

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$5,598,887	\$6,634,923	\$1,036,036	19%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,732,468	\$12,967,655	(\$764,813)	-6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,969,907	\$2,014,584	\$44,677	2%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$1,624,373	\$1,629,999	\$5,626	0%
	Total Current Assets	\$22,925,635	\$23,247,161	\$321,526	1%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$23,198,753	\$23,907,921	\$709,168	3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$6,997,698	\$17,497,418	\$10,499,720	150%
	Total Noncurrent Assets Whose Use is Limited:	\$30,196,451	\$41,405,339	\$11,208,888	37%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$39,204,252	\$35,437,220	(\$3,767,032)	-10%
7	Other Noncurrent Assets	\$1,088,648	\$1,111,076	\$22,428	2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$160,046,200	\$166,430,158	\$6,383,958	4%
2	Less: Accumulated Depreciation	\$120,950,456	\$126,819,150	\$5,868,694	5%
	Property, Plant and Equipment, Net	\$39,095,744	\$39,611,008	\$515,264	1%
3	Construction in Progress	\$737,026	\$2,833,092	\$2,096,066	284%
	Total Net Fixed Assets	\$39,832,770	\$42,444,100	\$2,611,330	7%
	Total Assets	\$133,247,756	\$143,644,896	\$10,397,140	8%

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II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$8,062,260	\$7,390,496	(\$671,764)	-8%
2	Salaries, Wages and Payroll Taxes	\$4,471,292	\$4,912,249	\$440,957	10%
3	Due To Third Party Payers	\$2,797,659	\$4,408,534	\$1,610,875	58%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$650,000	\$650,000	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$531,004	\$543,860	\$12,856	2%
	Total Current Liabilities	\$15,862,215	\$17,905,139	\$2,042,924	13%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$12,025,000	\$12,025,000	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$12,025,000	\$12,025,000	0%
3	Accrued Pension Liability	\$42,419,641	\$53,813,088	\$11,393,447	27%
4	Other Long Term Liabilities	\$3,763,019	\$4,200,015	\$436,996	12%
	Total Long Term Liabilities	\$46,182,660	\$70,038,103	\$23,855,443	52%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$44,560,677	\$28,743,204	(\$15,817,473)	-35%
2	Temporarily Restricted Net Assets	\$3,245,317	\$2,893,733	(\$351,584)	-11%
3	Permanently Restricted Net Assets	\$23,396,887	\$24,064,717	\$667,830	3%
	Total Net Assets	\$71,202,881	\$55,701,654	(\$15,501,227)	-22%
	Total Liabilities and Net Assets	\$133,247,756	\$143,644,896	\$10,397,140	8%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$285,320,073	\$296,841,146	\$11,521,073	4%
2	Less: Allowances	\$167,576,462	\$179,568,931	\$11,992,469	7%
3	Less: Charity Care	\$1,613,966	\$1,946,786	\$332,820	21%
4	Less: Other Deductions	\$0	\$3,029,325	\$3,029,325	0%
	Total Net Patient Revenue	\$116,129,645	\$112,296,104	(\$3,833,541)	-3%
5	Provision for Bad Debts	\$2,393,914	\$2,054,040	(\$339,874)	-14%
	Net Patient Service Revenue less provision for bad debts	\$113,735,731	\$110,242,064	(\$3,493,667)	-3%
6	Other Operating Revenue	\$6,810,203	\$6,483,841	(\$326,362)	-5%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$120,545,934	\$116,725,905	(\$3,820,029)	-3%
B. Operating Expenses:					
1	Salaries and Wages	\$55,930,510	\$54,379,726	(\$1,550,784)	-3%
2	Fringe Benefits	\$14,254,316	\$13,950,695	(\$303,621)	-2%
3	Physicians Fees	\$5,593,737	\$8,379,952	\$2,786,215	50%
4	Supplies and Drugs	\$11,367,243	\$11,154,713	(\$212,530)	-2%
5	Depreciation and Amortization	\$5,917,387	\$6,335,613	\$418,226	7%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$0	\$0	\$0	0%
8	Malpractice Insurance Cost	\$2,090,487	\$1,462,421	(\$628,066)	-30%
9	Other Operating Expenses	\$26,825,571	\$27,839,055	\$1,013,484	4%
	Total Operating Expenses	\$121,979,251	\$123,502,175	\$1,522,924	1%
	Income/(Loss) From Operations	(\$1,433,317)	(\$6,776,270)	(\$5,342,953)	373%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,896,009	\$3,237,215	\$341,206	12%
2	Gifts, Contributions and Donations	\$323,460	\$434,158	\$110,698	34%
3	Other Non-Operating Gains/(Losses)	(\$258,757)	(\$1,710,045)	(\$1,451,288)	561%
	Total Non-Operating Revenue	\$2,960,712	\$1,961,328	(\$999,384)	-34%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,527,395	(\$4,814,942)	(\$6,342,337)	-415%
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	\$1,527,395	(\$4,814,942)	(\$6,342,337)	-415%
	Principal Payments	\$1	\$1	\$0	0%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$58,161,044	\$51,762,453	(\$6,398,591)	-11%
2	MEDICARE MANAGED CARE	\$11,410,624	\$11,380,469	(\$30,155)	0%
3	MEDICAID	\$15,900,445	\$17,819,504	\$1,919,059	12%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$435,255	\$493,068	\$57,813	13%
6	COMMERCIAL INSURANCE	\$2,444,616	\$3,483,928	\$1,039,312	43%
7	NON-GOVERNMENT MANAGED CARE	\$16,730,486	\$13,113,288	(\$3,617,198)	-22%
8	WORKER'S COMPENSATION	\$379,157	\$337,316	(\$41,841)	-11%
9	SELF- PAY/UNINSURED	\$692,425	\$544,594	(\$147,831)	-21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$261,193	\$90,751	(\$170,442)	-65%
	TOTAL INPATIENT GROSS REVENUE	\$106,415,245	\$99,025,371	(\$7,389,874)	-7%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$55,008,491	\$62,415,717	\$7,407,226	13%
2	MEDICARE MANAGED CARE	\$13,410,536	\$15,723,544	\$2,313,008	17%
3	MEDICAID	\$44,875,620	\$47,001,684	\$2,126,064	5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$584,223	\$1,454,123	\$869,900	149%
6	COMMERCIAL INSURANCE	\$8,683,869	\$13,744,077	\$5,060,208	58%
7	NON-GOVERNMENT MANAGED CARE	\$51,381,976	\$52,531,941	\$1,149,965	2%
8	WORKER'S COMPENSATION	\$1,326,734	\$1,161,656	(\$165,078)	-12%
9	SELF- PAY/UNINSURED	\$3,470,795	\$3,586,934	\$116,139	3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$162,584	\$196,099	\$33,515	21%
	TOTAL OUTPATIENT GROSS REVENUE	\$178,904,828	\$197,815,775	\$18,910,947	11%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$113,169,535	\$114,178,170	\$1,008,635	1%
2	MEDICARE MANAGED CARE	\$24,821,160	\$27,104,013	\$2,282,853	9%
3	MEDICAID	\$60,776,065	\$64,821,188	\$4,045,123	7%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,019,478	\$1,947,191	\$927,713	91%
6	COMMERCIAL INSURANCE	\$11,128,485	\$17,228,005	\$6,099,520	55%
7	NON-GOVERNMENT MANAGED CARE	\$68,112,462	\$65,645,229	(\$2,467,233)	-4%
8	WORKER'S COMPENSATION	\$1,705,891	\$1,498,972	(\$206,919)	-12%
9	SELF- PAY/UNINSURED	\$4,163,220	\$4,131,528	(\$31,692)	-1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$423,777	\$286,850	(\$136,927)	-32%
	TOTAL GROSS REVENUE	\$285,320,073	\$296,841,146	\$11,521,073	4%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$30,417,945	\$23,935,286	(\$6,482,659)	-21%
2	MEDICARE MANAGED CARE	\$5,967,701	\$5,262,401	(\$705,300)	-12%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$4,738,255	\$5,495,647	\$757,392	16%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$285,025	\$186,087	(\$98,938)	-35%
6	COMMERCIAL INSURANCE	\$1,614,910	\$2,300,205	\$685,295	42%
7	NON-GOVERNMENT MANAGED CARE	\$10,541,436	\$8,275,047	(\$2,266,389)	-21%
8	WORKER'S COMPENSATION	\$247,628	\$225,437	(\$22,191)	-9%
9	SELF- PAY/UNINSURED	\$111,960	\$107,072	(\$4,888)	-4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$54,327	\$27,988	(\$26,339)	-48%
	TOTAL INPATIENT NET REVENUE	\$53,979,187	\$45,815,170	(\$8,164,017)	-15%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$17,885,902	\$20,532,048	\$2,646,146	15%
2	MEDICARE MANAGED CARE	\$3,775,636	\$4,742,804	\$967,168	26%
3	MEDICAID	\$11,150,030	\$10,594,387	(\$555,643)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$232,518	\$372,140	\$139,622	60%
6	COMMERCIAL INSURANCE	\$4,684,262	\$5,795,084	\$1,110,822	24%
7	NON-GOVERNMENT MANAGED CARE	\$24,340,680	\$24,161,019	(\$179,661)	-1%
8	WORKER'S COMPENSATION	\$777,524	\$611,495	(\$166,029)	-21%
9	SELF- PAY/UNINSURED	\$561,204	\$705,221	\$144,017	26%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$18,747	\$30,800	\$12,053	64%
	TOTAL OUTPATIENT NET REVENUE	\$63,426,503	\$67,544,998	\$4,118,495	6%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$48,303,847	\$44,467,334	(\$3,836,513)	-8%
2	MEDICARE MANAGED CARE	\$9,743,337	\$10,005,205	\$261,868	3%
3	MEDICAID	\$15,888,285	\$16,090,034	\$201,749	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$517,543	\$558,227	\$40,684	8%
6	COMMERCIAL INSURANCE	\$6,299,172	\$8,095,289	\$1,796,117	29%
7	NON-GOVERNMENT MANAGED CARE	\$34,882,116	\$32,436,066	(\$2,446,050)	-7%
8	WORKER'S COMPENSATION	\$1,025,152	\$836,932	(\$188,220)	-18%
9	SELF- PAY/UNINSURED	\$673,164	\$812,293	\$139,129	21%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$73,074	\$58,788	(\$14,286)	-20%
	TOTAL NET REVENUE	\$117,405,690	\$113,360,168	(\$4,045,522)	-3%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,842	2,544	(298)	-10%
2	MEDICARE MANAGED CARE	521	498	(23)	-4%
3	MEDICAID	1,200	1,267	67	6%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	30	33	3	10%
6	COMMERCIAL INSURANCE	301	233	(68)	-23%
7	NON-GOVERNMENT MANAGED CARE	1,013	902	(111)	-11%
8	WORKER'S COMPENSATION	14	10	(4)	-29%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	102	64	(38)	-37%
10	SAGA	0	0	0	0%
11	OTHER	7	6	(1)	-14%
	TOTAL DISCHARGES	6,030	5,557	(473)	-8%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	13,982	11,688	(2,294)	-16%
2	MEDICARE MANAGED CARE	2,579	2,372	(207)	-8%
3	MEDICAID	4,475	4,886	411	9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	119	131	12	10%
6	COMMERCIAL INSURANCE	991	799	(192)	-19%
7	NON-GOVERNMENT MANAGED CARE	3,432	3,042	(390)	-11%
8	WORKER'S COMPENSATION	41	31	(10)	-24%
9	SELF- PAY/UNINSURED	394	267	(127)	-32%
10	SAGA	0	0	0	0%
11	OTHER	51	31	(20)	-39%
	TOTAL PATIENT DAYS	26,064	23,247	(2,817)	-11%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	73,639	76,002	2,363	3%
2	MEDICARE MANAGED CARE	17,629	20,270	2,641	15%
3	MEDICAID	47,832	47,603	(229)	0%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	676	750	74	11%
6	COMMERCIAL INSURANCE	17,173	17,618	445	3%
7	NON-GOVERNMENT MANAGED CARE	60,690	63,260	2,570	4%
8	WORKER'S COMPENSATION	1,175	1,088	(87)	-7%
9	SELF- PAY/UNINSURED	7,819	6,624	(1,195)	-15%
10	SAGA	0	0	0	0%
11	OTHER	152	191	39	26%
	TOTAL OUTPATIENT VISITS	226,785	233,406	6,621	3%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$10,795,333	\$10,720,901	(\$74,432)	-1%
2	MEDICARE MANAGED CARE	\$2,197,661	\$2,483,312	\$285,651	13%
3	MEDICAID	\$17,664,076	\$16,739,352	(\$924,724)	-5%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$261,430	\$333,094	\$71,664	27%
6	COMMERCIAL INSURANCE	\$3,125,754	\$2,970,924	(\$154,830)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$9,866,864	\$10,161,587	\$294,723	3%
8	WORKER'S COMPENSATION	\$545,451	\$472,391	(\$73,060)	-13%
9	SELF- PAY/UNINSURED	\$1,689,775	\$1,688,048	(\$1,727)	0%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$129,901	\$168,122	\$38,221	29%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$46,276,245	\$45,737,731	(\$538,514)	-1%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,550,857	\$2,292,721	(\$258,136)	-10%

