

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$3,989,039	\$5,456,105	\$1,467,066	37%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,671,762	\$9,573,323	(\$98,439)	-1%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$102,157	\$1,079,437	\$977,280	957%
7	Inventories of Supplies	\$1,825,569	\$1,886,150	\$60,581	3%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$1,876,484	\$2,419,887	\$543,403	29%
	Total Current Assets	\$17,465,011	\$20,414,902	\$2,949,891	17%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$14,994,411	\$16,662,242	\$1,667,831	11%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$359,776	\$277,118	(\$82,658)	-23%
4	Other Noncurrent Assets Whose Use is Limited	\$6,674,126	\$6,732,834	\$58,708	1%
	Total Noncurrent Assets Whose Use is Limited:	\$22,028,313	\$23,672,194	\$1,643,881	7%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$27,523,678	\$30,690,384	\$3,166,706	12%
7	Other Noncurrent Assets	\$1,552,217	\$1,339,349	(\$212,868)	-14%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$136,256,831	\$137,226,848	\$970,017	1%
2	Less: Accumulated Depreciation	\$91,613,715	\$96,582,714	\$4,968,999	5%
	Property, Plant and Equipment, Net	\$44,643,116	\$40,644,134	(\$3,998,982)	-9%
3	Construction in Progress	\$861,053	\$918,096	\$57,043	7%
	Total Net Fixed Assets	\$45,504,169	\$41,562,230	(\$3,941,939)	-9%
	Total Assets	\$114,073,388	\$117,679,059	\$3,605,671	3%

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		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$3,808,795	\$4,439,653	\$630,858	17%
2	Salaries, Wages and Payroll Taxes	\$4,538,366	\$3,018,603	(\$1,519,763)	-33%
3	Due To Third Party Payers	\$2,366,000	\$2,034,000	(\$332,000)	-14%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,080,000	\$1,120,000	\$40,000	4%
6	Current Portion of Notes Payable	\$300,392	\$233,895	(\$66,497)	-22%
7	Other Current Liabilities	\$3,973,052	\$5,718,436	\$1,745,384	44%
	Total Current Liabilities	\$16,066,605	\$16,564,587	\$497,982	3%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$3,475,000	\$2,355,000	(\$1,120,000)	-32%
2	Notes Payable (Net of Current Portion)	\$3,960,989	\$3,667,950	(\$293,039)	-7%
	Total Long Term Debt	\$7,435,989	\$6,022,950	(\$1,413,039)	-19%
3	Accrued Pension Liability	\$28,349,714	\$33,995,533	\$5,645,819	20%
4	Other Long Term Liabilities	\$2,192,084	\$2,554,405	\$362,321	17%
	Total Long Term Liabilities	\$37,977,787	\$42,572,888	\$4,595,101	12%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$41,545,959	\$39,188,881	(\$2,357,078)	-6%
2	Temporarily Restricted Net Assets	\$2,924,647	\$2,980,453	\$55,806	2%
3	Permanently Restricted Net Assets	\$15,558,390	\$16,372,250	\$813,860	5%
	Total Net Assets	\$60,028,996	\$58,541,584	(\$1,487,412)	-2%
	Total Liabilities and Net Assets	\$114,073,388	\$117,679,059	\$3,605,671	3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$176,391,807	\$188,222,806	\$11,830,999	7%
2	Less: Allowances	\$79,275,013	\$83,689,827	\$4,414,814	6%
3	Less: Charity Care	\$1,438,204	\$1,421,695	(\$16,509)	-1%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$95,678,590	\$103,111,284	\$7,432,694	8%
5	Other Operating Revenue	\$5,573,529	\$5,277,783	(\$295,746)	-5%
6	Net Assets Released from Restrictions	\$0	\$82,368	\$82,368	0%
	Total Operating Revenue	\$101,252,119	\$108,471,435	\$7,219,316	7%
B. Operating Expenses:					
1	Salaries and Wages	\$46,238,043	\$48,660,629	\$2,422,586	5%
2	Fringe Benefits	\$12,646,942	\$15,592,933	\$2,945,991	23%
3	Physicians Fees	\$908,307	\$1,174,714	\$266,407	29%
4	Supplies and Drugs	\$11,753,018	\$12,683,628	\$930,610	8%
5	Depreciation and Amortization	\$6,176,454	\$6,171,088	(\$5,366)	0%
6	Bad Debts	\$2,247,042	\$2,413,649	\$166,607	7%
7	Interest	\$417,080	\$333,980	(\$83,100)	-20%
8	Malpractice	\$1,082,238	\$1,520,168	\$437,930	40%
9	Other Operating Expenses	\$18,933,235	\$20,346,374	\$1,413,139	7%
	Total Operating Expenses	\$100,402,359	\$108,897,163	\$8,494,804	8%
	Income/(Loss) From Operations	\$849,760	(\$425,728)	(\$1,275,488)	-150%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$1,996,464	\$1,996,464	0%
2	Gifts, Contributions and Donations	\$188,183	\$127,644	(\$60,539)	-32%
3	Other Non-Operating Gains/(Losses)	(\$858,082)	(\$145,288)	\$712,794	-83%
	Total Non-Operating Revenue	(\$669,899)	\$1,978,820	\$2,648,719	-395%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$179,861	\$1,553,092	\$1,373,231	763%
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	\$179,861	\$1,553,092	\$1,373,231	763%
	Principal Payments	\$1,485,596	\$1,654,302	\$168,706	11%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$46,591,298	\$45,419,844	(\$1,171,454)	-3%
2	MEDICARE MANAGED CARE	\$2,715,679	\$3,348,414	\$632,735	23%
3	MEDICAID	\$3,158,962	\$5,911,817	\$2,752,855	87%
4	MEDICAID MANAGED CARE	\$2,753,894	\$3,301,552	\$547,658	20%
5	CHAMPUS/TRICARE	\$360,931	\$675,700	\$314,769	87%
6	COMMERCIAL INSURANCE	\$3,723,126	\$3,717,046	(\$6,080)	0%
7	NON-GOVERNMENT MANAGED CARE	\$14,714,258	\$14,595,779	(\$118,479)	-1%
8	WORKER'S COMPENSATION	\$663,719	\$737,258	\$73,539	11%
9	SELF- PAY/UNINSURED	\$1,170,201	\$1,088,411	(\$81,790)	-7%
10	SAGA	\$3,127,920	\$2,225,993	(\$901,927)	-29%
11	OTHER	\$98,494	\$57,995	(\$40,499)	-41%
	TOTAL INPATIENT GROSS REVENUE	\$79,078,482	\$81,079,809	\$2,001,327	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$30,009,731	\$31,881,562	\$1,871,831	6%
2	MEDICARE MANAGED CARE	\$2,185,311	\$3,360,179	\$1,174,868	54%
3	MEDICAID	\$4,187,736	\$6,626,422	\$2,438,686	58%
4	MEDICAID MANAGED CARE	\$9,902,556	\$12,072,242	\$2,169,686	22%
5	CHAMPUS/TRICARE	\$338,852	\$379,494	\$40,642	12%
6	COMMERCIAL INSURANCE	\$7,307,455	\$7,681,535	\$374,080	5%
7	NON-GOVERNMENT MANAGED CARE	\$34,315,697	\$36,529,549	\$2,213,852	6%
8	WORKER'S COMPENSATION	\$767,407	\$912,102	\$144,695	19%
9	SELF- PAY/UNINSURED	\$3,638,115	\$3,745,209	\$107,094	3%
10	SAGA	\$4,573,431	\$3,849,852	(\$723,579)	-16%
11	OTHER	\$87,032	\$104,851	\$17,819	20%
	TOTAL OUTPATIENT GROSS REVENUE	\$97,313,323	\$107,142,997	\$9,829,674	10%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$76,601,029	\$77,301,406	\$700,377	1%
2	MEDICARE MANAGED CARE	\$4,900,990	\$6,708,593	\$1,807,603	37%
3	MEDICAID	\$7,346,698	\$12,538,239	\$5,191,541	71%
4	MEDICAID MANAGED CARE	\$12,656,450	\$15,373,794	\$2,717,344	21%
5	CHAMPUS/TRICARE	\$699,783	\$1,055,194	\$355,411	51%
6	COMMERCIAL INSURANCE	\$11,030,581	\$11,398,581	\$368,000	3%
7	NON-GOVERNMENT MANAGED CARE	\$49,029,955	\$51,125,328	\$2,095,373	4%
8	WORKER'S COMPENSATION	\$1,431,126	\$1,649,360	\$218,234	15%
9	SELF- PAY/UNINSURED	\$4,808,316	\$4,833,620	\$25,304	1%
10	SAGA	\$7,701,351	\$6,075,845	(\$1,625,506)	-21%
11	OTHER	\$185,526	\$162,846	(\$22,680)	-12%
	TOTAL GROSS REVENUE	\$176,391,805	\$188,222,806	\$11,831,001	7%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$31,396,741	\$30,668,996	(\$727,745)	-2%
2	MEDICARE MANAGED CARE	\$1,539,038	\$2,334,584	\$795,546	52%
3	MEDICAID	\$1,555,834	\$2,742,534	\$1,186,700	76%
4	MEDICAID MANAGED CARE	\$1,415,306	\$1,641,365	\$226,059	16%
5	CHAMPUS/TRICARE	\$167,102	\$274,836	\$107,734	64%
6	COMMERCIAL INSURANCE	\$2,567,108	\$2,675,291	\$108,183	4%
7	NON-GOVERNMENT MANAGED CARE	\$10,134,901	\$10,338,860	\$203,959	2%
8	WORKER'S COMPENSATION	\$471,699	\$519,225	\$47,526	10%
9	SELF- PAY/UNINSURED	\$311,253	\$275,446	(\$35,807)	-12%
10	SAGA	\$864,115	\$964,399	\$100,284	12%
11	OTHER	\$15,908	\$36,376	\$20,468	129%

**CHARLOTTE HUNGERFORD HOSPITAL
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FISCAL YEAR 2010
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
	TOTAL INPATIENT NET REVENUE	\$50,439,005	\$52,471,912	\$2,032,907	4%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$12,634,110	\$13,963,141	\$1,329,031	11%
2	MEDICARE MANAGED CARE	\$854,426	\$1,463,408	\$608,982	71%
3	MEDICAID	\$1,193,536	\$1,737,966	\$544,430	46%
4	MEDICAID MANAGED CARE	\$3,731,012	\$4,939,087	\$1,208,075	32%
5	CHAMPUS/TRICARE	\$153,650	\$156,734	\$3,084	2%
6	COMMERCIAL INSURANCE	\$4,473,741	\$4,479,400	\$5,659	0%
7	NON-GOVERNMENT MANAGED CARE	\$16,680,240	\$18,554,226	\$1,873,986	11%
8	WORKER'S COMPENSATION	\$622,495	\$679,714	\$57,219	9%
9	SELF- PAY/UNINSURED	\$967,674	\$947,806	(\$19,868)	-2%
10	SAGA	\$1,014,164	\$1,122,908	\$108,744	11%
11	OTHER	\$25,229	\$32,283	\$7,054	28%
	TOTAL OUTPATIENT NET REVENUE	\$42,350,277	\$48,076,673	\$5,726,396	14%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$44,030,851	\$44,632,137	\$601,286	1%
2	MEDICARE MANAGED CARE	\$2,393,464	\$3,797,992	\$1,404,528	59%
3	MEDICAID	\$2,749,370	\$4,480,500	\$1,731,130	63%
4	MEDICAID MANAGED CARE	\$5,146,318	\$6,580,452	\$1,434,134	28%
5	CHAMPUS/TRICARE	\$320,752	\$431,570	\$110,818	35%
6	COMMERCIAL INSURANCE	\$7,040,849	\$7,154,691	\$113,842	2%
7	NON-GOVERNMENT MANAGED CARE	\$26,815,141	\$28,893,086	\$2,077,945	8%
8	WORKER'S COMPENSATION	\$1,094,194	\$1,198,939	\$104,745	10%
9	SELF- PAY/UNINSURED	\$1,278,927	\$1,223,252	(\$55,675)	-4%
10	SAGA	\$1,878,279	\$2,087,307	\$209,028	11%
11	OTHER	\$41,137	\$68,659	\$27,522	67%
	TOTAL NET REVENUE	\$92,789,282	\$100,548,585	\$7,759,303	8%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,214	3,140	(74)	-2%
2	MEDICARE MANAGED CARE	191	231	40	21%
3	MEDICAID	264	371	107	41%
4	MEDICAID MANAGED CARE	471	564	93	20%
5	CHAMPUS/TRICARE	25	34	9	36%
6	COMMERCIAL INSURANCE	369	345	(24)	-7%
7	NON-GOVERNMENT MANAGED CARE	1,381	1,376	(5)	0%
8	WORKER'S COMPENSATION	23	24	1	4%
9	SELF- PAY/UNINSURED	123	155	32	26%
10	SAGA	254	196	(58)	-23%
11	OTHER	5	2	(3)	-60%
	TOTAL DISCHARGES	6,320	6,438	118	2%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	16,484	15,245	(1,239)	-8%
2	MEDICARE MANAGED CARE	843	1,005	162	19%
3	MEDICAID	1,469	2,377	908	62%
4	MEDICAID MANAGED CARE	1,331	1,619	288	22%
5	CHAMPUS/TRICARE	133	213	80	60%
6	COMMERCIAL INSURANCE	1,351	1,284	(67)	-5%
7	NON-GOVERNMENT MANAGED CARE	4,816	4,400	(416)	-9%
8	WORKER'S COMPENSATION	44	46	2	5%
9	SELF- PAY/UNINSURED	576	729	153	27%
10	SAGA	1,486	1,040	(446)	-30%
11	OTHER	48	21	(27)	-56%
	TOTAL PATIENT DAYS	28,581	27,979	(602)	-2%
C.	OUTPATIENT VISITS				

