BRISTOL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(4)	(0)	(0)	(4)	(F)	(0)
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
LINE	<u>DESCRIPTION</u>	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	<u>DIFFERENCE</u>
I.	ASSETS				
Α.	Current Assets:				
1	Cash and Cash Equivalents	\$15,285,938	\$11,217,004	(\$4,068,934)	-27%
2	Short Term Investments	\$0	\$0	(ψ4,000,334) \$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$16,471,779	\$17,168,498	\$696,719	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$347,671	\$347,671	\$0	0%
5	Due From Affiliates	\$0	\$2,132,518	\$2,132,518	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,388,084	\$1,437,747	\$49,663	4%
8	Prepaid Expenses	\$1,008,601	\$1,174,059	\$165,458	16%
9	Other Current Assets	\$2,818,801	\$4,388,159	\$1,569,358	56%
	Total Current Assets	\$37,320,874	\$37,865,656	\$544,782	1%
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B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$6,705,918	\$7,398,146	\$692,228	10%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$10,868,212	\$11,212,031	\$343,819	3%
	Total Noncurrent Assets Whose Use is Limited:	\$17,574,130	\$18,610,177	\$1,036,047	6%
5	Interest in Net Assets of Foundation	\$6,033,606	\$6,287,114	\$253,508	4%
6	Long Term Investments	\$6,496,418	\$7,693,291	\$1,196,873	18%
7	Other Noncurrent Assets	\$4,357,098	\$1,414,627	(\$2,942,471)	-68%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$164,441,956	\$167,740,171	\$3,298,215	2%
2	Less: Accumulated Depreciation	\$124,849,240	\$131,378,783	\$6,529,543	5%
	Property, Plant and Equipment, Net	\$39,592,716	\$36,361,388	(\$3,231,328)	-8%
3	Construction in Progress	\$616,812	\$645,260	\$28,448	5%
	Total Net Fixed Assets	\$40,209,528	\$37,006,648	(\$3,202,880)	-8%
	Total Assets	\$111,991,654	\$108,877,513	(\$3,114,141)	-3%

BRISTOL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

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	REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION								
(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %				
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE				
II.	LIABILITIES AND NET ASSETS								
Α.	Current Liabilities:								
1	Accounts Payable and Accrued Expenses	\$11,966,693	\$11,178,710	(\$787,983)	-7%				
2	Salaries, Wages and Payroll Taxes	\$6,634,907	\$4,541,897	(\$2,093,010)	-32%				
3	Due To Third Party Payers	\$1,130,211	\$1,976,385	\$846,174	75%				
4	Due To Affiliates	\$0	\$0	\$0	0%				
5	Current Portion of Long Term Debt	\$702,335	\$725,900	\$23,565	3%				
6	Current Portion of Notes Payable	\$109,090	\$109,555	\$465	0%				
7	Other Current Liabilities	\$2,490,414	\$1,858,414	(\$632,000)	-25%				
	Total Current Liabilities	\$23,033,650	\$20,390,861	(\$2,642,789)	-11%				
В.	Long Term Debt:								
1	Bonds Payable (Net of Current Portion)	\$24,560,239	\$23,189,039	(\$1,371,200)	-6%				
2	Notes Payable (Net of Current Portion)	\$464,171	\$354,617	(\$109,554)	-24%				
	Total Long Term Debt	\$25,024,410	\$23,543,656	(\$1,480,754)	-6%				
3	Accrued Pension Liability	\$32,795,767	\$38,325,259	\$5,529,492	17%				
4	Other Long Term Liabilities	\$9,230,355	\$10,118,856	\$888,501	10%				
	Total Long Term Liabilities	\$67,050,532	\$71,987,771	\$4,937,239	7%				
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%				
C.	Net Assets:								
1	Unrestricted Net Assets or Equity	\$11,995,043	\$6,457,317	(\$5,537,726)	-46%				
2	Temporarily Restricted Net Assets	\$3,122,057	\$3,144,717	\$22,660	1%				
3	Permanently Restricted Net Assets	\$6,790,372	\$6,896,847	\$106,475	2%				
	Total Net Assets	\$21,907,472	\$16,498,881	(\$5,408,591)	-25%				
	Total Liabilities and Net Assets	\$111,991,654	\$108,877,513	(\$3,114,141)	-3%				

BRISTOL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 150 -	HOSPITAL	STATEMENT (OF OPERATION	NS INFORMATION
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(1)	(2)	(3)	(4)	(5)	(6)
=	DECORPTION	FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
Α.	Operating Revenue:				
		# 444 400 070	# 400 000 070	#05.004.004	
1	Total Gross Patient Revenue	\$444,108,678	\$469,389,979	\$25,281,301	6%
2	Less: Allowances	\$304,476,363	\$329,515,319	\$25,038,956	8%
3	Less: Charity Care	\$4,092,111	\$4,120,176	\$28,065	1%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$135,540,204	\$135,754,484	\$214,280	0%
5	Provision for Bad Debts Net Patient Service Revenue less provision for bad	\$2,212,274	\$2,209,663	(\$2,611)	0%
	debts	\$133,327,930	\$133,544,821	\$216,891	0%
6	Other Operating Revenue	\$3,838,007	\$3,643,010	(\$194,997)	-5%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$137,165,937	\$137,187,831	\$21,894	0%
В.	Operating Expenses:				
1	Salaries and Wages	\$56,987,129	\$54,743,259	(\$2,243,870)	-4%
2	Fringe Benefits	\$14,238,377	\$15,684,387	\$1,446,010	10%
3	Physicians Fees	\$12,846,687	\$15,127,528	\$2,280,841	18%
4	Supplies and Drugs	\$19,823,610	\$21,271,490	\$1,447,880	7%
5	Depreciation and Amortization	\$7,176,664	\$6,760,410	(\$416,254)	-6%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,267,462	\$1,044,552	(\$222,910)	-18%
8	Malpractice Insurance Cost	\$317,020	\$638,394	\$321,374	101%
9	Other Operating Expenses	\$23,976,324	\$24,873,684	\$897,360	4%
	Total Operating Expenses	\$136,633,273	\$140,143,704	\$3,510,431	3%
	Income/(Loss) From Operations	\$532,664	(\$2,955,873)	(\$3,488,537)	-655%
C.	Non-Operating Revenue:				
1	Income from Investments	\$826,403	\$970,096	\$143,693	17%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	(\$31,237)	\$100,112	\$131,349	-420%
	Total Non-Operating Revenue	\$795,166	\$1,070,208	\$275,042	35%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,327,830	(\$1,885,665)	(\$3,213,495)	-242%

	В	RISTOL HOSPITAL			
	TWELVE	MONTHS ACTUAL F	ILING		
	F	ISCAL YEAR 2016			
	REPORT 150 - HOSPITAL S	TATEMENT OF OPER	RATIONS INFORMA	TION	
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	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	\$1,327,830	(\$1,885,665)	(\$3,213,495)	-242%
	Principal Payments	\$1,295,843	\$1,425,805	\$129,962	10%

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
ı.	GROSS REVENUE BY PAYER				
	OKOGO KEVENGE BITTATEK				
Α.	INPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$64,894,057	\$58,492,549	(\$6,401,508)	-10%
2	MEDICARE MANAGED CARE	\$24,136,586	\$26,701,401	\$2,564,815	11%
3	MEDICAID	\$32,931,847	\$33,382,116	\$450,269	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$201,255	\$253,880	\$52,625	26%
6	COMMERCIAL INSURANCE	\$21,108,501	\$24,610,481	\$3,501,980	17%
7	NON-GOVERNMENT MANAGED CARE	\$12,090,305	\$11,318,173	(\$772,132)	-6%
8	WORKER'S COMPENSATION	\$119,396	\$251,386	\$131,990	111%
9	SELF- PAY/UNINSURED	\$1,368,087	\$1,649,171	\$281,084	21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$156,850,034	\$156,659,157	(\$190,877)	0%
B.	OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$80,749,976	\$88,912,521	\$8,162,545	10%
2	MEDICARE MANAGED CARE	\$35,781,189	\$43,353,376	\$7,572,187	21%
3	MEDICAID	\$65,028,189	\$66,564,050	\$1,535,861	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,153,587	\$484,092	(\$669,495)	-58%
6	COMMERCIAL INSURANCE	\$65,924,034	\$71,906,642	\$5,982,608	9%
7	NON-GOVERNMENT MANAGED CARE	\$30,081,385	\$32,036,871	\$1,955,486	7%
8	WORKER'S COMPENSATION	\$3,407,917	\$4,068,711	\$660,794	19%
9	SELF- PAY/UNINSURED	\$5,132,339	\$5,404,541	\$272,202	5%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$287,258,616	\$312,730,804	\$25,472,188	9%
c.	TOTAL GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$145,644,033	\$147,405,070	\$1,761,037	1%
2	MEDICARE MANAGED CARE	\$59,917,775	\$70,054,777	\$10,137,002	17%
3		\$97,960,036	\$99,946,166	\$1,986,130	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,354,842	\$737,972	(\$616,870)	-46%
6	COMMERCIAL INSURANCE	\$87,032,535	\$96,517,123	\$9,484,588	11%
7	NON-GOVERNMENT MANAGED CARE	\$42,171,690	\$43,355,044	\$1,183,354	3%
8	WORKER'S COMPENSATION	\$3,527,313	\$4,320,097	\$792,784	22%
9	SELF- PAY/UNINSURED	\$6,500,426	\$7,053,712	\$553,286	9%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$444,108,650	\$469,389,961	\$25,281,311	6%
II.	NET REVENUE BY PAYER				
Α.	INPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$20,327,221	\$15,853,363	(\$4,473,858)	-22%
2	MEDICARE TRADITIONAL MEDICARE MANAGED CARE	\$7,794,289	\$9,025,952		-22% 16%
	I MILDICANE MANAGED CAKE	φ1,194,∠09	φ 9 ,025,952	\$1,231,663	10%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$7,687,592	\$8,522,358	\$834,766	11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$29,548	\$86,625	\$57,077	193%
6	COMMERCIAL INSURANCE	\$11,352,585	\$11,196,554	(\$156,031)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$6,491,072	\$7,097,736	\$606,664	9%
8	WORKER'S COMPENSATION	\$119,396	\$251,385	\$131,989	111%
9	SELF- PAY/UNINSURED	\$0	\$8,171	\$8,171	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$53,801,703	\$52,042,144	(\$1,759,559)	-3%
	<u>OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$17,836,476	\$18,780,235	\$943,759	5%
2	MEDICARE MANAGED CARE	\$6,136,606	\$6,649,794	\$513,188	8%
3	MEDICAID	\$13,782,560	\$13,913,687	\$131,127	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$283,322	\$39,760	(\$243,562)	-86%
6	COMMERCIAL INSURANCE	\$24,728,195	\$27,708,723	\$2,980,528	12%
7	NON-GOVERNMENT MANAGED CARE	\$12,947,000	\$11,476,157	(\$1,470,843)	-11%
8	WORKER'S COMPENSATION	\$3,407,917	\$4,068,711	\$660,794	19%
9	SELF- PAY/UNINSURED	\$108,324	\$134,643	\$26,319	24%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$79,230,400	\$82,771,710	\$3,541,310	4%
c.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$38,163,697	\$34,633,598	(\$3,530,099)	-9%
2	MEDICARE MANAGED CARE	\$13,930,895	\$15,675,746	\$1,744,851	13%
3	MEDICAID	\$21,470,152	\$22,436,045	\$965,893	4%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$312,870	\$126,385	(\$186,485)	-60%
6	COMMERCIAL INSURANCE	\$36,080,780	\$38,905,277	\$2,824,497	8%
7	NON-GOVERNMENT MANAGED CARE	\$19,438,072	\$18,573,893	(\$864,179)	-4%
8	WORKER'S COMPENSATION	\$3,527,313	\$4,320,096	\$792,783	22%
	SELF- PAY/UNINSURED	\$108,324	\$142,814	\$34,490	32%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$133,032,103	\$134,813,854	\$1,781,751	1%
		, , , , , , , , , , , , , , , , , , ,	*	4 - 4 - 4	
III.	STATISTICS BY PAYER		1		
Α.	<u>DISCHARGES</u>				
1	MEDICARE TRADITIONAL	2,497	2,273	(224)	-9%
2	MEDICARE MANAGED CARE	883	875	(8)	-1%
3	MEDICAID	1,840	1,721	(119)	-6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	18	20	2	11%
6	COMMERCIAL INSURANCE	1,107	1,127	20	2%
7	NON-GOVERNMENT MANAGED CARE	617	596	(21)	-3%
8	WORKER'S COMPENSATION	7	9	2	29%

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

(1)	(2)	(3)	(4)	(5)	(6)
	(-)	FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	ACTORE	ACTORE	DII I EILEILOE	DII I EILENGE
9	SELF- PAY/UNINSURED	102	88	(14)	-14%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	7,071	6,709	(362)	-5%
B.	PATIENT DAYS	,	,	,	
1	MEDICARE TRADITIONAL	11,052	9,867	(1,185)	-11%
2	MEDICARE MANAGED CARE	3,817	3,773	(44)	-1%
3	MEDICAID	7,135	6,501	(634)	-9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	50	47	(3)	-6%
6	COMMERCIAL INSURANCE	3,588	3,457	(131)	-4%
7	NON-GOVERNMENT MANAGED CARE	2,059	1,735	(324)	-16%
8	WORKER'S COMPENSATION	19	27	8	42%
9	SELF- PAY/UNINSURED	360	286	(74)	-21%
10	SAGA	0	0	0	0%
11	OTHER TOTAL PAYER	0	0	0	0%
	TOTAL PATIENT DAYS	28,080	25,693	(2,387)	-9%
C.	OUTPATIENT VISITS	00.074	05.400	4.007	70/
1	MEDICARE TRADITIONAL	60,871	65,198	4,327	7%
2	MEDICARE MANAGED CARE	18,742	22,383	3,641	19%
3	MEDICAID MANAGED CARE	49,020	48,810	(210)	0%
<u>4</u> 5	MEDICAID MANAGED CARE CHAMPUS/TRICARE	0 870	0	0 (515)	0%
6	COMMERCIAL INSURANCE	49,695	355 52,727	3,032	-59% 6%
7	NON-GOVERNMENT MANAGED CARE	22,676	23,492	816	4%
8	WORKER'S COMPENSATION	2,569	2,984	415	16%
9	SELF- PAY/UNINSURED	3,869	3,963	94	2%
10	SAGA	0,003	0,309	0	0%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	208,312	219,912	11,600	6%
			-,-	,	
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS				
A.	REVENUE				
1	MEDICARE TRADITIONAL	\$7,211,710	\$6,620,805	(\$590,905)	-8%
2	MEDICARE MANAGED CARE	\$2,915,456	\$3,105,717	\$190,261	7%
3	MEDICAID	\$17,798,416	\$16,045,871	(\$1,752,545)	-10%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$155,740	\$110,519	(\$45,221)	-29%
6	COMMERCIAL INSURANCE	\$7,580,686	\$7,132,298	(\$448,388)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$3,963,213	\$3,623,801	(\$339,412)	-9%
8	WORKER'S COMPENSATION	\$578,158	\$484,689	(\$93,469)	-16%
9	SELF- PAY/UNINSURED	\$2,078,499	\$2,052,754	(\$25,745)	-1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	GROSS REVENUE	\$42,281,878	\$39,176,454	(\$3,105,424)	-7%
	EMERGENCY DEPARTMENT OUTPATIENT NET				
B.	<u>REVENUE</u>				
1	MEDICARE TRADITIONAL	\$1,592,960	\$1,398,456	(\$194,504)	-12%

