

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$7,223,350	\$5,598,887	(\$1,624,463)	-22%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,152,579	\$13,732,468	\$579,889	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,952,261	\$1,969,907	\$17,646	1%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,171,770	\$1,624,373	(\$547,397)	-25%
	Total Current Assets	\$24,499,960	\$22,925,635	(\$1,574,325)	-6%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$22,585,921	\$23,198,753	\$612,832	3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$7,260,499	\$6,997,698	(\$262,801)	-4%
	Total Noncurrent Assets Whose Use is Limited:	\$29,846,420	\$30,196,451	\$350,031	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$39,735,759	\$39,204,252	(\$531,507)	-1%
7	Other Noncurrent Assets	\$1,077,802	\$1,088,648	\$10,846	1%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$154,679,979	\$160,046,200	\$5,366,221	3%
2	Less: Accumulated Depreciation	\$116,381,671	\$120,950,456	\$4,568,785	4%
	Property, Plant and Equipment, Net	\$38,298,308	\$39,095,744	\$797,436	2%
3	Construction in Progress	\$941,793	\$737,026	(\$204,767)	-22%
	Total Net Fixed Assets	\$39,240,101	\$39,832,770	\$592,669	2%
	Total Assets	\$134,400,042	\$133,247,756	(\$1,152,286)	-1%

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LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$7,275,470	\$8,062,260	\$786,790	11%
2	Salaries, Wages and Payroll Taxes	\$4,456,310	\$4,471,292	\$14,982	0%
3	Due To Third Party Payers	\$1,877,375	\$2,797,659	\$920,284	49%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$715,526	\$531,004	(\$184,522)	-26%
	Total Current Liabilities	\$14,324,681	\$15,862,215	\$1,537,534	11%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$0	\$0	0%
3	Accrued Pension Liability	\$31,585,188	\$42,419,641	\$10,834,453	34%
4	Other Long Term Liabilities	\$3,971,340	\$3,763,019	(\$208,321)	-5%
	Total Long Term Liabilities	\$35,556,528	\$46,182,660	\$10,626,132	30%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$59,368,912	\$44,560,677	(\$14,808,235)	-25%
2	Temporarily Restricted Net Assets	\$3,508,118	\$3,245,317	(\$262,801)	-7%
3	Permanently Restricted Net Assets	\$21,641,803	\$23,396,887	\$1,755,084	8%
	Total Net Assets	\$84,518,833	\$71,202,881	(\$13,315,952)	-16%
	Total Liabilities and Net Assets	\$134,400,042	\$133,247,756	(\$1,152,286)	-1%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$268,038,155	\$285,320,073	\$17,281,918	6%
2	Less: Allowances	\$147,781,220	\$167,576,462	\$19,795,242	13%
3	Less: Charity Care	\$2,935,378	\$1,613,966	(\$1,321,412)	-45%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$117,321,557	\$116,129,645	(\$1,191,912)	-1%
5	Provision for Bad Debts	\$2,699,503	\$2,393,914	(\$305,589)	-11%
	Net Patient Service Revenue less provision for bad debts	\$114,622,054	\$113,735,731	(\$886,323)	-1%
6	Other Operating Revenue	\$7,533,927	\$6,810,203	(\$723,724)	-10%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$122,155,981	\$120,545,934	(\$1,610,047)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$56,702,977	\$55,930,510	(\$772,467)	-1%
2	Fringe Benefits	\$14,032,091	\$14,254,316	\$222,225	2%
3	Physicians Fees	\$4,330,528	\$5,593,737	\$1,263,209	29%
4	Supplies and Drugs	\$11,619,961	\$11,367,243	(\$252,718)	-2%
5	Depreciation and Amortization	\$5,899,420	\$5,917,387	\$17,967	0%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$15,651	\$0	(\$15,651)	-100%
8	Malpractice Insurance Cost	\$1,701,301	\$2,090,487	\$389,186	23%
9	Other Operating Expenses	\$27,696,902	\$26,825,571	(\$871,331)	-3%
	Total Operating Expenses	\$121,998,831	\$121,979,251	(\$19,580)	0%
	Income/(Loss) From Operations	\$157,150	(\$1,433,317)	(\$1,590,467)	-1012%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,689,094	\$2,896,009	\$206,915	8%
2	Gifts, Contributions and Donations	\$110,807	\$323,460	\$212,653	192%
3	Other Non-Operating Gains/(Losses)	\$65,999	(\$258,757)	(\$324,756)	-492%
	Total Non-Operating Revenue	\$2,865,900	\$2,960,712	\$94,812	3%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,023,050	\$1,527,395	(\$1,495,655)	-49%
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	\$3,023,050	\$1,527,395	(\$1,495,655)	-49%
	Principal Payments	\$3,219,468	\$1	(\$3,219,467)	-100%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$52,245,048	\$58,161,044	\$5,915,996	11%
2	MEDICARE MANAGED CARE	\$9,318,141	\$11,410,624	\$2,092,483	22%
3	MEDICAID	\$15,720,382	\$15,900,445	\$180,063	1%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$434,960	\$435,255	\$295	0%
6	COMMERCIAL INSURANCE	\$2,486,570	\$2,444,616	(\$41,954)	-2%
7	NON-GOVERNMENT MANAGED CARE	\$18,179,052	\$16,730,486	(\$1,448,566)	-8%
8	WORKER'S COMPENSATION	\$337,555	\$379,157	\$41,602	12%
9	SELF- PAY/UNINSURED	\$1,554,063	\$692,425	(\$861,638)	-55%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$154,236	\$261,193	\$106,957	69%
	TOTAL INPATIENT GROSS REVENUE	\$100,430,007	\$106,415,245	\$5,985,238	6%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$53,101,756	\$55,008,491	\$1,906,735	4%
2	MEDICARE MANAGED CARE	\$11,342,642	\$13,410,536	\$2,067,894	18%
3	MEDICAID	\$38,108,911	\$44,875,620	\$6,766,709	18%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$708,431	\$584,223	(\$124,208)	-18%
6	COMMERCIAL INSURANCE	\$5,877,399	\$8,683,869	\$2,806,470	48%
7	NON-GOVERNMENT MANAGED CARE	\$52,764,219	\$51,381,976	(\$1,382,243)	-3%
8	WORKER'S COMPENSATION	\$1,281,544	\$1,326,734	\$45,190	4%
9	SELF- PAY/UNINSURED	\$4,301,269	\$3,470,795	(\$830,474)	-19%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$121,983	\$162,584	\$40,601	33%
	TOTAL OUTPATIENT GROSS REVENUE	\$167,608,154	\$178,904,828	\$11,296,674	7%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$105,346,804	\$113,169,535	\$7,822,731	7%
2	MEDICARE MANAGED CARE	\$20,660,783	\$24,821,160	\$4,160,377	20%
3	MEDICAID	\$53,829,293	\$60,776,065	\$6,946,772	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$1,143,391	\$1,019,478	(\$123,913)	-11%
6	COMMERCIAL INSURANCE	\$8,363,969	\$11,128,485	\$2,764,516	33%
7	NON-GOVERNMENT MANAGED CARE	\$70,943,271	\$68,112,462	(\$2,830,809)	-4%
8	WORKER'S COMPENSATION	\$1,619,099	\$1,705,891	\$86,792	5%
9	SELF- PAY/UNINSURED	\$5,855,332	\$4,163,220	(\$1,692,112)	-29%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$276,219	\$423,777	\$147,558	53%
	TOTAL GROSS REVENUE	\$268,038,161	\$285,320,073	\$17,281,912	6%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$28,623,374	\$30,417,945	\$1,794,571	6%
2	MEDICARE MANAGED CARE	\$5,105,109	\$5,967,701	\$862,592	17%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$4,645,830	\$4,738,255	\$92,425	2%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$247,000	\$285,025	\$38,025	15%
6	COMMERCIAL INSURANCE	\$1,628,242	\$1,614,910	(\$13,332)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$11,367,041	\$10,541,436	(\$825,605)	-7%
8	WORKER'S COMPENSATION	\$257,368	\$247,628	(\$9,740)	-4%
9	SELF- PAY/UNINSURED	\$318,975	\$111,960	(\$207,015)	-65%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$49,026	\$54,327	\$5,301	11%
	TOTAL INPATIENT NET REVENUE	\$52,241,965	\$53,979,187	\$1,737,222	3%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$19,511,066	\$17,885,902	(\$1,625,164)	-8%
2	MEDICARE MANAGED CARE	\$3,879,856	\$3,775,636	(\$104,220)	-3%
3	MEDICAID	\$9,397,695	\$11,150,030	\$1,752,335	19%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$242,948	\$232,518	(\$10,430)	-4%
6	COMMERCIAL INSURANCE	\$2,192,296	\$4,684,262	\$2,491,966	114%
7	NON-GOVERNMENT MANAGED CARE	\$26,532,268	\$24,340,680	(\$2,191,588)	-8%
8	WORKER'S COMPENSATION	\$939,453	\$777,524	(\$161,929)	-17%
9	SELF- PAY/UNINSURED	\$882,845	\$561,204	(\$321,641)	-36%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$47,662	\$18,747	(\$28,915)	-61%
	TOTAL OUTPATIENT NET REVENUE	\$63,626,089	\$63,426,503	(\$199,586)	0%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$48,134,440	\$48,303,847	\$169,407	0%
2	MEDICARE MANAGED CARE	\$8,984,965	\$9,743,337	\$758,372	8%
3	MEDICAID	\$14,043,525	\$15,888,285	\$1,844,760	13%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$489,948	\$517,543	\$27,595	6%
6	COMMERCIAL INSURANCE	\$3,820,538	\$6,299,172	\$2,478,634	65%
7	NON-GOVERNMENT MANAGED CARE	\$37,899,309	\$34,882,116	(\$3,017,193)	-8%
8	WORKER'S COMPENSATION	\$1,196,821	\$1,025,152	(\$171,669)	-14%
9	SELF- PAY/UNINSURED	\$1,201,820	\$673,164	(\$528,656)	-44%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$96,688	\$73,074	(\$23,614)	-24%
	TOTAL NET REVENUE	\$115,868,054	\$117,405,690	\$1,537,636	1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	2,842	2,842	0	0%
2	MEDICARE MANAGED CARE	457	521	64	14%
3	MEDICAID	1,172	1,200	28	2%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	39	30	(9)	-23%
6	COMMERCIAL INSURANCE	354	301	(53)	-15%
7	NON-GOVERNMENT MANAGED CARE	1,082	1,013	(69)	-6%
8	WORKER'S COMPENSATION	12	14	2	17%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	137	102	(35)	-26%
10	SAGA	0	0	0	0%
11	OTHER	11	7	(4)	-36%
	TOTAL DISCHARGES	6,106	6,030	(76)	-1%
	B. PATIENT DAYS				
1	MEDICARE TRADITIONAL	13,033	13,982	949	7%
2	MEDICARE MANAGED CARE	2,237	2,579	342	15%
3	MEDICAID	4,662	4,475	(187)	-4%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	133	119	(14)	-11%
6	COMMERCIAL INSURANCE	1,224	991	(233)	-19%
7	NON-GOVERNMENT MANAGED CARE	3,637	3,432	(205)	-6%
8	WORKER'S COMPENSATION	25	41	16	64%
9	SELF- PAY/UNINSURED	613	394	(219)	-36%
10	SAGA	0	0	0	0%
11	OTHER	40	51	11	28%
	TOTAL PATIENT DAYS	25,604	26,064	460	2%
	C. OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	74,006	73,639	(367)	0%
2	MEDICARE MANAGED CARE	15,651	17,629	1,978	13%
3	MEDICAID	43,933	47,832	3,899	9%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	688	676	(12)	-2%
6	COMMERCIAL INSURANCE	17,498	17,173	(325)	-2%
7	NON-GOVERNMENT MANAGED CARE	60,783	60,690	(93)	0%
8	WORKER'S COMPENSATION	1,249	1,175	(74)	-6%
9	SELF- PAY/UNINSURED	9,447	7,819	(1,628)	-17%
10	SAGA	0	0	0	0%
11	OTHER	123	152	29	24%
	TOTAL OUTPATIENT VISITS	223,378	226,785	3,407	2%
	IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER				
	EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE				
A.					
1	MEDICARE TRADITIONAL	\$9,904,048	\$10,795,333	\$891,285	9%
2	MEDICARE MANAGED CARE	\$1,764,163	\$2,197,661	\$433,498	25%
3	MEDICAID	\$14,825,361	\$17,664,076	\$2,838,715	19%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$329,437	\$261,430	(\$68,007)	-21%
6	COMMERCIAL INSURANCE	\$2,971,151	\$3,125,754	\$154,603	5%
7	NON-GOVERNMENT MANAGED CARE	\$9,268,709	\$9,866,864	\$598,155	6%
8	WORKER'S COMPENSATION	\$506,763	\$545,451	\$38,688	8%
9	SELF- PAY/UNINSURED	\$2,109,671	\$1,689,775	(\$419,896)	-20%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$98,332	\$129,901	\$31,569	32%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$41,777,635	\$46,276,245	\$4,498,610	11%
	EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE				
B.					
1	MEDICARE TRADITIONAL	\$2,412,588	\$2,550,857	\$138,269	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 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$469,599	\$556,322	\$86,723	18%
3	MEDICAID	\$3,548,854	\$4,077,879	\$529,025	15%
4	MEDICAID MANAGED CARE	\$0	\$0	\$0	0%
5	CHAMPUS/TRICARE	\$80,430	\$60,992	(\$19,438)	-24%
6	COMMERCIAL INSURANCE	\$1,353,916	\$1,375,684	\$21,768	2%
7	NON-GOVERNMENT MANAGED CARE	\$3,750,602	\$3,643,460	(\$107,142)	-3%
8	WORKER'S COMPENSATION	\$432,740	\$343,492	(\$89,248)	-21%
9	SELF- PAY/UNINSURED	\$1,549,465	\$1,364,790	(\$184,675)	-12%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$30,948	\$26,219	(\$4,729)	-15%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$13,629,142	\$13,999,695	\$370,553	3%
C.	EMERGENCY DEPARTMENT OUTPATIENT VISITS				
1	MEDICARE TRADITIONAL	7,732	8,046	314	4%
2	MEDICARE MANAGED CARE	1,280	1,470	190	15%
3	MEDICAID	12,829	14,438	1,609	13%
4	MEDICAID MANAGED CARE	0	0	0	0%
5	CHAMPUS/TRICARE	262	251	(11)	-4%
6	COMMERCIAL INSURANCE	2,524	2,466	(58)	-2%
7	NON-GOVERNMENT MANAGED CARE	7,991	7,948	(43)	-1%
8	WORKER'S COMPENSATION	662	632	(30)	-5%
9	SELF- PAY/UNINSURED	2,486	2,119	(367)	-15%
10	SAGA	0	0	0	0%
11	OTHER	87	104	17	20%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	35,853	37,474	1,621	5%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. OPERATING EXPENSE BY CATEGORY					
A. Salaries & Wages:					
1	Nursing Salaries	\$22,031,082	\$21,468,707	(\$562,375)	-3%
2	Physician Salaries	\$8,726,511	\$8,229,856	(\$496,655)	-6%
3	Non-Nursing, Non-Physician Salaries	\$25,945,384	\$26,231,947	\$286,563	1%
	Total Salaries & Wages	\$56,702,977	\$55,930,510	(\$772,467)	-1%
B. Fringe Benefits:					
1	Nursing Fringe Benefits	\$5,451,956	\$5,471,464	\$19,508	0%
2	Physician Fringe Benefits	\$2,159,520	\$2,097,442	(\$62,078)	-3%
3	Non-Nursing, Non-Physician Fringe Benefits	\$6,420,615	\$6,685,410	\$264,795	4%
	Total Fringe Benefits	\$14,032,091	\$14,254,316	\$222,225	2%
C. Contractual Labor Fees:					
1	Nursing Fees	\$372,363	\$29,203	(\$343,160)	-92%
2	Physician Fees	\$4,330,528	\$5,593,737	\$1,263,209	29%
3	Non-Nursing, Non-Physician Fees	\$665,011	\$629,292	(\$35,719)	-5%
	Total Contractual Labor Fees	\$5,367,902	\$6,252,232	\$884,330	16%
D. Medical Supplies and Pharmaceutical Cost:					
1	Medical Supplies	\$7,466,603	\$6,839,123	(\$627,480)	-8%
2	Pharmaceutical Costs	\$4,153,358	\$4,528,120	\$374,762	9%
	Total Medical Supplies and Pharmaceutical Cost	\$11,619,961	\$11,367,243	(\$252,718)	-2%
E. Depreciation and Amortization:					
1	Depreciation-Building	\$3,253,883	\$3,327,465	\$73,582	2%
2	Depreciation-Equipment	\$2,607,931	\$2,552,316	(\$55,615)	-2%
3	Amortization	\$37,606	\$37,606	\$0	0%
	Total Depreciation and Amortization	\$5,899,420	\$5,917,387	\$17,967	0%
F. Bad Debts:					
1	Bad Debts	\$0	\$0	\$0	0%
G. Interest Expense:					
1	Interest Expense	\$15,651	\$0	(\$15,651)	-100%
H. Malpractice Insurance Cost:					
1	Malpractice Insurance Cost	\$1,701,301	\$2,090,487	\$389,186	23%
I. Utilities:					
1	Water	\$52,276	\$57,973	\$5,697	11%
2	Natural Gas	\$522,370	\$524,283	\$1,913	0%
3	Oil	\$16,892	\$20,091	\$3,199	19%
4	Electricity	\$1,237,940	\$1,201,174	(\$36,766)	-3%
5	Telephone	\$270,635	\$341,365	\$70,730	26%
6	Other Utilities	\$61,543	\$54,848	(\$6,695)	-11%
	Total Utilities	\$2,161,656	\$2,199,734	\$38,078	2%
J. Business Expenses:					
1	Accounting Fees	\$119,200	\$122,246	\$3,046	3%
2	Legal Fees	\$350,198	\$238,879	(\$111,319)	-32%
3	Consulting Fees	\$348,303	\$376,760	\$28,457	8%
4	Dues and Membership	\$462,298	\$402,452	(\$59,846)	-13%
5	Equipment Leases	\$1,004,686	\$438,024	(\$566,662)	-56%
6	Building Leases	\$1,196,858	\$1,275,205	\$78,347	7%
7	Repairs and Maintenance	\$2,265,969	\$2,205,873	(\$60,096)	-3%
8	Insurance	\$296,453	\$317,373	\$20,920	7%
9	Travel	\$29,278	\$29,281	\$3	0%
10	Conferences	\$163,477	\$154,051	(\$9,426)	-6%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$207,646	\$148,476	(\$59,170)	-28%
12	General Supplies	\$741,960	\$713,955	(\$28,005)	-4%
13	Licenses and Subscriptions	\$149,780	\$153,645	\$3,865	3%
14	Postage and Shipping	\$132,399	\$128,403	(\$3,996)	-3%
15	Advertising	\$224,438	\$236,145	\$11,707	5%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$1,550,271	\$1,546,370	(\$3,901)	0%
18	Computer hardware & small equipment	\$426,459	\$425,189	(\$1,270)	0%
19	Dietary / Food Services	\$1,767,499	\$1,596,472	(\$171,027)	-10%
20	Lab Fees / Red Cross charges	\$4,259,531	\$5,673,241	\$1,413,710	33%
21	Billing & Collection / Bank Fees	\$516,923	\$704,724	\$187,801	36%
22	Recruiting / Employee Education & Recognition	\$411,650	\$261,483	(\$150,167)	-36%
23	Laundry / Linen	\$552,179	\$546,908	(\$5,271)	-1%
24	Professional / Physician Fees	\$1,268,547	\$578,124	(\$690,423)	-54%
25	Waste disposal	\$163,826	\$167,671	\$3,845	2%
26	Purchased Services - Medical	\$1,086,702	\$958,488	(\$128,214)	-12%
27	Purchased Services - Non Medical	\$3,949,666	\$3,831,829	(\$117,837)	-3%
28	Other Business Expenses	\$850,822	\$703,915	(\$146,907)	-17%
	Total Business Expenses	\$24,497,018	\$23,935,182	(\$561,836)	-2%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$854	\$32,160	\$31,306	3666%
	Total Operating Expenses - All Expense Categories*	\$121,998,831	\$121,979,251	(\$19,580)	0%
	*A.-K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$26,573,883	\$27,273,546	\$699,663	3%
2	General Accounting	\$898,613	\$910,683	\$12,070	1%
3	Patient Billing & Collection	\$1,207,033	\$1,324,867	\$117,834	10%
4	Admitting / Registration Office	\$1,067,535	\$1,093,418	\$25,883	2%
5	Data Processing	\$3,854,412	\$3,785,263	(\$69,149)	-2%
6	Communications	\$315,092	\$338,303	\$23,211	7%
7	Personnel	\$941,799	\$869,686	(\$72,113)	-8%
8	Public Relations	\$483,765	\$507,585	\$23,820	5%
9	Purchasing	\$780,961	\$815,481	\$34,520	4%
10	Dietary and Cafeteria	\$1,603,117	\$1,394,839	(\$208,278)	-13%
11	Housekeeping	\$1,490,492	\$1,515,367	\$24,875	2%
12	Laundry & Linen	\$553,111	\$530,774	(\$22,337)	-4%
13	Operation of Plant	\$1,981,853	\$29,418	(\$1,952,435)	-99%
14	Security	\$373,194	\$444,603	\$71,409	19%
15	Repairs and Maintenance	\$951,061	\$3,001,761	\$2,050,700	216%
16	Central Sterile Supply	\$456,310	\$419,026	(\$37,284)	-8%
17	Pharmacy Department	\$5,330,371	\$5,487,853	\$157,482	3%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$48,862,602	\$49,742,473	\$879,871	2%
B.	Professional Services:				
1	Medical Care Administration	\$789,939	\$677,418	(\$112,521)	-14%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,504,562	\$1,653,283	\$148,721	10%
4	Medical Records	\$1,849,687	\$1,661,119	(\$188,568)	-10%
5	Social Service	\$1,471,257	\$1,672,007	\$200,750	14%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$5,615,445	\$5,663,827	\$48,382	1%
C.	Special Services:				

