$3,427,931	21%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$240,356,793	\$278,206,764	\$37,849,971	16%
24	TOTAL ACCRUED PAYMENTS	\$56,741,428	\$62,101,828	\$5,360,400	9%
25	TOTAL ALLOWANCES	\$183,615,365	\$216,104,936	\$32,489,571	18%

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LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$781,871	\$1,196,962	\$415,091	53%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$162,671	\$347,123	\$184,452	113%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.81%	29.00%	8.19%	39%
4	DISCHARGES	33	23	(10)	-30%
5	CASE MIX INDEX (CMI)	1.11641	1.42796	0.31155	28%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	36.84153	32.84308	(3.99845)	-11%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,415.42	\$10,569.14	\$6,153.71	139%
8	PATIENT DAYS	120	161	41	34%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,355.59	\$2,156.04	\$800.45	59%
10	AVERAGE LENGTH OF STAY	3.6	7.0	3.4	93%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$486,906	\$495,806	\$8,900	2%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$149,967	\$131,600	(\$18,367)	-12%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,268,777	\$1,692,768	\$423,991	33%
14	TOTAL ACCRUED PAYMENTS	\$312,638	\$478,723	\$166,085	53%
15	TOTAL ALLOWANCES	\$956,139	\$1,214,045	\$257,906	27%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$7,318,660	\$6,491,465	(\$827,195)	-11%
2	TOTAL OPERATING EXPENSES	\$333,443,334	\$351,055,000	\$17,611,666	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$3,452,370	\$3,383,714	(\$68,656)	-2%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$11,818,000	\$15,999,852	\$4,181,852	35%
5	BAD DEBTS (CHARGES)	\$32,166,000	\$32,293,223	\$127,223	0%
6	UNCOMPENSATED CARE (CHARGES)	\$43,984,000	\$48,293,075	\$4,309,075	10%
7	COST OF UNCOMPENSATED CARE	\$13,917,029	\$15,419,997	\$1,502,968	11%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$240,356,793	\$278,206,764	\$37,849,971	16%
9	TOTAL ACCRUED PAYMENTS	\$56,741,428	\$62,101,828	\$5,360,400	9%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$76,051,574	\$88,831,522	\$12,779,948	17%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,310,146	\$26,729,694	\$7,419,548	38%

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LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1 TOTAL INPATIENT CHARGES	\$674,215,405	\$686,097,894	\$11,882,489	2%	
2 TOTAL INPATIENT PAYMENTS	\$231,622,162	\$233,913,540	\$2,291,378	1%	
3 TOTAL INPATIENT PAYMENTS / CHARGES	34.35%	34.09%	-0.26%	-1%	
4 TOTAL DISCHARGES	20,022	19,808	(214)	-1%	
5 TOTAL CASE MIX INDEX	1.26878	1.26697	(0.00180)	0%	
6 TOTAL CASE MIX ADJUSTED DISCHARGES	25,403,43690	25,096,23878	(307.19812)	-1%	
7 TOTAL OUTPATIENT CHARGES	\$365,885,083	\$419,436,609	\$53,551,526	15%	
8 OUTPATIENT CHARGES / INPATIENT CHARGES	54.27%	61.13%	6.87%	13%	
9 TOTAL OUTPATIENT PAYMENTS	\$94,025,460	\$106,009,829	\$11,984,369	13%	
10 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.70%	25.27%	-0.42%	-2%	
11 TOTAL CHARGES	\$1,040,100,488	\$1,105,534,503	\$65,434,015	6%	
12 TOTAL PAYMENTS	\$325,647,622	\$339,923,369	\$14,275,747	4%	
13 TOTAL PAYMENTS / TOTAL CHARGES	31.31%	30.75%	-0.56%	-2%	
14 PATIENT DAYS	106,845	103,601	(3,244)	-3%	
B. TOTALS - ALL GOVERNMENT PAYERS					
1 INPATIENT CHARGES	\$459,604,143	\$480,664,726	\$21,060,583	5%	
2 INPATIENT PAYMENTS	\$151,995,768	\$152,758,050	\$762,282	1%	
3 GOVT. INPATIENT PAYMENTS / CHARGES	33.07%	31.78%	-1.29%	-4%	
4 DISCHARGES	12,544	12,792	248	2%	
5 CASE MIX INDEX	1.32780	1.33817	0.01037	1%	
6 CASE MIX ADJUSTED DISCHARGES	16,655,89684	17,117,85406	461,95722	3%	
7 OUTPATIENT CHARGES	\$191,716,237	\$222,686,396	\$30,970,159	16%	
8 OUTPATIENT CHARGES / INPATIENT CHARGES	41.71%	46.33%	4.62%	11%	
9 OUTPATIENT PAYMENTS	\$40,338,159	\$46,638,130	\$6,299,971	16%	
10 OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.04%	20.94%	-0.10%	0%	
11 TOTAL CHARGES	\$651,320,380	\$703,351,122	\$52,030,742	8%	
12 TOTAL PAYMENTS	\$192,333,927	\$199,396,180	\$7,062,253	4%	
13 TOTAL PAYMENTS / CHARGES	29.53%	28.35%	-1.18%	-4%	
14 PATIENT DAYS	77,026	76,470	(556)	-1%	
15 TOTAL GOVERNMENT DEDUCTIONS	\$458,986,453	\$503,954,942	\$44,968,489	10%	
C. AVERAGE LENGTH OF STAY					
1 MEDICARE	7.1	7.0	(0.1)	-1%	
2 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)	-3%	
3 UNINSURED	5.2	4.3	(0.8)	-16%	
4 MEDICAID	4.9	4.5	(0.3)	-7%	
5 OTHER MEDICAL ASSISTANCE	5.5	5.8	0.3	6%	
6 CHAMPUS / TRICARE	3.6	7.0	3.4	93%	
7 TOTAL AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)	-2%	