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

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
2	MEDICARE MANAGED CARE	\$500,011	\$476,373	(\$23,638)	-5%
3	MEDICAID	\$3,772,329	\$3,354,021	(\$418,308)	-11%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$38,250	\$9,077	(\$29,173)	-76%
6	COMMERCIAL INSURANCE	\$2,843,526	\$2,748,381	(\$95,145)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$1,705,763	\$1,298,108	(\$407,655)	-24%
8	WORKER'S COMPENSATION	\$578,158	\$484,689	(\$93,469)	-16%
9	SELF- PAY/UNINSURED	\$43,869	\$51,140	\$7,271	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	NET REVENUE	\$11,074,866	\$9,820,245	(\$1,254,621)	-11%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	4,892	4,790	(102)	-2%
2	MEDICARE MANAGED CARE	2,017	2,478	461	23%
3	MEDICAID	16,023	15,430	(593)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	129	88	(41)	-32%
6	COMMERCIAL INSURANCE	5,797	5,443	(354)	-6%
7	NON-GOVERNMENT MANAGED CARE	3,191	3,133	(58)	-2%
8	WORKER'S COMPENSATION	533	477	(56)	-11%
9	SELF- PAY/UNINSURED	1,728	1,916	188	11%
10	SAGA	0	0	0	0%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT				
	VISITS	34,310	33,755	(555)	-2%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

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(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	OPERATING EXPENSE BY CATEGORY				
I.	OPERATING EXPENSE BY CATEGORY				
Α.	Salaries & Wages:				
1	Nursing Salaries	\$22,908,235	\$21,706,040	(\$1,202,195)	-5%
2	Physician Salaries	\$499,496	\$500,850	\$1,354	0%
3	Non-Nursing, Non-Physician Salaries	\$33,579,398	\$32,536,369	(\$1,043,029)	-3%
	Total Salaries & Wages	\$56,987,129	\$54,743,259	(\$2,243,870)	-4%
В.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$5,723,680	\$6,218,956	\$495,276	9%
2	Physician Fringe Benefits	\$124,800	\$143,498	\$18,698	15%
3	Non-Nursing, Non-Physician Fringe Benefits	\$8,389,897	\$9,321,933	\$932,036	11%
	Total Fringe Benefits	\$14,238,377	\$15,684,387	\$1,446,010	10%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$115,372	\$173,031	\$57,659	50%
2	Physician Fees	\$12,846,687	\$15,127,528	\$2,280,841	18%
3	Non-Nursing, Non-Physician Fees	\$1,102,480	\$1,314,328	\$211,848	19%
	Total Contractual Labor Fees	\$14,064,539	\$16,614,887	\$2,550,348	18%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$10,706,507	\$12,140,058	\$1,433,551	13%
2	Pharmaceutical Costs	\$9,117,103	\$9,131,432	\$14,329	0%
	Total Medical Supplies and Pharmaceutical Cost	\$19,823,610	\$21,271,490	\$1,447,880	7%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$2,523,109	\$2,637,894	\$114,785	5%
2	Depreciation-Equipment	\$4,598,961	\$3,933,333	(\$665,628)	-14%
3	Amortization	\$54,594	\$189,183	\$134,589	247%
	Total Depreciation and Amortization	\$7,176,664	\$6,760,410	(\$416,254)	-6%
	Total Depression and Americanion	ψ1,110,004	40,700,410	(4410,204)	070
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
	Interest Foresco				
G.	Interest Expense:	£4 267 462	¢4 044 EE0	(\$222.040)	100/
1	Interest Expense	\$1,267,462	\$1,044,552	(\$222,910)	-18%
Н.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$317,020	\$638,394	\$321,374	101%
I.	Utilities:				
1	Water	\$64,227	\$67,802	\$3,575	6%
2	Natural Gas	\$593,563	\$477,824	(\$115,739)	-19%
3	Oil	\$59,000	\$5,968	(\$53,032)	-90%
4	Electricity	\$1,160,507	\$1,251,617	\$91,110	8%
5	Telephone	\$318,159	\$299,620	(\$18,539)	-6%
6	Other Utilities	\$34,704	\$66,707	\$32,003	92%
-	Total Utilities	\$2,230,160	\$2,169,538	(\$60,622)	-3%
J.	Business Expenses:				
1	Accounting Fees	\$181,022	\$250,631	\$69,609	38%
	proceduring reces	ψ101,022	Ψ200,001	ψυσ,υυσ	JU /0

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

	,				
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
2	Legal Fees	\$448,349	\$450,139	\$1,790	0%
3	Consulting Fees	\$1,437,529	\$1,433,196	(\$4,333)	0%
4	Dues and Membership	\$263,013	\$263,298	\$285	0%
5	Equipment Leases	\$1,101,650	\$867,551	(\$234,099)	-21%
6	Building Leases	\$651,336	\$712,004	\$60,668	9%
7	Repairs and Maintenance	\$216,766	\$235,126	\$18,360	8%
8	Insurance	\$1,144,389	\$1,047,153	(\$97,236)	-8%
9	Travel	\$243,935	\$242,534	(\$1,401)	-1%
10	Conferences	\$120	\$930	\$810	675%
11	Property Tax	\$178,925	\$141,118	(\$37,807)	-21%
12	General Supplies	\$566,649	\$604,653	\$38,004	7%
13	Licenses and Subscriptions	\$33,816	\$63,560	\$29,744	88%
14	Postage and Shipping	\$138,258	\$138,613	\$355	0%
15	Advertising	\$1,066,810	\$1,396,577	\$329,767	31%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$2,153,086	\$2,511,470	\$358,384	17%
18	Computer hardware & small equipment	\$0	\$0	\$0	0%
19	Dietary / Food Services	\$846,894	\$804,282	(\$42,612)	-5%
20	Lab Fees / Red Cross charges	\$1,308,264	\$1,062,537	(\$245,727)	-19%
21	Billing & Collection / Bank Fees	\$1,528,024	\$1,390,870	(\$137,154)	-9%
22	Recruiting / Employee Education & Recognition	\$153,922	\$282,428	\$128,506	83%
23	Laundry / Linen	\$66,072	\$17,833	(\$48,239)	-73%
24	Professional / Physician Fees	\$0	\$0	\$0	0%
25	Waste disposal	\$196,015	\$188,854	(\$7,161)	-4%
26	Purchased Services - Medical	\$511,355	\$515,709	\$4,354	1%
27	Purchased Services - Non Medical	\$291,080	\$368,182	\$77,102	26%
28	Other Business Expenses	\$5,801,033	\$6,227,539	\$426,506	7%
	Total Business Expenses	\$20,528,312	\$21,216,787	\$688,475	3%
K.	Other Operating Expense:	•	•		
1	Miscellaneous Other Operating Expenses	\$0	\$0	\$0	0%
	7.10 () 5 405	* 400.000.070	0440440704	40.540.404	00/
	Total Operating Expenses - All Expense Categories*	\$136,633,273	\$140,143,704	\$3,510,431	3%
	*AK.The total operating expenses amount above mus	at agree with the te	tal aparating aver	nace emount on D	onert 150
	AN. The total operating expenses amount above mus	st agree with the to	otal operating expe	enses amount on R	eport 150
II.	OPERATING EXPENSE BY DEPARTMENT				
Α.	General Services:				
1	General Administration	\$2,958,293	\$2,407,441	(\$550,852)	-19%
2	General Accounting	\$1,589,542	\$1,571,438	(\$18,104)	-19%
3	Patient Billing & Collection	\$2,181,069	\$2,045,037	(\$136,032)	-6%
4	Admitting / Registration Office	\$838,695	\$867,196	\$28,501	3%
5	Data Processing	\$4,292,024	\$4,709,726	\$417,702	10%
6	Communications	\$238,501	\$263,048	\$24,547	10%
7	Personnel	\$872,051	\$1,036,553	\$164,502	19%
8	Public Relations	\$1,412,198	\$1,628,988	\$216,790	15%
9	Purchasing	\$683,796	\$806,384	\$122,588	18%
10	Dietary and Cafeteria	\$1,700,373	\$1,604,438	(\$95,935)	-6%
11	Housekeeping	\$1,726,328	\$1,635,309	(\$91,019)	-5%
12	Laundry & Linen	\$554,918	\$422,431	(\$132,487)	-5% -24%
14	Lauriary & Lillon	φυυ 4 ,916	Φ4∠∠,43 l	(φ132,407)	- 24%

REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
	DECORIDEION	FY 2015	FY 2016	AMOUNT	% DIFFERENCE
LINE	DESCRIPTION	ACTUAL	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
13	Operation of Plant	\$32,574	\$9,552	(\$23,022)	-71%
14	Security	\$371,418	\$349,240	(\$23,022) (\$22,178)	-71% -6%
15	Repairs and Maintenance	\$4,669,718	\$4,181,364	(\$488,354)	-0% -10%
16	Central Sterile Supply	\$565,567	\$692,535	\$126,968	22%
17	Pharmacy Department	\$10,545,777	\$10,351,205	(\$194,572)	-2%
18	Other General Services	\$1,512,452	\$1,609,154	\$96,702	6%
10	Total General Services	\$36,745,294	\$36,191,039	(\$554,255)	-2%
	Total General Generals	ψ30,7 43,234	ψ30,131,033	(₩334,233)	-2/0
B.	Professional Services:				
1	Medical Care Administration	\$2,438,304	\$2,357,790	(\$80,514)	-3%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,399,230	\$1,238,609	(\$160,621)	-11%
4	Medical Records	\$1,472,657	\$863,902	(\$608,755)	-41%
5	Social Service	\$1,263,664	\$1,302,853	\$39,189	3%
6	Other Professional Services	\$224,713	\$222,890	(\$1,823)	-1%
	Total Professional Services	\$6,798,568	\$5,986,044	(\$812,524)	-12%
C.	Special Services:				
1	Operating Room	\$7,862,945	\$9,244,620	\$1,381,675	18%
2	Recovery Room	\$0	\$0	\$0	0%
3	Anesthesiology	\$504,501	\$566,980	\$62,479	12%
4	Delivery Room	\$0	\$0	\$0	0%
5	Diagnostic Radiology	\$2,324,075	\$2,347,953	\$23,878	1%
6	Diagnostic Ultrasound	\$508,248	\$559,488	\$51,240	10%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$543,912	\$509,152	(\$34,760)	-6%
9	CT Scan	\$898,579	\$939,904	\$41,325	5%
10	Laboratory	\$6,593,532	\$6,552,150	(\$41,382)	-1%
11	Blood Storing/Processing	\$0	\$0	\$0 \$711 411	0% 76%
12 13	Cardiology	\$936,875 \$0	\$1,648,286 \$0	\$711,411 \$0	76% 0%
14	Electrocardiology Electroencephalography	\$46,046	\$30,932	(\$15,114)	-33%
15	Occupational Therapy	\$317,098	\$306,450	(\$10,648)	-3%
16	Speech Pathology	\$0	\$300,430	\$0	0%
17	Audiology	\$0	\$0 \$0	\$0 \$0	0%
18	Respiratory Therapy	\$906,365	\$914,069	\$7,704	1%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$197,355	\$193,094	(\$4,261)	-2%
21	Shock Therapy	\$0	\$0	ξ0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$5,041,099	\$5,068,844	\$27,745	1%
25	MRI	\$406,932	\$455,340	\$48,408	12%
26	PET Scan	\$216,006	\$224,336	\$8,330	4%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$1,062,370	\$949,124	(\$113,246)	-11%
29	Sleep Center	\$348,922	\$250,090	(\$98,832)	-28%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$0	\$0	\$0	0%
32	Occupational Therapy / Physical Therapy	\$1,785,139	\$1,921,341	\$136,202	8%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$3,776,570	\$3,067,795	(\$708,775)	-19%

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BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016 REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	<u>ACTUAL</u>	<u>ACTUAL</u>	DIFFERENCE	DIFFERENCE
	Total Special Services	\$34,276,569	\$35,749,948	\$1,473,379	4%
D.	Routine Services:				
1	Medical & Surgical Units	\$7,714,244	\$7,387,875	(\$326,369)	-4%
2	Intensive Care Unit	\$2,889,117	\$3,120,397	\$231,280	8%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,392,478	\$2,322,587	(\$69,891)	-3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$2,612,530	\$2,668,292	\$55,762	2%
7	Newborn Nursery Unit	\$14,188	\$12,950	(\$1,238)	-9%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$1,011,122	\$1,036,118	\$24,996	2%
11	Home Care	\$4,274,898	\$4,153,876	(\$121,022)	-3%
12	Outpatient Clinics	\$4,936,368	\$5,749,264	\$812,896	16%
13	Other Routine Services	\$287,126	\$278,965	(\$8,161)	-3%
	Total Routine Services	\$26,132,071	\$26,730,324	\$598,253	2%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$32,680,771	\$35,486,349	\$2,805,578	9%
	Total Operating Expenses - All Departments*	\$136,633,273	\$140,143,704	\$3,510,431	3%
	*A E. The total operating expenses amount above	must agree with the to	otal operating exp	enses amount on l	Report 150.

	BR	ISTOL HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	<u>FY 2014</u>	FY 2015	<u>FY 2016</u>				
Α.	Statement of Operations Summary							
1	Total Net Patient Revenue	\$137,976,406	\$133,327,930	\$133,544,821				
2	Other Operating Revenue	4,301,391	3,838,007	3,643,010				
3	Total Operating Revenue	\$142,277,797	\$137,165,937	\$137,187,831				
4	Total Operating Expenses	141,228,949	136,633,273	140,143,704				
5	Income/(Loss) From Operations	\$1,048,848	\$532,664	(\$2,955,873)				
6	Total Non-Operating Revenue	1,263,862	795,166	1,070,208				
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,312,710	\$1,327,830	(\$1,885,665)				
В.	Profitability Summary							
1	Hospital Operating Margin	0.73%	0.39%	-2.14%				
2	Hospital Non Operating Margin	0.88%	0.58%	0.77%				
3	Hospital Total Margin	1.61%	0.96%	-1.36%				
4	Income/(Loss) From Operations	\$1,048,848	\$532,664	(\$2,955,873)				
5	Total Operating Revenue	\$142,277,797	\$137,165,937	\$137,187,831				
6	Total Non-Operating Revenue	\$1,263,862	\$795,166	\$1,070,208				
7	Total Revenue	\$143,541,659	\$137,961,103	\$138,258,039				
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,312,710	\$1,327,830	(\$1,885,665)				
C.	Net Assets Summary							
1	Hospital Unrestricted Net Assets	\$17,633,376	\$11,995,043	\$6,457,317				
2	Hospital Total Net Assets	\$28,426,955	\$21,907,472	\$16,498,881				
3	Hospital Change in Total Net Assets	\$1,954,684	(\$6,519,483)	(\$5,408,591)				
4	Hospital Change in Total Net Assets %	107.4%	-22.9%	-24.7%				
D.	Cost Data Summary							
1	Ratio of Cost to Charges	0.31	0.31	0.30				
2	Total Operating Expenses	\$141,228,949	\$136,633,273	\$140,143,704				