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$6,297,890	\$6,132,237	(\$165,653)	-3%
2	Recovery Room	\$528,626	\$507,983	(\$20,643)	-4%
3	Anesthesiology	\$212,071	\$228,700	\$16,629	8%
4	Delivery Room	\$562,944	\$579,274	\$16,330	3%
5	Diagnostic Radiology	\$2,882,688	\$2,677,605	(\$205,083)	-7%
6	Diagnostic Ultrasound	\$408,632	\$433,273	\$24,641	6%
7	Radiation Therapy	\$1,637,682	\$1,361,327	(\$276,355)	-17%
8	Radioisotopes	\$345,691	\$344,318	(\$1,373)	0%
9	CT Scan	\$645,400	\$447,222	(\$198,178)	-31%
10	Laboratory	\$5,564,933	\$5,269,384	(\$295,549)	-5%
11	Blood Storing/Processing	\$921,046	\$634,907	(\$286,139)	-31%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$222,700	\$235,484	\$12,784	6%
14	Electroencephalography	\$13,026	\$8,856	(\$4,170)	-32%
15	Occupational Therapy	\$27,564	\$28,626	\$1,062	4%
16	Speech Pathology	\$79,050	\$83,428	\$4,378	6%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$923,882	\$905,793	(\$18,089)	-2%
19	Pulmonary Function	\$250,745	\$263,304	\$12,559	5%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$4,994,599	\$4,901,327	(\$93,272)	-2%
23	Renal Dialysis	\$154,448	\$114,768	(\$39,680)	-26%
24	Emergency Room	\$6,602,777	\$7,464,479	\$861,702	13%
25	MRI	\$354,502	\$313,011	(\$41,491)	-12%
26	PET Scan	\$159,771	\$142,195	(\$17,576)	-11%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$338,979	\$351,108	\$12,129	4%
29	Sleep Center	\$485,559	\$455,626	(\$29,933)	-6%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$334,595	\$344,480	\$9,885	3%
32	Occupational Therapy / Physical Therapy	\$1,193,648	\$1,207,153	\$13,505	1%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$118,895	\$124,668	\$5,773	5%
	Total Special Services	\$36,262,343	\$35,560,536	(\$701,807)	-2%
D.	Routine Services:				
1	Medical & Surgical Units	\$7,440,820	\$7,154,972	(\$285,848)	-4%
2	Intensive Care Unit	\$2,681,953	\$2,699,063	\$17,110	1%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,647,412	\$2,270,670	(\$376,742)	-14%
5	Pediatric Unit	\$780,535	\$468,342	(\$312,193)	-40%
6	Maternity Unit	\$775,089	\$670,714	(\$104,375)	-13%
7	Newborn Nursery Unit	\$415,278	\$466,343	\$51,065	12%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$707,320	\$689,577	(\$17,743)	-3%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$13,236,947	\$13,732,498	\$495,551	4%
13	Other Routine Services	\$2,272,565	\$2,572,775	\$300,210	13%
	Total Routine Services	\$30,957,919	\$30,724,954	(\$232,965)	-1%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$300,522	\$287,461	(\$13,061)	-4%
	Total Operating Expenses - All Departments*	\$121,998,831	\$121,979,251	(\$19,580)	0%
	*A.- E. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Statement of Operations Summary				
1	Total Net Patient Revenue	\$116,677,548	\$114,622,054	\$113,735,731
2	Other Operating Revenue	8,250,545	7,533,927	6,810,203
3	Total Operating Revenue	\$124,928,093	\$122,155,981	\$120,545,934
4	Total Operating Expenses	124,899,985	121,998,831	121,979,251
5	Income/(Loss) From Operations	\$28,108	\$157,150	(\$1,433,317)
6	Total Non-Operating Revenue	2,664,812	2,865,900	2,960,712
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,692,920	\$3,023,050	\$1,527,395
B. Profitability Summary				
1	Hospital Operating Margin	0.02%	0.13%	-1.16%
2	Hospital Non Operating Margin	2.09%	2.29%	2.40%
3	Hospital Total Margin	2.11%	2.42%	1.24%
4	Income/(Loss) From Operations	\$28,108	\$157,150	(\$1,433,317)
5	Total Operating Revenue	\$124,928,093	\$122,155,981	\$120,545,934
6	Total Non-Operating Revenue	\$2,664,812	\$2,865,900	\$2,960,712
7	Total Revenue	\$127,592,905	\$125,021,881	\$123,506,646
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,692,920	\$3,023,050	\$1,527,395
C. Net Assets Summary				
1	Hospital Unrestricted Net Assets	\$61,139,349	\$59,368,912	\$44,560,677
2	Hospital Total Net Assets	\$84,555,779	\$84,518,833	\$71,202,881
3	Hospital Change in Total Net Assets	\$22,764,100	(\$36,946)	(\$13,315,952)
4	Hospital Change in Total Net Assets %	136.8%	0.0%	-15.8%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.47	0.44	0.42
2	Total Operating Expenses	\$124,899,985	\$121,998,831	\$121,979,251
3	Total Gross Revenue	\$259,938,571	\$268,038,161	\$285,320,073
4	Total Other Operating Revenue	\$8,250,545	\$7,533,927	\$6,810,203
5	<u>Private Payment to Cost Ratio</u>	1.16	1.20	1.25
6	Total Non-Government Payments	\$44,671,615	\$44,118,488	\$42,879,604
7	Total Uninsured Payments	\$1,215,767	\$1,201,820	\$673,164
8	Total Non-Government Charges	\$87,780,597	\$86,781,671	\$85,110,058
9	Total Uninsured Charges	\$7,103,473	\$5,855,332	\$4,163,220
10	<u>Medicare Payment to Cost Ratio</u>	0.99	1.02	1.01
11	Total Medicare Payments	\$56,420,512	\$57,119,405	\$58,047,184
12	Total Medicare Charges	\$122,816,661	\$126,007,587	\$137,990,695
13	<u>Medicaid Payment to Cost Ratio</u>	0.71	0.59	0.63
14	Total Medicaid Payments	\$15,891,621	\$14,043,525	\$15,888,285
15	Total Medicaid Charges	\$48,193,574	\$53,829,293	\$60,776,065
16	<u>Uncompensated Care Cost</u>	\$3,070,270	\$2,494,625	\$1,673,494
17	Charity Care	\$3,214,518	\$2,935,378	\$1,613,966
18	Bad Debts	\$3,378,061	\$2,699,503	\$2,393,914
19	Total Uncompensated Care	\$6,592,579	\$5,634,881	\$4,007,880
20	<u>Uncompensated Care % of Total Expenses</u>	2.5%	2.0%	1.4%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
21	Total Operating Expenses	\$124,899,985	\$121,998,831	\$121,979,251
E. Liquidity Measures Summary				
1	Current Ratio	1	2	1
2	Total Current Assets	\$28,110,276	\$24,499,960	\$22,925,635
3	Total Current Liabilities	\$21,233,802	\$14,324,681	\$15,862,215
4	Days Cash on Hand	27	23	18
5	Cash and Cash Equivalents	\$8,948,706	\$7,223,350	\$5,598,887
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$8,948,706	\$7,223,350	\$5,598,887
8	Total Operating Expenses	\$124,899,985	\$121,998,831	\$121,979,251
9	Depreciation Expense	\$6,050,075	\$5,899,420	\$5,917,387
10	Operating Expenses less Depreciation Expense	\$118,849,910	\$116,099,411	\$116,061,864
11	Days Revenue in Patient Accounts Receivable	37	36	35
12	Net Patient Accounts Receivable	\$13,504,471	\$13,152,579	\$13,732,468
13	Due From Third Party Payers	\$840,007	\$0	\$0
14	Due To Third Party Payers	\$2,468,522	\$1,877,375	\$2,797,659
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$11,875,956	\$11,275,204	\$10,934,809
16	Total Net Patient Revenue	\$116,677,548	\$114,622,054	\$113,735,731
17	Average Payment Period	65	45	50
18	Total Current Liabilities	\$21,233,802	\$14,324,681	\$15,862,215
19	Total Operating Expenses	\$124,899,985	\$121,998,831	\$121,979,251
20	Depreciation Expense	\$6,050,075	\$5,899,420	\$5,917,387