BRIDGEPORT HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$1,040,100,488	\$1,105,534,503	\$65,434,015	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$458,986,453	\$503,954,942	\$44,968,489	10%
3	UNCOMPENSATED CARE	\$43,984,000	\$48,293,075	\$4,309,075	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$210,619,713	\$202,839,261	(\$7,780,452)	-4%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$863,280	\$833,366	(\$29,914)	-3%
6	TOTAL ADJUSTMENTS	\$714,453,446	\$755,920,644	\$41,467,198	6%
7	TOTAL ACCRUED PAYMENTS	\$325,647,042	\$349,613,859	\$23,966,817	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$3,452,370	\$3,383,714	(\$68,656)	-2%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMTS.	\$329,099,412	\$352,997,573	\$23,898,161	7%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.3164111697	0.3193003674	0.0028891977	1%
11	COST OF UNCOMPENSATED CARE	\$13,917,029	\$15,419,997	\$1,502,968	11%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$19,310,146	\$26,729,694	\$7,419,548	38%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$33,227,175	\$42,149,691	\$8,922,516	27%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$13,075,690	\$16,277,142	\$3,201,452	24%
2	OTHER MEDICAL ASSISTANCE	\$8,329,042	\$6,568,319	(\$1,760,723)	-21%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,744,891	\$10,873,401	\$3,128,510	40%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,149,623	\$33,718,862	\$4,569,239	16%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,264,494	\$1,218,589	(\$45,905)	-3.63%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$561,008	\$6,176,917	\$5,615,909	1001.04%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$329,661,000	\$349,484,000	\$19,823,000	6.01%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$1,040,100,000	\$1,105,535,000	\$65,435,000	6.29%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$370	\$0	(\$370)	-100.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$43,984,000	\$48,293,075	\$4,309,075	9.80%

