

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$2,918,761	\$3,989,039	\$1,070,278	37%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,382,010	\$9,671,762	\$289,752	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$396,514	\$102,157	(\$294,357)	-74%
7	Inventories of Supplies	\$1,666,956	\$1,825,569	\$158,613	10%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,496,061	\$1,876,484	(\$619,577)	-25%
	Total Current Assets	\$16,860,302	\$17,465,011	\$604,709	4%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$13,476,546	\$14,994,411	\$1,517,865	11%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$206,373	\$359,776	\$153,403	74%
4	Other Noncurrent Assets Whose Use is Limited	\$2,678,836	\$6,674,126	\$3,995,290	149%
	Total Noncurrent Assets Whose Use is Limited:	\$16,361,755	\$22,028,313	\$5,666,558	35%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$33,763,779	\$27,523,678	(\$6,240,101)	-18%
7	Other Noncurrent Assets	\$1,357,613	\$1,552,217	\$194,604	14%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$130,053,018	\$136,256,831	\$6,203,813	5%
2	Less: Accumulated Depreciation	\$86,377,410	\$91,613,715	\$5,236,305	6%
	Property, Plant and Equipment, Net	\$43,675,608	\$44,643,116	\$967,508	2%
3	Construction in Progress	\$3,167,618	\$861,053	(\$2,306,565)	-73%
	Total Net Fixed Assets	\$46,843,226	\$45,504,169	(\$1,339,057)	-3%
	Total Assets	\$115,186,675	\$114,073,388	(\$1,113,287)	-1%