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LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$556,322	\$583,873	\$27,551	5%
3	MEDICAID	\$4,077,879	\$3,706,460	(\$371,419)	-9%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$60,992	\$86,047	\$25,055	41%
6	COMMERCIAL INSURANCE	\$1,375,684	\$1,335,531	(\$40,153)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$3,643,460	\$3,592,163	(\$51,297)	-1%
8	WORKER'S COMPENSATION	\$343,492	\$220,492	(\$123,000)	-36%
9	SELF- PAY/UNINSURED	\$1,364,790	\$1,303,846	(\$60,944)	-4%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$26,219	\$25,939	(\$280)	-1%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$13,999,695	\$13,147,072	(\$852,623)	-6%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	8,046	7,625	(421)	-5%
2	MEDICARE MANAGED CARE	1,470	1,637	167	11%
3	MEDICAID	14,438	13,810	(628)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	251	243	(8)	-3%
6	COMMERCIAL INSURANCE	2,466	2,421	(45)	-2%
7	NON-GOVERNMENT MANAGED CARE	7,948	7,571	(377)	-5%
8	WORKER'S COMPENSATION	632	551	(81)	-13%
9	SELF- PAY/UNINSURED	2,119	1,627	(492)	-23%
10	SAGA	0	0	0	0%
11	OTHER	104	151	47	45%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	37,474	35,636	(1,838)	-5%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$21,468,707	\$21,216,931	(\$251,776)	-1%
2	Physician Salaries	\$8,229,856	\$6,523,171	(\$1,706,685)	-21%
3	Non-Nursing, Non-Physician Salaries	\$26,231,947	\$26,639,624	\$407,677	2%
	Total Salaries & Wages	\$55,930,510	\$54,379,726	(\$1,550,784)	-3%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$5,471,464	\$5,443,039	(\$28,425)	-1%
2	Physician Fringe Benefits	\$2,097,442	\$1,673,467	(\$423,975)	-20%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,685,410	\$6,834,189	\$148,779	2%
	Total Fringe Benefits	\$14,254,316	\$13,950,695	(\$303,621)	-2%
C. Contractual Labor Fees:					
1	Nursing Fees	\$29,203	\$103,502	\$74,299	254%
2	Physician Fees	\$5,593,737	\$8,379,952	\$2,786,215	50%
3	Non-Nursing, Non-Physician Fees	\$629,292	\$851,161	\$221,869	35%
	Total Contractual Labor Fees	\$6,252,232	\$9,334,615	\$3,082,383	49%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$6,839,123	\$6,718,953	(\$120,170)	-2%
2	Pharmaceutical Costs	\$4,528,120	\$4,435,760	(\$92,360)	-2%
	Total Medical Supplies and Pharmaceutical Cost	\$11,367,243	\$11,154,713	(\$212,530)	-2%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,327,465	\$3,510,932	\$183,467	6%
2	Depreciation-Equipment	\$2,552,316	\$2,794,988	\$242,672	10%
3	Amortization	\$37,606	\$29,693	(\$7,913)	-21%
	Total Depreciation and Amortization	\$5,917,387	\$6,335,613	\$418,226	7%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$0	\$0	\$0	0%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$2,090,487	\$1,462,421	(\$628,066)	-30%
I. Utilities:					
1	Water	\$57,973	\$59,471	\$1,498	3%
2	Natural Gas	\$524,283	\$380,358	(\$143,925)	-27%
3	Oil	\$20,091	\$12,563	(\$7,528)	-37%
4	Electricity	\$1,201,174	\$1,240,569	\$39,395	3%
5	Telephone	\$341,365	\$266,916	(\$74,449)	-22%
6	Other Utilities	\$54,848	\$53,885	(\$963)	-2%
	Total Utilities	\$2,199,734	\$2,013,762	(\$185,972)	-8%
J. Business Expenses:					
1	Accounting Fees	\$122,246	\$114,996	(\$7,250)	-6%

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	Legal Fees	\$238,879	\$341,694	\$102,815	43%
3	Consulting Fees	\$376,760	\$219,578	(\$157,182)	-42%
4	Dues and Membership	\$402,452	\$426,292	\$23,840	6%
5	Equipment Leases	\$438,024	\$304,839	(\$133,185)	-30%
6	Building Leases	\$1,275,205	\$1,122,307	(\$152,898)	-12%
7	Repairs and Maintenance	\$2,205,873	\$2,602,645	\$396,772	18%
8	Insurance	\$317,373	\$286,026	(\$31,347)	-10%
9	Travel	\$29,281	\$19,182	(\$10,099)	-34%
10	Conferences	\$154,051	\$77,126	(\$76,925)	-50%
11	Property Tax	\$148,476	\$145,846	(\$2,630)	-2%
12	General Supplies	\$713,955	\$660,618	(\$53,337)	-7%
13	Licenses and Subscriptions	\$153,645	\$135,233	(\$18,412)	-12%
14	Postage and Shipping	\$128,403	\$138,096	\$9,693	8%
15	Advertising	\$236,145	\$304,831	\$68,686	29%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$1,546,370	\$1,620,325	\$73,955	5%
18	Computer hardware & small equipment	\$425,189	\$515,370	\$90,181	21%
19	Dietary / Food Services	\$1,596,472	\$1,571,261	(\$25,211)	-2%
20	Lab Fees / Red Cross charges	\$5,673,241	\$5,697,427	\$24,186	0%
21	Billing & Collection / Bank Fees	\$704,724	\$764,297	\$59,573	8%
22	Recruiting / Employee Education & Recognition	\$261,483	\$200,988	(\$60,495)	-23%
23	Laundry / Linen	\$546,908	\$515,730	(\$31,178)	-6%
24	Professional / Physician Fees	\$578,124	\$564,083	(\$14,041)	-2%
25	Waste disposal	\$167,671	\$156,585	(\$11,086)	-7%
26	Purchased Services - Medical	\$958,488	\$1,154,162	\$195,674	20%
27	Purchased Services - Non Medical	\$3,831,829	\$4,059,100	\$227,271	6%
28	Other Business Expenses	\$703,915	\$1,115,683	\$411,768	58%
	Total Business Expenses	\$23,935,182	\$24,834,320	\$899,138	4%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$32,160	\$36,310	\$4,150	13%
	Total Operating Expenses - All Expense Categories*	\$121,979,251	\$123,502,175	\$1,522,924	1%
	*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$27,273,546	\$26,669,524	(\$604,022)	-2%
2	General Accounting	\$910,683	\$1,037,998	\$127,315	14%
3	Patient Billing & Collection	\$1,324,867	\$1,334,436	\$9,569	1%
4	Admitting / Registration Office	\$1,093,418	\$1,087,187	(\$6,231)	-1%
5	Data Processing	\$3,785,263	\$3,746,209	(\$39,054)	-1%
6	Communications	\$338,303	\$288,174	(\$50,129)	-15%
7	Personnel	\$869,686	\$922,746	\$53,060	6%
8	Public Relations	\$507,585	\$637,674	\$130,089	26%
9	Purchasing	\$815,481	\$822,640	\$7,159	1%
10	Dietary and Cafeteria	\$1,394,839	\$1,392,376	(\$2,463)	0%
11	Housekeeping	\$1,515,367	\$1,409,739	(\$105,628)	-7%