		BRISTOL HOSPITAL						
	TWELV	E MONTHS ACTUAL FILING						
	FISCAL YEAR 2016 REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS							
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	<u>FY 2016</u>				
3	Total Gross Revenue	\$453,092,138	\$444,108,650	\$469,389,961				
4	Total Other Operating Revenue	\$4,301,391	\$3,838,007	\$3,643,010				
5	Private Payment to Cost Ratio	1.41	1.46	1.45				
6	Total Non-Government Payments	\$64,034,225	\$59,154,489	\$61,942,080				
7	Total Uninsured Payments	\$67,919	\$108,324	\$142,814				
8	Total Non-Government Charges	\$154,216,460	\$139,231,964	\$151,245,976				
9	Total Uninsured Charges	\$7,311,431	\$6,500,426	\$7,053,712				
10	Medicare Payment to Cost Ratio	0.81	0.83	0.78				
11	Total Medicare Payments	\$51,942,733	\$52,094,592	\$50,309,344				
12	Total Medicare Charges	\$207,383,286	\$205,561,808	\$217,459,847				
13	Medicaid Payment to Cost Ratio	0.71	0.72	0.76				
14	Total Medicaid Payments	\$19,708,135	\$21,470,152	\$22,436,045				
15	Total Medicaid Charges	\$89,953,536	\$97,960,036	\$99,946,166				
	Total Modela Chargo	Ψ00,000,000	φον,3000,000	ψου,ο το, του				
16	Uncompensated Care Cost	\$2,636,400	\$1,922,972	\$1,875,318				
17	Charity Care	\$4,530,623	\$4,092,111	\$4,120,176				
18	Bad Debts	\$4,007,799	\$2,212,274	\$2,209,664				
19	Total Uncompensated Care	\$8,538,422	\$6,304,385	\$6,329,840				
20	Uncompensated Care % of Total Expenses	1.9%	1.4%	1.3%				
21	Total Operating Expenses	\$141,228,949	\$136,633,273	\$140,143,704				
E.	<u>Liquidity Measures Summary</u>							
1	Current Ratio	1	2	2				
2	Total Current Assets	\$37,551,284	\$37,320,874	\$37,865,656				
3	Total Current Liabilities	\$27,283,850	\$23,033,650	\$20,390,861				

	BRISTO	L HOSPITAL						
	TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016							
	REPORT 185 - HOSPITAL FINANCIA	AL AND STATISTICAL D	ATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
LINE	DESCRIPTION	FY 2014	FY 2015	<u>FY 2016</u>				
4	Days Cash on Hand	37	43	31				
5	Cash and Cash Equivalents	\$13,617,245	\$15,285,938	\$11,217,004				
6	Short Term Investments	96,550	0	0				
7	Total Cash and Short Term Investments	\$13,713,795	\$15,285,938	\$11,217,004				
8	Total Operating Expenses	\$141,228,949	\$136,633,273	\$140,143,704				
9	Depreciation Expense	\$6,614,415	\$7,176,664	\$6,760,410				
10	Operating Expenses less Depreciation Expense	\$134,614,534	\$129,456,609	\$133,383,294				
11	Days Revenue in Patient Accounts Receivable	48	42	42				
12	Net Patient Accounts Receivable	\$17,715,144	\$16,471,779	\$17,168,498				
13	Due From Third Party Payers	\$581,194	\$0	\$0				
14	Due To Third Party Payers	\$0	\$1,130,211	\$1,976,385				
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$18,296,338	\$15,341,568	\$15,192,113				
16	Total Net Patient Revenue	\$137,976,406	\$133,327,930	\$133,544,821				
17	Average Payment Period	74	65	56				
18	Total Current Liabilities	\$27,283,850	\$23,033,650	\$20,390,861				
19	Total Operating Expenses	\$141,228,949	\$136,633,273	\$140,143,704				
20	Depreciation Expense	\$6,614,415	\$7,176,664	\$6,760,410				
21	Total Operating Expenses less Depreciation Expense	\$134,614,534	\$129,456,609	\$133,383,294				
F.	Solvency Measures Summary							
1	Equity Financing Ratio	24.9	19.6	15.2				
2	Total Net Assets	\$28,426,955	\$21,907,472	\$16,498,881				
3	Total Assets	\$114,337,729	\$111,991,654	\$108,877,513				
4	Cash Flow to Total Debt Ratio	16.9	17.7	11.1				

	BRISTOL	HOSPITAL						
	TWELVE MONTH	S ACTUAL FILING						
	FISCAL YEAR 2016							
	REPORT 185 - HOSPITAL FINANCIAL	AND STATISTICAL D	ATA ANALYSIS					
(1)	(2)	(3)	(4)	(5)				
		ACTUAL	ACTUAL	ACTUAL				
<u>LINE</u>	DESCRIPTION	FY 2014	<u>FY 2015</u>	FY 2016				
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,312,710	\$1,327,830	(\$1,885,665)				
6	Depreciation Expense	\$6,614,415	\$7,176,664	\$6,760,410				
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,927,125	\$8,504,494	\$4,874,745				
8	Total Current Liabilities	\$27,283,850	\$23,033,650	\$20,390,861				
9	Total Long Term Debt	\$25,576,658	\$25,024,410	\$23,543,656				
10	Total Current Liabilities and Total Long Term Debt	\$52,860,508	\$48,058,060	\$43,934,517				
11	Long Term Debt to Capitalization Ratio	47.4	53.3	58.8				
12	Total Long Term Debt	\$25,576,658	\$25,024,410	\$23,543,656				
13	Total Net Assets	\$28,426,955	\$21,907,472	\$16,498,881				
14	Total Long Term Debt and Total Net Assets	\$54,003,613	\$46,931,882	\$40,042,537				
15	Debt Service Coverage Ratio	3.9	3.8	2.4				
16	Excess Revenues over Expenses	2,312,710	\$1,327,830	(\$1,885,665)				
17	Interest Expense	1,412,468	\$1,267,462	\$1,044,552				
18	Depreciation and Amortization Expense	6,614,415	\$7,176,664	\$6,760,410				
19	Principal Payments	1,269,852	\$1,295,843	\$1,425,805				
G.	Other Financial Ratios							
20	Average Age of Plant	17.9	17.4	19.4				
21	Accumulated Depreciation	118,322,799	124,849,240	131,378,783				
22	Depreciation and Amortization Expense	6,614,415	7,176,664	6,760,410				
Н.	Utilization Measures Summary							
1	Patient Days	29,830	28,080	25,693				
2	Discharges	7,349	7,071	6,709				
3	ALOS	4.1	4.0	3.8				
4	Staffed Beds	115	128	141				
5	Available Beds	-	154	154				

	BRISTO	L HOSPITAL							
	TWELVE MONT	HS ACTUAL FILING							
	FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2014	FY 2015	<u>FY 2016</u>					
6	Licensed Beds	154	154	154					
7	Occupancy of Staffed Beds	71.1%	60.1%	49.9%					
8	Occupancy of Available Beds	53.1%	50.0%	45.7%					
9	Full Time Equivalent Employees	895.9	871.8	848.8					
I.	Hospital Gross Revenue Payer Mix Percentage								
1	Non-Government Gross Revenue Payer Mix Percentage	32.4%	29.9%	30.7%					
2	Medicare Gross Revenue Payer Mix Percentage	45.8%	46.3%	46.3%					
3	Medicaid Gross Revenue Payer Mix Percentage	19.9%	22.1%	21.3%					
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.0%	0.0%	0.0%					
5	Uninsured Gross Revenue Payer Mix Percentage	1.6%	1.5%	1.5%					
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.3%	0.2%					
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Gross Revenue (Charges)	\$146,905,029	\$132,731,538	\$144,192,264					
9	Medicare Gross Revenue (Charges)	\$207,383,286	\$205,561,808	\$217,459,847					
10	Medicaid Gross Revenue (Charges)	\$89,953,536	\$97,960,036	\$99,946,166					
11	Other Medical Assistance Gross Revenue (Charges)	\$0	\$0	\$0					
12	Uninsured Gross Revenue (Charges)	\$7,311,431	\$6,500,426	\$7,053,712					
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,538,856	\$1,354,842	\$737,972					
14	Total Gross Revenue (Charges)	\$453,092,138	\$444,108,650	\$469,389,961					
J.	Hospital Net Revenue Payer Mix Percentage								
1	Non-Government Net Revenue Payer Mix Percentage	47.0%	44.4%	45.8%					
2	Medicare Net Revenue Payer Mix Percentage	38.2%	39.2%	37.3%					
3	Medicaid Net Revenue Payer Mix Percentage	14.5%	16.1%	16.6%					
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.0%	0.0%					
5	Uninsured Net Revenue Payer Mix Percentage	0.0%	0.1%	0.1%					
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.2%	0.1%					
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%					
8	Non-Government Net Revenue (Payments)	\$63,966,306	\$59,046,165	\$61,799,266					
9	Medicare Net Revenue (Payments)	\$51,942,733	\$52,094,592	\$50,309,344					
10	Medicaid Net Revenue (Payments)	\$19,708,135	\$21,470,152	\$22,436,045					
11	Other Medical Assistance Net Revenue (Payments)	\$0	\$0	\$0					

OFFICE OF	HEALTH CARE ACCESS TWELVE MON	THS ACTUAL FILING		BRISTOL HOSPITA					
	BRI	STOL HOSPITAL							
	TWELVE M	ONTHS ACTUAL FILING							
	FISCAL YEAR 2016								
	REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS								
(1)	(2)	(3)	(4)	(5)					
		ACTUAL	ACTUAL	ACTUAL					
<u>LINE</u>	DESCRIPTION	FY 2014	<u>FY 2015</u>	FY 2016					
12	Uninsured Net Revenue (Payments)	\$67,919	\$108,324	\$142,814					
13	CHAMPUS / TRICARE Net Revenue Payments)	\$283,817	\$312,870	\$126,385					
14	Total Net Revenue (Payments)	\$135,968,910	\$133,032,103	\$134,813,854					
K.	<u>Discharges</u>								
1	Non-Government (Including Self Pay / Uninsured)	2,116	1,833	1,820					
2	Medicare	3,410	3,380	3,148					
3	Medical Assistance	1,797	1,840	1,721					
4	Medicaid	1,797	1,840	1,721					
5	Other Medical Assistance	-	-	-					
6	CHAMPUS / TRICARE	26	18	20					
7	Uninsured (Included In Non-Government)	113	102	88					
8	Total	7,349	7,071	6,709					
L.	Case Mix Index								
1	Non-Government (Including Self Pay / Uninsured)	1.04630	0.99300	1.13580					
2	Medicare	1.30640	1.27410	1.40520					
3	Medical Assistance	0.94320	0.93630	1.11670					
4	Medicaid	0.94320	0.93630	1.11670					
5	Other Medical Assistance	0.00000	0.00000	0.00000					
6	CHAMPUS / TRICARE	1.00670	0.62180	1.07680					
7	Uninsured (Included In Non-Government)	1.17600	1.12520	1.25890					
8	Total Case Mix Index	1.14164	1.11167	1.25713					
М.	Emergency Department Visits								
1	Emergency Room - Treated and Admitted	5,323	5,331	5,068					
2	Emergency Room - Treated and Discharged	33,489	34,310	33,755					
3	Total Emergency Room Visits	38,812	39,641	38,823					

REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
. ,		FY 2015	FY 2016	AMÒÚNT	. ,
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICARE MANAGED CARE			Г	T
Α.	ANTHEM - MEDICARE BLUE CONNECTICUT				
<u>7.</u> 1	Inpatient Charges	\$444,066	\$2,702,632	\$2,258,566	509%
2	Inpatient Charges Inpatient Payments	\$164,341	\$952,128	\$787,787	479%
3	Outpatient Charges	\$1,006,586	\$4,163,006	\$3,156,420	314%
4	Outpatient Charges Outpatient Payments	\$189,734	\$697,088	\$507,354	267%
5	Discharges	23	93 93	70	304%
6	Patient Days	85	405	320	376%
7	Outpatient Visits (Excludes ED Visits)	526	1,894	1,368	260%
8	Emergency Department Outpatient Visits	105	380	275	262%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,450,652	\$ 6,865,638	57 \$5,414,986	259% 373%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,450,652	\$1,649,216	\$1,295,141	366%
	TOTAL INPATIENT & OUTPATIENT PATMENTS	\$354,075	\$1,049,210	\$1,295,141	300%
В.	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.				
11	Inpatient Charges	\$7,385,919	\$6,414,461	(\$971,458)	-13%
2	Inpatient Payments	\$2,497,887	\$2,322,922	(\$174,965)	-7%
3	Outpatient Charges	\$10,280,198	\$11,040,008	\$759,810	7%
4	Outpatient Payments	\$1,761,193	\$1,650,633	(\$110,560)	-6%
5	Discharges	265	232	(33)	
6	Patient Days	1,141	892	(249)	-22%
7	Outpatient Visits (Excludes ED Visits)	4,904	5,030	126	3%
8	Emergency Department Outpatient Visits	508	508	0	0%
9	Emergency Department Inpatient Admissions	231	202	(29)	
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$17,666,117	\$17,454,469	(\$211,648)	
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,259,080	\$3,973,555	(\$285,525)	-7%

REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	χ-,
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
D.	HEALTHNET OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	OTHER MEDICARE MANAGER CARE				
E.	OTHER MEDICARE MANAGED CARE	#50.005	#007.050	#474.000	0000/
1	Inpatient Charges	\$53,085	\$227,353	\$174,268	328%
2	Inpatient Payments	\$18,700	\$85,540	\$66,840	357%
3	Outpatient Charges	\$65,765	\$51,025	(\$14,740)	-22%
4	Outpatient Payments	\$10,496	\$9,106	(\$1,390)	-13%
5	Discharges	4	10	6	150%
6	Patient Days	7	44	37	529%
7	Outpatient Visits (Excludes ED Visits)	17	18	1	6%
8	Emergency Department Outpatient Visits	15	14	(1)	-7%
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	4 \$440.050	10	6	150%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$118,850 \$20,406	\$278,378	\$159,528	134% 224%
	TOTAL INPATIENT & OUTPATIENT PATMENTS	\$29,196	\$94,646	\$65,450	224%
F.	OXFORD HEALTH PLANS, INC - MEDICARE ADVANTA	AGE			
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%
		, ,	• -	•	

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
	. ,	FY 2015	FY 2016	AMOUNT	
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$9,738,506	\$10,236,551	\$498,045	5%
2	Inpatient Payments	\$3,050,525	\$3,338,245	\$287,720	9%
3	Outpatient Charges	\$14,219,417	\$17,989,633	\$3,770,216	27%
4	Outpatient Payments	\$2,427,704	\$2,633,027	\$205,323	8%
5	Discharges	355	325	(30)	-8%
6	Patient Days	1,511	1,467	(44)	-3%
7	Outpatient Visits (Excludes ED Visits)	6,543	8,091	1,548	24%
8	Emergency Department Outpatient Visits	722	872	150	21%
9	Emergency Department Inpatient Admissions	325	289	(36)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$23,957,923	\$28,226,184	\$4,268,261	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,478,229	\$5,971,272	\$493,043	9%
Н.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$1,303,931	\$1,349,785	\$45,854	4%
2	Inpatient Charges Inpatient Payments	\$375,749	\$489,149	\$113,400	30%
3	Outpatient Charges	\$2,387,152	\$1,830,725	(\$556,427)	-23%
<u>3</u>	Outpatient Charges Outpatient Payments	\$418,353	\$301,388	(\$116,965)	-23% -28%
	Discharges	46	φου 1,366 55	(\$116,965)	20%
6	Patient Days	219	234	15	7%
7	Outpatient Visits (Excludes ED Visits)	926	234 837	(89)	-10%
	Emergency Department Outpatient Visits	231	227	(89)	-10%
8		39		(4)	
9	Emergency Department Inpatient Admissions TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,691,083	\$3,180,510	(\$510,573)	28% -14%
	TOTAL INPATIENT & OUTPATIENT CHARGES TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,691,063	\$790,537	(\$3,565)	0%
	TOTAL INPATIENT & OUTPATIENT PATMENTS	\$794,102	\$790,537	(\$3,565)	U%
I.	AETNA				
1	Inpatient Charges	\$4,754,727	\$5,630,970	\$876,243	18%
2	Inpatient Payments	\$1,565,149	\$1,793,117	\$227,968	15%
3	Outpatient Charges	\$7,639,697	\$8,068,148	\$428,451	6%
4	Outpatient Payments	\$1,299,426	\$1,313,211	\$13,785	1%
5	Discharges	175	155	(20)	-11%
6	Patient Days	768	711	(57)	-7%
7	Outpatient Visits (Excludes ED Visits)	3,213	3,474	261	8%
8	Emergency Department Outpatient Visits	416	451	35	8%
9	Emergency Department Inpatient Admissions	156	135	(21)	-13%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,394,424	\$13,699,118	\$1,304,694	11%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,864,575	\$3,106,328	\$241,753	8%
		. , , ,	. , , , -	. ,	

