

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$8,948,706	\$7,223,350	(\$1,725,356)	-19%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,504,471	\$13,152,579	(\$351,892)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$840,007	\$2,471,609	\$1,631,602	194%
7	Inventories of Supplies	\$2,092,246	\$1,952,261	(\$139,985)	-7%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,724,846	\$2,171,770	(\$553,076)	-20%
	Total Current Assets	\$28,110,276	\$26,971,569	(\$1,138,707)	-4%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$20,525,079	\$22,585,921	\$2,060,842	10%
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	\$7,067,123	\$7,260,499	\$193,376	3%
	Total Noncurrent Assets Whose Use is Limited:	\$27,592,202	\$29,846,420	\$2,254,218	8%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$38,742,293	\$39,735,759	\$993,466	3%
7	Other Noncurrent Assets	\$1,135,267	\$1,077,802	(\$57,465)	-5%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$148,532,515	\$154,679,979	\$6,147,464	4%
2	Less: Accumulated Depreciation	\$112,631,179	\$116,381,671	\$3,750,492	3%
	Property, Plant and Equipment, Net	\$35,901,336	\$38,298,308	\$2,396,972	7%
3	Construction in Progress	\$968,443	\$941,793	(\$26,650)	-3%
	Total Net Fixed Assets	\$36,869,779	\$39,240,101	\$2,370,322	6%
	Total Assets	\$132,449,817	\$136,871,651	\$4,421,834	3%

CHARLOTTE HUNGERFORD HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$7,289,342	\$7,275,470	(\$13,872)	0%
2	Salaries, Wages and Payroll Taxes	\$4,177,672	\$4,456,310	\$278,638	7%
3	Due To Third Party Payers	\$2,468,522	\$4,348,984	\$1,880,462	76%
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	\$3,219,468	\$0	(\$3,219,468)	-100%
7	Other Current Liabilities	\$4,078,798	\$4,435,526	\$356,728	9%
	Total Current Liabilities	\$21,233,802	\$20,516,290	(\$717,512)	-3%
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	\$23,133,018	\$27,865,188	\$4,732,170	20%
4	Other Long Term Liabilities	\$3,527,218	\$3,971,340	\$444,122	13%
	Total Long Term Liabilities	\$26,660,236	\$31,836,528	\$5,176,292	19%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$61,139,349	\$59,368,912	(\$1,770,437)	-3%
2	Temporarily Restricted Net Assets	\$3,314,742	\$3,508,118	\$193,376	6%
3	Permanently Restricted Net Assets	\$20,101,688	\$21,641,803	\$1,540,115	8%
	Total Net Assets	\$84,555,779	\$84,518,833	(\$36,946)	0%
	Total Liabilities and Net Assets	\$132,449,817	\$136,871,651	\$4,421,834	3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2013 ACTUAL</u>	<u>FY 2014 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$259,938,572	\$268,038,155	\$8,099,583	3%
2	Less: Allowances	\$136,668,445	\$147,781,220	\$11,112,775	8%
3	Less: Charity Care	\$3,214,518	\$2,935,378	(\$279,140)	-9%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$120,055,609	\$117,321,557	(\$2,734,052)	-2%
5	Provision for Bad Debts	\$3,378,061	\$2,699,503	(\$678,558)	-20%
	Net Patient Service Revenue less provision for bad debts	\$116,677,548	\$114,622,054	(\$2,055,494)	-2%
6	Other Operating Revenue	\$8,250,545	\$7,533,927	(\$716,618)	-9%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$124,928,093	\$122,155,981	(\$2,772,112)	-2%
B. Operating Expenses:					
1	Salaries and Wages	\$58,472,497	\$56,702,977	(\$1,769,520)	-3%