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
12	Laundry & Linen	\$530,774	\$513,104	(\$17,670)	-3%
13	Operation of Plant	\$29,418	\$15,875	(\$13,543)	-46%
14	Security	\$444,603	\$468,038	\$23,435	5%
15	Repairs and Maintenance	\$3,001,761	\$3,485,271	\$483,510	16%
16	Central Sterile Supply	\$419,026	\$418,016	(\$1,010)	0%
17	Pharmacy Department	\$5,487,853	\$5,301,651	(\$186,202)	-3%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$49,742,473	\$49,550,658	(\$191,815)	0%
B.	Professional Services:				
1	Medical Care Administration	\$677,418	\$533,897	(\$143,521)	-21%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,653,283	\$1,803,291	\$150,008	9%
4	Medical Records	\$1,661,119	\$1,623,492	(\$37,627)	-2%
5	Social Service	\$1,672,007	\$1,890,876	\$218,869	13%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$5,663,827	\$5,851,556	\$187,729	3%
C.	Special Services:				
1	Operating Room	\$6,132,237	\$5,623,974	(\$508,263)	-8%
2	Recovery Room	\$507,983	\$458,028	(\$49,955)	-10%
3	Anesthesiology	\$228,700	\$260,521	\$31,821	14%
4	Delivery Room	\$579,274	\$577,260	(\$2,014)	0%
5	Diagnostic Radiology	\$2,677,605	\$2,649,945	(\$27,660)	-1%
6	Diagnostic Ultrasound	\$433,273	\$412,159	(\$21,114)	-5%
7	Radiation Therapy	\$1,361,327	\$1,361,894	\$567	0%
8	Radioisotopes	\$344,318	\$378,892	\$34,574	10%
9	CT Scan	\$447,222	\$435,445	(\$11,777)	-3%
10	Laboratory	\$5,269,384	\$5,351,716	\$82,332	2%
11	Blood Storing/Processing	\$634,907	\$544,716	(\$90,191)	-14%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$235,484	\$254,070	\$18,586	8%
14	Electroencephalography	\$8,856	\$10,190	\$1,334	15%
15	Occupational Therapy	\$28,626	\$28,112	(\$514)	-2%
16	Speech Pathology	\$83,428	\$83,736	\$308	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$905,793	\$928,293	\$22,500	2%
19	Pulmonary Function	\$263,304	\$268,505	\$5,201	2%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$4,901,327	\$5,190,627	\$289,300	6%
23	Renal Dialysis	\$114,768	\$133,253	\$18,485	16%
24	Emergency Room	\$7,464,479	\$7,663,658	\$199,179	3%
25	MRI	\$313,011	\$356,587	\$43,576	14%
26	PET Scan	\$142,195	\$208,949	\$66,754	47%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$351,108	\$345,271	(\$5,837)	-2%
29	Sleep Center	\$455,626	\$435,492	(\$20,134)	-4%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$344,480	\$341,001	(\$3,479)	-1%
32	Occupational Therapy / Physical Therapy	\$1,207,153	\$1,249,514	\$42,361	4%
33	Dental Clinic	\$0	\$0	\$0	0%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
34	Other Special Services	\$124,668	\$108,740	(\$15,928)	-13%
	Total Special Services	\$35,560,536	\$35,660,548	\$100,012	0%
	D. Routine Services:				
1	Medical & Surgical Units	\$7,154,972	\$7,026,637	(\$128,335)	-2%
2	Intensive Care Unit	\$2,699,063	\$2,849,262	\$150,199	6%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,270,670	\$2,389,479	\$118,809	5%
5	Pediatric Unit	\$468,342	\$633,532	\$165,190	35%
6	Maternity Unit	\$670,714	\$616,437	(\$54,277)	-8%
7	Newborn Nursery Unit	\$466,343	\$432,267	(\$34,076)	-7%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$689,577	\$699,324	\$9,747	1%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$13,732,498	\$15,170,930	\$1,438,432	10%
13	Other Routine Services	\$2,572,775	\$2,316,135	(\$256,640)	-10%
	Total Routine Services	\$30,724,954	\$32,134,003	\$1,409,049	5%
	E. Other Departments:				
1	Miscellaneous Other Departments	\$287,461	\$305,410	\$17,949	6%
	Total Operating Expenses - All Departments*	\$121,979,251	\$123,502,175	\$1,522,924	1%
*A.- E. 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 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$114,622,054	\$113,735,731	\$110,242,064
2	Other Operating Revenue	7,533,927	6,810,203	6,483,841
3	Total Operating Revenue	\$122,155,981	\$120,545,934	\$116,725,905
4	Total Operating Expenses	121,998,831	121,979,251	123,502,175
5	Income/(Loss) From Operations	\$157,150	(\$1,433,317)	(\$6,776,270)
6	Total Non-Operating Revenue	2,865,900	2,960,712	1,961,328
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,023,050	\$1,527,395	(\$4,814,942)
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.13%	-1.16%	-5.71%
2	Hospital Non Operating Margin	2.29%	2.40%	1.65%
3	Hospital Total Margin	2.42%	1.24%	-4.06%
4	Income/(Loss) From Operations	\$157,150	(\$1,433,317)	(\$6,776,270)
5	Total Operating Revenue	\$122,155,981	\$120,545,934	\$116,725,905
6	Total Non-Operating Revenue	\$2,865,900	\$2,960,712	\$1,961,328
7	Total Revenue	\$125,021,881	\$123,506,646	\$118,687,233
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,023,050	\$1,527,395	(\$4,814,942)
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$59,368,912	\$44,560,677	\$28,743,204
2	Hospital Total Net Assets	\$84,518,833	\$71,202,881	\$55,701,654
3	Hospital Change in Total Net Assets	(\$36,946)	(\$13,315,952)	(\$15,501,227)
4	Hospital Change in Total Net Assets %	100.0%	-15.8%	-21.8%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.44	0.42	0.41
2	Total Operating Expenses	\$121,998,831	\$121,979,251	\$123,502,175
3	Total Gross Revenue	\$268,038,161	\$285,320,073	\$296,841,146
4	Total Other Operating Revenue	\$7,533,927	\$6,810,203	\$6,483,841
5	<u>Private Payment to Cost Ratio</u>	1.20	1.25	1.20
6	Total Non-Government Payments	\$44,118,488	\$42,879,604	\$42,180,580
7	Total Uninsured Payments	\$1,201,820	\$673,164	\$812,293
8	Total Non-Government Charges	\$86,781,671	\$85,110,058	\$88,503,734
9	Total Uninsured Charges	\$5,855,332	\$4,163,220	\$4,131,528
10	<u>Medicare Payment to Cost Ratio</u>	1.02	1.01	0.95
11	Total Medicare Payments	\$57,119,405	\$58,047,184	\$54,472,539
12	Total Medicare Charges	\$126,007,587	\$137,990,695	\$141,282,183
13	<u>Medicaid Payment to Cost Ratio</u>	0.59	0.63	0.61
14	Total Medicaid Payments	\$14,043,525	\$15,888,285	\$16,090,034
15	Total Medicaid Charges	\$53,829,293	\$60,776,065	\$64,821,188
16	<u>Uncompensated Care Cost</u>	\$2,494,625	\$1,673,494	\$1,615,475
17	Charity Care	\$2,935,378	\$1,613,966	\$1,913,614
18	Bad Debts	\$2,699,503	\$2,393,914	\$2,054,040
19	Total Uncompensated Care	\$5,634,881	\$4,007,880	\$3,967,654
20	<u>Uncompensated Care % of Total Expenses</u>	2.0%	1.4%	1.3%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
21	Total Operating Expenses	\$121,998,831	\$121,979,251	\$123,502,175
E. Liquidity Measures Summary				
1	<u>Current Ratio</u>	2	1	1
2	Total Current Assets	\$24,499,960	\$22,925,635	\$23,247,161
3	Total Current Liabilities	\$14,324,681	\$15,862,215	\$17,905,139
4	<u>Days Cash on Hand</u>	23	18	21
5	Cash and Cash Equivalents	\$7,223,350	\$5,598,887	\$6,634,923
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$7,223,350	\$5,598,887	\$6,634,923
8	Total Operating Expenses	\$121,998,831	\$121,979,251	\$123,502,175
9	Depreciation Expense	\$5,899,420	\$5,917,387	\$6,335,613
10	Operating Expenses less Depreciation Expense	\$116,099,411	\$116,061,864	\$117,166,562
11	<u>Days Revenue in Patient Accounts Receivable</u>	36	35	28
12	Net Patient Accounts Receivable	\$13,152,579	\$13,732,468	\$12,967,655
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,877,375	\$2,797,659	\$4,408,534
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$11,275,204	\$10,934,809	\$8,559,121
16	Total Net Patient Revenue	\$114,622,054	\$113,735,731	\$110,242,064
17	<u>Average Payment Period</u>	45	50	56
18	Total Current Liabilities	\$14,324,681	\$15,862,215	\$17,905,139
19	Total Operating Expenses	\$121,998,831	\$121,979,251	\$123,502,175
20	Depreciation Expense	\$5,899,420	\$5,917,387	\$6,335,613

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
21	Total Operating Expenses less Depreciation Expense	\$116,099,411	\$116,061,864	\$117,166,562
F.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	62.9	53.4	38.8
2	Total Net Assets	\$84,518,833	\$71,202,881	\$55,701,654
3	Total Assets	\$134,400,042	\$133,247,756	\$143,644,896
4	<u>Cash Flow to Total Debt Ratio</u>	62.3	46.9	5.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,023,050	\$1,527,395	(\$4,814,942)
6	Depreciation Expense	\$5,899,420	\$5,917,387	\$6,335,613
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,922,470	\$7,444,782	\$1,520,671
8	Total Current Liabilities	\$14,324,681	\$15,862,215	\$17,905,139
9	Total Long Term Debt	\$0	\$0	\$12,025,000
10	Total Current Liabilities and Total Long Term Debt	\$14,324,681	\$15,862,215	\$29,930,139
11	<u>Long Term Debt to Capitalization Ratio</u>	-	-	17.8
12	Total Long Term Debt	\$0	\$0	\$12,025,000
13	Total Net Assets	\$84,518,833	\$71,202,881	\$55,701,654
14	Total Long Term Debt and Total Net Assets	\$84,518,833	\$71,202,881	\$67,726,654
15	<u>Debt Service Coverage Ratio</u>	2.8	7,444,782.0	1,520,671.0
16	Excess Revenues over Expenses	3,023,050	\$1,527,395	(\$4,814,942)
17	Interest Expense	15,651	\$0	\$0
18	Depreciation and Amortization Expense	5,899,420	\$5,917,387	\$6,335,613
19	Principal Payments	3,219,468	\$1	\$1
G.	<u>Other Financial Ratios</u>			

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
20	Average Age of Plant	19.7	20.4	20.0
21	Accumulated Depreciation	116,381,671	120,950,456	126,819,150
22	Depreciation and Amortization Expense	5,899,420	5,917,387	6,335,613
H. Utilization Measures Summary				
1	Patient Days	25,604	26,064	23,247
2	Discharges	6,106	6,030	5,557
3	ALOS	4.2	4.3	4.2
4	Staffed Beds	76	76	75
5	Available Beds	-	122	122
6	Licensed Beds	122	122	122
7	Occupancy of Staffed Beds	92.3%	94.0%	84.9%
8	Occupancy of Available Beds	57.5%	58.5%	52.2%
9	Full Time Equivalent Employees	767.0	749.4	751.7
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	30.2%	28.4%	28.4%
2	Medicare Gross Revenue Payer Mix Percentage	47.0%	48.4%	47.6%
3	Medicaid Gross Revenue Payer Mix Percentage	20.1%	21.3%	21.8%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
5	Uninsured Gross Revenue Payer Mix Percentage	2.2%	1.5%	1.4%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.4%	0.7%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$80,926,339	\$80,946,838	\$84,372,206
9	Medicare Gross Revenue (Charges)	\$126,007,587	\$137,990,695	\$141,282,183
10	Medicaid Gross Revenue (Charges)	\$53,829,293	\$60,776,065	\$64,821,188
11	Other Medical Assistance Gross Revenue (Charges)	\$276,219	\$423,777	\$286,850
12	Uninsured Gross Revenue (Charges)	\$5,855,332	\$4,163,220	\$4,131,528
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,143,391	\$1,019,478	\$1,947,191
14	Total Gross Revenue (Charges)	\$268,038,161	\$285,320,073	\$296,841,146
J. Hospital Net Revenue Payer Mix Percentage				

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
1	Non-Government Net Revenue Payer Mix Percentage	37.0%	35.9%	36.5%
2	Medicare Net Revenue Payer Mix Percentage	49.3%	49.4%	48.1%
3	Medicaid Net Revenue Payer Mix Percentage	12.1%	13.5%	14.2%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	1.0%	0.6%	0.7%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.4%	0.5%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$42,916,668	\$42,206,440	\$41,368,287
9	Medicare Net Revenue (Payments)	\$57,119,405	\$58,047,184	\$54,472,539
10	Medicaid Net Revenue (Payments)	\$14,043,525	\$15,888,285	\$16,090,034
11	Other Medical Assistance Net Revenue (Payments)	\$96,688	\$96,581	\$58,788
12	Uninsured Net Revenue (Payments)	\$1,201,820	\$673,164	\$812,293
13	CHAMPUS / TRICARE Net Revenue Payments)	\$489,948	\$517,543	\$558,227
14	Total Net Revenue (Payments)	\$115,868,054	\$117,429,197	\$113,360,168
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	1,585	1,430	1,209
2	Medicare	3,299	3,363	3,042
3	Medical Assistance	1,183	1,207	1,273
4	Medicaid	1,172	1,200	1,267
5	Other Medical Assistance	11	7	6
6	CHAMPUS / TRICARE	39	30	33
7	Uninsured (Included In Non-Government)	137	102	64
8	Total	6,106	6,030	5,557
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.14680	1.08900	1.07130
2	Medicare	1.39100	1.40390	1.41850
3	Medical Assistance	1.01288	0.95823	0.96747
4	Medicaid	1.01410	0.95740	0.96810
5	Other Medical Assistance	0.88270	1.10020	0.83430
6	CHAMPUS / TRICARE	0.95300	1.03370	1.05930
7	Uninsured (Included In Non-Government)	1.04230	1.06310	0.94250
8	Total Case Mix Index	1.25155	1.23817	1.23751

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	4,871	4,956	4,787
2	Emergency Room - Treated and Discharged	35,853	37,474	35,636
3	Total Emergency Room Visits	40,724	42,430	40,423