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		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$4,159,626	\$3,808,795	(\$350,831)	-8%
2	Salaries, Wages and Payroll Taxes	\$4,221,912	\$4,538,366	\$316,454	7%
3	Due To Third Party Payers	\$957,758	\$2,366,000	\$1,408,242	147%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,045,000	\$1,080,000	\$35,000	3%
6	Current Portion of Notes Payable	\$401,623	\$300,392	(\$101,231)	-25%
7	Other Current Liabilities	\$3,803,971	\$3,973,052	\$169,081	4%
	Total Current Liabilities	\$14,589,890	\$16,066,605	\$1,476,715	10%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$4,555,000	\$3,475,000	(\$1,080,000)	-24%
2	Notes Payable (Net of Current Portion)	\$4,300,354	\$3,960,989	(\$339,365)	-8%
	Total Long Term Debt	\$8,855,354	\$7,435,989	(\$1,419,365)	-16%
3	Accrued Pension Liability	\$8,874,031	\$28,349,714	\$19,475,683	219%
4	Other Long Term Liabilities	\$2,069,059	\$2,192,084	\$123,025	6%
	Total Long Term Liabilities	\$19,798,444	\$37,977,787	\$18,179,343	92%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$60,861,612	\$41,545,959	(\$19,315,653)	-32%
2	Temporarily Restricted Net Assets	\$3,401,343	\$2,924,647	(\$476,696)	-14%
3	Permanently Restricted Net Assets	\$16,535,386	\$15,558,390	(\$976,996)	-6%
	Total Net Assets	\$80,798,341	\$60,028,996	(\$20,769,345)	-26%
	Total Liabilities and Net Assets	\$115,186,675	\$114,073,388	(\$1,113,287)	-1%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$155,722,889	\$176,391,807	\$20,668,918	13%
2	Less: Allowances	\$66,673,273	\$79,275,013	\$12,601,740	19%
3	Less: Charity Care	\$1,110,508	\$1,438,204	\$327,696	30%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$87,939,108	\$95,678,590	\$7,739,482	9%
5	Other Operating Revenue	\$5,802,825	\$5,573,529	(\$229,296)	-4%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$93,741,933	\$101,252,119	\$7,510,186	8%
B. Operating Expenses:					
1	Salaries and Wages	\$42,844,042	\$46,238,043	\$3,394,001	8%
2	Fringe Benefits	\$10,973,815	\$12,646,942	\$1,673,127	15%
3	Physicians Fees	\$1,103,875	\$908,307	(\$195,568)	-18%
4	Supplies and Drugs	\$10,269,804	\$11,753,018	\$1,483,214	14%
5	Depreciation and Amortization	\$5,906,031	\$6,176,454	\$270,423	5%
6	Bad Debts	\$2,441,497	\$2,247,042	(\$194,455)	-8%
7	Interest	\$528,927	\$417,080	(\$111,847)	-21%
8	Malpractice	\$1,180,250	\$1,082,238	(\$98,012)	-8%
9	Other Operating Expenses	\$18,256,622	\$18,933,235	\$676,613	4%
	Total Operating Expenses	\$93,504,863	\$100,402,359	\$6,897,496	7%
	Income/(Loss) From Operations	\$237,070	\$849,760	\$612,690	258%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,576,449	\$0	(\$1,576,449)	-100%
2	Gifts, Contributions and Donations	\$192,033	\$188,183	(\$3,850)	-2%
3	Other Non-Operating Gains/(Losses)	(\$941,161)	(\$858,082)	\$83,079	-9%
	Total Non-Operating Revenue	\$827,321	(\$669,899)	(\$1,497,220)	-181%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,064,391	\$179,861	(\$884,530)	-83%
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	\$1,064,391	\$179,861	(\$884,530)	-83%
	Principal Payments	\$0	\$1,485,596	\$1,485,596	0%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$39,109,512	\$46,591,298	\$7,481,786	19%
2	MEDICARE MANAGED CARE	\$1,230,364	\$2,715,679	\$1,485,315	121%
3	MEDICAID	\$3,854,113	\$3,158,962	(\$695,151)	-18%
4	MEDICAID MANAGED CARE	\$2,743,646	\$2,753,894	\$10,248	0%
5	CHAMPUS/TRICARE	\$148,437	\$360,931	\$212,494	143%
6	COMMERCIAL INSURANCE	\$3,924,835	\$3,723,126	(\$201,709)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$12,695,029	\$14,714,258	\$2,019,229	16%
8	WORKER'S COMPENSATION	\$547,334	\$663,719	\$116,385	21%
9	SELF- PAY/UNINSURED	\$1,553,328	\$1,170,201	(\$383,127)	-25%
10	SAGA	\$2,183,510	\$3,127,920	\$944,410	43%
11	OTHER	\$50,888	\$98,494	\$47,606	94%
	TOTAL INPATIENT GROSS REVENUE	\$68,040,996	\$79,078,482	\$11,037,486	16%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$28,415,231	\$30,009,731	\$1,594,500	6%
2	MEDICARE MANAGED CARE	\$1,025,019	\$2,185,311	\$1,160,292	113%
3	MEDICAID	\$4,111,779	\$4,187,736	\$75,957	2%
4	MEDICAID MANAGED CARE	\$7,984,505	\$9,902,556	\$1,918,051	24%
5	CHAMPUS/TRICARE	\$253,856	\$338,852	\$84,996	33%
6	COMMERCIAL INSURANCE	\$7,362,374	\$7,307,455	(\$54,919)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$30,761,600	\$34,315,697	\$3,554,097	12%
8	WORKER'S COMPENSATION	\$777,092	\$767,407	(\$9,685)	-1%
9	SELF- PAY/UNINSURED	\$3,246,750	\$3,638,115	\$391,365	12%
10	SAGA	\$3,637,083	\$4,573,431	\$936,348	26%
11	OTHER	\$106,604	\$87,032	(\$19,572)	-18%
	TOTAL OUTPATIENT GROSS REVENUE	\$87,681,893	\$97,313,323	\$9,631,430	11%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$67,524,743	\$76,601,029	\$9,076,286	13%
2	MEDICARE MANAGED CARE	\$2,255,383	\$4,900,990	\$2,645,607	117%
3	MEDICAID	\$7,965,892	\$7,346,698	(\$619,194)	-8%
4	MEDICAID MANAGED CARE	\$10,728,151	\$12,656,450	\$1,928,299	18%
5	CHAMPUS/TRICARE	\$402,293	\$699,783	\$297,490	74%
6	COMMERCIAL INSURANCE	\$11,287,209	\$11,030,581	(\$256,628)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$43,456,629	\$49,029,955	\$5,573,326	13%
8	WORKER'S COMPENSATION	\$1,324,426	\$1,431,126	\$106,700	8%
9	SELF- PAY/UNINSURED	\$4,800,078	\$4,808,316	\$8,238	0%
10	SAGA	\$5,820,593	\$7,701,351	\$1,880,758	32%
11	OTHER	\$157,492	\$185,526	\$28,034	18%
	TOTAL GROSS REVENUE	\$155,722,889	\$176,391,805	\$20,668,916	13%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$27,408,407	\$31,396,741	\$3,988,334	15%
2	MEDICARE MANAGED CARE	\$749,107	\$1,539,038	\$789,931	105%
3	MEDICAID	\$1,669,774	\$1,555,834	(\$113,940)	-7%
4	MEDICAID MANAGED CARE	\$1,479,823	\$1,415,306	(\$64,517)	-4%
5	CHAMPUS/TRICARE	\$97,732	\$167,102	\$69,370	71%
6	COMMERCIAL INSURANCE	\$2,753,424	\$2,567,108	(\$186,316)	-7%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
7	NON-GOVERNMENT MANAGED CARE	\$8,310,979	\$10,134,901	\$1,823,922	22%
8	WORKER'S COMPENSATION	\$489,849	\$471,699	(\$18,150)	-4%
9	SELF- PAY/UNINSURED	\$286,382	\$311,253	\$24,871	9%
10	SAGA	\$658,087	\$864,115	\$206,028	31%
11	OTHER	\$13,656	\$15,908	\$2,252	16%
	TOTAL INPATIENT NET REVENUE	\$43,917,220	\$50,439,005	\$6,521,785	15%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$12,704,660	\$12,634,110	(\$70,550)	-1%
2	MEDICARE MANAGED CARE	\$495,211	\$854,426	\$359,215	73%
3	MEDICAID	\$852,920	\$1,193,536	\$340,616	40%
4	MEDICAID MANAGED CARE	\$3,180,873	\$3,731,012	\$550,139	17%
5	CHAMPUS/TRICARE	\$147,649	\$153,650	\$6,001	4%
6	COMMERCIAL INSURANCE	\$4,723,106	\$4,473,741	(\$249,365)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$15,687,709	\$16,680,240	\$992,531	6%
8	WORKER'S COMPENSATION	\$676,575	\$622,495	(\$54,080)	-8%
9	SELF- PAY/UNINSURED	\$598,592	\$967,674	\$369,082	62%
10	SAGA	\$820,812	\$1,014,164	\$193,352	24%
11	OTHER	\$30,552	\$25,229	(\$5,323)	-17%
	TOTAL OUTPATIENT NET REVENUE	\$39,918,659	\$42,350,277	\$2,431,618	6%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$40,113,067	\$44,030,851	\$3,917,784	10%
2	MEDICARE MANAGED CARE	\$1,244,318	\$2,393,464	\$1,149,146	92%
3	MEDICAID	\$2,522,694	\$2,749,370	\$226,676	9%
4	MEDICAID MANAGED CARE	\$4,660,696	\$5,146,318	\$485,622	10%
5	CHAMPUS/TRICARE	\$245,381	\$320,752	\$75,371	31%
6	COMMERCIAL INSURANCE	\$7,476,530	\$7,040,849	(\$435,681)	-6%
7	NON-GOVERNMENT MANAGED CARE	\$23,998,688	\$26,815,141	\$2,816,453	12%
8	WORKER'S COMPENSATION	\$1,166,424	\$1,094,194	(\$72,230)	-6%
9	SELF- PAY/UNINSURED	\$884,974	\$1,278,927	\$393,953	45%
10	SAGA	\$1,478,899	\$1,878,279	\$399,380	27%
11	OTHER	\$44,208	\$41,137	(\$3,071)	-7%
	TOTAL NET REVENUE	\$83,835,879	\$92,789,282	\$8,953,403	11%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,987	3,214	227	8%
2	MEDICARE MANAGED CARE	85	191	106	125%
3	MEDICAID	288	264	(24)	-8%
4	MEDICAID MANAGED CARE	483	471	(12)	-2%
5	CHAMPUS/TRICARE	15	25	10	67%
6	COMMERCIAL INSURANCE	399	369	(30)	-8%
7	NON-GOVERNMENT MANAGED CARE	1,426	1,381	(45)	-3%
8	WORKER'S COMPENSATION	26	23	(3)	-12%
9	SELF- PAY/UNINSURED	165	123	(42)	-25%
10	SAGA	203	254	51	25%
11	OTHER	7	5	(2)	-29%
	TOTAL DISCHARGES	6,084	6,320	236	4%
B.	PATIENT DAYS				
1	MEDICARE TRADITIONAL	14,883	16,484	1,601	11%
2	MEDICARE MANAGED CARE	437	843	406	93%
3	MEDICAID	1,810	1,469	(341)	-19%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
4	MEDICAID MANAGED CARE	1,569	1,331	(238)	-15%
5	CHAMPUS/TRICARE	51	133	82	161%
6	COMMERCIAL INSURANCE	1,589	1,351	(238)	-15%
7	NON-GOVERNMENT MANAGED CARE	4,735	4,816	81	2%
8	WORKER'S COMPENSATION	110	44	(66)	-60%
9	SELF- PAY/UNINSURED	773	576	(197)	-25%
10	SAGA	1,094	1,486	392	36%
11	OTHER	34	48	14	41%
	TOTAL PATIENT DAYS	27,085	28,581	1,496	6%
C.	OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	65,532	64,541	(991)	-2%
2	MEDICARE MANAGED CARE	2,175	4,242	2,067	95%
3	MEDICAID	7,152	6,591	(561)	-8%
4	MEDICAID MANAGED CARE	17,264	20,615	3,351	19%
5	CHAMPUS/TRICARE	563	585	22	4%
6	COMMERCIAL INSURANCE	17,517	16,904	(613)	-3%
7	NON-GOVERNMENT MANAGED CARE	73,997	72,644	(1,353)	-2%
8	WORKER'S COMPENSATION	1,588	1,444	(144)	-9%
9	SELF- PAY/UNINSURED	11,143	10,976	(167)	-1%
10	SAGA	5,870	6,751	881	15%
11	OTHER	143	136	(7)	-5%
	TOTAL OUTPATIENT VISITS	202,944	205,429	2,485	1%
IV.	EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
A.	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
1	MEDICARE TRADITIONAL	\$5,725,317	\$6,547,080	\$821,763	14%
2	MEDICARE MANAGED CARE	\$204,545	\$430,793	\$226,248	111%
3	MEDICAID	\$1,534,373	\$1,648,159	\$113,786	7%
4	MEDICAID MANAGED CARE	\$3,063,838	\$3,473,961	\$410,123	13%
5	CHAMPUS/TRICARE	\$136,359	\$147,121	\$10,762	8%
6	COMMERCIAL INSURANCE	\$1,714,659	\$1,806,850	\$92,191	5%
7	NON-GOVERNMENT MANAGED CARE	\$6,635,041	\$7,798,978	\$1,163,937	18%
8	WORKER'S COMPENSATION	\$388,744	\$438,745	\$50,001	13%
9	SELF- PAY/UNINSURED	\$1,573,899	\$1,773,878	\$199,979	13%
10	SAGA	\$1,811,053	\$2,281,134	\$470,081	26%
11	OTHER	\$67,327	\$81,691	\$14,364	21%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$22,855,155	\$26,428,390	\$3,573,235	16%
B.	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$2,567,191	\$2,583,620	\$16,429	1%
2	MEDICARE MANAGED CARE	\$84,802	\$167,233	\$82,431	97%
3	MEDICAID	\$549,171	\$586,581	\$37,410	7%
4	MEDICAID MANAGED CARE	\$1,166,940	\$1,223,854	\$56,914	5%
5	CHAMPUS/TRICARE	\$56,075	\$77,700	\$21,625	39%
6	COMMERCIAL INSURANCE	\$1,078,797	\$1,123,499	\$44,702	4%
7	NON-GOVERNMENT MANAGED CARE	\$3,894,526	\$4,155,651	\$261,125	7%
8	WORKER'S COMPENSATION	\$362,871	\$347,699	(\$15,172)	-4%
9	SELF- PAY/UNINSURED	\$249,364	\$231,447	(\$17,917)	-7%
10	SAGA	\$329,610	\$417,533	\$87,923	27%
11	OTHER	\$21,331	\$23,916	\$2,585	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$10,360,678	\$10,938,733	\$578,055	6%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,332	7,147	(185)	-3%
2	MEDICARE MANAGED CARE	265	438	173	65%
3	MEDICAID	1,984	1,756	(228)	-11%
4	MEDICAID MANAGED CARE	5,486	6,101	615	11%
5	CHAMPUS/TRICARE	188	214	26	14%
6	COMMERCIAL INSURANCE	2,769	2,328	(441)	-16%
7	NON-GOVERNMENT MANAGED CARE	10,815	10,382	(433)	-4%
8	WORKER'S COMPENSATION	864	799	(65)	-8%
9	SELF- PAY/UNINSURED	2,820	2,599	(221)	-8%
10	SAGA	2,199	2,601	402	18%
11	OTHER	92	99	7	8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	34,814	34,464	(350)	-1%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
I.	<u>OPERATING EXPENSE BY CATEGORY</u>				
A.	<u>Salaries & Wages:</u>				
1	Nursing Salaries	\$17,457,513	\$18,901,408	\$1,443,895	8%
2	Physician Salaries	\$2,698,480	\$3,537,716	\$839,236	31%
3	Non-Nursing, Non-Physician Salaries	\$22,688,049	\$23,798,919	\$1,110,870	5%
	Total Salaries & Wages	\$42,844,042	\$46,238,043	\$3,394,001	8%
B.	<u>Fringe Benefits:</u>				
1	Nursing Fringe Benefits	\$4,471,462	\$5,169,877	\$698,415	16%
2	Physician Fringe Benefits	\$691,172	\$967,629	\$276,457	40%
3	Non-Nursing, Non-Physician Fringe Benefits	\$5,811,181	\$6,509,436	\$698,255	12%
	Total Fringe Benefits	\$10,973,815	\$12,646,942	\$1,673,127	15%
C.	<u>Contractual Labor Fees:</u>				
1	Nursing Fees	\$371,116	\$729,577	\$358,461	97%
2	Physician Fees	\$1,103,875	\$908,307	(\$195,568)	-18%
3	Non-Nursing, Non-Physician Fees	\$369,435	\$320,716	(\$48,719)	-13%
	Total Contractual Labor Fees	\$1,844,426	\$1,958,600	\$114,174	6%
D.	<u>Medical Supplies and Pharmaceutical Cost:</u>				
1	Medical Supplies	\$7,586,190	\$8,763,429	\$1,177,239	16%
2	Pharmaceutical Costs	\$2,683,614	\$2,989,589	\$305,975	11%
	Total Medical Supplies and Pharmaceutical Cost	\$10,269,804	\$11,753,018	\$1,483,214	14%
E.	<u>Depreciation and Amortization:</u>				
1	Depreciation-Building	\$3,041,571	\$3,202,183	\$160,612	5%
2	Depreciation-Equipment	\$2,774,126	\$2,919,569	\$145,443	5%
3	Amortization	\$90,334	\$54,702	(\$35,632)	-39%
	Total Depreciation and Amortization	\$5,906,031	\$6,176,454	\$270,423	5%
F.	<u>Bad Debts:</u>				
1	Bad Debts	\$2,441,497	\$2,247,042	(\$194,455)	-8%
G.	<u>Interest Expense:</u>				
1	Interest Expense	\$528,927	\$417,080	(\$111,847)	-21%
H.	<u>Malpractice Insurance Cost:</u>				
1	Malpractice Insurance Cost	\$1,180,250	\$1,082,238	(\$98,012)	-8%
I.	<u>Utilities:</u>				
1	Water	\$40,281	\$44,117	\$3,836	10%
2	Natural Gas	\$604,229	\$611,968	\$7,739	1%
3	Oil	\$15,362	\$13,608	(\$1,754)	-11%
4	Electricity	\$1,283,139	\$1,287,646	\$4,507	0%
5	Telephone	\$159,470	\$162,362	\$2,892	2%
6	Other Utilities	\$59,006	\$47,651	(\$11,355)	-19%
	Total Utilities	\$2,161,487	\$2,167,352	\$5,865	0%
J.	<u>Business Expenses:</u>				
1	Accounting Fees	\$101,754	\$109,696	\$7,942	8%
2	Legal Fees	\$172,001	\$190,419	\$18,418	11%
3	Consulting Fees	\$597,070	\$847,286	\$250,216	42%
4	Dues and Membership	\$0	\$0	\$0	0%
5	Equipment Leases	\$843,286	\$952,987	\$109,701	13%
6	Building Leases	\$595,236	\$550,733	(\$44,503)	-7%
7	Repairs and Maintenance	\$1,404,080	\$1,631,947	\$227,867	16%
8	Insurance	\$234,456	\$258,221	\$23,765	10%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
9	Travel	\$188,671	\$171,129	(\$17,542)	-9%
10	Conferences	\$108,888	\$91,287	(\$17,601)	-16%
11	Property Tax	\$55,932	\$35,297	(\$20,635)	-37%
12	General Supplies	\$738,674	\$748,553	\$9,879	1%
13	Licenses and Subscriptions	\$342,922	\$359,264	\$16,342	5%
14	Postage and Shipping	\$113,955	\$113,459	(\$496)	0%
15	Advertising	\$623,540	\$660,667	\$37,127	6%
16	Other Business Expenses	\$9,093,642	\$8,875,006	(\$218,636)	-2%
	Total Business Expenses	\$15,214,107	\$15,595,951	\$381,844	3%
K.	<u>Other Operating Expense:</u>				
1	Miscellaneous Other Operating Expenses	\$140,477	\$119,639	(\$20,838)	-15%
	Total Operating Expenses - All Expense Categories*	\$93,504,863	\$100,402,359	\$6,897,496	7%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	<u>OPERATING EXPENSE BY DEPARTMENT</u>				
A.	<u>General Services:</u>				
1	General Administration	\$25,362,364	\$27,044,507	\$1,682,143	7%
2	General Accounting	\$720,763	\$883,734	\$162,971	23%
3	Patient Billing & Collection	\$1,147,472	\$1,125,728	(\$21,744)	-2%
4	Admitting / Registration Office	\$1,058,418	\$1,090,166	\$31,748	3%
5	Data Processing	\$1,780,332	\$2,156,369	\$376,037	21%
6	Communications	\$274,648	\$290,599	\$15,951	6%
7	Personnel	\$717,286	\$801,425	\$84,139	12%
8	Public Relations	\$540,250	\$567,616	\$27,366	5%
9	Purchasing	\$735,717	\$706,245	(\$29,472)	-4%
10	Dietary and Cafeteria	\$1,562,434	\$1,607,901	\$45,467	3%
11	Housekeeping	\$1,246,218	\$1,292,611	\$46,393	4%
12	Laundry & Linen	\$499,553	\$498,349	(\$1,204)	0%
13	Operation of Plant	\$1,827,186	\$1,906,946	\$79,760	4%
14	Security	\$263,058	\$320,429	\$57,371	22%
15	Repairs and Maintenance	\$970,333	\$811,099	(\$159,234)	-16%
16	Central Sterile Supply	\$322,609	\$350,462	\$27,853	9%
17	Pharmacy Department	\$3,811,202	\$4,346,502	\$535,300	14%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$42,839,843	\$45,800,688	\$2,960,845	7%
B.	<u>Professional Services:</u>				
1	Medical Care Administration	\$695,867	\$722,732	\$26,865	4%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,454,126	\$1,392,372	(\$61,754)	-4%
4	Medical Records	\$1,574,796	\$1,549,891	(\$24,905)	-2%
5	Social Service	\$1,153,218	\$1,235,813	\$82,595	7%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$4,878,007	\$4,900,808	\$22,801	0%
C.	<u>Special Services:</u>				
1	Operating Room	\$5,842,989	\$6,103,509	\$260,520	4%
2	Recovery Room	\$576,565	\$536,990	(\$39,575)	-7%
3	Anesthesiology	\$204,854	\$178,729	(\$26,125)	-13%
4	Delivery Room	\$596,858	\$521,101	(\$75,757)	-13%
5	Diagnostic Radiology	\$2,914,020	\$2,984,798	\$70,778	2%
6	Diagnostic Ultrasound	\$271,983	\$314,436	\$42,453	16%
7	Radiation Therapy	\$884,716	\$1,092,104	\$207,388	23%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2008 ACTUAL</u>	<u>FY 2009 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
8	Radioisotopes	\$407,498	\$394,248	(\$13,250)	-3%
9	CT Scan	\$643,209	\$699,651	\$56,442	9%
10	Laboratory	\$5,681,071	\$6,131,048	\$449,977	8%
11	Blood Storing/Processing	\$956,363	\$1,215,290	\$258,927	27%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$301,081	\$317,905	\$16,824	6%
14	Electroencephalography	\$630	\$8	(\$622)	-99%
15	Occupational Therapy	\$33,631	\$8,033	(\$25,598)	-76%
16	Speech Pathology	\$35,318	\$33,281	(\$2,037)	-6%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$733,997	\$802,905	\$68,908	9%
19	Pulmonary Function	\$192,755	\$213,342	\$20,587	11%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$3,946,496	\$3,962,413	\$15,917	0%
23	Renal Dialysis	\$171,814	\$261,664	\$89,850	52%
24	Emergency Room	\$4,544,203	\$4,871,006	\$326,803	7%
25	MRI	\$223,793	\$267,389	\$43,596	19%
26	PET Scan	\$200,607	\$39,601	(\$161,006)	-80%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$220,744	\$220,744	0%
29	Sleep Center	\$268,844	\$353,994	\$85,150	32%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$330,742	\$309,444	(\$21,298)	-6%
32	Occupational Therapy / Physical Therapy	\$591,741	\$481,013	(\$110,728)	-19%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$41,350	\$93,649	\$52,299	126%
	Total Special Services	\$30,597,128	\$32,408,295	\$1,811,167	6%
D.	<u>Routine Services:</u>				
1	Medical & Surgical Units	\$5,680,281	\$6,689,730	\$1,009,449	18%
2	Intensive Care Unit	\$1,699,016	\$2,028,864	\$329,848	19%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,541,788	\$2,590,378	\$48,590	2%
5	Pediatric Unit	\$680,404	\$762,666	\$82,262	12%
6	Maternity Unit	\$741,620	\$832,911	\$91,291	12%
7	Newborn Nursery Unit	\$400,528	\$357,900	(\$42,628)	-11%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$586,690	\$671,770	\$85,080	15%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$1,829,991	\$1,665,815	(\$164,176)	-9%
13	Other Routine Services	\$721,884	\$1,347,246	\$625,362	87%
	Total Routine Services	\$14,882,202	\$16,947,280	\$2,065,078	14%
E.	<u>Other Departments:</u>				
1	Miscellaneous Other Departments	\$307,683	\$345,288	\$37,605	12%
	Total Operating Expenses - All Departments*	\$93,504,863	\$100,402,359	\$6,897,496	7%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$85,871,764	\$ 87,939,108	\$95,678,590
2	Other Operating Revenue	6,021,507	5,802,825	5,573,529
3	Total Operating Revenue	\$91,893,271	\$93,741,933	\$101,252,119
4	Total Operating Expenses	90,848,846	93,504,863	100,402,359
5	Income/(Loss) From Operations	\$1,044,425	\$237,070	\$849,760
6	Total Non-Operating Revenue	2,644,052	827,321	(669,899)
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,688,477	\$1,064,391	\$179,861
B. Profitability Summary				
1	Hospital Operating Margin	1.10%	0.25%	0.84%
2	Hospital Non Operating Margin	2.80%	0.87%	-0.67%
3	Hospital Total Margin	3.90%	1.13%	0.18%
4	Income/(Loss) From Operations	\$1,044,425	\$237,070	\$849,760
5	Total Operating Revenue	\$91,893,271	\$93,741,933	\$101,252,119
6	Total Non-Operating Revenue	\$2,644,052	\$827,321	(\$669,899)
7	Total Revenue	\$94,537,323	\$94,569,254	\$100,582,220
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,688,477	\$1,064,391	\$179,861
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$70,551,748	\$60,861,612	\$41,545,959
2	Hospital Total Net Assets	\$93,512,883	\$80,798,341	\$60,028,996
3	Hospital Change in Total Net Assets	\$93,512,883	(\$12,714,542)	(\$20,769,345)
4	Hospital Change in Total Net Assets %	0.0%	-13.6%	-25.7%
D. Cost Data Summary				
1	Ratio of Cost to Charges	0.59	0.58	0.55
2	Total Operating Expenses	\$90,848,846	\$93,504,863	\$100,402,359
3	Total Gross Revenue	\$149,038,328	\$155,722,889	\$176,391,805
4	Total Other Operating Revenue	\$6,021,507	\$5,802,825	\$5,573,529
5	Private Payment to Cost Ratio	0.98	1.01	1.03
6	Total Non-Government Payments	\$33,478,280	\$33,526,616	\$36,229,111