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
· /		FY 2015	FY 2016	AMOUNT	(-)
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$187,317	\$33,271	(\$154,046)	-82%
2	Inpatient Payments	\$31,428	\$14,541	(\$16,887)	-54%
3	Outpatient Charges	\$23,289	\$46,439	\$23,150	99%
4	Outpatient Payments	\$4,529	\$7,149	\$2,620	58%
5	Discharges	6	2	(4)	-67%
6	Patient Days	43	6	(37)	-86%
7	Outpatient Visits (Excludes ED Visits)	43	17	(26)	-60%
8	Emergency Department Outpatient Visits	6	13	7	117%
9	Emergency Department Inpatient Admissions	5	2	(3)	-60%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$210,606	\$79,710	(\$130,896)	-62%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$35,957	\$21,690	(\$14,267)	-40%
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%

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REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	.,
LINE	DESCRIPTION	ACTUAL	ACTUAL	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	\$269,035	\$106,378	(\$162,657)	-60%
2	Inpatient Payments	\$90,510	\$30,310	(\$60,200)	
3	Outpatient Charges	\$159,085	\$164,392	\$5,307	3%
4	Outpatient Payments	\$25,171	\$38,192	\$13,021	52%
5	Discharges	9	3	(6)	-67%
6	Patient Days	43	14	(29)	-67%
7	Outpatient Visits (Excludes ED Visits)	553	544	(9)	-2%
8	Emergency Department Outpatient Visits	14	13	(1)	-7%
9	Emergency Department Inpatient Admissions	9	3	(6)	
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$428,120	\$270,770	(\$157,350)	
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$115,681	\$68,502	(\$47,179)	-41%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$24,136,586	\$26,701,401	\$2,564,815	11%
	TOTAL INPATIENT PAYMENTS	\$7,794,289	\$9,025,952	\$1,231,663	16%
	TOTAL OUTPATIENT CHARGES	\$35,781,189	\$43,353,376	\$7,572,187	21%
	TOTAL OUTPATIENT PAYMENTS	\$6,136,606	\$6,649,794	\$513,188	8%
	TOTAL DISCHARGES	883	875	(8)	
	TOTAL PATIENT DAYS	3,817	3,773	(44)	
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	16,725	19,905	3,180	19%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT	10,723	13,303	3,100	13/0
	VISITS	2,017	2,478	461	23%
	TOTAL EMERGENCY DEPARTMENT INPATIENT	_,,,,,,	_, 0	.01	20%
	ADMISSIONS	791	770	(21)	-3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$59,917,775	\$70,054,777	\$10,137,002	
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,930,895	\$15,675,746	\$1,744,851	

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REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
I.	MEDICAID MANAGED CARE				
A.	ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
В.	COMMUNITY HEALTH NETWORK OF CT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C.	HEALTHNET OF THE NORTHEAST, INC.				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

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REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMÒÚNT	,
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	FIRST CHOICE OF CONNECTICUT, PREFERRED				
F.	ONE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	
		ACTUAL	ACTUAL	DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
Н.	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%
II.	TOTAL MEDICAID MANAGED CARE				
11,					
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED				
	VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT				
	OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT	\top			
	INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3) FY 2015	(4) FY 2016	(5) AMOUNT	(6) %
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
l.	<u>ASSETS</u>				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$20,508,378	\$17,006,513	(\$3,501,865)	-17%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$19,746,504	\$20,559,635	\$813,131	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$601,120	\$601,120	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,419,330	\$1,468,991	\$49,661	3%
8	Prepaid Expenses	\$1,308,744	\$1,489,764	\$181,020	14%
9	Other Current Assets	\$3,282,946	\$4,571,091	\$1,288,145	39%
	Total Current Assets	\$46,867,022	\$45,697,114	(\$1,169,908)	-2%
В.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$0	\$0	\$0	0%
2	Board Designated for Capital Acquisition	\$7,618,664	\$8,516,675	\$898,011	12%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited Total Noncurrent Assets Whose Use is Limited:	\$14,443,787 \$22,062,451	\$15,161,456 \$23,678,131	\$717,669 \$1,615,680	5% 7%
5	Interest in Net Assets of Foundation	\$1,834,813	\$1,639,056	(\$195,757)	-11%
6	Long Term Investments	\$6,496,418	\$7,693,291	\$1,196,873	18%
7	Other Noncurrent Assets	\$1,934,263	\$1,498,285	(\$435,978)	-23%
,	Cutof (Vollouriera / Cooks	ψ1,5501,255	Ψ1,100,200	(ψ-100,070)	2070
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$180,313,829	\$184,406,271	\$4,092,442	2%
2	Less: Accumulated Depreciation	\$137,121,924	\$144,343,866	\$7,221,942	\$0
	Property, Plant and Equipment, Net	\$43,191,905	\$40,062,405	(\$3,129,500)	-7%
3	Construction in Progress	\$635,138	\$680,180	\$45,042	7%
	Total Net Fixed Assets	\$43,827,043	\$40,742,585	(\$3,084,458)	-7%
	Total Assets	\$123,022,010	\$120,948,462	(\$2,073,548)	-2%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
II.	LIABILITIES AND NET ASSETS				
Α.	Current Liabilities:				
1	Accounts Payable and Accrued Expenses	\$13,044,663	\$13,201,162	\$156,499	1%
2	Salaries, Wages and Payroll Taxes	\$10,002,062	\$6,810,036	(\$3,192,026)	-32%
3	Due To Third Party Payers	\$1,130,211	\$1,976,385	\$846,174	75%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,290,670	\$1,342,385	\$51,715	4%
6	Current Portion of Notes Payable	\$109,090	\$109,555	\$465	0%
7	Other Current Liabilities	\$2,550,293	\$1,918,293	(\$632,000)	-25%
	Total Current Liabilities	\$28,126,989	\$25,357,816	(\$2,769,173)	-10%
В.	Long Term Debt:				
1	Bonds Payable (Net of Current Portion)	\$27,223,996	\$25,239,695	(\$1,984,301)	-7%
2	Notes Payable (Net of Current Portion)	\$464,171	\$354,617	(\$109,554)	-24%
	Total Long Term Debt	\$27,688,167	\$25,594,312	(\$2,093,855)	-8%
3	Accrued Pension Liability	\$32,795,767	\$38,325,259	\$5,529,492	17%
4	Other Long Term Liabilities	\$11,515,267	\$12,228,216	\$712,949	6%
	Total Long Term Liabilities	\$71,999,201	\$76,147,787	\$4,148,586	6%
	Interest in Net Assets of Affiliates or Joint				
5	Ventures	\$0	\$0	\$0	0%
C.	Net Assets:				
1	Unrestricted Net Assets or Equity	\$12,974,320	\$9,388,599	(\$3,585,721)	-28%
2	Temporarily Restricted Net Assets	\$3,131,129	\$3,157,414	\$26,285	1%
3	Permanently Restricted Net Assets	\$6,790,371	\$6,896,846	\$106,475	2%
	Total Net Assets	\$22,895,820	\$19,442,859	(\$3,452,961)	-15%
	Total Liabilities and Net Assets	\$123,022,010	\$120,948,462	(\$2,073,548)	-2%

TWELVE MONTHS ACTUAL FILING

	TWELVE N	IONTHS ACTUAL F	ILING		
	F	ISCAL YEAR 2016			
	REPORT 350 - PARENT CORPORATION CON	SOLIDATED STATE	MENT OF OPERA	TIONS INFORMATION	ON
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
LINE	<u>DESCRIPTION</u>	AOTOAL	AOTOAL	DITTERENCE	DITTERENCE
A.	Operating Revenue:				
1	Total Gross Patient Revenue	\$506,080,946	\$538,069,506	\$31,988,560	6%
2	Less: Allowances	\$332,363,425	\$361,081,224	\$28,717,799	9%
3	Less: Charity Care	\$4,092,111	\$4,120,176	\$28,065	1%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$169,625,410	\$172,868,106	\$3,242,696	2%
5	Provision for Bad Debts	\$3,515,959	\$3,444,413	(\$71,546)	-2%
	Net Patient Service Revenue less provision for bad debts	\$166,109,451	\$169,423,693	\$3,314,242	2%
6		\$6,317,978	\$5,919,418		-6%
О	Other Operating Revenue	Ф0,317,976	\$5,919,416	(\$398,560)	-0%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$172,427,429	\$175,343,111	\$2,915,682	2%
В.	Operating Expenses:				
1	Salaries and Wages	\$82,861,130	\$89,365,446	\$6,504,316	8%
2	Fringe Benefits	\$17,998,233	\$18,153,035	\$154,802	1%
3	Physicians Fees	\$12,846,687	\$15,127,528	\$2,280,841	18%
4	Supplies and Drugs	\$27,638,010	\$21,403,622	(\$6,234,388)	-23%
5	Depreciation and Amortization	\$7,959,616	\$7,588,527	(\$371,089)	-5%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$1,506,976	\$1,198,465	(\$308,511)	-20%
8	Malpractice Insurance Cost	\$1,839,763	\$2,049,050	\$209,287	11%
9	Other Operating Expenses	\$19,689,673	\$21,950,166	\$2,260,493	11%
	Total Operating Expenses	\$172,340,088	\$176,835,839	\$4,495,751	3%
	Income/(Loss) From Operations	\$87,341	(\$1,492,728)	(\$1,580,069)	-1809%
C.	Non-Operating Revenue:				
1	Income from Investments	\$839,289	\$1,139,203	\$299,914	36%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$157,754	\$165,731	\$7,977	5%
	Total Non-Operating Revenue	\$997,043	\$1,304,934	\$307,891	31%
	Excess/(Deficiency) of Revenue Over Expenses				
	(Before Other Adjustments)	\$1,084,384	(\$187,794)	(\$1,272,178)	-117%

BRISTOL HOSPITAL & HEALTH CARE GROUP, INC. TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION** (1) (2) (5) (6) FY 2015 FY 2016 **AMOUNT** % LINE DESCRIPTION **ACTUAL ACTUAL DIFFERENCE DIFFERENCE** 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 \$1,084,384 (\$187,794) (\$1,272,178) -117%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A.	Parent Corporation Statement of Operations Summary			
1	Net Patient Revenue	\$168,232,406	\$166,109,451	\$169,423,693
2	Other Operating Revenue	7,836,353	6,317,978	5,919,418
3	Total Operating Revenue	\$176,068,759	\$172,427,429	\$175,343,111
4	Total Operating Expenses	175,386,378	172,340,088	176,835,839
5	Income/(Loss) From Operations	\$682,381	\$87,341	(\$1,492,728)
6	Total Non-Operating Revenue	1,478,569	997,043	1,304,934
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,160,950	\$1,084,384	(\$187,794)
В.	Parent Corporation Profitability Summary			
1	Parent Corporation Operating Margin	0.38%	0.05%	-0.85%
2	Parent Corporation Non-Operating Margin	0.83%	0.57%	0.74%
3	Parent Corporation Total Margin	1.22%	0.63%	-0.11%
4	Income/(Loss) From Operations	\$682,381	\$87,341	(\$1,492,728)
5	Total Operating Revenue	\$176,068,759	\$172,427,429	\$175,343,111
6	Total Non-Operating Revenue	\$1,478,569	\$997,043	\$1,304,934
7	Total Revenue	\$177,547,328	\$173,424,472	\$176,648,045
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,160,950	\$1,084,384	(\$187,794)
C.	Parent Corporation Net Assets Summary			
1	Parent Corporation Unrestricted Net Assets	\$18,611,817	\$12,974,320	\$9,388,599
2	Parent Corporation Total Net Assets	\$29,431,435	\$22,895,820	\$19,442,859
3	Parent Corporation Change in Total Net Assets	\$823,710	(\$6,535,615)	(\$3,452,961)
4	Parent Corporation Change in Total Net Assets %	102.9%	-22.2%	-15.1%

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TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
D.	Liquidity Measures Summary			
1	Current Ratio	1.46	1.67	1.80
2	Total Current Assets	\$46,812,673	\$46,867,022	\$45,697,114
3	Total Current Liabilities	\$32,101,334	\$28,126,989	\$25,357,816
4	Days Cash on Hand	41	46	37
5	Cash and Cash Equivalents	\$18,575,899	\$20,508,378	\$17,006,513
6	Short Term Investments	\$96,550	\$0	\$0
7	Total Cash and Short Term Investments	\$18,672,449	\$20,508,378	\$17,006,513
8	Total Operating Expenses	\$175,386,378	\$172,340,088	\$176,835,839
9	Depreciation Expense	\$7,411,959	\$7,959,616	\$7,588,527
10	Operating Expenses less Depreciation Expense	\$167,974,419	\$164,380,472	\$169,247,312
11	Days Revenue in Patient Accounts Receivable	46	41	40
12	Net Patient Accounts Receivable	\$ 20,598,344	\$ 19,746,504	\$ 20,559,635
13	Due From Third Party Payers	\$581,194	\$0	\$0
14	Due To Third Party Payers	\$0	\$1,130,211	\$1,976,385
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 21,179,538	\$ 18,616,293	\$ 18,583,250
16	Total Net Patient Revenue	\$168,232,406	\$166,109,451	\$169,423,693
17	Average Payment Period	70	62	55
18	Total Current Liabilities	\$32,101,334	\$28,126,989	\$25,357,816
19	Total Operating Expenses	\$175,386,378	\$172,340,088	\$176,835,839
20	Depreciation Expense	\$7,411,959	\$7,959,616	\$7,588,527
20	Total Operating Expenses less Depreciation Expense	\$167,974,419	\$164,380,472	\$169,247,312

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14 Total Long Term Debt and Total Net Assets

OFFICI	E OF HEALTH CARE ACCESS TWELVE MONTHS ACT	UAL FILING	BRISTOL HOSPITAL HEA	LIH CARE GROUP, IN							
	BRISTOL HOSPITAL & HEALTH	H CARE GROUP, INC.									
	TWELVE MONTHS AC	TUAL FILING									
	FISCAL YEAR	2016									
	REPORT 385 - PARENT CORPORATION CONSO	LIDATED FINANCIAL D	OATA ANALYSIS								
(1)	(1) (2) (3) (4) (5)										
(1)	(2)	ACTUAL	(4) ACTUAL	ACTUAL							
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016							
E.	Solvency Measures Summary										
1	Equity Financing Ratio	23.5	18.6	16.1							
2	Total Net Assets	\$29,431,435	\$22,895,820	\$19,442,859							
3	Total Assets	\$125,157,827	\$123,022,010	\$120,948,462							
4	Cash Flow to Total Debt Ratio	15.7	16.2	14.5							
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,160,950	\$1,084,384	(\$187,794)							
6	Depreciation Expense	\$7,411,959	\$7,959,616	\$7,588,527							
7	Excess of Revenues Over Expenses and Depreciation Expense	\$9,572,909	\$9,044,000	\$7,400,733							
8	Total Current Liabilities	\$32,101,334	\$28,126,989	\$25,357,816							
9	Total Long Term Debt	\$28,825,366	\$27,688,167	\$25,594,312							
10	Total Current Liabilities and Total Long Term Debt	\$60,926,700	\$55,815,156	\$50,952,128							
11	Long Term Debt to Capitalization Ratio	49.5	54.7	56.8							
12	Total Long Term Debt	\$28,825,366	\$27,688,167	\$25,594,312							
13	Total Net Assets	\$29,431,435	\$22,895,820	\$19,442,859							