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$214,611,262	\$205,433,168	(\$9,178,094)	
2 MEDICARE	\$319,173,272	324,822,789	\$5,649,517	
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$139,649,000	154,644,975	\$14,995,975	
4 MEDICAID	\$119,211,551	129,054,841	\$9,843,290	
5 OTHER MEDICAL ASSISTANCE	\$20,437,449	25,590,134	\$5,152,685	
6 CHAMPUS / TRICARE	\$781,871	1,196,962	\$415,091	
7 UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$14,399,365	13,809,812	(\$589,553)	
TOTAL INPATIENT GOVERNMENT CHARGES	\$459,604,143	\$480,664,726	\$21,060,583	
TOTAL INPATIENT CHARGES	\$674,215,405	\$686,097,894	\$11,882,489	
B. OUTPATIENT ACCRUED CHARGES				
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$174,168,846	\$196,750,213	\$22,581,367	
2 MEDICARE	\$90,521,538	98,628,801	\$8,107,263	
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$100,707,793	123,561,789	\$22,853,996	
4 MEDICAID	\$81,792,183	99,793,585	\$18,001,402	
5 OTHER MEDICAL ASSISTANCE	\$18,915,610	23,768,204	\$4,852,594	
6 CHAMPUS / TRICARE	\$486,906	495,806	\$9,900	
7 UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$27,594,113	30,854,209	\$3,260,096	
TOTAL OUTPATIENT GOVERNMENT CHARGES	\$191,716,237	\$222,686,396	\$30,970,159	
TOTAL OUTPATIENT CHARGES	\$365,885,083	\$419,436,609	\$53,551,526	
C. TOTAL ACCRUED CHARGES				
1 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$388,780,108	\$402,183,381	\$13,403,273	
2 TOTAL MEDICARE	\$409,694,810	\$423,451,590	\$13,756,780	
3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$240,356,793	\$278,206,764	\$37,849,971	
4 TOTAL MEDICAID	\$201,003,734	\$228,848,426	\$27,844,692	
5 TOTAL OTHER MEDICAL ASSISTANCE	\$39,353,059	\$49,358,338	\$10,005,279	
6 TOTAL CHAMPUS / TRICARE	\$1,268,777	\$1,692,768	\$423,991	
7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$41,993,478	\$44,664,021	\$2,670,543	
TOTAL GOVERNMENT CHARGES	\$651,320,380	\$703,351,122	\$52,030,742	
TOTAL CHARGES	\$1,040,100,488	\$1,105,534,503	\$65,434,015	
D. INPATIENT ACCRUED PAYMENTS				
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$79,626,394	\$81,155,490	\$1,529,096	
2 MEDICARE	\$115,945,117	115,290,249	(\$654,868)	
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$35,887,980	37,120,678	\$1,232,698	
4 MEDICAID	\$33,232,383	33,865,096	\$632,713	
5 OTHER MEDICAL ASSISTANCE	\$2,655,597	3,255,582	\$599,985	
6 CHAMPUS / TRICARE	\$162,671	347,123	\$184,452	
7 UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,733,608	1,020,113	(\$1,713,495)	
TOTAL INPATIENT GOVERNMENT PAYMENTS	\$151,995,768	\$152,758,050	\$762,282	
TOTAL INPATIENT PAYMENTS	\$231,622,162	\$233,913,540	\$2,291,378	
E. OUTPATIENT ACCRUED PAYMENTS				
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$53,687,301	\$59,371,699	\$5,684,398	
2 MEDICARE	\$19,334,744	21,525,380	\$2,190,636	
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,853,448	24,981,150	\$4,127,702	
4 MEDICAID	\$18,293,881	21,995,843	\$3,701,962	
5 OTHER MEDICAL ASSISTANCE	\$2,559,567	2,985,307	\$425,740	
6 CHAMPUS / TRICARE	\$149,967	131,600	(\$18,367)	
7 UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,268,636	1,755,156	\$486,520	
TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$40,338,159	\$46,638,130	\$6,299,971	
TOTAL OUTPATIENT PAYMENTS	\$94,025,460	\$106,009,829	\$11,984,369	
F. TOTAL ACCRUED PAYMENTS				
1 TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$133,313,695	\$140,527,189	\$7,213,494	
2 TOTAL MEDICARE	\$135,279,861	\$136,815,629	\$1,535,768	
3 TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$56,741,428	\$62,101,828	\$5,360,400	
4 TOTAL MEDICAID	\$51,526,264	\$55,860,939	\$4,334,675	
5 TOTAL OTHER MEDICAL ASSISTANCE	\$5,215,164	\$6,240,889	\$1,025,725	
6 TOTAL CHAMPUS / TRICARE	\$312,638	\$478,723	\$166,085	
7 TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,002,244	\$2,775,269	(\$1,226,975)	
TOTAL GOVERNMENT PAYMENTS	\$192,333,927	\$199,396,180	\$7,062,253	
TOTAL PAYMENTS	\$325,647,622	\$339,923,369	\$14,275,747	

