

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$5,456,105	\$8,455,576	\$2,999,471	55%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,573,323	\$11,144,540	\$1,571,217	16%
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	\$1,079,437	\$1,516,187	\$436,750	40%
7	Inventories of Supplies	\$1,886,150	\$1,994,112	\$107,962	6%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,419,887	\$2,360,864	(\$59,023)	-2%
	Total Current Assets	\$20,414,902	\$25,471,279	\$5,056,377	25%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$16,662,242	\$16,087,230	(\$575,012)	-3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$277,118	\$288,839	\$11,721	4%
4	Other Noncurrent Assets Whose Use is Limited	\$6,732,834	\$6,563,036	(\$169,798)	-3%
	Total Noncurrent Assets Whose Use is Limited:	\$23,672,194	\$22,939,105	(\$733,089)	-3%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$30,690,384	\$28,762,329	(\$1,928,055)	-6%
7	Other Noncurrent Assets	\$1,339,349	\$1,677,378	\$338,029	25%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$137,226,848	\$141,431,820	\$4,204,972	3%
2	Less: Accumulated Depreciation	\$96,582,714	\$102,493,235	\$5,910,521	6%
	Property, Plant and Equipment, Net	\$40,644,134	\$38,938,585	(\$1,705,549)	-4%
3	Construction in Progress	\$918,096	\$1,037,834	\$119,738	13%
	Total Net Fixed Assets	\$41,562,230	\$39,976,419	(\$1,585,811)	-4%
	Total Assets	\$117,679,059	\$118,826,510	\$1,147,451	1%

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		FY 2010	FY 2011	AMOUNT	%
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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$4,439,653	\$5,509,809	\$1,070,156	24%
2	Salaries, Wages and Payroll Taxes	\$3,018,603	\$3,433,272	\$414,669	14%
3	Due To Third Party Payers	\$2,034,000	\$1,693,818	(\$340,182)	-17%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,120,000	\$1,155,000	\$35,000	3%
6	Current Portion of Notes Payable	\$233,895	\$186,190	(\$47,705)	-20%
7	Other Current Liabilities	\$5,718,436	\$7,183,569	\$1,465,133	26%
	Total Current Liabilities	\$16,564,587	\$19,161,658	\$2,597,071	16%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$2,355,000	\$1,200,000	(\$1,155,000)	-49%
2	Notes Payable (Net of Current Portion)	\$3,667,950	\$3,424,338	(\$243,612)	-7%
	Total Long Term Debt	\$6,022,950	\$4,624,338	(\$1,398,612)	-23%
3	Accrued Pension Liability	\$33,995,533	\$26,422,971	(\$7,572,562)	-22%
4	Other Long Term Liabilities	\$2,554,405	\$2,631,693	\$77,288	3%
	Total Long Term Liabilities	\$42,572,888	\$33,679,002	(\$8,893,886)	-21%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$39,188,881	\$47,062,165	\$7,873,284	20%
2	Temporarily Restricted Net Assets	\$2,980,453	\$2,810,655	(\$169,798)	-6%
3	Permanently Restricted Net Assets	\$16,372,250	\$16,113,030	(\$259,220)	-2%
	Total Net Assets	\$58,541,584	\$65,985,850	\$7,444,266	13%
	Total Liabilities and Net Assets	\$117,679,059	\$118,826,510	\$1,147,451	1%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$188,222,806	\$208,629,597	\$20,406,791	11%
2	Less: Allowances	\$83,689,827	\$97,340,958	\$13,651,131	16%
3	Less: Charity Care	\$1,339,327	\$1,708,922	\$369,595	28%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$103,193,652	\$109,579,717	\$6,386,065	6%
5	Other Operating Revenue	\$5,277,783	\$4,949,386	(\$328,397)	-6%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$108,471,435	\$114,529,103	\$6,057,668	6%
B. Operating Expenses:					
1	Salaries and Wages	\$48,660,629	\$51,728,193	\$3,067,564	6%
2	Fringe Benefits	\$15,592,933	\$15,812,664	\$219,731	1%
3	Physicians Fees	\$1,174,714	\$1,707,737	\$533,023	45%
4	Supplies and Drugs	\$12,683,628	\$13,208,881	\$525,253	4%
5	Depreciation and Amortization	\$6,171,088	\$6,178,082	\$6,994	0%
6	Bad Debts	\$2,413,649	\$2,129,955	(\$283,694)	-12%
7	Interest	\$333,980	\$308,286	(\$25,694)	-8%
8	Malpractice	\$1,520,168	\$2,111,635	\$591,467	39%
9	Other Operating Expenses	\$20,346,374	\$20,695,334	\$348,960	2%
	Total Operating Expenses	\$108,897,163	\$113,880,767	\$4,983,604	5%
	Income/(Loss) From Operations	(\$425,728)	\$648,336	\$1,074,064	-252%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,996,464	\$1,496,290	(\$500,174)	-25%
2	Gifts, Contributions and Donations	\$127,644	\$405,765	\$278,121	218%
3	Other Non-Operating Gains/(Losses)	(\$145,288)	\$109,058	\$254,346	-175%
	Total Non-Operating Revenue	\$1,978,820	\$2,011,113	\$32,293	2%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,553,092	\$2,659,449	\$1,106,357	71%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,553,092	\$2,659,449	\$1,106,357	71%
	Principal Payments	\$1,654,302	\$1,411,317	(\$242,985)	-15%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$45,419,844	\$48,839,662	\$3,419,818	8%
2	MEDICARE MANAGED CARE	\$3,348,414	\$4,290,161	\$941,747	28%
3	MEDICAID	\$5,911,817	\$8,881,747	\$2,969,930	50%
4	MEDICAID MANAGED CARE	\$3,301,552	\$3,180,279	(\$121,273)	-4%
5	CHAMPUS/TRICARE	\$675,700	\$436,042	(\$239,658)	-35%
6	COMMERCIAL INSURANCE	\$3,717,046	\$3,982,311	\$265,265	7%
7	NON-GOVERNMENT MANAGED CARE	\$14,595,779	\$15,169,975	\$574,196	4%
8	WORKER'S COMPENSATION	\$737,258	\$1,228,802	\$491,544	67%
9	SELF- PAY/UNINSURED	\$1,088,411	\$925,266	(\$163,145)	-15%
10	SAGA	\$2,225,993	\$0	(\$2,225,993)	-100%
11	OTHER	\$57,995	\$89,344	\$31,349	54%
	TOTAL INPATIENT GROSS REVENUE	\$81,079,809	\$87,023,589	\$5,943,780	7%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$31,881,562	\$36,239,581	\$4,358,019	14%
2	MEDICARE MANAGED CARE	\$3,360,179	\$4,946,482	\$1,586,303	47%
3	MEDICAID	\$6,626,422	\$12,898,556	\$6,272,134	95%
4	MEDICAID MANAGED CARE	\$12,072,242	\$13,581,110	\$1,508,868	12%
5	CHAMPUS/TRICARE	\$379,494	\$442,575	\$63,081	17%
6	COMMERCIAL INSURANCE	\$7,681,535	\$8,645,771	\$964,236	13%
7	NON-GOVERNMENT MANAGED CARE	\$36,529,549	\$39,193,145	\$2,663,596	7%
8	WORKER'S COMPENSATION	\$912,102	\$1,280,390	\$368,288	40%
9	SELF- PAY/UNINSURED	\$3,745,209	\$4,234,743	\$489,534	13%
10	SAGA	\$3,849,852	\$0	(\$3,849,852)	-100%
11	OTHER	\$104,851	\$143,655	\$38,804	37%
	TOTAL OUTPATIENT GROSS REVENUE	\$107,142,997	\$121,606,008	\$14,463,011	13%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$77,301,406	\$85,079,243	\$7,777,837	10%
2	MEDICARE MANAGED CARE	\$6,708,593	\$9,236,643	\$2,528,050	38%
3	MEDICAID	\$12,538,239	\$21,780,303	\$9,242,064	74%
4	MEDICAID MANAGED CARE	\$15,373,794	\$16,761,389	\$1,387,595	9%
5	CHAMPUS/TRICARE	\$1,055,194	\$878,617	(\$176,577)	-17%
6	COMMERCIAL INSURANCE	\$11,398,581	\$12,628,082	\$1,229,501	11%
7	NON-GOVERNMENT MANAGED CARE	\$51,125,328	\$54,363,120	\$3,237,792	6%
8	WORKER'S COMPENSATION	\$1,649,360	\$2,509,192	\$859,832	52%
9	SELF- PAY/UNINSURED	\$4,833,620	\$5,160,009	\$326,389	7%
10	SAGA	\$6,075,845	\$0	(\$6,075,845)	-100%
11	OTHER	\$162,846	\$232,999	\$70,153	43%
	TOTAL GROSS REVENUE	\$188,222,806	\$208,629,597	\$20,406,791	11%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$30,668,996	\$31,119,247	\$450,251	1%
2	MEDICARE MANAGED CARE	\$2,334,584	\$2,569,846	\$235,262	10%
3	MEDICAID	\$2,742,534	\$4,108,851	\$1,366,317	50%
4	MEDICAID MANAGED CARE	\$1,641,365	\$1,441,841	(\$199,524)	-12%
5	CHAMPUS/TRICARE	\$274,836	\$257,522	(\$17,314)	-6%
6	COMMERCIAL INSURANCE	\$2,675,291	\$2,623,571	(\$51,720)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$10,338,860	\$11,158,767	\$819,907	8%
8	WORKER'S COMPENSATION	\$519,225	\$914,836	\$395,611	76%
9	SELF- PAY/UNINSURED	\$275,446	\$263,226	(\$12,220)	-4%
10	SAGA	\$964,399	\$0	(\$964,399)	-100%
11	OTHER	\$36,376	\$33,957	(\$2,419)	-7%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	TOTAL INPATIENT NET REVENUE	\$52,471,912	\$54,491,664	\$2,019,752	4%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$13,963,141	\$15,254,901	\$1,291,760	9%
2	MEDICARE MANAGED CARE	\$1,463,408	\$1,798,119	\$334,711	23%
3	MEDICAID	\$1,737,966	\$4,062,060	\$2,324,094	134%
4	MEDICAID MANAGED CARE	\$4,939,087	\$5,239,897	\$300,810	6%
5	CHAMPUS/TRICARE	\$156,734	\$201,704	\$44,970	29%
6	COMMERCIAL INSURANCE	\$4,479,400	\$4,647,900	\$168,500	4%
7	NON-GOVERNMENT MANAGED CARE	\$18,554,226	\$19,377,606	\$823,380	4%
8	WORKER'S COMPENSATION	\$679,714	\$963,221	\$283,507	42%
9	SELF- PAY/UNINSURED	\$947,806	\$1,204,728	\$256,922	27%
10	SAGA	\$1,122,908	\$0	(\$1,122,908)	-100%
11	OTHER	\$32,283	\$33,912	\$1,629	5%
	TOTAL OUTPATIENT NET REVENUE	\$48,076,673	\$52,784,048	\$4,707,375	10%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$44,632,137	\$46,374,148	\$1,742,011	4%
2	MEDICARE MANAGED CARE	\$3,797,992	\$4,367,965	\$569,973	15%
3	MEDICAID	\$4,480,500	\$8,170,911	\$3,690,411	82%
4	MEDICAID MANAGED CARE	\$6,580,452	\$6,681,738	\$101,286	2%
5	CHAMPUS/TRICARE	\$431,570	\$459,226	\$27,656	6%
6	COMMERCIAL INSURANCE	\$7,154,691	\$7,271,471	\$116,780	2%
7	NON-GOVERNMENT MANAGED CARE	\$28,893,086	\$30,536,373	\$1,643,287	6%
8	WORKER'S COMPENSATION	\$1,198,939	\$1,878,057	\$679,118	57%
9	SELF- PAY/UNINSURED	\$1,223,252	\$1,467,954	\$244,702	20%
10	SAGA	\$2,087,307	\$0	(\$2,087,307)	-100%
11	OTHER	\$68,659	\$67,869	(\$790)	-1%
	TOTAL NET REVENUE	\$100,548,585	\$107,275,712	\$6,727,127	7%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,140	3,235	95	3%
2	MEDICARE MANAGED CARE	231	297	66	29%
3	MEDICAID	371	726	355	96%
4	MEDICAID MANAGED CARE	564	466	(98)	-17%
5	CHAMPUS/TRICARE	34	33	(1)	-3%
6	COMMERCIAL INSURANCE	345	330	(15)	-4%
7	NON-GOVERNMENT MANAGED CARE	1,376	1,283	(93)	-7%
8	WORKER'S COMPENSATION	24	44	20	83%
9	SELF- PAY/UNINSURED	155	90	(65)	-42%
10	SAGA	196	0	(196)	-100%
11	OTHER	2	8	6	300%
	TOTAL DISCHARGES	6,438	6,512	74	1%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	15,245	15,477	232	2%
2	MEDICARE MANAGED CARE	1,005	1,243	238	24%
3	MEDICAID	2,377	3,554	1,177	50%
4	MEDICAID MANAGED CARE	1,619	1,179	(440)	-27%
5	CHAMPUS/TRICARE	213	112	(101)	-47%
6	COMMERCIAL INSURANCE	1,284	1,208	(76)	-6%
7	NON-GOVERNMENT MANAGED CARE	4,400	4,148	(252)	-6%
8	WORKER'S COMPENSATION	46	128	82	178%
9	SELF- PAY/UNINSURED	729	352	(377)	-52%
10	SAGA	1,040	0	(1,040)	-100%
11	OTHER	21	24	3	14%
	TOTAL PATIENT DAYS	27,979	27,425	(554)	-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 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	MEDICARE TRADITIONAL	63,300	65,393	2,093	3%
2	MEDICARE MANAGED CARE	6,300	8,537	2,237	36%
3	MEDICAID	9,274	16,589	7,315	79%
4	MEDICAID MANAGED CARE	22,758	23,097	339	1%
5	CHAMPUS/TRICARE	630	698	68	11%
6	COMMERCIAL INSURANCE	15,356	15,251	(105)	-1%
7	NON-GOVERNMENT MANAGED CARE	72,081	70,033	(2,048)	-3%
8	WORKER'S COMPENSATION	1,544	1,749	205	13%
9	SELF- PAY/UNINSURED	10,333	10,233	(100)	-1%
10	SAGA	5,673	0	(5,673)	-100%
11	OTHER	150	189	39	26%
	TOTAL OUTPATIENT VISITS	207,399	211,769	4,370	2%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$7,445,341	\$8,332,014	\$886,673	12%
2	MEDICARE MANAGED CARE	\$645,895	\$774,972	\$129,077	20%
3	MEDICAID	\$2,628,345	\$5,217,156	\$2,588,811	98%
4	MEDICAID MANAGED CARE	\$4,288,391	\$4,689,982	\$401,591	9%
5	CHAMPUS/TRICARE	\$186,107	\$232,286	\$46,179	25%
6	COMMERCIAL INSURANCE	\$1,859,744	\$2,172,305	\$312,561	17%
7	NON-GOVERNMENT MANAGED CARE	\$8,061,121	\$8,891,270	\$830,149	10%
8	WORKER'S COMPENSATION	\$462,077	\$568,224	\$106,147	23%
9	SELF- PAY/UNINSURED	\$1,869,747	\$2,063,865	\$194,118	10%
10	SAGA	\$1,755,391	\$0	(\$1,755,391)	-100%
11	OTHER	\$91,679	\$125,155	\$33,476	37%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$29,293,838	\$33,067,229	\$3,773,391	13%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,668,086	\$2,864,392	\$196,306	7%
2	MEDICARE MANAGED CARE	\$244,990	\$269,767	\$24,777	10%
3	MEDICAID	\$844,321	\$1,559,227	\$714,906	85%
4	MEDICAID MANAGED CARE	\$1,597,804	\$1,573,898	(\$23,906)	-1%
5	CHAMPUS/TRICARE	\$79,891	\$76,435	(\$3,456)	-4%
6	COMMERCIAL INSURANCE	\$1,149,302	\$1,235,080	\$85,778	7%
7	NON-GOVERNMENT MANAGED CARE	\$4,057,977	\$4,371,180	\$313,203	8%
8	WORKER'S COMPENSATION	\$374,476	\$433,074	\$58,598	16%
9	SELF- PAY/UNINSURED	\$236,681	\$205,562	(\$31,119)	-13%
10	SAGA	\$421,450	\$0	(\$421,450)	-100%
11	OTHER	\$29,911	\$29,675	(\$236)	-1%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$11,704,889	\$12,618,290	\$913,401	8%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,110	7,433	323	5%
2	MEDICARE MANAGED CARE	609	699	90	15%
3	MEDICAID	2,481	4,700	2,219	89%
4	MEDICAID MANAGED CARE	6,778	6,668	(110)	-2%
5	CHAMPUS/TRICARE	204	223	19	9%
6	COMMERCIAL INSURANCE	2,181	1,997	(184)	-8%
7	NON-GOVERNMENT MANAGED CARE	9,526	9,587	61	1%
8	WORKER'S COMPENSATION	741	750	9	1%
9	SELF- PAY/UNINSURED	2,465	2,293	(172)	-7%
10	SAGA	1,797	0	(1,797)	-100%
11	OTHER	112	130	18	16%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	34,004	34,480	476	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 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$18,853,887	\$18,727,261	(\$126,626)	-1%
2	Physician Salaries	\$5,186,232	\$5,949,173	\$762,941	15%
3	Non-Nursing, Non-Physician Salaries	\$24,620,510	\$27,051,759	\$2,431,249	10%
	Total Salaries & Wages	\$48,660,629	\$51,728,193	\$3,067,564	6%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$6,041,586	\$5,724,690	(\$316,896)	-5%
2	Physician Fringe Benefits	\$1,661,889	\$1,818,588	\$156,699	9%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,889,458	\$8,269,386	\$379,928	5%
	Total Fringe Benefits	\$15,592,933	\$15,812,664	\$219,731	1%
C. Contractual Labor Fees:					
1	Nursing Fees	\$570,053	\$793,061	\$223,008	39%
2	Physician Fees	\$1,174,714	\$1,707,737	\$533,023	45%
3	Non-Nursing, Non-Physician Fees	\$480,882	\$538,386	\$57,504	12%
	Total Contractual Labor Fees	\$2,225,649	\$3,039,184	\$813,535	37%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$9,414,716	\$9,823,241	\$408,525	4%
2	Pharmaceutical Costs	\$3,268,912	\$3,385,640	\$116,728	4%
	Total Medical Supplies and Pharmaceutical Cost	\$12,683,628	\$13,208,881	\$525,253	4%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$2,995,640	\$2,991,435	(\$4,205)	0%
2	Depreciation-Equipment	\$3,120,746	\$3,125,749	\$5,003	0%
3	Amortization	\$54,702	\$60,898	\$6,196	11%
	Total Depreciation and Amortization	\$6,171,088	\$6,178,082	\$6,994	0%
F. Bad Debts:					
1	Bad Debts	\$2,413,649	\$2,129,955	(\$283,694)	-12%
G. Interest Expense:					
1	Interest Expense	\$333,980	\$308,286	(\$25,694)	-8%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,520,168	\$2,111,635	\$591,467	39%
I. Utilities:					
1	Water	\$48,216	\$48,005	(\$211)	0%
2	Natural Gas	\$528,084	\$503,982	(\$24,102)	-5%
3	Oil	\$14,761	\$20,875	\$6,114	41%
4	Electricity	\$1,417,417	\$1,347,481	(\$69,936)	-5%
5	Telephone	\$167,774	\$203,546	\$35,772	21%
6	Other Utilities	\$45,077	\$47,113	\$2,036	5%
	Total Utilities	\$2,221,329	\$2,171,002	(\$50,327)	-2%
J. Business Expenses:					
1	Accounting Fees	\$119,165	\$122,256	\$3,091	3%
2	Legal Fees	\$276,581	\$341,696	\$65,115	24%
3	Consulting Fees	\$672,687	\$419,591	(\$253,096)	-38%
4	Dues and Membership	\$0	\$202,413	\$202,413	0%
5	Equipment Leases	\$968,013	\$1,048,396	\$80,383	8%
6	Building Leases	\$647,075	\$827,701	\$180,626	28%
7	Repairs and Maintenance	\$2,022,796	\$1,961,064	(\$61,732)	-3%
8	Insurance	\$287,958	\$263,505	(\$24,453)	-8%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$179,610	\$164,123	(\$15,487)	-9%
10	Conferences	\$92,301	\$83,043	(\$9,258)	-10%
11	Property Tax	\$132,869	\$147,583	\$14,714	11%
12	General Supplies	\$749,661	\$924,468	\$174,807	23%
13	Licenses and Subscriptions	\$367,254	\$175,763	(\$191,491)	-52%
14	Postage and Shipping	\$132,814	\$122,581	(\$10,233)	-8%
15	Advertising	\$552,460	\$499,147	(\$53,313)	-10%
16	Other Business Expenses	\$9,861,289	\$9,802,995	(\$58,294)	-1%
	Total Business Expenses	\$17,062,533	\$17,106,325	\$43,792	0%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$11,577	\$86,560	\$74,983	648%
	Total Operating Expenses - All Expense Categories*	\$108,897,163	\$113,880,767	\$4,983,604	5%
	*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	\$30,771,231	\$31,180,157	\$408,926	1%
2	General Accounting	\$845,542	\$772,763	(\$72,779)	-9%
3	Patient Billing & Collection	\$1,168,053	\$1,236,426	\$68,373	6%
4	Admitting / Registration Office	\$1,137,460	\$1,242,079	\$104,619	9%
5	Data Processing	\$2,610,551	\$3,034,991	\$424,440	16%
6	Communications	\$283,712	\$293,267	\$9,555	3%
7	Personnel	\$779,153	\$765,872	(\$13,281)	-2%
8	Public Relations	\$398,754	\$442,402	\$43,648	11%
9	Purchasing	\$872,879	\$907,516	\$34,637	4%
10	Dietary and Cafeteria	\$1,600,176	\$1,596,809	(\$3,367)	0%
11	Housekeeping	\$1,318,252	\$1,361,077	\$42,825	3%
12	Laundry & Linen	\$569,105	\$606,278	\$37,173	7%
13	Operation of Plant	\$2,042,114	\$1,995,342	(\$46,772)	-2%
14	Security	\$302,128	\$298,132	(\$3,996)	-1%
15	Repairs and Maintenance	\$819,619	\$808,531	(\$11,088)	-1%
16	Central Sterile Supply	\$371,668	\$374,840	\$3,172	1%
17	Pharmacy Department	\$4,583,558	\$4,500,039	(\$83,519)	-2%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$50,473,955	\$51,416,521	\$942,566	2%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$674,109	\$557,935	(\$116,174)	-17%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,084,092	\$1,065,432	(\$18,660)	-2%
4	Medical Records	\$1,596,485	\$1,610,666	\$14,181	1%
5	Social Service	\$1,450,609	\$1,471,080	\$20,471	1%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$4,805,295	\$4,705,113	(\$100,182)	-2%
C.	<u>Special Services:</u>				
1	Operating Room	\$6,770,944	\$6,939,749	\$168,805	2%
2	Recovery Room	\$489,645	\$524,244	\$34,599	7%
3	Anesthesiology	\$199,882	\$180,311	(\$19,571)	-10%
4	Delivery Room	\$564,914	\$617,457	\$52,543	9%
5	Diagnostic Radiology	\$3,008,481	\$2,996,806	(\$11,675)	0%
6	Diagnostic Ultrasound	\$346,364	\$406,908	\$60,544	17%
7	Radiation Therapy	\$1,216,732	\$1,388,193	\$171,461	14%