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
21	Total Operating Expenses less Depreciation Expense	\$118,849,910	\$116,099,411	\$116,061,864
F. Solvency Measures Summary				
1	Equity Financing Ratio	63.8	62.9	53.4
2	Total Net Assets	\$84,555,779	\$84,518,833	\$71,202,881
3	Total Assets	\$132,449,817	\$134,400,042	\$133,247,756
4	Cash Flow to Total Debt Ratio	41.2	62.3	46.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,692,920	\$3,023,050	\$1,527,395
6	Depreciation Expense	\$6,050,075	\$5,899,420	\$5,917,387
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,742,995	\$8,922,470	\$7,444,782
8	Total Current Liabilities	\$21,233,802	\$14,324,681	\$15,862,215
9	Total Long Term Debt	\$0	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$21,233,802	\$14,324,681	\$15,862,215
11	Long Term Debt to Capitalization Ratio	-	-	-
12	Total Long Term Debt	\$0	\$0	\$0
13	Total Net Assets	\$84,555,779	\$84,518,833	\$71,202,881
14	Total Long Term Debt and Total Net Assets	\$84,555,779	\$84,518,833	\$71,202,881
15	Debt Service Coverage Ratio	5.4	2.8	7,444,782.0
16	Excess Revenues over Expenses	2,692,920	\$3,023,050	\$1,527,395
17	Interest Expense	250,825	\$15,651	\$0
18	Depreciation and Amortization Expense	6,050,075	\$5,899,420	\$5,917,387
19	Principal Payments	1,401,998	\$3,219,468	\$1
G. Other Financial Ratios				

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
20	Average Age of Plant	18.6	19.7	20.4
21	Accumulated Depreciation	112,631,179	116,381,671	120,950,456
22	Depreciation and Amortization Expense	6,050,075	5,899,420	5,917,387
H. Utilization Measures Summary				
1	Patient Days	26,574	25,604	26,064
2	Discharges	6,533	6,106	6,030
3	ALOS	4.1	4.2	4.3
4	Staffed Beds	77	76	76
5	Available Beds	-	122	122
6	Licensed Beds	122	122	122
7	Occupancy of Staffed Beds	94.6%	92.3%	94.0%
8	Occupancy of Available Beds	59.7%	57.5%	58.5%
9	Full Time Equivalent Employees	789.0	767.0	749.4
I. Hospital Gross Revenue Payer Mix Percentage				
1	Non-Government Gross Revenue Payer Mix Percentage	31.0%	30.2%	28.4%
2	Medicare Gross Revenue Payer Mix Percentage	47.2%	47.0%	48.4%
3	Medicaid Gross Revenue Payer Mix Percentage	18.5%	20.1%	21.3%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.2%	1.5%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.4%	0.4%	0.4%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$80,677,124	\$80,926,339	\$80,946,838
9	Medicare Gross Revenue (Charges)	\$122,816,661	\$126,007,587	\$137,990,695
10	Medicaid Gross Revenue (Charges)	\$48,193,574	\$53,829,293	\$60,776,065
11	Other Medical Assistance Gross Revenue (Charges)	\$173,699	\$276,219	\$423,777
12	Uninsured Gross Revenue (Charges)	\$7,103,473	\$5,855,332	\$4,163,220
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$974,040	\$1,143,391	\$1,019,478
14	Total Gross Revenue (Charges)	\$259,938,571	\$268,038,161	\$285,320,073
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	37.0%	37.0%	35.9%
2	Medicare Net Revenue Payer Mix Percentage	48.0%	49.3%	49.4%
3	Medicaid Net Revenue Payer Mix Percentage	13.5%	12.1%	13.5%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.0%	0.1%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	1.0%	1.0%	0.6%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.4%	0.4%	0.4%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$43,455,848	\$42,916,668	\$42,206,440
9	Medicare Net Revenue (Payments)	\$56,420,512	\$57,119,405	\$58,047,184
10	Medicaid Net Revenue (Payments)	\$15,891,621	\$14,043,525	\$15,888,285

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
11	Other Medical Assistance Net Revenue (Payments)	\$50,050	\$96,688	\$96,581
12	Uninsured Net Revenue (Payments)	\$1,215,767	\$1,201,820	\$673,164
13	CHAMPUS / TRICARE Net Revenue Payments)	\$449,451	\$489,948	\$517,543
14	Total Net Revenue (Payments)	\$117,483,249	\$115,868,054	\$117,429,197
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	1,821	1,585	1,430
2	Medicare	3,510	3,299	3,363
3	Medical Assistance	1,170	1,183	1,207
4	Medicaid	1,167	1,172	1,200
5	Other Medical Assistance	3	11	7
6	CHAMPUS / TRICARE	32	39	30
7	Uninsured (Included In Non-Government)	200	137	102
8	Total	6,533	6,106	6,030
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	1.08960	1.14680	1.08900
2	Medicare	1.44760	1.39100	1.40390
3	Medical Assistance	1.04819	1.01288	0.95823
4	Medicaid	1.04800	1.01410	0.95740
5	Other Medical Assistance	1.12350	0.88270	1.10020
6	CHAMPUS / TRICARE	1.00330	0.95300	1.03370
7	Uninsured (Included In Non-Government)	1.02690	1.04230	1.06310
8	Total Case Mix Index	1.27411	1.25155	1.23817
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	5,182	4,871	4,956
2	Emergency Room - Treated and Discharged	35,790	35,853	37,474
3	Total Emergency Room Visits	40,972	40,724	42,430