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	20.63%	18.58%	-2.05%
2	MEDICARE	30.69%	29.38%	-1.31%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	13.43%	13.99%	0.56%
4	MEDICAID	11.46%	11.67%	0.21%
5	OTHER MEDICAL ASSISTANCE	1.96%	2.31%	0.35%
6	CHAMPUS / TRICARE	0.08%	0.11%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.38%	1.25%	-0.14%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	44.19%	43.48%	-0.71%
	TOTAL INPATIENT PAYER MIX	64.82%	62.06%	-2.76%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.75%	17.80%	1.05%
2	MEDICARE	8.70%	8.92%	0.22%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.68%	11.18%	1.49%
4	MEDICAID	7.86%	9.03%	1.16%
5	OTHER MEDICAL ASSISTANCE	1.82%	2.15%	0.33%
6	CHAMPUS / TRICARE	0.05%	0.04%	0.00%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.65%	2.79%	0.14%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	18.43%	20.14%	1.71%
	TOTAL OUTPATIENT PAYER MIX	35.18%	37.94%	2.76%
	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)	24.45%	23.87%	-0.58%
2	MEDICARE	35.60%	33.92%	-1.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.02%	10.92%	-0.10%
4	MEDICAID	10.21%	9.96%	-0.24%
5	OTHER MEDICAL ASSISTANCE	0.82%	0.96%	0.14%
6	CHAMPUS / TRICARE	0.05%	0.10%	0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.84%	0.30%	-0.54%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	46.67%	44.94%	-1.74%
	TOTAL INPATIENT PAYER MIX	71.13%	68.81%	-2.31%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	16.49%	17.47%	0.98%
2	MEDICARE	5.94%	6.33%	0.40%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.40%	7.35%	0.95%
4	MEDICAID	5.62%	6.47%	0.85%
5	OTHER MEDICAL ASSISTANCE	0.79%	0.88%	0.09%
6	CHAMPUS / TRICARE	0.05%	0.04%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.39%	0.52%	0.13%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	12.39%	13.72%	1.33%
	TOTAL OUTPATIENT PAYER MIX	28.87%	31.19%	2.31%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,478	7,016	(462)
2	MEDICARE	7,096	7,107	11
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,415	5,662	247
4	MEDICAID	4,759	4,962	203
5	OTHER MEDICAL ASSISTANCE	656	700	44
6	CHAMPUS / TRICARE	33	23	(10)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	375	398	23
	TOTAL GOVERNMENT DISCHARGES	12,544	12,792	248
	TOTAL DISCHARGES	20,022	19,808	(214)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	29,819	27,131	(2,688)
2	MEDICARE	50,126	49,724	(402)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26,780	26,585	(195)
4	MEDICAID	23,151	22,491	(660)
5	OTHER MEDICAL ASSISTANCE	3,629	4,094	465
6	CHAMPUS / TRICARE	120	161	41
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,939	1,724	(215)
	TOTAL GOVERNMENT PATIENT DAYS	77,026	76,470	(556)
	TOTAL PATIENT DAYS	106,845	103,601	(3,244)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4.0	3.9	(0.1)
2	MEDICARE	7.1	7.0	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.9	4.7	(0.3)
4	MEDICAID	4.9	4.5	(0.3)
5	OTHER MEDICAL ASSISTANCE	5.5	5.8	0.3
6	CHAMPUS / TRICARE	3.6	7.0	3.4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5.2	4.3	(0.8)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	6.1	6.0	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	5.3	5.2	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.16977	1.13717	(0.03260)
2	MEDICARE	1.61224	1.64252	0.03028
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.95634	0.95578	(0.00056)
4	MEDICAID	0.92829	0.96157	0.03328
5	OTHER MEDICAL ASSISTANCE	1.15986	0.91473	(0.24513)
6	CHAMPUS / TRICARE	1.11641	1.42796	0.31155
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.27433	1.21574	(0.05859)
	TOTAL GOVERNMENT CASE MIX INDEX	1.32780	1.33817	0.01037
	TOTAL CASE MIX INDEX	1.26878	1.26697	(0.00180)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$331,733,199	\$340,205,958	\$8,472,759
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$121,113,486	\$137,366,697	\$16,253,211
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$210,619,713	\$202,839,261	(\$7,780,452)
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	63.49%	59.62%	-3.87%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,264,494	\$1,218,589	(\$45,905)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$863,280	\$833,366	(\$29,914)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$3,452,370	\$3,383,714	(\$68,656)
8	CHARITY CARE	\$11,818,000	\$15,999,852	\$4,181,852
9	BAD DEBTS	\$32,166,000	\$32,293,223	\$127,223
10	TOTAL UNCOMPENSATED CARE	\$43,984,000	\$48,293,075	\$4,309,075
11	TOTAL OTHER OPERATING REVENUE	\$331,733,199	\$340,205,958	\$8,472,759
12	TOTAL OPERATING EXPENSES	\$333,443,334	\$351,055,000	\$17,611,666

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2008</u>	ACTUAL <u>FY 2009</u>	AMOUNT <u>DIFFERENCE</u>