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

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$368,932	\$413,819	\$44,887	12%
9	CT Scan	\$817,463	\$746,814	(\$70,649)	-9%
10	Laboratory	\$6,437,714	\$6,245,044	(\$192,670)	-3%
11	Blood Storing/Processing	\$1,271,305	\$1,188,664	(\$82,641)	-7%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$318,642	\$282,947	(\$35,695)	-11%
14	Electroencephalography	\$7,582	\$4,830	(\$2,752)	-36%
15	Occupational Therapy	\$253	\$36,129	\$35,876	14180%
16	Speech Pathology	\$50,276	\$44,754	(\$5,522)	-11%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$773,563	\$821,593	\$48,030	6%
19	Pulmonary Function	\$219,381	\$229,977	\$10,596	5%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,950,850	\$4,330,595	\$379,745	10%
23	Renal Dialysis	\$239,133	\$186,852	(\$52,281)	-22%
24	Emergency Room	\$5,141,870	\$5,643,883	\$502,013	10%
25	MRI	\$245,620	\$252,570	\$6,950	3%
26	PET Scan	\$133,826	\$137,491	\$3,665	3%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$356,910	\$333,711	(\$23,199)	-6%
29	Sleep Center	\$358,068	\$380,078	\$22,010	6%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$333,746	\$320,755	(\$12,991)	-4%
32	Occupational Therapy / Physical Therapy	\$585,305	\$855,803	\$270,498	46%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$186,211	\$103,087	(\$83,124)	-45%
	Total Special Services	\$34,393,612	\$35,613,064	\$1,219,452	4%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$6,583,339	\$7,112,909	\$529,570	8%
2	Intensive Care Unit	\$2,056,409	\$2,231,820	\$175,411	9%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,611,183	\$2,517,029	(\$94,154)	-4%
5	Pediatric Unit	\$865,133	\$850,117	(\$15,016)	-2%
6	Maternity Unit	\$847,490	\$975,522	\$128,032	15%
7	Newborn Nursery Unit	\$328,023	\$306,919	(\$21,104)	-6%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$695,819	\$692,926	(\$2,893)	0%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$3,426,977	\$5,878,772	\$2,451,795	72%
13	Other Routine Services	\$1,447,596	\$1,291,445	(\$156,151)	-11%
	Total Routine Services	\$18,861,969	\$21,857,459	\$2,995,490	16%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$362,332	\$288,610	(\$73,722)	-20%
	Total Operating Expenses - All Departments*	\$108,897,163	\$113,880,767	\$4,983,604	5%
	*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 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$95,678,590	\$ 103,193,652	\$109,579,717
2	Other Operating Revenue	5,573,529	5,277,783	4,949,386
3	Total Operating Revenue	\$101,252,119	\$108,471,435	\$114,529,103
4	Total Operating Expenses	100,402,359	108,897,163	113,880,767
5	Income/(Loss) From Operations	\$849,760	(\$425,728)	\$648,336
6	Total Non-Operating Revenue	(669,899)	1,978,820	2,011,113
7	Excess/(Deficiency) of Revenue Over Expenses	\$179,861	\$1,553,092	\$2,659,449
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.84%	-0.39%	0.56%
2	Hospital Non Operating Margin	-0.67%	1.79%	1.73%
3	Hospital Total Margin	0.18%	1.41%	2.28%
4	Income/(Loss) From Operations	\$849,760	(\$425,728)	\$648,336
5	Total Operating Revenue	\$101,252,119	\$108,471,435	\$114,529,103
6	Total Non-Operating Revenue	(\$669,899)	\$1,978,820	\$2,011,113
7	Total Revenue	\$100,582,220	\$110,450,255	\$116,540,216
8	Excess/(Deficiency) of Revenue Over Expenses	\$179,861	\$1,553,092	\$2,659,449
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$41,545,959	\$39,188,881	\$47,062,165
2	Hospital Total Net Assets	\$60,028,996	\$58,541,584	\$65,985,850
3	Hospital Change in Total Net Assets	(\$20,769,345)	(\$1,487,412)	\$7,444,266
4	Hospital Change in Total Net Assets %	74.3%	-2.5%	12.7%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.55	0.56	0.53
2	Total Operating Expenses	\$100,402,359	\$108,897,163	\$113,880,767
3	Total Gross Revenue	\$176,391,805	\$188,222,806	\$208,629,597
4	Total Other Operating Revenue	\$5,573,529	\$5,277,783	\$4,949,386
5	<u>Private Payment to Cost Ratio</u>	1.03	1.03	1.07
6	Total Non-Government Payments	\$36,229,111	\$38,469,968	\$41,153,855