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
1	MEDICARE TRADITIONAL	64,541	63,300	(1,241)	-2%
2	MEDICARE MANAGED CARE	4,242	6,300	2,058	49%
3	MEDICAID	6,591	9,274	2,683	41%
4	MEDICAID MANAGED CARE	20,615	22,758	2,143	10%
5	CHAMPUS/TRICARE	585	630	45	8%
6	COMMERCIAL INSURANCE	16,904	15,356	(1,548)	-9%
7	NON-GOVERNMENT MANAGED CARE	72,644	72,081	(563)	-1%
8	WORKER'S COMPENSATION	1,444	1,544	100	7%
9	SELF- PAY/UNINSURED	10,976	10,333	(643)	-6%
10	SAGA	6,751	5,673	(1,078)	-16%
11	OTHER	136	150	14	10%
	TOTAL OUTPATIENT VISITS	205,429	207,399	1,970	1%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$6,547,080	\$7,445,341	\$898,261	14%
2	MEDICARE MANAGED CARE	\$430,793	\$645,895	\$215,102	50%
3	MEDICAID	\$1,648,159	\$2,628,345	\$980,186	59%
4	MEDICAID MANAGED CARE	\$3,473,961	\$4,288,391	\$814,430	23%
5	CHAMPUS/TRICARE	\$147,121	\$186,107	\$38,986	26%
6	COMMERCIAL INSURANCE	\$1,806,850	\$1,859,744	\$52,894	3%
7	NON-GOVERNMENT MANAGED CARE	\$7,798,978	\$8,061,121	\$262,143	3%
8	WORKER'S COMPENSATION	\$438,745	\$462,077	\$23,332	5%
9	SELF- PAY/UNINSURED	\$1,773,878	\$1,869,747	\$95,869	5%
10	SAGA	\$2,281,134	\$1,755,391	(\$525,743)	-23%
11	OTHER	\$81,691	\$91,679	\$9,988	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$26,428,390	\$29,293,838	\$2,865,448	11%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,583,620	\$2,668,086	\$84,466	3%
2	MEDICARE MANAGED CARE	\$167,233	\$244,990	\$77,757	46%
3	MEDICAID	\$586,581	\$844,321	\$257,740	44%
4	MEDICAID MANAGED CARE	\$1,223,854	\$1,597,804	\$373,950	31%
5	CHAMPUS/TRICARE	\$77,700	\$79,891	\$2,191	3%
6	COMMERCIAL INSURANCE	\$1,123,499	\$1,149,302	\$25,803	2%
7	NON-GOVERNMENT MANAGED CARE	\$4,155,651	\$4,057,977	(\$97,674)	-2%
8	WORKER'S COMPENSATION	\$347,699	\$374,476	\$26,777	8%
9	SELF- PAY/UNINSURED	\$231,447	\$236,681	\$5,234	2%
10	SAGA	\$417,533	\$421,450	\$3,917	1%
11	OTHER	\$23,916	\$29,911	\$5,995	25%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$10,938,733	\$11,704,889	\$766,156	7%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,147	7,110	(37)	-1%
2	MEDICARE MANAGED CARE	438	609	171	39%
3	MEDICAID	1,756	2,481	725	41%
4	MEDICAID MANAGED CARE	6,101	6,778	677	11%
5	CHAMPUS/TRICARE	214	204	(10)	-5%
6	COMMERCIAL INSURANCE	2,328	2,181	(147)	-6%
7	NON-GOVERNMENT MANAGED CARE	10,382	9,526	(856)	-8%
8	WORKER'S COMPENSATION	799	741	(58)	-7%
9	SELF- PAY/UNINSURED	2,599	2,465	(134)	-5%
10	SAGA	2,601	1,797	(804)	-31%
11	OTHER	99	112	13	13%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	34,464	34,004	(460)	-1%

**CHARLOTTE HUNGERFORD HOSPITAL
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$18,901,408	\$18,853,887	(\$47,521)	0%
2	Physician Salaries	\$3,537,716	\$5,186,232	\$1,648,516	47%
3	Non-Nursing, Non-Physician Salaries	\$23,798,919	\$24,620,510	\$821,591	3%
	Total Salaries & Wages	\$46,238,043	\$48,660,629	\$2,422,586	5%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$5,169,877	\$6,041,586	\$871,709	17%
2	Physician Fringe Benefits	\$967,629	\$1,661,889	\$694,260	72%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,509,436	\$7,889,458	\$1,380,022	21%
	Total Fringe Benefits	\$12,646,942	\$15,592,933	\$2,945,991	23%
C. Contractual Labor Fees:					
1	Nursing Fees	\$729,577	\$570,053	(\$159,524)	-22%
2	Physician Fees	\$908,307	\$1,174,714	\$266,407	29%
3	Non-Nursing, Non-Physician Fees	\$320,716	\$480,882	\$160,166	50%
	Total Contractual Labor Fees	\$1,958,600	\$2,225,649	\$267,049	14%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$8,763,429	\$9,414,716	\$651,287	7%
2	Pharmaceutical Costs	\$2,989,589	\$3,268,912	\$279,323	9%
	Total Medical Supplies and Pharmaceutical Cost	\$11,753,018	\$12,683,628	\$930,610	8%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,202,183	\$2,995,640	(\$206,543)	-6%
2	Depreciation-Equipment	\$2,919,569	\$3,120,746	\$201,177	7%
3	Amortization	\$54,702	\$54,702	\$0	0%
	Total Depreciation and Amortization	\$6,176,454	\$6,171,088	(\$5,366)	0%
F. Bad Debts:					
1	Bad Debts	\$2,247,042	\$2,413,649	\$166,607	7%
G. Interest Expense:					
1	Interest Expense	\$417,080	\$333,980	(\$83,100)	-20%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,082,238	\$1,520,168	\$437,930	40%
I. Utilities:					
1	Water	\$44,117	\$48,216	\$4,099	9%
2	Natural Gas	\$611,968	\$528,084	(\$83,884)	-14%
3	Oil	\$13,608	\$14,761	\$1,153	8%
4	Electricity	\$1,287,646	\$1,417,417	\$129,771	10%
5	Telephone	\$162,362	\$167,774	\$5,412	3%
6	Other Utilities	\$47,651	\$45,077	(\$2,574)	-5%
	Total Utilities	\$2,167,352	\$2,221,329	\$53,977	2%
J. Business Expenses:					
1	Accounting Fees	\$109,696	\$119,165	\$9,469	9%
2	Legal Fees	\$190,419	\$276,581	\$86,162	45%
3	Consulting Fees	\$847,286	\$672,687	(\$174,599)	-21%
4	Dues and Membership	\$0	\$0	\$0	0%
5	Equipment Leases	\$952,987	\$968,013	\$15,026	2%
6	Building Leases	\$550,733	\$647,075	\$96,342	17%
7	Repairs and Maintenance	\$1,631,947	\$2,022,796	\$390,849	24%
8	Insurance	\$258,221	\$287,958	\$29,737	12%

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$171,129	\$179,610	\$8,481	5%
10	Conferences	\$91,287	\$92,301	\$1,014	1%
11	Property Tax	\$35,297	\$132,869	\$97,572	276%
12	General Supplies	\$748,553	\$749,661	\$1,108	0%
13	Licenses and Subscriptions	\$359,264	\$367,254	\$7,990	2%
14	Postage and Shipping	\$113,459	\$132,814	\$19,355	17%
15	Advertising	\$660,667	\$552,460	(\$108,207)	-16%
16	Other Business Expenses	\$8,875,006	\$9,861,289	\$986,283	11%
	Total Business Expenses	\$15,595,951	\$17,062,533	\$1,466,582	9%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$119,639	\$11,577	(\$108,062)	-90%
	Total Operating Expenses - All Expense Categories*	\$100,402,359	\$108,897,163	\$8,494,804	8%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$27,044,507	\$30,771,231	\$3,726,724	14%
2	General Accounting	\$883,734	\$845,542	(\$38,192)	-4%
3	Patient Billing & Collection	\$1,125,728	\$1,168,053	\$42,325	4%
4	Admitting / Registration Office	\$1,090,166	\$1,137,460	\$47,294	4%
5	Data Processing	\$2,156,369	\$2,610,551	\$454,182	21%
6	Communications	\$290,599	\$283,712	(\$6,887)	-2%
7	Personnel	\$801,425	\$779,153	(\$22,272)	-3%
8	Public Relations	\$567,616	\$398,754	(\$168,862)	-30%
9	Purchasing	\$706,245	\$872,879	\$166,634	24%
10	Dietary and Cafeteria	\$1,607,901	\$1,600,176	(\$7,725)	0%
11	Housekeeping	\$1,292,611	\$1,318,252	\$25,641	2%
12	Laundry & Linen	\$498,349	\$569,105	\$70,756	14%
13	Operation of Plant	\$1,906,946	\$2,042,114	\$135,168	7%
14	Security	\$320,429	\$302,128	(\$18,301)	-6%
15	Repairs and Maintenance	\$811,099	\$819,619	\$8,520	1%
16	Central Sterile Supply	\$350,462	\$371,668	\$21,206	6%
17	Pharmacy Department	\$4,346,502	\$4,583,558	\$237,056	5%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$45,800,688	\$50,473,955	\$4,673,267	10%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$722,732	\$674,109	(\$48,623)	-7%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,392,372	\$1,084,092	(\$308,280)	-22%
4	Medical Records	\$1,549,891	\$1,596,485	\$46,594	3%
5	Social Service	\$1,235,813	\$1,450,609	\$214,796	17%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$4,900,808	\$4,805,295	(\$95,513)	-2%
C.	<u>Special Services:</u>				
1	Operating Room	\$6,103,509	\$6,770,944	\$667,435	11%
2	Recovery Room	\$536,990	\$489,645	(\$47,345)	-9%
3	Anesthesiology	\$178,729	\$199,882	\$21,153	12%
4	Delivery Room	\$521,101	\$564,914	\$43,813	8%
5	Diagnostic Radiology	\$2,984,798	\$3,008,481	\$23,683	1%
6	Diagnostic Ultrasound	\$314,436	\$346,364	\$31,928	10%
7	Radiation Therapy	\$1,092,104	\$1,216,732	\$124,628	11%

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$394,248	\$368,932	(\$25,316)	-6%
9	CT Scan	\$699,651	\$817,463	\$117,812	17%
10	Laboratory	\$6,131,048	\$6,437,714	\$306,666	5%
11	Blood Storing/Processing	\$1,215,290	\$1,271,305	\$56,015	5%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$317,905	\$318,642	\$737	0%
14	Electroencephalography	\$8	\$7,582	\$7,574	94675%
15	Occupational Therapy	\$8,033	\$253	(\$7,780)	-97%
16	Speech Pathology	\$33,281	\$50,276	\$16,995	51%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$802,905	\$773,563	(\$29,342)	-4%
19	Pulmonary Function	\$213,342	\$219,381	\$6,039	3%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,962,413	\$3,950,850	(\$11,563)	0%
23	Renal Dialysis	\$261,664	\$239,133	(\$22,531)	-9%
24	Emergency Room	\$4,871,006	\$5,141,870	\$270,864	6%
25	MRI	\$267,389	\$245,620	(\$21,769)	-8%
26	PET Scan	\$39,601	\$133,826	\$94,225	238%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$220,744	\$356,910	\$136,166	62%
29	Sleep Center	\$353,994	\$358,068	\$4,074	1%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$309,444	\$333,746	\$24,302	8%
32	Occupational Therapy / Physical Therapy	\$481,013	\$585,305	\$104,292	22%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$93,649	\$186,211	\$92,562	99%
	Total Special Services	\$32,408,295	\$34,393,612	\$1,985,317	6%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$6,689,730	\$6,583,339	(\$106,391)	-2%
2	Intensive Care Unit	\$2,028,864	\$2,056,409	\$27,545	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,590,378	\$2,611,183	\$20,805	1%
5	Pediatric Unit	\$762,666	\$865,133	\$102,467	13%
6	Maternity Unit	\$832,911	\$847,490	\$14,579	2%
7	Newborn Nursery Unit	\$357,900	\$328,023	(\$29,877)	-8%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$671,770	\$695,819	\$24,049	4%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$1,665,815	\$3,426,977	\$1,761,162	106%
13	Other Routine Services	\$1,347,246	\$1,447,596	\$100,350	7%
	Total Routine Services	\$16,947,280	\$18,861,969	\$1,914,689	11%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$345,288	\$362,332	\$17,044	5%
	Total Operating Expenses - All Departments*	\$100,402,359	\$108,897,163	\$8,494,804	8%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$87,939,108	\$ 95,678,590	\$103,111,284
2	Other Operating Revenue	5,802,825	5,573,529	5,360,151
3	Total Operating Revenue	\$93,741,933	\$101,252,119	\$108,471,435
4	Total Operating Expenses	93,504,863	100,402,359	108,897,163
5	Income/(Loss) From Operations	\$237,070	\$849,760	(\$425,728)
6	Total Non-Operating Revenue	827,321	(669,899)	1,978,820
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,064,391	\$179,861	\$1,553,092
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.25%	0.84%	-0.39%
2	Hospital Non Operating Margin	0.87%	-0.67%	1.79%
3	Hospital Total Margin	1.13%	0.18%	1.41%
4	Income/(Loss) From Operations	\$237,070	\$849,760	(\$425,728)
5	Total Operating Revenue	\$93,741,933	\$101,252,119	\$108,471,435
6	Total Non-Operating Revenue	\$827,321	(\$669,899)	\$1,978,820
7	Total Revenue	\$94,569,254	\$100,582,220	\$110,450,255
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,064,391	\$179,861	\$1,553,092
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$60,861,612	\$41,545,959	\$39,188,881
2	Hospital Total Net Assets	\$80,798,341	\$60,028,996	\$58,541,584
3	Hospital Change in Total Net Assets	(\$12,714,542)	(\$20,769,345)	(\$1,487,412)
4	Hospital Change in Total Net Assets %	86.4%	-25.7%	-2.5%
D. <u>Cost Data Summary</u>				
1	Ratio of Cost to Charges	0.58	0.55	0.56
2	Total Operating Expenses	\$93,504,863	\$100,402,359	\$108,897,163
3	Total Gross Revenue	\$155,722,889	\$176,391,805	\$188,222,806
4	Total Other Operating Revenue	\$5,802,825	\$5,573,529	\$5,277,783
5	Private Payment to Cost Ratio	1.01	1.03	1.03
6	Total Non-Government Payments	\$33,526,616	\$36,229,111	\$38,469,968