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8,747.54006	7,978.38472	(769.15534)
2	MEDICARE	11,440.45504	11,673.38964	232.93460
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,178.60027	5,411.62134	233.02107
4	MEDICAID	4,417.73211	4,771.31034	353.57823
5	OTHER MEDICAL ASSISTANCE	760.86816	640.31100	(120.55716)
6	CHAMPUS / TRICARE	36.84153	32.84308	(3.99845)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	477.87375	483.86452	5.99077
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	16,655.89684	17,117.85406	461.95722
	TOTAL CASE MIX ADJUSTED DISCHARGES	25,403.43690	25,096.23878	(307.19812)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,068.80840	6,719.45776	650.64935
2	MEDICARE	2,012.51449	2,157.96093	145.44645
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,872.34743	4,487.10307	614.75564
4	MEDICAID	3,265.19532	3,836.94068	571.74535
5	OTHER MEDICAL ASSISTANCE	607.15210	650.16239	43.01029
6	CHAMPUS / TRICARE	20.55057	9.52707	-11.02351
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	718.62838	889.22103	170.59264
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,905.41249	6,654.59107	749.17858
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,974.22089	13,374.04883	1,399.82794
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,102.72	\$10,171.92	\$1,069.20
2	MEDICARE	\$10,134.66	\$9,876.33	(\$258.33)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$6,930.05	\$6,859.44	(\$70.62)
4	MEDICAID	\$7,522.50	\$7,097.65	(\$424.85)
5	OTHER MEDICAL ASSISTANCE	\$3,490.22	\$5,084.38	\$1,594.16
6	CHAMPUS / TRICARE	\$4,415.42	\$10,569.14	\$6,153.71
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,720.36	\$2,108.26	(\$3,612.09)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,125.64	\$8,923.90	(\$201.74)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$9,117.75	\$9,320.66	\$202.91
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,846.43	\$8,835.79	(\$10.64)
2	MEDICARE	\$9,607.26	\$9,974.87	\$367.61
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,385.22	\$5,567.32	\$182.10
4	MEDICAID	\$5,602.69	\$5,732.65	\$129.96
5	OTHER MEDICAL ASSISTANCE	\$4,215.69	\$4,591.63	\$375.94
6	CHAMPUS / TRICARE	\$7,297.46	\$13,813.27	\$6,515.81
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,765.36	\$1,973.81	\$208.46
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$6,830.71	\$7,008.41	\$177.70
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$7,852.32	\$7,926.53	\$74.21

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1 MEDICAID	\$13,075,690	\$16,277,142	\$3,201,452	
2 OTHER MEDICAL ASSISTANCE	\$8,329,042	\$6,568,319	(\$1,760,723)	
3 UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,744,891	\$10,873,401	\$3,128,510	
TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$29,149,623	\$33,718,862	\$4,569,239	
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1 TOTAL CHARGES	\$1,040,100,488	\$1,105,534,503	\$65,434,015	
2 TOTAL GOVERNMENT DEDUCTIONS	\$458,986,453	\$503,954,942	\$44,968,489	
3 UNCOMPENSATED CARE	\$43,984,000	\$48,293,075	\$4,309,075	
4 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$210,619,713	\$202,839,261	(\$7,780,452)	
5 EMPLOYEE SELF INSURANCE ALLOWANCE	\$863,280	\$833,366	(\$29,914)	
6 TOTAL ADJUSTMENTS	\$714,453,446	\$755,920,644	\$41,467,198	
7 TOTAL ACCRUED PAYMENTS	\$325,647,042	\$349,613,859	\$23,966,817	
8 UCP DSH PAYMENTS (OHCA INPUT)	\$3,452,370	\$3,383,714	(\$68,656)	
9 NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$329,099,412	\$352,997,573	\$23,898,161	
10 RATIO OF NET REVENUE TO TOTAL CHARGES	0.3164111697	0.3193003674	0.0028891977	
11 COST OF UNCOMPENSATED CARE	\$13,917,029	\$15,419,997	\$1,502,968	
12 MEDICAL ASSISTANCE UNDERPAYMENT	\$19,310,146	\$26,729,694	\$7,419,548	
13 PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	
14 TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$33,227,175	\$42,149,691	\$8,922,516	
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	37.10%	39.50%	2.40%	
2 MEDICARE	36.33%	35.49%	-0.83%	
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25.70%	24.00%	-1.69%	
4 MEDICAID	27.88%	26.24%	-1.64%	
5 OTHER MEDICAL ASSISTANCE	12.99%	12.72%	-0.27%	
6 CHAMPUS / TRICARE	20.81%	29.00%	8.19%	
7 UNINSURED (INCLUDED IN NON-GOVERNMENT)	18.98%	7.39%	-11.60%	
TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	33.07%	31.78%	-1.29%	
TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	34.35%	34.09%	-0.26%	
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1 NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.82%	30.18%	-0.65%	
2 MEDICARE	21.36%	21.82%	0.47%	
3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	20.71%	20.22%	-0.49%	
4 MEDICAID	22.37%	22.04%	-0.32%	
5 OTHER MEDICAL ASSISTANCE	13.53%	12.56%	-0.97%	
6 CHAMPUS / TRICARE	30.80%	26.54%	-4.26%	
7 UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.60%	5.69%	1.09%	
TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	21.04%	20.94%	-0.10%	
TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	25.70%	25.27%	-0.42%	