\$58,256,801

\$50,583,987

\$45,037,171

				BI	RISTOL HOSPITA	L		
		TWELVE MONTHS ACTUAL FILING						
					ISCAL YEAR 2016			
			REPORT 40	0 - HOSPITAL INP			PARTMENT	
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
	()	χ-γ	(,	(/	. ,	(-)	OCCUPANCY	OCCUPANCY
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	CU/CCU # PATIENT	71211110010110	BEDS (A)	BEDS	BEDS (A)	BEDS
	<u> </u>	DATO	OGIOGO II I ATILIT		<u>BEBO (A)</u>	<u>DLD0</u>	<u>BLBO (A)</u>	<u>DLD0</u>
1	Adult Medical/Surgical	15,197	4,709	4,706	76	86	54.8%	48.4%
	rtaan moaroan oan groan	.0,.01	.,. 00	.,. 00			0.1070	.0,
2	ICU/CCU (Excludes Neonatal ICU)	2.746	268	0	14	14	53.7%	53.7%
		, -						
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,734	856	852	16	16	81.1%	81.1%
	TOTAL PSYCHIATRIC	4,734	856	852	16	16	81.1%	81.1%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,536	552	550	15	15	28.1%	28.1%
		,						
7	Newborn	1,480	592	591	20	20	20.3%	20.3%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	0	0	0	0	3	0.0%	0.0%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	24,213	6,117	6,108	121	134	54.8%	49.5%
	TOTAL INPATIENT BED UTILIZATION	25,693	6,709	6,699	141	154	49.9%	45.7%
	TOTAL INPATIENT REPORTED YEAR	25,693		6,699	141	154	49.9%	45.7%
	TOTAL INPATIENT PRIOR YEAR	28,080	7,071	7,056	128	154	60.1%	50.0%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,387	-362	-357	13	0	-10.2%	-4.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-9%	-5%	-5%	10%	0%	-17%	-9%
	Total Licensed Beds and Bassinets	154						
(A) T	his number may not exceed the number of availa	ole beds for eac	h department or in t	otal.				
Note	: Total discharges do not include ICU/CCU patien	ts.						
_								

	В	BRISTOL HOSPITAL			
	TWELVE	MONTHS ACTUAL F	ILING		
		FISCAL YEAR 2016			
	REPORT 450 - HOSPITAL INPATIENT AN	D OUTPATIENT OTH	ER SERVICES UTIL	IZATION AND FTES	
(4)	(0)	(2)	(4)	(E)	(0)
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
A.	CT Scans (A)				
1	Inpatient Scans	3,244	3,022	-222	-7%
_	Outpatient Scans (Excluding Emergency Department	4 222	4.054	222	00/
	Scans) Emergency Department Scans	4,322 5,112	4,654 5,012	332 -100	8% -2%
	Other Non-Hospital Providers' Scans (A)	0,112	0,012	-100	0%
7	Total CT Scans	12,678	12,688	10	0%
		12,010	12,000		• • • • • • • • • • • • • • • • • • • •
B.	MRI Scans (A)				
1	Inpatient Scans	374	327	-47	-13%
	Outpatient Scans (Excluding Emergency Department				
	Scans)	2,337	2,650	313	13%
	Emergency Department Scans Other Non-Hospital Providers' Scans (A)	105	93	-12 0	-11% 0%
4	Total MRI Scans	2,816	3,070	254	9%
	1000.111111000.110	2,010	3,010	204	370
C.	PET Scans (A)				
1	Inpatient Scans	0	0	0	0%
	Outpatient Scans (Excluding Emergency Department				
	Scans)	213	235	22	10%
	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A) Total PET Scans	0 213	<u>0</u> 235	0 22	0% 10%
	Total i E i Ocalis	213	233	22	10 /0
D.	PET/CT Scans (A)				
1	Inpatient Scans	0	0	0	0%
	Outpatient Scans (Excluding Emergency Department				
	Scans)	0	0	0	0%
	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A) Total PET/CT Scans	0	<u>0</u>	0	0% 0 %
	Total F E I/CT Scalls	U	U	U	U 70
	(A) If the Hospital is not the primary provider of thes	se scans, the Hospita	Il must obtain the fis	scal vear	
	volume of each of these types of scans from the			,	
	<u>Linear Accelerator Procedures</u>				
	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures Total Linear Accelerator Procedures	0	0	0	0%
	Total Lilledi Accelerator Procedures	0	0	0	0%
F.	Cardiac Catheterization Procedures				
	Inpatient Procedures	0	0	0	0%
	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
	Cardiac Angioplasty Procedures				
	Primary Procedures	0	0	0	0%
2	Elective Procedures Total Cardiac Angioplasty Procedures	0	0	0 0	0% 0 %
	Total Galdiac Aligiopiasty Flocedules	U	U	U	U%
Н.	Electrophysiology Studies				
1	Inpatient Studies	0	0	0	0%
		<u> </u>			3 7 0

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTES											
							REPORT 450 - HOSPITAL INPATIENT AI	ND OUTPATIENT OTHE	ER SERVICES UTILI	ZATION AND FIES	i
						(1)	(2)	(2)	(4)	/E\	(6)
(1)	(2)	(3)	(4)	(5)	(6)						
		ACTUAL	ACTUAL	AMOUNT	%						
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE						
LINE	DEGGKII TION	1 1 2013	1 1 2010	DITTERENCE	DITTERCE						
2	Outpatient Studies	0	0	0	0%						
	Total Electrophysiology Studies	0	0	0	0%						
	1 , 3,										
I.	Surgical Procedures										
1	Inpatient Surgical Procedures	1,280	1,327	47	4%						
2	Outpatient Surgical Procedures	3,088	3,124	36	1%						
	Total Surgical Procedures	4,368	4,451	83	2%						
J.	Endoscopy Procedures										
1	Inpatient Endoscopy Procedures	392	417	25	6%						
2	Outpatient Endoscopy Procedures Total Endoscopy Procedures	1,844	1,892	48	3%						
-	Total Endoscopy Procedures	2,236	2,309	73	3%						
K.	Hospital Emergency Room Visits										
1 1	Emergency Room Visits: Treated and Admitted	5,331	5,068	-263	-5%						
2	Emergency Room Visits: Treated and Discharged	34,310	33,755	-203 -555	-2%						
	Total Emergency Room Visits	39,641	38,823	-818	-2%						
	- Color Emorganic, Media Maria	55,541	00,020	010	270						
	Hospital Clinic Visits										
L.	Substance Abuse Treatment Clinic Visits	0	0	0	00/						
2	Dental Clinic Visits	0	0	0	0% 0%						
3	Psychiatric Clinic Visits	26,649	24,424	-2,225	-8%						
4	Medical Clinic Visits	0	0	0	0%						
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%						
6	Medical Clinic Visits - Urgent Care Clinic	0	0	0	0%						
7	Medical Clinic Visits - Family Practice Clinic	0	0	0	0%						
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%						
9	Specialty Clinic Visits	0	0	0							
10	Specialty Clinic Visits - Cardiac Clinic	0	0	0	0%						
11	Specialty Clinic Visits - Chronic Pain Clinic	0	0	0	0%						
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0% 0%						
13	Specialty Clinic Visits - Other Speciality Clinics Total Hospital Clinic Visits	26,649	24,424	-2,22 5							
	Total Hospital Offine Visits	20,043	27,727	-2,223	-070						
М.	Other Hospital Outpatient Visits										
1	Rehabilitation (PT/OT/ST)	82,934	92,482	9,548							
2	Cardiac Rehabilitation	3,893	4,385	492	13%						
3	Chemotherapy	9,299	8,934	-365	-4%						
4	Gastroenterology	1,295	1,359	64	5%						
5	Other Outpatient Visits Total Other Hospital Outpatient Visits	4,039	7,703	3,664	91%						
	Total Other Hospital Outpatient Visits	101,460	114,863	13,403	13%						
	Harrisol Full Fines Frankry 1 (F. 1)										
N .	Hospital Full Time Equivalent Employees Total Nursing FTEs	233.3	229.8	-3.5	-2%						
2	Total Physician FTEs	1.7	1.8	0.1	6%						
3	Total Non-Nursing and Non-Physician FTEs	636.8	617.2	-19.6	-3%						
	Total Hospital Full Time Equivalent Employees	871.8	848.8	-23.0	-3%						

RE	PORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDO:	SCOPY AND EME	ERGENCY RO	OM SERVICES E	BY LOCATION
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE
Α.	Outpatient Surgical Procedures				
1	Bristol Hospital Campus	3,088	3,124	36	1%
	Total Outpatient Surgical Procedures(A)	3,088	3,124	36	1%
В.	Outpatient Endoscopy Procedures				
1	Bristol Hospital Campus	1,844	1,892	48	3%
	Total Outpatient Endoscopy Procedures(B)	1,844	1,892	48	3%
C.	Outpatient Hospital Emergency Room Visits				
1	Bristol Hospital Campus	34,310	33,755	-555	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	34,310	33,755	-555	-2%
	(A) Must agree with Total Outpatient Surgical Procedure	es on Report 450			
	(B) Must agree with Total Outpatient Endoscopy Proced	uros on Bonort	150		
	(b) Must agree with Total Outpatient Endoscopy Proced	ures on Report	+50.		

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

		ACTUAL	ACTUAL	AMOUNT	%
LINE	<u>DESCRIPTION</u>	<u>FY 2015</u>	<u>FY 2016</u>	DIFFERENCE	DIFFERENCE
I.	DATA BY MAJOR PAYER CATEGORY				
A.	MEDICARE				
	MEDICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$89,030,643	\$85,193,950	(\$3,836,693)	-4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$28,121,510	\$24,879,315	(\$3,242,195)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.59%	29.20%	-2.38%	-8%
4	DISCHARGES	3,380	3,148	(232)	-7%
5	CASE MIX INDEX (CMI)	1.27410	1.40520	0.13110	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,306.45800	4,423.56960	117.11160	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,530.08	\$5,624.26	(\$905.82)	-14%
8	PATIENT DAYS	14,869	13,640	(1,229)	-8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,891.28	\$1,824.00	(\$67.29)	-4%
10	AVERAGE LENGTH OF STAY	4.4	4.3	(0.1)	-2%
	MEDICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$116,531,165	\$132,265,897	\$15,734,732	14%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,973,082	\$25,430,029	\$1,456,947	6%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.57%	19.23%	-1.35%	-7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	130.89%	155.25%	24.36%	19%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,424.04238	4,887.35460	463.31222	10%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,418.82	\$5,203.23	(\$215.59)	-4%
	MEDICARE TOTALS (INPATIENT + OUTPATIENT)				
17	TOTAL ACCRUED CHARGES	\$205,561,808	\$217,459,847	\$11,898,039	6%
18	TOTAL ACCRUED PAYMENTS	\$52,094,592	\$50,309,344	(\$1,785,248)	-3%
19	TOTAL ALLOWANCES	\$153,467,216	\$167,150,503	\$13,683,287	9%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

	AND BASELINE UNDERPAYMENT DATE	A. COMPARAI	IVE ANALISI	.	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
	<u>BESSKII TION</u>	112010	1 . 20.0	<u>DIFF LIVER</u>	<u>DII I LIKLIKOL</u>
В.	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)				
	NON-GOVERNMENT INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$34,686,289	\$37,829,211	\$3,142,922	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$17,963,053	\$18,553,846	\$590,793	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	51.79%	49.05%	-2.74%	-5%
4	DISCHARGES	1,833	1,820	(13)	-1%
5	CASE MIX INDEX (CMI)	0.99300	1.13580	0.14280	14%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,820.16900	2,067.15600	246.98700	14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,868.89	\$8,975.54	(\$893.35)	-9%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$3,338.81)	(\$3,351.28)	(\$12.47)	0%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$6,077,206)	(\$6,927,619)	(\$850,413)	14%
10	PATIENT DAYS	6,026	5,505	(521)	-9%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,980.92	\$3,370.36	\$389.44	13%
12	AVERAGE LENGTH OF STAY	3.3	3.0	(0.3)	-8%
	NON-GOVERNMENT OUTPATIENT				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$104,545,675	\$113,416,765	\$8,871,090	8%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$41,191,436	\$43,388,234	\$2,196,798	5%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.40%	38.26%	-1.14%	-3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	301.40%	299.81%	-1.59%	-1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	5,524.72541	5,456.59047	(68.13494)	-1%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$7,455.83	\$7,951.53	\$495.69	7%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$2,037.02)	(\$2,748.30)	(\$711.28)	35%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$11,253,953)	(\$14,996,340)	(\$3,742,387)	33%
	NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)				
21	TOTAL ACCRUED CHARGES	\$139,231,964	\$151,245,976	\$12,014,012	9%
22	TOTAL ACCRUED PAYMENTS	\$59,154,489	\$61,942,080	\$2,787,591	5%
23	TOTAL ALLOWANCES	\$80,077,475	\$89,303,896	\$9,226,421	12%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$17,331,159)	(\$21,923,959)	(\$4,592,800)	27%
	NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$129,119,183	\$139,793,488	\$10,674,305	8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA	\$65,741,313	\$66,387,251	\$645,938	1%
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)				
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$63,377,870	\$73,406,237	\$10,028,367	16%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.08%	52.51%	3.43%	

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$1,368,087	\$1,649,171	\$281,084	21%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$8,171	\$8,171	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.50%	0.50%	0%
4	DISCHARGES	102	88	(14)	-14%
5	CASE MIX INDEX (CMI)	1.12520	1.25890	0.13370	12%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	114.77040	110.78320	(3.98720)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$73.76	\$73.76	0%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$9,868.89	\$8,901.79	(\$967.11)	-10%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,530.08	\$5,550.51	(\$979.57)	-15%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$749,460	\$614,903	(\$134,557)	-18%
11	PATIENT DAYS	360	286	(74)	-21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$28.57	\$28.57	0%
13	AVERAGE LENGTH OF STAY	3.5	3.3	(0.3)	-8%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,132,339	\$5,404,541	\$272,202	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$108,324	\$134,643	\$26,319	24%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	2.11%	2.49%	0.38%	18%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	375.15%	327.71%	-47.43%	-13%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	382.65006	288.38708	(94.26298)	-25%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$283.09	\$466.88	\$183.79	65%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$7,172.75	\$7,484.65	\$311.90	4%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,135.73	\$4,736.35	(\$399.38)	-8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,965,187	\$1,365,901	(\$599,286)	-30%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$6,500,426	\$7,053,712	\$553,286	9%
24	TOTAL ACCRUED PAYMENTS	\$108,324	\$142,814	\$34,490	32%
25	TOTAL ALLOWANCES	\$6,392,102	\$6,910,898	\$518,796	8%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,714,647	\$1,980,804	(\$733,843)	-27%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	<u>FY 2015</u>	FY 2016	DIFFERENCE	<u>DIFFERENCE</u>
D.	STATE OF CONNECTICUT MEDICAID				
	MEDICAID INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$32,931,847	\$33,382,116	\$450,269	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$7,687,592	\$8,522,358	\$834,766	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	23.34%	25.53%	2.19%	9%
4	DISCHARGES	1,840	1,721	(119)	-6%
5	CASE MIX INDEX (CMI)	0.93630	1.11670	0.18040	19%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,722.79200	1,921.84070	199.04870	12%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,462.29	\$4,434.48	(\$27.81)	-1%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$5,406.61	\$4,541.07	(\$865.54)	-16%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,067.79	\$1,189.79	(\$878.01)	-42%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,562,375	\$2,286,578	(\$1,275,798)	-36%
11	PATIENT DAYS	7,135	6,501	(634)	-9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,077.45	\$1,310.93	\$233.48	22%
	AVERAGE LENGTH OF STAY	3.9	3.8	(0.1)	-3%
	MEDICAID OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$65,028,189	\$66,564,050	\$1,535,861	2%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,782,560	\$13,913,687	\$131,127	1%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	21.19%	20.90%	-0.29%	-1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.46%	199.40%	1.94%	1%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,633.31786	3,431.67971	(201.63815)	-6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,793.38	\$4,054.48	\$261.10	7%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,662.45	\$3,897.05	\$234.59	6%
21	MEDICARE - MEDICAID OP PMT / OPED	\$1,625.44	\$1,148.75	(\$476.69)	-29%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,905,729	\$3,942,131	(\$1,963,598)	-33%
	MEDICAID TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$97,960,036	\$99,946,166	\$1,986,130	2%
24	TOTAL ACCRUED PAYMENTS	\$21,470,152	\$22,436,045	\$965,893	4%
25	TOTAL ALLOWANCES	\$76,489,884	\$77,510,121	\$1,020,237	1%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,468,105	\$6,228,709	(\$3,239,396)	-34%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
LINE	DESCRIPTION	<u>F1 2015</u>	<u>F1 2016</u>	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$0	\$0	\$0	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$0	\$0	\$0	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
4	DISCHARGES	-	-	-	0%
5	CASE MIX INDEX (CMI)	0.00000	0.00000	0.00000	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	0.00000	0.00000	0.00000	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$0.00	\$0.00	\$0.00	0%
8	NON-GOVERNMENT - O.M.A IP PMT / CMAD	\$9,868.89	\$8,975.54	(\$893.35)	-9%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$6,530.08	\$5,624.26	(\$905.82)	-14%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
11	PATIENT DAYS	0	0	-	0%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$0.00	\$0.00	\$0.00	0%
13	AVERAGE LENGTH OF STAY	-	=	-	0%
	OTHER MEDICAL ASSISTANCE OUTPATIENT	40		00	201
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$0	\$0	\$0	0%
	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$0	\$0	\$0	0%
	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	0.00%	0.00%	0.00%	0%
	OUTPATIENT CHARGES / INPATIENT CHARGES	0.00%	0.00%	0.00%	0%
	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	0.00000	0.00000	0.00000	0%
	OUTPATIENT ACCRUED PAYMENTS / OPED	\$0.00	\$0.00	\$0.00	0%
	NON-GOVERNMENT - O.M.A OP PMT / CMAD	\$7,455.83	\$7,951.53	\$495.69	7%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$5,418.82	\$5,203.23	(\$215.59)	-4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$0	\$0	\$0	0%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTP	PATIENT)			
23	TOTAL ACCRUED CHARGES	\$0	\$0	\$0	0%
24	TOTAL ACCRUED PAYMENTS	\$0	\$0	\$0	0%
25	TOTAL ALLOWANCES	\$0	\$0	\$0	0%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$0	\$0	\$0	0%