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
7	Total Uninsured Payments	\$884,974	\$1,278,927	\$1,223,252
8	Total Non-Government Charges	\$60,868,342	\$66,299,978	\$69,006,889
9	Total Uninsured Charges	\$4,800,078	\$4,808,316	\$4,833,620
10	<u>Medicare Payment to Cost Ratio</u>	1.02	1.03	1.02
11	Total Medicare Payments	\$41,357,385	\$46,424,315	\$48,430,129
12	Total Medicare Charges	\$69,780,126	\$81,502,019	\$84,009,999
13	<u>Medicaid Payment to Cost Ratio</u>	0.66	0.72	0.70
14	Total Medicaid Payments	\$7,183,390	\$7,895,688	\$11,060,952
15	Total Medicaid Charges	\$18,694,043	\$20,003,148	\$27,912,033
16	<u>Uncompensated Care Cost</u>	\$2,056,204	\$2,033,395	\$2,158,433
17	Charity Care	\$1,110,508	\$1,438,204	\$1,421,695
18	Bad Debts	\$2,441,497	\$2,247,042	\$2,413,649
19	Total Uncompensated Care	\$3,552,005	\$3,685,246	\$3,835,344
20	<u>Uncompensated Care % of Total Expenses</u>	2.2%	2.0%	2.0%
21	Total Operating Expenses	\$93,504,863	\$100,402,359	\$108,897,163
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.16	1.09	1.23
2	Total Current Assets	\$16,860,302	\$17,465,011	\$20,414,902
3	Total Current Liabilities	\$14,589,890	\$16,066,605	\$16,564,587
4	<u>Days Cash on Hand</u>	12	15	19
5	Cash and Cash Equivalents	\$2,918,761	\$3,989,039	\$5,456,105
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$2,918,761	\$3,989,039	\$5,456,105
8	Total Operating Expenses	\$93,504,863	\$100,402,359	\$108,897,163
9	Depreciation Expense	\$5,906,031	\$6,176,454	\$6,171,088
10	Operating Expenses less Depreciation Expense	\$87,598,832	\$94,225,905	\$102,726,075
11	<u>Days Revenue in Patient Accounts Receivable</u>	36.61	28.26	30.51

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
12	Net Patient Accounts Receivable	\$ 9,382,010	\$ 9,671,762	\$ 9,573,323
13	Due From Third Party Payers	\$396,514	\$102,157	\$1,079,437
14	Due To Third Party Payers	\$957,758	\$2,366,000	\$2,034,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 8,820,766	\$ 7,407,919	\$ 8,618,760
16	Total Net Patient Revenue	\$87,939,108	\$ 95,678,590	\$ 103,111,284
17	Average Payment Period	60.79	62.24	58.86
18	Total Current Liabilities	\$14,589,890	\$16,066,605	\$16,564,587
19	Total Operating Expenses	\$93,504,863	\$100,402,359	\$108,897,163
20	Depreciation Expense	\$5,906,031	\$6,176,454	\$6,171,088
21	Total Operating Expenses less Depreciation Expense	\$87,598,832	\$94,225,905	\$102,726,075
F. Solvency Measures Summary				
1	Equity Financing Ratio	70.1	52.6	49.7
2	Total Net Assets	\$80,798,341	\$60,028,996	\$58,541,584
3	Total Assets	\$115,186,675	\$114,073,388	\$117,679,059
4	Cash Flow to Total Debt Ratio	29.7	27.0	34.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,064,391	\$179,861	\$1,553,092
6	Depreciation Expense	\$5,906,031	\$6,176,454	\$6,171,088
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,970,422	\$6,356,315	\$7,724,180
8	Total Current Liabilities	\$14,589,890	\$16,066,605	\$16,564,587
9	Total Long Term Debt	\$8,855,354	\$7,435,989	\$6,022,950
10	Total Current Liabilities and Total Long Term Debt	\$23,445,244	\$23,502,594	\$22,587,537
11	Long Term Debt to Capitalization Ratio	9.9	11.0	9.3
12	Total Long Term Debt	\$8,855,354	\$7,435,989	\$6,022,950
13	Total Net Assets	\$80,798,341	\$60,028,996	\$58,541,584
14	Total Long Term Debt and Total Net Assets	\$89,653,695	\$67,464,985	\$64,564,534
15	Debt Service Coverage Ratio	14.2	3.6	4.1
16	Excess Revenues over Expenses	\$1,064,391	\$179,861	\$1,553,092
17	Interest Expense	\$528,927	\$417,080	\$333,980
18	Depreciation and Amortization Expense	\$5,906,031	\$6,176,454	\$6,171,088

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
19	Principal Payments	\$0	\$1,485,596	\$1,654,302
G. Other Financial Ratios				
20	Average Age of Plant	14.6	14.8	15.7
21	Accumulated Depreciation	\$86,377,410	\$91,613,715	\$96,582,714
22	Depreciation and Amortization Expense	\$5,906,031	\$6,176,454	\$6,171,088
H. Utilization Measures Summary				
1	Patient Days	27,085	28,581	27,979
2	Discharges	6,084	6,320	6,438
3	ALOS	4.5	4.5	4.3
4	Staffed Beds	78	81	81
5	Available Beds	-	122	122
6	Licensed Beds	122	122	122
6	Occupancy of Staffed Beds	95.1%	96.7%	94.6%
7	Occupancy of Available Beds	60.8%	64.2%	62.8%
8	Full Time Equivalent Employees	672.9	684.8	713.2
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	36.0%	34.9%	34.1%
2	Medicare Gross Revenue Payer Mix Percentage	44.8%	46.2%	44.6%
3	Medicaid Gross Revenue Payer Mix Percentage	12.0%	11.3%	14.8%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.8%	4.5%	3.3%
5	Uninsured Gross Revenue Payer Mix Percentage	3.1%	2.7%	2.6%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.3%	0.4%	0.6%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$56,068,264	\$61,491,662	\$64,173,269
9	Medicare Gross Revenue (Charges)	\$69,780,126	\$81,502,019	\$84,009,999
10	Medicaid Gross Revenue (Charges)	\$18,694,043	\$20,003,148	\$27,912,033
11	Other Medical Assistance Gross Revenue (Charges)	\$5,978,085	\$7,886,877	\$6,238,691
12	Uninsured Gross Revenue (Charges)	\$4,800,078	\$4,808,316	\$4,833,620
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$402,293	\$699,783	\$1,055,194
14	Total Gross Revenue (Charges)	\$155,722,889	\$176,391,805	\$188,222,806
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	38.9%	37.7%	37.0%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
2	Medicare Net Revenue Payer Mix Percentage	49.3%	50.0%	48.2%
3	Medicaid Net Revenue Payer Mix Percentage	8.6%	8.5%	11.0%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.8%	2.1%	2.1%
5	Uninsured Net Revenue Payer Mix Percentage	1.1%	1.4%	1.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.3%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$32,641,642	\$34,950,184	\$37,246,716
9	Medicare Net Revenue (Payments)	\$41,357,385	\$46,424,315	\$48,430,129
10	Medicaid Net Revenue (Payments)	\$7,183,390	\$7,895,688	\$11,060,952
11	Other Medical Assistance Net Revenue (Payments)	\$1,523,107	\$1,919,416	\$2,155,966
12	Uninsured Net Revenue (Payments)	\$884,974	\$1,278,927	\$1,223,252
13	CHAMPUS / TRICARE Net Revenue Payments)	\$245,381	\$320,752	\$431,570
14	Total Net Revenue (Payments)	\$83,835,879	\$92,789,282	\$100,548,585
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	2,016	1,896	1,900
2	Medicare	3,072	3,405	3,371
3	Medical Assistance	981	994	1,133
4	Medicaid	771	735	935
5	Other Medical Assistance	210	259	198
6	CHAMPUS / TRICARE	15	25	34
7	Uninsured (Included In Non-Government)	165	123	155
8	Total	6,084	6,320	6,438
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.016500	1.037000	1.114300
2	Medicare	1.397700	1.433600	1.422200
3	Medical Assistance	0.844940	0.835140	0.882898
4	Medicaid	0.814200	0.776800	0.859900
5	Other Medical Assistance	0.957800	1.000700	0.991500
6	CHAMPUS / TRICARE	1.089900	1.231300	1.200700
7	Uninsured (Included In Non-Government)	0.969100	0.883800	0.972200
8	Total Case Mix Index	1.181497	1.219694	1.235252
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	4,015	4,476	4,589
2	Emergency Room - Treated and Discharged	34,814	34,464	34,004
3	Total Emergency Room Visits	38,829	38,940	38,593