2	Fringe Benefits	\$16,209,800	\$14,032,091	(\$2,177,709)	-13%
3	Physicians Fees	\$4,669,548	\$4,330,528	(\$339,020)	-7%
4	Supplies and Drugs	\$12,520,721	\$11,619,961	(\$900,760)	-7%
5	Depreciation and Amortization	\$6,050,075	\$5,899,420	(\$150,655)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$250,825	\$15,651	(\$235,174)	-94%
8	Malpractice Insurance Cost	\$1,842,449	\$1,701,301	(\$141,148)	-8%
9	Other Operating Expenses	\$24,884,070	\$27,696,902	\$2,812,832	11%
	Total Operating Expenses	\$124,899,985	\$121,998,831	(\$2,901,154)	-2%
	Income/(Loss) From Operations	\$28,108	\$157,150	\$129,042	459%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,298,212	\$2,689,094	\$390,882	17%
2	Gifts, Contributions and Donations	\$273,527	\$110,807	(\$162,720)	-59%
3	Other Non-Operating Gains/(Losses)	\$93,073	\$65,999	(\$27,074)	-29%
	Total Non-Operating Revenue	\$2,664,812	\$2,865,900	\$201,088	8%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$2,692,920	\$3,023,050	\$330,130	12%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%

CHARLOTTE HUNGERFORD HOSPITAL					
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REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$2,692,920	\$3,023,050	\$330,130	12%
	Principal Payments	\$1,401,998	\$3,219,468	\$1,817,470	130%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014**

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	<u>GROSS REVENUE BY PAYER</u>				
A.	<u>INPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$54,904,987	\$52,245,048	(\$2,659,939)	-5%
2	MEDICARE MANAGED CARE	\$7,113,981	\$9,318,141	\$2,204,160	31%
3	MEDICAID	\$14,098,153	\$15,720,382	\$1,622,229	12%
4	MEDICAID MANAGED CARE	\$437,891	\$0	(\$437,891)	-100%
5	CHAMPUS/TRICARE	\$353,945	\$434,960	\$81,015	23%
6	COMMERCIAL INSURANCE	\$2,608,785	\$2,486,570	(\$122,215)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$19,441,893	\$18,179,052	(\$1,262,841)	-6%
8	WORKER'S COMPENSATION	\$859,081	\$337,555	(\$521,526)	-61%
9	SELF- PAY/UNINSURED	\$1,590,204	\$1,554,063	(\$36,141)	-2%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$20,290	\$154,236	\$133,946	660%
	TOTAL INPATIENT GROSS REVENUE	\$101,429,210	\$100,430,007	(\$999,203)	-1%
B.	<u>OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$51,138,290	\$53,101,756	\$1,963,466	4%
2	MEDICARE MANAGED CARE	\$9,659,403	\$11,342,642	\$1,683,239	17%
3	MEDICAID	\$32,529,315	\$38,108,911	\$5,579,596	17%
4	MEDICAID MANAGED CARE	\$1,128,215	\$0	(\$1,128,215)	-100%
5	CHAMPUS/TRICARE	\$620,095	\$708,431	\$88,336	14%
6	COMMERCIAL INSURANCE	\$5,540,715	\$5,877,399	\$336,684	6%
7	NON-GOVERNMENT MANAGED CARE	\$50,761,334	\$52,764,219	\$2,002,885	4%
8	WORKER'S COMPENSATION	\$1,465,316	\$1,281,544	(\$183,772)	-13%
9	SELF- PAY/UNINSURED	\$5,513,269	\$4,301,269	(\$1,212,000)	-22%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$153,409	\$121,983	(\$31,426)	-20%
	TOTAL OUTPATIENT GROSS REVENUE	\$158,509,361	\$167,608,154	\$9,098,793	6%
C.	<u>TOTAL GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$106,043,277	\$105,346,804	(\$696,473)	-1%
2	MEDICARE MANAGED CARE	\$16,773,384	\$20,660,783	\$3,887,399	23%
3	MEDICAID	\$46,627,468	\$53,829,293	\$7,201,825	15%
4	MEDICAID MANAGED CARE	\$1,566,106	\$0	(\$1,566,106)	-100%
5	CHAMPUS/TRICARE	\$974,040	\$1,143,391	\$169,351	17%