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016** REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE) TOTAL MEDICAL ASSISTANCE INPATIENT INPATIENT ACCRUED CHARGES \$32,931,847 \$33,382,116 \$450,269 1% INPATIENT ACCRUED PAYMENTS (IP PMT) \$7,687,592 \$8,522,358 \$834,766 11% 3 INPATIENT PAYMENTS / INPATIENT CHARGES 23.34% 25.53% 2.19% 9% -6% 4 DISCHARGES 1,840 1,721 (119)19% 5 CASE MIX INDEX (CMI) 0.93630 1.11670 0.18040 6 CASE MIX ADJUSTED DISCHARGES (CMAD) 1,722.79200 1,921.84070 199.04870 12% -1% 7 INPATIENT ACCRUED PAYMENT / CMAD \$4,462.29 \$4,434.48 (\$27.81)8 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$5,406,61 \$4.541.07 (\$865.54)-16% 9 MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD \$2,067.79 \$1,189.79 (\$878.01) -42% -36% 10 INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$3,562,375 \$2,286,578 (\$1,275,798)11 PATIENT DAYS -9% 7,135 6,501 (634)INPATIENT ACCRUED PAYMENT / PATIENT DAY \$1,077.45 \$1,310.93 \$233.48 22% 12 13 AVERAGE LENGTH OF STAY -3% 3.9 3.8 (0.1)TOTAL MEDICAL ASSISTANCE OUTPATIENT **OUTPATIENT ACCRUED CHARGES (OP CHGS)** \$65,028,189 \$66,564,050 2% \$1,535,861 14 15 OUTPATIENT ACCRUED PAYMENTS (OP PMT) \$13,782,560 \$13,913,687 \$131,127 1% **OUTPATIENT PAYMENTS / OUTPATIENT CHARGES** 21.19% 20.90% -0.29% -1% 16 OUTPATIENT CHARGES / INPATIENT CHARGES 197.46% 1% 17 199.40% 1.94% -6% OUTPATIENT EQUIVALENT DISCHARGES (OPED) 3,633.31786 3,431.67971 (201.63815)18 **OUTPATIENT ACCRUED PAYMENTS / OPED** \$3,793.38 \$4,054.48 \$261.10 7% 19 20 NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$3,662.45 \$3,897.05 \$234.59 6% -29% 21 MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED \$1,625.44 \$1,148.75 (\$476.69) OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT \$5,905,729 (\$1,963,598)-33% \$3,942,131 TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT) TOTAL ACCRUED CHARGES \$97,960,036 \$1,986,130 2% 23 \$99,946,166 TOTAL ACCRUED PAYMENTS 4% \$21,470,152 \$22,436,045 \$965,893 24 \$76,489,884 25 **TOTAL ALLOWANCES** \$77,510,121 \$1,020,237 1%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
G.	CHAMPUS / TRICARE				
	CHAMPUS / TRICARE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$201,255	\$253,880	\$52,625	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$29,548	\$86,625	\$57,077	193%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	14.68%	34.12%	19.44%	132%
4	DISCHARGES	18	20	2	11%
5	CASE MIX INDEX (CMI)	0.62180	1.07680	0.45500	73%
	CASE MIX ADJUSTED DISCHARGES (CMAD)	11.19240	21.53600	10.34360	92%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,640.01	\$4,022.33	\$1,382.33	52%
8	PATIENT DAYS		47		-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$590.96	\$1,843.09	(3) \$1,252.13	212%
		2.8			-15%
10	AVERAGE LENGTH OF STAY	2.0	2.4	(0.4)	-15%
	CHAMPUS / TRICARE OUTPATIENT				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,153,587	\$484,092	(\$669,495)	-58%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$283,322	\$39,760	(\$243,562)	-86%
	CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)				
13	TOTAL ACCRUED CHARGES	\$1,354,842	\$737,972	(\$616,870)	-46%
14	TOTAL ACCRUED PAYMENTS	\$312,870	\$126,385	(\$186,485)	-60%
15	TOTAL ALLOWANCES	\$1,041,972	\$611,587	(\$430,385)	-41%
	OTHER DATA				
Н.	OTHER DATA				
1	OTHER OPERATING REVENUE	\$3,838,007	\$3,643,010	(\$194,997)	-5%
2	TOTAL OPERATING EXPENSES	\$136,633,273	\$140,143,704	\$3,510,431	3%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)				
4	CHARITY CARE (CHARGES)	\$4,092,111	\$4,120,176	\$28,065	1%
 5	BAD DEBTS (CHARGES)	\$2,212,274	\$2,209,664	(\$2,610)	0%
6	UNCOMPENSATED CARE (CHARGES)	\$6,304,385	\$6,329,840	\$25,455	0%
7	COST OF UNCOMPENSATED CARE	\$1,921,892	\$1,868,616	(\$53,276)	-3%
-		Ţ:,32:,00Z	÷ :,300,010	(400,2.0)	070
	TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOI	_OGY)	<u> </u>		
8	TOTAL ACCRUED CHARGES	\$97,960,036	\$99,946,166	\$1,986,130	2%
9	TOTAL ACCRUED PAYMENTS	\$21,470,152	\$22,436,045	\$965,893	4%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$29,863,125	\$29,504,856	(\$358,269)	-1%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$8,392,973	\$7,068,811	(\$1,324,162)	-16%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT

	AND BASELINE UNDERPAYN	MENT DATA: COMPARAT	TIVE ANALYSIS	S	
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
	<u>BECOMI HON</u>	11 2010	11 2010	DITTERCITOE	DITTERCENCE
11.	AGGREGATE DATA				
Α.	TOTALS - ALL PAYERS				
1	TOTAL INPATIENT CHARGES	\$156,850,034	\$156,659,157	(\$190,877)	0%
2	TOTAL INPATIENT PAYMENTS	\$53,801,703	\$52,042,144	(\$1,759,559)	-3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	34.30%	33.22%	-1.08%	-3%
4	TOTAL DISCHARGES	7,071	6,709	(362)	-5%
5	TOTAL CASE MIX INDEX	1.11167	1.25713	0.14546	13%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	7,860.61140	8,434.10230	573.49090	7%
7	TOTAL OUTPATIENT CHARGES	\$287,258,616	\$312,730,804	\$25,472,188	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	183.14%	199.62%	16.48%	9%
9	TOTAL OUTPATIENT PAYMENTS	\$79,230,400	\$82,771,710	\$3,541,310	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	27.58%	26.47%	-1.11%	-4%
11	TOTAL CHARGES	\$444,108,650	\$469,389,961	\$25,281,311	6%
12	TOTAL PAYMENTS	\$133,032,103	\$134,813,854	\$1,781,751	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	29.95%	28.72%	-1.23%	-4%
14	PATIENT DAYS	28,080	25,693	(2,387)	-9%
				,	
В.	TOTALS - ALL GOVERNMENT PAYERS				
1	INPATIENT CHARGES	\$122,163,745	\$118,829,946	(\$3,333,799)	-3%
2	INPATIENT PAYMENTS	\$35,838,650	\$33,488,298	(\$2,350,352)	-7%
3	GOVT. INPATIENT PAYMENTS / CHARGES	29.34%	28.18%	-1.15%	-4%
4	DISCHARGES	5,238	4,889	(349)	-7%
5	CASE MIX INDEX	1.15320	1.30230	0.14910	13%
6	CASE MIX ADJUSTED DISCHARGES	6,040.44240	6,366.94630	326.50390	5%
7	OUTPATIENT CHARGES	\$182,712,941	\$199,314,039	\$16,601,098	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	149.56%	167.73%	18.17%	12%
9	OUTPATIENT PAYMENTS	\$38,038,964	\$39,383,476	\$1,344,512	4%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.82%	19.76%	-1.06%	-5%
11	TOTAL CHARGES	\$304,876,686	\$318,143,985	\$13,267,299	4%
12	TOTAL PAYMENTS	\$73,877,614	\$72,871,774	(\$1,005,840)	-1%
13	TOTAL PAYMENTS / CHARGES	24.23%	22.91%	-1.33%	-5%
14	PATIENT DAYS	22,054	20,188	(1,866)	-8%
15	TOTAL GOVERNMENT DEDUCTIONS	\$230,999,072	\$245,272,211	\$14,273,139	6%
C.	AVERAGE LENGTH OF STAY				
1	MEDICARE	4.4	4.3	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.0	(0.3)	-8%
3	UNINSURED	3.5	3.3	(0.3)	-8%
4	MEDICAID	3.9	3.8	(0.1)	-3%
5	OTHER MEDICAL ASSISTANCE	-	-	-	0%
6	CHAMPUS / TRICARE	2.8	2.4	(0.4)	-15%
7	TOTAL AVERAGE LENGTH OF STAY	4.0	3.8	(0.1)	-4%

OFFICE OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING **BRISTOL HOSPITAL BRISTOL HOSPITAL** TWELVE MONTHS ACTUAL FILING **FISCAL YEAR 2016 REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT** AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS **ACTUAL ACTUAL AMOUNT** LINE DESCRIPTION FY 2015 FY 2016 **DIFFERENCE DIFFERENCE** III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION TOTAL CHARGES \$444.108.650 \$469,389,961 \$25.281.311 6% 1 TOTAL GOVERNMENT DEDUCTIONS \$230,999,072 \$245,272,211 \$14,273,139 6% UNCOMPENSATED CARE \$6,304,385 \$6,329,840 \$25,455 4 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES \$63,377,870 \$73,406,237 \$10,028,367 16% 5 EMPLOYEE SELF INSURANCE ALLOWANCE -28% \$8,040,766 \$5,814,245 (\$2,226,521)

\$308,722,093

\$135,386,557

\$135.386.557

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\$138,567,428

\$138.567.428

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(\$1,377,438)

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-16%

-13%

-33%

-27%

-31%

0%

IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)

TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)

6

7

8

9

13

14

2

4

MEDICAID

TOTAL ADJUSTMENTS

TOTAL ACCRUED PAYMENTS

COST OF UNCOMPENSATED CARE

PLUS OHCA ADJUSTMENT (OHCA INPUT)

MEDICAL ASSISTANCE UNDERPAYMENT

OTHER MEDICAL ASSISTANCE

RATIO OF NET REVENUE TO TOTAL CHARGES

MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT

TOTAL COST OF UNCOMPENSATED CARE AND

UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)

NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS

UNINSURED (INCLUDED IN NON-GOVERNMENT)

٧.	DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600				
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,490,766	\$7,264,245	(\$2,226,521)	-23.46%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$295,799	(\$1,269,052)	(\$1,564,851)	-529.03%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$133,327,930	\$133,544,821	\$216,891	0.16%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$444,108,678	\$469,389,980	\$25,281,302	5.69%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,304,385	\$6,329,840	\$25,455	0.40%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT DIFFERENCE
I.	ACCRUED CHARGES AND PAYMENTS			
	INPATIENT ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$34,686,289	\$37,829,211	\$3,142,922
_	MEDICARE	\$89,030,643	85,193,950	(\$3,836,693
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$32,931,847	33,382,116	\$450,269
	MEDICAID OTHER MEDICAL ASSISTANCE	\$32,931,847	33,382,116	\$450,269
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	\$0	0	\$0 \$52,625
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$201,255 \$1,368,087	253,880 1,649,171	\$281,084
	TOTAL INPATIENT GOVERNMENT CHARGES	\$122,163,745	\$118,829,946	(\$3,333,799
	TOTAL INPATIENT CHARGES	\$156,850,034	\$156,659,157	(\$190,877
		¥ ,	+ 100,000,101	(4:00,0:1
B.	OUTPATIENT ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$104,545,675	\$113,416,765	\$8,871,090
	MEDICARE	\$116,531,165	132,265,897	\$15,734,732
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$65,028,189	66,564,050	\$1,535,861
	MEDICAID	\$65,028,189	66,564,050	\$1,535,861
	OTHER MEDICAL ASSISTANCE	\$0	104 000	\$0
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,153,587	484,092	(\$669,495
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$5,132,339 \$182,712,941	5,404,541 \$199,314,039	\$272,202 \$16,601,098
	TOTAL OUTPATIENT GOVERNMENT CHARGES TOTAL OUTPATIENT CHARGES	\$287,258,616	\$312,730,804	\$25,472,188
	TOTAL COTT ATTENT CHARGES	Ψ201,230,010	ψ012,700,00 4	Ψ25,472,100
C.	TOTAL ACCRUED CHARGES			
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$139,231,964	\$151,245,976	\$12,014,012
2	TOTAL MEDICARE	\$205,561,808	\$217,459,847	\$11,898,039
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$97,960,036	\$99,946,166	\$1,986,130
	TOTAL MEDICAID	\$97,960,036	\$99,946,166	\$1,986,130
_	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
	TOTAL CHAMPUS / TRICARE	\$1,354,842	\$737,972	(\$616,870
	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$6,500,426	\$7,053,712	\$553,286
	TOTAL GOVERNMENT CHARGES TOTAL CHARGES	\$304,876,686	\$318,143,985	\$13,267,299
	TOTAL CHARGES	\$444,108,650	\$469,389,961	\$25,281,311
D.	INPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,963,053	\$18,553,846	\$590,793
2	MEDICARE	\$28,121,510	24,879,315	(\$3,242,195
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,687,592	8,522,358	\$834,766
	MEDICAID	\$7,687,592	8,522,358	\$834,766
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
	CHAMPUS / TRICARE	\$29,548	86,625	\$57,077
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0	8,171	\$8,171
	TOTAL INPATIENT GOVERNMENT PAYMENTS TOTAL INPATIENT PAYMENTS	\$35,838,650 \$53,801,703	\$33,488,298 \$52,042,144	(\$2,350,352 (\$1,759,559
	TOTAL INI ATILAT I ATMILIATO	\$33,001,703	ψ32,042,144	(ψ1,700,000
E.	OUTPATIENT ACCRUED PAYMENTS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$41,191,436	\$43,388,234	\$2,196,798
2	MEDICARE	\$23,973,082	25,430,029	\$1,456,947
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,782,560	13,913,687	\$131,127
	MEDICAID	\$13,782,560	13,913,687	\$131,127
	OTHER MEDICAL ASSISTANCE	\$0	0	\$0
	CHAMPUS / TRICARE	\$283,322	39,760	(\$243,562
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$108,324	134,643	\$26,319
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$38,038,964	\$39,383,476	\$1,344,512
	TOTAL OUTPATIENT PAYMENTS	\$79,230,400	\$82,771,710	\$3,541,310
F.	TOTAL ACCRUED PAYMENTS			
		Ø50 454 400	****	A0 707 504
	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$59,154,489	\$61,942,080	\$2,787,591