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	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	\$325,647,622	\$339,923,369	\$14,275,747
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$3,452,370	\$3,383,714	(\$68,656)
	OHCA DEFINED NET REVENUE	\$329,099,992	\$343,307,083	\$14,207,091
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$561,008	\$6,176,917	\$5,615,909
4	CALCULATED NET REVENUE	\$362,228,214	\$349,484,000	(\$12,744,214)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$329,661,000	\$349,484,000	\$19,823,000
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$32,567,214	\$0	(\$32,567,214)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$1,040,100,488	\$1,105,534,503	\$65,434,015
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$1,040,100,488	\$1,105,534,503	\$65,434,015
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,040,100,000	\$1,105,535,000	\$65,435,000
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$488	(\$497)	(\$985)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$43,984,000	\$48,293,075	\$4,309,075
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$370	\$0	(\$370)
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$43,984,370	\$48,293,075	\$4,308,705
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$43,984,000	\$48,293,075	\$4,309,075
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$370	\$0	(\$370)

BRIDGEPORT HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$205,433,168
2	MEDICARE	324,822,789
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	154,644,975
4	MEDICAID	129,054,841
5	OTHER MEDICAL ASSISTANCE	25,590,134
6	CHAMPUS / TRICARE	1,196,962
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	13,809,812
TOTAL INPATIENT GOVERNMENT CHARGES		\$480,664,726
TOTAL INPATIENT CHARGES		\$686,097,894
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$196,750,213
2	MEDICARE	98,628,801
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	123,561,789
4	MEDICAID	99,793,585
5	OTHER MEDICAL ASSISTANCE	23,768,204
6	CHAMPUS / TRICARE	495,806
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	30,854,209
TOTAL OUTPATIENT GOVERNMENT CHARGES		\$222,686,396
TOTAL OUTPATIENT CHARGES		\$419,436,609
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$402,183,381
2	TOTAL GOVERNMENT ACCRUED CHARGES	703,351,122
TOTAL ACCRUED CHARGES		\$1,105,534,503
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$81,155,490
2	MEDICARE	115,290,249
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37,120,678
4	MEDICAID	33,865,096
5	OTHER MEDICAL ASSISTANCE	3,255,582
6	CHAMPUS / TRICARE	347,123
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,020,113
TOTAL INPATIENT GOVERNMENT PAYMENTS		\$152,758,050
TOTAL INPATIENT PAYMENTS		\$233,913,540
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,371,699
2	MEDICARE	21,525,380
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,981,150
4	MEDICAID	21,995,843
5	OTHER MEDICAL ASSISTANCE	2,985,307
6	CHAMPUS / TRICARE	131,600
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,755,156
TOTAL OUTPATIENT GOVERNMENT PAYMENTS		\$46,638,130
TOTAL OUTPATIENT PAYMENTS		\$106,009,829
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$140,527,189
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	199,396,180
TOTAL ACCRUED PAYMENTS		\$339,923,369

BRIDGEPORT HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,016
2	MEDICARE	7,107
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,662
4	MEDICAID	4,962
5	OTHER MEDICAL ASSISTANCE	700
6	CHAMPUS / TRICARE	23
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	398
	TOTAL GOVERNMENT DISCHARGES	12,792
	TOTAL DISCHARGES	19,808
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13717
2	MEDICARE	1.64252
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.95578
4	MEDICAID	0.96157
5	OTHER MEDICAL ASSISTANCE	0.91473
6	CHAMPUS / TRICARE	1.42796
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.21574
	TOTAL GOVERNMENT CASE MIX INDEX	1.33817
	TOTAL CASE MIX INDEX	1.26697
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$340,205,958
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$137,366,697
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$202,839,261
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	59.62%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$1,218,589
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$833,366
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$3,383,714
8	CHARITY CARE	\$15,999,852
9	BAD DEBTS	\$32,293,223
10	TOTAL UNCOMPENSATED CARE	\$48,293,075
11	TOTAL OTHER OPERATING REVENUE	\$6,491,465
12	TOTAL OPERATING EXPENSES	\$351,055,000

BRIDGEPORT HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
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 2009</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	\$339,923,369
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$3,383,714
	OHCA DEFINED NET REVENUE	\$343,307,083
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$6,176,917
	CALCULATED NET REVENUE	\$349,484,000
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$349,484,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$1,105,534,503
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$1,105,534,503
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$1,105,535,000
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$497)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$48,293,075
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$48,293,075
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$48,293,075
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