6	COMMERCIAL INSURANCE	\$8,149,500	\$8,363,969	\$214,469	3%
7	NON-GOVERNMENT MANAGED CARE	\$70,203,227	\$70,943,271	\$740,044	1%
8	WORKER'S COMPENSATION	\$2,324,397	\$1,619,099	(\$705,298)	-30%
9	SELF- PAY/UNINSURED	\$7,103,473	\$5,855,332	(\$1,248,141)	-18%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$173,699	\$276,219	\$102,520	59%
	TOTAL GROSS REVENUE	\$259,938,571	\$268,038,161	\$8,099,590	3%
II.	<u>NET REVENUE BY PAYER</u>				
A.	<u>INPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$30,589,686	\$28,623,374	(\$1,966,312)	-6%
2	MEDICARE MANAGED CARE	\$3,963,473	\$5,105,109	\$1,141,636	29%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
3	MEDICAID	\$4,905,020	\$4,645,830	(\$259,190)	-5%
4	MEDICAID MANAGED CARE	\$140,182	\$0	(\$140,182)	-100%
5	CHAMPUS/TRICARE	\$220,612	\$247,000	\$26,388	12%
6	COMMERCIAL INSURANCE	\$1,699,129	\$1,628,242	(\$70,887)	-4%
7	NON-GOVERNMENT MANAGED CARE	\$12,436,823	\$11,367,041	(\$1,069,782)	-9%
8	WORKER'S COMPENSATION	\$652,620	\$257,368	(\$395,252)	-61%
9	SELF- PAY/UNINSURED	\$272,165	\$318,975	\$46,810	17%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$18,644	\$49,026	\$30,382	163%
	TOTAL INPATIENT NET REVENUE	\$54,898,354	\$52,241,965	(\$2,656,389)	-5%
B.	OUTPATIENT NET REVENUE				
1	MEDICARE TRADITIONAL	\$18,505,307	\$19,511,066	\$1,005,759	5%
2	MEDICARE MANAGED CARE	\$3,362,046	\$3,879,856	\$517,810	15%
3	MEDICAID	\$10,437,386	\$9,397,695	(\$1,039,691)	-10%
4	MEDICAID MANAGED CARE	\$409,033	\$0	(\$409,033)	-100%
5	CHAMPUS/TRICARE	\$228,839	\$242,948	\$14,109	6%
6	COMMERCIAL INSURANCE	\$2,136,171	\$2,192,296	\$56,125	3%
7	NON-GOVERNMENT MANAGED CARE	\$25,522,388	\$26,532,268	\$1,009,880	4%
8	WORKER'S COMPENSATION	\$1,008,717	\$939,453	(\$69,264)	-7%
9	SELF- PAY/UNINSURED	\$943,602	\$882,845	(\$60,757)	-6%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$31,406	\$47,662	\$16,256	52%
	TOTAL OUTPATIENT NET REVENUE	\$62,584,895	\$63,626,089	\$1,041,194	2%
C.	TOTAL NET REVENUE				
1	MEDICARE TRADITIONAL	\$49,094,993	\$48,134,440	(\$960,553)	-2%
2	MEDICARE MANAGED CARE	\$7,325,519	\$8,984,965	\$1,659,446	23%
3	MEDICAID	\$15,342,406	\$14,043,525	(\$1,298,881)	-8%
4	MEDICAID MANAGED CARE	\$549,215	\$0	(\$549,215)	-100%
5	CHAMPUS/TRICARE	\$449,451	\$489,948	\$40,497	9%
6	COMMERCIAL INSURANCE	\$3,835,300	\$3,820,538	(\$14,762)	0%
7	NON-GOVERNMENT MANAGED CARE	\$37,959,211	\$37,899,309	(\$59,902)	0%
8	WORKER'S COMPENSATION	\$1,661,337	\$1,196,821	(\$464,516)	-28%
9	SELF- PAY/UNINSURED	\$1,215,767	\$1,201,820	(\$13,947)	-1%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$50,050	\$96,688	\$46,638	93%
	TOTAL NET REVENUE	\$117,483,249	\$115,868,054	(\$1,615,195)	-1%
III.	STATISTICS BY PAYER				
A.	DISCHARGES				
1	MEDICARE TRADITIONAL	3,113	2,842	(271)	-9%
2	MEDICARE MANAGED CARE	397	457	60	15%
3	MEDICAID	1,136	1,172	36	3%
4	MEDICAID MANAGED CARE	31	0	(31)	-100%
5	CHAMPUS/TRICARE	32	39	7	22%
6	COMMERCIAL INSURANCE	397	354	(43)	-11%
7	NON-GOVERNMENT MANAGED CARE	1,192	1,082	(110)	-9%
8	WORKER'S COMPENSATION	32	12	(20)	-63%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
9	SELF- PAY/UNINSURED	200	137	(63)	-32%
10	SAGA	0	0	0	0%
11	OTHER	3	11	8	267%
	TOTAL DISCHARGES	6,533	6,106	(427)	-7%
B.	<u>PATIENT DAYS</u>				