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$433,370	\$982,690	\$549,320	127%
2	Inpatient Payments	\$163,442	\$476,164	\$312,722	191%
3	Outpatient Charges	\$410,002	\$1,676,766	\$1,266,764	309%
4	Outpatient Payments	\$94,684	\$473,135	\$378,451	400%
5	Discharges	27	52	25	93%
6	Patient Days	119	247	128	108%
7	Outpatient Visits (Excludes ED Visits)	633	1,961	1,328	210%
8	Emergency Department Outpatient Visits	70	242	172	246%
9	Emergency Department Inpatient Admissions	28	54	26	93%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$843,372	\$2,659,456	\$1,816,084	215%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$258,126	\$949,299	\$691,173	268%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$3,656,524	\$3,955,304	\$298,780	8%
2	Inpatient Payments	\$2,165,812	\$2,057,428	(\$108,384)	-5%
3	Outpatient Charges	\$5,250,628	\$5,545,916	\$295,288	6%
4	Outpatient Payments	\$1,408,533	\$1,657,755	\$249,222	18%
5	Discharges	188	190	2	1%
6	Patient Days	829	797	(32)	-4%
7	Outpatient Visits (Excludes ED Visits)	6,560	6,856	296	5%
8	Emergency Department Outpatient Visits	581	530	(51)	-9%
9	Emergency Department Inpatient Admissions	164	209	45	27%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$8,907,152	\$9,501,220	\$594,068	7%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,574,345	\$3,715,183	\$140,838	4%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$429,531	\$294,221	(\$135,310)	-32%
2	Inpatient Payments	\$223,228	\$113,004	(\$110,224)	-49%
3	Outpatient Charges	\$108,246	\$133,072	\$24,826	23%
4	Outpatient Payments	\$25,058	\$30,066	\$5,008	20%
5	Discharges	15	12	(3)	-20%
6	Patient Days	102	76	(26)	-25%
7	Outpatient Visits (Excludes ED Visits)	228	215	(13)	-6%
8	Emergency Department Outpatient Visits	38	51	13	34%
9	Emergency Department Inpatient Admissions	10	13	3	30%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$537,777	\$427,293	(\$110,484)	-21%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$248,286	\$143,070	(\$105,216)	-42%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$1,905,630	\$2,779,691	\$874,061	46%
2	Inpatient Payments	\$1,020,381	\$989,128	(\$31,253)	-3%
3	Outpatient Charges	\$2,584,685	\$2,940,485	\$355,800	14%
4	Outpatient Payments	\$837,564	\$891,581	\$54,017	6%
5	Discharges	92	106	14	15%
6	Patient Days	413	618	205	50%
7	Outpatient Visits (Excludes ED Visits)	2,886	3,578	692	24%
8	Emergency Department Outpatient Visits	292	323	31	11%
9	Emergency Department Inpatient Admissions	77	112	35	45%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,490,315	\$5,720,176	\$1,229,861	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,857,945	\$1,880,709	\$22,764	1%
H. 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%
I. AETNA					
1	Inpatient Charges	\$4,985,569	\$3,368,563	(\$1,617,006)	-32%
2	Inpatient Payments	\$2,394,838	\$1,626,677	(\$768,161)	-32%
3	Outpatient Charges	\$5,056,975	\$5,427,305	\$370,330	7%
4	Outpatient Payments	\$1,409,797	\$1,690,267	\$280,470	20%
5	Discharges	199	138	(61)	-31%
6	Patient Days	1,116	634	(482)	-43%
7	Outpatient Visits (Excludes ED Visits)	5,852	6,023	171	3%
8	Emergency Department Outpatient Visits	489	491	2	0%
9	Emergency Department Inpatient Admissions	159	142	(17)	-11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,042,544	\$8,795,868	(\$1,246,676)	-12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,804,635	\$3,316,944	(\$487,691)	-13%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$11,410,624	\$11,380,469	(\$30,155)	0%
	TOTAL INPATIENT PAYMENTS	\$5,967,701	\$5,262,401	(\$705,300)	-12%
	TOTAL OUTPATIENT CHARGES	\$13,410,536	\$15,723,544	\$2,313,008	17%
	TOTAL OUTPATIENT PAYMENTS	\$3,775,636	\$4,742,804	\$967,168	26%
	TOTAL DISCHARGES	521	498	(23)	-4%
	TOTAL PATIENT DAYS	2,579	2,372	(207)	-8%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	16,159	18,633	2,474	15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,470	1,637	167	11%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	438	530	92	21%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$24,821,160	\$27,104,013	\$2,282,853	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$9,743,337	\$10,005,205	\$261,868	3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D.	OTHER MEDICAID MANAGED CARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
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 2016 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$5,598,887	\$6,634,923	\$1,036,036	19%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,732,468	\$12,967,655	(\$764,813)	-6%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,969,907	\$2,014,584	\$44,677	2%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$1,624,373	\$1,629,999	\$5,626	0%
	Total Current Assets	\$22,925,635	\$23,247,161	\$321,526	1%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$23,198,753	\$23,907,921	\$709,168	3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$6,997,698	\$17,497,418	\$10,499,720	150%
	Total Noncurrent Assets Whose Use is Limited:	\$30,196,451	\$41,405,339	\$11,208,888	37%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$39,204,252	\$35,437,220	(\$3,767,032)	-10%
7	Other Noncurrent Assets	\$1,088,648	\$1,111,076	\$22,428	2%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$160,046,200	\$166,430,158	\$6,383,958	4%
2	Less: Accumulated Depreciation	\$120,950,456	\$126,819,150	\$5,868,694	\$0
	Property, Plant and Equipment, Net	\$39,095,744	\$39,611,008	\$515,264	1%
3	Construction in Progress	\$737,026	\$2,833,092	\$2,096,066	284%
	Total Net Fixed Assets	\$39,832,770	\$42,444,100	\$2,611,330	7%
	Total Assets	\$133,247,756	\$143,644,896	\$10,397,140	8%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2015 ACTUAL</u>	<u>FY 2016 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. <u>LIABILITIES AND NET ASSETS</u>					
A. <u>Current Liabilities:</u>					
1	Accounts Payable and Accrued Expenses	\$8,062,260	\$7,390,496	(\$671,764)	-8%
2	Salaries, Wages and Payroll Taxes	\$4,471,292	\$4,912,249	\$440,957	10%
3	Due To Third Party Payers	\$2,797,659	\$4,408,534	\$1,610,875	58%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$650,000	\$650,000	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$531,004	\$543,860	\$12,856	2%
	Total Current Liabilities	\$15,862,215	\$17,905,139	\$2,042,924	13%
B. <u>Long Term Debt:</u>					
1	Bonds Payable (Net of Current Portion)	\$0	\$12,025,000	\$12,025,000	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$12,025,000	\$12,025,000	0%
3	Accrued Pension Liability	\$42,419,641	\$53,813,088	\$11,393,447	27%
4	Other Long Term Liabilities	\$3,763,019	\$4,200,015	\$436,996	12%
	Total Long Term Liabilities	\$46,182,660	\$70,038,103	\$23,855,443	52%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. <u>Net Assets:</u>					
1	Unrestricted Net Assets or Equity	\$44,560,677	\$28,743,204	(\$15,817,473)	-35%
2	Temporarily Restricted Net Assets	\$3,245,317	\$2,893,733	(\$351,584)	-11%
3	Permanently Restricted Net Assets	\$23,396,887	\$24,064,717	\$667,830	3%
	Total Net Assets	\$71,202,881	\$55,701,654	(\$15,501,227)	-22%
	Total Liabilities and Net Assets	\$133,247,756	\$143,644,896	\$10,397,140	8%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$285,320,074	\$296,841,146	\$11,521,072	4%
2	Less: Allowances	\$167,576,462	\$179,568,931	\$11,992,469	7%
3	Less: Charity Care	\$1,613,966	\$1,946,786	\$332,820	21%
4	Less: Other Deductions	\$0	\$3,029,325	\$3,029,325	0%
	Total Net Patient Revenue	\$116,129,646	\$112,296,104	(\$3,833,542)	-3%
5	Provision for Bad Debts	\$2,393,914	\$2,054,040	(\$339,874)	-14%
	Net Patient Service Revenue less provision for bad debts	\$113,735,732	\$110,242,064	(\$3,493,668)	-3%
6	Other Operating Revenue	\$6,810,203	\$6,483,841	(\$326,362)	-5%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$120,545,935	\$116,725,905	(\$3,820,030)	-3%
B. Operating Expenses:					
1	Salaries and Wages	\$55,930,510	\$54,379,726	(\$1,550,784)	-3%
2	Fringe Benefits	\$14,254,316	\$13,950,695	(\$303,621)	-2%
3	Physicians Fees	\$5,055,157	\$8,379,952	\$3,324,795	66%
4	Supplies and Drugs	\$11,367,243	\$11,154,713	(\$212,530)	-2%
5	Depreciation and Amortization	\$5,917,387	\$6,335,613	\$418,226	7%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$0	\$0	\$0	0%
8	Malpractice Insurance Cost	\$2,090,487	\$1,462,421	(\$628,066)	-30%
9	Other Operating Expenses	\$27,364,151	\$27,839,053	\$474,902	2%
	Total Operating Expenses	\$121,979,251	\$123,502,173	\$1,522,922	1%
	Income/(Loss) From Operations	(\$1,433,316)	(\$6,776,268)	(\$5,342,952)	373%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,896,009	\$3,237,215	\$341,206	12%
2	Gifts, Contributions and Donations	\$323,460	\$434,158	\$110,698	34%
3	Other Non-Operating Gains/(Losses)	(\$258,757)	(\$1,710,045)	(\$1,451,288)	561%
	Total Non-Operating Revenue	\$2,960,712	\$1,961,328	(\$999,384)	-34%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,527,396	(\$4,814,940)	(\$6,342,336)	-415%
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	\$1,527,396	(\$4,814,940)	(\$6,342,336)	-415%

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$114,622,054	\$113,735,732	\$110,242,064
2	Other Operating Revenue	7,533,927	6,810,203	6,483,841
3	Total Operating Revenue	\$122,155,981	\$120,545,935	\$116,725,905
4	Total Operating Expenses	121,998,831	121,979,251	123,502,173
5	Income/(Loss) From Operations	\$157,150	(\$1,433,316)	(\$6,776,268)
6	Total Non-Operating Revenue	2,865,900	2,960,712	1,961,328
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,023,050	\$1,527,396	(\$4,814,940)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.13%	-1.16%	-5.71%
2	Parent Corporation Non-Operating Margin	2.29%	2.40%	1.65%
3	Parent Corporation Total Margin	2.42%	1.24%	-4.06%
4	Income/(Loss) From Operations	\$157,150	(\$1,433,316)	(\$6,776,268)
5	Total Operating Revenue	\$122,155,981	\$120,545,935	\$116,725,905
6	Total Non-Operating Revenue	\$2,865,900	\$2,960,712	\$1,961,328
7	Total Revenue	\$125,021,881	\$123,506,647	\$118,687,233
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,023,050	\$1,527,396	(\$4,814,940)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$59,368,912	\$44,560,677	\$28,743,204
2	Parent Corporation Total Net Assets	\$84,518,833	\$71,202,881	\$55,701,654
3	Parent Corporation Change in Total Net Assets	(\$36,946)	(\$13,315,952)	(\$15,501,227)
4	Parent Corporation Change in Total Net Assets %	100.0%	-15.8%	-21.8%

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.71	1.45	1.30
2	Total Current Assets	\$24,499,960	\$22,925,635	\$23,247,161
3	Total Current Liabilities	\$14,324,681	\$15,862,215	\$17,905,139
4	<u>Days Cash on Hand</u>	23	18	21
5	Cash and Cash Equivalents	\$7,223,350	\$5,598,887	\$6,634,923
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$7,223,350	\$5,598,887	\$6,634,923
8	Total Operating Expenses	\$121,998,831	\$121,979,251	\$123,502,173
9	Depreciation Expense	\$5,899,420	\$5,917,387	\$6,335,613
10	Operating Expenses less Depreciation Expense	\$116,099,411	\$116,061,864	\$117,166,560
11	<u>Days Revenue in Patient Accounts Receivable</u>	36	35	28
12	Net Patient Accounts Receivable	\$ 13,152,579	\$ 13,732,468	\$ 12,967,655
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$1,877,375	\$2,797,659	\$4,408,534
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 11,275,204	\$ 10,934,809	\$ 8,559,121
16	Total Net Patient Revenue	\$114,622,054	\$113,735,732	\$110,242,064
17	<u>Average Payment Period</u>	45	50	56
18	Total Current Liabilities	\$14,324,681	\$15,862,215	\$17,905,139
19	Total Operating Expenses	\$121,998,831	\$121,979,251	\$123,502,173
20	Depreciation Expense	\$5,899,420	\$5,917,387	\$6,335,613
20	Total Operating Expenses less Depreciation Expense	\$116,099,411	\$116,061,864	\$117,166,560