	BRISTOL HOSPITAL			
	TWELVE MONTHS ACTUAL FIL	.ING		
	FISCAL YEAR 2016			
	REPORT 550 - CALCULATION OF DSH UPPER	PAYMENT LIMIT AND		
	BASELINE UNDERPAYMENT D			
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
				
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$21,470,152	\$22,436,045	\$965,893
4	TOTAL MEDICAID	\$21,470,152	\$22,436,045	\$965,893
5	TOTAL OTHER MEDICAL ASSISTANCE	\$0	\$0	\$0
6	TOTAL CHAMPUS / TRICARE	\$312,870	\$126,385	(\$186,485)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$108,324	\$142,814	\$34,490
	TOTAL GOVERNMENT PAYMENTS	\$73,877,614	\$72,871,774	(\$1,005,840)
	TOTAL PAYMENTS	\$133,032,103	\$134,813,854	\$1,781,751

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	<u>DESCRIPTION</u>	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT <u>DIFFERENCE</u>
II.	PAYER MIX			
111.	TATEN MILA			
A.	INPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.81%	8.06%	0.25%
	MEDICARE	20.05%	18.15%	-1.90%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.42%	7.11%	-0.30%
	MEDICAID	7.42%	7.11%	-0.30%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
	CHAMPUS / TRICARE	0.05%	0.05%	0.019
1	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.31%	0.35% 25.32%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX TOTAL INPATIENT PAYER MIX	27.51% 35.32%	33.38%	-2.19% -1.94%
	TOTAL INFATIENT FATER MIX	33.32 /6	33.30 /6	-1.547
В.	OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.54%	24.16%	0.62%
	MEDICARE	26.24%	28.18%	1.94%
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.64%	14.18%	-0.46%
	MEDICAID	14.64%	14.18%	-0.46%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
	CHAMPUS / TRICARE	0.26%	0.10%	-0.16%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.16%	1.15%	0.00%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	41.14%	42.46%	1.32%
	TOTAL OUTPATIENT PAYER MIX	64.68%	66.62%	1.94%
	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)	13.50%	13.76%	0.26%
	MEDICARE	21.14%	18.45%	-2.68%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.78%	6.32%	0.54%
4	MEDICAID	5.78%	6.32%	0.54%
5	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
	CHAMPUS / TRICARE	0.02%	0.06%	0.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.00%	0.01%	0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	26.94%	24.84%	-2.10%
	TOTAL INPATIENT PAYER MIX	40.44%	38.60%	-1.84%
D.	OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	30.96%	32.18%	1.22%
	MEDICARE	18.02%	18.86%	0.849
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.36%	10.32%	-0.04%
	MEDICAID	10.36%	10.32%	-0.04%
	OTHER MEDICAL ASSISTANCE	0.00%	0.00%	0.00%
	CHAMPUS / TRICARE	0.21%	0.03%	-0.18%
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.08%	0.10%	0.029
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	28.59%	29.21%	0.62%
	TOTAL OUTPATIENT PAYER MIX	59.56%	61.40%	1.84%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
(')	(2)	` ,	. ,	, ,
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL <u>FY 2016</u>	AMOUNT <u>DIFFERENCE</u>
III.	DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED D	DATA		
Α.	DISCHARGES			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,833	1,820	(13)
	MEDICARE MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,380 1,840	3,148 1,721	(232) (119)
	MEDICAID	1,840	1,721	(119)
_	OTHER MEDICAL ASSISTANCE	0	0	-
	CHAMPUS / TRICARE	18	20	2
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT DISCHARGES	102 5,238	4, 889	(14) (349)
	TOTAL GOVERNMENT DISCHARGES TOTAL DISCHARGES	7,071	6,709	(362)
				(302)
В.	PATIENT DAYS			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6 000	E 505	(E04)
	MEDICARE	6,026 14,869	5,505 13,640	(521) (1,229)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,135	6,501	(634)
	MEDICAID	7,135	6,501	(634)
_	OTHER MEDICAL ASSISTANCE	0	0	•
	CHAMPUS / TRICARE	50	47	(3)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL GOVERNMENT PATIENT DAYS	360 22,054	286 20,188	(74) (1,866)
	TOTAL PATIENT DAYS	28,080	25,693	(2,387)
			7,	(),== /
C.	AVERAGE LENGTH OF STAY (ALOS)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.0	(0.3)
	MEDICARE	4.4	4.3	(0.1)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.9	3.8	(0.1)
	MEDICAID OTHER MEDICAL ASSISTANCE	3.9	3.8	(0.1)
	CHAMPUS / TRICARE	2.8	2.4	(0.4)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.5	3.3	(0.3)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.2	4.1	(0.1)
	TOTAL AVERAGE LENGTH OF STAY	4.0	3.8	(0.1)
D.	CASE MIX INDEX			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.99300	1.13580	0.14280
	MEDICARE	1.27410	1.40520	0.13110
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.93630	1.11670	0.18040
4	MEDICAID	0.93630	1.11670	0.18040
	OTHER MEDICAL ASSISTANCE CHAMPUS / TRICARE	0.00000 0.62180	0.00000 1.07680	0.00000 0.45500
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.12520	1.07680	0.45500
- -	TOTAL GOVERNMENT CASE MIX INDEX	1.15320	1.30230	0.14910
	TOTAL CASE MIX INDEX	1.11167	1.25713	0.14546
E.	OTHER REQUIRED DATA			
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$129,119,183	\$139,793,488	\$10,674,305
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$65,741,313	\$66,387,251	\$645,938
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$63,377,870	\$73,406,237	\$10,028,367
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	49.08%	52.51%	3.43%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$9,490,766	\$7,264,245	(\$2,226,521)

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA (1) (2) (3) (4) (5) **ACTUAL ACTUAL AMOUNT** FY 2015 FY 2016 **DIFFERENCE** LINE DESCRIPTION EMPLOYEE SELF INSURANCE ALLOWANCE \$8,040,766 \$5,814,245 (\$2,226,521) UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-**OHCA INPUT**) \$0 CHARITY CARE \$4,092,111 \$4,120,176 \$28,065 BAD DEBTS \$2,212,274 \$2,209,664 TOTAL UNCOMPENSATED CARE \$6,304,385 \$6,329,840 10 \$25,455 11 TOTAL OTHER OPERATING REVENUE \$3,838,007 \$3,643,010 (\$194,997 12 TOTAL OPERATING EXPENSES \$136,633,273 \$140,143,704 \$3,510,431

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2015</u>	ACTUAL FY 2016	AMOUNT <u>DIFFERENCE</u>
IV	DSH UPPER PAYMENT LIMIT CALCULATIONS			
1 7 .	DOITOTT ENTATMENT EMMT GALOGEATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,820.16900	2,067.15600	246.98700
	MEDICARE	4,306.45800	4,423.56960	117.11160
-	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,722.79200	1,921.84070	199.04870
	MEDICAID	1,722.79200	1,921.84070	199.04870
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
	CHAMPUS / TRICARE UNINSURED (INCLUDED IN NON-GOVERNMENT)	11.19240	21.53600	10.34360
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	114.77040 6,040.44240	110.78320 6,366.94630	(3.98720) 326.50390
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES TOTAL CASE MIX ADJUSTED DISCHARGES	7,860.61140	8,434.10230	573.49090
	TOTAL CASE MIX ADJUSTED DISCHARGES	7,000.01140	0,434.10230	373.49090
В.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
	OUT ATIENT EXCURACENT DISCHARGES GAESSEATION (RETENSE METHODOESST)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,524.72541	5,456.59047	-68.13494
	MEDICARE	4,424.04238	4,887.35460	463.31222
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,633.31786	3,431.67971	-201.63815
	MEDICAID	3,633.31786	3,431.67971	-201.63815
	OTHER MEDICAL ASSISTANCE	0.00000	0.00000	0.00000
6	CHAMPUS / TRICARE	103.17540	38.13550	-65.03991
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	382.65006	288.38708	-94.26298
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	8,160.53564	8,357.16981	196.63417
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	13,685.26105	13,813.76028	128.49923
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,868.89	\$8,975.54	(\$893.35)
	MEDICARE	\$6,530.08	\$5,624.26	(\$905.82)
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,462.29	\$4,434.48	(\$27.81)
	MEDICAID	\$4,462.29	\$4,434.48	(\$27.81)
	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
	CHAMPUS / TRICARE	\$2,640.01	\$4,022.33	\$1,382.33
-	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$0.00	\$73.76	\$73.76
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$5,933.12	\$5,259.71	(\$673.41)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,844.47	\$6,170.44	(\$674.03)
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,455.83	\$7,951.53	\$495.69
	MEDICARE		\$5,203.23	
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,418.82 \$3,793.38	\$4,054.48	(\$215.59) \$261.10
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,793.38	\$4,054.48	\$261.10 \$261.10
	OTHER MEDICAL ASSISTANCE	\$0.00	\$0.00	\$0.00
	CHAMPUS / TRICARE	\$2,746.02	\$1,042.60	(\$1,703.42)
	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$283.09	\$466.88	\$183.79
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	Ψ200.09	ψ+00.00	ψ103.79
	The state of the s	\$4,661.33	\$4,712.54	\$51.21
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,789.47	\$5,991.98	\$202.51
		70,100.71		W-001

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA (1) (2) (3) (4) (5) **ACTUAL ACTUAL AMOUNT** FY 2015 FY 2016 **DIFFERENCE** LINE DESCRIPTION CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) MEDICAID 1 \$5,905,729 \$3,942,131 (\$1,963,598 2 OTHER MEDICAL ASSISTANCE \$0 \$0 \$0 UNINSURED (INCLUDED IN NON-GOVERNMENT) \$0 \$1,980,804 \$1,980,804 TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY) \$5,922,935 \$5,905,729 \$17,206 CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY) TOTAL CHARGES \$444,108,650 \$469,389,961 \$25,281,311 2 TOTAL GOVERNMENT DEDUCTIONS \$230,999,072 \$245,272,211 \$14,273,139 \$6,329,840 3 UNCOMPENSATED CARE \$6,304,385 \$25,455 TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES 4 \$63,377,870 \$73,406,237 \$10,028,367 EMPLOYEE SELF INSURANCE ALLOWANCE \$5,814,245 5 \$8,040,766 (\$2,226,521 6 TOTAL ADJUSTMENTS \$308,722,093 \$330,822,533 \$22,100,440 TOTAL ACCRUED PAYMENTS \$138,567,428 \$135,386,557 \$3,180,871 UCP DSH PAYMENTS (OHCA INPUT) 8 \$0 \$0 \$0 NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS \$135,386,557 \$138,567,428 \$3,180,871 9 RATIO OF NET REVENUE TO TOTAL CHARGES 0.2952074810 (0.0096425979) 0.3048500789 11 COST OF UNCOMPENSATED CARE \$1,921,892 \$1,868,616 (\$53,276 12 MEDICAL ASSISTANCE UNDERPAYMENT \$8,392,973 \$7,068,811 (\$1.324.162 13 PLUS OHCA ADJUSTMENT (OHCA INPUT) \$0 \$0 \$0 TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT \$10,314,865 \$8,937,427 (\$1,377,438 14 VII. RATIOS RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) 51.79% 49.05% -2.74% 2 MEDICARE 31.59% 29.20% -2.38% MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 3 23.34% 25.53% 2.19% **MEDICAID** 23.34% 25.53% 2.19% 5 OTHER MEDICAL ASSISTANCE 0.00% 0.00% 0.00% CHAMPUS / TRICARE 6 14.68% 34.12% 19.44% UNINSURED (INCLUDED IN NON-GOVERNMENT) 0.50% 0.00% 0.50% TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 29.34% 28.18% -1.15% TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES 34.30% 33.22% -1.08% RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED) -1.14% 39.40% 38.26% MEDICARE 2 20.57% 19.23% -1.35% -0.29% 3 MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) 21.19% 20.90% 4 **MEDICAID** 21.19% 20.90% -0.29% OTHER MEDICAL ASSISTANCE 0.00% 0.00% 0.00% CHAMPUS / TRICARE 6 24.56% 8.21% -16.35% UNINSURED (INCLUDED IN NON-GOVERNMENT) 2.11% 2.49% 0.38% TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES 20.82% 19.76% -1.06% TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES 27.58% 26.47% -1.11%

	BRISTOL HOSPITAL			
	TWELVE MONTHS ACTUAL FILING			
	FISCAL YEAR 2016			
	REPORT 550 - CALCULATION OF DSH UPPER PAYM	ENT LIMIT AND		
	BASELINE UNDERPAYMENT DATA			
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	AMOUNT
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE
VIII.	NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIAT	<u>IONS</u>		
A.	RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	<u>S</u>		
1	TOTAL ACCRUED PAYMENTS	\$133,032,103	\$134,813,854	\$1,781,751
	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA	ψ100,002,100	Ψ104,010,004	\$0
	INPUT)	\$0	\$0	
	OHCA DEFINED NET REVENUE	\$133,032,103	\$134,813,854	\$1,781,751
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$295,799	(\$1,269,052)	(\$1,564,851)
4	CALCULATED NET REVENUE	\$136,990,176	\$133,544,802	(\$3,445,374)
		, , , , , , ,	¥ == ,= ,==	((-))
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$133,327,930	\$133,544,821	\$216,891
	REPORTING)			
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3,662,246	(\$19)	(\$3,662,265)
		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ 	(4.0)	(\$0,000,000)
B.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEME	NTS		
1	OHCA DEFINED GROSS REVENUE	\$444,108,650	\$469,389,961	¢25 201 211
	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$444,106,650	\$409,369,961	\$25,281,311 \$0
	CALCULATED GROSS REVENUE	\$444,108,650	\$469,389,961	\$25,281,311
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL	\$444,108,678	\$469,389,980	\$25,281,302
-	REPORTING)			
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$28)	(\$19)	\$9
				,
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMEN	TS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,304,385	\$6,329,840	\$25,455
	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0,304,383	\$0,329,840	\$25,455
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,304,385	\$6,329,840	\$25,455
L_		***		40-
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,304,385	\$6,329,840	\$25,455
<u> </u>				
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