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$9,879	\$134,656	\$124,777	1263%
2	Inpatient Payments	\$5,808	\$88,212	\$82,404	1419%
3	Outpatient Charges	\$21,100	\$38,837	\$17,737	84%
4	Outpatient Payments	\$9,385	\$11,761	\$2,376	25%
5	Discharges	1	8	7	700%
6	Patient Days	1	35	34	3400%
7	Outpatient Visits (Excludes ED Visits)	43	78	35	81%
8	Emergency Department Outpatient Visits	10	13	3	30%
9	Emergency Department Inpatient Admissions	1	7	6	600%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$30,979	\$173,493	\$142,514	460%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,193	\$99,973	\$84,780	558%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$34,329	\$74,501	\$40,172	117%
2	Inpatient Payments	\$15,248	\$59,590	\$44,342	291%
3	Outpatient Charges	\$15,082	\$8,718	(\$6,364)	-42%
4	Outpatient Payments	\$5,503	\$2,182	(\$3,321)	-60%
5	Discharges	2	3	1	50%
6	Patient Days	17	16	(1)	-6%
7	Outpatient Visits (Excludes ED Visits)	53	22	(31)	-58%
8	Emergency Department Outpatient Visits	6	5	(1)	-17%
9	Emergency Department Inpatient Admissions	2	2	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$49,411	\$83,219	\$33,808	68%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$20,751	\$61,772	\$41,021	198%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$1,020,159	\$862,202	(\$157,957)	-15%
2	Inpatient Payments	\$544,251	\$631,964	\$87,713	16%
3	Outpatient Charges	\$1,078,498	\$1,234,314	\$155,816	14%
4	Outpatient Payments	\$365,682	\$560,799	\$195,117	53%
5	Discharges	71	55	(16)	-23%
6	Patient Days	305	274	(31)	-10%
7	Outpatient Visits (Excludes ED Visits)	1,837	2,256	419	23%
8	Emergency Department Outpatient Visits	150	219	69	46%
9	Emergency Department Inpatient Admissions	56	38	(18)	-32%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,098,657	\$2,096,516	(\$2,141)	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$909,933	\$1,192,763	\$282,830	31%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$899,845	\$1,155,650	\$255,805	28%
2	Inpatient Payments	\$478,399	\$868,678	\$390,279	82%
3	Outpatient Charges	\$392,963	\$922,609	\$529,646	135%
4	Outpatient Payments	\$194,407	\$369,767	\$175,360	90%
5	Discharges	57	81	24	42%
6	Patient Days	279	328	49	18%
7	Outpatient Visits (Excludes ED Visits)	627	1,351	724	115%
8	Emergency Department Outpatient Visits	112	165	53	47%
9	Emergency Department Inpatient Admissions	52	69	17	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,292,808	\$2,078,259	\$785,451	61%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$672,806	\$1,238,445	\$565,639	84%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$49,666	\$89,011	\$39,345	79%
2	Inpatient Payments	\$30,493	\$59,771	\$29,278	96%
3	Outpatient Charges	\$27,080	\$23,882	(\$3,198)	-12%
4	Outpatient Payments	\$9,808	\$6,686	(\$3,122)	-32%
5	Discharges	5	9	4	80%
6	Patient Days	14	29	15	107%
7	Outpatient Visits (Excludes ED Visits)	45	43	(2)	-4%
8	Emergency Department Outpatient Visits	11	13	2	18%
9	Emergency Department Inpatient Admissions	5	8	3	60%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$76,746	\$112,893	\$36,147	47%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$40,301	\$66,457	\$26,156	65%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$24,769	\$0	(\$24,769)	-100%
2	Inpatient Payments	\$11,096	\$0	(\$11,096)	-100%
3	Outpatient Charges	\$778	\$1,587	\$809	104%
4	Outpatient Payments	\$441	\$442	\$1	0%
5	Discharges	1	0	(1)	-100%
6	Patient Days	2	0	(2)	-100%
7	Outpatient Visits (Excludes ED Visits)	1	3	2	200%
8	Emergency Department Outpatient Visits	1	1	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,547	\$1,587	(\$23,960)	-94%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,537	\$442	(\$11,095)	-96%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$177,500	\$177,500	0%
2	Inpatient Payments	\$0	\$86,825	\$86,825	0%
3	Outpatient Charges	\$69,704	\$238,709	\$169,005	242%
4	Outpatient Payments	\$20,291	\$85,059	\$64,768	319%
5	Discharges	0	14	14	0%
6	Patient Days	0	53	53	0%
7	Outpatient Visits (Excludes ED Visits)	116	458	342	295%
8	Emergency Department Outpatient Visits	14	45	31	221%
9	Emergency Department Inpatient Admissions	0	12	12	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$69,704	\$416,209	\$346,505	497%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$20,291	\$171,884	\$151,593	747%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$12,195	\$14,709	\$2,514	21%
2	Inpatient Payments	\$8,247	\$8,526	\$279	3%
3	Outpatient Charges	\$11,819	\$983	(\$10,836)	-92%
4	Outpatient Payments	\$5,093	\$273	(\$4,820)	-95%
5	Discharges	1	1	0	0%
6	Patient Days	3	4	1	33%
7	Outpatient Visits (Excludes ED Visits)	4	4	0	0%
8	Emergency Department Outpatient Visits	5	0	(5)	-100%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,014	\$15,692	(\$8,322)	-35%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$13,340	\$8,799	(\$4,541)	-34%
I. AETNA					
1	Inpatient Charges	\$635,687	\$681,710	\$46,023	7%
2	Inpatient Payments	\$421,997	\$436,307	\$14,310	3%
3	Outpatient Charges	\$519,036	\$837,607	\$318,571	61%
4	Outpatient Payments	\$229,706	\$403,991	\$174,285	76%
5	Discharges	51	52	1	2%
6	Patient Days	213	218	5	2%
7	Outpatient Visits (Excludes ED Visits)	980	1,381	401	41%
8	Emergency Department Outpatient Visits	117	137	20	17%
9	Emergency Department Inpatient Admissions	33	43	10	30%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,154,723	\$1,519,317	\$364,594	32%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$651,703	\$840,298	\$188,595	29%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$6,822	\$11,448	\$4,626	68%
2	Inpatient Payments	\$4,641	\$8,459	\$3,818	82%
3	Outpatient Charges	\$6,819	\$7,159	\$340	5%
4	Outpatient Payments	\$4,166	\$2,184	(\$1,982)	-48%
5	Discharges	1	1	0	0%
6	Patient Days	2	3	1	50%
7	Outpatient Visits (Excludes ED Visits)	13	4	(9)	-69%
8	Emergency Department Outpatient Visits	3	5	2	67%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$13,641	\$18,607	\$4,966	36%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,807	\$10,643	\$1,836	21%
K. SECURE HORIZONS					
1	Inpatient Charges	\$22,328	\$65,826	\$43,498	195%
2	Inpatient Payments	\$18,858	\$37,008	\$18,150	96%
3	Outpatient Charges	\$16,183	\$29,945	\$13,762	85%
4	Outpatient Payments	\$4,053	\$9,191	\$5,138	127%
5	Discharges	1	4	3	300%
6	Patient Days	7	23	16	229%
7	Outpatient Visits (Excludes ED Visits)	37	61	24	65%
8	Emergency Department Outpatient Visits	2	2	0	0%
9	Emergency Department Inpatient Admissions	1	3	2	200%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$38,511	\$95,771	\$57,260	149%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$22,911	\$46,199	\$23,288	102%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$6,048	\$2,708	(\$3,340)	-55%
4	Outpatient Payments	\$2,006	\$809	(\$1,197)	-60%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	10	4	(6)	-60%
8	Emergency Department Outpatient Visits	2	0	(2)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,048	\$2,708	(\$3,340)	-55%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,006	\$809	(\$1,197)	-60%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2009 ACTUAL	FY 2010 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$19,946	\$19,946	0%
2	Inpatient Payments	\$0	\$5,350	\$5,350	0%
3	Outpatient Charges	\$366	\$0	(\$366)	-100%
4	Outpatient Payments	\$123	\$0	(\$123)	-100%
5	Discharges	0	1	1	0%
6	Patient Days	0	4	4	0%
7	Outpatient Visits (Excludes ED Visits)	1	0	(1)	-100%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$366	\$19,946	\$19,580	5350%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$123	\$5,350	\$5,227	4250%
N. EVERCARE					
1	Inpatient Charges	\$0	\$61,255	\$61,255	0%
2	Inpatient Payments	\$0	\$43,894	\$43,894	0%
3	Outpatient Charges	\$19,835	\$13,121	(\$6,714)	-34%
4	Outpatient Payments	\$3,762	\$10,264	\$6,502	173%
5	Discharges	0	2	2	0%
6	Patient Days	0	18	18	0%
7	Outpatient Visits (Excludes ED Visits)	37	26	(11)	-30%
8	Emergency Department Outpatient Visits	5	4	(1)	-20%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,835	\$74,376	\$54,541	275%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,762	\$54,158	\$50,396	1340%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$2,715,679	\$3,348,414	\$632,735	23%
	TOTAL INPATIENT PAYMENTS	\$1,539,038	\$2,334,584	\$795,546	52%
	TOTAL OUTPATIENT CHARGES	\$2,185,311	\$3,360,179	\$1,174,868	54%
	TOTAL OUTPATIENT PAYMENTS	\$854,426	\$1,463,408	\$608,982	71%
	TOTAL DISCHARGES	191	231	40	21%
	TOTAL PATIENT DAYS	843	1,005	162	19%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	3,804	5,691	1,887	50%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	438	609	171	39%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	152	187	35	23%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,900,990	\$6,708,593	\$1,807,603	37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,393,464	\$3,797,992	\$1,404,528	59%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$556,053	\$0	(\$556,053)	-100%
2	Inpatient Payments	\$306,828	\$0	(\$306,828)	-100%
3	Outpatient Charges	\$1,301,245	\$0	(\$1,301,245)	-100%
4	Outpatient Payments	\$595,985	\$0	(\$595,985)	-100%
5	Discharges	78	0	(78)	-100%
6	Patient Days	227	0	(227)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,822	0	(1,822)	-100%
8	Emergency Department Outpatient Visits	1,069	0	(1,069)	-100%
9	Emergency Department Inpatient Admissions	24	0	(24)	-100%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$1,857,298	\$0	(\$1,857,298)	-100%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$902,813	\$0	(\$902,813)	-100%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$1,145,714	\$1,839,038	\$693,324	61%
2	Inpatient Payments	\$569,298	\$866,682	\$297,384	52%
3	Outpatient Charges	\$3,609,664	\$5,858,430	\$2,248,766	62%
4	Outpatient Payments	\$1,405,210	\$2,541,529	\$1,136,319	81%
5	Discharges	222	323	101	45%
6	Patient Days	524	799	275	52%
7	Outpatient Visits (Excludes ED Visits)	5,233	7,372	2,139	41%
8	Emergency Department Outpatient Visits	2,855	4,161	1,306	46%
9	Emergency Department Inpatient Admissions	36	79	43	119%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$4,755,378	\$7,697,468	\$2,942,090	62%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$1,974,508	\$3,408,211	\$1,433,703	73%
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%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$505,056	\$519,516	\$14,460	3%
2	Inpatient Payments	\$303,470	\$253,960	(\$49,510)	-16%
3	Outpatient Charges	\$2,793,332	\$2,828,121	\$34,789	1%
4	Outpatient Payments	\$1,010,558	\$1,010,437	(\$121)	0%
5	Discharges	58	47	(11)	-19%
6	Patient Days	324	380	56	17%
7	Outpatient Visits (Excludes ED Visits)	4,257	4,265	8	0%
8	Emergency Department Outpatient Visits	201	1	(200)	-100%
9	Emergency Department Inpatient Admissions	35	44	9	26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,298,388	\$3,347,637	\$49,249	1%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,314,028	\$1,264,397	(\$49,631)	-4%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2010
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$81,394	\$208,916	\$127,522	157%
2	Inpatient Payments	\$24,829	\$121,497	\$96,668	389%
3	Outpatient Charges	\$439,268	\$583,623	\$144,355	33%
4	Outpatient Payments	\$154,520	\$234,344	\$79,824	52%
5	Discharges	14	46	32	229%
6	Patient Days	35	111	76	217%
7	Outpatient Visits (Excludes ED Visits)	527	799	272	52%
8	Emergency Department Outpatient Visits	424	500	76	18%
9	Emergency Department Inpatient Admissions	6	10	4	67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$520,662	\$792,539	\$271,877	52%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$179,349	\$355,841	\$176,492	98%
	H. AETNA				
1	Inpatient Charges	\$465,677	\$734,082	\$268,405	58%
2	Inpatient Payments	\$210,881	\$399,226	\$188,345	89%
3	Outpatient Charges	\$1,759,047	\$2,802,068	\$1,043,021	59%
4	Outpatient Payments	\$564,739	\$1,152,777	\$588,038	104%
5	Discharges	99	148	49	49%
6	Patient Days	221	329	108	49%
7	Outpatient Visits (Excludes ED Visits)	2,675	3,544	869	32%
8	Emergency Department Outpatient Visits	1,552	2,116	564	36%
9	Emergency Department Inpatient Admissions	21	39	18	86%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,224,724	\$3,536,150	\$1,311,426	59%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$775,620	\$1,552,003	\$776,383	100%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$2,753,894	\$3,301,552	\$547,658	20%
	TOTAL INPATIENT PAYMENTS	\$1,415,306	\$1,641,365	\$226,059	16%
	TOTAL OUTPATIENT CHARGES	\$9,902,556	\$12,072,242	\$2,169,686	22%
	TOTAL OUTPATIENT PAYMENTS	\$3,731,012	\$4,939,087	\$1,208,075	32%
	TOTAL DISCHARGES	471	564	93	20%
	TOTAL PATIENT DAYS	1,331	1,619	288	22%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	14,514	15,980	1,466	10%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	6,101	6,778	677	11%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	122	172	50	41%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$12,656,450	\$15,373,794	\$2,717,344	21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,146,318	\$6,580,452	\$1,434,134	28%