1	MEDICARE TRADITIONAL	14,227	13,033	(1,194)	-8%
2	MEDICARE MANAGED CARE	1,655	2,237	582	35%
3	MEDICAID	4,494	4,662	168	4%
4	MEDICAID MANAGED CARE	109	0	(109)	-100%
5	CHAMPUS/TRICARE	132	133	1	1%
6	COMMERCIAL INSURANCE	1,446	1,224	(222)	-15%
7	NON-GOVERNMENT MANAGED CARE	3,715	3,637	(78)	-2%
8	WORKER'S COMPENSATION	95	25	(70)	-74%
9	SELF- PAY/UNINSURED	696	613	(83)	-12%
10	SAGA	0	0	0	0%
11	OTHER	5	40	35	700%
	TOTAL PATIENT DAYS	26,574	25,604	(970)	-4%
C.	<u>OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	77,205	74,006	(3,199)	-4%
2	MEDICARE MANAGED CARE	14,176	15,651	1,475	10%
3	MEDICAID	40,002	43,933	3,931	10%
4	MEDICAID MANAGED CARE	1,469	0	(1,469)	-100%
5	CHAMPUS/TRICARE	742	688	(54)	-7%
6	COMMERCIAL INSURANCE	17,781	17,498	(283)	-2%
7	NON-GOVERNMENT MANAGED CARE	64,730	60,783	(3,947)	-6%
8	WORKER'S COMPENSATION	1,282	1,249	(33)	-3%
9	SELF- PAY/UNINSURED	11,915	9,447	(2,468)	-21%
10	SAGA	0	0	0	0%
11	OTHER	153	123	(30)	-20%
	TOTAL OUTPATIENT VISITS	229,455	223,378	(6,077)	-3%
IV.	<u>EMERGENCY DEPARTMENT OUTPATIENT BY PAYER</u>				
A.	<u>EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE</u>				
1	MEDICARE TRADITIONAL	\$9,763,336	\$9,904,048	\$140,712	1%
2	MEDICARE MANAGED CARE	\$1,426,960	\$1,764,163	\$337,203	24%
3	MEDICAID	\$12,853,422	\$14,825,361	\$1,971,939	15%
4	MEDICAID MANAGED CARE	\$269,400	\$0	(\$269,400)	-100%
5	CHAMPUS/TRICARE	\$258,930	\$329,437	\$70,507	27%
6	COMMERCIAL INSURANCE	\$2,696,856	\$2,971,151	\$274,295	10%
7	NON-GOVERNMENT MANAGED CARE	\$9,351,814	\$9,268,709	(\$83,105)	-1%
8	WORKER'S COMPENSATION	\$613,935	\$506,763	(\$107,172)	-17%
9	SELF- PAY/UNINSURED	\$2,731,280	\$2,109,671	(\$621,609)	-23%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$123,102	\$98,332	(\$24,770)	-20%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$40,089,035	\$41,777,635	\$1,688,600	4%
B.	<u>EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE</u>				
1	MEDICARE TRADITIONAL	\$2,261,948	\$2,412,588	\$150,640	7%

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
2	MEDICARE MANAGED CARE	\$358,103	\$469,599	\$111,496	31%
3	MEDICAID	\$3,678,697	\$3,548,854	(\$129,843)	-4%
4	MEDICAID MANAGED CARE	\$72,549	\$0	(\$72,549)	-100%
5	CHAMPUS/TRICARE	\$65,920	\$80,430	\$14,510	22%
6	COMMERCIAL INSURANCE	\$1,270,620	\$1,353,916	\$83,296	7%
7	NON-GOVERNMENT MANAGED CARE	\$3,916,626	\$3,750,602	(\$166,024)	-4%
8	WORKER'S COMPENSATION	\$512,680	\$432,740	(\$79,940)	-16%
9	SELF- PAY/UNINSURED	\$1,593,082	\$1,549,465	(\$43,617)	-3%
10	SAGA	\$0	\$0	\$0	0%
11	OTHER	\$33,743	\$30,948	(\$2,795)	-8%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$13,763,968	\$13,629,142	(\$134,826)	-1%
C.	<u>EMERGENCY DEPARTMENT OUTPATIENT VISITS</u>				
1	MEDICARE TRADITIONAL	7,816	7,732	(84)	-1%
2	MEDICARE MANAGED CARE	1,062	1,280	218	21%
3	MEDICAID	11,635	12,829	1,194	10%
4	MEDICAID MANAGED CARE	221	0	(221)	-100%
5	CHAMPUS/TRICARE	235	262	27	11%
6	COMMERCIAL INSURANCE	2,382	2,524	142	6%
7	NON-GOVERNMENT MANAGED CARE	8,439	7,991	(448)	-5%
8	WORKER'S COMPENSATION	692	662	(30)	-4%
9	SELF- PAY/UNINSURED	3,198	2,486	(712)	-22%
10	SAGA	0	0	0	0%
11	OTHER	110	87	(23)	-21%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	35,790	35,853	63	0%

CHARLOTTE HUNGERFORD HOSPITAL					