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
7	Total Uninsured Payments	\$1,631,794	\$884,974	\$1,278,927
8	Total Non-Government Charges	\$59,943,682	\$60,868,342	\$66,299,978
9	Total Uninsured Charges	\$4,757,860	\$4,800,078	\$4,808,316
10	<u>Medicare Payment to Cost Ratio</u>	1.04	1.02	1.03
11	Total Medicare Payments	\$40,370,839	\$41,357,385	\$46,424,315
12	Total Medicare Charges	\$66,319,712	\$69,780,126	\$81,502,019
13	<u>Medicaid Payment to Cost Ratio</u>	0.65	0.66	0.72
14	Total Medicaid Payments	\$6,535,059	\$7,183,390	\$7,895,688
15	Total Medicaid Charges	\$17,266,056	\$18,694,043	\$20,003,148
16	<u>Uncompensated Care Cost</u>	\$2,038,883	\$2,056,204	\$2,033,395
17	Charity Care	\$1,120,766	\$1,110,508	\$1,438,204
18	Bad Debts	\$2,359,177	\$2,441,497	\$2,247,042
19	Total Uncompensated Care	\$3,479,943	\$3,552,005	\$3,685,246
20	<u>Uncompensated Care % of Total Expenses</u>	2.2%	2.2%	2.0%
21	Total Operating Expenses	\$90,848,846	\$93,504,863	\$100,402,359
E.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.27	1.16	1.09
2	Total Current Assets	\$16,122,845	\$16,860,302	\$17,465,011
3	Total Current Liabilities	\$12,698,030	\$14,589,890	\$16,066,605
4	<u>Days Cash on Hand</u>	12	12	15
5	Cash and Cash Equivalents	\$2,842,341	\$2,918,761	\$3,989,039
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$2,842,341	\$2,918,761	\$3,989,039
8	Total Operating Expenses	\$90,848,846	\$93,504,863	\$100,402,359
9	Depreciation Expense	\$5,972,360	\$5,906,031	\$6,176,454
10	Operating Expenses less Depreciation Expense	\$84,876,486	\$87,598,832	\$94,225,905
11	<u>Days Revenue in Patient Accounts Receivable</u>	39.48	36.61	28.26

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
12	Net Patient Accounts Receivable	\$ 9,583,282	\$ 9,382,010	\$ 9,671,762
13	Due From Third Party Payers	\$425,261	\$396,514	\$102,157
14	Due To Third Party Payers	\$720,000	\$957,758	\$2,366,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,288,543	\$ 8,820,766	\$ 7,407,919
16	Total Net Patient Revenue	\$85,871,764	\$ 87,939,108	\$ 95,678,590
17	Average Payment Period	54.61	60.79	62.24
18	Total Current Liabilities	\$12,698,030	\$14,589,890	\$16,066,605
19	Total Operating Expenses	\$90,848,846	\$93,504,863	\$100,402,359
20	Depreciation Expense	\$5,972,360	\$5,906,031	\$6,176,454
21	Total Operating Expenses less Depreciation Expense	\$84,876,486	\$87,598,832	\$94,225,905
F. Solvency Measures Summary				
1	Equity Financing Ratio	74.7	70.1	52.6
2	Total Net Assets	\$93,512,883	\$80,798,341	\$60,028,996
3	Total Assets	\$125,150,192	\$115,186,675	\$114,073,388
4	Cash Flow to Total Debt Ratio	42.0	29.7	27.0
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,688,477	\$1,064,391	\$179,861
6	Depreciation Expense	\$5,972,360	\$5,906,031	\$6,176,454
7	Excess of Revenues Over Expenses and Depreciation Expense	\$9,660,837	\$6,970,422	\$6,356,315
8	Total Current Liabilities	\$12,698,030	\$14,589,890	\$16,066,605
9	Total Long Term Debt	\$10,322,736	\$8,855,354	\$7,435,989
10	Total Current Liabilities and Total Long Term Debt	\$23,020,766	\$23,445,244	\$23,502,594
11	Long Term Debt to Capitalization Ratio	9.9	9.9	11.0
12	Total Long Term Debt	\$10,322,736	\$8,855,354	\$7,435,989
13	Total Net Assets	\$93,512,883	\$80,798,341	\$60,028,996
14	Total Long Term Debt and Total Net Assets	\$103,835,619	\$89,653,695	\$67,464,985
15	Debt Service Coverage Ratio	14.8	14.2	3.6
16	Excess Revenues over Expenses	\$3,688,477	\$1,064,391	\$179,861
17	Interest Expense	\$698,644	\$528,927	\$417,080
18	Depreciation and Amortization Expense	\$5,972,360	\$5,906,031	\$6,176,454

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
19	Principal Payments	\$0	\$0	\$1,485,596
G. <u>Other Financial Ratios</u>				
20	<u>Average Age of Plant</u>	13.6	14.6	14.8
21	Accumulated Depreciation	\$81,080,378	\$86,377,410	\$91,613,715
22	Depreciation and Amortization Expense	\$5,972,360	\$5,906,031	\$6,176,454
H. <u>Utilization Measures Summary</u>				
1	Patient Days	27,487	27,085	28,581
2	Discharges	6,145	6,084	6,320
3	ALOS	4.5	4.5	4.5
4	Staffed Beds	82	78	81
5	Available Beds	-	-	122
6	Licensed Beds	122	122	122
6	Occupancy of Staffed Beds	91.8%	95.1%	96.7%
7	Occupancy of Available Beds	61.7%	60.8%	64.2%
8	Full Time Equivalent Employees	655.0	672.9	684.8
I. <u>Hospital Gross Revenue Payer Mix Percentage</u>				
1	Non-Government Gross Revenue Payer Mix Percentage	37.0%	36.0%	34.9%
2	Medicare Gross Revenue Payer Mix Percentage	44.5%	44.8%	46.2%
3	Medicaid Gross Revenue Payer Mix Percentage	11.6%	12.0%	11.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	3.5%	3.8%	4.5%
5	Uninsured Gross Revenue Payer Mix Percentage	3.2%	3.1%	2.7%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.2%	0.3%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$55,185,822	\$56,068,264	\$61,491,662
9	Medicare Gross Revenue (Charges)	\$66,319,712	\$69,780,126	\$81,502,019
10	Medicaid Gross Revenue (Charges)	\$17,266,056	\$18,694,043	\$20,003,148
11	Other Medical Assistance Gross Revenue (Charges)	\$5,209,238	\$5,978,085	\$7,886,877
12	Uninsured Gross Revenue (Charges)	\$4,757,860	\$4,800,078	\$4,808,316
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$299,640	\$402,293	\$699,783
14	Total Gross Revenue (Charges)	\$149,038,328	\$155,722,889	\$176,391,805
J. <u>Hospital Net Revenue Payer Mix Percentage</u>				
1	Non-Government Net Revenue Payer Mix Percentage	38.9%	38.9%	37.7%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
2	Medicare Net Revenue Payer Mix Percentage	49.3%	49.3%	50.0%
3	Medicaid Net Revenue Payer Mix Percentage	8.0%	8.6%	8.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.7%	1.8%	2.1%
5	Uninsured Net Revenue Payer Mix Percentage	2.0%	1.1%	1.4%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.2%	0.3%	0.3%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$31,846,486	\$32,641,642	\$34,950,184
9	Medicare Net Revenue (Payments)	\$40,370,839	\$41,357,385	\$46,424,315
10	Medicaid Net Revenue (Payments)	\$6,535,059	\$7,183,390	\$7,895,688
11	Other Medical Assistance Net Revenue (Payments)	\$1,411,913	\$1,523,107	\$1,919,416
12	Uninsured Net Revenue (Payments)	\$1,631,794	\$884,974	\$1,278,927
13	CHAMPUS / TRICARE Net Revenue Payments)	\$173,007	\$245,381	\$320,752
14	Total Net Revenue (Payments)	\$81,969,098	\$83,835,879	\$92,789,282
K.	<u>Discharges</u>			
1	Non-Government (Including Self Pay / Uninsured)	2,066	2,016	1,896
2	Medicare	3,112	3,072	3,405
3	Medical Assistance	953	981	994
4	Medicaid	763	771	735
5	Other Medical Assistance	190	210	259
6	CHAMPUS / TRICARE	14	15	25
7	Uninsured (Included In Non-Government)	187	165	123
8	Total	6,145	6,084	6,320
L.	<u>Case Mix Index</u>			
1	Non-Government (Including Self Pay / Uninsured)	1.015200	1.016500	1.037000
2	Medicare	1.442300	1.397700	1.433600
3	Medical Assistance	0.759164	0.844940	0.835140
4	Medicaid	0.754400	0.814200	0.776800
5	Other Medical Assistance	0.778300	0.957800	1.000700
6	CHAMPUS / TRICARE	1.554500	1.089900	1.231300
7	Uninsured (Included In Non-Government)	0.820300	0.969100	0.883800
8	Total Case Mix Index	1.193016	1.181497	1.219694
M.	<u>Emergency Department Visits</u>			
1	Emergency Room - Treated and Admitted	4,021	4,015	4,476
2	Emergency Room - Treated and Discharged	35,152	34,814	34,464
3	Total Emergency Room Visits	39,173	38,829	38,940