BRIDGEPORT HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3) ACTUAL FY 2008	(4) ACTUAL FY 2009	(5) AMOUNT DIFERENCE	(6) % DIFERENCE
LINE	DESCRIPTION				
A.	<u>Hospital Charity Care (from HRS Report 500)</u>				
1	Number of Applicants	1,637	1,815	178	11%
2	Number of Approved Applicants	1,069	1,149	80	7%
3	Total Charges (A)	\$11,818,000	\$15,999,852	\$4,181,852	35%
4	Average Charges	\$11,055	\$13,925	\$2,870	26%
5	Ratio of Cost to Charges (RCC)	0.319114	0.318348	(0.000766)	0%
6	Total Cost	\$3,771,289	\$5,093,521	\$1,322,232	35%
7	Average Cost	\$3,528	\$4,433	\$905	26%
8	Charity Care - Inpatient Charges	\$632,073	\$782,393	\$150,320	24%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	7,669,146	9,652,710	1,983,564	26%
10	Charity Care - Emergency Department Charges	3,516,781	5,564,749	2,047,968	58%
11	Total Charges (A)	\$11,818,000	\$15,999,852	\$4,181,852	35%
12	Charity Care - Number of Patient Days	2,397	2,668	271	11%
13	Charity Care - Number of Discharges	360	370	10	3%
14	Charity Care - Number of Outpatient ED Visits	2,003	2,459	456	23%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,368	4,745	377	9%
B.	<u>Hospital Bad Debts (from HRS Report 500)</u>				
1	Bad Debts - Inpatient Services	\$1,720,362	\$1,579,139	(\$141,223)	-8%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	20,873,732	19,482,501	(1,391,231)	-7%
3	Bad Debts - Emergency Department	9,571,906	11,231,583	1,659,677	17%
4	Total Bad Debts (A)	\$32,166,000	\$32,293,223	\$127,223	0%
C.	<u>Hospital Uncompensated Care (from HRS Report 500)</u>				
1	Charity Care (A)	\$11,818,000	\$15,999,852	\$4,181,852	35%
2	Bad Debts (A)	32,166,000	32,293,223	127,223	0%
3	Total Uncompensated Care (A)	\$43,984,000	\$48,293,075	\$4,309,075	10%
4	Uncompensated Care - Inpatient Services	\$2,352,435	\$2,361,532	\$9,097	0%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	28,542,878	29,135,211	592,333	2%
6	Uncompensated Care - Emergency Department	13,088,687	16,796,332	3,707,645	28%
7	Total Uncompensated Care (A)	\$43,984,000	\$48,293,075	\$4,309,075	10%

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

**BRIDGEPORT HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009**

(1)	(2)	(3) FY 2008 ACTUAL TOTAL <u>NON-GOVERNMENT</u>	(4) FY 2009 ACTUAL TOTAL <u>NON-GOVERNMENT</u>	(5) AMOUNT <u>DIFFERENCE</u>	(6) % <u>DIFFERENCE</u>
<u>LINE</u>	<u>DESCRIPTION</u>				
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$331,733,199	\$340,205,958	\$8,472,759	3%
2	Total Contractual Allowances	\$210,619,713	\$202,839,261	(\$7,780,452)	-4%
Total Accrued Payments (A)		\$121,113,486	\$137,366,697	\$16,253,211	13%
Total Discount Percentage		63.49%	59.62%	-3.87%	-6%

(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A.	<u>Gross and Net Revenue</u>			
1	Inpatient Gross Revenue	\$609,554,006	\$674,215,405	\$686,097,894
2	Outpatient Gross Revenue	\$317,670,451	\$365,885,083	\$419,436,609
3	Total Gross Patient Revenue	\$927,224,457	\$1,040,100,488	\$1,105,534,503
4	Net Patient Revenue	\$297,562,000	\$326,474,000	\$349,484,000
B.	<u>Total Operating Expenses</u>			
1	Total Operating Expense	\$303,901,000	\$333,509,000	\$351,055,000
C.	<u>Utilization Statistics</u>			
1	Patient Days	104,291	106,845	103,601
2	Discharges	19,675	20,022	19,808
3	Average Length of Stay	5.3	5.3	5.2
4	Equivalent (Adjusted) Patient Days (EPD)	158,642	164,828	166,936
0	Equivalent (Adjusted) Discharges (ED)	29,929	30,888	31,917
D.	<u>Case Mix Statistics</u>			
1	Case Mix Index	1.25574	1.26878	1.26697
2	Case Mix Adjusted Patient Days (CMAPD)	130,962	135,562	131,260
3	Case Mix Adjusted Discharges (CMAD)	24,707	25,403	25,096
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	199,214	209,130	211,504
5	Case Mix Adjusted Equivalent Discharges (CMAED)	37,583	39,189	40,438
E.	<u>Gross Revenue Per Statistic</u>			
1	Total Gross Revenue per Patient Day	\$8,891	\$9,735	\$10,671
2	Total Gross Revenue per Discharge	\$47,127	\$51,948	\$55,813
3	Total Gross Revenue per EPD	\$5,845	\$6,310	\$6,623
4	Total Gross Revenue per ED	\$30,981	\$33,674	\$34,637
5	Total Gross Revenue per CMAEPD	\$4,654	\$4,973	\$5,227
6	Total Gross Revenue per CMAED	\$24,672	\$26,540	\$27,339
7	Inpatient Gross Revenue per EPD	\$3,842	\$4,090	\$4,110
8	Inpatient Gross Revenue per ED	\$20,367	\$21,828	\$21,496