**CHARLOTTE HUNGERFORD HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2010
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2009 ACTUAL	(4) FY 2010 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2009	FY 2010	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$4,021,421	\$5,456,105	\$1,434,684	36%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,891,564	\$9,573,323	(\$318,241)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$102,157	\$1,079,437	\$977,280	957%
7	Inventories of Supplies	\$1,825,569	\$1,886,150	\$60,581	3%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$1,892,228	\$2,419,887	\$527,659	28%
	Total Current Assets	\$17,732,939	\$20,414,902	\$2,681,963	15%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$14,994,411	\$16,662,242	\$1,667,831	11%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$359,776	\$277,118	(\$82,658)	-23%
4	Other Noncurrent Assets Whose Use is Limited	\$6,674,126	\$6,732,834	\$58,708	1%
	Total Noncurrent Assets Whose Use is Limited:	\$22,028,313	\$23,672,194	\$1,643,881	7%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$27,523,678	\$30,690,384	\$3,166,706	12%
7	Other Noncurrent Assets	\$1,555,668	\$1,339,349	(\$216,319)	-14%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$136,380,516	\$137,226,848	\$846,332	1%
2	Less: Accumulated Depreciation	\$91,686,498	\$96,582,714	\$4,896,216	\$0
	Property, Plant and Equipment, Net	\$44,694,018	\$40,644,134	(\$4,049,884)	-9%
3	Construction in Progress	\$861,053	\$918,096	\$57,043	7%
	Total Net Fixed Assets	\$45,555,071	\$41,562,230	(\$3,992,841)	-9%
	Total Assets	\$114,395,669	\$117,679,059	\$3,283,390	3%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$3,810,358	\$4,439,653	\$629,295	17%
2	Salaries, Wages and Payroll Taxes	\$4,615,109	\$3,018,603	(\$1,596,506)	-35%
3	Due To Third Party Payers	\$2,366,000	\$2,034,000	(\$332,000)	-14%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,080,000	\$1,120,000	\$40,000	4%
6	Current Portion of Notes Payable	\$300,392	\$233,895	(\$66,497)	-22%
7	Other Current Liabilities	\$4,051,021	\$5,718,436	\$1,667,415	41%
	Total Current Liabilities	\$16,222,880	\$16,564,587	\$341,707	2%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$3,475,000	\$2,355,000	(\$1,120,000)	-32%
2	Notes Payable (Net of Current Portion)	\$3,960,989	\$3,667,950	(\$293,039)	-7%
	Total Long Term Debt	\$7,435,989	\$6,022,950	(\$1,413,039)	-19%
3	Accrued Pension Liability	\$28,349,714	\$33,995,533	\$5,645,819	20%
4	Other Long Term Liabilities	\$2,192,084	\$2,554,405	\$362,321	17%
	Total Long Term Liabilities	\$37,977,787	\$42,572,888	\$4,595,101	12%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$41,711,965	\$39,188,881	(\$2,523,084)	-6%
2	Temporarily Restricted Net Assets	\$2,924,647	\$2,980,453	\$55,806	2%
3	Permanently Restricted Net Assets	\$15,558,390	\$16,372,250	\$813,860	5%
	Total Net Assets	\$60,195,002	\$58,541,584	(\$1,653,418)	-3%
	Total Liabilities and Net Assets	\$114,395,669	\$117,679,059	\$3,283,390	3%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2009 ACTUAL</u>	<u>FY 2010 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$183,421,886	\$188,869,807	\$5,447,921	3%
2	Less: Allowances	\$84,117,826	\$83,689,827	(\$427,999)	-1%
3	Less: Charity Care	\$1,438,204	\$1,421,695	(\$16,509)	-1%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$97,865,856	\$103,758,285	\$5,892,429	6%
5	Other Operating Revenue	\$5,612,083	\$5,283,033	(\$329,050)	-6%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$103,477,939	\$109,041,318	\$5,563,379	5%
B. Operating Expenses:					
1	Salaries and Wages	\$48,180,018	\$49,259,969	\$1,079,951	2%
2	Fringe Benefits	\$12,887,310	\$15,643,996	\$2,756,686	21%
3	Physicians Fees	\$900,019	\$1,154,344	\$254,325	28%
4	Supplies and Drugs	\$11,988,735	\$12,766,918	\$778,183	6%
5	Depreciation and Amortization	\$6,201,756	\$6,177,041	(\$24,715)	0%
6	Bad Debts	\$2,247,042	\$2,413,649	\$166,607	7%
7	Interest	\$563,756	\$374,299	(\$189,457)	-34%
8	Malpractice	\$1,515,372	\$1,579,190	\$63,818	4%
9	Other Operating Expenses	\$19,026,780	\$20,455,779	\$1,428,999	8%
	Total Operating Expenses	\$103,510,788	\$109,825,185	\$6,314,397	6%
	Income/(Loss) From Operations	(\$32,849)	(\$783,867)	(\$751,018)	2286%
C. Non-Operating Revenue:					
1	Income from Investments	\$0	\$1,996,464	\$1,996,464	0%
2	Gifts, Contributions and Donations	\$188,183	\$127,644	(\$60,539)	-32%
3	Other Non-Operating Gains/(Losses)	(\$43,176)	\$119,337	\$162,513	-376%
	Total Non-Operating Revenue	\$145,007	\$2,243,445	\$2,098,438	1447%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$112,158	\$1,459,578	\$1,347,420	1201%
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	\$112,158	\$1,459,578	\$1,347,420	1201%

THE CHARLOTTE HUNGERFORD HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2010

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$90,098,472	\$97,865,856	\$103,758,285
2	Other Operating Revenue	5,881,539	5,612,083	5,283,033
3	Total Operating Revenue	\$95,980,011	\$103,477,939	\$109,041,318
4	Total Operating Expenses	96,631,143	103,510,788	109,825,185
5	Income/(Loss) From Operations	(\$651,132)	(\$32,849)	(\$783,867)
6	Total Non-Operating Revenue	1,842,773	145,007	2,243,445
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,191,641	\$112,158	\$1,459,578
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-0.67%	-0.03%	-0.70%
2	Parent Corporation Non-Operating Margin	1.88%	0.14%	2.02%
3	Parent Corporation Total Margin	1.22%	0.11%	1.31%
4	Income/(Loss) From Operations	(\$651,132)	(\$32,849)	(\$783,867)
5	Total Operating Revenue	\$95,980,011	\$103,477,939	\$109,041,318
6	Total Non-Operating Revenue	\$1,842,773	\$145,007	\$2,243,445
7	Total Revenue	\$97,822,784	\$103,622,946	\$111,284,763
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,191,641	\$112,158	\$1,459,578
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$61,095,321	\$41,711,965	\$39,188,881
2	Parent Corporation Total Net Assets	\$81,032,050	\$60,195,002	\$58,541,584
3	Parent Corporation Change in Total Net Assets	(\$12,587,292)	(\$20,837,048)	(\$1,653,418)
4	Parent Corporation Change in Total Net Assets %	86.6%	-25.7%	-2.7%

THE CHARLOTTE HUNGERFORD HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2010

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
D. Liquidity Measures Summary				
1	Current Ratio	1.16	1.09	1.23
2	Total Current Assets	\$17,199,234	\$17,732,939	\$20,414,902
3	Total Current Liabilities	\$14,769,113	\$16,222,880	\$16,564,587
4	Days Cash on Hand	12	15	19
5	Cash and Cash Equivalents	\$2,941,661	\$4,021,421	\$5,456,105
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$2,941,661	\$4,021,421	\$5,456,105
8	Total Operating Expenses	\$96,631,143	\$103,510,788	\$109,825,185
9	Depreciation Expense	\$5,922,262	\$6,201,756	\$6,177,041
10	Operating Expenses less Depreciation Expense	\$90,708,881	\$97,309,032	\$103,648,144
11	Days Revenue in Patient Accounts Receivable	37	28	30
12	Net Patient Accounts Receivable	\$ 9,622,809	\$ 9,891,564	\$ 9,573,323
13	Due From Third Party Payers	\$396,514	\$102,157	\$1,079,437
14	Due To Third Party Payers	\$957,758	\$2,366,000	\$2,034,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,061,565	\$ 7,627,721	\$ 8,618,760
16	Total Net Patient Revenue	\$90,098,472	\$97,865,856	\$103,758,285
17	Average Payment Period	59	61	58
18	Total Current Liabilities	\$14,769,113	\$16,222,880	\$16,564,587
19	Total Operating Expenses	\$96,631,143	\$103,510,788	\$109,825,185
20	Depreciation Expense	\$5,922,262	\$6,201,756	\$6,177,041
21	Total Operating Expenses less Depreciation Expense	\$90,708,881	\$97,309,032	\$103,648,144

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2008	FY 2009	FY 2010
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	70.1	52.6	49.7
2	Total Net Assets	\$81,032,050	\$60,195,002	\$58,541,584
3	Total Assets	\$115,599,607	\$114,395,669	\$117,679,059
4	<u>Cash Flow to Total Debt Ratio</u>	30.1	26.7	33.8
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,191,641	\$112,158	\$1,459,578
6	Depreciation Expense	\$5,922,262	\$6,201,756	\$6,177,041
7	Excess of Revenues Over Expenses and Depreciation Expense	\$7,113,903	\$6,313,914	\$7,636,619
8	Total Current Liabilities	\$14,769,113	\$16,222,880	\$16,564,587
9	Total Long Term Debt	\$8,855,354	\$7,435,989	\$6,022,950
10	Total Current Liabilities and Total Long Term Debt	\$23,624,467	\$23,658,869	\$22,587,537
11	<u>Long Term Debt to Capitalization Ratio</u>	9.9	11.0	9.3
12	Total Long Term Debt	\$8,855,354	\$7,435,989	\$6,022,950
13	Total Net Assets	\$81,032,050	\$60,195,002	\$58,541,584
14	Total Long Term Debt and Total Net Assets	\$89,887,404	\$67,630,991	\$64,564,534

CHARLOTTE HUNGERFORD HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2010						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	18,568	51	73	99.7%	69.7%
2	ICU/CCU (Excludes Neonatal ICU)	2,026	7	10	79.3%	55.5%
3	Psychiatric: Ages 0 to 17	81	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,194	15	17	94.9%	83.7%
	TOTAL PSYCHIATRIC	5,275	15	17	96.3%	85.0%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	935	4	7	64.0%	36.6%
7	Newborn	904	3	13	82.6%	19.1%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	271	1	2	74.2%	37.1%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	27,075	78	109	95.1%	68.1%
	TOTAL INPATIENT BED UTILIZATION	27,979	81	122	94.6%	62.8%
	TOTAL INPATIENT REPORTED YEAR	27,979	81	122	94.6%	62.8%
	TOTAL INPATIENT PRIOR YEAR	28,581	81	122	96.7%	64.2%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-602	0	0	-2.0%	-1.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	0%	0%	-2%	-2%
	Total Licensed Beds and Bassinets	122				
(A) This number may not exceed the number of available beds for each department or in total.						

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	3,798	3,589	-209	-6%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,193	3,004	-189	-6%
3	Emergency Department Scans	6,096	6,193	97	2%
4	Other Non-Hospital Providers' Scans (A)	2,037	1,717	-320	-16%
	Total CT Scans	15,124	14,503	-621	-4%
B. MRI Scans (A)					
1	Inpatient Scans	503	429	-74	-15%
2	Outpatient Scans (Excluding Emergency Department Scans)	229	335	106	46%
3	Emergency Department Scans	107	86	-21	-20%
4	Other Non-Hospital Providers' Scans (A)	5,751	5,584	-167	-3%
	Total MRI Scans	6,590	6,434	-156	-2%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	22	60	38	173%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	417	377	-40	-10%
	Total PET Scans	439	437	-2	0%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	81	63	-18	-22%
2	Outpatient Procedures	4,951	4,649	-302	-6%
	Total Linear Accelerator Procedures	5,032	4,712	-320	-6%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,276	1,245	-31	-2%
2	Outpatient Surgical Procedures	2,787	2,786	-1	0%
	Total Surgical Procedures	4,063	4,031	-32	-1%
J. Endoscopy Procedures					

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
1	Inpatient Endoscopy Procedures	412	336	-76	-18%
2	Outpatient Endoscopy Procedures	661	690	29	4%
	Total Endoscopy Procedures	1,073	1,026	-47	-4%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	4,476	4,589	113	3%
2	Emergency Room Visits: Treated and Discharged	34,464	34,004	-460	-1%
	Total Emergency Room Visits	38,940	38,593	-347	-1%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	3,710	4,282	572	15%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	30,835	31,902	1,067	3%
4	Medical Clinic Visits	12,657	11,519	-1,138	-9%
5	Specialty Clinic Visits	1,609	9,446	7,837	487%
	Total Hospital Clinic Visits	48,811	57,149	8,338	17%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	3,725	3,807	82	2%
2	Cardiology	3,504	3,529	25	1%
3	Chemotherapy	131	194	63	48%
4	Gastroenterology	1,286	1,204	-82	-6%
5	Other Outpatient Visits	113,508	108,910	-4,598	-4%
	Total Other Hospital Outpatient Visits	122,154	117,644	-4,510	-4%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	276.8	286.9	10.1	4%
2	Total Physician FTEs	18.0	24.1	6.1	34%
3	Total Non-Nursing and Non-Physician FTEs	390.0	402.2	12.2	3%
	Total Hospital Full Time Equivalent Employees	684.8	713.2	28.4	4%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Charlotte Hungerford Hospital	2,787	2,786	-1	0%
	Total Outpatient Surgical Procedures(A)	2,787	2,786	-1	0%
B. Outpatient Endoscopy Procedures					
1	Charlotte Hungerford Hospital	661	690	29	4%
	Total Outpatient Endoscopy Procedures(B)	661	690	29	4%
C. Outpatient Hospital Emergency Room Visits					
1	Charlotte Hungerford Hospital	27,606	27,446	-160	-1%
2	HEMC	6,858	6,558	-300	-4%
	Total Outpatient Hospital Emergency Room Visits(C)	34,464	34,004	-460	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$49,306,977	\$48,768,258	(\$538,719)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$32,935,779	\$33,003,580	\$67,801	0%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	66.80%	67.67%	0.88%	1%
4	DISCHARGES	3,405	3,371	(34)	-1%
5	CASE MIX INDEX (CMI)	1.43360	1.42220	(0.01140)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,881.40800	4,794.23620	(87.17180)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,747.19	\$6,884.01	\$136.82	2%
8	PATIENT DAYS	17,327	16,250	(1,077)	-6%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,900.84	\$2,030.99	\$130.15	7%
10	AVERAGE LENGTH OF STAY	5.1	4.8	(0.3)	-5%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$32,195,042	\$35,241,741	\$3,046,699	9%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,488,536	\$15,426,549	\$1,938,013	14%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	41.90%	43.77%	1.88%	4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	65.30%	72.26%	6.97%	11%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,223.29830	2,436.00887	212.71057	10%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,066.90	\$6,332.71	\$265.81	4%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$81,502,019	\$84,009,999	\$2,507,980	3%
18	TOTAL ACCRUED PAYMENTS	\$46,424,315	\$48,430,129	\$2,005,814	4%
19	TOTAL ALLOWANCES	\$35,077,704	\$35,579,870	\$502,166	1%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,271,304	\$20,138,494	(\$132,810)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,484,961	\$13,808,822	\$323,861	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	66.52%	68.57%	2.05%	3%
4	DISCHARGES	1,896	1,900	4	0%
5	CASE MIX INDEX (CMI)	1.03700	1.11430	0.07730	7%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,966.15200	2,117.17000	151.01800	8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,858.55	\$6,522.30	(\$336.25)	-5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$111.37)	\$361.71	\$473.08	-425%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$218,963)	\$765,802	\$984,765	-450%
10	PATIENT DAYS	6,787	6,459	(328)	-5%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,986.88	\$2,137.92	\$151.04	8%
12	AVERAGE LENGTH OF STAY	3.6	3.4	(0.2)	-5%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$46,028,674	\$48,868,395	\$2,839,721	6%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$22,744,150	\$24,661,146	\$1,916,996	8%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	49.41%	50.46%	1.05%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	227.06%	242.66%	15.60%	7%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,305.11850	4,610.57071	305.45220	7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,283.05	\$5,348.83	\$65.78	1%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$783.85	\$983.89	\$200.03	26%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,374,588	\$4,536,283	\$1,161,695	34%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$66,299,978	\$69,006,889	\$2,706,911	4%
22	TOTAL ACCRUED PAYMENTS	\$36,229,111	\$38,469,968	\$2,240,857	6%
23	TOTAL ALLOWANCES	\$30,070,867	\$30,536,921	\$466,054	2%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,155,625	\$5,302,084	\$2,146,460	68%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$65,804,567	\$69,006,889	\$3,202,322	5%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$39,914,356	\$42,222,944	\$2,308,588	6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,890,211	\$26,783,945	\$893,734	3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.34%	38.81%	-0.53%	