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$128,530	\$433,370	\$304,840	237%
2	Inpatient Payments	\$92,343	\$163,442	\$71,099	77%
3	Outpatient Charges	\$272,656	\$410,002	\$137,346	50%
4	Outpatient Payments	\$121,410	\$94,684	(\$26,726)	-22%
5	Discharges	5	27	22	440%
6	Patient Days	20	119	99	495%
7	Outpatient Visits (Excludes ED Visits)	441	633	192	44%
8	Emergency Department Outpatient Visits	32	70	38	119%
9	Emergency Department Inpatient Admissions	2	28	26	1300%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$401,186	\$843,372	\$442,186	110%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$213,753	\$258,126	\$44,373	21%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$4,254,935	\$3,656,524	(\$598,411)	-14%
2	Inpatient Payments	\$2,381,111	\$2,165,812	(\$215,299)	-9%
3	Outpatient Charges	\$4,807,397	\$5,250,628	\$443,231	9%
4	Outpatient Payments	\$1,673,804	\$1,408,533	(\$265,271)	-16%
5	Discharges	191	188	(3)	-2%
6	Patient Days	993	829	(164)	-17%
7	Outpatient Visits (Excludes ED Visits)	6,471	6,560	89	1%
8	Emergency Department Outpatient Visits	521	581	60	12%
9	Emergency Department Inpatient Admissions	160	164	4	3%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,062,332	\$8,907,152	(\$155,180)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,054,915	\$3,574,345	(\$480,570)	-12%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$83,232	\$429,531	\$346,299	416%
2	Inpatient Payments	\$33,545	\$223,228	\$189,683	565%
3	Outpatient Charges	\$192,798	\$108,246	(\$84,552)	-44%
4	Outpatient Payments	\$69,368	\$25,058	(\$44,310)	-64%
5	Discharges	5	15	10	200%
6	Patient Days	10	102	92	920%
7	Outpatient Visits (Excludes ED Visits)	95	228	133	140%
8	Emergency Department Outpatient Visits	27	38	11	41%
9	Emergency Department Inpatient Admissions	6	10	4	67%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$276,030	\$537,777	\$261,747	95%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$102,913	\$248,286	\$145,373	141%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$1,569,473	\$1,905,630	\$336,157	21%
2	Inpatient Payments	\$928,699	\$1,020,381	\$91,682	10%
3	Outpatient Charges	\$2,562,716	\$2,584,685	\$21,969	1%
4	Outpatient Payments	\$826,639	\$837,564	\$10,925	1%
5	Discharges	90	92	2	2%
6	Patient Days	425	413	(12)	-3%
7	Outpatient Visits (Excludes ED Visits)	2,830	2,886	56	2%
8	Emergency Department Outpatient Visits	281	292	11	4%
9	Emergency Department Inpatient Admissions	78	77	(1)	-1%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,132,189	\$4,490,315	\$358,126	9%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,755,338	\$1,857,945	\$102,607	6%
H.	WELLCARE OF CONNECTICUT				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I.	AETNA				
1	Inpatient Charges	\$3,281,971	\$4,985,569	\$1,703,598	52%
2	Inpatient Payments	\$1,669,411	\$2,394,838	\$725,427	43%
3	Outpatient Charges	\$3,507,075	\$5,056,975	\$1,549,900	44%
4	Outpatient Payments	\$1,188,635	\$1,409,797	\$221,162	19%
5	Discharges	166	199	33	20%
6	Patient Days	789	1,116	327	41%
7	Outpatient Visits (Excludes ED Visits)	4,534	5,852	1,318	29%
8	Emergency Department Outpatient Visits	419	489	70	17%
9	Emergency Department Inpatient Admissions	147	159	12	8%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$6,789,046	\$10,042,544	\$3,253,498	48%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,858,046	\$3,804,635	\$946,589	33%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J.	HUMANA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K.	SECURE HORIZONS				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L.	UNICARE LIFE & HEALTH INSURANCE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M.	UNIVERSAL AMERICAN				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N.	EVERCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICARE MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$9,318,141	\$11,410,624	\$2,092,483	22%
	TOTAL INPATIENT PAYMENTS	\$5,105,109	\$5,967,701	\$862,592	17%
	TOTAL OUTPATIENT CHARGES	\$11,342,642	\$13,410,536	\$2,067,894	18%
	TOTAL OUTPATIENT PAYMENTS	\$3,879,856	\$3,775,636	(\$104,220)	-3%
	TOTAL DISCHARGES	457	521	64	14%
	TOTAL PATIENT DAYS	2,237	2,579	342	15%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	14,371	16,159	1,788	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,280	1,470	190	15%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	393	438	45	11%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$20,660,783	\$24,821,160	\$4,160,377	20%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$8,984,965	\$9,743,337	\$758,372	8%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2014 ACTUAL	(4) FY 2015 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
G.	UNITED HEALTHCARE				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
H.	AETNA				
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
II.	TOTAL MEDICAID MANAGED CARE				
	TOTAL INPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
	TOTAL DISCHARGES	0	0	0	0%
	TOTAL PATIENT DAYS	0	0	0	0%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$7,223,350	\$5,598,887	(\$1,624,463)	-22%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,152,579	\$13,732,468	\$579,889	4%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$1,952,261	\$1,969,907	\$17,646	1%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,171,770	\$1,624,373	(\$547,397)	-25%
	Total Current Assets	\$24,499,960	\$22,925,635	(\$1,574,325)	-6%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$22,585,921	\$23,198,753	\$612,832	3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$0	\$0	\$0	0%
4	Other Noncurrent Assets Whose Use is Limited	\$7,260,499	\$6,997,698	(\$262,801)	-4%
	Total Noncurrent Assets Whose Use is Limited:	\$29,846,420	\$30,196,451	\$350,031	1%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$39,735,759	\$39,204,252	(\$531,507)	-1%
7	Other Noncurrent Assets	\$1,077,802	\$1,088,648	\$10,846	1%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$154,679,979	\$160,046,200	\$5,366,221	3%
2	Less: Accumulated Depreciation	\$116,381,671	\$120,950,456	\$4,568,785	\$0
	Property, Plant and Equipment, Net	\$38,298,308	\$39,095,744	\$797,436	2%
3	Construction in Progress	\$941,793	\$737,026	(\$204,767)	-22%
	Total Net Fixed Assets	\$39,240,101	\$39,832,770	\$592,669	2%
	Total Assets	\$134,400,042	\$133,247,756	(\$1,152,286)	-1%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$7,275,470	\$8,062,260	\$786,790	11%
2	Salaries, Wages and Payroll Taxes	\$4,456,310	\$4,471,292	\$14,982	0%
3	Due To Third Party Payers	\$1,877,375	\$2,797,659	\$920,284	49%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$0	\$0	\$0	0%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$715,526	\$531,004	(\$184,522)	-26%
	Total Current Liabilities	\$14,324,681	\$15,862,215	\$1,537,534	11%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$0	\$0	\$0	0%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$0	\$0	\$0	0%
3	Accrued Pension Liability	\$31,585,188	\$42,419,641	\$10,834,453	34%
4	Other Long Term Liabilities	\$3,971,340	\$3,763,019	(\$208,321)	-5%
	Total Long Term Liabilities	\$35,556,528	\$46,182,660	\$10,626,132	30%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$59,368,912	\$44,560,677	(\$14,808,235)	-25%
2	Temporarily Restricted Net Assets	\$3,508,118	\$3,245,317	(\$262,801)	-7%
3	Permanently Restricted Net Assets	\$21,641,803	\$23,396,887	\$1,755,084	8%
	Total Net Assets	\$84,518,833	\$71,202,881	(\$13,315,952)	-16%
	Total Liabilities and Net Assets	\$134,400,042	\$133,247,756	(\$1,152,286)	-1%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$268,038,155	\$285,320,074	\$17,281,919	6%
2	Less: Allowances	\$147,781,220	\$167,576,462	\$19,795,242	13%
3	Less: Charity Care	\$2,935,378	\$1,613,966	(\$1,321,412)	-45%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$117,321,557	\$116,129,646	(\$1,191,911)	-1%
5	Provision for Bad Debts	\$2,699,503	\$2,393,914	(\$305,589)	-11%
	Net Patient Service Revenue less provision for bad debts	\$114,622,054	\$113,735,732	(\$886,322)	-1%
6	Other Operating Revenue	\$7,533,927	\$6,810,203	(\$723,724)	-10%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$122,155,981	\$120,545,935	(\$1,610,046)	-1%
B. Operating Expenses:					
1	Salaries and Wages	\$59,008,896	\$55,930,510	(\$3,078,386)	-5%
2	Fringe Benefits	\$14,032,091	\$14,254,316	\$222,225	2%
3	Physicians Fees	\$4,330,528	\$5,055,157	\$724,629	17%
4	Supplies and Drugs	\$11,619,961	\$11,367,243	(\$252,718)	-2%
5	Depreciation and Amortization	\$5,899,420	\$5,917,387	\$17,967	0%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$15,651	\$0	(\$15,651)	-100%
8	Malpractice Insurance Cost	\$1,701,301	\$2,090,487	\$389,186	23%
9	Other Operating Expenses	\$25,390,983	\$27,364,151	\$1,973,168	8%
	Total Operating Expenses	\$121,998,831	\$121,979,251	(\$19,580)	0%
	Income/(Loss) From Operations	\$157,150	(\$1,433,316)	(\$1,590,466)	-1012%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,689,094	\$2,896,009	\$206,915	8%
2	Gifts, Contributions and Donations	\$110,807	\$323,460	\$212,653	192%
3	Other Non-Operating Gains/(Losses)	\$65,999	(\$258,757)	(\$324,756)	-492%
	Total Non-Operating Revenue	\$2,865,900	\$2,960,712	\$94,812	3%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$3,023,050	\$1,527,396	(\$1,495,654)	-49%
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	\$3,023,050	\$1,527,396	(\$1,495,654)	-49%

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$116,677,548	\$114,622,054	\$113,735,732
2	Other Operating Revenue	8,250,545	7,533,927	6,810,203
3	Total Operating Revenue	\$124,928,093	\$122,155,981	\$120,545,935
4	Total Operating Expenses	124,899,985	121,998,831	121,979,251
5	Income/(Loss) From Operations	\$28,108	\$157,150	(\$1,433,316)
6	Total Non-Operating Revenue	2,664,812	2,865,900	2,960,712
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,692,920	\$3,023,050	\$1,527,396
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.02%	0.13%	-1.16%
2	Parent Corporation Non-Operating Margin	2.09%	2.29%	2.40%
3	Parent Corporation Total Margin	2.11%	2.42%	1.24%
4	Income/(Loss) From Operations	\$28,108	\$157,150	(\$1,433,316)
5	Total Operating Revenue	\$124,928,093	\$122,155,981	\$120,545,935
6	Total Non-Operating Revenue	\$2,664,812	\$2,865,900	\$2,960,712
7	Total Revenue	\$127,592,905	\$125,021,881	\$123,506,647
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,692,920	\$3,023,050	\$1,527,396
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$61,139,349	\$59,368,912	\$44,560,677
2	Parent Corporation Total Net Assets	\$84,555,779	\$84,518,833	\$71,202,881
3	Parent Corporation Change in Total Net Assets	\$22,764,100	(\$36,946)	(\$13,315,952)
4	Parent Corporation Change in Total Net Assets %	136.8%	0.0%	-15.8%

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.32	1.71	1.45
2	Total Current Assets	\$28,110,276	\$24,499,960	\$22,925,635
3	Total Current Liabilities	\$21,233,802	\$14,324,681	\$15,862,215
4	<u>Days Cash on Hand</u>	27	23	18
5	Cash and Cash Equivalents	\$8,948,706	\$7,223,350	\$5,598,887
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$8,948,706	\$7,223,350	\$5,598,887
8	Total Operating Expenses	\$124,899,985	\$121,998,831	\$121,979,251
9	Depreciation Expense	\$6,050,075	\$5,899,420	\$5,917,387
10	Operating Expenses less Depreciation Expense	\$118,849,910	\$116,099,411	\$116,061,864
11	<u>Days Revenue in Patient Accounts Receivable</u>	37	36	35
12	Net Patient Accounts Receivable	\$ 13,504,471	\$ 13,152,579	\$ 13,732,468
13	Due From Third Party Payers	\$840,007	\$0	\$0
14	Due To Third Party Payers	\$2,468,522	\$1,877,375	\$2,797,659
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 11,875,956	\$ 11,275,204	\$ 10,934,809
16	Total Net Patient Revenue	\$116,677,548	\$114,622,054	\$113,735,732
17	<u>Average Payment Period</u>	65	45	50
18	Total Current Liabilities	\$21,233,802	\$14,324,681	\$15,862,215
19	Total Operating Expenses	\$124,899,985	\$121,998,831	\$121,979,251
20	Depreciation Expense	\$6,050,075	\$5,899,420	\$5,917,387
20	Total Operating Expenses less Depreciation Expense	\$118,849,910	\$116,099,411	\$116,061,864