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$13,238	\$9,879	(\$3,359)	-25%
2	Inpatient Payments	\$11,949	\$5,808	(\$6,141)	-51%
3	Outpatient Charges	\$14,253	\$21,100	\$6,847	48%
4	Outpatient Payments	\$7,541	\$9,385	\$1,844	24%
5	Discharges	1	1	0	0%
6	Patient Days	6	1	(5)	-83%
7	Outpatient Visits (Excludes ED Visits)	31	43	12	39%
8	Emergency Department Outpatient Visits	9	10	1	11%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$27,491	\$30,979	\$3,488	13%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$19,490	\$15,193	(\$4,297)	-22%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$34,329	\$34,329	0%
2	Inpatient Payments	\$0	\$15,248	\$15,248	0%
3	Outpatient Charges	\$0	\$15,082	\$15,082	0%
4	Outpatient Payments	\$0	\$5,503	\$5,503	0%
5	Discharges	0	2	2	0%
6	Patient Days	0	17	17	0%
7	Outpatient Visits (Excludes ED Visits)	0	53	53	0%
8	Emergency Department Outpatient Visits	0	6	6	0%
9	Emergency Department Inpatient Admissions	0	2	2	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$49,411	\$49,411	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$20,751	\$20,751	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$245,622	\$1,020,159	\$774,537	315%
2	Inpatient Payments	\$158,022	\$544,251	\$386,229	244%
3	Outpatient Charges	\$355,232	\$1,078,498	\$723,266	204%
4	Outpatient Payments	\$190,680	\$365,682	\$175,002	92%
5	Discharges	18	71	53	294%
6	Patient Days	78	305	227	291%
7	Outpatient Visits (Excludes ED Visits)	536	1,837	1,301	243%
8	Emergency Department Outpatient Visits	54	150	96	178%
9	Emergency Department Inpatient Admissions	15	56	41	273%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$600,854	\$2,098,657	\$1,497,803	249%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$348,702	\$909,933	\$561,231	161%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$448,462	\$899,845	\$451,383	101%
2	Inpatient Payments	\$263,105	\$478,399	\$215,294	82%
3	Outpatient Charges	\$453,427	\$392,963	(\$60,464)	-13%
4	Outpatient Payments	\$197,405	\$194,407	(\$2,998)	-2%
5	Discharges	31	57	26	84%
6	Patient Days	158	279	121	77%
7	Outpatient Visits (Excludes ED Visits)	758	627	(131)	-17%
8	Emergency Department Outpatient Visits	124	112	(12)	-10%
9	Emergency Department Inpatient Admissions	27	52	25	93%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$901,889	\$1,292,808	\$390,919	43%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$460,510	\$672,806	\$212,296	46%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$76,342	\$49,666	(\$26,676)	-35%
2	Inpatient Payments	\$41,318	\$30,493	(\$10,825)	-26%
3	Outpatient Charges	\$27,403	\$27,080	(\$323)	-1%
4	Outpatient Payments	\$11,418	\$9,808	(\$1,610)	-14%
5	Discharges	5	5	0	0%
6	Patient Days	23	14	(9)	-39%
7	Outpatient Visits (Excludes ED Visits)	32	45	13	41%
8	Emergency Department Outpatient Visits	18	11	(7)	-39%
9	Emergency Department Inpatient Admissions	4	5	1	25%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$103,745	\$76,746	(\$26,999)	-26%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$52,736	\$40,301	(\$12,435)	-24%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$24,769	\$24,769	0%
2	Inpatient Payments	\$0	\$11,096	\$11,096	0%
3	Outpatient Charges	\$0	\$778	\$778	0%
4	Outpatient Payments	\$0	\$441	\$441	0%
5	Discharges	0	1	1	0%
6	Patient Days	0	2	2	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	1	1	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$25,547	\$25,547	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$11,537	\$11,537	0%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$2,378	\$69,704	\$67,326	2831%
4	Outpatient Payments	\$799	\$20,291	\$19,492	2440%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	10	116	106	1060%
8	Emergency Department Outpatient Visits	2	14	12	600%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,378	\$69,704	\$67,326	2831%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$799	\$20,291	\$19,492	2440%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$31,799	\$12,195	(\$19,604)	-62%
2	Inpatient Payments	\$26,356	\$8,247	(\$18,109)	-69%
3	Outpatient Charges	\$2,311	\$11,819	\$9,508	411%
4	Outpatient Payments	\$917	\$5,093	\$4,176	455%
5	Discharges	2	1	(1)	-50%
6	Patient Days	13	3	(10)	-77%
7	Outpatient Visits (Excludes ED Visits)	4	4	0	0%
8	Emergency Department Outpatient Visits	2	5	3	150%
9	Emergency Department Inpatient Admissions	2	1	(1)	-50%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$34,110	\$24,014	(\$10,096)	-30%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$27,273	\$13,340	(\$13,933)	-51%
I. AETNA					
1	Inpatient Charges	\$393,276	\$635,687	\$242,411	62%
2	Inpatient Payments	\$230,241	\$421,997	\$191,756	83%
3	Outpatient Charges	\$142,560	\$519,036	\$376,476	264%
4	Outpatient Payments	\$72,590	\$229,706	\$157,116	216%
5	Discharges	25	51	26	104%
6	Patient Days	151	213	62	41%
7	Outpatient Visits (Excludes ED Visits)	459	980	521	114%
8	Emergency Department Outpatient Visits	44	117	73	166%
9	Emergency Department Inpatient Admissions	21	33	12	57%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$535,836	\$1,154,723	\$618,887	115%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$302,831	\$651,703	\$348,872	115%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$9,063	\$6,822	(\$2,241)	-25%
2	Inpatient Payments	\$5,787	\$4,641	(\$1,146)	-20%
3	Outpatient Charges	\$16,426	\$6,819	(\$9,607)	-58%
4	Outpatient Payments	\$9,260	\$4,166	(\$5,094)	-55%
5	Discharges	1	1	0	0%
6	Patient Days	3	2	(1)	-33%
7	Outpatient Visits (Excludes ED Visits)	60	13	(47)	-78%
8	Emergency Department Outpatient Visits	2	3	1	50%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$25,489	\$13,641	(\$11,848)	-46%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$15,047	\$8,807	(\$6,240)	-41%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$22,328	\$22,328	0%
2	Inpatient Payments	\$0	\$18,858	\$18,858	0%
3	Outpatient Charges	\$3,508	\$16,183	\$12,675	361%
4	Outpatient Payments	\$1,412	\$4,053	\$2,641	187%
5	Discharges	0	1	1	0%
6	Patient Days	0	7	7	0%
7	Outpatient Visits (Excludes ED Visits)	2	37	35	1750%
8	Emergency Department Outpatient Visits	3	2	(1)	-33%
9	Emergency Department Inpatient Admissions	1	1	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,508	\$38,511	\$35,003	998%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,412	\$22,911	\$21,499	1523%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$1,757	\$6,048	\$4,291	244%
4	Outpatient Payments	\$644	\$2,006	\$1,362	211%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	10	10	0	0%
8	Emergency Department Outpatient Visits	1	2	1	100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,757	\$6,048	\$4,291	244%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$644	\$2,006	\$1,362	211%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$366	\$366	0%
4	Outpatient Payments	\$0	\$123	\$123	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	1	1	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$366	\$366	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$123	\$123	0%
N. EVERCARE					
1	Inpatient Charges	\$12,562	\$0	(\$12,562)	-100%
2	Inpatient Payments	\$12,329	\$0	(\$12,329)	-100%
3	Outpatient Charges	\$5,764	\$19,835	\$14,071	244%
4	Outpatient Payments	\$2,545	\$3,762	\$1,217	48%
5	Discharges	2	0	(2)	-100%
6	Patient Days	5	0	(5)	-100%
7	Outpatient Visits (Excludes ED Visits)	8	37	29	363%
8	Emergency Department Outpatient Visits	6	5	(1)	-17%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$18,326	\$19,835	\$1,509	8%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$14,874	\$3,762	(\$11,112)	-75%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$1,230,364	\$2,715,679	\$1,485,315	121%
	TOTAL INPATIENT PAYMENTS	\$749,107	\$1,539,038	\$789,931	105%
	TOTAL OUTPATIENT CHARGES	\$1,025,019	\$2,185,311	\$1,160,292	113%
	TOTAL OUTPATIENT PAYMENTS	\$495,211	\$854,426	\$359,215	73%
	TOTAL DISCHARGES	85	191	106	125%
	TOTAL PATIENT DAYS	437	843	406	93%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	1,910	3,804	1,894	99%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	265	438	173	65%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	72	152	80	111%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,255,383	\$4,900,990	\$2,645,607	117%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,244,318	\$2,393,464	\$1,149,146	92%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$1,843,193	\$556,053	(\$1,287,140)	-70%
2	Inpatient Payments	\$988,192	\$306,828	(\$681,364)	-69%
3	Outpatient Charges	\$5,347,462	\$1,301,245	(\$4,046,217)	-76%
4	Outpatient Payments	\$2,074,489	\$595,985	(\$1,478,504)	-71%
5	Discharges	310	78	(232)	-75%
6	Patient Days	1,058	227	(831)	-79%
7	Outpatient Visits (Excludes ED Visits)	7,965	1,822	(6,143)	-77%
8	Emergency Department Outpatient Visits	3,678	1,069	(2,609)	-71%
9	Emergency Department Inpatient Admissions	78	24	(54)	-69%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,190,655	\$1,857,298	(\$5,333,357)	-74%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,062,681	\$902,813	(\$2,159,868)	-71%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$338,132	\$1,145,714	\$807,582	239%
2	Inpatient Payments	\$212,704	\$569,298	\$356,594	168%
3	Outpatient Charges	\$879,109	\$3,609,664	\$2,730,555	311%
4	Outpatient Payments	\$383,042	\$1,405,210	\$1,022,168	267%
5	Discharges	80	222	142	178%
6	Patient Days	204	524	320	157%
7	Outpatient Visits (Excludes ED Visits)	1,359	5,233	3,874	285%
8	Emergency Department Outpatient Visits	631	2,855	2,224	352%
9	Emergency Department Inpatient Admissions	12	36	24	200%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,217,241	\$4,755,378	\$3,538,137	291%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$595,746	\$1,974,508	\$1,378,762	231%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$530,744	\$0	(\$530,744)	-100%
2	Inpatient Payments	\$266,426	\$0	(\$266,426)	-100%
3	Outpatient Charges	\$1,613,269	\$0	(\$1,613,269)	-100%
4	Outpatient Payments	\$667,753	\$0	(\$667,753)	-100%
5	Discharges	88	0	(88)	-100%
6	Patient Days	289	0	(289)	-100%
7	Outpatient Visits (Excludes ED Visits)	2,275	0	(2,275)	-100%
8	Emergency Department Outpatient Visits	1,047	0	(1,047)	-100%
9	Emergency Department Inpatient Admissions	25	0	(25)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,144,013	\$0	(\$2,144,013)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$934,179	\$0	(\$934,179)	-100%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$505,056	\$505,056	0%
2	Inpatient Payments	\$0	\$303,470	\$303,470	0%
3	Outpatient Charges	\$0	\$2,793,332	\$2,793,332	0%
4	Outpatient Payments	\$0	\$1,010,558	\$1,010,558	0%
5	Discharges	0	58	58	0%
6	Patient Days	0	324	324	0%
7	Outpatient Visits (Excludes ED Visits)	0	4,257	4,257	0%
8	Emergency Department Outpatient Visits	0	201	201	0%
9	Emergency Department Inpatient Admissions	0	35	35	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$3,298,388	\$3,298,388	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$1,314,028	\$1,314,028	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	\$31,577	\$0	(\$31,577)	-100%
2	Inpatient Payments	\$12,501	\$0	(\$12,501)	-100%
3	Outpatient Charges	\$143,578	\$0	(\$143,578)	-100%
4	Outpatient Payments	\$55,006	\$0	(\$55,006)	-100%
5	Discharges	5	0	(5)	-100%
6	Patient Days	18	0	(18)	-100%
7	Outpatient Visits (Excludes ED Visits)	179	0	(179)	-100%
8	Emergency Department Outpatient Visits	128	0	(128)	-100%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2009
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2008 ACTUAL	(4) FY 2009 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	3	0	(3)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$175,155	\$0	(\$175,155)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$67,507	\$0	(\$67,507)	-100%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$81,394	\$81,394	0%
2	Inpatient Payments	\$0	\$24,829	\$24,829	0%
3	Outpatient Charges	\$0	\$439,268	\$439,268	0%
4	Outpatient Payments	\$0	\$154,520	\$154,520	0%
5	Discharges	0	14	14	0%
6	Patient Days	0	35	35	0%
7	Outpatient Visits (Excludes ED Visits)	0	527	527	0%
8	Emergency Department Outpatient Visits	0	424	424	0%
9	Emergency Department Inpatient Admissions	0	6	6	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$520,662	\$520,662	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$179,349	\$179,349	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$465,677	\$465,677	0%
2	Inpatient Payments	\$0	\$210,881	\$210,881	0%
3	Outpatient Charges	\$1,087	\$1,759,047	\$1,757,960	161726%
4	Outpatient Payments	\$583	\$564,739	\$564,156	96768%
5	Discharges	0	99	99	0%
6	Patient Days	0	221	221	0%
7	Outpatient Visits (Excludes ED Visits)	0	2,675	2,675	0%
8	Emergency Department Outpatient Visits	2	1,552	1,550	77500%
9	Emergency Department Inpatient Admissions	0	21	21	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,087	\$2,224,724	\$2,223,637	204566%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$583	\$775,620	\$775,037	132939%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$2,743,646	\$2,753,894	\$10,248	0%
	TOTAL INPATIENT PAYMENTS	\$1,479,823	\$1,415,306	(\$64,517)	-4%
	TOTAL OUTPATIENT CHARGES	\$7,984,505	\$9,902,556	\$1,918,051	24%
	TOTAL OUTPATIENT PAYMENTS	\$3,180,873	\$3,731,012	\$550,139	17%
	TOTAL DISCHARGES	483	471	(12)	-2%
	TOTAL PATIENT DAYS	1,569	1,331	(238)	-15%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	11,778	14,514	2,736	23%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	5,486	6,101	615	11%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	118	122	4	3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$10,728,151	\$12,656,450	\$1,928,299	18%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,660,696	\$5,146,318	\$485,622	10%

**CHARLOTTE HUNGERFORD HOSPITAL
 TWELVE MONTHS ACTUAL FILING
 FISCAL YEAR 2009
 REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