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
7	Total Uninsured Payments	\$1,278,927	\$1,223,252	\$1,467,954
8	Total Non-Government Charges	\$66,299,978	\$69,006,889	\$74,660,403
9	Total Uninsured Charges	\$4,808,316	\$4,833,620	\$5,160,009
10	<u>Medicare Payment to Cost Ratio</u>	1.03	1.02	1.01
11	Total Medicare Payments	\$46,424,315	\$48,430,129	\$50,742,113
12	Total Medicare Charges	\$81,502,019	\$84,009,999	\$94,315,886
13	<u>Medicaid Payment to Cost Ratio</u>	0.72	0.70	0.72
14	Total Medicaid Payments	\$7,895,688	\$11,060,952	\$14,852,649
15	Total Medicaid Charges	\$20,003,148	\$27,912,033	\$38,541,692
16	<u>Uncompensated Care Cost</u>	\$2,033,395	\$2,158,433	\$2,056,056
17	Charity Care	\$1,438,204	\$1,421,695	\$1,726,098
18	Bad Debts	\$2,247,042	\$2,413,649	\$2,129,955
19	Total Uncompensated Care	\$3,685,246	\$3,835,344	\$3,856,053
20	<u>Uncompensated Care % of Total Expenses</u>	2.0%	2.0%	1.8%
21	Total Operating Expenses	\$100,402,359	\$108,897,163	\$113,880,767
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.09	1.23	1.33
2	Total Current Assets	\$17,465,011	\$20,414,902	\$25,471,279
3	Total Current Liabilities	\$16,066,605	\$16,564,587	\$19,161,658
4	<u>Days Cash on Hand</u>	15	19	29
5	Cash and Cash Equivalents	\$3,989,039	\$5,456,105	\$8,455,576
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$3,989,039	\$5,456,105	\$8,455,576
8	Total Operating Expenses	\$100,402,359	\$108,897,163	\$113,880,767
9	Depreciation Expense	\$6,176,454	\$6,171,088	\$6,178,082
10	Operating Expenses less Depreciation Expense	\$94,225,905	\$102,726,075	\$107,702,685
11	<u>Days Revenue in Patient Accounts Receivable</u>	28.26	30.48	36.53

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
12	Net Patient Accounts Receivable	\$ 9,671,762	\$ 9,573,323	\$ 11,144,540
13	Due From Third Party Payers	\$102,157	\$1,079,437	\$1,516,187
14	Due To Third Party Payers	\$2,366,000	\$2,034,000	\$1,693,818
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,407,919	\$ 8,618,760	\$ 10,966,909
16	Total Net Patient Revenue	\$95,678,590	\$ 103,193,652	\$ 109,579,717
17	<u>Average Payment Period</u>	62.24	58.86	64.94
18	Total Current Liabilities	\$16,066,605	\$16,564,587	\$19,161,658
19	Total Operating Expenses	\$100,402,359	\$108,897,163	\$113,880,767
20	Depreciation Expense	\$6,176,454	\$6,171,088	\$6,178,082
21	Total Operating Expenses less Depreciation Expense	\$94,225,905	\$102,726,075	\$107,702,685
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	52.6	49.7	55.5
2	Total Net Assets	\$60,028,996	\$58,541,584	\$65,985,850
3	Total Assets	\$114,073,388	\$117,679,059	\$118,826,510
4	<u>Cash Flow to Total Debt Ratio</u>	27.0	34.2	37.2
5	Excess/(Deficiency) of Revenues Over Expenses	\$179,861	\$1,553,092	\$2,659,449
6	Depreciation Expense	\$6,176,454	\$6,171,088	\$6,178,082
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,356,315	\$7,724,180	\$8,837,531
8	Total Current Liabilities	\$16,066,605	\$16,564,587	\$19,161,658
9	Total Long Term Debt	\$7,435,989	\$6,022,950	\$4,624,338
10	Total Current Liabilities and Total Long Term Debt	\$23,502,594	\$22,587,537	\$23,785,996
11	<u>Long Term Debt to Capitalization Ratio</u>	11.0	9.3	6.5
12	Total Long Term Debt	\$7,435,989	\$6,022,950	\$4,624,338
13	Total Net Assets	\$60,028,996	\$58,541,584	\$65,985,850
14	Total Long Term Debt and Total Net Assets	\$67,464,985	\$64,564,534	\$70,610,188
15	<u>Debt Service Coverage Ratio</u>	3.6	4.1	5.3
16	Excess Revenues over Expenses	\$179,861	\$1,553,092	\$2,659,449
17	Interest Expense	\$417,080	\$333,980	\$308,286
18	Depreciation and Amortization Expense	\$6,176,454	\$6,171,088	\$6,178,082

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
19	Principal Payments	\$1,485,596	\$1,654,302	\$1,411,317
G. <u>Other Financial Ratios</u>				
20	Average Age of Plant	14.8	15.7	16.6
21	Accumulated Depreciation	\$91,613,715	\$96,582,714	\$102,493,235
22	Depreciation and Amortization Expense	\$6,176,454	\$6,171,088	\$6,178,082
H. <u>Utilization Measures Summary</u>				
1	Patient Days	28,581	27,979	27,425
2	Discharges	6,320	6,438	6,512
3	ALOS	4.5	4.3	4.2
4	Staffed Beds	81	81	81
5	Available Beds	-	122	122
6	Licensed Beds	122	122	122
6	Occupancy of Staffed Beds	96.7%	94.6%	92.8%
7	Occupancy of Available Beds	64.2%	62.8%	61.6%
8	Full Time Equivalent Employees	684.8	713.2	744.3
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	34.9%	34.1%	33.3%
2	Medicare Gross Revenue Payer Mix Percentage	46.2%	44.6%	45.2%
3	Medicaid Gross Revenue Payer Mix Percentage	11.3%	14.8%	18.5%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	4.5%	3.3%	0.1%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.6%	2.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.6%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$61,491,662	\$64,173,269	\$69,500,394
9	Medicare Gross Revenue (Charges)	\$81,502,019	\$84,009,999	\$94,315,886
10	Medicaid Gross Revenue (Charges)	\$20,003,148	\$27,912,033	\$38,541,692
11	Other Medical Assistance Gross Revenue (Charges)	\$7,886,877	\$6,238,691	\$232,999
12	Uninsured Gross Revenue (Charges)	\$4,808,316	\$4,833,620	\$5,160,009
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$699,783	\$1,055,194	\$878,617
14	Total Gross Revenue (Charges)	\$176,391,805	\$188,222,806	\$208,629,597
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	37.7%	37.0%	37.0%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
2	Medicare Net Revenue Payer Mix Percentage	50.0%	48.2%	47.3%
3	Medicaid Net Revenue Payer Mix Percentage	8.5%	11.0%	13.8%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	2.1%	2.1%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	1.4%	1.2%	1.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.3%	0.4%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$34,950,184	\$37,246,716	\$39,685,901
9	Medicare Net Revenue (Payments)	\$46,424,315	\$48,430,129	\$50,742,113
10	Medicaid Net Revenue (Payments)	\$7,895,688	\$11,060,952	\$14,852,649
11	Other Medical Assistance Net Revenue (Payments)	\$1,919,416	\$2,155,966	\$67,869
12	Uninsured Net Revenue (Payments)	\$1,278,927	\$1,223,252	\$1,467,954
13	CHAMPUS / TRICARE Net Revenue Payments)	\$320,752	\$431,570	\$459,226
14	Total Net Revenue (Payments)	\$92,789,282	\$100,548,585	\$107,275,712
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	1,896	1,900	1,747
2	Medicare	3,405	3,371	3,532
3	Medical Assistance	994	1,133	1,200
4	Medicaid	735	935	1,192
5	Other Medical Assistance	259	198	8
6	CHAMPUS / TRICARE	25	34	33
7	Uninsured (Included In Non-Government)	123	155	90
8	Total	6,320	6,438	6,512
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.037000	1.114300	1.154400
2	Medicare	1.433600	1.422200	1.406200
3	Medical Assistance	0.835140	0.882898	0.973229
4	Medicaid	0.776800	0.859900	0.972600
5	Other Medical Assistance	1.000700	0.991500	1.067000
6	CHAMPUS / TRICARE	1.231300	1.200700	1.150500
7	Uninsured (Included In Non-Government)	0.883800	0.972200	0.974500
8	Total Case Mix Index	1.219694	1.235252	1.257567
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	4,476	4,589	5,055
2	Emergency Room - Treated and Discharged	34,464	34,004	34,480
3	Total Emergency Room Visits	38,940	38,593	39,535

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$134,656	\$112,283	(\$22,373)	-17%
2	Inpatient Payments	\$88,212	\$56,369	(\$31,843)	-36%
3	Outpatient Charges	\$38,837	\$73,096	\$34,259	88%
4	Outpatient Payments	\$11,761	\$29,994	\$18,233	155%
5	Discharges	8	5	(3)	-38%
6	Patient Days	35	21	(14)	-40%
7	Outpatient Visits (Excludes ED Visits)	78	130	52	67%
8	Emergency Department Outpatient Visits	13	22	9	69%
9	Emergency Department Inpatient Admissions	7	4	(3)	-43%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$173,493	\$185,379	\$11,886	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$99,973	\$86,363	(\$13,610)	-14%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$74,501	\$0	(\$74,501)	-100%
2	Inpatient Payments	\$59,590	\$0	(\$59,590)	-100%
3	Outpatient Charges	\$8,718	\$6,436	(\$2,282)	-26%
4	Outpatient Payments	\$2,182	\$3,474	\$1,292	59%
5	Discharges	3	0	(3)	-100%
6	Patient Days	16	0	(16)	-100%
7	Outpatient Visits (Excludes ED Visits)	22	8	(14)	-64%
8	Emergency Department Outpatient Visits	5	0	(5)	-100%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$83,219	\$6,436	(\$76,783)	-92%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$61,772	\$3,474	(\$58,298)	-94%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$862,202	\$1,991,166	\$1,128,964	131%
2	Inpatient Payments	\$631,964	\$1,132,326	\$500,362	79%
3	Outpatient Charges	\$1,234,314	\$2,114,587	\$880,273	71%
4	Outpatient Payments	\$560,799	\$728,828	\$168,029	30%
5	Discharges	55	123	68	124%
6	Patient Days	274	564	290	106%
7	Outpatient Visits (Excludes ED Visits)	2,256	3,844	1,588	70%
8	Emergency Department Outpatient Visits	219	305	86	39%
9	Emergency Department Inpatient Admissions	38	98	60	158%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,096,516	\$4,105,753	\$2,009,237	96%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,192,763	\$1,861,154	\$668,391	56%