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,170,201	\$1,088,411	(\$81,790)	-7%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$311,253	\$275,446	(\$35,807)	-12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	26.60%	25.31%	-1.29%	-5%
4	DISCHARGES	123	155	32	26%
5	CASE MIX INDEX (CMI)	0.88380	0.97220	0.08840	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	108.70740	150.69100	41.98360	39%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,863.22	\$1,827.89	(\$1,035.33)	-36%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$3,995.34	\$4,694.42	\$699.08	17%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$3,883.97	\$5,056.13	\$1,172.16	30%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$422,216	\$761,913	\$339,696	80%
11	PATIENT DAYS	576	729	153	27%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$540.37	\$377.84	(\$162.53)	-30%
13	AVERAGE LENGTH OF STAY	4.7	4.7	0.0	0%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,638,115	\$3,745,209	\$107,094	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$967,674	\$947,806	(\$19,868)	-2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	26.60%	25.31%	-1.29%	-5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	310.90%	344.10%	33.20%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	382.40281	533.35311	150.95031	39%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,530.51	\$1,777.07	(\$753.44)	-30%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$2,752.54	\$3,571.76	\$819.22	30%
21	MEDICARE - UNINSURED OP PMT / OPED	\$3,536.39	\$4,555.64	\$1,019.25	29%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,352,327	\$2,429,767	\$1,077,440	80%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$4,808,316	\$4,833,620	\$25,304	1%
24	TOTAL ACCRUED PAYMENTS	\$1,278,927	\$1,223,252	(\$55,675)	-4%
25	TOTAL ALLOWANCES	\$3,529,389	\$3,610,368	\$80,979	2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,774,543	\$3,191,680	\$1,417,137	80%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$5,912,856	\$9,213,369	\$3,300,513	56%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$2,971,140	\$4,383,899	\$1,412,759	48%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	50.25%	47.58%	-2.67%	-5%
4	DISCHARGES	735	935	200	27%
5	CASE MIX INDEX (CMI)	0.77680	0.85990	0.08310	11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	570.94800	804.00650	233.05850	41%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,203.87	\$5,452.57	\$248.70	5%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,654.68	\$1,069.74	(\$584.95)	-35%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,543.32	\$1,431.45	(\$111.87)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$881,154	\$1,150,891	\$269,738	31%
11	PATIENT DAYS	2,800	3,996	1,196	43%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,061.12	\$1,097.07	\$35.95	3%
13	AVERAGE LENGTH OF STAY	3.8	4.3	0.5	12%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$14,090,292	\$18,698,664	\$4,608,372	33%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,924,548	\$6,677,053	\$1,752,505	36%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.95%	35.71%	0.76%	2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	238.30%	202.95%	-35.35%	-15%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,751.49955	1,897.59586	146.09631	8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,811.62	\$3,518.69	\$707.07	25%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,471.43	\$1,830.14	(\$641.29)	-26%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,255.29	\$2,814.02	(\$441.26)	-14%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,701,631	\$5,339,880	(\$361,751)	-6%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$20,003,148	\$27,912,033	\$7,908,885	40%
24	TOTAL ACCRUED PAYMENTS	\$7,895,688	\$11,060,952	\$3,165,264	40%
25	TOTAL ALLOWANCES	\$12,107,460	\$16,851,081	\$4,743,621	39%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,582,784	\$6,490,772	(\$92,013)	-1%

CHARLOTTE HUNGERFORD HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$3,226,414	\$2,283,988	(\$942,426)	-29%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$880,023	\$1,000,775	\$120,752	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	27.28%	43.82%	16.54%	61%
4	DISCHARGES	259	198	(61)	-24%
5	CASE MIX INDEX (CMI)	1.00070	0.99150	(0.00920)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	259.18130	196.31700	(62.86430)	-24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,395.40	\$5,097.75	\$1,702.35	50%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$3,463.16	\$1,424.55	(\$2,038.61)	-59%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,351.79	\$1,786.26	(\$1,565.53)	-47%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$868,722	\$350,674	(\$518,048)	-60%
11	PATIENT DAYS	1,534	1,061	(473)	-31%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$573.68	\$943.24	\$369.56	64%
13	AVERAGE LENGTH OF STAY	5.9	5.4	(0.6)	-10%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,660,463	\$3,954,703	(\$705,760)	-15%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,039,393	\$1,155,191	\$115,798	11%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.30%	29.21%	6.91%	31%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	144.45%	173.15%	28.70%	20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	374.11811	342.83507	(31.28304)	-8%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,778.25	\$3,369.52	\$591.28	21%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,504.80	\$1,979.30	(\$525.50)	-21%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,288.66	\$2,963.19	(\$325.46)	-10%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,230,345	\$1,015,886	(\$214,460)	-17%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$7,886,877	\$6,238,691	(\$1,648,186)	-21%
24	TOTAL ACCRUED PAYMENTS	\$1,919,416	\$2,155,966	\$236,550	12%
25	TOTAL ALLOWANCES	\$5,967,461	\$4,082,725	(\$1,884,736)	-32%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$2,099,067	\$1,366,559	(\$732,508)	-35%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$9,139,270	\$11,497,357	\$2,358,087	26%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,851,163	\$5,384,674	\$1,533,511	40%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	42.14%	46.83%	4.70%	11%
4	DISCHARGES	994	1,133	139	14%
5	CASE MIX INDEX (CMI)	0.83514	0.88290	0.04776	6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	830.12930	1,000.32350	170.19420	21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,639.23	\$5,382.93	\$743.70	16%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,219.32	\$1,139.37	(\$1,079.95)	-49%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,107.96	\$1,501.08	(\$606.88)	-29%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,749,876	\$1,501,565	(\$248,311)	-14%
11	PATIENT DAYS	4,334	5,057	723	17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$888.59	\$1,064.80	\$176.20	20%
13	AVERAGE LENGTH OF STAY	4.4	4.5	0.1	2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,750,755	\$22,653,367	\$3,902,612	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$5,963,941	\$7,832,244	\$1,868,303	31%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.81%	34.57%	2.77%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	205.17%	197.03%	-8.14%	-4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,125.61766	2,240.43093	114.81327	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,805.74	\$3,495.86	\$690.12	25%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,477.30	\$1,852.96	(\$624.34)	-25%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,261.16	\$2,836.85	(\$424.31)	-13%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,931,976	\$6,355,766	(\$576,210)	-8%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$27,890,025	\$34,150,724	\$6,260,699	22%
24	TOTAL ACCRUED PAYMENTS	\$9,815,104	\$13,216,918	\$3,401,814	35%
25	TOTAL ALLOWANCES	\$18,074,921	\$20,933,806	\$2,858,885	16%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$360,931	\$675,700	\$314,769	87%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$167,102	\$274,836	\$107,734	64%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.30%	40.67%	-5.62%	-12%
4	DISCHARGES	25	34	9	36%
5	CASE MIX INDEX (CMI)	1.23130	1.20070	(0.03060)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	30.78250	40.82380	10.04130	33%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,428.47	\$6,732.25	\$1,303.78	24%
8	PATIENT DAYS	133	213	80	60%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,256.41	\$1,290.31	\$33.90	3%
10	AVERAGE LENGTH OF STAY	5.3	6.3	0.9	18%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$338,852	\$379,494	\$40,642	12%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$153,650	\$156,734	\$3,084	2%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$699,783	\$1,055,194	\$355,411	51%
14	TOTAL ACCRUED PAYMENTS	\$320,752	\$431,570	\$110,818	35%
15	TOTAL ALLOWANCES	\$379,031	\$623,624	\$244,593	65%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$5,573,529	\$5,277,783	(\$295,746)	-5%
2	TOTAL OPERATING EXPENSES	\$100,402,359	\$108,897,163	\$8,494,804	8%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$641,511	\$616,056	(\$25,455)	-4%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,438,204	\$1,421,695	(\$16,509)	-1%
5	BAD DEBTS (CHARGES)	\$2,247,042	\$2,413,649	\$166,607	7%
6	UNCOMPENSATED CARE (CHARGES)	\$3,685,246	\$3,835,344	\$150,098	4%
7	COST OF UNCOMPENSATED CARE	\$1,955,585	\$2,059,715	\$104,130	5%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$27,890,025	\$34,150,724	\$6,260,699	22%
9	TOTAL ACCRUED PAYMENTS	\$9,815,104	\$13,216,918	\$3,401,814	35%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$14,799,909	\$18,340,141	\$3,540,232	24%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,984,805	\$5,123,223	\$138,418	3%