THE CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2013	FY 2014	FY 2015
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	63.8	62.9	53.4
2	Total Net Assets	\$84,555,779	\$84,518,833	\$71,202,881
3	Total Assets	\$132,449,817	\$134,400,042	\$133,247,756
4	<u>Cash Flow to Total Debt Ratio</u>	41.2	62.3	46.9
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,692,920	\$3,023,050	\$1,527,396
6	Depreciation Expense	\$6,050,075	\$5,899,420	\$5,917,387
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,742,995	\$8,922,470	\$7,444,783
8	Total Current Liabilities	\$21,233,802	\$14,324,681	\$15,862,215
9	Total Long Term Debt	\$0	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$21,233,802	\$14,324,681	\$15,862,215
11	<u>Long Term Debt to Capitalization Ratio</u>	-	-	-
12	Total Long Term Debt	\$0	\$0	\$0
13	Total Net Assets	\$84,555,779	\$84,518,833	\$71,202,881
14	Total Long Term Debt and Total Net Assets	\$84,555,779	\$84,518,833	\$71,202,881

CHARLOTTE HUNGERFORD HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2015								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	(3a)	(3b)	(4)	(5)	(6)	(7)
LINE	DESCRIPTION	PATIENT DAYS	DISCHARGES OR CU/CCU # PATIENT	ADMISSIONS	STAFFED BEDS (A)	AVAILABLE BEDS	OCCUPANCY OF STAFFED BEDS (A)	OCCUPANCY OF AVAILABLE BEDS
1	Adult Medical/Surgical	18,457	4,558	4,558	51	73	99.2%	69.3%
2	ICU/CCU (Excludes Neonatal ICU)	2,240	135	0	7	10	87.7%	61.4%
3	Psychiatric: Ages 0 to 17	8	1	1	1	1	2.2%	2.2%
4	Psychiatric: Ages 18+	3,140	590	590	9	16	95.6%	53.8%
	TOTAL PSYCHIATRIC	3,148	591	591	10	17	86.2%	50.7%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,074	419	419	3	7	98.1%	42.0%
7	Newborn	1,130	450	450	4	13	77.4%	23.8%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	15	12	12	1	2	4.1%	2.1%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	24,934	5,580	5,580	72	109	94.9%	62.7%
	TOTAL INPATIENT BED UTILIZATION	26,064	6,030	6,030	76	122	94.0%	58.5%
	TOTAL INPATIENT REPORTED YEAR	26,064	6,030	6,030	76	122	94.0%	58.5%
	TOTAL INPATIENT PRIOR YEAR	25,604	6,106	6,106	76	122	92.3%	57.5%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	460	-76	-76	0	0	1.7%	1.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	2%	-1%	-1%	0%	0%	2%	2%
	Total Licensed Beds and Bassinets	122						
(A) This number may not exceed the number of available beds for each department or in total.								
Note: Total discharges do not include ICU/CCU patients.								

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	2,324	2,460	136	6%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,140	2,830	-1,310	-32%
3	Emergency Department Scans	3,035	4,987	1,952	64%
4	Other Non-Hospital Providers' Scans (A)	1,648	1,723	75	5%
	Total CT Scans	11,147	12,000	853	8%
B. MRI Scans (A)					
1	Inpatient Scans	511	395	-116	-23%
2	Outpatient Scans (Excluding Emergency Department Scans)	766	702	-64	-8%
3	Emergency Department Scans	82	182	100	122%
4	Other Non-Hospital Providers' Scans (A)	4,395	4,788	393	9%
	Total MRI Scans	5,754	6,067	313	5%
C. PET Scans (A)					
1	Inpatient Scans	3	3	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	273	208	-65	-24%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	276	211	-65	-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	22	8	-14	-64%
2	Outpatient Procedures	4,197	3,441	-756	-18%
	Total Linear Accelerator Procedures	4,219	3,449	-770	-18%
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	36	45	9	25%
2	Outpatient Studies	46	43	-3	-7%
	Total Electrophysiology Studies	82	88	6	7%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,146	1,006	-140	-12%
2	Outpatient Surgical Procedures	2,865	2,735	-130	-5%
	Total Surgical Procedures	4,011	3,741	-270	-7%
J. Endoscopy Procedures					

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	313	309	-4	-1%
2	Outpatient Endoscopy Procedures	668	655	-13	-2%
	Total Endoscopy Procedures	981	964	-17	-2%
K.	<u>Hospital Emergency Room Visits</u>				
1	Emergency Room Visits: Treated and Admitted	4,871	4,956	85	2%
2	Emergency Room Visits: Treated and Discharged	35,853	37,474	1,621	5%
	Total Emergency Room Visits	40,724	42,430	1,706	4%
L.	<u>Hospital Clinic Visits</u>				
1	Substance Abuse Treatment Clinic Visits	4,677	4,833	156	3%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	33,502	35,393	1,891	6%
4	Medical Clinic Visits	0	0	0	0%
5	Medical Clinic Visits - Pediatric Clinic	0	0	0	0%
6	Medical Clinic Visits - Urgent Care Clinic	11,860	13,524	1,664	14%
7	Medical Clinic Visits - Family Practice Clinic	8,824	9,547	723	8%
8	Medical Clinic Visits - Other Medical Clinics	0	0	0	0%
9	Specialty Clinic Visits	0	0	0	0%
10	Specialty Clinic Visits - Cardiac Clinic	10,355	12,075	1,720	17%
11	Specialty Clinic Visits - Chronic Pain Clinic	1,859	1,562	-297	-16%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	23,166	29,892	6,726	29%
	Total Hospital Clinic Visits	94,243	106,826	12,583	13%
M.	<u>Other Hospital Outpatient Visits</u>				
1	Rehabilitation (PT/OT/ST)	9,650	10,892	1,242	13%
2	Cardiac Rehabilitation	4,849	5,079	230	5%
3	Chemotherapy	420	419	-1	0%
4	Gastroenterology	668	655	-13	-2%
5	Other Outpatient Visits	104,644	107,132	2,488	2%
	Total Other Hospital Outpatient Visits	120,231	124,177	3,946	3%
N.	<u>Hospital Full Time Equivalent Employees</u>				
1	Total Nursing FTEs	296.4	286.5	-9.9	-3%
2	Total Physician FTEs	30.9	29.6	-1.3	-4%
3	Total Non-Nursing and Non-Physician FTEs	439.7	433.3	-6.4	-1%
	Total Hospital Full Time Equivalent Employees	767.0	749.4	-17.6	-2%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
A. Outpatient Surgical Procedures					
1	Charlotte Hungerford Hospital	2,865	2,735	-130	-5%
	Total Outpatient Surgical Procedures(A)	2,865	2,735	-130	-5%
B. Outpatient Endoscopy Procedures					
1	Charlotte Hungerford Hospital	668	655	-13	-2%
	Total Outpatient Endoscopy Procedures(B)	668	655	-13	-2%
C. Outpatient Hospital Emergency Room Visits					
1	Charlotte Hungerford Hospital	29,577	30,740	1,163	4%
2	HEMC	6,276	6,734	458	7%
	Total Outpatient Hospital Emergency Room Visits(C)	35,853	37,474	1,621	5%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$61,563,189	\$69,571,668	\$8,008,479	13%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$33,728,483	\$36,385,646	\$2,657,163	8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	54.79%	52.30%	-2.49%	-5%
4	DISCHARGES	3,299	3,363	64	2%
5	CASE MIX INDEX (CMI)	1.39100	1.40390	0.01290	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	4,588.90900	4,721.31570	132.40670	3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,350.00	\$7,706.68	\$356.67	5%
8	PATIENT DAYS	15,270	16,561	1,291	8%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,208.81	\$2,197.07	(\$11.74)	-1%
10	AVERAGE LENGTH OF STAY	4.6	4.9	0.3	6%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$64,444,398	\$68,419,027	\$3,974,629	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$23,390,922	\$21,661,538	(\$1,729,384)	-7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	36.30%	31.66%	-4.64%	-13%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	104.68%	98.34%	-6.34%	-6%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,453.39597	3,307.28290	(146.11307)	-4%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,773.31	\$6,549.65	(\$223.66)	-3%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$126,007,587	\$137,990,695	\$11,983,108	10%
18	TOTAL ACCRUED PAYMENTS	\$57,119,405	\$58,047,184	\$927,779	2%
19	TOTAL ALLOWANCES	\$68,888,182	\$79,943,511	\$11,055,329	16%

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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 2014	FY 2015	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$22,557,240	\$20,246,684	(\$2,310,556)	-10%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$13,571,626	\$12,515,934	(\$1,055,692)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	60.17%	61.82%	1.65%	3%
4	DISCHARGES	1,585	1,430	(155)	-10%
5	CASE MIX INDEX (CMI)	1.14680	1.08900	(0.05780)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,817.67800	1,557.27000	(260.40800)	-14%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,466.46	\$8,037.10	\$570.64	8%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$116.46)	(\$330.42)	(\$213.96)	184%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$211,692)	(\$514,560)	(\$302,868)	143%
10	PATIENT DAYS	5,499	4,858	(641)	-12%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,468.02	\$2,576.36	\$108.34	4%
12	AVERAGE LENGTH OF STAY	3.5	3.4	(0.1)	-2%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$64,224,431	\$64,863,374	\$638,943	1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$30,546,862	\$30,363,670	(\$183,192)	-1%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	47.56%	46.81%	-0.75%	-2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	284.72%	320.37%	35.65%	13%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,512.77386	4,581.22549	68.45162	2%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,768.98	\$6,627.85	(\$141.13)	-2%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$4.33	(\$78.20)	(\$82.53)	-1905%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$19,555	(\$358,257)	(\$377,812)	-1932%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$86,781,671	\$85,110,058	(\$1,671,613)	-2%
22	TOTAL ACCRUED PAYMENTS	\$44,118,488	\$42,879,604	(\$1,238,884)	-3%
23	TOTAL ALLOWANCES	\$42,663,183	\$42,230,454	(\$432,729)	-1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$192,137)	(\$872,817)	(\$680,680)	354%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$86,781,671	\$85,110,058	(\$1,671,613)	-2%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$49,753,368	\$46,887,484	(\$2,865,884)	-6%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$37,028,303	\$38,222,574	\$1,194,271	3%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.67%	44.91%	2.24%	

CHARLOTTE HUNGERFORD HOSPITAL					
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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,554,063	\$692,425	(\$861,638)	-55%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$318,975	\$111,960	(\$207,015)	-65%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	20.53%	16.17%	-4.36%	-21%
4	DISCHARGES	137	102	(35)	-26%
5	CASE MIX INDEX (CMI)	1.04230	1.06310	0.02080	2%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	142.79510	108.43620	(34.35890)	-24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$2,233.80	\$1,032.50	(\$1,201.30)	-54%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,232.67	\$7,004.60	\$1,771.93	34%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,116.21	\$6,674.18	\$1,557.97	30%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$730,569	\$723,723	(\$6,846)	-1%
11	PATIENT DAYS	613	394	(219)	-36%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$520.35	\$284.16	(\$236.19)	-45%
13	AVERAGE LENGTH OF STAY	4.5	3.9	(0.6)	-14%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$4,301,269	\$3,470,795	(\$830,474)	-19%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$882,845	\$561,204	(\$321,641)	-36%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.53%	16.17%	-4.36%	-21%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	276.78%	501.25%	224.48%	81%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	379.18273	511.27716	132.09443	35%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$2,328.28	\$1,097.65	(\$1,230.63)	-53%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,440.69	\$5,530.20	\$1,089.50	25%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,445.03	\$5,452.00	\$1,006.97	23%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,685,477	\$2,787,481	\$1,102,004	65%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$5,855,332	\$4,163,220	(\$1,692,112)	-29%
24	TOTAL ACCRUED PAYMENTS	\$1,201,820	\$673,164	(\$528,656)	-44%
25	TOTAL ALLOWANCES	\$4,653,512	\$3,490,056	(\$1,163,456)	-25%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,416,046	\$3,511,204	\$1,095,158	45%