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

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	<u>ASSETS</u>				
A.	<u>Current Assets:</u>				
1	Cash and Cash Equivalents	\$2,941,661	\$4,021,421	\$1,079,760	37%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$9,622,809	\$9,891,564	\$268,755	3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$396,514	\$102,157	(\$294,357)	-74%
7	Inventories of Supplies	\$1,666,956	\$1,825,569	\$158,613	10%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,571,294	\$1,892,228	(\$679,066)	-26%
	Total Current Assets	\$17,199,234	\$17,732,939	\$533,705	3%
B.	<u>Noncurrent Assets Whose Use is Limited:</u>				
1	Held by Trustee	\$13,476,546	\$14,994,411	\$1,517,865	11%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$206,373	\$359,776	\$153,403	74%
4	Other Noncurrent Assets Whose Use is Limited	\$2,678,836	\$6,674,126	\$3,995,290	149%
	Total Noncurrent Assets Whose Use is Limited:	\$16,361,755	\$22,028,313	\$5,666,558	35%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$33,763,779	\$27,523,678	(\$6,240,101)	-18%
7	Other Noncurrent Assets	\$1,361,431	\$1,555,668	\$194,237	14%
C.	<u>Net Fixed Assets:</u>				
1	Property, Plant and Equipment	\$130,171,049	\$136,380,516	\$6,209,467	5%
2	Less: Accumulated Depreciation	\$86,425,259	\$91,686,498	\$5,261,239	\$0
	Property, Plant and Equipment, Net	\$43,745,790	\$44,694,018	\$948,228	2%
3	Construction in Progress	\$3,167,618	\$861,053	(\$2,306,565)	-73%
	Total Net Fixed Assets	\$46,913,408	\$45,555,071	(\$1,358,337)	-3%
	Total Assets	\$115,599,607	\$114,395,669	(\$1,203,938)	-1%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$4,167,738	\$3,810,358	(\$357,380)	-9%
2	Salaries, Wages and Payroll Taxes	\$4,278,174	\$4,615,109	\$336,935	8%
3	Due To Third Party Payers	\$957,758	\$2,366,000	\$1,408,242	147%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$1,045,000	\$1,080,000	\$35,000	3%
6	Current Portion of Notes Payable	\$401,623	\$300,392	(\$101,231)	-25%
7	Other Current Liabilities	\$3,918,820	\$4,051,021	\$132,201	3%
	Total Current Liabilities	\$14,769,113	\$16,222,880	\$1,453,767	10%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$4,555,000	\$3,475,000	(\$1,080,000)	-24%
2	Notes Payable (Net of Current Portion)	\$4,300,354	\$3,960,989	(\$339,365)	-8%
	Total Long Term Debt	\$8,855,354	\$7,435,989	(\$1,419,365)	-16%
3	Accrued Pension Liability	\$8,874,031	\$28,349,714	\$19,475,683	219%
4	Other Long Term Liabilities	\$2,069,059	\$2,192,084	\$123,025	6%
	Total Long Term Liabilities	\$19,798,444	\$37,977,787	\$18,179,343	92%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$61,095,321	\$41,711,965	(\$19,383,356)	-32%
2	Temporarily Restricted Net Assets	\$3,401,343	\$2,924,647	(\$476,696)	-14%
3	Permanently Restricted Net Assets	\$16,535,386	\$15,558,390	(\$976,996)	-6%
	Total Net Assets	\$81,032,050	\$60,195,002	(\$20,837,048)	-26%
	Total Liabilities and Net Assets	\$115,599,607	\$114,395,669	(\$1,203,938)	-1%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2008 ACTUAL	FY 2009 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$161,532,679	\$183,421,886	\$21,889,207	14%
2	Less: Allowances	\$70,323,699	\$84,117,826	\$13,794,127	20%
3	Less: Charity Care	\$1,110,508	\$1,438,204	\$327,696	30%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$90,098,472	\$97,865,856	\$7,767,384	9%
5	Other Operating Revenue	\$5,881,539	\$5,612,083	(\$269,456)	-5%
6	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$95,980,011	\$103,477,939	\$7,497,928	8%
B. Operating Expenses:					
1	Salaries and Wages	\$44,748,357	\$48,180,018	\$3,431,661	8%
2	Fringe Benefits	\$11,159,462	\$12,887,310	\$1,727,848	15%
3	Physicians Fees	\$1,158,724	\$900,019	(\$258,705)	-22%
4	Supplies and Drugs	\$10,555,813	\$11,988,735	\$1,432,922	14%
5	Depreciation and Amortization	\$5,922,262	\$6,201,756	\$279,494	5%
6	Bad Debts	\$2,441,497	\$2,247,042	(\$194,455)	-8%
7	Interest	\$653,403	\$563,756	(\$89,647)	-14%
8	Malpractice	\$1,568,612	\$1,515,372	(\$53,240)	-3%
9	Other Operating Expenses	\$18,423,013	\$19,026,780	\$603,767	3%
	Total Operating Expenses	\$96,631,143	\$103,510,788	\$6,879,645	7%
	Income/(Loss) From Operations	(\$651,132)	(\$32,849)	\$618,283	-95%
C. Non-Operating Revenue:					
1	Income from Investments	\$1,576,449	\$0	(\$1,576,449)	-100%
2	Gifts, Contributions and Donations	\$192,033	\$188,183	(\$3,850)	-2%
3	Other Non-Operating Gains/(Losses)	\$74,291	(\$43,176)	(\$117,467)	-158%
	Total Non-Operating Revenue	\$1,842,773	\$145,007	(\$1,697,766)	-92%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,191,641	\$112,158	(\$1,079,483)	-91%
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	\$1,191,641	\$112,158	(\$1,079,483)	-91%

THE CHARLOTTE HUNGERFORD HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2009

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$87,543,427	\$90,098,472	\$97,865,856
2	Other Operating Revenue	6,030,182	5,881,539	5,612,083
3	Total Operating Revenue	\$93,573,609	\$95,980,011	\$103,477,939
4	Total Operating Expenses	93,421,901	96,631,143	103,510,788
5	Income/(Loss) From Operations	\$151,708	(\$651,132)	(\$32,849)
6	Total Non-Operating Revenue	3,479,482	1,842,773	145,007
7	Excess/(Deficiency) of Revenue Over Expenses	\$3,631,190	\$1,191,641	\$112,158
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.16%	-0.67%	-0.03%
2	Parent Corporation Non-Operating Margin	3.59%	1.88%	0.14%
3	Parent Corporation Total Margin	3.74%	1.22%	0.11%
4	Income/(Loss) From Operations	\$151,708	(\$651,132)	(\$32,849)
5	Total Operating Revenue	\$93,573,609	\$95,980,011	\$103,477,939
6	Total Non-Operating Revenue	\$3,479,482	\$1,842,773	\$145,007
7	Total Revenue	\$97,053,091	\$97,822,784	\$103,622,946
8	Excess/(Deficiency) of Revenue Over Expenses	\$3,631,190	\$1,191,641	\$112,158
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$70,658,207	\$61,095,321	\$41,711,965
2	Parent Corporation Total Net Assets	\$93,619,342	\$81,032,050	\$60,195,002
3	Parent Corporation Change in Total Net Assets	\$93,619,342	(\$12,587,292)	(\$20,837,048)
4	Parent Corporation Change in Total Net Assets %	0.0%	-13.4%	-25.7%

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2007	FY 2008	FY 2009
D. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1.27	1.16	1.09
2	Total Current Assets	\$16,317,573	\$17,199,234	\$17,732,939
3	Total Current Liabilities	\$12,836,060	\$14,769,113	\$16,222,880
4	<u>Days Cash on Hand</u>	12	12	15
5	Cash and Cash Equivalents	\$2,852,689	\$2,941,661	\$4,021,421
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$2,852,689	\$2,941,661	\$4,021,421
8	Total Operating Expenses	\$93,421,901	\$96,631,143	\$103,510,788
9	Depreciation Expense	\$5,984,424	\$5,922,262	\$6,201,756
10	Operating Expenses less Depreciation Expense	\$87,437,477	\$90,708,881	\$97,309,032
11	<u>Days Revenue in Patient Accounts Receivable</u>	39	37	28
12	Net Patient Accounts Receivable	\$ 9,767,662	\$ 9,622,809	\$ 9,891,564
13	Due From Third Party Payers	\$425,261	\$396,514	\$102,157
14	Due To Third Party Payers	\$720,000	\$957,758	\$2,366,000
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 9,472,923	\$ 9,061,565	\$ 7,627,721
16	Total Net Patient Revenue	\$87,543,427	\$90,098,472	\$97,865,856
17	<u>Average Payment Period</u>	54	59	61
18	Total Current Liabilities	\$12,836,060	\$14,769,113	\$16,222,880
19	Total Operating Expenses	\$93,421,901	\$96,631,143	\$103,510,788
20	Depreciation Expense	\$5,984,424	\$5,922,262	\$6,201,756
21	Total Operating Expenses less Depreciation Expense	\$87,437,477	\$90,708,881	\$97,309,032

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2007</u>	<u>FY 2008</u>	<u>FY 2009</u>
E. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	74.7	70.1	52.6
2	Total Net Assets	\$93,619,342	\$81,032,050	\$60,195,002
3	Total Assets	\$125,394,681	\$115,599,607	\$114,395,669
4	<u>Cash Flow to Total Debt Ratio</u>	41.5	30.1	26.7
5	Excess/(Deficiency) of Revenues Over Expenses	\$3,631,190	\$1,191,641	\$112,158
6	Depreciation Expense	\$5,984,424	\$5,922,262	\$6,201,756
7	Excess of Revenues Over Expenses and Depreciation Expense	\$9,615,614	\$7,113,903	\$6,313,914
8	Total Current Liabilities	\$12,836,060	\$14,769,113	\$16,222,880
9	Total Long Term Debt	\$10,322,736	\$8,855,354	\$7,435,989
10	Total Current Liabilities and Total Long Term Debt	\$23,158,796	\$23,624,467	\$23,658,869
11	<u>Long Term Debt to Capitalization Ratio</u>	9.9	9.9	11.0
12	Total Long Term Debt	\$10,322,736	\$8,855,354	\$7,435,989
13	Total Net Assets	\$93,619,342	\$81,032,050	\$60,195,002
14	Total Long Term Debt and Total Net Assets	\$103,942,078	\$89,887,404	\$67,630,991

CHARLOTTE HUNGERFORD HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2009						
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
		PATIENT	STAFFED	AVAILABLE	OCCUPANCY	OCCUPANCY
LINE	DESCRIPTION	DAYS	BEDS (A)	BEDS	OF STAFFED	OF AVAILABLE
					BEDS (A)	BEDS
1	Adult Medical/Surgical	18,970	52	73	99.9%	71.2%
2	ICU/CCU (Excludes Neonatal ICU)	2,184	6	10	99.7%	59.8%
3	Psychiatric: Ages 0 to 17	78	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	5,229	16	17	89.5%	84.3%
	TOTAL PSYCHIATRIC	5,307	16	17	90.9%	85.5%
5	Rehabilitation	0	0	0	0.0%	0.0%
6	Maternity	965	3	7	88.1%	37.8%
7	Newborn	924	3	13	84.4%	19.5%
8	Neonatal ICU	0	0	0	0.0%	0.0%
9	Pediatric	231	1	2	63.3%	31.6%
10	Other	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	27,657	78	109	97.1%	69.5%
	TOTAL INPATIENT BED UTILIZATION	28,581	81	122	96.7%	64.2%
	TOTAL INPATIENT REPORTED YEAR	28,581	81	122	96.7%	64.2%
	TOTAL INPATIENT PRIOR YEAR	27,085	78	122	95.1%	60.8%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	1,496	3	0	1.5%	3.4%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	6%	4%	0%	2%	6%
	Total Licensed Beds and Bassinets	122				
(A) This number may not exceed the number of available beds for each department or in total.						

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	3,170	3,798	628	20%
2	Outpatient Scans (Excluding Emergency Department Scans)	3,322	3,193	-129	-4%
3	Emergency Department Scans	5,484	6,096	612	11%
4	Other Non-Hospital Providers' Scans (A)	2,174	2,037	-137	-6%
	Total CT Scans	14,150	15,124	974	7%
B. MRI Scans (A)					
1	Inpatient Scans	361	503	142	39%
2	Outpatient Scans (Excluding Emergency Department Scans)	129	229	100	78%
3	Emergency Department Scans	149	107	-42	-28%
4	Other Non-Hospital Providers' Scans (A)	6,127	5,751	-376	-6%
	Total MRI Scans	6,766	6,590	-176	-3%
C. PET Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	153	22	-131	-86%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	423	417	-6	-1%
	Total PET Scans	576	439	-137	-24%
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	38	81	43	113%
2	Outpatient Procedures	5,104	4,951	-153	-3%
	Total Linear Accelerator Procedures	5,142	5,032	-110	-2%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,386	1,276	-110	-8%
2	Outpatient Surgical Procedures	2,862	2,787	-75	-3%
	Total Surgical Procedures	4,248	4,063	-185	-4%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
J.	<u>Endoscopy Procedures</u>				
1	Inpatient Endoscopy Procedures	365	412	47	13%
2	Outpatient Endoscopy Procedures	668	661	-7	-1%
	Total Endoscopy Procedures	1,033	1,073	40	4%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	4,015	4,476	461	11%
2	Emergency Room Visits: Treated and Discharged	34,814	34,464	-350	-1%
	Total Emergency Room Visits	38,829	38,940	111	0%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	3,486	3,710	224	6%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	29,228	30,835	1,607	5%
4	Medical Clinic Visits	12,840	12,657	-183	-1%
5	Specialty Clinic Visits	1,603	1,609	6	0%
	Total Hospital Clinic Visits	47,157	48,811	1,654	4%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	3,649	3,725	76	2%
2	Cardiology	3,568	3,504	-64	-2%
3	Chemotherapy	116	131	15	13%
4	Gastroenterology	1,359	1,286	-73	-5%
5	Other Outpatient Visits	112,281	113,508	1,227	1%
	Total Other Hospital Outpatient Visits	120,973	122,154	1,181	1%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	270.1	276.8	6.7	2%
2	Total Physician FTEs	13.5	18.0	4.5	33%
3	Total Non-Nursing and Non-Physician FTEs	389.3	390.0	0.7	0%
	Total Hospital Full Time Equivalent Employees	672.9	684.8	11.9	2%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Charlotte Hungerford Hospital	2,862	2,787	-75	-3%
	Total Outpatient Surgical Procedures(A)	2,862	2,787	-75	-3%
B. Outpatient Endoscopy Procedures					
1	Charlotte Hungerford Hospital	668	661	-7	-1%
	Total Outpatient Endoscopy Procedures(B)	668	661	-7	-1%
C. Outpatient Hospital Emergency Room Visits					
1	Charlotte Hungerford Hospital	27,833	27,606	-227	-1%
2	HEMC	6,981	6,858	-123	-2%
	Total Outpatient Hospital Emergency Room Visits(C)	34,814	34,464	-350	-1%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$40,339,876	\$49,306,977	\$8,967,101	22%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$28,157,514	\$32,935,779	\$4,778,265	17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	69.80%	66.80%	-3.00%	-4%
4	DISCHARGES	3,072	3,405	333	11%
5	CASE MIX INDEX (CMI)	1.39770	1.43360	0.03590	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,293,73440	4,881.40800	587.67360	14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,557.81	\$6,747.19	\$189.37	3%
8	PATIENT DAYS	15,320	17,327	2,007	13%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,837.96	\$1,900.84	\$62.88	3%
10	AVERAGE LENGTH OF STAY	5.0	5.1	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$29,440,250	\$32,195,042	\$2,754,792	9%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$13,199,871	\$13,488,536	\$288,665	2%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.84%	41.90%	-2.94%	-7%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	72.98%	65.30%	-7.69%	-11%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,241.96148	2,223.29830	(18.66318)	-1%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,887.64	\$6,066.90	\$179.26	3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$69,780,126	\$81,502,019	\$11,721,893	17%
18	TOTAL ACCRUED PAYMENTS	\$41,357,385	\$46,424,315	\$5,066,930	12%
19	TOTAL ALLOWANCES	\$28,422,741	\$35,077,704	\$6,654,963	23%