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

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$1,155,650	\$227,216	(\$928,434)	-80%
2	Inpatient Payments	\$868,678	\$156,424	(\$712,254)	-82%
3	Outpatient Charges	\$922,609	\$327,751	(\$594,858)	-64%
4	Outpatient Payments	\$369,767	\$142,194	(\$227,573)	-62%
5	Discharges	81	15	(66)	-81%
6	Patient Days	328	78	(250)	-76%
7	Outpatient Visits (Excludes ED Visits)	1,351	441	(910)	-67%
8	Emergency Department Outpatient Visits	165	42	(123)	-75%
9	Emergency Department Inpatient Admissions	69	13	(56)	-81%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,078,259	\$554,967	(\$1,523,292)	-73%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,238,445	\$298,618	(\$939,827)	-76%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$89,011	\$17,760	(\$71,251)	-80%
2	Inpatient Payments	\$59,771	\$9,706	(\$50,065)	-84%
3	Outpatient Charges	\$23,882	\$22,090	(\$1,792)	-8%
4	Outpatient Payments	\$6,686	\$8,521	\$1,835	27%
5	Discharges	9	1	(8)	-89%
6	Patient Days	29	8	(21)	-72%
7	Outpatient Visits (Excludes ED Visits)	43	35	(8)	-19%
8	Emergency Department Outpatient Visits	13	11	(2)	-15%
9	Emergency Department Inpatient Admissions	8	1	(7)	-88%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$112,893	\$39,850	(\$73,043)	-65%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$66,457	\$18,227	(\$48,230)	-73%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$6,514	\$6,514	0%
2	Inpatient Payments	\$0	\$3,891	\$3,891	0%
3	Outpatient Charges	\$1,587	\$9,613	\$8,026	506%
4	Outpatient Payments	\$442	\$1,842	\$1,400	317%
5	Discharges	0	1	1	0%
6	Patient Days	0	1	1	0%
7	Outpatient Visits (Excludes ED Visits)	3	12	9	300%
8	Emergency Department Outpatient Visits	1	2	1	100%
9	Emergency Department Inpatient Admissions	0	1	1	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,587	\$16,127	\$14,540	916%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$442	\$5,733	\$5,291	1197%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$177,500	\$1,034,520	\$857,020	483%
2	Inpatient Payments	\$86,825	\$575,860	\$489,035	563%
3	Outpatient Charges	\$238,709	\$1,306,292	\$1,067,583	447%
4	Outpatient Payments	\$85,059	\$440,544	\$355,485	418%
5	Discharges	14	81	67	479%
6	Patient Days	53	318	265	500%
7	Outpatient Visits (Excludes ED Visits)	458	1,860	1,402	306%
8	Emergency Department Outpatient Visits	45	180	135	300%
9	Emergency Department Inpatient Admissions	12	73	61	508%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$416,209	\$2,340,812	\$1,924,603	462%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$171,884	\$1,016,404	\$844,520	491%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$14,709	\$11,270	(\$3,439)	-23%
2	Inpatient Payments	\$8,526	\$7,270	(\$1,256)	-15%
3	Outpatient Charges	\$983	\$13,529	\$12,546	1276%
4	Outpatient Payments	\$273	\$2,944	\$2,671	978%
5	Discharges	1	2	1	100%
6	Patient Days	4	4	0	0%
7	Outpatient Visits (Excludes ED Visits)	4	18	14	350%
8	Emergency Department Outpatient Visits	0	5	5	0%
9	Emergency Department Inpatient Admissions	1	2	1	100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,692	\$24,799	\$9,107	58%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,799	\$10,214	\$1,415	16%
I. AETNA					
1	Inpatient Charges	\$681,710	\$808,197	\$126,487	19%
2	Inpatient Payments	\$436,307	\$579,236	\$142,929	33%
3	Outpatient Charges	\$837,607	\$1,038,394	\$200,787	24%
4	Outpatient Payments	\$403,991	\$421,132	\$17,141	4%
5	Discharges	52	64	12	23%
6	Patient Days	218	233	15	7%
7	Outpatient Visits (Excludes ED Visits)	1,381	1,443	62	4%
8	Emergency Department Outpatient Visits	137	123	(14)	-10%
9	Emergency Department Inpatient Admissions	43	57	14	33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,519,317	\$1,846,591	\$327,274	22%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$840,298	\$1,000,368	\$160,070	19%

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

(1) LINE	(2) DESCRIPTION	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$11,448	\$21,031	\$9,583	84%
2	Inpatient Payments	\$8,459	\$11,660	\$3,201	38%
3	Outpatient Charges	\$7,159	\$2,644	(\$4,515)	-63%
4	Outpatient Payments	\$2,184	\$1,286	(\$898)	-41%
5	Discharges	1	2	1	100%
6	Patient Days	3	4	1	33%
7	Outpatient Visits (Excludes ED Visits)	4	3	(1)	-25%
8	Emergency Department Outpatient Visits	5	3	(2)	-40%
9	Emergency Department Inpatient Admissions	1	2	1	100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,607	\$23,675	\$5,068	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$10,643	\$12,946	\$2,303	22%
K. SECURE HORIZONS					
1	Inpatient Charges	\$65,826	\$60,204	(\$5,622)	-9%
2	Inpatient Payments	\$37,008	\$37,104	\$96	0%
3	Outpatient Charges	\$29,945	\$27,993	(\$1,952)	-7%
4	Outpatient Payments	\$9,191	\$16,301	\$7,110	77%
5	Discharges	4	3	(1)	-25%
6	Patient Days	23	12	(11)	-48%
7	Outpatient Visits (Excludes ED Visits)	61	33	(28)	-46%
8	Emergency Department Outpatient Visits	2	4	2	100%
9	Emergency Department Inpatient Admissions	3	1	(2)	-67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$95,771	\$88,197	(\$7,574)	-8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$46,199	\$53,405	\$7,206	16%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$2,708	\$180	(\$2,528)	-93%
4	Outpatient Payments	\$809	\$56	(\$753)	-93%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	4	1	(3)	-75%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,708	\$180	(\$2,528)	-93%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$809	\$56	(\$753)	-93%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$19,946	\$0	(\$19,946)	-100%
2	Inpatient Payments	\$5,350	\$0	(\$5,350)	-100%
3	Outpatient Charges	\$0	\$728	\$728	0%
4	Outpatient Payments	\$0	\$352	\$352	0%
5	Discharges	1	0	(1)	-100%
6	Patient Days	4	0	(4)	-100%
7	Outpatient Visits (Excludes ED Visits)	0	2	2	0%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	1	0	(1)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$19,946	\$728	(\$19,218)	-96%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$5,350	\$352	(\$4,998)	-93%
N. EVERCARE					
1	Inpatient Charges	\$61,255	\$0	(\$61,255)	-100%
2	Inpatient Payments	\$43,894	\$0	(\$43,894)	-100%
3	Outpatient Charges	\$13,121	\$3,149	(\$9,972)	-76%
4	Outpatient Payments	\$10,264	\$651	(\$9,613)	-94%
5	Discharges	2	0	(2)	-100%
6	Patient Days	18	0	(18)	-100%
7	Outpatient Visits (Excludes ED Visits)	26	8	(18)	-69%
8	Emergency Department Outpatient Visits	4	1	(3)	-75%
9	Emergency Department Inpatient Admissions	2	0	(2)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$74,376	\$3,149	(\$71,227)	-96%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$54,158	\$651	(\$53,507)	-99%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$3,348,414	\$4,290,161	\$941,747	28%
	TOTAL INPATIENT PAYMENTS	\$2,334,584	\$2,569,846	\$235,262	10%
	TOTAL OUTPATIENT CHARGES	\$3,360,179	\$4,946,482	\$1,586,303	47%
	TOTAL OUTPATIENT PAYMENTS	\$1,463,408	\$1,798,119	\$334,711	23%
	TOTAL DISCHARGES	231	297	66	29%
	TOTAL PATIENT DAYS	1,005	1,243	238	24%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	5,691	7,838	2,147	38%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	609	699	90	15%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	187	252	65	35%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,708,593	\$9,236,643	\$2,528,050	38%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,797,992	\$4,367,965	\$569,973	15%

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

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$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%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$1,839,038	\$2,066,890	\$227,852	12%
2	Inpatient Payments	\$866,682	\$884,117	\$17,435	2%
3	Outpatient Charges	\$5,858,430	\$6,672,663	\$814,233	14%
4	Outpatient Payments	\$2,541,529	\$2,768,122	\$226,593	9%
5	Discharges	323	263	(60)	-19%
6	Patient Days	799	669	(130)	-16%
7	Outpatient Visits (Excludes ED Visits)	7,372	7,595	223	3%
8	Emergency Department Outpatient Visits	4,161	4,075	(86)	-2%
9	Emergency Department Inpatient Admissions	79	74	(5)	-6%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$7,697,468	\$8,739,553	\$1,042,085	14%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$3,408,211	\$3,652,239	\$244,028	7%
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 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$519,516	\$216,385	(\$303,131)	-58%
2	Inpatient Payments	\$253,960	\$125,583	(\$128,377)	-51%
3	Outpatient Charges	\$2,828,121	\$3,073,359	\$245,238	9%
4	Outpatient Payments	\$1,010,437	\$1,024,156	\$13,719	1%
5	Discharges	47	24	(23)	-49%
6	Patient Days	380	136	(244)	-64%
7	Outpatient Visits (Excludes ED Visits)	4,265	4,328	63	1%
8	Emergency Department Outpatient Visits	1	0	(1)	-100%
9	Emergency Department Inpatient Admissions	44	24	(20)	-45%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,347,637	\$3,289,744	(\$57,893)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,264,397	\$1,149,739	(\$114,658)	-9%
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 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	G. UNITED HEALTHCARE				
1	Inpatient Charges	\$208,916	\$149,777	(\$59,139)	-28%
2	Inpatient Payments	\$121,497	\$73,454	(\$48,043)	-40%
3	Outpatient Charges	\$583,623	\$717,761	\$134,138	23%
4	Outpatient Payments	\$234,344	\$256,501	\$22,157	9%
5	Discharges	46	36	(10)	-22%
6	Patient Days	111	64	(47)	-42%
7	Outpatient Visits (Excludes ED Visits)	799	855	56	7%
8	Emergency Department Outpatient Visits	500	537	37	7%
9	Emergency Department Inpatient Admissions	10	5	(5)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$792,539	\$867,538	\$74,999	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$355,841	\$329,955	(\$25,886)	-7%
	H. AETNA				
1	Inpatient Charges	\$734,082	\$747,227	\$13,145	2%
2	Inpatient Payments	\$399,226	\$358,687	(\$40,539)	-10%
3	Outpatient Charges	\$2,802,068	\$3,117,327	\$315,259	11%
4	Outpatient Payments	\$1,152,777	\$1,191,118	\$38,341	3%
5	Discharges	148	143	(5)	-3%
6	Patient Days	329	310	(19)	-6%
7	Outpatient Visits (Excludes ED Visits)	3,544	3,651	107	3%
8	Emergency Department Outpatient Visits	2,116	2,056	(60)	-3%
9	Emergency Department Inpatient Admissions	39	24	(15)	-38%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,536,150	\$3,864,554	\$328,404	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,552,003	\$1,549,805	(\$2,198)	0%
	II. TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$3,301,552	\$3,180,279	(\$121,273)	-4%
	TOTAL INPATIENT PAYMENTS	\$1,641,365	\$1,441,841	(\$199,524)	-12%
	TOTAL OUTPATIENT CHARGES	\$12,072,242	\$13,581,110	\$1,508,868	12%
	TOTAL OUTPATIENT PAYMENTS	\$4,939,087	\$5,239,897	\$300,810	6%
	TOTAL DISCHARGES	564	466	(98)	-17%
	TOTAL PATIENT DAYS	1,619	1,179	(440)	-27%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	15,980	16,429	449	3%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	6,778	6,668	(110)	-2%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	172	127	(45)	-26%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,373,794	\$16,761,389	\$1,387,595	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,580,452	\$6,681,738	\$101,286	2%