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LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$79,078,482	\$81,079,809	\$2,001,327	3%
2	TOTAL INPATIENT PAYMENTS	\$50,439,005	\$52,471,912	\$2,032,907	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	63.78%	64.72%	0.93%	1%
4	TOTAL DISCHARGES	6,320	6,438	118	2%
5	TOTAL CASE MIX INDEX	1.21969	1.23525	0.01556	1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	7,708,47180	7,952,55350	244,08170	3%
7	TOTAL OUTPATIENT CHARGES	\$97,313,323	\$107,142,997	\$9,829,674	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	123.06%	132.15%	9.09%	7%
9	TOTAL OUTPATIENT PAYMENTS	\$42,350,277	\$48,076,673	\$5,726,396	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.52%	44.87%	1.35%	3%
11	TOTAL CHARGES	\$176,391,805	\$188,222,806	\$11,831,001	7%
12	TOTAL PAYMENTS	\$92,789,282	\$100,548,585	\$7,759,303	8%
13	TOTAL PAYMENTS / TOTAL CHARGES	52.60%	53.42%	0.82%	2%
14	PATIENT DAYS	28,581	27,979	(602)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$58,807,178	\$60,941,315	\$2,134,137	4%
2	INPATIENT PAYMENTS	\$36,954,044	\$38,663,090	\$1,709,046	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	62.84%	63.44%	0.60%	1%
4	DISCHARGES	4,424	4,538	114	3%
5	CASE MIX INDEX	1.29799	1.28589	(0.01210)	-1%
6	CASE MIX ADJUSTED DISCHARGES	5,742.31980	5,835.38350	93.06370	2%
7	OUTPATIENT CHARGES	\$51,284,649	\$58,274,602	\$6,989,953	14%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	87.21%	95.62%	8.42%	10%
9	OUTPATIENT PAYMENTS	\$19,606,127	\$23,415,527	\$3,809,400	19%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	38.23%	40.18%	1.95%	5%
11	TOTAL CHARGES	\$110,091,827	\$119,215,917	\$9,124,090	8%
12	TOTAL PAYMENTS	\$56,560,171	\$62,078,617	\$5,518,446	10%
13	TOTAL PAYMENTS / CHARGES	51.38%	52.07%	0.70%	1%
14	PATIENT DAYS	21,794	21,520	(274)	-1%
15	TOTAL GOVERNMENT DEDUCTIONS	\$53,531,656	\$57,137,300	\$3,605,644	7%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.1	4.8	(0.3)	-5%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.4	(0.2)	-5%
3	UNINSURED	4.7	4.7	0.0	0%
4	MEDICAID	3.8	4.3	0.5	12%
5	OTHER MEDICAL ASSISTANCE	5.9	5.4	(0.6)	-10%
6	CHAMPUS / TRICARE	5.3	6.3	0.9	18%
7	TOTAL AVERAGE LENGTH OF STAY	4.5	4.3	(0.2)	-4%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2010					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2009	FY 2010	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$176,391,805	\$188,222,806	\$11,831,001	7%
2	TOTAL GOVERNMENT DEDUCTIONS	\$53,531,656	\$57,137,300	\$3,605,644	7%
3	UNCOMPENSATED CARE	\$3,685,246	\$3,835,344	\$150,098	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,890,211	\$26,783,945	\$893,734	3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$323,466	\$0	(\$323,466)	-100%
6	TOTAL ADJUSTMENTS	\$83,430,579	\$87,756,589	\$4,326,010	5%
7	TOTAL ACCRUED PAYMENTS	\$92,961,226	\$100,466,217	\$7,504,991	8%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$641,511	\$616,056	(\$25,455)	-4%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$93,602,737	\$101,082,273	\$7,479,536	8%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5306524132	0.5370352039	0.0063827907	1%
11	COST OF UNCOMPENSATED CARE	\$1,955,585	\$2,059,715	\$104,130	5%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,984,805	\$5,123,223	\$138,418	3%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,940,390	\$7,182,938	\$242,548	3%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$5,701,631	\$5,339,880	(\$361,751)	-6%
2	OTHER MEDICAL ASSISTANCE	\$2,099,067	\$1,366,559	(\$732,508)	-35%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,774,543	\$3,191,680	\$1,417,137	80%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,575,241	\$9,898,119	\$322,878	3%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$495,412	\$0	(\$495,412)	-100.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$2,247,797	\$2,029,009	(\$218,788)	-9.73%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$95,678,590	\$103,193,652	\$7,515,062	7.85%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$176,391,807	\$188,222,806	\$11,830,999	6.71%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,685,246	\$3,835,344	\$150,098	4.07%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$20,271,304	\$20,138,494	(\$132,810)
2	MEDICARE	\$49,306,977	48,768,258	(\$538,719)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,139,270	11,497,357	\$2,358,087
4	MEDICAID	\$5,912,856	9,213,369	\$3,300,513
5	OTHER MEDICAL ASSISTANCE	\$3,226,414	2,283,988	(\$942,426)
6	CHAMPUS / TRICARE	\$360,931	675,700	\$314,769
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,170,201	1,088,411	(\$81,790)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$58,807,178	\$60,941,315	\$2,134,137
	TOTAL INPATIENT CHARGES	\$79,078,482	\$81,079,809	\$2,001,327
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,028,674	\$48,868,395	\$2,839,721
2	MEDICARE	\$32,195,042	35,241,741	\$3,046,699
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$18,750,755	22,653,367	\$3,902,612
4	MEDICAID	\$14,090,292	18,698,664	\$4,608,372
5	OTHER MEDICAL ASSISTANCE	\$4,660,463	3,954,703	(\$705,760)
6	CHAMPUS / TRICARE	\$338,852	379,494	\$40,642
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,638,115	3,745,209	\$107,094
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$51,284,649	\$58,274,602	\$6,989,953
	TOTAL OUTPATIENT CHARGES	\$97,313,323	\$107,142,997	\$9,829,674
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$66,299,978	\$69,006,889	\$2,706,911
2	TOTAL MEDICARE	\$81,502,019	\$84,009,999	\$2,507,980
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$27,890,025	\$34,150,724	\$6,260,699
4	TOTAL MEDICAID	\$20,003,148	\$27,912,033	\$7,908,885
5	TOTAL OTHER MEDICAL ASSISTANCE	\$7,886,877	\$6,238,691	(\$1,648,186)
6	TOTAL CHAMPUS / TRICARE	\$699,783	\$1,055,194	\$355,411
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,808,316	\$4,833,620	\$25,304
	TOTAL GOVERNMENT CHARGES	\$110,091,827	\$119,215,917	\$9,124,090
	TOTAL CHARGES	\$176,391,805	\$188,222,806	\$11,831,001
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,484,961	\$13,808,822	\$323,861
2	MEDICARE	\$32,935,779	33,003,580	\$67,801
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,851,163	5,384,674	\$1,533,511
4	MEDICAID	\$2,971,140	4,383,899	\$1,412,759
5	OTHER MEDICAL ASSISTANCE	\$880,023	1,000,775	\$120,752
6	CHAMPUS / TRICARE	\$167,102	274,836	\$107,734
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$311,253	275,446	(\$35,807)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$36,954,044	\$38,663,090	\$1,709,046
	TOTAL INPATIENT PAYMENTS	\$50,439,005	\$52,471,912	\$2,032,907
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,744,150	\$24,661,146	\$1,916,996
2	MEDICARE	\$13,488,536	15,426,549	\$1,938,013
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,963,941	7,832,244	\$1,868,303
4	MEDICAID	\$4,924,548	6,677,053	\$1,752,505
5	OTHER MEDICAL ASSISTANCE	\$1,039,393	1,155,191	\$115,798
6	CHAMPUS / TRICARE	\$153,650	156,734	\$3,084
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$967,674	947,806	(\$19,868)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$19,606,127	\$23,415,527	\$3,809,400
	TOTAL OUTPATIENT PAYMENTS	\$42,350,277	\$48,076,673	\$5,726,396
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$36,229,111	\$38,469,968	\$2,240,857
2	TOTAL MEDICARE	\$46,424,315	\$48,430,129	\$2,005,814
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,815,104	\$13,216,918	\$3,401,814
4	TOTAL MEDICAID	\$7,895,688	\$11,060,952	\$3,165,264
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,919,416	\$2,155,966	\$236,550
6	TOTAL CHAMPUS / TRICARE	\$320,752	\$431,570	\$110,818
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,278,927	\$1,223,252	(\$55,675)
	TOTAL GOVERNMENT PAYMENTS	\$56,560,171	\$62,078,617	\$5,518,446
	TOTAL PAYMENTS	\$92,789,282	\$100,548,585	\$7,759,303

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	11.49%	10.70%	-0.79%
2	MEDICARE	27.95%	25.91%	-2.04%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.18%	6.11%	0.93%
4	MEDICAID	3.35%	4.89%	1.54%
5	OTHER MEDICAL ASSISTANCE	1.83%	1.21%	-0.62%
6	CHAMPUS / TRICARE	0.20%	0.36%	0.15%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.66%	0.58%	-0.09%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	33.34%	32.38%	-0.96%
	TOTAL INPATIENT PAYER MIX	44.83%	43.08%	-1.75%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.09%	25.96%	-0.13%
2	MEDICARE	18.25%	18.72%	0.47%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.63%	12.04%	1.41%
4	MEDICAID	7.99%	9.93%	1.95%
5	OTHER MEDICAL ASSISTANCE	2.64%	2.10%	-0.54%
6	CHAMPUS / TRICARE	0.19%	0.20%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.06%	1.99%	-0.07%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	29.07%	30.96%	1.89%
	TOTAL OUTPATIENT PAYER MIX	55.17%	56.92%	1.75%
	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)	14.53%	13.73%	-0.80%
2	MEDICARE	35.50%	32.82%	-2.67%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.15%	5.36%	1.20%
4	MEDICAID	3.20%	4.36%	1.16%
5	OTHER MEDICAL ASSISTANCE	0.95%	1.00%	0.05%
6	CHAMPUS / TRICARE	0.18%	0.27%	0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.34%	0.27%	-0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	39.83%	38.45%	-1.37%
	TOTAL INPATIENT PAYER MIX	54.36%	52.19%	-2.17%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.51%	24.53%	0.01%
2	MEDICARE	14.54%	15.34%	0.81%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.43%	7.79%	1.36%
4	MEDICAID	5.31%	6.64%	1.33%
5	OTHER MEDICAL ASSISTANCE	1.12%	1.15%	0.03%
6	CHAMPUS / TRICARE	0.17%	0.16%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04%	0.94%	-0.10%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.13%	23.29%	2.16%
	TOTAL OUTPATIENT PAYER MIX	45.64%	47.81%	2.17%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,896	1,900	4
2	MEDICARE	3,405	3,371	(34)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	994	1,133	139
4	MEDICAID	735	935	200
5	OTHER MEDICAL ASSISTANCE	259	198	(61)
6	CHAMPUS / TRICARE	25	34	9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	123	155	32
	TOTAL GOVERNMENT DISCHARGES	4,424	4,538	114
	TOTAL DISCHARGES	6,320	6,438	118
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,787	6,459	(328)
2	MEDICARE	17,327	16,250	(1,077)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,334	5,057	723
4	MEDICAID	2,800	3,996	1,196
5	OTHER MEDICAL ASSISTANCE	1,534	1,061	(473)
6	CHAMPUS / TRICARE	133	213	80
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	576	729	153
	TOTAL GOVERNMENT PATIENT DAYS	21,794	21,520	(274)
	TOTAL PATIENT DAYS	28,581	27,979	(602)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.4	(0.2)
2	MEDICARE	5.1	4.8	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.4	4.5	0.1
4	MEDICAID	3.8	4.3	0.5
5	OTHER MEDICAL ASSISTANCE	5.9	5.4	(0.6)
6	CHAMPUS / TRICARE	5.3	6.3	0.9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.7	4.7	0.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.9	4.7	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	4.5	4.3	(0.2)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03700	1.11430	0.07730
2	MEDICARE	1.43360	1.42220	(0.01140)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.83514	0.88290	0.04776
4	MEDICAID	0.77680	0.85990	0.08310
5	OTHER MEDICAL ASSISTANCE	1.00070	0.99150	(0.00920)
6	CHAMPUS / TRICARE	1.23130	1.20070	(0.03060)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.88380	0.97220	0.08840
	TOTAL GOVERNMENT CASE MIX INDEX	1.29799	1.28589	(0.01210)
	TOTAL CASE MIX INDEX	1.21969	1.23525	0.01556
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$65,804,567	\$69,006,889	\$3,202,322
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$39,914,356	\$42,222,944	\$2,308,588
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,890,211	\$26,783,945	\$893,734
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.34%	38.81%	-0.53%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$495,412	\$0	(\$495,412)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$323,466	\$0	(\$323,466)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$641,511	\$616,056	(\$25,455)
8	CHARITY CARE	\$1,438,204	\$1,421,695	(\$16,509)
9	BAD DEBTS	\$2,247,042	\$2,413,649	\$166,607
10	TOTAL UNCOMPENSATED CARE	\$3,685,246	\$3,835,344	\$150,098
11	TOTAL OTHER OPERATING REVENUE	\$65,804,567	\$69,006,889	\$3,202,322
12	TOTAL OPERATING EXPENSES	\$100,402,359	\$108,897,163	\$8,494,804

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,966.15200	2,117.17000	151.01800
2	MEDICARE	4,881.40800	4,794.23620	(87.17180)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	830.12930	1,000.32350	170.19420
4	MEDICAID	570.94800	804.00650	233.05850
5	OTHER MEDICAL ASSISTANCE	259.18130	196.31700	(62.86430)
6	CHAMPUS / TRICARE	30.78250	40.82380	10.04130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	108.70740	150.69100	41.98360
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,742.31980	5,835.38350	93.06370
	TOTAL CASE MIX ADJUSTED DISCHARGES	7,708.47180	7,952.55350	244.08170
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,305.11850	4,610.57071	305.45220
2	MEDICARE	2,223.29830	2,436.00887	212.71057
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,125.61766	2,240.43093	114.81327
4	MEDICAID	1,751.49955	1,897.59586	146.09631
5	OTHER MEDICAL ASSISTANCE	374.11811	342.83507	-31.28304
6	CHAMPUS / TRICARE	23.47069	19.09545	-4.37524
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	382.40281	533.35311	150.95031
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,372.38665	4,695.53525	323.14860
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	8,677.50515	9,306.10595	628.60080
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,858.55	\$6,522.30	(\$336.25)
2	MEDICARE	\$6,747.19	\$6,884.01	\$136.82
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,639.23	\$5,382.93	\$743.70
4	MEDICAID	\$5,203.87	\$5,452.57	\$248.70
5	OTHER MEDICAL ASSISTANCE	\$3,395.40	\$5,097.75	\$1,702.35
6	CHAMPUS / TRICARE	\$5,428.47	\$6,732.25	\$1,303.78
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,863.22	\$1,827.89	(\$1,035.33)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,435.39	\$6,625.63	\$190.24
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,543.32	\$6,598.12	\$54.80
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,283.05	\$5,348.83	\$65.78
2	MEDICARE	\$6,066.90	\$6,332.71	\$265.81
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,805.74	\$3,495.86	\$690.12
4	MEDICAID	\$2,811.62	\$3,518.69	\$707.07
5	OTHER MEDICAL ASSISTANCE	\$2,778.25	\$3,369.52	\$591.28
6	CHAMPUS / TRICARE	\$6,546.46	\$8,207.92	\$1,661.46
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,530.51	\$1,777.07	(\$753.44)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,484.08	\$4,986.76	\$502.69
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,880.47	\$5,166.14	\$285.68