CHARLOTTE HUNGERFORD HOSPITAL					
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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$18,720,526	\$20,271,304	\$1,550,778	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$11,840,634	\$13,484,961	\$1,644,327	14%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	63.25%	66.52%	3.27%	5%
4	DISCHARGES	2,016	1,896	(120)	-6%
5	CASE MIX INDEX (CMI)	1.01650	1.03700	0.02050	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,049.26400	1,966.15200	(83.11200)	-4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,777.99	\$6,858.55	\$1,080.56	19%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$779.82	(\$111.37)	(\$891.19)	-114%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,598,059	(\$218,963)	(\$1,817,023)	-114%
10	PATIENT DAYS	7,207	6,787	(420)	-6%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,642.94	\$1,986.88	\$343.95	21%
12	AVERAGE LENGTH OF STAY	3.6	3.6	0.0	0%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$42,147,816	\$46,028,674	\$3,880,858	9%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,685,982	\$22,744,150	\$1,058,168	5%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	51.45%	49.41%	-2.04%	-4%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	225.14%	227.06%	1.92%	1%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,538.86803	4,305.11850	(233.74953)	-5%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,777.84	\$5,283.05	\$505.21	11%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$1,109.80	\$783.85	(\$325.95)	-29%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,037,257	\$3,374,588	(\$1,662,669)	-33%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$60,868,342	\$66,299,978	\$5,431,636	9%
22	TOTAL ACCRUED PAYMENTS	\$33,526,616	\$36,229,111	\$2,702,495	8%
23	TOTAL ALLOWANCES	\$27,341,726	\$30,070,867	\$2,729,141	10%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,635,316	\$3,155,625	(\$3,479,692)	-52%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$58,695,841	\$65,804,567	\$7,108,726	12%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$37,078,622	\$39,914,356	\$2,835,734	8%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,617,219	\$25,890,211	\$4,272,992	20%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	36.83%	39.34%	2.51%	

CHARLOTTE HUNGERFORD HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
C.	UNINSURED				
	UNINSURED INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$1,553,328	\$1,170,201	(\$383,127)	-25%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$286,382	\$311,253	\$24,871	9%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	18.44%	26.60%	8.16%	44%
4	DISCHARGES	165	123	(42)	-25%
5	CASE MIX INDEX (CMI)	0.96910	0.88380	(0.08530)	-9%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	159.90150	108.70740	(51.19410)	-32%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,790.99	\$2,863.22	\$1,072.23	60%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$3,987.00	\$3,995.34	\$8.33	0%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$4,766.82	\$3,883.97	(\$882.85)	-19%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$762,222	\$422,216	(\$340,006)	-45%
11	PATIENT DAYS	773	576	(197)	-25%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$370.48	\$540.37	\$169.89	46%
13	AVERAGE LENGTH OF STAY	4.7	4.7	(0.0)	0%
	UNINSURED OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,246,750	\$3,638,115	\$391,365	12%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$598,592	\$967,674	\$369,082	62%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	18.44%	26.60%	8.16%	44%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	209.02%	310.90%	101.88%	49%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	344.88128	382.40281	37.52152	11%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,735.65	\$2,530.51	\$794.86	46%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$3,042.19	\$2,752.54	(\$289.65)	-10%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,152.00	\$3,536.39	(\$615.60)	-15%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,431,946	\$1,352,327	(\$79,619)	-6%
	UNINSURED TOTALS (INPATIENT AND OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$4,800,078	\$4,808,316	\$8,238	0%
24	TOTAL ACCRUED PAYMENTS	\$884,974	\$1,278,927	\$393,953	45%
25	TOTAL ALLOWANCES	\$3,915,104	\$3,529,389	(\$385,715)	-10%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,194,169	\$1,774,543	(\$419,625)	-19%

CHARLOTTE HUNGERFORD HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$6,597,759	\$5,912,856	(\$684,903)	-10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,149,597	\$2,971,140	(\$178,457)	-6%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	47.74%	50.25%	2.51%	5%
4	DISCHARGES	771	735	(36)	-5%
5	CASE MIX INDEX (CMI)	0.81420	0.77680	(0.03740)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	627.74820	570.94800	(56.80020)	-9%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,017.29	\$5,203.87	\$186.58	4%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$760.70	\$1,654.68	\$893.98	118%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$1,540.52	\$1,543.32	\$2.80	0%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$967,059	\$881,154	(\$85,906)	-9%
11	PATIENT DAYS	3,379	2,800	(579)	-17%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$932.11	\$1,061.12	\$129.01	14%
13	AVERAGE LENGTH OF STAY	4.4	3.8	(0.6)	-13%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$12,096,284	\$14,090,292	\$1,994,008	16%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,033,793	\$4,924,548	\$890,755	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	33.35%	34.95%	1.60%	5%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	183.34%	238.30%	54.96%	30%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,413.54587	1,751.49955	337.95368	24%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,853.67	\$2,811.62	(\$42.05)	-1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$1,924.17	\$2,471.43	\$547.26	28%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,033.97	\$3,255.29	\$221.31	7%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,288,662	\$5,701,631	\$1,412,969	33%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$18,694,043	\$20,003,148	\$1,309,105	7%
24	TOTAL ACCRUED PAYMENTS	\$7,183,390	\$7,895,688	\$712,298	10%
25	TOTAL ALLOWANCES	\$11,510,653	\$12,107,460	\$596,807	5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,255,721	\$6,582,784	\$1,327,063	25%

CHARLOTTE HUNGERFORD HOSPITAL					
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FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
E.	OTHER MEDICAL ASSISTANCE (O.M.A.)				
	OTHER MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$2,234,398	\$3,226,414	\$992,016	44%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$671,743	\$880,023	\$208,280	31%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	30.06%	27.28%	-2.79%	-9%
4	DISCHARGES	210	259	49	23%
5	CASE MIX INDEX (CMI)	0.95780	1.00070	0.04290	4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	201.13800	259.18130	58.04330	29%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,339.71	\$3,395.40	\$55.68	2%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,438.28	\$3,463.16	\$1,024.88	42%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$3,218.10	\$3,351.79	\$133.69	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$647,283	\$868,722	\$221,439	34%
11	PATIENT DAYS	1,128	1,534	406	36%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$595.52	\$573.68	(\$21.84)	-4%
13	AVERAGE LENGTH OF STAY	5.4	5.9	0.6	10%
	OTHER MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$3,743,687	\$4,660,463	\$916,776	24%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$851,364	\$1,039,393	\$188,029	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	22.74%	22.30%	-0.44%	-2%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	167.55%	144.45%	-23.10%	-14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	351.85060	374.11811	22.26752	6%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,419.67	\$2,778.25	\$358.57	15%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$2,358.16	\$2,504.80	\$146.64	6%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$3,467.97	\$3,288.66	(\$179.31)	-5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,220,207	\$1,230,345	\$10,138	1%
	OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$5,978,085	\$7,886,877	\$1,908,792	32%
24	TOTAL ACCRUED PAYMENTS	\$1,523,107	\$1,919,416	\$396,309	26%
25	TOTAL ALLOWANCES	\$4,454,978	\$5,967,461	\$1,512,483	34%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$1,867,490	\$2,099,067	\$231,578	12%

CHARLOTTE HUNGERFORD HOSPITAL					
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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
F.	TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)				
	TOTAL MEDICAL ASSISTANCE INPATIENT				
1	INPATIENT ACCRUED CHARGES	\$8,832,157	\$9,139,270	\$307,113	3%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$3,821,340	\$3,851,163	\$29,823	1%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.27%	42.14%	-1.13%	-3%
4	DISCHARGES	981	994	13	1%
5	CASE MIX INDEX (CMI)	0.84494	0.83514	(0.00980)	-1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	828.88620	830.12930	1.24310	0%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,610.21	\$4,639.23	\$29.02	1%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,167.78	\$2,219.32	\$1,051.54	90%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,947.60	\$2,107.96	\$160.35	8%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,614,342	\$1,749,876	\$135,534	8%
11	PATIENT DAYS	4,507	4,334	(173)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$847.87	\$888.59	\$40.73	5%
13	AVERAGE LENGTH OF STAY	4.6	4.4	(0.2)	-5%
	TOTAL MEDICAL ASSISTANCE OUTPATIENT				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$15,839,971	\$18,750,755	\$2,910,784	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$4,885,157	\$5,963,941	\$1,078,784	22%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	30.84%	31.81%	0.97%	3%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	179.34%	205.17%	25.82%	14%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	1,765.39646	2,125.61766	360.22120	20%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,767.17	\$2,805.74	\$38.57	1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,010.67	\$2,477.30	\$466.64	23%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,120.47	\$3,261.16	\$140.69	5%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,508,869	\$6,931,976	\$1,423,107	26%
	TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)				
23	TOTAL ACCRUED CHARGES	\$24,672,128	\$27,890,025	\$3,217,897	13%
24	TOTAL ACCRUED PAYMENTS	\$8,706,497	\$9,815,104	\$1,108,607	13%
25	TOTAL ALLOWANCES	\$15,965,631	\$18,074,921	\$2,109,290	13%

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$148,437	\$360,931	\$212,494	143%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$97,732	\$167,102	\$69,370	71%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	65.84%	46.30%	-19.54%	-30%
4	DISCHARGES	15	25	10	67%
5	CASE MIX INDEX (CMI)	1.08990	1.23130	0.14140	13%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	16.34850	30.78250	14.43400	88%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,978.04	\$5,428.47	(\$549.57)	-9%
8	PATIENT DAYS	51	133	82	161%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,916.31	\$1,256.41	(\$659.91)	-34%
10	AVERAGE LENGTH OF STAY	3.4	5.3	1.9	56%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$253,856	\$338,852	\$84,996	33%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$147,649	\$153,650	\$6,001	4%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$402,293	\$699,783	\$297,490	74%
14	TOTAL ACCRUED PAYMENTS	\$245,381	\$320,752	\$75,371	31%
15	TOTAL ALLOWANCES	\$156,912	\$379,031	\$222,119	142%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$5,802,825	\$5,573,529	(\$229,296)	-4%
2	TOTAL OPERATING EXPENSES	\$93,504,863	\$100,402,359	\$6,897,496	7%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$718,549	\$641,511	(\$77,038)	-11%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,110,508	\$1,438,204	\$327,696	30%
5	BAD DEBTS (CHARGES)	\$2,441,497	\$2,247,042	(\$194,455)	-8%
6	UNCOMPENSATED CARE (CHARGES)	\$3,552,005	\$3,685,246	\$133,241	4%
7	COST OF UNCOMPENSATED CARE	\$1,957,639	\$1,955,585	(\$2,054)	0%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$24,672,128	\$27,890,025	\$3,217,897	13%
9	TOTAL ACCRUED PAYMENTS	\$8,706,497	\$9,815,104	\$1,108,607	13%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$13,597,704	\$14,799,909	\$1,202,205	9%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,891,207	\$4,984,805	\$93,598	2%