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

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

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. ASSETS					
A. Current Assets:					
1	Cash and Cash Equivalents	\$5,456,105	\$8,455,576	\$2,999,471	55%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,573,323	\$11,144,540	\$1,571,217	16%
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	\$1,079,437	\$1,516,187	\$436,750	40%
7	Inventories of Supplies	\$1,886,150	\$1,994,112	\$107,962	6%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,419,887	\$2,360,864	(\$59,023)	-2%
	Total Current Assets	\$20,414,902	\$25,471,279	\$5,056,377	25%
B. Noncurrent Assets Whose Use is Limited:					
1	Held by Trustee	\$16,662,242	\$16,087,230	(\$575,012)	-3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$277,118	\$288,839	\$11,721	4%
4	Other Noncurrent Assets Whose Use is Limited	\$6,732,834	\$6,563,036	(\$169,798)	-3%
	Total Noncurrent Assets Whose Use is Limited:	\$23,672,194	\$22,939,105	(\$733,089)	-3%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$30,690,384	\$28,762,329	(\$1,928,055)	-6%
7	Other Noncurrent Assets	\$1,339,349	\$1,677,378	\$338,029	25%
C. Net Fixed Assets:					
1	Property, Plant and Equipment	\$137,226,848	\$141,431,820	\$4,204,972	3%
2	Less: Accumulated Depreciation	\$96,582,714	\$102,493,235	\$5,910,521	\$0
	Property, Plant and Equipment, Net	\$40,644,134	\$38,938,585	(\$1,705,549)	-4%
3	Construction in Progress	\$918,096	\$1,037,834	\$119,738	13%
	Total Net Fixed Assets	\$41,562,230	\$39,976,419	(\$1,585,811)	-4%
	Total Assets	\$117,679,059	\$118,826,510	\$1,147,451	1%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$4,439,653	\$5,509,809	\$1,070,156	24%
2	Salaries, Wages and Payroll Taxes	\$3,018,603	\$3,433,272	\$414,669	14%
3	Due To Third Party Payers	\$2,034,000	\$1,693,818	(\$340,182)	-17%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,120,000	\$1,155,000	\$35,000	3%
6	Current Portion of Notes Payable	\$233,895	\$186,190	(\$47,705)	-20%
7	Other Current Liabilities	\$5,718,436	\$7,183,569	\$1,465,133	26%
	Total Current Liabilities	\$16,564,587	\$19,161,658	\$2,597,071	16%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$2,355,000	\$1,200,000	(\$1,155,000)	-49%
2	Notes Payable (Net of Current Portion)	\$3,667,950	\$3,424,338	(\$243,612)	-7%
	Total Long Term Debt	\$6,022,950	\$4,624,338	(\$1,398,612)	-23%
3	Accrued Pension Liability	\$33,995,533	\$26,422,971	(\$7,572,562)	-22%
4	Other Long Term Liabilities	\$2,554,405	\$2,631,693	\$77,288	3%
	Total Long Term Liabilities	\$42,572,888	\$33,679,002	(\$8,893,886)	-21%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$39,188,881	\$47,062,165	\$7,873,284	20%
2	Temporarily Restricted Net Assets	\$2,980,453	\$2,810,655	(\$169,798)	-6%
3	Permanently Restricted Net Assets	\$16,372,250	\$16,113,030	(\$259,220)	-2%
	Total Net Assets	\$58,541,584	\$65,985,850	\$7,444,266	13%
	Total Liabilities and Net Assets	\$117,679,059	\$118,826,510	\$1,147,451	1%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$188,869,807	\$208,629,597	\$19,759,790	10%
2	Less: Allowances	\$83,689,827	\$97,340,958	\$13,651,131	16%
3	Less: Charity Care	\$1,421,695	\$1,718,922	\$297,227	21%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$103,758,285	\$109,569,717	\$5,811,432	6%
5	Other Operating Revenue	\$5,283,033	\$4,949,386	(\$333,647)	-6%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$109,041,318	\$114,519,103	\$5,477,785	5%
B. Operating Expenses:					
1	Salaries and Wages	\$49,259,969	\$51,728,193	\$2,468,224	5%
2	Fringe Benefits	\$15,643,996	\$15,812,664	\$168,668	1%
3	Physicians Fees	\$1,154,344	\$1,707,737	\$553,393	48%
4	Supplies and Drugs	\$12,766,918	\$13,208,881	\$441,963	3%
5	Depreciation and Amortization	\$6,177,041	\$6,178,082	\$1,041	0%
6	Bad Debts	\$2,413,649	\$2,129,955	(\$283,694)	-12%
7	Interest	\$374,299	\$308,286	(\$66,013)	-18%
8	Malpractice	\$1,579,190	\$2,111,635	\$532,445	34%
9	Other Operating Expenses	\$20,455,779	\$20,695,334	\$239,555	1%
	Total Operating Expenses	\$109,825,185	\$113,880,767	\$4,055,582	4%
	Income/(Loss) From Operations	(\$783,867)	\$638,336	\$1,422,203	-181%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,996,464	\$1,496,290	(\$500,174)	-25%
2	Gifts, Contributions and Donations	\$127,644	\$405,765	\$278,121	218%
3	Other Non-Operating Gains/(Losses)	\$119,337	\$109,058	(\$10,279)	-9%
	Total Non-Operating Revenue	\$2,243,445	\$2,011,113	(\$232,332)	-10%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,459,578	\$2,649,449	\$1,189,871	82%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,459,578	\$2,649,449	\$1,189,871	82%

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$97,865,856	\$103,758,285	\$109,569,717
2	Other Operating Revenue	5,612,083	5,283,033	4,949,386
3	Total Operating Revenue	\$103,477,939	\$109,041,318	\$114,519,103
4	Total Operating Expenses	103,510,788	109,825,185	113,880,767
5	Income/(Loss) From Operations	(\$32,849)	(\$783,867)	\$638,336
6	Total Non-Operating Revenue	145,007	2,243,445	2,011,113
7	Excess/(Deficiency) of Revenue Over Expenses	\$112,158	\$1,459,578	\$2,649,449
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	-0.03%	-0.70%	0.55%
2	Parent Corporation Non-Operating Margin	0.14%	2.02%	1.73%
3	Parent Corporation Total Margin	0.11%	1.31%	2.27%
4	Income/(Loss) From Operations	(\$32,849)	(\$783,867)	\$638,336
5	Total Operating Revenue	\$103,477,939	\$109,041,318	\$114,519,103
6	Total Non-Operating Revenue	\$145,007	\$2,243,445	\$2,011,113
7	Total Revenue	\$103,622,946	\$111,284,763	\$116,530,216
8	Excess/(Deficiency) of Revenue Over Expenses	\$112,158	\$1,459,578	\$2,649,449
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$41,711,965	\$39,188,881	\$47,062,165
2	Parent Corporation Total Net Assets	\$60,195,002	\$58,541,584	\$65,985,850
3	Parent Corporation Change in Total Net Assets	(\$20,837,048)	(\$1,653,418)	\$7,444,266
4	Parent Corporation Change in Total Net Assets %	74.3%	-2.7%	12.7%

THE CHARLOTTE HUNGERFORD HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2011

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
D. Liquidity Measures Summary				
1	Current Ratio	1.09	1.23	1.33
2	Total Current Assets	\$17,732,939	\$20,414,902	\$25,471,279
3	Total Current Liabilities	\$16,222,880	\$16,564,587	\$19,161,658
4	Days Cash on Hand	15	19	29
5	Cash and Cash Equivalents	\$4,021,421	\$5,456,105	\$8,455,576
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$4,021,421	\$5,456,105	\$8,455,576
8	Total Operating Expenses	\$103,510,788	\$109,825,185	\$113,880,767
9	Depreciation Expense	\$6,201,756	\$6,177,041	\$6,178,082
10	Operating Expenses less Depreciation Expense	\$97,309,032	\$103,648,144	\$107,702,685
11	Days Revenue in Patient Accounts Receivable	28	30	37
12	Net Patient Accounts Receivable	\$ 9,891,564	\$ 9,573,323	\$ 11,144,540
13	Due From Third Party Payers	\$102,157	\$1,079,437	\$1,516,187
14	Due To Third Party Payers	\$2,366,000	\$2,034,000	\$1,693,818
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,627,721	\$ 8,618,760	\$ 10,966,909
16	Total Net Patient Revenue	\$97,865,856	\$103,758,285	\$109,569,717
17	Average Payment Period	61	58	65
18	Total Current Liabilities	\$16,222,880	\$16,564,587	\$19,161,658
19	Total Operating Expenses	\$103,510,788	\$109,825,185	\$113,880,767
20	Depreciation Expense	\$6,201,756	\$6,177,041	\$6,178,082
21	Total Operating Expenses less Depreciation Expense	\$97,309,032	\$103,648,144	\$107,702,685

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	52.6	49.7	55.5
2	Total Net Assets	\$60,195,002	\$58,541,584	\$65,985,850
3	Total Assets	\$114,395,669	\$117,679,059	\$118,826,510
4	<u>Cash Flow to Total Debt Ratio</u>	26.7	33.8	37.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$112,158	\$1,459,578	\$2,649,449
6	Depreciation Expense	\$6,201,756	\$6,177,041	\$6,178,082
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,313,914	\$7,636,619	\$8,827,531
8	Total Current Liabilities	\$16,222,880	\$16,564,587	\$19,161,658
9	Total Long Term Debt	\$7,435,989	\$6,022,950	\$4,624,338
10	Total Current Liabilities and Total Long Term Debt	\$23,658,869	\$22,587,537	\$23,785,996
11	<u>Long Term Debt to Capitalization Ratio</u>	11.0	9.3	6.5
12	Total Long Term Debt	\$7,435,989	\$6,022,950	\$4,624,338
13	Total Net Assets	\$60,195,002	\$58,541,584	\$65,985,850
14	Total Long Term Debt and Total Net Assets	\$67,630,991	\$64,564,534	\$70,610,188

CHARLOTTE HUNGERFORD HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
LINE	DESCRIPTION	DAYS	# PATIENT		BEDS (A)	BEDS	BEDS (A)	BEDS
1	Adult Medical/Surgical	19,152	4,949	4,989	53	73	99.0%	71.9%
2	ICU/CCU (Excludes Neonatal ICU)	2,249	169	0	7	10	88.0%	61.6%
3	Psychiatric: Ages 0 to 17	16	3	3	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,205	696	697	14	17	82.3%	67.8%
	TOTAL PSYCHIATRIC	4,221	699	700	14	17	82.6%	68.0%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	836	366	366	3	7	76.3%	32.7%
7	Newborn	791	368	367	3	13	72.2%	16.7%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	176	130	90	1	2	48.2%	24.1%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	26,634	6,144	6,145	78	109	93.6%	66.9%
	TOTAL INPATIENT BED UTILIZATION	27,425	6,512	6,512	81	122	92.8%	61.6%
	TOTAL INPATIENT REPORTED YEAR	27,425	6,512	6,512	81	122	92.8%	61.6%
	TOTAL INPATIENT PRIOR YEAR	27,979	0	0	81	122	94.6%	62.8%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-554	6,512	6,512	0	0	-1.9%	-1.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	0%	0%	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 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	3,589	3,577	-12	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,004	3,998	994	33%
3	Emergency Department Scans	6,193	5,343	-850	-14%
4	Other Non-Hospital Providers' Scans (A)	1,717	1,740	23	1%
	Total CT Scans	14,503	14,658	155	1%
B. MRI Scans (A)					
1	Inpatient Scans	429	389	-40	-9%
2	Outpatient Scans (Excluding Emergency Department Scans)	335	449	114	34%
3	Emergency Department Scans	86	119	33	38%
4	Other Non-Hospital Providers' Scans (A)	5,584	5,523	-61	-1%
	Total MRI Scans	6,434	6,480	46	1%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	60	57	-3	-5%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	377	311	-66	-18%
	Total PET Scans	437	368	-69	-16%
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	63	67	4	6%
2	Outpatient Procedures	4,649	4,439	-210	-5%
	Total Linear Accelerator Procedures	4,712	4,506	-206	-4%
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	1,245	1,270	25	2%
2	Outpatient Surgical Procedures	2,786	2,755	-31	-1%
	Total Surgical Procedures	4,031	4,025	-6	0%
J. Endoscopy Procedures					