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2014	FY 2015	FY 2016
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	62.9	53.4	38.8
2	Total Net Assets	\$84,518,833	\$71,202,881	\$55,701,654
3	Total Assets	\$134,400,042	\$133,247,756	\$143,644,896
4	<u>Cash Flow to Total Debt Ratio</u>	62.3	46.9	5.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,023,050	\$1,527,396	(\$4,814,940)
6	Depreciation Expense	\$5,899,420	\$5,917,387	\$6,335,613
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,922,470	\$7,444,783	\$1,520,673
8	Total Current Liabilities	\$14,324,681	\$15,862,215	\$17,905,139
9	Total Long Term Debt	\$0	\$0	\$12,025,000
10	Total Current Liabilities and Total Long Term Debt	\$14,324,681	\$15,862,215	\$29,930,139
11	<u>Long Term Debt to Capitalization Ratio</u>	-	-	17.8
12	Total Long Term Debt	\$0	\$0	\$12,025,000
13	Total Net Assets	\$84,518,833	\$71,202,881	\$55,701,654
14	Total Long Term Debt and Total Net Assets	\$84,518,833	\$71,202,881	\$67,726,654

		CHARLOTTE HUNGERFORD HOSPITAL							
		TWELVE MONTHS ACTUAL FILING							
		FISCAL YEAR 2016							
		REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT							
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)	
		PATIENT	DISCHARGES OR	ADMISSIONS	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY	
LINE	DESCRIPTION	DAYS	CU/CCU # PATIEN		BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE	
							BEDS (A)	BEDS	
1	Adult Medical/Surgical	15,767	4,145	4,145	49	68	88.2%	63.5%	
2	ICU/CCU (Excludes Neonatal ICU)	1,904	116	0	7	10	74.5%	52.2%	
3	Psychiatric: Ages 0 to 17	4	1	1	1	1	1.1%	1.1%	
4	Psychiatric: Ages 18+	3,667	635	635	11	16	91.3%	62.8%	
	TOTAL PSYCHIATRIC	3,671	636	636	12	17	83.8%	59.2%	
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%	
6	Maternity	939	379	379	4	14	64.3%	18.4%	
7	Newborn	966	397	397	3	13	88.2%	20.4%	
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%	
9	Pediatric	0	0	0	0	0	0.0%	0.0%	
10	Other	0	0	0	0	0	0.0%	0.0%	
	TOTAL EXCLUDING NEWBORN	22,281	5,160	5,160	72	109	84.8%	56.0%	
	TOTAL INPATIENT BED UTILIZATION	23,247	5,557	5,557	75	122	84.9%	52.2%	
	TOTAL INPATIENT REPORTED YEAR	23,247	5,557	5,557	75	122	84.9%	52.2%	
	TOTAL INPATIENT PRIOR YEAR	26,064	6,030	6,030	76	122	94.0%	58.5%	
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-2,817	-473	-473	-1	0	-9.0%	-6.3%	
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-11%	-8%	-8%	-1%	0%	-10%	-11%	
	Total Licensed Beds and Bassinets	122							
(A) This number may not exceed the number of available beds for each department or in total.									
Note: Total discharges do not include ICU/CCU patients.									

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	2,460	2,376	-84	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	2,830	2,553	-277	-10%
3	Emergency Department Scans	4,987	5,832	845	17%
4	Other Non-Hospital Providers' Scans (A)	1,723	1,672	-51	-3%
	Total CT Scans	12,000	12,433	433	4%
B. MRI Scans (A)					
1	Inpatient Scans	395	404	9	2%
2	Outpatient Scans (Excluding Emergency Department Scans)	702	871	169	24%
3	Emergency Department Scans	182	208	26	14%
4	Other Non-Hospital Providers' Scans (A)	4,788	4,719	-69	-1%
	Total MRI Scans	6,067	6,202	135	2%
C. PET Scans (A)					
1	Inpatient Scans	3	3	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	208	192	-16	-8%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	211	195	-16	-8%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	3,441	3,978	537	16%
	Total Linear Accelerator Procedures	3,441	3,978	537	16%
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	45	0	-45	-100%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
2	Outpatient Studies	43	0	-43	-100%
	Total Electrophysiology Studies	88	0	-88	-100%
I.	<u>Surgical Procedures</u>				
1	Inpatient Surgical Procedures	1,006	878	-128	-13%
2	Outpatient Surgical Procedures	2,735	2,739	4	0%
	Total Surgical Procedures	3,741	3,617	-124	-3%
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	309	301	-8	-3%
2	Outpatient Endoscopy Procedures	655	722	67	10%
	Total Endoscopy Procedures	964	1,023	59	6%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	4,956	4,787	-169	-3%
2	Emergency Room Visits: Treated and Discharged	37,474	35,636	-1,838	-5%
	Total Emergency Room Visits	42,430	40,423	-2,007	-5%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	4,833	4,532	-301	-6%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	35,393	37,630	2,237	6%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	13,524	13,258	-266	-2%
7	Medical Clinic Visits - Family Practice Clinic	9,547	12,848	3,301	35%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	12,075	12,827	752	6%
11	Specialty Clinic Visits - Chronic Pain Clinic	1,562	2,100	538	34%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	29,892	37,381	7,489	25%
	Total Hospital Clinic Visits	106,826	120,576	13,750	13%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	10,892	12,673	1,781	16%
2	Cardiac Rehabilitation	5,079	4,980	-99	-2%
3	Chemotherapy	419	561	142	34%
4	Gastroenterology	655	722	67	10%
5	Other Outpatient Visits	107,132	123,288	16,156	15%
	Total Other Hospital Outpatient Visits	124,177	142,224	18,047	15%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	286.5	284.3	-2.2	-1%
2	Total Physician FTEs	29.6	22.0	-7.6	-26%
3	Total Non-Nursing and Non-Physician FTEs	433.3	445.4	12.1	3%
	Total Hospital Full Time Equivalent Employees	749.4	751.7	2.3	0%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Charlotte Hungerford Hospital	2,735	2,739	4	0%
	Total Outpatient Surgical Procedures(A)	2,735	2,739	4	0%
B. Outpatient Endoscopy Procedures					
1	Charlotte Hungerford Hospital	655	722	67	10%
	Total Outpatient Endoscopy Procedures(B)	655	722	67	10%
C. Outpatient Hospital Emergency Room Visits					
1	Charlotte Hungerford Hospital	30,740	29,727	-1,013	-3%
2	HEMC	6,734	5,909	-825	-12%
	Total Outpatient Hospital Emergency Room Visits(C)	37,474	35,636	-1,838	-5%
(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 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
I.	<u>DATA BY MAJOR PAYER CATEGORY</u>				
A.	<u>MEDICARE</u>				
	<u>MEDICARE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$69,571,668	\$63,142,922	(\$6,428,746)	-9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$36,385,646	\$29,197,687	(\$7,187,959)	-20%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	52.30%	46.24%	-6.06%	-12%
4	DISCHARGES	3,363	3,042	(321)	-10%
5	CASE MIX INDEX (CMI)	1.40390	1.41850	0.01460	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,721.31570	4,315.07700	(406.23870)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,706.68	\$6,766.43	(\$940.24)	-12%
8	PATIENT DAYS	16,561	14,060	(2,501)	-15%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,197.07	\$2,076.65	(\$120.42)	-5%
10	AVERAGE LENGTH OF STAY	4.9	4.6	(0.3)	-6%
	<u>MEDICARE OUTPATIENT</u>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$68,419,027	\$78,139,261	\$9,720,234	14%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,661,538	\$25,274,852	\$3,613,314	17%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	31.66%	32.35%	0.69%	2%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	98.34%	123.75%	25.41%	26%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,307.28290	3,764.46994	457.18704	14%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,549.65	\$6,714.05	\$164.41	3%
	<u>MEDICARE TOTALS (INPATIENT + OUTPATIENT)</u>				
17	TOTAL ACCRUED CHARGES	\$137,990,695	\$141,282,183	\$3,291,488	2%
18	TOTAL ACCRUED PAYMENTS	\$58,047,184	\$54,472,539	(\$3,574,645)	-6%
19	TOTAL ALLOWANCES	\$79,943,511	\$86,809,644	\$6,866,133	9%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
B.	<u>NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)</u>				
	<u>NON-GOVERNMENT INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$20,246,684	\$17,479,126	(\$2,767,558)	-14%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$12,515,934	\$10,907,761	(\$1,608,173)	-13%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	61.82%	62.40%	0.59%	1%
4	DISCHARGES	1,430	1,209	(221)	-15%
5	CASE MIX INDEX (CMI)	1.08900	1.07130	(0.01770)	-2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,557.27000	1,295.20170	(262.06830)	-17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$8,037.10	\$8,421.67	\$384.57	5%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$330.42)	(\$1,655.24)	(\$1,324.81)	401%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$514,560)	(\$2,143,863)	(\$1,629,303)	317%
10	PATIENT DAYS	4,858	4,139	(719)	-15%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,576.36	\$2,635.36	\$59.01	2%
12	AVERAGE LENGTH OF STAY	3.4	3.4	0.0	1%
	<u>NON-GOVERNMENT OUTPATIENT</u>				
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$64,863,374	\$71,024,608	\$6,161,234	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$30,363,670	\$31,272,819	\$909,149	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	46.81%	44.03%	-2.78%	-6%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	320.37%	406.34%	85.97%	27%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,581.22549	4,912.64558	331.42009	7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,627.85	\$6,365.78	(\$262.07)	-4%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	(\$78.20)	\$348.27	\$426.47	-545%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$358,257)	\$1,710,945	\$2,069,202	-578%
	<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>				
21	TOTAL ACCRUED CHARGES	\$85,110,058	\$88,503,734	\$3,393,676	4%
22	TOTAL ACCRUED PAYMENTS	\$42,879,604	\$42,180,580	(\$699,024)	-2%
23	TOTAL ALLOWANCES	\$42,230,454	\$46,323,154	\$4,092,700	10%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$872,817)	(\$432,918)	\$439,899	-50%
	<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>				
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$85,110,058	\$88,503,734	\$3,393,676	4%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$46,887,484	\$46,181,405	(\$706,079)	-2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$38,222,574	\$42,322,329	\$4,099,755	11%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.91%	47.82%	2.91%	