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

		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$68,040,996	\$79,078,482	\$11,037,486	16%
2	TOTAL INPATIENT PAYMENTS	\$43,917,220	\$50,439,005	\$6,521,785	15%
3	TOTAL INPATIENT PAYMENTS / CHARGES	64.55%	63.78%	-0.76%	-1%
4	TOTAL DISCHARGES	6,084	6,320	236	4%
5	TOTAL CASE MIX INDEX	1.18150	1.21969	0.03820	3%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	7,188.23310	7,708.47180	520.23870	7%
7	TOTAL OUTPATIENT CHARGES	\$87,681,893	\$97,313,323	\$9,631,430	11%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	128.87%	123.06%	-5.81%	-5%
9	TOTAL OUTPATIENT PAYMENTS	\$39,918,659	\$42,350,277	\$2,431,618	6%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	45.53%	43.52%	-2.01%	-4%
11	TOTAL CHARGES	\$155,722,889	\$176,391,805	\$20,668,916	13%
12	TOTAL PAYMENTS	\$83,835,879	\$92,789,282	\$8,953,403	11%
13	TOTAL PAYMENTS / TOTAL CHARGES	53.84%	52.60%	-1.23%	-2%
14	PATIENT DAYS	27,085	28,581	1,496	6%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$49,320,470	\$58,807,178	\$9,486,708	19%
2	INPATIENT PAYMENTS	\$32,076,586	\$36,954,044	\$4,877,458	15%
3	GOVT. INPATIENT PAYMENTS / CHARGES	65.04%	62.84%	-2.20%	-3%
4	DISCHARGES	4,068	4,424	356	9%
5	CASE MIX INDEX	1.26327	1.29799	0.03473	3%
6	CASE MIX ADJUSTED DISCHARGES	5,138.96910	5,742.31980	603.35070	12%
7	OUTPATIENT CHARGES	\$45,534,077	\$51,284,649	\$5,750,572	13%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	92.32%	87.21%	-5.11%	-6%
9	OUTPATIENT PAYMENTS	\$18,232,677	\$19,606,127	\$1,373,450	8%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	40.04%	38.23%	-1.81%	-5%
11	TOTAL CHARGES	\$94,854,547	\$110,091,827	\$15,237,280	16%
12	TOTAL PAYMENTS	\$50,309,263	\$56,560,171	\$6,250,908	12%
13	TOTAL PAYMENTS / CHARGES	53.04%	51.38%	-1.66%	-3%
14	PATIENT DAYS	19,878	21,794	1,916	10%
15	TOTAL GOVERNMENT DEDUCTIONS	\$44,545,284	\$53,531,656	\$8,986,372	20%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	5.0	5.1	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.6	0.0	0%
3	UNINSURED	4.7	4.7	(0.0)	0%
4	MEDICAID	4.4	3.8	(0.6)	-13%
5	OTHER MEDICAL ASSISTANCE	5.4	5.9	0.6	10%
6	CHAMPUS / TRICARE	3.4	5.3	1.9	56%
7	TOTAL AVERAGE LENGTH OF STAY	4.5	4.5	0.1	2%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2008	FY 2009	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$155,722,889	\$176,391,805	\$20,668,916	13%
2	TOTAL GOVERNMENT DEDUCTIONS	\$44,545,284	\$53,531,656	\$8,986,372	20%
3	UNCOMPENSATED CARE	\$3,552,005	\$3,685,246	\$133,241	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,617,219	\$25,890,211	\$4,272,992	20%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$902,403	\$323,466	(\$578,937)	-64%
6	TOTAL ADJUSTMENTS	\$70,616,911	\$83,430,579	\$12,813,668	18%
7	TOTAL ACCRUED PAYMENTS	\$85,105,978	\$92,961,226	\$7,855,248	9%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$718,549	\$641,511	(\$77,038)	-11%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$85,824,527	\$93,602,737	\$7,778,210	9%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5511362366	0.5306524132	(0.0204838234)	-4%
11	COST OF UNCOMPENSATED CARE	\$1,957,639	\$1,955,585	(\$2,054)	0%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,891,207	\$4,984,805	\$93,598	2%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,848,845	\$6,940,390	\$91,544	1%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$4,288,662	\$5,701,631	\$1,412,969	33%
2	OTHER MEDICAL ASSISTANCE	\$1,867,490	\$2,099,067	\$231,578	12%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,194,169	\$1,774,543	(\$419,625)	-19%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,350,320	\$9,575,241	\$1,224,921	15%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,172,501	\$495,412	(\$1,677,089)	-77.20%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,384,680	\$2,247,797	(\$1,136,883)	-33.59%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$87,939,108	\$95,678,590	\$7,739,482	8.80%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$155,722,889	\$176,391,807	\$20,668,918	13.27%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$3,552,005	\$3,685,246	\$133,241	3.75%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$18,720,526	\$20,271,304	\$1,550,778
2	MEDICARE	\$40,339,876	49,306,977	\$8,967,101
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,832,157	9,139,270	\$307,113
4	MEDICAID	\$6,597,759	5,912,856	(\$684,903)
5	OTHER MEDICAL ASSISTANCE	\$2,234,398	3,226,414	\$992,016
6	CHAMPUS / TRICARE	\$148,437	360,931	\$212,494
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,553,328	1,170,201	(\$383,127)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$49,320,470	\$58,807,178	\$9,486,708
	TOTAL INPATIENT CHARGES	\$68,040,996	\$79,078,482	\$11,037,486
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$42,147,816	\$46,028,674	\$3,880,858
2	MEDICARE	\$29,440,250	32,195,042	\$2,754,792
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,839,971	18,750,755	\$2,910,784
4	MEDICAID	\$12,096,284	14,090,292	\$1,994,008
5	OTHER MEDICAL ASSISTANCE	\$3,743,687	4,660,463	\$916,776
6	CHAMPUS / TRICARE	\$253,856	338,852	\$84,996
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,246,750	3,638,115	\$391,365
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$45,534,077	\$51,284,649	\$5,750,572
	TOTAL OUTPATIENT CHARGES	\$87,681,893	\$97,313,323	\$9,631,430
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$60,868,342	\$66,299,978	\$5,431,636
2	TOTAL MEDICARE	\$69,780,126	\$81,502,019	\$11,721,893
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$24,672,128	\$27,890,025	\$3,217,897
4	TOTAL MEDICAID	\$18,694,043	\$20,003,148	\$1,309,105
5	TOTAL OTHER MEDICAL ASSISTANCE	\$5,978,085	\$7,886,877	\$1,908,792
6	TOTAL CHAMPUS / TRICARE	\$402,293	\$699,783	\$297,490
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,800,078	\$4,808,316	\$8,238
	TOTAL GOVERNMENT CHARGES	\$94,854,547	\$110,091,827	\$15,237,280
	TOTAL CHARGES	\$155,722,889	\$176,391,805	\$20,668,916
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$11,840,634	\$13,484,961	\$1,644,327
2	MEDICARE	\$28,157,514	32,935,779	\$4,778,265
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,821,340	3,851,163	\$29,823
4	MEDICAID	\$3,149,597	2,971,140	(\$178,457)
5	OTHER MEDICAL ASSISTANCE	\$671,743	880,023	\$208,280
6	CHAMPUS / TRICARE	\$97,732	167,102	\$69,370
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$286,382	311,253	\$24,871
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$32,076,586	\$36,954,044	\$4,877,458
	TOTAL INPATIENT PAYMENTS	\$43,917,220	\$50,439,005	\$6,521,785
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$21,685,982	\$22,744,150	\$1,058,168
2	MEDICARE	\$13,199,871	13,488,536	\$288,665
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,885,157	5,963,941	\$1,078,784
4	MEDICAID	\$4,033,793	4,924,548	\$890,755
5	OTHER MEDICAL ASSISTANCE	\$851,364	1,039,393	\$188,029
6	CHAMPUS / TRICARE	\$147,649	153,650	\$6,001
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$598,592	967,674	\$369,082
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$18,232,677	\$19,606,127	\$1,373,450
	TOTAL OUTPATIENT PAYMENTS	\$39,918,659	\$42,350,277	\$2,431,618
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$33,526,616	\$36,229,111	\$2,702,495
2	TOTAL MEDICARE	\$41,357,385	\$46,424,315	\$5,066,930
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$8,706,497	\$9,815,104	\$1,108,607
4	TOTAL MEDICAID	\$7,183,390	\$7,895,688	\$712,298
5	TOTAL OTHER MEDICAL ASSISTANCE	\$1,523,107	\$1,919,416	\$396,309
6	TOTAL CHAMPUS / TRICARE	\$245,381	\$320,752	\$75,371
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$884,974	\$1,278,927	\$393,953
	TOTAL GOVERNMENT PAYMENTS	\$50,309,263	\$56,560,171	\$6,250,908
	TOTAL PAYMENTS	\$83,835,879	\$92,789,282	\$8,953,403

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	12.02%	11.49%	-0.53%
2	MEDICARE	25.90%	27.95%	2.05%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.67%	5.18%	-0.49%
4	MEDICAID	4.24%	3.35%	-0.88%
5	OTHER MEDICAL ASSISTANCE	1.43%	1.83%	0.39%
6	CHAMPUS / TRICARE	0.10%	0.20%	0.11%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.00%	0.66%	-0.33%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	31.67%	33.34%	1.67%
	TOTAL INPATIENT PAYER MIX	43.69%	44.83%	1.14%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	27.07%	26.09%	-0.97%
2	MEDICARE	18.91%	18.25%	-0.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10.17%	10.63%	0.46%
4	MEDICAID	7.77%	7.99%	0.22%
5	OTHER MEDICAL ASSISTANCE	2.40%	2.64%	0.24%
6	CHAMPUS / TRICARE	0.16%	0.19%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2.08%	2.06%	-0.02%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	29.24%	29.07%	-0.17%
	TOTAL OUTPATIENT PAYER MIX	56.31%	55.17%	-1.14%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	14.12%	14.53%	0.41%
2	MEDICARE	33.59%	35.50%	1.91%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.56%	4.15%	-0.41%
4	MEDICAID	3.76%	3.20%	-0.55%
5	OTHER MEDICAL ASSISTANCE	0.80%	0.95%	0.15%
6	CHAMPUS / TRICARE	0.12%	0.18%	0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.34%	0.34%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	38.26%	39.83%	1.56%
	TOTAL INPATIENT PAYER MIX	52.38%	54.36%	1.97%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	25.87%	24.51%	-1.36%
2	MEDICARE	15.74%	14.54%	-1.21%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.83%	6.43%	0.60%
4	MEDICAID	4.81%	5.31%	0.50%
5	OTHER MEDICAL ASSISTANCE	1.02%	1.12%	0.10%
6	CHAMPUS / TRICARE	0.18%	0.17%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.71%	1.04%	0.33%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	21.75%	21.13%	-0.62%
	TOTAL OUTPATIENT PAYER MIX	47.62%	45.64%	-1.97%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,016	1,896	(120)
2	MEDICARE	3,072	3,405	333
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	981	994	13
4	MEDICAID	771	735	(36)
5	OTHER MEDICAL ASSISTANCE	210	259	49
6	CHAMPUS / TRICARE	15	25	10
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	165	123	(42)
	TOTAL GOVERNMENT DISCHARGES	4,068	4,424	356
	TOTAL DISCHARGES	6,084	6,320	236
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	7,207	6,787	(420)
2	MEDICARE	15,320	17,327	2,007
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,507	4,334	(173)
4	MEDICAID	3,379	2,800	(579)
5	OTHER MEDICAL ASSISTANCE	1,128	1,534	406
6	CHAMPUS / TRICARE	51	133	82
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	773	576	(197)
	TOTAL GOVERNMENT PATIENT DAYS	19,878	21,794	1,916
	TOTAL PATIENT DAYS	27,085	28,581	1,496
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.6	3.6	0.0
2	MEDICARE	5.0	5.1	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.6	4.4	(0.2)
4	MEDICAID	4.4	3.8	(0.6)
5	OTHER MEDICAL ASSISTANCE	5.4	5.9	0.6
6	CHAMPUS / TRICARE	3.4	5.3	1.9
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.7	4.7	(0.0)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.9	4.9	0.0
	TOTAL AVERAGE LENGTH OF STAY	4.5	4.5	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.01650	1.03700	0.02050
2	MEDICARE	1.39770	1.43360	0.03590
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.84494	0.83514	(0.00980)
4	MEDICAID	0.81420	0.77680	(0.03740)
5	OTHER MEDICAL ASSISTANCE	0.95780	1.00070	0.04290
6	CHAMPUS / TRICARE	1.08990	1.23130	0.14140
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.96910	0.88380	(0.08530)
	TOTAL GOVERNMENT CASE MIX INDEX	1.26327	1.29799	0.03473
	TOTAL CASE MIX INDEX	1.18150	1.21969	0.03820
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$58,695,841	\$65,804,567	\$7,108,726
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$37,078,622	\$39,914,356	\$2,835,734
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,617,219	\$25,890,211	\$4,272,992
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	36.83%	39.34%	2.51%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$2,172,501	\$495,412	(\$1,677,089)
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$902,403	\$323,466	(\$578,937)
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT OHCA INPUT)	\$718,549	\$641,511	(\$77,038)
8	CHARITY CARE	\$1,110,508	\$1,438,204	\$327,696
9	BAD DEBTS	\$2,441,497	\$2,247,042	(\$194,455)
10	TOTAL UNCOMPENSATED CARE	\$3,552,005	\$3,685,246	\$133,241
11	TOTAL OTHER OPERATING REVENUE	\$58,695,841	\$65,804,567	\$7,108,726
12	TOTAL OPERATING EXPENSES	\$93,504,863	\$100,402,359	\$6,897,496

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

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	2,049.26400	1,966.15200	(83.11200)
2	MEDICARE	4,293.73440	4,881.40800	587.67360
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	828.88620	830.12930	1.24310
4	MEDICAID	627.74820	570.94800	(56.80020)
5	OTHER MEDICAL ASSISTANCE	201.13800	259.18130	58.04330
6	CHAMPUS / TRICARE	16.34850	30.78250	14.43400
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	159.90150	108.70740	(51.19410)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,138.96910	5,742.31980	603.35070
	TOTAL CASE MIX ADJUSTED DISCHARGES	7,188.23310	7,708.47180	520.23870
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,538.86803	4,305.11850	-233.74953
2	MEDICARE	2,241.96148	2,223.29830	-18.66318
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,765.39646	2,125.61766	360.22120
4	MEDICAID	1,413.54587	1,751.49955	337.95368
5	OTHER MEDICAL ASSISTANCE	351.85060	374.11811	22.26752
6	CHAMPUS / TRICARE	25.65290	23.47069	-2.18221
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	344.88128	382.40281	37.52152
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	4,033.01084	4,372.38665	339.37581
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	8,571.87888	8,677.50515	105.62627
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,777.99	\$6,858.55	\$1,080.56
2	MEDICARE	\$6,557.81	\$6,747.19	\$189.37
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,610.21	\$4,639.23	\$29.02
4	MEDICAID	\$5,017.29	\$5,203.87	\$186.58
5	OTHER MEDICAL ASSISTANCE	\$3,339.71	\$3,395.40	\$55.68
6	CHAMPUS / TRICARE	\$5,978.04	\$5,428.47	(\$549.57)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,790.99	\$2,863.22	\$1,072.23
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,241.83	\$6,435.39	\$193.55
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,109.60	\$6,543.32	\$433.72
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$4,777.84	\$5,283.05	\$505.21
2	MEDICARE	\$5,887.64	\$6,066.90	\$179.26
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$2,767.17	\$2,805.74	\$38.57
4	MEDICAID	\$2,853.67	\$2,811.62	(\$42.05)
5	OTHER MEDICAL ASSISTANCE	\$2,419.67	\$2,778.25	\$358.57
6	CHAMPUS / TRICARE	\$5,755.64	\$6,546.46	\$790.82
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,735.65	\$2,530.51	\$794.86
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,520.86	\$4,484.08	(\$36.78)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,656.93	\$4,880.47	\$223.53