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	336	335	-1	0%
2	Outpatient Endoscopy Procedures	690	616	-74	-11%
	Total Endoscopy Procedures	1,026	951	-75	-7%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	4,589	5,055	466	10%
2	Emergency Room Visits: Treated and Discharged	34,004	34,480	476	1%
	Total Emergency Room Visits	38,593	39,535	942	2%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	4,282	4,618	336	8%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	31,902	32,937	1,035	3%
4	Medical Clinic Visits	11,519	14,385	2,866	25%
5	Specialty Clinic Visits	9,446	17,730	8,284	88%
	Total Hospital Clinic Visits	57,149	69,670	12,521	22%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	3,807	5,938	2,131	56%
2	Cardiology	3,529	3,381	-148	-4%
3	Chemotherapy	194	139	-55	-28%
4	Gastroenterology	1,204	1,049	-155	-13%
5	Other Outpatient Visits	108,910	116,646	7,736	7%
	Total Other Hospital Outpatient Visits	117,644	127,153	9,509	8%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	286.9	295.3	8.4	3%
2	Total Physician FTEs	24.1	26.3	2.2	9%
3	Total Non-Nursing and Non-Physician FTEs	402.2	422.7	20.5	5%
	Total Hospital Full Time Equivalent Employees	713.2	744.3	31.1	4%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Charlotte Hungerford Hospital	2,786	2,755	-31	-1%
	Total Outpatient Surgical Procedures(A)	2,786	2,755	-31	-1%
B. Outpatient Endoscopy Procedures					
1	Charlotte Hungerford Hospital	690	616	-74	-11%
	Total Outpatient Endoscopy Procedures(B)	690	616	-74	-11%
C. Outpatient Hospital Emergency Room Visits					
1	Charlotte Hungerford Hospital	27,446	28,141	695	3%
2	HEMC	6,558	6,339	-219	-3%
	Total Outpatient Hospital Emergency Room Visits(C)	34,004	34,480	476	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 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$48,768,258	\$53,129,823	\$4,361,565	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,003,580	\$33,689,093	\$685,513	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	67.67%	63.41%	-4.27%	-6%
4	DISCHARGES	3,371	3,532	161	5%
5	CASE MIX INDEX (CMI)	1.42220	1.40620	(0.01600)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,794,23620	4,966,69840	172,46220	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,884.01	\$6,783.00	(\$101.02)	-1%
8	PATIENT DAYS	16,250	16,720	470	3%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,030.99	\$2,014.90	(\$16.09)	-1%
10	AVERAGE LENGTH OF STAY	4.8	4.7	(0.1)	-2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$35,241,741	\$41,186,063	\$5,944,322	17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$15,426,549	\$17,053,020	\$1,626,471	11%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	43.77%	41.40%	-2.37%	-5%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	72.26%	77.52%	5.26%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,436.00887	2,737.99471	301.98585	12%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,332.71	\$6,228.29	(\$104.43)	-2%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$84,009,999	\$94,315,886	\$10,305,887	12%
18	TOTAL ACCRUED PAYMENTS	\$48,430,129	\$50,742,113	\$2,311,984	5%
19	TOTAL ALLOWANCES	\$35,579,870	\$43,573,773	\$7,993,903	22%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$20,138,494	\$21,306,354	\$1,167,860	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,808,822	\$14,960,400	\$1,151,578	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	68.57%	70.22%	1.65%	2%
4	DISCHARGES	1,900	1,747	(153)	-8%
5	CASE MIX INDEX (CMI)	1.11430	1.15440	0.04010	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,117.17000	2,016.73680	(100.43320)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,522.30	\$7,418.12	\$895.82	14%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$361.71	(\$635.13)	(\$996.84)	-276%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$765,802	(\$1,280,883)	(\$2,046,685)	-267%
10	PATIENT DAYS	6,459	5,836	(623)	-10%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,137.92	\$2,563.47	\$425.55	20%
12	AVERAGE LENGTH OF STAY	3.4	3.3	(0.1)	-2%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$48,868,395	\$53,354,049	\$4,485,654	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$24,661,146	\$26,193,455	\$1,532,309	6%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	50.46%	49.09%	-1.37%	-3%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	242.66%	250.41%	7.75%	3%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,610.57071	4,374.72895	(235.84176)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,348.83	\$5,987.45	\$638.62	12%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	\$983.89	\$240.84	(\$743.05)	-76%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,536,283	\$1,053,617	(\$3,482,665)	-77%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$69,006,889	\$74,660,403	\$5,653,514	8%
22	TOTAL ACCRUED PAYMENTS	\$38,469,968	\$41,153,855	\$2,683,887	7%
23	TOTAL ALLOWANCES	\$30,536,921	\$33,506,548	\$2,969,627	10%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,302,084	(\$227,266)	(\$5,529,350)	-104%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$69,006,889	\$74,660,403	\$5,653,514	8%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$42,222,944	\$44,992,732	\$2,769,788	7%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,783,945	\$29,667,671	\$2,883,726	11%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.81%	39.74%	0.92%	

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,088,411	\$925,266	(\$163,145)	-15%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$275,446	\$263,226	(\$12,220)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	25.31%	28.45%	3.14%	12%
4	DISCHARGES	155	90	(65)	-42%
5	CASE MIX INDEX (CMI)	0.97220	0.97450	0.00230	0%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	150.69100	87.70500	(62.98600)	-42%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,827.89	\$3,001.27	\$1,173.38	64%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$4,694.42	\$4,416.86	(\$277.56)	-6%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,056.13	\$3,781.73	(\$1,274.40)	-25%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$761,913	\$331,677	(\$430,236)	-56%
11	PATIENT DAYS	729	352	(377)	-52%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$377.84	\$747.80	\$369.96	98%
13	AVERAGE LENGTH OF STAY	4.7	3.9	(0.8)	-17%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,745,209	\$4,234,743	\$489,534	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$947,806	\$1,204,728	\$256,922	27%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	25.31%	28.45%	3.14%	12%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	344.10%	457.68%	113.58%	33%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	533.35311	411.91060	(121.44252)	-23%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,777.07	\$2,924.73	\$1,147.66	65%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$3,571.76	\$3,062.71	(\$509.04)	-14%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,555.64	\$3,303.56	(\$1,252.09)	-27%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,429,767	\$1,360,770	(\$1,068,997)	-44%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$4,833,620	\$5,160,009	\$326,389	7%
24	TOTAL ACCRUED PAYMENTS	\$1,223,252	\$1,467,954	\$244,702	20%
25	TOTAL ALLOWANCES	\$3,610,368	\$3,692,055	\$81,687	2%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,191,680	\$1,692,447	(\$1,499,233)	-47%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$9,213,369	\$12,062,026	\$2,848,657	31%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,383,899	\$5,550,692	\$1,166,793	27%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.58%	46.02%	-1.56%	-3%
4	DISCHARGES	935	1,192	257	27%
5	CASE MIX INDEX (CMI)	0.85990	0.97260	0.11270	13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	804.00650	1,159.33920	355.33270	44%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,452.57	\$4,787.81	(\$664.76)	-12%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,069.74	\$2,630.32	\$1,560.58	146%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,431.45	\$1,995.19	\$563.74	39%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,150,891	\$2,313,101	\$1,162,209	101%
11	PATIENT DAYS	3,996	4,733	737	18%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,097.07	\$1,172.76	\$75.69	7%
13	AVERAGE LENGTH OF STAY	4.3	4.0	(0.3)	-7%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,698,664	\$26,479,666	\$7,781,002	42%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$6,677,053	\$9,301,957	\$2,624,904	39%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.71%	35.13%	-0.58%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	202.95%	219.53%	16.58%	8%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,897.59586	2,616.78775	719.19189	38%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,518.69	\$3,554.72	\$36.03	1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$1,830.14	\$2,432.72	\$602.59	33%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,814.02	\$2,673.56	(\$140.46)	-5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,339,880	\$6,996,151	\$1,656,271	31%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$27,912,033	\$38,541,692	\$10,629,659	38%
24	TOTAL ACCRUED PAYMENTS	\$11,060,952	\$14,852,649	\$3,791,697	34%
25	TOTAL ALLOWANCES	\$16,851,081	\$23,689,043	\$6,837,962	41%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,490,772	\$9,309,252	\$2,818,480	43%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$2,283,988	\$89,344	(\$2,194,644)	-96%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$1,000,775	\$33,957	(\$966,818)	-97%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.82%	38.01%	-5.81%	-13%
4	DISCHARGES	198	8	(190)	-96%
5	CASE MIX INDEX (CMI)	0.99150	1.06700	0.07550	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	196.31700	8.53600	(187.78100)	-96%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,097.75	\$3,978.09	(\$1,119.66)	-22%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$1,424.55	\$3,440.03	\$2,015.48	141%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,786.26	\$2,804.90	\$1,018.64	57%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$350,674	\$23,943	(\$326,731)	-93%
11	PATIENT DAYS	1,061	24	(1,037)	-98%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$943.24	\$1,414.88	\$471.64	50%
13	AVERAGE LENGTH OF STAY	5.4	3.0	(2.4)	-44%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,954,703	\$143,655	(\$3,811,048)	-96%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$1,155,191	\$33,912	(\$1,121,279)	-97%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	29.21%	23.61%	-5.60%	-19%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	173.15%	160.79%	-12.36%	-7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	342.83507	12.86309	(329.97198)	-96%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,369.52	\$2,636.38	(\$733.14)	-22%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$1,979.30	\$3,351.07	\$1,371.76	69%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,963.19	\$3,591.91	\$628.72	21%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,015,886	\$46,203	(\$969,683)	-95%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$6,238,691	\$232,999	(\$6,005,692)	-96%
24	TOTAL ACCRUED PAYMENTS	\$2,155,966	\$67,869	(\$2,088,097)	-97%
25	TOTAL ALLOWANCES	\$4,082,725	\$165,130	(\$3,917,595)	-96%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,366,559	\$70,146	(\$1,296,414)	-95%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$11,497,357	\$12,151,370	\$654,013	6%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,384,674	\$5,584,649	\$199,975	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.83%	45.96%	-0.88%	-2%
4	DISCHARGES	1,133	1,200	67	6%
5	CASE MIX INDEX (CMI)	0.88290	0.97323	0.09033	10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,000.32350	1,167.87520	167.55170	17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,382.93	\$4,781.89	(\$601.04)	-11%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,139.37	\$2,636.23	\$1,496.86	131%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,501.08	\$2,001.11	\$500.03	33%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,501,565	\$2,337,043	\$835,478	56%
11	PATIENT DAYS	5,057	4,757	(300)	-6%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,064.80	\$1,173.99	\$109.19	10%
13	AVERAGE LENGTH OF STAY	4.5	4.0	(0.5)	-11%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$22,653,367	\$26,623,321	\$3,969,954	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,832,244	\$9,335,869	\$1,503,625	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.57%	35.07%	0.49%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.03%	219.10%	22.07%	11%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,240.43093	2,629.65084	389.21991	17%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,495.86	\$3,550.23	\$54.37	2%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$1,852.96	\$2,437.21	\$584.25	32%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,836.85	\$2,678.06	(\$158.79)	-6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,355,766	\$7,042,354	\$686,588	11%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$34,150,724	\$38,774,691	\$4,623,967	14%
24	TOTAL ACCRUED PAYMENTS	\$13,216,918	\$14,920,518	\$1,703,600	13%
25	TOTAL ALLOWANCES	\$20,933,806	\$23,854,173	\$2,920,367	14%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$675,700	\$436,042	(\$239,658)	-35%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$274,836	\$257,522	(\$17,314)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	40.67%	59.06%	18.38%	45%
4	DISCHARGES	34	33	(1)	-3%
5	CASE MIX INDEX (CMI)	1.20070	1.15050	(0.05020)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	40.82380	37.96650	(2.85730)	-7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,732.25	\$6,782.87	\$50.63	1%
8	PATIENT DAYS	213	112	(101)	-47%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,290.31	\$2,299.30	\$1,008.99	78%
10	AVERAGE LENGTH OF STAY	6.3	3.4	(2.9)	-46%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$379,494	\$442,575	\$63,081	17%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$156,734	\$201,704	\$44,970	29%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,055,194	\$878,617	(\$176,577)	-17%
14	TOTAL ACCRUED PAYMENTS	\$431,570	\$459,226	\$27,656	6%
15	TOTAL ALLOWANCES	\$623,624	\$419,391	(\$204,233)	-33%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$5,277,783	\$4,949,386	(\$328,397)	-6%
2	TOTAL OPERATING EXPENSES	\$108,897,163	\$113,880,767	\$4,983,604	5%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$616,056	\$0	(\$616,056)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,421,695	\$1,726,098	\$304,403	21%
5	BAD DEBTS (CHARGES)	\$2,413,649	\$2,129,955	(\$283,694)	-12%
6	UNCOMPENSATED CARE (CHARGES)	\$3,835,344	\$3,856,053	\$20,709	1%
7	COST OF UNCOMPENSATED CARE	\$2,059,715	\$1,982,435	(\$77,280)	-4%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$34,150,724	\$38,774,691	\$4,623,967	14%
9	TOTAL ACCRUED PAYMENTS	\$13,216,918	\$14,920,518	\$1,703,600	13%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$18,340,141	\$19,934,452	\$1,594,311	9%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,123,223	\$5,013,934	(\$109,289)	-2%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$81,079,809	\$87,023,589	\$5,943,780	7%
2	TOTAL INPATIENT PAYMENTS	\$52,471,912	\$54,491,664	\$2,019,752	4%
3	TOTAL INPATIENT PAYMENTS / CHARGES	64.72%	62.62%	-2.10%	-3%
4	TOTAL DISCHARGES	6,438	6,512	74	1%
5	TOTAL CASE MIX INDEX	1.23525	1.25757	0.02231	2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	7,952.55350	8,189.27690	236.72340	3%
7	TOTAL OUTPATIENT CHARGES	\$107,142,997	\$121,606,008	\$14,463,011	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	132.15%	139.74%	7.59%	6%
9	TOTAL OUTPATIENT PAYMENTS	\$48,076,673	\$52,784,048	\$4,707,375	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.87%	43.41%	-1.47%	-3%
11	TOTAL CHARGES	\$188,222,806	\$208,629,597	\$20,406,791	11%
12	TOTAL PAYMENTS	\$100,548,585	\$107,275,712	\$6,727,127	7%
13	TOTAL PAYMENTS / TOTAL CHARGES	53.42%	51.42%	-2.00%	-4%
14	PATIENT DAYS	27,979	27,425	(554)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$60,941,315	\$65,717,235	\$4,775,920	8%
2	INPATIENT PAYMENTS	\$38,663,090	\$39,531,264	\$868,174	2%
3	GOVT. INPATIENT PAYMENTS / CHARGES	63.44%	60.15%	-3.29%	-5%
4	DISCHARGES	4,538	4,765	227	5%
5	CASE MIX INDEX	1.28589	1.29539	0.00950	1%
6	CASE MIX ADJUSTED DISCHARGES	5,835.38350	6,172.54010	337.15660	6%
7	OUTPATIENT CHARGES	\$58,274,602	\$68,251,959	\$9,977,357	17%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	95.62%	103.86%	8.23%	9%
9	OUTPATIENT PAYMENTS	\$23,415,527	\$26,590,593	\$3,175,066	14%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.18%	38.96%	-1.22%	-3%
11	TOTAL CHARGES	\$119,215,917	\$133,969,194	\$14,753,277	12%
12	TOTAL PAYMENTS	\$62,078,617	\$66,121,857	\$4,043,240	7%
13	TOTAL PAYMENTS / CHARGES	52.07%	49.36%	-2.72%	-5%
14	PATIENT DAYS	21,520	21,589	69	0%
15	TOTAL GOVERNMENT DEDUCTIONS	\$57,137,300	\$67,847,337	\$10,710,037	19%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.8	4.7	(0.1)	-2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.3	(0.1)	-2%
3	UNINSURED	4.7	3.9	(0.8)	-17%
4	MEDICAID	4.3	4.0	(0.3)	-7%
5	OTHER MEDICAL ASSISTANCE	5.4	3.0	(2.4)	-44%
6	CHAMPUS / TRICARE	6.3	3.4	(2.9)	-46%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)	-3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$188,222,806	\$208,629,597	\$20,406,791	11%
2	TOTAL GOVERNMENT DEDUCTIONS	\$57,137,300	\$67,847,337	\$10,710,037	19%
3	UNCOMPENSATED CARE	\$3,835,344	\$3,856,053	\$20,709	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,783,945	\$29,667,671	\$2,883,726	11%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$87,756,589	\$101,371,061	\$13,614,472	16%
7	TOTAL ACCRUED PAYMENTS	\$100,466,217	\$107,258,536	\$6,792,319	7%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$616,056	\$0	(\$616,056)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$101,082,273	\$107,258,536	\$6,176,263	6%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5370352039	0.5141098748	(0.0229253291)	-4%
11	COST OF UNCOMPENSATED CARE	\$2,059,715	\$1,982,435	(\$77,280)	-4%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,123,223	\$5,013,934	(\$109,289)	-2%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$7,182,938	\$6,996,368	(\$186,569)	-3%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$5,339,880	\$6,996,151	\$1,656,271	31%
2	OTHER MEDICAL ASSISTANCE	\$1,366,559	\$70,146	(\$1,296,414)	-95%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,191,680	\$1,692,447	(\$1,499,233)	-47%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,898,119	\$8,758,743	(\$1,139,376)	-12%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$2,029,009	\$2,304,005	\$274,996	13.55%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$103,193,652	\$109,579,717	\$6,386,065	6.19%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$188,222,806	\$208,629,597	\$20,406,791	10.84%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,835,344	\$3,856,053	\$20,709	0.54%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$20,138,494	\$21,306,354	\$1,167,860
2	MEDICARE	\$48,768,258	53,129,823	\$4,361,565
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,497,357	12,151,370	\$654,013
4	MEDICAID	\$9,213,369	12,062,026	\$2,848,657
5	OTHER MEDICAL ASSISTANCE	\$2,283,988	89,344	(\$2,194,644)
6	CHAMPUS / TRICARE	\$675,700	436,042	(\$239,658)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,088,411	925,266	(\$163,145)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$60,941,315	\$65,717,235	\$4,775,920
	TOTAL INPATIENT CHARGES	\$81,079,809	\$87,023,589	\$5,943,780
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$48,868,395	\$53,354,049	\$4,485,654
2	MEDICARE	\$35,241,741	41,186,063	\$5,944,322
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$22,653,367	26,623,321	\$3,969,954
4	MEDICAID	\$18,698,664	26,479,666	\$7,781,002
5	OTHER MEDICAL ASSISTANCE	\$3,954,703	143,655	(\$3,811,048)
6	CHAMPUS / TRICARE	\$379,494	442,575	\$63,081
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,745,209	4,234,743	\$489,534
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$58,274,602	\$68,251,959	\$9,977,357
	TOTAL OUTPATIENT CHARGES	\$107,142,997	\$121,606,008	\$14,463,011
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$69,006,889	\$74,660,403	\$5,653,514
2	TOTAL MEDICARE	\$84,009,999	\$94,315,886	\$10,305,887
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$34,150,724	\$38,774,691	\$4,623,967
4	TOTAL MEDICAID	\$27,912,033	\$38,541,692	\$10,629,659
5	TOTAL OTHER MEDICAL ASSISTANCE	\$6,238,691	\$232,999	(\$6,005,692)
6	TOTAL CHAMPUS / TRICARE	\$1,055,194	\$878,617	(\$176,577)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,833,620	\$5,160,009	\$326,389
	TOTAL GOVERNMENT CHARGES	\$119,215,917	\$133,969,194	\$14,753,277
	TOTAL CHARGES	\$188,222,806	\$208,629,597	\$20,406,791
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,808,822	\$14,960,400	\$1,151,578
2	MEDICARE	\$33,003,580	33,689,093	\$685,513
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,384,674	5,584,649	\$199,975
4	MEDICAID	\$4,383,899	5,550,692	\$1,166,793
5	OTHER MEDICAL ASSISTANCE	\$1,000,775	33,957	(\$966,818)
6	CHAMPUS / TRICARE	\$274,836	257,522	(\$17,314)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$275,446	263,226	(\$12,220)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$38,663,090	\$39,531,264	\$868,174
	TOTAL INPATIENT PAYMENTS	\$52,471,912	\$54,491,664	\$2,019,752
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,661,146	\$26,193,455	\$1,532,309
2	MEDICARE	\$15,426,549	17,053,020	\$1,626,471
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,832,244	9,335,869	\$1,503,625
4	MEDICAID	\$6,677,053	9,301,957	\$2,624,904
5	OTHER MEDICAL ASSISTANCE	\$1,155,191	33,912	(\$1,121,279)
6	CHAMPUS / TRICARE	\$156,734	201,704	\$44,970
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$947,806	1,204,728	\$256,922
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$23,415,527	\$26,590,593	\$3,175,066
	TOTAL OUTPATIENT PAYMENTS	\$48,076,673	\$52,784,048	\$4,707,375
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,469,968	\$41,153,855	\$2,683,887
2	TOTAL MEDICARE	\$48,430,129	\$50,742,113	\$2,311,984
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$13,216,918	\$14,920,518	\$1,703,600
4	TOTAL MEDICAID	\$11,060,952	\$14,852,649	\$3,791,697
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,155,966	\$67,869	(\$2,088,097)
6	TOTAL CHAMPUS / TRICARE	\$431,570	\$459,226	\$27,656
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,223,252	\$1,467,954	\$244,702
	TOTAL GOVERNMENT PAYMENTS	\$62,078,617	\$66,121,857	\$4,043,240
	TOTAL PAYMENTS	\$100,548,585	\$107,275,712	\$6,727,127