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$692,425	\$544,594	(\$147,831)	-21%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$111,960	\$107,072	(\$4,888)	-4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	16.17%	19.66%	3.49%	22%
4	DISCHARGES	102	64	(38)	-37%
5	CASE MIX INDEX (CMI)	1.06310	0.94250	(0.12060)	-11%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	108.43620	60.32000	(48.11620)	-44%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,032.50	\$1,775.07	\$742.57	72%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$7,004.60	\$6,646.60	(\$358.00)	-5%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$6,674.18	\$4,991.37	(\$1,682.81)	-25%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$723,723	\$301,079	(\$422,643)	-58%
11	PATIENT DAYS	394	267	(127)	-32%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$284.16	\$401.02	\$116.86	41%
13	AVERAGE LENGTH OF STAY	3.9	4.2	0.3	8%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,470,795	\$3,586,934	\$116,139	3%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$561,204	\$705,221	\$144,017	26%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	16.17%	19.66%	3.49%	22%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	501.25%	658.64%	157.39%	31%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	511.27716	421.53196	(89.74520)	-18%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,097.65	\$1,673.00	\$575.34	52%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,530.20	\$4,692.78	(\$837.41)	-15%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,452.00	\$5,041.06	(\$410.94)	-8%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,787,481	\$2,124,967	(\$662,514)	-24%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$4,163,220	\$4,131,528	(\$31,692)	-1%
24	TOTAL ACCRUED PAYMENTS	\$673,164	\$812,293	\$139,129	21%
25	TOTAL ALLOWANCES	\$3,490,056	\$3,319,235	(\$170,821)	-5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,511,204	\$2,426,046	(\$1,085,157)	-31%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$15,900,445	\$17,819,504	\$1,919,059	12%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,738,255	\$5,495,647	\$757,392	16%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.80%	30.84%	1.04%	3%
4	DISCHARGES	1,200	1,267	67	6%
5	CASE MIX INDEX (CMI)	0.95740	0.96810	0.01070	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,148.88000	1,226.58270	77.70270	7%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,124.24	\$4,480.45	\$356.22	9%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,912.86	\$3,941.22	\$28.35	1%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,582.44	\$2,285.98	(\$1,296.46)	-36%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,115,790	\$2,803,945	(\$1,311,845)	-32%
11	PATIENT DAYS	4,475	4,886	411	9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,058.83	\$1,124.77	\$65.95	6%
13	AVERAGE LENGTH OF STAY	3.7	3.9	0.1	3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$44,875,620	\$47,001,684	\$2,126,064	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,150,030	\$10,594,387	(\$555,643)	-5%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.85%	22.54%	-2.31%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	282.23%	263.77%	-18.46%	-7%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,386.74446	3,341.90748	(44.83698)	-1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,292.26	\$3,170.16	(\$122.09)	-4%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,335.59	\$3,195.62	(\$139.97)	-4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,257.39	\$3,543.89	\$286.50	9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,031,953	\$11,843,358	\$811,405	7%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$60,776,065	\$64,821,188	\$4,045,123	7%
24	TOTAL ACCRUED PAYMENTS	\$15,888,285	\$16,090,034	\$201,749	1%
25	TOTAL ALLOWANCES	\$44,887,780	\$48,731,154	\$3,843,374	9%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$15,147,743	\$14,647,303	(\$500,440)	-3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$261,193	\$90,751	(\$170,442)	-65%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$77,834	\$27,988	(\$49,846)	-64%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.80%	30.84%	1.04%	3%
4	DISCHARGES	7	6	(1)	-14%
5	CASE MIX INDEX (CMI)	1.10020	0.83430	(0.26590)	-24%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	7.70140	5.00580	(2.69560)	-35%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$10,106.47	\$5,591.11	(\$4,515.36)	-45%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$2,069.37)	\$2,830.56	\$4,899.93	-237%
9	MEDICARE - O.M.A. IP PMT / CMAD	(\$2,399.80)	\$1,175.32	\$3,575.12	-149%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$18,482)	\$5,883	\$24,365	-132%
11	PATIENT DAYS	51	31	(20)	-39%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,526.16	\$902.84	(\$623.32)	-41%
13	AVERAGE LENGTH OF STAY	7.3	5.2	(2.1)	-29%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$162,584	\$196,099	\$33,515	21%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$18,747	\$30,800	\$12,053	64%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	11.53%	15.71%	4.18%	36%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	62.25%	216.08%	153.84%	247%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4.35727	12.96508	8.60781	198%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,302.47	\$2,375.61	(\$1,926.85)	-45%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,325.38	\$3,990.17	\$1,664.79	72%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$2,247.18	\$4,338.44	\$2,091.26	93%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,792	\$56,248	\$46,457	474%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$423,777	\$286,850	(\$136,927)	-32%
24	TOTAL ACCRUED PAYMENTS	\$96,581	\$58,788	(\$37,793)	-39%
25	TOTAL ALLOWANCES	\$327,196	\$228,062	(\$99,134)	-30%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	(\$8,690)	\$62,132	\$70,822	-815%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$16,161,638	\$17,910,255	\$1,748,617	11%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,816,089	\$5,523,635	\$707,546	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.80%	30.84%	1.04%	3%
4	DISCHARGES	1,207	1,273	66	5%
5	CASE MIX INDEX (CMI)	0.95823	0.96747	0.00924	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,156.58140	1,231.58850	75.00710	6%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,164.07	\$4,484.97	\$320.90	8%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,873.03	\$3,936.70	\$63.67	2%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,542.60	\$2,281.47	(\$1,261.14)	-36%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,097,308	\$2,809,828	(\$1,287,480)	-31%
11	PATIENT DAYS	4,526	4,917	391	9%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,064.09	\$1,123.38	\$59.28	6%
13	AVERAGE LENGTH OF STAY	3.7	3.9	0.1	3%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$45,038,204	\$47,197,783	\$2,159,579	5%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$11,168,777	\$10,625,187	(\$543,590)	-5%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.80%	22.51%	-2.29%	-9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	278.67%	263.52%	-15.15%	-5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,391.10173	3,354.87256	(36.22917)	-1%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,293.55	\$3,167.09	(\$126.46)	-4%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,334.29	\$3,198.69	(\$135.61)	-4%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,256.09	\$3,546.96	\$290.87	9%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,041,745	\$11,899,606	\$857,861	8%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$61,199,842	\$65,108,038	\$3,908,196	6%
24	TOTAL ACCRUED PAYMENTS	\$15,984,866	\$16,148,822	\$163,956	1%
25	TOTAL ALLOWANCES	\$45,214,976	\$48,959,216	\$3,744,240	8%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
G.	<u>CHAMPUS / TRICARE</u>				
	<u>CHAMPUS / TRICARE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$435,255	\$493,068	\$57,813	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$285,025	\$186,087	(\$98,938)	-35%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	65.48%	37.74%	-27.74%	-42%
4	DISCHARGES	30	33	3	10%
5	CASE MIX INDEX (CMI)	1.03370	1.05930	0.02560	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	31.01100	34.95690	3.94590	13%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$9,191.09	\$5,323.33	(\$3,867.77)	-42%
8	PATIENT DAYS	119	131	12	10%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,395.17	\$1,420.51	(\$974.66)	-41%
10	AVERAGE LENGTH OF STAY	4.0	4.0	0.0	0%
	<u>CHAMPUS / TRICARE OUTPATIENT</u>				
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$584,223	\$1,454,123	\$869,900	149%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$232,518	\$372,140	\$139,622	60%
	<u>CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)</u>				
13	TOTAL ACCRUED CHARGES	\$1,019,478	\$1,947,191	\$927,713	91%
14	TOTAL ACCRUED PAYMENTS	\$517,543	\$558,227	\$40,684	8%
15	TOTAL ALLOWANCES	\$501,935	\$1,388,964	\$887,029	177%
H.	<u>OTHER DATA</u>				
1	OTHER OPERATING REVENUE	\$6,810,203	\$6,483,841	(\$326,362)	-5%
2	TOTAL OPERATING EXPENSES	\$121,979,251	\$123,502,175	\$1,522,924	1%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
	<u>COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)</u>				
4	CHARITY CARE (CHARGES)	\$1,613,966	\$1,913,614	\$299,648	19%
5	BAD DEBTS (CHARGES)	\$2,393,914	\$2,054,040	(\$339,874)	-14%
6	UNCOMPENSATED CARE (CHARGES)	\$4,007,880	\$3,967,654	(\$40,226)	-1%
7	COST OF UNCOMPENSATED CARE	\$1,649,523	\$1,515,644	(\$133,879)	-8%
	<u>TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)</u>				
8	TOTAL ACCRUED CHARGES	\$61,199,842	\$65,108,038	\$3,908,196	6%
9	TOTAL ACCRUED PAYMENTS	\$15,984,866	\$16,148,822	\$163,956	1%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$25,188,022	\$24,871,275	(\$316,747)	-1%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,203,156	\$8,722,453	(\$480,703)	-5%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$106,415,245	\$99,025,371	(\$7,389,874)	-7%
2	TOTAL INPATIENT PAYMENTS	\$54,002,694	\$45,815,170	(\$8,187,524)	-15%
3	TOTAL INPATIENT PAYMENTS / CHARGES	50.75%	46.27%	-4.48%	-9%
4	TOTAL DISCHARGES	6,030	5,557	(473)	-8%
5	TOTAL CASE MIX INDEX	1.23817	1.23751	(0.00067)	0%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	7,466.17810	6,876.82410	(589.35400)	-8%
7	TOTAL OUTPATIENT CHARGES	\$178,904,828	\$197,815,775	\$18,910,947	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	168.12%	199.76%	31.64%	19%
9	TOTAL OUTPATIENT PAYMENTS	\$63,426,503	\$67,544,998	\$4,118,495	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.45%	34.15%	-1.31%	-4%
11	TOTAL CHARGES	\$285,320,073	\$296,841,146	\$11,521,073	4%
12	TOTAL PAYMENTS	\$117,429,197	\$113,360,168	(\$4,069,029)	-3%
13	TOTAL PAYMENTS / TOTAL CHARGES	41.16%	38.19%	-2.97%	-7%
14	PATIENT DAYS	26,064	23,247	(2,817)	-11%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$86,168,561	\$81,546,245	(\$4,622,316)	-5%
2	INPATIENT PAYMENTS	\$41,486,760	\$34,907,409	(\$6,579,351)	-16%
3	GOVT. INPATIENT PAYMENTS / CHARGES	48.15%	42.81%	-5.34%	-11%
4	DISCHARGES	4,600	4,348	(252)	-5%
5	CASE MIX INDEX	1.28455	1.28372	(0.00082)	0%
6	CASE MIX ADJUSTED DISCHARGES	5,908.90810	5,581.62240	(327.28570)	-6%
7	OUTPATIENT CHARGES	\$114,041,454	\$126,791,167	\$12,749,713	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	132.35%	155.48%	23.14%	17%
9	OUTPATIENT PAYMENTS	\$33,062,833	\$36,272,179	\$3,209,346	10%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	28.99%	28.61%	-0.38%	-1%
11	TOTAL CHARGES	\$200,210,015	\$208,337,412	\$8,127,397	4%
12	TOTAL PAYMENTS	\$74,549,593	\$71,179,588	(\$3,370,005)	-5%
13	TOTAL PAYMENTS / CHARGES	37.24%	34.17%	-3.07%	-8%
14	PATIENT DAYS	21,206	19,108	(2,098)	-10%
15	TOTAL GOVERNMENT DEDUCTIONS	\$125,660,422	\$137,157,824	\$11,497,402	9%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.9	4.6	(0.3)	-6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.4	0.0	1%
3	UNINSURED	3.9	4.2	0.3	8%
4	MEDICAID	3.7	3.9	0.1	3%
5	OTHER MEDICAL ASSISTANCE	7.3	5.2	(2.1)	-29%
6	CHAMPUS / TRICARE	4.0	4.0	0.0	0%
7	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)	-3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2015	FY 2016	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$285,320,073	\$296,841,146	\$11,521,073	4%
2	TOTAL GOVERNMENT DEDUCTIONS	\$125,660,422	\$137,157,824	\$11,497,402	9%
3	UNCOMPENSATED CARE	\$4,007,880	\$3,967,654	(\$40,226)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$38,222,574	\$42,322,329	\$4,099,755	11%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$167,890,876	\$183,447,807	\$15,556,931	9%
7	TOTAL ACCRUED PAYMENTS	\$117,429,197	\$113,393,339	(\$4,035,858)	-3%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$117,429,197	\$113,393,339	(\$4,035,858)	-3%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4115700510	0.3820000715	(0.0295699795)	-7%
11	COST OF UNCOMPENSATED CARE	\$1,649,523	\$1,515,644	(\$133,879)	-8%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,203,156	\$8,722,453	(\$480,703)	-5%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,852,679	\$10,238,097	(\$614,582)	-6%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$11,031,953	\$11,843,358	\$811,405	7%
2	OTHER MEDICAL ASSISTANCE	(\$8,690)	\$62,132	\$70,822	-815%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,511,204	\$2,426,046	(\$1,085,157)	-31%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$14,534,467	\$14,331,536	(\$202,931)	-1%
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	(\$3,693,469)	(\$3,118,106)	\$575,363	-15.58%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$113,735,732	\$110,242,064	(\$3,493,668)	-3.07%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	(\$1,613,966)	(\$1,946,786)	(\$332,820)	20.62%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$283,706,107	\$294,894,360	\$11,188,253	3.94%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,007,880	\$3,967,654	(\$40,226)	-1.00%