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$2,853	\$3,056	\$3,373
2	Net Patient Revenue per Discharge	\$15,124	\$16,306	\$17,644
3	Net Patient Revenue per EPD	\$1,876	\$1,981	\$2,094
4	Net Patient Revenue per ED	\$9,942	\$10,570	\$10,950
5	Net Patient Revenue per CMAEPD	\$1,494	\$1,561	\$1,652
6	Net Patient Revenue per CMAED	\$7,918	\$8,331	\$8,642
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$2,914	\$3,121	\$3,389
2	Total Operating Expense per Discharge	\$15,446	\$16,657	\$17,723
3	Total Operating Expense per EPD	\$1,916	\$2,023	\$2,103
4	Total Operating Expense per ED	\$10,154	\$10,798	\$10,999
5	Total Operating Expense per CMAEPD	\$1,526	\$1,595	\$1,660
6	Total Operating Expense per CMAED	\$8,086	\$8,510	\$8,681
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$36,483,000	\$41,382,100	\$42,767,886
2	Nursing Fringe Benefits Expense	\$8,829,000	\$9,692,122	\$10,711,918
3	Total Nursing Salary and Fringe Benefits Expense	\$45,312,000	\$51,074,222	\$53,479,804
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$8,075,000	\$8,413,688	\$8,311,122
2	Physician Fringe Benefits Expense	\$2,105,000	\$2,243,039	\$2,452,306
3	Total Physician Salary and Fringe Benefits Expense	\$10,180,000	\$10,656,727	\$10,763,428
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$63,830,000	\$65,423,212	\$79,408,992
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$22,979,000	\$24,240,839	\$25,392,776
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$86,809,000	\$89,664,051	\$104,801,768
K.	<u>Total Salary and Fringe Benefits Expense</u>			
1	Total Salary Expense	\$108,388,000	\$115,219,000	\$130,488,000
2	Total Fringe Benefits Expense	\$33,913,000	\$36,176,000	\$38,557,000
3	Total Salary and Fringe Benefits Expense	\$142,301,000	\$151,395,000	\$169,045,000

BRIDGEPORT HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2007</u>	<u>ACTUAL FY 2008</u>	<u>ACTUAL FY 2009</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	522.7	557.2	566.6
2	Total Physician FTEs	124.7	129.0	129.7
3	Total Non-Nursing, Non-Physician FTEs	1360.4	1393.6	1343.2
4	Total Full Time Equivalent Employees (FTEs)	2,007.8	2,079.8	2,039.5
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$69,797	\$74,268	\$75,482
2	Nursing Fringe Benefits Expense per FTE	\$16,891	\$17,394	\$18,906
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$86,688	\$91,662	\$94,387
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$64,755	\$65,222	\$64,080
2	Physician Fringe Benefits Expense per FTE	\$16,881	\$17,388	\$18,908
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$81,636	\$82,610	\$82,987
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$46,920	\$46,945	\$59,119
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,891	\$17,394	\$18,905
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$63,811	\$64,340	\$78,024
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$53,983	\$55,399	\$63,980
2	Total Fringe Benefits Expense per FTE	\$16,891	\$17,394	\$18,905
3	Total Salary and Fringe Benefits Expense per FTE	\$70,874	\$72,793	\$82,886
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,364	\$1,417	\$1,632
2	Total Salary and Fringe Benefits Expense per Discharge	\$7,233	\$7,561	\$8,534
3	Total Salary and Fringe Benefits Expense per EPD	\$897	\$919	\$1,013
4	Total Salary and Fringe Benefits Expense per ED	\$4,755	\$4,901	\$5,296
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$714	\$724	\$799
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,786	\$3,863	\$4,180