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$4,288,662	\$5,701,631	\$1,412,969
2	OTHER MEDICAL ASSISTANCE	\$1,867,490	\$2,099,067	\$231,578
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,194,169	\$1,774,543	(\$419,625)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$8,350,320	\$9,575,241	\$1,224,921
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$155,722,889	\$176,391,805	\$20,668,916
2	TOTAL GOVERNMENT DEDUCTIONS	\$44,545,284	\$53,531,656	\$8,986,372
3	UNCOMPENSATED CARE	\$3,552,005	\$3,685,246	\$133,241
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$21,617,219	\$25,890,211	\$4,272,992
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$902,403	\$323,466	(\$578,937)
6	TOTAL ADJUSTMENTS	\$70,616,911	\$83,430,579	\$12,813,668
7	TOTAL ACCRUED PAYMENTS	\$85,105,978	\$92,961,226	\$7,855,248
8	UCP DSH PAYMENTS (OHCA INPUT)	\$718,549	\$641,511	(\$77,038)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$85,824,527	\$93,602,737	\$7,778,210
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5511362366	0.5306524132	(0.0204838234)
11	COST OF UNCOMPENSATED CARE	\$1,957,639	\$1,955,585	(\$2,054)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,891,207	\$4,984,805	\$93,598
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$6,848,845	\$6,940,390	\$91,544
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	63.25%	66.52%	3.27%
2	MEDICARE	69.80%	66.80%	-3.00%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	43.27%	42.14%	-1.13%
4	MEDICAID	47.74%	50.25%	2.51%
5	OTHER MEDICAL ASSISTANCE	30.06%	27.28%	-2.79%
6	CHAMPUS / TRICARE	65.84%	46.30%	-19.54%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	18.44%	26.60%	8.16%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	65.04%	62.84%	-2.20%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	64.55%	63.78%	-0.76%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	51.45%	49.41%	-2.04%
2	MEDICARE	44.84%	41.90%	-2.94%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	30.84%	31.81%	0.97%
4	MEDICAID	33.35%	34.95%	1.60%
5	OTHER MEDICAL ASSISTANCE	22.74%	22.30%	-0.44%
6	CHAMPUS / TRICARE	58.16%	45.34%	-12.82%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	18.44%	26.60%	8.16%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	40.04%	38.23%	-1.81%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	45.53%	43.52%	-2.01%

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$83,835,879	\$92,789,282	\$8,953,403
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$718,549	\$641,511	(\$77,038)
	OHCA DEFINED NET REVENUE	\$84,554,428	\$93,430,793	\$8,876,365
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,384,680	\$2,247,797	(\$1,136,883)
4	CALCULATED NET REVENUE	\$91,650,703	\$95,678,590	\$4,027,887
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$87,939,108	\$95,678,590	\$7,739,482
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3,711,595	\$0	(\$3,711,595)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$155,722,889	\$176,391,805	\$20,668,916
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$155,722,889	\$176,391,805	\$20,668,916
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$155,722,889	\$176,391,807	\$20,668,918
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	(\$2)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,552,005	\$3,685,246	\$133,241
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,552,005	\$3,685,246	\$133,241
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,552,005	\$3,685,246	\$133,241
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

CHARLOTTE HUNGERFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$20,271,304
2	MEDICARE	49,306,977
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,139,270
4	MEDICAID	5,912,856
5	OTHER MEDICAL ASSISTANCE	3,226,414
6	CHAMPUS / TRICARE	360,931
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,170,201
	TOTAL INPATIENT GOVERNMENT CHARGES	\$58,807,178
	TOTAL INPATIENT CHARGES	\$79,078,482
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$46,028,674
2	MEDICARE	32,195,042
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	18,750,755
4	MEDICAID	14,090,292
5	OTHER MEDICAL ASSISTANCE	4,660,463
6	CHAMPUS / TRICARE	338,852
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,638,115
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$51,284,649
	TOTAL OUTPATIENT CHARGES	\$97,313,323
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$66,299,978
2	TOTAL GOVERNMENT ACCRUED CHARGES	110,091,827
	TOTAL ACCRUED CHARGES	\$176,391,805
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,484,961
2	MEDICARE	32,935,779
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,851,163
4	MEDICAID	2,971,140
5	OTHER MEDICAL ASSISTANCE	880,023
6	CHAMPUS / TRICARE	167,102
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	311,253
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$36,954,044
	TOTAL INPATIENT PAYMENTS	\$50,439,005
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,744,150
2	MEDICARE	13,488,536
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5,963,941
4	MEDICAID	4,924,548
5	OTHER MEDICAL ASSISTANCE	1,039,393
6	CHAMPUS / TRICARE	153,650
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	967,674
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$19,606,127
	TOTAL OUTPATIENT PAYMENTS	\$42,350,277
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$36,229,111
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	56,560,171
	TOTAL ACCRUED PAYMENTS	\$92,789,282

CHARLOTTE HUNGERFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2009		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2009
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,896
2	MEDICARE	3,405
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	994
4	MEDICAID	735
5	OTHER MEDICAL ASSISTANCE	259
6	CHAMPUS / TRICARE	25
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	123
	TOTAL GOVERNMENT DISCHARGES	4,424
	TOTAL DISCHARGES	6,320
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.03700
2	MEDICARE	1.43360
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.83514
4	MEDICAID	0.77680
5	OTHER MEDICAL ASSISTANCE	1.00070
6	CHAMPUS / TRICARE	1.23130
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.88380
	TOTAL GOVERNMENT CASE MIX INDEX	1.29799
	TOTAL CASE MIX INDEX	1.21969
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$65,804,567
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$39,914,356
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$25,890,211
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.34%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$495,412
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$323,466
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$641,511
8	CHARITY CARE	\$1,438,204
9	BAD DEBTS	\$2,247,042
10	TOTAL UNCOMPENSATED CARE	\$3,685,246
11	TOTAL OTHER OPERATING REVENUE	\$5,573,529
12	TOTAL OPERATING EXPENSES	\$100,402,359

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$92,789,282
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$641,511
	OHCA DEFINED NET REVENUE	\$93,430,793
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$2,247,797
	CALCULATED NET REVENUE	\$95,678,590
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$95,678,590
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$176,391,805
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$176,391,805
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$176,391,807
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$2)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,685,246
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,685,246
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,685,246
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2009 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2008	ACTUAL FY 2009	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	954	1,199	245	26%
2	Number of Approved Applicants	868	1,188	320	37%
3	Total Charges (A)	\$1,110,508	\$1,438,204	\$327,696	30%
4	Average Charges	\$1,279	\$1,211	(\$69)	-5%
5	Ratio of Cost to Charges (RCC)	0.585895	0.578885	(0.007010)	-1%
6	Total Cost	\$650,641	\$832,555	\$181,914	28%
7	Average Cost	\$750	\$701	(\$49)	-7%
8	Charity Care - Inpatient Charges	\$558,586	\$558,673	\$87	0%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	354,359	627,334	272,975	77%
10	Charity Care - Emergency Department Charges	197,563	252,197	54,634	28%
11	Total Charges (A)	\$1,110,508	\$1,438,204	\$327,696	30%
12	Charity Care - Number of Patient Days	345	297	(48)	-14%
13	Charity Care - Number of Discharges	51	60	9	18%
14	Charity Care - Number of Outpatient ED Visits	408	705	297	73%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,546	2,301	755	49%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$580,208	\$531,574	(\$48,634)	-8%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	670,763	632,487	(38,276)	-6%
3	Bad Debts - Emergency Department	1,190,526	1,082,981	(107,545)	-9%
4	Total Bad Debts (A)	\$2,441,497	\$2,247,042	(\$194,455)	-8%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,110,508	\$1,438,204	\$327,696	30%
2	Bad Debts (A)	2,441,497	2,247,042	(194,455)	-8%
3	Total Uncompensated Care (A)	\$3,552,005	\$3,685,246	\$133,241	4%
4	Uncompensated Care - Inpatient Services	\$1,138,794	\$1,090,247	(\$48,547)	-4%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,025,122	1,259,821	234,699	23%
6	Uncompensated Care - Emergency Department	1,388,089	1,335,178	(52,911)	-4%
7	Total Uncompensated Care (A)	\$3,552,005	\$3,685,246	\$133,241	4%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2009					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2008	FY 2009		
		ACTUAL TOTAL	ACTUAL TOTAL	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>NON-GOVERNMENT</u>	<u>NON-GOVERNMENT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$58,695,841	\$65,804,567	\$7,108,726	12%
2	Total Contractual Allowances	\$21,617,219	\$25,890,211	\$4,272,992	20%
	Total Accrued Payments (A)	\$37,078,622	\$39,914,356	\$2,835,734	8%
	Total Discount Percentage	36.83%	39.34%	2.51%	7%
(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 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$66,668,479	\$68,040,996	\$79,078,482
2	Outpatient Gross Revenue	\$82,369,849	\$87,681,893	\$97,313,323
3	Total Gross Patient Revenue	\$149,038,328	\$155,722,889	\$176,391,805
4	Net Patient Revenue	\$85,871,764	\$87,939,108	\$95,678,590
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$90,848,846	\$93,504,863	\$100,402,359
C. <u>Utilization Statistics</u>				
1	Patient Days	27,487	27,085	28,581
2	Discharges	6,145	6,084	6,320
3	Average Length of Stay	4.5	4.5	4.5
4	Equivalent (Adjusted) Patient Days (EPD)	61,448	61,988	63,753
0	Equivalent (Adjusted) Discharges (ED)	13,737	13,924	14,097
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	1.19302	1.18150	1.21969
2	Case Mix Adjusted Patient Days (CMAPD)	32,792	32,001	34,860
3	Case Mix Adjusted Discharges (CMAD)	7,331	7,188	7,708
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	73,308	73,239	77,759
5	Case Mix Adjusted Equivalent Discharges (CMAED)	16,389	16,451	17,194
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$5,422	\$5,749	\$6,172
2	Total Gross Revenue per Discharge	\$24,254	\$25,595	\$27,910
3	Total Gross Revenue per EPD	\$2,425	\$2,512	\$2,767
4	Total Gross Revenue per ED	\$10,849	\$11,184	\$12,512
5	Total Gross Revenue per CMAEPD	\$2,033	\$2,126	\$2,268
6	Total Gross Revenue per CMAED	\$9,094	\$9,466	\$10,259
7	Inpatient Gross Revenue per EPD	\$1,085	\$1,098	\$1,240
8	Inpatient Gross Revenue per ED	\$4,853	\$4,887	\$5,609

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2009				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2007	ACTUAL FY 2008	ACTUAL FY 2009
F.	<u>Net Revenue Per Statistic</u>			
1	Net Patient Revenue per Patient Day	\$3,124	\$3,247	\$3,348
2	Net Patient Revenue per Discharge	\$13,974	\$14,454	\$15,139
3	Net Patient Revenue per EPD	\$1,397	\$1,419	\$1,501
4	Net Patient Revenue per ED	\$6,251	\$6,316	\$6,787
5	Net Patient Revenue per CMAEPD	\$1,171	\$1,201	\$1,230
6	Net Patient Revenue per CMAED	\$5,240	\$5,345	\$5,565
G.	<u>Operating Expense Per Statistic</u>			
1	Total Operating Expense per Patient Day	\$3,305	\$3,452	\$3,513
2	Total Operating Expense per Discharge	\$14,784	\$15,369	\$15,886
3	Total Operating Expense per EPD	\$1,478	\$1,508	\$1,575
4	Total Operating Expense per ED	\$6,613	\$6,715	\$7,122
5	Total Operating Expense per CMAEPD	\$1,239	\$1,277	\$1,291
6	Total Operating Expense per CMAED	\$5,543	\$5,684	\$5,839
H.	<u>Nursing Salary and Fringe Benefits Expense</u>			
1	Nursing Salary Expense	\$16,070,654	\$17,457,513	\$18,901,408
2	Nursing Fringe Benefits Expense	\$3,992,535	\$4,471,462	\$5,169,877
3	Total Nursing Salary and Fringe Benefits Expense	\$20,063,189	\$21,928,975	\$24,071,285
I.	<u>Physician Salary and Fringe Expense</u>			
1	Physician Salary Expense	\$2,426,326	\$2,698,480	\$3,537,716
2	Physician Fringe Benefits Expense	\$602,788	\$691,172	\$967,629
3	Total Physician Salary and Fringe Benefits Expense	\$3,029,114	\$3,389,652	\$4,505,345
J.	<u>Non-Nursing, Non-Physician Salary and Fringe Benefits Expense</u>			
1	Non-Nursing, Non-Physician Salary Expense	\$22,179,599	\$22,688,049	\$23,798,919
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$5,510,219	\$5,811,181	\$6,509,436
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$27,689,818	\$28,499,230	\$30,308,355
K.	<u>Total Salary and Fringe Benefits Expense</u>			
1	Total Salary Expense	\$40,676,579	\$42,844,042	\$46,238,043
2	Total Fringe Benefits Expense	\$10,105,542	\$10,973,815	\$12,646,942
3	Total Salary and Fringe Benefits Expense	\$50,782,121	\$53,817,857	\$58,884,985