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$20,246,684	\$17,479,126	(\$2,767,558)
2	MEDICARE	\$69,571,668	63,142,922	(\$6,428,746)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$16,161,638	17,910,255	\$1,748,617
4	MEDICAID	\$15,900,445	17,819,504	\$1,919,059
5	OTHER MEDICAL ASSISTANCE	\$261,193	90,751	(\$170,442)
6	CHAMPUS / TRICARE	\$435,255	493,068	\$57,813
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$692,425	544,594	(\$147,831)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$86,168,561	\$81,546,245	(\$4,622,316)
	TOTAL INPATIENT CHARGES	\$106,415,245	\$99,025,371	(\$7,389,874)
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,863,374	\$71,024,608	\$6,161,234
2	MEDICARE	\$68,419,027	78,139,261	\$9,720,234
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$45,038,204	47,197,783	\$2,159,579
4	MEDICAID	\$44,875,620	47,001,684	\$2,126,064
5	OTHER MEDICAL ASSISTANCE	\$162,584	196,099	\$33,515
6	CHAMPUS / TRICARE	\$584,223	1,454,123	\$869,900
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,470,795	3,586,934	\$116,139
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$114,041,454	\$126,791,167	\$12,749,713
	TOTAL OUTPATIENT CHARGES	\$178,904,828	\$197,815,775	\$18,910,947
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$85,110,058	\$88,503,734	\$3,393,676
2	TOTAL MEDICARE	\$137,990,695	\$141,282,183	\$3,291,488
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$61,199,842	\$65,108,038	\$3,908,196
4	TOTAL MEDICAID	\$60,776,065	\$64,821,188	\$4,045,123
5	TOTAL OTHER MEDICAL ASSISTANCE	\$423,777	\$286,850	(\$136,927)
6	TOTAL CHAMPUS / TRICARE	\$1,019,478	\$1,947,191	\$927,713
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,163,220	\$4,131,528	(\$31,692)
	TOTAL GOVERNMENT CHARGES	\$200,210,015	\$208,337,412	\$8,127,397
	TOTAL CHARGES	\$285,320,073	\$296,841,146	\$11,521,073
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,515,934	\$10,907,761	(\$1,608,173)
2	MEDICARE	\$36,385,646	29,197,687	(\$7,187,959)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,816,089	5,523,635	\$707,546
4	MEDICAID	\$4,738,255	5,495,647	\$757,392
5	OTHER MEDICAL ASSISTANCE	\$77,834	27,988	(\$49,846)
6	CHAMPUS / TRICARE	\$285,025	186,087	(\$98,938)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$111,960	107,072	(\$4,888)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$41,486,760	\$34,907,409	(\$6,579,351)
	TOTAL INPATIENT PAYMENTS	\$54,002,694	\$45,815,170	(\$8,187,524)
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,363,670	\$31,272,819	\$909,149
2	MEDICARE	\$21,661,538	25,274,852	\$3,613,314
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,168,777	10,625,187	(\$543,590)
4	MEDICAID	\$11,150,030	10,594,387	(\$555,643)
5	OTHER MEDICAL ASSISTANCE	\$18,747	30,800	\$12,053
6	CHAMPUS / TRICARE	\$232,518	372,140	\$139,622
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$561,204	705,221	\$144,017
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$33,062,833	\$36,272,179	\$3,209,346
	TOTAL OUTPATIENT PAYMENTS	\$63,426,503	\$67,544,998	\$4,118,495
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$42,879,604	\$42,180,580	(\$699,024)
2	TOTAL MEDICARE	\$58,047,184	\$54,472,539	(\$3,574,645)

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,984,866	\$16,148,822	\$163,956
4	TOTAL MEDICAID	\$15,888,285	\$16,090,034	\$201,749
5	TOTAL OTHER MEDICAL ASSISTANCE	\$96,581	\$58,788	(\$37,793)
6	TOTAL CHAMPUS / TRICARE	\$517,543	\$558,227	\$40,684
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$673,164	\$812,293	\$139,129
	TOTAL GOVERNMENT PAYMENTS	\$74,549,593	\$71,179,588	(\$3,370,005)
	TOTAL PAYMENTS	\$117,429,197	\$113,360,168	(\$4,069,029)

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7.10%	5.89%	-1.21%
2	MEDICARE	24.38%	21.27%	-3.11%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.66%	6.03%	0.37%
4	MEDICAID	5.57%	6.00%	0.43%
5	OTHER MEDICAL ASSISTANCE	0.09%	0.03%	-0.06%
6	CHAMPUS / TRICARE	0.15%	0.17%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.24%	0.18%	-0.06%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	30.20%	27.47%	-2.73%
	TOTAL INPATIENT PAYER MIX	37.30%	33.36%	-3.94%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	22.73%	23.93%	1.19%
2	MEDICARE	23.98%	26.32%	2.34%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15.79%	15.90%	0.11%
4	MEDICAID	15.73%	15.83%	0.11%
5	OTHER MEDICAL ASSISTANCE	0.06%	0.07%	0.01%
6	CHAMPUS / TRICARE	0.20%	0.49%	0.29%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.22%	1.21%	-0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	39.97%	42.71%	2.74%
	TOTAL OUTPATIENT PAYER MIX	62.70%	66.64%	3.94%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	10.66%	9.62%	-1.04%
2	MEDICARE	30.99%	25.76%	-5.23%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.10%	4.87%	0.77%
4	MEDICAID	4.03%	4.85%	0.81%
5	OTHER MEDICAL ASSISTANCE	0.07%	0.02%	-0.04%
6	CHAMPUS / TRICARE	0.24%	0.16%	-0.08%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.10%	0.09%	0.00%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	35.33%	30.79%	-4.54%
	TOTAL INPATIENT PAYER MIX	45.99%	40.42%	-5.57%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.86%	27.59%	1.73%
2	MEDICARE	18.45%	22.30%	3.85%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9.51%	9.37%	-0.14%
4	MEDICAID	9.50%	9.35%	-0.15%
5	OTHER MEDICAL ASSISTANCE	0.02%	0.03%	0.01%
6	CHAMPUS / TRICARE	0.20%	0.33%	0.13%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.48%	0.62%	0.14%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	28.16%	32.00%	3.84%
	TOTAL OUTPATIENT PAYER MIX	54.01%	59.58%	5.57%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,430	1,209	(221)
2	MEDICARE	3,363	3,042	(321)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,207	1,273	66
4	MEDICAID	1,200	1,267	67
5	OTHER MEDICAL ASSISTANCE	7	6	(1)
6	CHAMPUS / TRICARE	30	33	3
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	102	64	(38)
	TOTAL GOVERNMENT DISCHARGES	4,600	4,348	(252)
	TOTAL DISCHARGES	6,030	5,557	(473)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,858	4,139	(719)
2	MEDICARE	16,561	14,060	(2,501)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,526	4,917	391
4	MEDICAID	4,475	4,886	411
5	OTHER MEDICAL ASSISTANCE	51	31	(20)
6	CHAMPUS / TRICARE	119	131	12
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	394	267	(127)
	TOTAL GOVERNMENT PATIENT DAYS	21,206	19,108	(2,098)
	TOTAL PATIENT DAYS	26,064	23,247	(2,817)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.4	3.4	0.0
2	MEDICARE	4.9	4.6	(0.3)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.7	3.9	0.1
4	MEDICAID	3.7	3.9	0.1
5	OTHER MEDICAL ASSISTANCE	7.3	5.2	(2.1)
6	CHAMPUS / TRICARE	4.0	4.0	0.0
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.9	4.2	0.3
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.6	4.4	(0.2)
	TOTAL AVERAGE LENGTH OF STAY	4.3	4.2	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.08900	1.07130	(0.01770)
2	MEDICARE	1.40390	1.41850	0.01460
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.95823	0.96747	0.00924
4	MEDICAID	0.95740	0.96810	0.01070
5	OTHER MEDICAL ASSISTANCE	1.10020	0.83430	(0.26590)
6	CHAMPUS / TRICARE	1.03370	1.05930	0.02560
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.06310	0.94250	(0.12060)
	TOTAL GOVERNMENT CASE MIX INDEX	1.28455	1.28372	(0.00082)
	TOTAL CASE MIX INDEX	1.23817	1.23751	(0.00067)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$85,110,058	\$88,503,734	\$3,393,676
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$46,887,484	\$46,181,405	(\$706,079)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$38,222,574	\$42,322,329	\$4,099,755
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.91%	47.82%	2.91%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$1,613,966	\$1,913,614	\$299,648
9	BAD DEBTS	\$2,393,914	\$2,054,040	(\$339,874)
10	TOTAL UNCOMPENSATED CARE	\$4,007,880	\$3,967,654	(\$40,226)
11	TOTAL OTHER OPERATING REVENUE	\$6,810,203	\$6,483,841	(\$326,362)
12	TOTAL OPERATING EXPENSES	\$121,979,251	\$123,502,175	\$1,522,924

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,557.27000	1,295.20170	(262.06830)
2	MEDICARE	4,721.31570	4,315.07700	(406.23870)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,156.58140	1,231.58850	75.00710
4	MEDICAID	1,148.88000	1,226.58270	77.70270
5	OTHER MEDICAL ASSISTANCE	7.70140	5.00580	(2.69560)
6	CHAMPUS / TRICARE	31.01100	34.95690	3.94590
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	108.43620	60.32000	(48.11620)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,908.90810	5,581.62240	(327.28570)
	TOTAL CASE MIX ADJUSTED DISCHARGES	7,466.17810	6,876.82410	(589.35400)
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,581.22549	4,912.64558	331.42009
2	MEDICARE	3,307.28290	3,764.46994	457.18704
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,391.10173	3,354.87256	-36.22917
4	MEDICAID	3,386.74446	3,341.90748	-44.83698
5	OTHER MEDICAL ASSISTANCE	4.35727	12.96508	8.60781
6	CHAMPUS / TRICARE	40.26764	97.32138	57.05375
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	511.27716	421.53196	-89.74520
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,738.65226	7,216.66388	478.01162
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,319.87775	12,129.30946	809.43171
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,037.10	\$8,421.67	\$384.57
2	MEDICARE	\$7,706.68	\$6,766.43	(\$940.24)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,164.07	\$4,484.97	\$320.90
4	MEDICAID	\$4,124.24	\$4,480.45	\$356.22
5	OTHER MEDICAL ASSISTANCE	\$10,106.47	\$5,591.11	(\$4,515.36)
6	CHAMPUS / TRICARE	\$9,191.09	\$5,323.33	(\$3,867.77)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,032.50	\$1,775.07	\$742.57
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,021.05	\$6,253.99	(\$767.06)
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,232.98	\$6,662.26	(\$570.72)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,627.85	\$6,365.78	(\$262.07)
2	MEDICARE	\$6,549.65	\$6,714.05	\$164.41
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,293.55	\$3,167.09	(\$126.46)
4	MEDICAID	\$3,292.26	\$3,170.16	(\$122.09)
5	OTHER MEDICAL ASSISTANCE	\$4,302.47	\$2,375.61	(\$1,926.85)
6	CHAMPUS / TRICARE	\$5,774.31	\$3,823.83	(\$1,950.49)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,097.65	\$1,673.00	\$575.34
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,906.45	\$5,026.17	\$119.72
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,603.11	\$5,568.74	(\$34.37)