	BRISTOL HOSPITAL				
	TWELVE MONTHS ACTUAL FILING				
	FISCAL YEAR 2016				
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES					
(1)	(2)	(3)			
` '		ACTUAL			
INE	DESCRIPTION	FY 2016			
I.	ACCRUED CHARGES AND PAYMENTS				
	INPATIENT ACCRUED CHARGES NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,829,2			
2	MEDICARE	85,193,9			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	33,382,			
4	MEDICAID	33,382,			
5	OTHER MEDICAL ASSISTANCE				
6 7	CHAMPUS / TRICARE	253,8			
/	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT CHARGES	1,649, \$118,829 ,			
	TOTAL INPATIENT GOVERNMENT CHARGES TOTAL INPATIENT CHARGES	\$116,629,			
		Ţ.23,3 0 0,			
В.	OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$113,416,			
2	MEDICARE MEDICAL ACCISTANCE (INCLUDING OTHER MEDICAL ACCISTANCE)	132,265,			
3 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	66,564, 66,564,			
5	OTHER MEDICAL ASSISTANCE	00,304,			
6	CHAMPUS / TRICARE	484,			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	5,404,			
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$199,314,			
	TOTAL OUTPATIENT CHARGES	\$312,730,8			
C.	TOTAL ACCRUED CHARGES				
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$151,245,			
2	TOTAL GOVERNMENT ACCRUED CHARGES	318,143,			
	TOTAL ACCRUED CHARGES	\$469,389,			
<u>D.</u> 1	INPATIENT ACCRUED PAYMENTS NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	¢10 552			
	MEDICARE	\$18,553, 24,879,			
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8,522,			
4	MEDICAID	8,522,			
5	OTHER MEDICAL ASSISTANCE				
6	CHAMPUS / TRICARE	86,			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT) TOTAL INPATIENT GOVERNMENT PAYMENTS	8, \$33,488,			
	TOTAL INPATIENT GOVERNMENT PATMENTS TOTAL INPATIENT PAYMENTS	\$52,042,			
		, , , , , , , , , , , , , , , , , , ,			
Ε.	OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$43,388,			
2	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	25,430,			
3 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE) MEDICAID	13,913, 13,913,			
4 5	OTHER MEDICAL ASSISTANCE	13,913,			
6	CHAMPUS / TRICARE	39,			
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	134,			
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$39,383,			
	TOTAL OUTPATIENT PAYMENTS	\$82,771,			
	TOTAL ACCRUED DAVMENTO				
F 1	TOTAL ACCRUED PAYMENTS TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$61,942,			
2	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	72,871,			
	TOTAL ACCRUED PAYMENTS	\$134,813,			

		BRISTOL HOSPITAL	
		TWELVE MONTHS ACTUAL FILING	
		FISCAL YEAR 2016	
		REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
		BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)		(2)	(3)
(')		(4)	ACTUAL
INE	DESCRIPTION		FY 2016

OFFICE (DF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING	BRISTOL HOSPITA
	BRISTOL HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2016	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
<u>INE</u>	DESCRIPTION	ACTUAL FY 2016
II.	ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA	
A.	ACCRUED DISCHARGES	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,820
	MEDICARE	3,148
3 4	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,721
	MEDICAID OTHER MEDICAL ASSISTANCE	1,721
	CHAMPUS / TRICARE	20
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	88
<u> </u>	TOTAL GOVERNMENT DISCHARGES	4,889
	TOTAL DISCHARGES	6,709
В.	CASE MIX INDEX	
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13580
	MEDICARE	1.40520
	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.11670
	MEDICAID	1.11670
5	OTHER MEDICAL ASSISTANCE	0.00000
	CHAMPUS / TRICARE	1.07680
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.25890
	TOTAL GOVERNMENT CASE MIX INDEX	1.30230
	TOTAL CASE MIX INDEX	1.25713
	OTHER REQUIRED DATA	\$400.700.400
2	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$139,793,488 \$66,387,251
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$00,307,231
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$73,406,237
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	52.51%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$7,264,245
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$5,814,245
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$4,120,176
9	BAD DEBTS	\$2,209,664
10	TOTAL UNCOMPENSATED CARE	\$6,329,840
11	TOTAL OTHER OPERATING REVENUE	\$3,643,010
12	TOTAL OPERATING EXPENSES	\$140,143,704

DEFICE	OF HEALTH CARE ACCESS TWELVE MONTHS ACTUAL FILING	BRISTOL HOSPITA
	BRISTOL HOSPITAL	
	TWELVE MONTHS ACTUAL FILING	
	FISCAL YEAR 2016	
	REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND	
	BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES	
(1)	(2)	(3)
		ACTUAL
<u>INE</u>	DESCRIPTION	<u>FY 2016</u>
TTT	NET DEVENUE CROSS DEVENUE AND UNCOMPENSATED CARE DECONOURATIONS	
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	\$134,813,854
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$134,813,854
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,269,052
	CALCULATED NET REVENUE	\$133,544,802
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$133,544,821
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$19
В.	RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED GROSS REVENUE	\$469,389,961
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$469,389,961
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$469,389,980
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$19
C.	RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS	
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,329,840
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,329,840
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,329,840
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

		HOSPITAL			
		S ACTUAL FILING			
		EAR 2016			
	REPORT 650 - HOSPITAL	UNCOMPENSATED	CARE		
(1)	(2)	(3)	(4)	(5)	(6)
(1)	(2)	ACTUAL	ACTUAL	AMOUNT	(0) %
INF	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
	<u>DEGGRAI FION</u>	1 1 2010	1 1 2010	DITTERCITOE	DITTERCITOE
Α.	Hospital Charity Care (from HRS Report 500)				
1	Number of Applicants	3,760	4,160	400	11%
2	Number of Approved Applicants	3,760	4,160	400	11%
	Trainizer of Approving	5,. 55	.,		
3	Total Charges (A)	\$4,092,111	\$4,120,176	\$28,065	1%
4	Average Charges	\$1,088	\$990	(\$98)	-9%
				(, ,	
5	Ratio of Cost to Charges (RCC)	0.308769	0.305021	(0.003748)	-1%
6	Total Cost	\$1,263,517	\$1,256,740	(\$6,777)	-1%
7	Average Cost	\$336	\$302	(\$34)	-10%
8	Charity Care - Inpatient Charges	\$1,005,876	\$904,208	(\$101,668)	-10%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	915,255	1,162,207	246,952	27%
10	Charity Care - Emergency Department Charges	2,170,980	2,053,761	(117,219)	-5%
11	Total Charges (A)	\$4,092,111	\$4,120,176	\$28,065	1%
12	Charity Care - Number of Patient Days	185	159	(26)	-14%
13	Charity Care - Number of Discharges	50	51	1	2%
14	Charity Care - Number of Outpatient ED Visits	2,114	2,291	177	8%
	Charity Care - Number of Outpatient Visits (Excludes ED				
15	Visits)	1,495	1,679	184	12%
В.	Hospital Bad Debts (from HRS Report 500)				
<u>в.</u> 1	Bad Debts - Inpatient Services	\$674,412	\$673,616	(\$796)	0%
2	Bad Debts - Impatient Services Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,459,658	1,457,936	(1,722)	0%
3	Bad Debts - Gutpattern Germees (Excludes ED Bad Debts) Bad Debts - Emergency Department	78,204	78,112	(92)	0%
4	Total Bad Debts (A)	\$2,212,274	\$2,209,664	(\$2,610)	0%
			+ -,===,==	(4=,0.0)	
C.	Hospital Uncompensated Care (from HRS Report 500)				
1	Charity Care (A)	\$4,092,111	\$4,120,176	\$28,065	1%
2	Bad Debts (A)	2,212,274	2,209,664	(2,610)	0%
3	Total Uncompensated Care (A)	\$6,304,385	\$6,329,840	\$25,455	0%
4	Uncompensated Care - Inpatient Services	\$1,680,288	\$1,577,824	(\$102,464)	-6%
	Uncompensated Care - Outpatient Services (Excludes ED				l
5	Unc. Care)	2,374,913	2,620,143	245,230	10%
6	Uncompensated Care - Emergency Department	2,249,184	2,131,873	(117,311)	-5%
7	Total Uncompensated Care (A)	\$6,304,385	\$6,329,840	\$25,455	0%

(A) A	Ccrued Payments associated with Non-Governmen	t Contractual Allowances i	must exclude any reduction	n for Uncompensate	d Care.
	Total Discount Percentage	49.08%	52.51%	3.43%	7%
	Total Accrued Payments (A)	\$65,741,313	\$66,387,251	\$645,938	19
2	Total Contractual Allowances	\$63,377,870	\$73,406,237	\$10,028,367	16%
1	Total Gross Revenue	\$129,119,183	\$139,793,488	\$10,674,305	8%
	COMMERCIAL - ALL PAYERS				
LINE	DESCRIPTION	NON-GOVERNMENT	NON-GOVERNMENT	DIFFERENCE	DIFFERENCE
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
(1)	(2)	(3) FY 2015	(4) FY 2016	(5)	(6)
(4)	(0)	(0)	(4)	(5)	(0)
	ACCRUE	D PAYMENTS AND DISCO	JNT PERCENTAGE		
	REPORT 685 - HOSPITAL NON-		<u> </u>	ALLOWANCES,	
		TWELVE MONTHS ACTUA FISCAL YEAR 201			
		BRISTOL HOSPITA			

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A.	Gross and Net Revenue			
1	Inpatient Gross Revenue	\$164,804,213	\$156,850,034	\$156,659,157
2	Outpatient Gross Revenue	\$288,287,925	\$287,258,616	\$312,730,804
3	Total Gross Patient Revenue	\$453,092,138	\$444,108,650	\$469,389,961
4	Net Patient Revenue	\$137,976,406	\$133,327,930	\$133,544,821
В.	Total Operating Expenses			
1	Total Operating Expense	\$141,228,949	\$136,633,273	\$140,143,704
C.	Utilization Statistics			
1	Patient Days	29,830	28,080	25,693
2	Discharges	7,349	7,071	6,709
3	Average Length of Stay	4.1	4.0	3.8
4	Equivalent (Adjusted) Patient Days (EPD)	82,011	79,506	76,983
0	Equivalent (Adjusted) Discharges (ED)	20,204	20,021	20,102
D.	Case Mix Statistics			
1	Case Mix Index	1.14164	1.11167	1.25713
2	Case Mix Adjusted Patient Days (CMAPD)	34,055	31,216	32,300
3	Case Mix Adjusted Discharges (CMAD)	8,390	7,861	8,434
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	93,627	88,385	96,777
5	Case Mix Adjusted Equivalent Discharges (CMAED)	23,066	22,257	25,271
E.	Gross Revenue Per Statistic			
1	Total Gross Revenue per Patient Day	\$15,189	\$15,816	\$18,269
2	Total Gross Revenue per Discharge	\$61,654	\$62,807	\$69,964
3	Total Gross Revenue per EPD	\$5,525	\$5,586	\$6,097
4	Total Gross Revenue per ED	\$22,425	\$22,182	\$23,351
5	Total Gross Revenue per CMAEPD	\$4,839	\$5,025	\$4,850
6	Total Gross Revenue per CMAED	\$19,643	\$19,954	\$18,574
7	Inpatient Gross Revenue per EPD	\$2,010	\$1,973	\$2,035

	BRISTO	DL HOSPITAL		
	TWELVE MON	THS ACTUAL FILING		
	FISCAI	L YEAR 2016		
	REPORT 700 - STATISTICAL ANALYS	IS OF HOSPITAL REVENUE AND EX	PENSE	
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL <u>FY 2015</u>	ACTUAL <u>FY 2016</u>
8	Inpatient Gross Revenue per ED	\$8,157	\$7,834	\$7,793

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL <u>FY 2014</u>	ACTUAL <u>FY 2015</u>	ACTUAL <u>FY 2016</u>
F.	Net Revenue Per Statistic			
1	Net Patient Revenue per Patient Day	\$4,625	\$4,748	\$5,198
2	Net Patient Revenue per Discharge	\$18,775	\$18,856	\$19,905
3	Net Patient Revenue per EPD	\$1,682	\$1,677	\$1,735
4	Net Patient Revenue per ED	\$6,829	\$6,659	\$6,643
5	Net Patient Revenue per CMAEPD	\$1,474	\$1,508	\$1,380
6	Net Patient Revenue per CMAED	\$5,982	\$5,990	\$5,285
G.	Operating Expense Per Statistic			
1	Total Operating Expense per Patient Day	\$4,734	\$4,866	\$5,455
2	Total Operating Expense per Discharge	\$19,217	\$19,323	\$20,889
3	Total Operating Expense per EPD	\$1,722	\$1,719	\$1,820
4	Total Operating Expense per ED	\$6,990	\$6,825	\$6,972
5	Total Operating Expense per CMAEPD	\$1,508	\$1,546	\$1,448
6	Total Operating Expense per CMAED	\$6,123	\$6,139	\$5,546
Н.	Nursing Salary and Fringe Benefits Expense			
1	Nursing Salary Expense	\$22,096,741	\$22,908,235	\$21,706,040
2	Nursing Fringe Benefits Expense	\$6,023,785	\$5,723,680	\$6,218,956
3	Total Nursing Salary and Fringe Benefits Expense	\$28,120,526	\$28,631,915	\$27,924,996
l.	Physician Salary and Fringe Expense			
1	Physician Salary Expense	\$380,804	\$499,496	\$500,850
2	Physician Fringe Benefits Expense	\$103,811	\$124,800	\$143,498
3	Total Physician Salary and Fringe Benefits Expense	\$484,615	\$624,296	\$644,348
J.	Non-Nursing, Non-Physician Salary and Fringe Benefits Expense			
1	Non-Nursing, Non-Physician Salary Expense	\$35,401,998	\$33,579,398	\$32,536,369
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$9,650,926	\$8,389,897	\$9,321,933
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$45,052,924	\$41,969,295	\$41,858,302

BRISTOL HOSPITAL TWELVE MONTHS ACTUAL FILING							
	FISCAL YEAR 2016						
	REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE						
(1)	(2)	(3)	(4)	(5)			
		ACTÚAL	ACTUAL	ACTÚAL			
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016			
K.	Total Salary and Fringe Benefits Expense						
1	Total Salary Expense	\$57,879,543	\$56,987,129	\$54,743,259			
2	Total Fringe Benefits Expense	\$15,778,522	\$14,238,377	\$15,684,387			
3	Total Salary and Fringe Benefits Expense	\$73,658,065	\$71,225,506	\$70,427,646			

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	235.5	233.3	229.8
2	Total Physician FTEs	1.2	1.7	1.8
3	Total Non-Nursing, Non-Physician FTEs	659.2	636.8	617.2
4	Total Full Time Equivalent Employees (FTEs)	895.9	871.8	848.8
М.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$93,829	\$98,192	\$94,456
2	Nursing Fringe Benefits Expense per FTE	\$25,579	\$24,534	\$27,062
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$119,408	\$122,726	\$121,519
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$317,337	\$293,821	\$278,250
2	Physician Fringe Benefits Expense per FTE	\$86,509	\$73,412	\$79,721
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$403,846	\$367,233	\$357,971
0.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expens	e per FTE		
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$53,704	\$52,731	\$52,716
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,640	\$13,175	\$15,104
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$68,345	\$65,907	\$67,820
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$64,605	\$65,367	\$64,495
2	Total Fringe Benefits Expense per FTE	\$17,612	\$16,332	\$18,478
3	Total Salary and Fringe Benefits Expense per FTE	\$82,217	\$81,699	\$82,973
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,469	\$2,537	\$2,741
2	Total Salary and Fringe Benefits Expense per Discharge	\$10,023	\$10,073	\$10,497

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

(1) <u>LINE</u>	(2) DESCRIPTION	(3) ACTUAL FY 2014	(4) ACTUAL FY 2015	(5) ACTUAL FY 2016
3	Total Salary and Fringe Benefits Expense per EPD	\$898	\$896	\$915
4	Total Salary and Fringe Benefits Expense per ED	\$3,646	\$3,558	\$3,504
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$787	\$806	\$728
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,193	\$3,200	\$2,787