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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 2014	FY 2015	DIFFERENCE	DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$15,720,382	\$15,900,445	\$180,063	1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,645,830	\$4,738,255	\$92,425	2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.55%	29.80%	0.25%	1%
4	DISCHARGES	1,172	1,200	28	2%
5	CASE MIX INDEX (CMI)	1.01410	0.95740	(0.05670)	-6%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,188.52520	1,148.88000	(39.64520)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,908.90	\$4,124.24	\$215.34	6%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,557.56	\$3,912.86	\$355.30	10%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$3,441.10	\$3,582.44	\$141.34	4%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,089,831	\$4,115,790	\$25,959	1%
11	PATIENT DAYS	4,662	4,475	(187)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$996.53	\$1,058.83	\$62.30	6%
13	AVERAGE LENGTH OF STAY	4.0	3.7	(0.2)	-6%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$38,108,911	\$44,875,620	\$6,766,709	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,397,695	\$11,150,030	\$1,752,335	19%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.66%	24.85%	0.19%	1%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	242.42%	282.23%	39.81%	16%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,841.12967	3,386.74446	545.61479	19%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,307.73	\$3,292.26	(\$15.48)	0%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$3,461.25	\$3,335.59	(\$125.65)	-4%
21	MEDICARE - MEDICAID OP PMT / OPED	\$3,465.58	\$3,257.39	(\$208.19)	-6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,846,157	\$11,031,953	\$1,185,796	12%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$53,829,293	\$60,776,065	\$6,946,772	13%
24	TOTAL ACCRUED PAYMENTS	\$14,043,525	\$15,888,285	\$1,844,760	13%
25	TOTAL ALLOWANCES	\$39,785,768	\$44,887,780	\$5,102,012	13%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$13,935,988	\$15,147,743	\$1,211,755	9%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$154,236	\$261,193	\$106,957	69%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$49,026	\$77,834	\$28,808	59%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	31.79%	29.80%	-1.99%	-6%
4	DISCHARGES	11	7	(4)	-36%
5	CASE MIX INDEX (CMI)	0.88270	1.10020	0.21750	25%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	9.70970	7.70140	(2.00830)	-21%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,049.18	\$10,106.47	\$5,057.30	100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,417.29	(\$2,069.37)	(\$4,486.66)	-186%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$2,300.82	(\$2,399.80)	(\$4,700.62)	-204%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$22,340	(\$18,482)	(\$40,822)	-183%
11	PATIENT DAYS	40	51	11	28%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,225.65	\$1,526.16	\$300.51	25%
13	AVERAGE LENGTH OF STAY	3.6	7.3	3.6	100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$121,983	\$162,584	\$40,601	33%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$47,662	\$18,747	(\$28,915)	-61%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.07%	11.53%	-27.54%	-70%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	79.09%	62.25%	-16.84%	-21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	8.69974	4.35727	(4.34247)	-50%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,478.55	\$4,302.47	(\$1,176.09)	-21%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$1,290.42	\$2,325.38	\$1,034.96	80%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$1,294.76	\$2,247.18	\$952.43	74%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$11,264	\$9,792	(\$1,472)	-13%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$276,219	\$423,777	\$147,558	53%
24	TOTAL ACCRUED PAYMENTS	\$96,688	\$96,581	(\$107)	0%
25	TOTAL ALLOWANCES	\$179,531	\$327,196	\$147,665	82%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$33,604	(\$8,690)	(\$42,295)	-126%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$15,874,618	\$16,161,638	\$287,020	2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,694,856	\$4,816,089	\$121,233	3%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	29.57%	29.80%	0.22%	1%
4	DISCHARGES	1,183	1,207	24	2%
5	CASE MIX INDEX (CMI)	1.01288	0.95823	(0.05465)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,198.23490	1,156.58140	(41.65350)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$3,918.14	\$4,164.07	\$245.93	6%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,548.32	\$3,873.03	\$324.71	9%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,431.86	\$3,542.60	\$110.75	3%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,112,171	\$4,097,308	(\$14,863)	0%
11	PATIENT DAYS	4,702	4,526	(176)	-4%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$998.48	\$1,064.09	\$65.61	7%
13	AVERAGE LENGTH OF STAY	4.0	3.7	(0.2)	-6%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$38,230,894	\$45,038,204	\$6,807,310	18%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$9,445,357	\$11,168,777	\$1,723,420	18%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	24.71%	24.80%	0.09%	0%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	240.83%	278.67%	37.84%	16%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,849.82941	3,391.10173	541.27232	19%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,314.36	\$3,293.55	(\$20.80)	-1%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,454.62	\$3,334.29	(\$120.32)	-3%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$3,458.95	\$3,256.09	(\$202.86)	-6%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,857,421	\$11,041,745	\$1,184,323	12%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$54,105,512	\$61,199,842	\$7,094,330	13%
24	TOTAL ACCRUED PAYMENTS	\$14,140,213	\$15,984,866	\$1,844,653	13%
25	TOTAL ALLOWANCES	\$39,965,299	\$45,214,976	\$5,249,677	13%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$434,960	\$435,255	\$295	0%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$247,000	\$285,025	\$38,025	15%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	56.79%	65.48%	8.70%	15%
4	DISCHARGES	39	30	(9)	-23%
5	CASE MIX INDEX (CMI)	0.95300	1.03370	0.08070	8%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	37.16700	31.01100	(6.15600)	-17%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,645.68	\$9,191.09	\$2,545.41	38%
8	PATIENT DAYS	133	119	(14)	-11%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,857.14	\$2,395.17	\$538.03	29%
10	AVERAGE LENGTH OF STAY	3.4	4.0	0.6	16%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$708,431	\$584,223	(\$124,208)	-18%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$242,948	\$232,518	(\$10,430)	-4%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,143,391	\$1,019,478	(\$123,913)	-11%
14	TOTAL ACCRUED PAYMENTS	\$489,948	\$517,543	\$27,595	6%
15	TOTAL ALLOWANCES	\$653,443	\$501,935	(\$151,508)	-23%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$7,533,927	\$6,810,203	(\$723,724)	-10%
2	TOTAL OPERATING EXPENSES	\$121,998,831	\$121,979,251	(\$19,580)	0%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$2,935,378	\$1,613,966	(\$1,321,412)	-45%
5	BAD DEBTS (CHARGES)	\$2,699,503	\$2,393,914	(\$305,589)	-11%
6	UNCOMPENSATED CARE (CHARGES)	\$5,634,881	\$4,007,880	(\$1,627,001)	-29%
7	COST OF UNCOMPENSATED CARE	\$2,435,857	\$1,649,523	(\$786,334)	-32%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$54,105,512	\$61,199,842	\$7,094,330	13%
9	TOTAL ACCRUED PAYMENTS	\$14,140,213	\$15,984,866	\$1,844,653	13%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$23,388,835	\$25,188,022	\$1,799,187	8%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,248,622	\$9,203,156	(\$45,466)	0%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$100,430,007	\$106,415,245	\$5,985,238	6%
2	TOTAL INPATIENT PAYMENTS	\$52,241,965	\$54,002,694	\$1,760,729	3%
3	TOTAL INPATIENT PAYMENTS / CHARGES	52.02%	50.75%	-1.27%	-2%
4	TOTAL DISCHARGES	6,106	6,030	(76)	-1%
5	TOTAL CASE MIX INDEX	1.25155	1.23817	(0.01338)	-1%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	7,641.98890	7,466.17810	(175.81080)	-2%
7	TOTAL OUTPATIENT CHARGES	\$167,608,154	\$178,904,828	\$11,296,674	7%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	166.89%	168.12%	1.23%	1%
9	TOTAL OUTPATIENT PAYMENTS	\$63,626,089	\$63,426,503	(\$199,586)	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.96%	35.45%	-2.51%	-7%
11	TOTAL CHARGES	\$268,038,161	\$285,320,073	\$17,281,912	6%
12	TOTAL PAYMENTS	\$115,868,054	\$117,429,197	\$1,561,143	1%
13	TOTAL PAYMENTS / TOTAL CHARGES	43.23%	41.16%	-2.07%	-5%
14	PATIENT DAYS	25,604	26,064	460	2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$77,872,767	\$86,168,561	\$8,295,794	11%
2	INPATIENT PAYMENTS	\$38,670,339	\$41,486,760	\$2,816,421	7%
3	GOVT. INPATIENT PAYMENTS / CHARGES	49.66%	48.15%	-1.51%	-3%
4	DISCHARGES	4,521	4,600	79	2%
5	CASE MIX INDEX	1.28828	1.28455	(0.00373)	0%
6	CASE MIX ADJUSTED DISCHARGES	5,824.31090	5,908.90810	84.59720	1%
7	OUTPATIENT CHARGES	\$103,383,723	\$114,041,454	\$10,657,731	10%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	132.76%	132.35%	-0.41%	0%
9	OUTPATIENT PAYMENTS	\$33,079,227	\$33,062,833	(\$16,394)	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.00%	28.99%	-3.00%	-9%
11	TOTAL CHARGES	\$181,256,490	\$200,210,015	\$18,953,525	10%
12	TOTAL PAYMENTS	\$71,749,566	\$74,549,593	\$2,800,027	4%
13	TOTAL PAYMENTS / CHARGES	39.58%	37.24%	-2.35%	-6%
14	PATIENT DAYS	20,105	21,206	1,101	5%
15	TOTAL GOVERNMENT DEDUCTIONS	\$109,506,924	\$125,660,422	\$16,153,498	15%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.6	4.9	0.3	6%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.4	(0.1)	-2%
3	UNINSURED	4.5	3.9	(0.6)	-14%
4	MEDICAID	4.0	3.7	(0.2)	-6%
5	OTHER MEDICAL ASSISTANCE	3.6	7.3	3.6	100%
6	CHAMPUS / TRICARE	3.4	4.0	0.6	16%
7	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.1	3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2015					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2014	FY 2015	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$268,038,161	\$285,320,073	\$17,281,912	6%
2	TOTAL GOVERNMENT DEDUCTIONS	\$109,506,924	\$125,660,422	\$16,153,498	15%
3	UNCOMPENSATED CARE	\$5,634,881	\$4,007,880	(\$1,627,001)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$37,028,303	\$38,222,574	\$1,194,271	3%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$152,170,108	\$167,890,876	\$15,720,768	10%
7	TOTAL ACCRUED PAYMENTS	\$115,868,053	\$117,429,197	\$1,561,144	1%
8	UCP DSH PAYMENTS. (Gross DSH+Upper Limit Adj. - OHCA Input)	\$0	\$0	\$0	0%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$115,868,053	\$117,429,197	\$1,561,144	1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4322819279	0.4115700510	(0.0207118769)	-5%
11	COST OF UNCOMPENSATED CARE	\$2,435,857	\$1,649,523	(\$786,334)	-32%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$9,248,622	\$9,203,156	(\$45,466)	0%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$11,684,479	\$10,852,679	(\$831,800)	-7%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$9,846,157	\$11,031,953	\$1,185,796	12%
2	OTHER MEDICAL ASSISTANCE	\$33,604	(\$8,690)	(\$42,295)	-126%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,416,046	\$3,511,204	\$1,095,158	45%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$12,295,808	\$14,534,467	\$2,238,659	18%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0	0.00%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	(\$1,245,995)	(\$3,693,469)	(\$2,447,474)	196.43%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$114,622,050	\$113,735,732	(\$886,318)	-0.77%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	(\$2,935,378)	(\$1,613,966)	\$1,321,412	-45.02%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$265,102,773	\$283,706,107	\$18,603,334	7.02%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$5,634,881	\$4,007,880	(\$1,627,001)	-28.87%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,557,240	\$20,246,684	(\$2,310,556)
2	MEDICARE	\$61,563,189	69,571,668	\$8,008,479
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,874,618	16,161,638	\$287,020
4	MEDICAID	\$15,720,382	15,900,445	\$180,063
5	OTHER MEDICAL ASSISTANCE	\$154,236	261,193	\$106,957
6	CHAMPUS / TRICARE	\$434,960	435,255	\$295
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,554,063	692,425	(\$861,638)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$77,872,767	\$86,168,561	\$8,295,794
	TOTAL INPATIENT CHARGES	\$100,430,007	\$106,415,245	\$5,985,238
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,224,431	\$64,863,374	\$638,943
2	MEDICARE	\$64,444,398	68,419,027	\$3,974,629
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$38,230,894	45,038,204	\$6,807,310
4	MEDICAID	\$38,108,911	44,875,620	\$6,766,709
5	OTHER MEDICAL ASSISTANCE	\$121,983	162,584	\$40,601
6	CHAMPUS / TRICARE	\$708,431	584,223	(\$124,208)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,301,269	3,470,795	(\$830,474)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$103,383,723	\$114,041,454	\$10,657,731
	TOTAL OUTPATIENT CHARGES	\$167,608,154	\$178,904,828	\$11,296,674
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$86,781,671	\$85,110,058	(\$1,671,613)
2	TOTAL MEDICARE	\$126,007,587	\$137,990,695	\$11,983,108
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$54,105,512	\$61,199,842	\$7,094,330
4	TOTAL MEDICAID	\$53,829,293	\$60,776,065	\$6,946,772
5	TOTAL OTHER MEDICAL ASSISTANCE	\$276,219	\$423,777	\$147,558
6	TOTAL CHAMPUS / TRICARE	\$1,143,391	\$1,019,478	(\$123,913)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,855,332	\$4,163,220	(\$1,692,112)
	TOTAL GOVERNMENT CHARGES	\$181,256,490	\$200,210,015	\$18,953,525
	TOTAL CHARGES	\$268,038,161	\$285,320,073	\$17,281,912
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,571,626	\$12,515,934	(\$1,055,692)
2	MEDICARE	\$33,728,483	36,385,646	\$2,657,163
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,694,856	4,816,089	\$121,233
4	MEDICAID	\$4,645,830	4,738,255	\$92,425
5	OTHER MEDICAL ASSISTANCE	\$49,026	77,834	\$28,808
6	CHAMPUS / TRICARE	\$247,000	285,025	\$38,025
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$318,975	111,960	(\$207,015)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$38,670,339	\$41,486,760	\$2,816,421
	TOTAL INPATIENT PAYMENTS	\$52,241,965	\$54,002,694	\$1,760,729
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,546,862	\$30,363,670	(\$183,192)
2	MEDICARE	\$23,390,922	21,661,538	(\$1,729,384)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$9,445,357	11,168,777	\$1,723,420
4	MEDICAID	\$9,397,695	11,150,030	\$1,752,335
5	OTHER MEDICAL ASSISTANCE	\$47,662	18,747	(\$28,915)
6	CHAMPUS / TRICARE	\$242,948	232,518	(\$10,430)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$882,845	561,204	(\$321,641)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$33,079,227	\$33,062,833	(\$16,394)
	TOTAL OUTPATIENT PAYMENTS	\$63,626,089	\$63,426,503	(\$199,586)
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,118,488	\$42,879,604	(\$1,238,884)
2	TOTAL MEDICARE	\$57,119,405	\$58,047,184	\$927,779
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,140,213	\$15,984,866	\$1,844,653
4	TOTAL MEDICAID	\$14,043,525	\$15,888,285	\$1,844,760
5	TOTAL OTHER MEDICAL ASSISTANCE	\$96,688	\$96,581	(\$107)
6	TOTAL CHAMPUS / TRICARE	\$489,948	\$517,543	\$27,595
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,201,820	\$673,164	(\$528,656)
	TOTAL GOVERNMENT PAYMENTS	\$71,749,566	\$74,549,593	\$2,800,027
	TOTAL PAYMENTS	\$115,868,054	\$117,429,197	\$1,561,143