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.70%	10.21%	-0.49%
2	MEDICARE	25.91%	25.47%	-0.44%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.11%	5.82%	-0.28%
4	MEDICAID	4.89%	5.78%	0.89%
5	OTHER MEDICAL ASSISTANCE	1.21%	0.04%	-1.17%
6	CHAMPUS / TRICARE	0.36%	0.21%	-0.15%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.58%	0.44%	-0.13%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	32.38%	31.50%	-0.88%
	TOTAL INPATIENT PAYER MIX	43.08%	41.71%	-1.36%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.96%	25.57%	-0.39%
2	MEDICARE	18.72%	19.74%	1.02%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12.04%	12.76%	0.73%
4	MEDICAID	9.93%	12.69%	2.76%
5	OTHER MEDICAL ASSISTANCE	2.10%	0.07%	-2.03%
6	CHAMPUS / TRICARE	0.20%	0.21%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.99%	2.03%	0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	30.96%	32.71%	1.75%
	TOTAL OUTPATIENT PAYER MIX	56.92%	58.29%	1.36%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	13.73%	13.95%	0.21%
2	MEDICARE	32.82%	31.40%	-1.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.36%	5.21%	-0.15%
4	MEDICAID	4.36%	5.17%	0.81%
5	OTHER MEDICAL ASSISTANCE	1.00%	0.03%	-0.96%
6	CHAMPUS / TRICARE	0.27%	0.24%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.27%	0.25%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	38.45%	36.85%	-1.60%
	TOTAL INPATIENT PAYER MIX	52.19%	50.80%	-1.39%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	24.53%	24.42%	-0.11%
2	MEDICARE	15.34%	15.90%	0.55%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.79%	8.70%	0.91%
4	MEDICAID	6.64%	8.67%	2.03%
5	OTHER MEDICAL ASSISTANCE	1.15%	0.03%	-1.12%
6	CHAMPUS / TRICARE	0.16%	0.19%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.94%	1.12%	0.18%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	23.29%	24.79%	1.50%
	TOTAL OUTPATIENT PAYER MIX	47.81%	49.20%	1.39%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,900	1,747	(153)
2	MEDICARE	3,371	3,532	161
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,133	1,200	67
4	MEDICAID	935	1,192	257
5	OTHER MEDICAL ASSISTANCE	198	8	(190)
6	CHAMPUS / TRICARE	34	33	(1)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	155	90	(65)
	TOTAL GOVERNMENT DISCHARGES	4,538	4,765	227
	TOTAL DISCHARGES	6,438	6,512	74
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,459	5,836	(623)
2	MEDICARE	16,250	16,720	470
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,057	4,757	(300)
4	MEDICAID	3,996	4,733	737
5	OTHER MEDICAL ASSISTANCE	1,061	24	(1,037)
6	CHAMPUS / TRICARE	213	112	(101)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	729	352	(377)
	TOTAL GOVERNMENT PATIENT DAYS	21,520	21,589	69
	TOTAL PATIENT DAYS	27,979	27,425	(554)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.3	(0.1)
2	MEDICARE	4.8	4.7	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.5	4.0	(0.5)
4	MEDICAID	4.3	4.0	(0.3)
5	OTHER MEDICAL ASSISTANCE	5.4	3.0	(2.4)
6	CHAMPUS / TRICARE	6.3	3.4	(2.9)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.7	3.9	(0.8)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.7	4.5	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.11430	1.15440	0.04010
2	MEDICARE	1.42220	1.40620	(0.01600)
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.88290	0.97323	0.09033
4	MEDICAID	0.85990	0.97260	0.11270
5	OTHER MEDICAL ASSISTANCE	0.99150	1.06700	0.07550
6	CHAMPUS / TRICARE	1.20070	1.15050	(0.05020)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97220	0.97450	0.00230
	TOTAL GOVERNMENT CASE MIX INDEX	1.28589	1.29539	0.00950
	TOTAL CASE MIX INDEX	1.23525	1.25757	0.02231
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$69,006,889	\$74,660,403	\$5,653,514
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$42,222,944	\$44,992,732	\$2,769,788
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,783,945	\$29,667,671	\$2,883,726
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	38.81%	39.74%	0.92%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$616,056	\$0	(\$616,056)
8	CHARITY CARE	\$1,421,695	\$1,726,098	\$304,403
9	BAD DEBTS	\$2,413,649	\$2,129,955	(\$283,694)
10	TOTAL UNCOMPENSATED CARE	\$3,835,344	\$3,856,053	\$20,709
11	TOTAL OTHER OPERATING REVENUE	\$69,006,889	\$74,660,403	\$5,653,514
12	TOTAL OPERATING EXPENSES	\$108,897,163	\$113,880,767	\$4,983,604

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,117.17000	2,016.73680	(100.43320)
2	MEDICARE	4,794.23620	4,966.69840	172.46220
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,000.32350	1,167.87520	167.55170
4	MEDICAID	804.00650	1,159.33920	355.33270
5	OTHER MEDICAL ASSISTANCE	196.31700	8.53600	(187.78100)
6	CHAMPUS / TRICARE	40.82380	37.96650	(2.85730)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	150.69100	87.70500	(62.98600)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,835.38350	6,172.54010	337.15660
	TOTAL CASE MIX ADJUSTED DISCHARGES	7,952.55350	8,189.27690	236.72340
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,610.57071	4,374.72895	-235.84176
2	MEDICARE	2,436.00887	2,737.99471	301.98585
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,240.43093	2,629.65084	389.21991
4	MEDICAID	1,897.59586	2,616.78775	719.19189
5	OTHER MEDICAL ASSISTANCE	342.83507	12.86309	-329.97198
6	CHAMPUS / TRICARE	19.09545	33.49442	14.39897
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	533.35311	411.91060	-121.44252
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,695.53525	5,401.13998	705.60473
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	9,306.10595	9,775.86892	469.76297
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,522.30	\$7,418.12	\$895.82
2	MEDICARE	\$6,884.01	\$6,783.00	(\$101.02)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,382.93	\$4,781.89	(\$601.04)
4	MEDICAID	\$5,452.57	\$4,787.81	(\$664.76)
5	OTHER MEDICAL ASSISTANCE	\$5,097.75	\$3,978.09	(\$1,119.66)
6	CHAMPUS / TRICARE	\$6,732.25	\$6,782.87	\$50.63
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,827.89	\$3,001.27	\$1,173.38
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,625.63	\$6,404.38	(\$221.25)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,598.12	\$6,654.03	\$55.91
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,348.83	\$5,987.45	\$638.62
2	MEDICARE	\$6,332.71	\$6,228.29	(\$104.43)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,495.86	\$3,550.23	\$54.37
4	MEDICAID	\$3,518.69	\$3,554.72	\$36.03
5	OTHER MEDICAL ASSISTANCE	\$3,369.52	\$2,636.38	(\$733.14)
6	CHAMPUS / TRICARE	\$8,207.92	\$6,022.02	(\$2,185.91)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,777.07	\$2,924.73	\$1,147.66
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,986.76	\$4,923.14	(\$63.62)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,166.14	\$5,399.42	\$233.28