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$5,701,631	\$5,339,880	(\$361,751)
2	OTHER MEDICAL ASSISTANCE	\$2,099,067	\$1,366,559	(\$732,508)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,774,543	\$3,191,680	\$1,417,137
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,575,241	\$9,898,119	\$322,878
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$176,391,805	\$188,222,806	\$11,831,001
2	TOTAL GOVERNMENT DEDUCTIONS	\$53,531,656	\$57,137,300	\$3,605,644
3	UNCOMPENSATED CARE	\$3,685,246	\$3,835,344	\$150,098
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,890,211	\$26,783,945	\$893,734
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$323,466	\$0	(\$323,466)
6	TOTAL ADJUSTMENTS	\$83,430,579	\$87,756,589	\$4,326,010
7	TOTAL ACCRUED PAYMENTS	\$92,961,226	\$100,466,217	\$7,504,991
8	UCP DSH PAYMENTS (OHCA INPUT)	\$641,511	\$616,056	(\$25,455)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$93,602,737	\$101,082,273	\$7,479,536
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5306524132	0.5370352039	0.0063827907
11	COST OF UNCOMPENSATED CARE	\$1,955,585	\$2,059,715	\$104,130
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,984,805	\$5,123,223	\$138,418
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,940,390	\$7,182,938	\$242,548
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	66.52%	68.57%	2.05%
2	MEDICARE	66.80%	67.67%	0.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	42.14%	46.83%	4.70%
4	MEDICAID	50.25%	47.58%	-2.67%
5	OTHER MEDICAL ASSISTANCE	27.28%	43.82%	16.54%
6	CHAMPUS / TRICARE	46.30%	40.67%	-5.62%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26.60%	25.31%	-1.29%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	62.84%	63.44%	0.60%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	63.78%	64.72%	0.93%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	49.41%	50.46%	1.05%
2	MEDICARE	41.90%	43.77%	1.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	31.81%	34.57%	2.77%
4	MEDICAID	34.95%	35.71%	0.76%
5	OTHER MEDICAL ASSISTANCE	22.30%	29.21%	6.91%
6	CHAMPUS / TRICARE	45.34%	41.30%	-4.04%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	26.60%	25.31%	-1.29%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	38.23%	40.18%	1.95%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	43.52%	44.87%	1.35%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$92,789,282	\$100,548,585	\$7,759,303
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$641,511	\$616,056	(\$25,455)
	OHCA DEFINED NET REVENUE	\$93,430,793	\$101,164,641	\$7,733,848
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,247,797	\$2,029,009	(\$218,788)
4	CALCULATED NET REVENUE	\$95,678,590	\$103,193,650	\$7,515,060
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$95,678,590	\$103,193,652	\$7,515,062
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$2)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$176,391,805	\$188,222,806	\$11,831,001
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$176,391,805	\$188,222,806	\$11,831,001
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$176,391,807	\$188,222,806	\$11,830,999
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)	\$0	\$2
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,685,246	\$3,835,344	\$150,098
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,685,246	\$3,835,344	\$150,098
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,685,246	\$3,835,344	\$150,098
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$20,138,494
2	MEDICARE	48,768,258
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,497,357
4	MEDICAID	9,213,369
5	OTHER MEDICAL ASSISTANCE	2,283,988
6	CHAMPUS / TRICARE	675,700
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,088,411
	TOTAL INPATIENT GOVERNMENT CHARGES	\$60,941,315
	TOTAL INPATIENT CHARGES	\$81,079,809
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,868,395
2	MEDICARE	35,241,741
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	22,653,367
4	MEDICAID	18,698,664
5	OTHER MEDICAL ASSISTANCE	3,954,703
6	CHAMPUS / TRICARE	379,494
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,745,209
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$58,274,602
	TOTAL OUTPATIENT CHARGES	\$107,142,997
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$69,006,889
2	TOTAL GOVERNMENT ACCRUED CHARGES	119,215,917
	TOTAL ACCRUED CHARGES	\$188,222,806
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,808,822
2	MEDICARE	33,003,580
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,384,674
4	MEDICAID	4,383,899
5	OTHER MEDICAL ASSISTANCE	1,000,775
6	CHAMPUS / TRICARE	274,836
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	275,446
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$38,663,090
	TOTAL INPATIENT PAYMENTS	\$52,471,912
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,661,146
2	MEDICARE	15,426,549
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7,832,244
4	MEDICAID	6,677,053
5	OTHER MEDICAL ASSISTANCE	1,155,191
6	CHAMPUS / TRICARE	156,734
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	947,806
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$23,415,527
	TOTAL OUTPATIENT PAYMENTS	\$48,076,673
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$38,469,968
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	62,078,617
	TOTAL ACCRUED PAYMENTS	\$100,548,585

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,900
2	MEDICARE	3,371
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,133
4	MEDICAID	935
5	OTHER MEDICAL ASSISTANCE	198
6	CHAMPUS / TRICARE	34
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	155
	TOTAL GOVERNMENT DISCHARGES	4,538
	TOTAL DISCHARGES	6,438
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.11430
2	MEDICARE	1.42220
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.88290
4	MEDICAID	0.85990
5	OTHER MEDICAL ASSISTANCE	0.99150
6	CHAMPUS / TRICARE	1.20070
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97220
	TOTAL GOVERNMENT CASE MIX INDEX	1.28589
	TOTAL CASE MIX INDEX	1.23525
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$69,006,889
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$42,222,944
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,783,945
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.81%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$616,056
8	CHARITY CARE	\$1,421,695
9	BAD DEBTS	\$2,413,649
10	TOTAL UNCOMPENSATED CARE	\$3,835,344
11	TOTAL OTHER OPERATING REVENUE	\$5,277,783
12	TOTAL OPERATING EXPENSES	\$108,897,163

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2010
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	\$100,548,585
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$616,056
	OHCA DEFINED NET REVENUE	\$101,164,641
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,029,009
	CALCULATED NET REVENUE	\$103,193,650
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$103,193,652
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$188,222,806
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$188,222,806
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$188,222,806
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,835,344
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,835,344
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,835,344
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	1,199	1,386	187	16%
2	Number of Approved Applicants	1,188	1,372	184	15%
3	Total Charges (A)	\$1,438,204	\$1,421,695	(\$16,509)	-1%
4	Average Charges	\$1,211	\$1,036	(\$174)	-14%
5	Ratio of Cost to Charges (RCC)	0.578885	0.551766	(0.027119)	-5%
6	Total Cost	\$832,555	\$784,443	(\$48,112)	-6%
7	Average Cost	\$701	\$572	(\$129)	-18%
8	Charity Care - Inpatient Charges	\$558,673	\$505,854	(\$52,819)	-9%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	627,334	610,378	(16,956)	-3%
10	Charity Care - Emergency Department Charges	252,197	305,463	53,266	21%
11	Total Charges (A)	\$1,438,204	\$1,421,695	(\$16,509)	-1%
12	Charity Care - Number of Patient Days	297	233	(64)	-22%
13	Charity Care - Number of Discharges	60	40	(20)	-33%
14	Charity Care - Number of Outpatient ED Visits	705	726	21	3%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,301	2,375	74	3%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$531,574	\$545,318	\$13,744	3%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	632,487	715,603	83,116	13%
3	Bad Debts - Emergency Department	1,082,981	1,152,728	69,747	6%
4	Total Bad Debts (A)	\$2,247,042	\$2,413,649	\$166,607	7%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,438,204	\$1,421,695	(\$16,509)	-1%
2	Bad Debts (A)	2,247,042	2,413,649	166,607	7%
3	Total Uncompensated Care (A)	\$3,685,246	\$3,835,344	\$150,098	4%
4	Uncompensated Care - Inpatient Services	\$1,090,247	\$1,051,172	(\$39,075)	-4%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,259,821	1,325,981	66,160	5%
6	Uncompensated Care - Emergency Department	1,335,178	1,458,191	123,013	9%
7	Total Uncompensated Care (A)	\$3,685,246	\$3,835,344	\$150,098	4%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2010 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2009	(4) FY 2010	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$65,804,567	\$69,006,889	\$3,202,322	5%
2	Total Contractual Allowances	\$25,890,211	\$26,783,945	\$893,734	3%
	Total Accrued Payments (A)	\$39,914,356	\$42,222,944	\$2,308,588	6%
	Total Discount Percentage	39.34%	38.81%	-0.53%	-1%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$68,040,996	\$79,078,482	\$81,079,809
2	Outpatient Gross Revenue	\$87,681,893	\$97,313,323	\$107,142,997
3	Total Gross Patient Revenue	\$155,722,889	\$176,391,805	\$188,222,806
4	Net Patient Revenue	\$87,939,108	\$95,678,590	\$103,111,284
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$93,504,863	\$100,402,359	\$108,897,163
C. <u>Utilization Statistics</u>				
1	Patient Days	27,085	28,581	27,979
2	Discharges	6,084	6,320	6,438
3	Average Length of Stay	4.5	4.5	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	61,988	63,753	64,952
0	Equivalent (Adjusted) Discharges (ED)	13,924	14,097	14,946
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.18150	1.21969	1.23525
2	Case Mix Adjusted Patient Days (CMAPD)	32,001	34,860	34,561
3	Case Mix Adjusted Discharges (CMAD)	7,188	7,708	7,953
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	73,239	77,759	80,232
5	Case Mix Adjusted Equivalent Discharges (CMAED)	16,451	17,194	18,461
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$5,749	\$6,172	\$6,727
2	Total Gross Revenue per Discharge	\$25,595	\$27,910	\$29,236
3	Total Gross Revenue per EPD	\$2,512	\$2,767	\$2,898
4	Total Gross Revenue per ED	\$11,184	\$12,512	\$12,594
5	Total Gross Revenue per CMAEPD	\$2,126	\$2,268	\$2,346
6	Total Gross Revenue per CMAED	\$9,466	\$10,259	\$10,195
7	Inpatient Gross Revenue per EPD	\$1,098	\$1,240	\$1,248
8	Inpatient Gross Revenue per ED	\$4,887	\$5,609	\$5,425

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,247	\$3,348	\$3,685
2	Net Patient Revenue per Discharge	\$14,454	\$15,139	\$16,016
3	Net Patient Revenue per EPD	\$1,419	\$1,501	\$1,588
4	Net Patient Revenue per ED	\$6,316	\$6,787	\$6,899
5	Net Patient Revenue per CMAEPD	\$1,201	\$1,230	\$1,285
6	Net Patient Revenue per CMAED	\$5,345	\$5,565	\$5,585
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,452	\$3,513	\$3,892
2	Total Operating Expense per Discharge	\$15,369	\$15,886	\$16,915
3	Total Operating Expense per EPD	\$1,508	\$1,575	\$1,677
4	Total Operating Expense per ED	\$6,715	\$7,122	\$7,286
5	Total Operating Expense per CMAEPD	\$1,277	\$1,291	\$1,357
6	Total Operating Expense per CMAED	\$5,684	\$5,839	\$5,899
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$17,457,513	\$18,901,408	\$18,853,887
2	Nursing Fringe Benefits Expense	\$4,471,462	\$5,169,877	\$6,041,586
3	Total Nursing Salary and Fringe Benefits Expense	\$21,928,975	\$24,071,285	\$24,895,473
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$2,698,480	\$3,537,716	\$5,186,232
2	Physician Fringe Benefits Expense	\$691,172	\$967,629	\$1,661,889
3	Total Physician Salary and Fringe Benefits Expense	\$3,389,652	\$4,505,345	\$6,848,121
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$22,688,049	\$23,798,919	\$24,620,510
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$5,811,181	\$6,509,436	\$7,889,458
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$28,499,230	\$30,308,355	\$32,509,968
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$42,844,042	\$46,238,043	\$48,660,629
2	Total Fringe Benefits Expense	\$10,973,815	\$12,646,942	\$15,592,933
3	Total Salary and Fringe Benefits Expense	\$53,817,857	\$58,884,985	\$64,253,562

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2010				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	ACTUAL FY 2010
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	270.1	276.8	286.9
2	Total Physician FTEs	13.5	18.0	24.1
3	Total Non-Nursing, Non-Physician FTEs	389.3	390.0	402.2
4	Total Full Time Equivalent Employees (FTEs)	672.9	684.8	713.2
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$64,634	\$68,285	\$65,716
2	Nursing Fringe Benefits Expense per FTE	\$16,555	\$18,677	\$21,058
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$81,188	\$86,963	\$86,774
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$199,887	\$196,540	\$215,196
2	Physician Fringe Benefits Expense per FTE	\$51,198	\$53,757	\$68,958
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$251,085	\$250,297	\$284,154
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$58,279	\$61,023	\$61,215
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,927	\$16,691	\$19,616
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,206	\$77,714	\$80,830
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$63,671	\$67,521	\$68,229
2	Total Fringe Benefits Expense per FTE	\$16,308	\$18,468	\$21,863
3	Total Salary and Fringe Benefits Expense per FTE	\$79,979	\$85,989	\$90,092
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$1,987	\$2,060	\$2,296
2	Total Salary and Fringe Benefits Expense per Discharge	\$8,846	\$9,317	\$9,980
3	Total Salary and Fringe Benefits Expense per EPD	\$868	\$924	\$989
4	Total Salary and Fringe Benefits Expense per ED	\$3,865	\$4,177	\$4,299
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$735	\$757	\$801
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,271	\$3,425	\$3,480