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8.42%	7.10%	-1.32%
2	MEDICARE	22.97%	24.38%	1.42%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	5.92%	5.66%	-0.26%
4	MEDICAID	5.86%	5.57%	-0.29%
5	OTHER MEDICAL ASSISTANCE	0.06%	0.09%	0.03%
6	CHAMPUS / TRICARE	0.16%	0.15%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.58%	0.24%	-0.34%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	29.05%	30.20%	1.15%
	TOTAL INPATIENT PAYER MIX	37.47%	37.30%	-0.17%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	23.96%	22.73%	-1.23%
2	MEDICARE	24.04%	23.98%	-0.06%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	14.26%	15.79%	1.52%
4	MEDICAID	14.22%	15.73%	1.51%
5	OTHER MEDICAL ASSISTANCE	0.05%	0.06%	0.01%
6	CHAMPUS / TRICARE	0.26%	0.20%	-0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.60%	1.22%	-0.39%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	38.57%	39.97%	1.40%
	TOTAL OUTPATIENT PAYER MIX	62.53%	62.70%	0.17%
	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)	11.71%	10.66%	-1.05%
2	MEDICARE	29.11%	30.99%	1.88%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.05%	4.10%	0.05%
4	MEDICAID	4.01%	4.03%	0.03%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.07%	0.02%
6	CHAMPUS / TRICARE	0.21%	0.24%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.28%	0.10%	-0.18%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	33.37%	35.33%	1.95%
	TOTAL INPATIENT PAYER MIX	45.09%	45.99%	0.90%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	26.36%	25.86%	-0.51%
2	MEDICARE	20.19%	18.45%	-1.74%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	8.15%	9.51%	1.36%
4	MEDICAID	8.11%	9.50%	1.38%
5	OTHER MEDICAL ASSISTANCE	0.04%	0.02%	-0.03%
6	CHAMPUS / TRICARE	0.21%	0.20%	-0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.76%	0.48%	-0.28%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	28.55%	28.16%	-0.39%
	TOTAL OUTPATIENT PAYER MIX	54.91%	54.01%	-0.90%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,585	1,430	(155)
2	MEDICARE	3,299	3,363	64
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,183	1,207	24
4	MEDICAID	1,172	1,200	28
5	OTHER MEDICAL ASSISTANCE	11	7	(4)
6	CHAMPUS / TRICARE	39	30	(9)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	137	102	(35)
	TOTAL GOVERNMENT DISCHARGES	4,521	4,600	79
	TOTAL DISCHARGES	6,106	6,030	(76)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,499	4,858	(641)
2	MEDICARE	15,270	16,561	1,291
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,702	4,526	(176)
4	MEDICAID	4,662	4,475	(187)
5	OTHER MEDICAL ASSISTANCE	40	51	11
6	CHAMPUS / TRICARE	133	119	(14)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	613	394	(219)
	TOTAL GOVERNMENT PATIENT DAYS	20,105	21,206	1,101
	TOTAL PATIENT DAYS	25,604	26,064	460
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.5	3.4	(0.1)
2	MEDICARE	4.6	4.9	0.3
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.0	3.7	(0.2)
4	MEDICAID	4.0	3.7	(0.2)
5	OTHER MEDICAL ASSISTANCE	3.6	7.3	3.6
6	CHAMPUS / TRICARE	3.4	4.0	0.6
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.5	3.9	(0.6)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.4	4.6	0.2
	TOTAL AVERAGE LENGTH OF STAY	4.2	4.3	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.14680	1.08900	(0.05780)
2	MEDICARE	1.39100	1.40390	0.01290
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.01288	0.95823	(0.05465)
4	MEDICAID	1.01410	0.95740	(0.05670)
5	OTHER MEDICAL ASSISTANCE	0.88270	1.10020	0.21750
6	CHAMPUS / TRICARE	0.95300	1.03370	0.08070
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04230	1.06310	0.02080
	TOTAL GOVERNMENT CASE MIX INDEX	1.28828	1.28455	(0.00373)
	TOTAL CASE MIX INDEX	1.25155	1.23817	(0.01338)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$86,781,671	\$85,110,058	(\$1,671,613)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$49,753,368	\$46,887,484	(\$2,865,884)
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$37,028,303	\$38,222,574	\$1,194,271
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.67%	44.91%	2.24%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0	\$0	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT- OHCA INPUT)	\$0	\$0	\$0
8	CHARITY CARE	\$2,935,378	\$1,613,966	(\$1,321,412)
9	BAD DEBTS	\$2,699,503	\$2,393,914	(\$305,589)
10	TOTAL UNCOMPENSATED CARE	\$5,634,881	\$4,007,880	(\$1,627,001)
11	TOTAL OTHER OPERATING REVENUE	\$7,533,927	\$6,810,203	(\$723,724)
12	TOTAL OPERATING EXPENSES	\$121,998,831	\$121,979,251	(\$19,580)

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,817.67800	1,557.27000	(260.40800)
2	MEDICARE	4,588.90900	4,721.31570	132.40670
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,198.23490	1,156.58140	(41.65350)
4	MEDICAID	1,188.52520	1,148.88000	(39.64520)
5	OTHER MEDICAL ASSISTANCE	9.70970	7.70140	(2.00830)
6	CHAMPUS / TRICARE	37.16700	31.01100	(6.15600)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	142.79510	108.43620	(34.35890)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	5,824.31090	5,908.90810	84.59720
	TOTAL CASE MIX ADJUSTED DISCHARGES	7,641.98890	7,466.17810	(175.81080)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,512.77386	4,581.22549	68.45162
2	MEDICARE	3,453.39597	3,307.28290	-146.11307
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,849.82941	3,391.10173	541.27232
4	MEDICAID	2,841.12967	3,386.74446	545.61479
5	OTHER MEDICAL ASSISTANCE	8.69974	4.35727	-4.34247
6	CHAMPUS / TRICARE	63.52034	40.26764	-23.25271
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	379.18273	511.27716	132.09443
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,366.74573	6,738.65226	371.90654
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	10,879.51959	11,319.87775	440.35816
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,466.46	\$8,037.10	\$570.64
2	MEDICARE	\$7,350.00	\$7,706.68	\$356.67
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,918.14	\$4,164.07	\$245.93
4	MEDICAID	\$3,908.90	\$4,124.24	\$215.34
5	OTHER MEDICAL ASSISTANCE	\$5,049.18	\$10,106.47	\$5,057.30
6	CHAMPUS / TRICARE	\$6,645.68	\$9,191.09	\$2,545.41
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,233.80	\$1,032.50	(\$1,201.30)
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,639.47	\$7,021.05	\$381.58
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,836.17	\$7,232.98	\$396.80
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,768.98	\$6,627.85	(\$141.13)
2	MEDICARE	\$6,773.31	\$6,549.65	(\$223.66)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,314.36	\$3,293.55	(\$20.80)
4	MEDICAID	\$3,307.73	\$3,292.26	(\$15.48)
5	OTHER MEDICAL ASSISTANCE	\$5,478.55	\$4,302.47	(\$1,176.09)
6	CHAMPUS / TRICARE	\$3,824.73	\$5,774.31	\$1,949.59
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,328.28	\$1,097.65	(\$1,230.63)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,195.63	\$4,906.45	(\$289.18)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,848.24	\$5,603.11	(\$245.14)

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$9,846,157	\$11,031,953	\$1,185,796
2	OTHER MEDICAL ASSISTANCE	\$33,604	(\$8,690)	(\$42,295)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,416,046	\$3,511,204	\$1,095,158
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$12,295,808	\$14,534,467	\$2,238,659
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$268,038,161	\$285,320,073	\$17,281,912
2	TOTAL GOVERNMENT DEDUCTIONS	\$109,506,924	\$125,660,422	\$16,153,498
3	UNCOMPENSATED CARE	\$5,634,881	\$4,007,880	(\$1,627,001)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$37,028,303	\$38,222,574	\$1,194,271
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$152,170,108	\$167,890,876	\$15,720,768
7	TOTAL ACCRUED PAYMENTS	\$115,868,053	\$117,429,197	\$1,561,144
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$115,868,053	\$117,429,197	\$1,561,144
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4322819279	0.4115700510	(0.0207118769)
11	COST OF UNCOMPENSATED CARE	\$2,435,857	\$1,649,523	(\$786,334)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$9,248,622	\$9,203,156	(\$45,466)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$11,684,479	\$10,852,679	(\$831,800)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	60.17%	61.82%	1.65%
2	MEDICARE	54.79%	52.30%	-2.49%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	29.57%	29.80%	0.22%
4	MEDICAID	29.55%	29.80%	0.25%
5	OTHER MEDICAL ASSISTANCE	31.79%	29.80%	-1.99%
6	CHAMPUS / TRICARE	56.79%	65.48%	8.70%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20.53%	16.17%	-4.36%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	49.66%	48.15%	-1.51%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	52.02%	50.75%	-1.27%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	47.56%	46.81%	-0.75%
2	MEDICARE	36.30%	31.66%	-4.64%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24.71%	24.80%	0.09%
4	MEDICAID	24.66%	24.85%	0.19%
5	OTHER MEDICAL ASSISTANCE	39.07%	11.53%	-27.54%
6	CHAMPUS / TRICARE	34.29%	39.80%	5.51%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	20.53%	16.17%	-4.36%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	32.00%	28.99%	-3.00%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	37.96%	35.45%	-2.51%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	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	\$115,868,054	\$117,429,197	\$1,561,143
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$115,868,054	\$117,429,197	\$1,561,143
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,245,995)	(\$3,693,469)	(\$2,447,474)
4	CALCULATED NET REVENUE	\$117,321,562	\$113,735,728	(\$3,585,834)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$114,622,050	\$113,735,732	(\$886,318)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2,699,512	(\$4)	(\$2,699,516)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$268,038,161	\$285,320,073	\$17,281,912
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$2,935,378)	(\$1,613,966)	\$1,321,412
	CALCULATED GROSS REVENUE	\$265,102,783	\$283,706,107	\$18,603,324
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$265,102,773	\$283,706,107	\$18,603,334
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$10	\$0	(\$10)
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,634,881	\$4,007,880	(\$1,627,001)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,634,881	\$4,007,880	(\$1,627,001)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,634,881	\$4,007,880	(\$1,627,001)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