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$11,031,953	\$11,843,358	\$811,405
2	OTHER MEDICAL ASSISTANCE	(\$8,690)	\$62,132	\$70,822
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,511,204	\$2,426,046	(\$1,085,157)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$14,534,467	\$14,331,536	(\$202,931)
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$285,320,073	\$296,841,146	\$11,521,073
2	TOTAL GOVERNMENT DEDUCTIONS	\$125,660,422	\$137,157,824	\$11,497,402
3	UNCOMPENSATED CARE	\$4,007,880	\$3,967,654	(\$40,226)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$38,222,574	\$42,322,329	\$4,099,755
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$167,890,876	\$183,447,807	\$15,556,931
7	TOTAL ACCRUED PAYMENTS	\$117,429,197	\$113,393,339	(\$4,035,858)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$117,429,197	\$113,393,339	(\$4,035,858)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4115700510	0.3820000715	(0.0295699795)
11	COST OF UNCOMPENSATED CARE	\$1,649,523	\$1,515,644	(\$133,879)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$9,203,156	\$8,722,453	(\$480,703)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$10,852,679	\$10,238,097	(\$614,582)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	61.82%	62.40%	0.59%
2	MEDICARE	52.30%	46.24%	-6.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.80%	30.84%	1.04%
4	MEDICAID	29.80%	30.84%	1.04%
5	OTHER MEDICAL ASSISTANCE	29.80%	30.84%	1.04%
6	CHAMPUS / TRICARE	65.48%	37.74%	-27.74%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16.17%	19.66%	3.49%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	48.15%	42.81%	-5.34%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	50.75%	46.27%	-4.48%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.81%	44.03%	-2.78%
2	MEDICARE	31.66%	32.35%	0.69%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.80%	22.51%	-2.29%
4	MEDICAID	24.85%	22.54%	-2.31%
5	OTHER MEDICAL ASSISTANCE	11.53%	15.71%	4.18%
6	CHAMPUS / TRICARE	39.80%	25.59%	-14.21%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	16.17%	19.66%	3.49%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	28.99%	28.61%	-0.38%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	35.45%	34.15%	-1.31%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	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	\$117,429,197	\$113,360,168	(\$4,069,029)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$117,429,197	\$113,360,168	(\$4,069,029)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,693,469)	(\$3,118,106)	\$575,363
4	CALCULATED NET REVENUE	\$116,129,642	\$110,242,062	(\$5,887,580)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$113,735,732	\$110,242,064	(\$3,493,668)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2,393,910	(\$2)	(\$2,393,912)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$285,320,073	\$296,841,146	\$11,521,073
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$1,613,966)	(\$1,946,786)	(\$332,820)
	CALCULATED GROSS REVENUE	\$283,706,107	\$294,894,360	\$11,188,253
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$283,706,107	\$294,894,360	\$11,188,253
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)	\$4,007,880	\$3,967,654	(\$40,226)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,007,880	\$3,967,654	(\$40,226)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,007,880	\$3,967,654	(\$40,226)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2016 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$17,479,126
2	MEDICARE	63,142,922
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	17,910,255
4	MEDICAID	17,819,504
5	OTHER MEDICAL ASSISTANCE	90,751
6	CHAMPUS / TRICARE	493,068
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	544,594
	TOTAL INPATIENT GOVERNMENT CHARGES	\$81,546,245
	TOTAL INPATIENT CHARGES	\$99,025,371
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$71,024,608
2	MEDICARE	78,139,261
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	47,197,783
4	MEDICAID	47,001,684
5	OTHER MEDICAL ASSISTANCE	196,099
6	CHAMPUS / TRICARE	1,454,123
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,586,934
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$126,791,167
	TOTAL OUTPATIENT CHARGES	\$197,815,775
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$88,503,734
2	TOTAL GOVERNMENT ACCRUED CHARGES	208,337,412
	TOTAL ACCRUED CHARGES	\$296,841,146
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$10,907,761
2	MEDICARE	29,197,687
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,523,635
4	MEDICAID	5,495,647
5	OTHER MEDICAL ASSISTANCE	27,988
6	CHAMPUS / TRICARE	186,087
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	107,072
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$34,907,409
	TOTAL INPATIENT PAYMENTS	\$45,815,170
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$31,272,819
2	MEDICARE	25,274,852
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,625,187
4	MEDICAID	10,594,387
5	OTHER MEDICAL ASSISTANCE	30,800
6	CHAMPUS / TRICARE	372,140
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	705,221
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$36,272,179
	TOTAL OUTPATIENT PAYMENTS	\$67,544,998
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$42,180,580
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	71,179,588
	TOTAL ACCRUED PAYMENTS	\$113,360,168
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,209
2	MEDICARE	3,042
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,273
4	MEDICAID	1,267
5	OTHER MEDICAL ASSISTANCE	6
6	CHAMPUS / TRICARE	33
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	64
	TOTAL GOVERNMENT DISCHARGES	4,348
	TOTAL DISCHARGES	5,557

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2016
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.07130
2	MEDICARE	1.41850
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.96747
4	MEDICAID	0.96810
5	OTHER MEDICAL ASSISTANCE	0.83430
6	CHAMPUS / TRICARE	1.05930
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.94250
	TOTAL GOVERNMENT CASE MIX INDEX	1.28372
	TOTAL CASE MIX INDEX	1.23751
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$88,503,734
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$46,181,405
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$42,322,329
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	47.82%
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	\$1,913,614
9	BAD DEBTS	\$2,054,040
10	TOTAL UNCOMPENSATED CARE	\$3,967,654
11	TOTAL OTHER OPERATING REVENUE	\$6,483,841
12	TOTAL OPERATING EXPENSES	\$123,502,175
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	\$113,360,168
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$113,360,168
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,118,106)
	CALCULATED NET REVENUE	\$110,242,062
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$110,242,064
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$296,841,146
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$1,946,786)
	CALCULATED GROSS REVENUE	\$294,894,360
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$294,894,360
	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)	\$3,967,654
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,967,654
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,967,654
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2016
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2015	ACTUAL FY 2016	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	1,411	1,765	354	25%
2	Number of Approved Applicants	1,399	1,756	357	26%
3	Total Charges (A)	\$1,613,966	\$1,913,614	\$299,648	19%
4	Average Charges	\$1,154	\$1,090	(\$64)	-6%
5	Ratio of Cost to Charges (RCC)	0.442711	0.417551	(0.025160)	-6%
6	Total Cost	\$714,521	\$799,031	\$84,511	12%
7	Average Cost	\$511	\$455	(\$56)	-11%
8	Charity Care - Inpatient Charges	\$442,989	\$536,166	\$93,177	21%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	564,334	713,985	149,651	27%
10	Charity Care - Emergency Department Charges	606,643	663,463	56,820	9%
11	Total Charges (A)	\$1,613,966	\$1,913,614	\$299,648	19%
12	Charity Care - Number of Patient Days	120	790	670	558%
13	Charity Care - Number of Discharges	29	159	130	448%
14	Charity Care - Number of Outpatient ED Visits	1,480	1,340	(140)	-9%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3,023	2,792	(231)	-8%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$583,876	\$575,511	(\$8,365)	-1%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	832,364	766,379	(65,985)	-8%
3	Bad Debts - Emergency Department	977,674	712,150	(265,524)	-27%
4	Total Bad Debts (A)	\$2,393,914	\$2,054,040	(\$339,874)	-14%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$1,613,966	\$1,913,614	\$299,648	19%
2	Bad Debts (A)	2,393,914	2,054,040	(339,874)	-14%
3	Total Uncompensated Care (A)	\$4,007,880	\$3,967,654	(\$40,226)	-1%
4	Uncompensated Care - Inpatient Services	\$1,026,865	\$1,111,677	\$84,812	8%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,396,698	1,480,364	83,666	6%
6	Uncompensated Care - Emergency Department	1,584,317	1,375,613	(208,704)	-13%
7	Total Uncompensated Care (A)	\$4,007,880	\$3,967,654	(\$40,226)	-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 2016 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3) FY 2015	(4) FY 2016	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$85,110,058	\$88,503,734	\$3,393,676	4%
2	Total Contractual Allowances	\$38,222,574	\$42,322,329	\$4,099,755	11%
	Total Accrued Payments (A)	\$46,887,484	\$46,181,405	(\$706,079)	-2%
	Total Discount Percentage	44.91%	47.82%	2.91%	6%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$100,430,007	\$106,415,245	\$99,025,371
2	Outpatient Gross Revenue	\$167,608,154	\$178,904,828	\$197,815,775
3	Total Gross Patient Revenue	\$268,038,161	\$285,320,073	\$296,841,146
4	Net Patient Revenue	\$114,622,054	\$113,735,731	\$110,242,064
B. Total Operating Expenses				
1	Total Operating Expense	\$121,998,831	\$121,979,251	\$123,502,175
C. Utilization Statistics				
1	Patient Days	25,604	26,064	23,247
2	Discharges	6,106	6,030	5,557
3	Average Length of Stay	4.2	4.3	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	68,335	69,883	69,686
0	Equivalent (Adjusted) Discharges (ED)	16,296	16,168	16,658
D. Case Mix Statistics				
1	Case Mix Index	1.25155	1.23817	1.23751
2	Case Mix Adjusted Patient Days (CMAPD)	32,045	32,272	28,768
3	Case Mix Adjusted Discharges (CMAD)	7,642	7,466	6,877
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	85,525	86,527	86,237
5	Case Mix Adjusted Equivalent Discharges (CMAED)	20,396	20,018	20,614
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$10,469	\$10,947	\$12,769
2	Total Gross Revenue per Discharge	\$43,898	\$47,317	\$53,418
3	Total Gross Revenue per EPD	\$3,922	\$4,083	\$4,260
4	Total Gross Revenue per ED	\$16,448	\$17,648	\$17,820
5	Total Gross Revenue per CMAEPD	\$3,134	\$3,297	\$3,442
6	Total Gross Revenue per CMAED	\$13,142	\$14,253	\$14,400
7	Inpatient Gross Revenue per EPD	\$1,470	\$1,523	\$1,421
8	Inpatient Gross Revenue per ED	\$6,163	\$6,582	\$5,945
F. Net Revenue Per Statistic				

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
1	Net Patient Revenue per Patient Day	\$4,477	\$4,364	\$4,742
2	Net Patient Revenue per Discharge	\$18,772	\$18,862	\$19,838
3	Net Patient Revenue per EPD	\$1,677	\$1,628	\$1,582
4	Net Patient Revenue per ED	\$7,034	\$7,035	\$6,618
5	Net Patient Revenue per CMAEPD	\$1,340	\$1,314	\$1,278
6	Net Patient Revenue per CMAED	\$5,620	\$5,682	\$5,348
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,765	\$4,680	\$5,313
2	Total Operating Expense per Discharge	\$19,980	\$20,229	\$22,225
3	Total Operating Expense per EPD	\$1,785	\$1,745	\$1,772
4	Total Operating Expense per ED	\$7,486	\$7,545	\$7,414
5	Total Operating Expense per CMAEPD	\$1,426	\$1,410	\$1,432
6	Total Operating Expense per CMAED	\$5,982	\$6,093	\$5,991
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$22,031,082	\$21,468,707	\$21,216,931
2	Nursing Fringe Benefits Expense	\$5,451,956	\$5,471,464	\$5,443,039
3	Total Nursing Salary and Fringe Benefits Expense	\$27,483,038	\$26,940,171	\$26,659,970
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$8,726,511	\$8,229,856	\$6,523,171
2	Physician Fringe Benefits Expense	\$2,159,520	\$2,097,442	\$1,673,467
3	Total Physician Salary and Fringe Benefits Expense	\$10,886,031	\$10,327,298	\$8,196,638
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$25,945,384	\$26,231,947	\$26,639,624
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$6,420,615	\$6,685,410	\$6,834,189
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$32,365,999	\$32,917,357	\$33,473,813
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$56,702,977	\$55,930,510	\$54,379,726
2	Total Fringe Benefits Expense	\$14,032,091	\$14,254,316	\$13,950,695
3	Total Salary and Fringe Benefits Expense	\$70,735,068	\$70,184,826	\$68,330,421

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2016				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	ACTUAL FY 2016
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	296.4	286.5	284.3
2	Total Physician FTEs	30.9	29.6	22.0
3	Total Non-Nursing, Non-Physician FTEs	439.7	433.3	445.4
4	Total Full Time Equivalent Employees (FTEs)	767.0	749.4	751.7
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$74,329	\$74,934	\$74,629
2	Nursing Fringe Benefits Expense per FTE	\$18,394	\$19,098	\$19,145
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$92,723	\$94,032	\$93,774
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$282,411	\$278,036	\$296,508
2	Physician Fringe Benefits Expense per FTE	\$69,887	\$70,860	\$76,067
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$352,299	\$348,895	\$372,574
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$59,007	\$60,540	\$59,811
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,602	\$15,429	\$15,344
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$73,609	\$75,969	\$75,154
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$73,928	\$74,634	\$72,342
2	Total Fringe Benefits Expense per FTE	\$18,295	\$19,021	\$18,559
3	Total Salary and Fringe Benefits Expense per FTE	\$92,223	\$93,655	\$90,901
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,763	\$2,693	\$2,939
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,585	\$11,639	\$12,296
3	Total Salary and Fringe Benefits Expense per EPD	\$1,035	\$1,004	\$981
4	Total Salary and Fringe Benefits Expense per ED	\$4,341	\$4,341	\$4,102
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$827	\$811	\$792
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,468	\$3,506	\$3,315