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$5,339,880	\$6,996,151	\$1,656,271
2	OTHER MEDICAL ASSISTANCE	\$1,366,559	\$70,146	(\$1,296,414)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,191,680	\$1,692,447	(\$1,499,233)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$9,898,119	\$8,758,743	(\$1,139,376)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$188,222,806	\$208,629,597	\$20,406,791
2	TOTAL GOVERNMENT DEDUCTIONS	\$57,137,300	\$67,847,337	\$10,710,037
3	UNCOMPENSATED CARE	\$3,835,344	\$3,856,053	\$20,709
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$26,783,945	\$29,667,671	\$2,883,726
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$87,756,589	\$101,371,061	\$13,614,472
7	TOTAL ACCRUED PAYMENTS	\$100,466,217	\$107,258,536	\$6,792,319
8	UCP DSH PAYMENTS (OHCA INPUT)	\$616,056	\$0	(\$616,056)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$101,082,273	\$107,258,536	\$6,176,263
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5370352039	0.5141098748	(0.0229253291)
11	COST OF UNCOMPENSATED CARE	\$2,059,715	\$1,982,435	(\$77,280)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$5,123,223	\$5,013,934	(\$109,289)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$7,182,938	\$6,996,368	(\$186,569)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	68.57%	70.22%	1.65%
2	MEDICARE	67.67%	63.41%	-4.27%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	46.83%	45.96%	-0.88%
4	MEDICAID	47.58%	46.02%	-1.56%
5	OTHER MEDICAL ASSISTANCE	43.82%	38.01%	-5.81%
6	CHAMPUS / TRICARE	40.67%	59.06%	18.38%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25.31%	28.45%	3.14%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	63.44%	60.15%	-3.29%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	64.72%	62.62%	-2.10%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	50.46%	49.09%	-1.37%
2	MEDICARE	43.77%	41.40%	-2.37%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34.57%	35.07%	0.49%
4	MEDICAID	35.71%	35.13%	-0.58%
5	OTHER MEDICAL ASSISTANCE	29.21%	23.61%	-5.60%
6	CHAMPUS / TRICARE	41.30%	45.58%	4.27%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	25.31%	28.45%	3.14%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	40.18%	38.96%	-1.22%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	44.87%	43.41%	-1.47%

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$100,548,585	\$107,275,712	\$6,727,127
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$616,056	\$0	(\$616,056)
	OHCA DEFINED NET REVENUE	\$101,164,641	\$107,275,712	\$6,111,071
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,029,009	\$2,304,005	\$274,996
4	CALCULATED NET REVENUE	\$103,193,650	\$109,579,717	\$6,386,067
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$103,193,652	\$109,579,717	\$6,386,065
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)	\$0	\$2
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$188,222,806	\$208,629,597	\$20,406,791
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$188,222,806	\$208,629,597	\$20,406,791
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$188,222,806	\$208,629,597	\$20,406,791
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$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	\$3,856,053	\$20,709
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,835,344	\$3,856,053	\$20,709
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,835,344	\$3,856,053	\$20,709
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,306,354
2	MEDICARE	53,129,823
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	12,151,370
4	MEDICAID	12,062,026
5	OTHER MEDICAL ASSISTANCE	89,344
6	CHAMPUS / TRICARE	436,042
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	925,266
	TOTAL INPATIENT GOVERNMENT CHARGES	\$65,717,235
	TOTAL INPATIENT CHARGES	\$87,023,589
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$53,354,049
2	MEDICARE	41,186,063
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	26,623,321
4	MEDICAID	26,479,666
5	OTHER MEDICAL ASSISTANCE	143,655
6	CHAMPUS / TRICARE	442,575
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,234,743
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$68,251,959
	TOTAL OUTPATIENT CHARGES	\$121,606,008
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$74,660,403
2	TOTAL GOVERNMENT ACCRUED CHARGES	133,969,194
	TOTAL ACCRUED CHARGES	\$208,629,597
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$14,960,400
2	MEDICARE	33,689,093
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,584,649
4	MEDICAID	5,550,692
5	OTHER MEDICAL ASSISTANCE	33,957
6	CHAMPUS / TRICARE	257,522
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	263,226
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$39,531,264
	TOTAL INPATIENT PAYMENTS	\$54,491,664
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$26,193,455
2	MEDICARE	17,053,020
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,335,869
4	MEDICAID	9,301,957
5	OTHER MEDICAL ASSISTANCE	33,912
6	CHAMPUS / TRICARE	201,704
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,204,728
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$26,590,593
	TOTAL OUTPATIENT PAYMENTS	\$52,784,048
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$41,153,855
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	66,121,857
	TOTAL ACCRUED PAYMENTS	\$107,275,712

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,747
2	MEDICARE	3,532
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,200
4	MEDICAID	1,192
5	OTHER MEDICAL ASSISTANCE	8
6	CHAMPUS / TRICARE	33
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	90
	TOTAL GOVERNMENT DISCHARGES	4,765
	TOTAL DISCHARGES	6,512
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.15440
2	MEDICARE	1.40620
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.97323
4	MEDICAID	0.97260
5	OTHER MEDICAL ASSISTANCE	1.06700
6	CHAMPUS / TRICARE	1.15050
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.97450
	TOTAL GOVERNMENT CASE MIX INDEX	1.29539
	TOTAL CASE MIX INDEX	1.25757
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$74,660,403
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$44,992,732
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$29,667,671
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.74%
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)	\$0
8	CHARITY CARE	\$1,726,098
9	BAD DEBTS	\$2,129,955
10	TOTAL UNCOMPENSATED CARE	\$3,856,053
11	TOTAL OTHER OPERATING REVENUE	\$4,949,386
12	TOTAL OPERATING EXPENSES	\$113,880,767

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
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	\$107,275,712
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$107,275,712
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,304,005
	CALCULATED NET REVENUE	\$109,579,717
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$109,579,717
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$208,629,597
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$208,629,597
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$208,629,597
	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)	\$3,856,053
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,856,053
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,856,053
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	1,386	1,814	428	31%
2	Number of Approved Applicants	1,372	1,798	426	31%
3	Total Charges (A)	\$1,421,695	\$1,726,098	\$304,403	21%
4	Average Charges	\$1,036	\$960	(\$76)	-7%
5	Ratio of Cost to Charges (RCC)	0.551766	0.562774	0.011008	2%
6	Total Cost	\$784,443	\$971,403	\$186,960	24%
7	Average Cost	\$572	\$540	(\$31)	-6%
8	Charity Care - Inpatient Charges	\$505,854	\$505,905	\$51	0%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	610,378	566,888	(43,490)	-7%
10	Charity Care - Emergency Department Charges	305,463	653,305	347,842	114%
11	Total Charges (A)	\$1,421,695	\$1,726,098	\$304,403	21%
12	Charity Care - Number of Patient Days	233	191	(42)	-18%
13	Charity Care - Number of Discharges	40	55	15	38%
14	Charity Care - Number of Outpatient ED Visits	726	955	229	32%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	2,375	2,419	44	2%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$545,318	\$413,452	(\$131,866)	-24%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	715,603	664,078	(51,525)	-7%
3	Bad Debts - Emergency Department	1,152,728	1,052,425	(100,303)	-9%
4	Total Bad Debts (A)	\$2,413,649	\$2,129,955	(\$283,694)	-12%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,421,695	\$1,726,098	\$304,403	21%
2	Bad Debts (A)	2,413,649	2,129,955	(283,694)	-12%
3	Total Uncompensated Care (A)	\$3,835,344	\$3,856,053	\$20,709	1%
4	Uncompensated Care - Inpatient Services	\$1,051,172	\$919,357	(\$131,815)	-13%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,325,981	1,230,966	(95,015)	-7%
6	Uncompensated Care - Emergency Department	1,458,191	1,705,730	247,539	17%
7	Total Uncompensated Care (A)	\$3,835,344	\$3,856,053	\$20,709	1%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$79,078,482	\$81,079,809	\$87,023,589
2	Outpatient Gross Revenue	\$97,313,323	\$107,142,997	\$121,606,008
3	Total Gross Patient Revenue	\$176,391,805	\$188,222,806	\$208,629,597
4	Net Patient Revenue	\$95,678,590	\$103,193,652	\$109,579,717
B. Total Operating Expenses				
1	Total Operating Expense	\$100,402,359	\$108,897,163	\$113,880,767
C. Utilization Statistics				
1	Patient Days	28,581	27,979	27,425
2	Discharges	6,320	6,438	6,512
3	Average Length of Stay	4.5	4.3	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	63,753	64,952	65,748
0	Equivalent (Adjusted) Discharges (ED)	14,097	14,946	15,612
D. Case Mix Statistics				
1	Case Mix Index	1.21969	1.23525	1.25757
2	Case Mix Adjusted Patient Days (CMAPD)	34,860	34,561	34,489
3	Case Mix Adjusted Discharges (CMAD)	7,708	7,953	8,189
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	77,759	80,232	82,683
5	Case Mix Adjusted Equivalent Discharges (CMAED)	17,194	18,461	19,633
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$6,172	\$6,727	\$7,607
2	Total Gross Revenue per Discharge	\$27,910	\$29,236	\$32,038
3	Total Gross Revenue per EPD	\$2,767	\$2,898	\$3,173
4	Total Gross Revenue per ED	\$12,512	\$12,594	\$13,364
5	Total Gross Revenue per CMAEPD	\$2,268	\$2,346	\$2,523
6	Total Gross Revenue per CMAED	\$10,259	\$10,195	\$10,627
7	Inpatient Gross Revenue per EPD	\$1,240	\$1,248	\$1,324
8	Inpatient Gross Revenue per ED	\$5,609	\$5,425	\$5,574

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$3,348	\$3,688	\$3,996
2	Net Patient Revenue per Discharge	\$15,139	\$16,029	\$16,827
3	Net Patient Revenue per EPD	\$1,501	\$1,589	\$1,667
4	Net Patient Revenue per ED	\$6,787	\$6,905	\$7,019
5	Net Patient Revenue per CMAEPD	\$1,230	\$1,286	\$1,325
6	Net Patient Revenue per CMAED	\$5,565	\$5,590	\$5,581
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$3,513	\$3,892	\$4,152
2	Total Operating Expense per Discharge	\$15,886	\$16,915	\$17,488
3	Total Operating Expense per EPD	\$1,575	\$1,677	\$1,732
4	Total Operating Expense per ED	\$7,122	\$7,286	\$7,295
5	Total Operating Expense per CMAEPD	\$1,291	\$1,357	\$1,377
6	Total Operating Expense per CMAED	\$5,839	\$5,899	\$5,801
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$18,901,408	\$18,853,887	\$18,727,261
2	Nursing Fringe Benefits Expense	\$5,169,877	\$6,041,586	\$5,724,690
3	Total Nursing Salary and Fringe Benefits Expense	\$24,071,285	\$24,895,473	\$24,451,951
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$3,537,716	\$5,186,232	\$5,949,173
2	Physician Fringe Benefits Expense	\$967,629	\$1,661,889	\$1,818,588
3	Total Physician Salary and Fringe Benefits Expense	\$4,505,345	\$6,848,121	\$7,767,761
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$23,798,919	\$24,620,510	\$27,051,759
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$6,509,436	\$7,889,458	\$8,269,386
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$30,308,355	\$32,509,968	\$35,321,145
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$46,238,043	\$48,660,629	\$51,728,193
2	Total Fringe Benefits Expense	\$12,646,942	\$15,592,933	\$15,812,664
3	Total Salary and Fringe Benefits Expense	\$58,884,985	\$64,253,562	\$67,540,857

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	276.8	286.9	295.3
2	Total Physician FTEs	18.0	24.1	26.3
3	Total Non-Nursing, Non-Physician FTEs	390.0	402.2	422.7
4	Total Full Time Equivalent Employees (FTEs)	684.8	713.2	744.3
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$68,285	\$65,716	\$63,418
2	Nursing Fringe Benefits Expense per FTE	\$18,677	\$21,058	\$19,386
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$86,963	\$86,774	\$82,804
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$196,540	\$215,196	\$226,204
2	Physician Fringe Benefits Expense per FTE	\$53,757	\$68,958	\$69,148
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$250,297	\$284,154	\$295,352
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$61,023	\$61,215	\$63,998
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,691	\$19,616	\$19,563
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$77,714	\$80,830	\$83,561
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$67,521	\$68,229	\$69,499
2	Total Fringe Benefits Expense per FTE	\$18,468	\$21,863	\$21,245
3	Total Salary and Fringe Benefits Expense per FTE	\$85,989	\$90,092	\$90,744
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,060	\$2,296	\$2,463
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,317	\$9,980	\$10,372
3	Total Salary and Fringe Benefits Expense per EPD	\$924	\$989	\$1,027
4	Total Salary and Fringe Benefits Expense per ED	\$4,177	\$4,299	\$4,326
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$757	\$801	\$817
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,425	\$3,480	\$3,440