CHARLOTTE HUNGERFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$20,246,684
2	MEDICARE	69,571,668
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	16,161,638
4	MEDICAID	15,900,445
5	OTHER MEDICAL ASSISTANCE	261,193
6	CHAMPUS / TRICARE	435,255
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	692,425
	TOTAL INPATIENT GOVERNMENT CHARGES	\$86,168,561
	TOTAL INPATIENT CHARGES	\$106,415,245
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,863,374
2	MEDICARE	68,419,027
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	45,038,204
4	MEDICAID	44,875,620
5	OTHER MEDICAL ASSISTANCE	162,584
6	CHAMPUS / TRICARE	584,223
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3,470,795
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$114,041,454
	TOTAL OUTPATIENT CHARGES	\$178,904,828
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$85,110,058
2	TOTAL GOVERNMENT ACCRUED CHARGES	200,210,015
	TOTAL ACCRUED CHARGES	\$285,320,073
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$12,515,934
2	MEDICARE	36,385,646
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,816,089
4	MEDICAID	4,738,255
5	OTHER MEDICAL ASSISTANCE	77,834
6	CHAMPUS / TRICARE	285,025
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	111,960
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$41,486,760
	TOTAL INPATIENT PAYMENTS	\$54,002,694
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,363,670
2	MEDICARE	21,661,538
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11,168,777
4	MEDICAID	11,150,030
5	OTHER MEDICAL ASSISTANCE	18,747
6	CHAMPUS / TRICARE	232,518
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	561,204
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$33,062,833
	TOTAL OUTPATIENT PAYMENTS	\$63,426,503
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$42,879,604
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	74,549,593
	TOTAL ACCRUED PAYMENTS	\$117,429,197

CHARLOTTE HUNGERFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,430
2	MEDICARE	3,363
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,207
4	MEDICAID	1,200
5	OTHER MEDICAL ASSISTANCE	7
6	CHAMPUS / TRICARE	30
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	102
	TOTAL GOVERNMENT DISCHARGES	4,600
	TOTAL DISCHARGES	6,030
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,08900
2	MEDICARE	1,40390
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0,95823
4	MEDICAID	0,95740
5	OTHER MEDICAL ASSISTANCE	1,10020
6	CHAMPUS / TRICARE	1,03370
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,06310
	TOTAL GOVERNMENT CASE MIX INDEX	1,28455
	TOTAL CASE MIX INDEX	1,23817
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$85,110,058
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$46,887,484
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$38,222,574
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	44.91%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$0
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$1,613,966
9	BAD DEBTS	\$2,393,914
10	TOTAL UNCOMPENSATED CARE	\$4,007,880
11	TOTAL OTHER OPERATING REVENUE	\$6,810,203
12	TOTAL OPERATING EXPENSES	\$121,979,251

CHARLOTTE HUNGERFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2015		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2015
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	\$117,429,197
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$117,429,197
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$3,693,469)
	CALCULATED NET REVENUE	\$113,735,728
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$113,735,732
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$4)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$285,320,073
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$1,613,966)
	CALCULATED GROSS REVENUE	\$283,706,107
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$283,706,107
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,007,880
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,007,880
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,007,880
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2015
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2014	ACTUAL FY 2015	AMOUNT DIFFERENCE	% DIFFERENCE
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	1,741	1,411	(330)	-19%
2	Number of Approved Applicants	1,736	1,399	(337)	-19%
3	Total Charges (A)	\$2,935,378	\$1,613,966	(\$1,321,412)	-45%
4	Average Charges	\$1,691	\$1,154	(\$537)	-32%
5	Ratio of Cost to Charges (RCC)	0.465716	0.442711	(0.023005)	-5%
6	Total Cost	\$1,367,053	\$714,521	(\$652,532)	-48%
7	Average Cost	\$787	\$511	(\$277)	-35%
8	Charity Care - Inpatient Charges	\$1,227,241	\$442,989	(\$784,252)	-64%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	762,562	564,334	(198,228)	-26%
10	Charity Care - Emergency Department Charges	945,575	606,643	(338,932)	-36%
11	Total Charges (A)	\$2,935,378	\$1,613,966	(\$1,321,412)	-45%
12	Charity Care - Number of Patient Days	243	120	(123)	-51%
13	Charity Care - Number of Discharges	46	29	(17)	-37%
14	Charity Care - Number of Outpatient ED Visits	1,728	1,480	(248)	-14%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	3,983	3,023	(960)	-24%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$738,812	\$583,876	(\$154,936)	-21%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	879,559	832,364	(47,195)	-5%
3	Bad Debts - Emergency Department	1,081,132	977,674	(103,458)	-10%
4	Total Bad Debts (A)	\$2,699,503	\$2,393,914	(\$305,589)	-11%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$2,935,378	\$1,613,966	(\$1,321,412)	-45%
2	Bad Debts (A)	2,699,503	2,393,914	(305,589)	-11%
3	Total Uncompensated Care (A)	\$5,634,881	\$4,007,880	(\$1,627,001)	-29%
4	Uncompensated Care - Inpatient Services	\$1,966,053	\$1,026,865	(\$939,188)	-48%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,642,121	1,396,698	(245,423)	-15%
6	Uncompensated Care - Emergency Department	2,026,707	1,584,317	(442,390)	-22%
7	Total Uncompensated Care (A)	\$5,634,881	\$4,007,880	(\$1,627,001)	-29%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2015 REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 ACTUAL TOTAL NON-GOVERNMENT	FY 2015 ACTUAL TOTAL NON-GOVERNMENT	AMOUNT DIFFERENCE	% DIFFERENCE
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$86,781,671	\$85,110,058	(\$1,671,613)	-2%
2	Total Contractual Allowances	\$37,028,303	\$38,222,574	\$1,194,271	3%
	Total Accrued Payments (A)	\$49,753,368	\$46,887,484	(\$2,865,884)	-6%
	Total Discount Percentage	42.67%	44.91%	2.24%	5%
(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 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$101,429,210	\$100,430,007	\$106,415,245
2	Outpatient Gross Revenue	\$158,509,361	\$167,608,154	\$178,904,828
3	Total Gross Patient Revenue	\$259,938,571	\$268,038,161	\$285,320,073
4	Net Patient Revenue	\$116,677,548	\$114,622,054	\$113,735,731
B. Total Operating Expenses				
1	Total Operating Expense	\$124,899,985	\$121,998,831	\$121,979,251
C. Utilization Statistics				
1	Patient Days	26,574	25,604	26,064
2	Discharges	6,533	6,106	6,030
3	Average Length of Stay	4.1	4.2	4.3
4	Equivalent (Adjusted) Patient Days (EPD)	68,103	68,335	69,883
0	Equivalent (Adjusted) Discharges (ED)	16,743	16,296	16,168
D. Case Mix Statistics				
1	Case Mix Index	1.27411	1.25155	1.23817
2	Case Mix Adjusted Patient Days (CMAPD)	33,858	32,045	32,272
3	Case Mix Adjusted Discharges (CMAD)	8,324	7,642	7,466
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	86,770	85,525	86,527
5	Case Mix Adjusted Equivalent Discharges (CMAED)	21,332	20,396	20,018
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$9,782	\$10,469	\$10,947
2	Total Gross Revenue per Discharge	\$39,789	\$43,898	\$47,317
3	Total Gross Revenue per EPD	\$3,817	\$3,922	\$4,083
4	Total Gross Revenue per ED	\$15,526	\$16,448	\$17,648
5	Total Gross Revenue per CMAEPD	\$2,996	\$3,134	\$3,297
6	Total Gross Revenue per CMAED	\$12,186	\$13,142	\$14,253
7	Inpatient Gross Revenue per EPD	\$1,489	\$1,470	\$1,523
8	Inpatient Gross Revenue per ED	\$6,058	\$6,163	\$6,582

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,391	\$4,477	\$4,364
2	Net Patient Revenue per Discharge	\$17,860	\$18,772	\$18,862
3	Net Patient Revenue per EPD	\$1,713	\$1,677	\$1,628
4	Net Patient Revenue per ED	\$6,969	\$7,034	\$7,035
5	Net Patient Revenue per CMAEPD	\$1,345	\$1,340	\$1,314
6	Net Patient Revenue per CMAED	\$5,470	\$5,620	\$5,682
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,700	\$4,765	\$4,680
2	Total Operating Expense per Discharge	\$19,118	\$19,980	\$20,229
3	Total Operating Expense per EPD	\$1,834	\$1,785	\$1,745
4	Total Operating Expense per ED	\$7,460	\$7,486	\$7,545
5	Total Operating Expense per CMAEPD	\$1,439	\$1,426	\$1,410
6	Total Operating Expense per CMAED	\$5,855	\$5,982	\$6,093
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$22,590,903	\$22,031,082	\$21,468,707
2	Nursing Fringe Benefits Expense	\$6,262,671	\$5,451,956	\$5,471,464
3	Total Nursing Salary and Fringe Benefits Expense	\$28,853,574	\$27,483,038	\$26,940,171
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$8,984,103	\$8,726,511	\$8,229,856
2	Physician Fringe Benefits Expense	\$2,490,581	\$2,159,520	\$2,097,442
3	Total Physician Salary and Fringe Benefits Expense	\$11,474,684	\$10,886,031	\$10,327,298
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$26,897,491	\$25,945,384	\$26,231,947
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$7,456,548	\$6,420,615	\$6,685,410
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$34,354,039	\$32,365,999	\$32,917,357
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$58,472,497	\$56,702,977	\$55,930,510
2	Total Fringe Benefits Expense	\$16,209,800	\$14,032,091	\$14,254,316
3	Total Salary and Fringe Benefits Expense	\$74,682,297	\$70,735,068	\$70,184,826

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2015				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	ACTUAL FY 2015
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	305.9	296.4	286.5
2	Total Physician FTEs	33.9	30.9	29.6
3	Total Non-Nursing, Non-Physician FTEs	449.2	439.7	433.3
4	Total Full Time Equivalent Employees (FTEs)	789.0	767.0	749.4
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$73,851	\$74,329	\$74,934
2	Nursing Fringe Benefits Expense per FTE	\$20,473	\$18,394	\$19,098
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$94,324	\$92,723	\$94,032
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$265,018	\$282,411	\$278,036
2	Physician Fringe Benefits Expense per FTE	\$73,468	\$69,887	\$70,860
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$338,486	\$352,299	\$348,895
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$59,879	\$59,007	\$60,540
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$16,600	\$14,602	\$15,429
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$76,478	\$73,609	\$75,969
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$74,110	\$73,928	\$74,634
2	Total Fringe Benefits Expense per FTE	\$20,545	\$18,295	\$19,021
3	Total Salary and Fringe Benefits Expense per FTE	\$94,654	\$92,223	\$93,655
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,810	\$2,763	\$2,693
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,432	\$11,585	\$11,639
3	Total Salary and Fringe Benefits Expense per EPD	\$1,097	\$1,035	\$1,004
4	Total Salary and Fringe Benefits Expense per ED	\$4,461	\$4,341	\$4,341
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$861	\$827	\$811
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,501	\$3,468	\$3,506