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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$22,590,903	\$22,031,082	(\$559,821)	-2%
2	Physician Salaries	\$8,984,103	\$8,726,511	(\$257,592)	-3%
3	Non-Nursing, Non-Physician Salaries	\$26,897,491	\$25,945,384	(\$952,107)	-4%
	Total Salaries & Wages	\$58,472,497	\$56,702,977	(\$1,769,520)	-3%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$6,262,671	\$5,451,956	(\$810,715)	-13%
2	Physician Fringe Benefits	\$2,490,581	\$2,159,520	(\$331,061)	-13%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,456,548	\$6,420,615	(\$1,035,933)	-14%
	Total Fringe Benefits	\$16,209,800	\$14,032,091	(\$2,177,709)	-13%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$613,655	\$372,363	(\$241,292)	-39%
2	Physician Fees	\$4,669,548	\$4,330,528	(\$339,020)	-7%
3	Non-Nursing, Non-Physician Fees	\$234,519	\$665,011	\$430,492	184%
	Total Contractual Labor Fees	\$5,517,722	\$5,367,902	(\$149,820)	-3%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$8,819,965	\$7,466,603	(\$1,353,362)	-15%
2	Pharmaceutical Costs	\$3,700,756	\$4,153,358	\$452,602	12%
	Total Medical Supplies and Pharmaceutical Cost	\$12,520,721	\$11,619,961	(\$900,760)	-7%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$3,129,852	\$3,253,883	\$124,031	4%
2	Depreciation-Equipment	\$2,846,058	\$2,607,931	(\$238,127)	-8%
3	Amortization	\$74,165	\$37,606	(\$36,559)	-49%
	Total Depreciation and Amortization	\$6,050,075	\$5,899,420	(\$150,655)	-2%
F.	Bad Debts:				
1	Bad Debts	\$0	\$0	\$0	0%
G.	Interest Expense:				
1	Interest Expense	\$250,825	\$15,651	(\$235,174)	-94%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$1,842,449	\$1,701,301	(\$141,148)	-8%
I.	Utilities:				
1	Water	\$58,435	\$52,276	(\$6,159)	-11%
2	Natural Gas	\$474,363	\$522,370	\$48,007	10%
3	Oil	\$15,980	\$16,892	\$912	6%
4	Electricity	\$1,242,732	\$1,237,940	(\$4,792)	0%
5	Telephone	\$233,223	\$270,635	\$37,412	16%
6	Other Utilities	\$53,835	\$61,543	\$7,708	14%
	Total Utilities	\$2,078,568	\$2,161,656	\$83,088	4%
J.	Business Expenses:				
1	Accounting Fees	\$109,008	\$119,200	\$10,192	9%
2	Legal Fees	\$253,533	\$350,198	\$96,665	38%
3	Consulting Fees	\$570,512	\$348,303	(\$222,209)	-39%
4	Dues and Membership	\$359,416	\$462,298	\$102,882	29%
5	Equipment Leases	\$1,297,634	\$1,004,686	(\$292,948)	-23%
6	Building Leases	\$1,103,507	\$1,196,858	\$93,351	8%
7	Repairs and Maintenance	\$2,525,670	\$2,265,969	(\$259,701)	-10%
8	Insurance	\$283,124	\$296,453	\$13,329	5%
9	Travel	\$33,726	\$29,278	(\$4,448)	-13%
10	Conferences	\$166,304	\$163,477	(\$2,827)	-2%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
11	Property Tax	\$208,552	\$207,646	(\$906)	0%
12	General Supplies	\$736,066	\$741,960	\$5,894	1%
13	Licenses and Subscriptions	\$145,149	\$149,780	\$4,631	3%
14	Postage and Shipping	\$146,736	\$132,399	(\$14,337)	-10%
15	Advertising	\$250,728	\$224,438	(\$26,290)	-10%
16	Corporate parent/system fees	\$0	\$0	\$0	0%
17	Computer Software	\$1,336,296	\$1,550,271	\$213,975	16%
18	Computer hardware & small equipment	\$437,390	\$426,459	(\$10,931)	-2%
19	Dietary / Food Services	\$1,822,885	\$1,767,499	(\$55,386)	-3%
20	Lab Fees / Red Cross charges	\$2,290,720	\$4,259,531	\$1,968,811	86%
21	Billing & Collection / Bank Fees	\$491,282	\$516,923	\$25,641	5%
22	Recruiting / Employee Education & Recognition	\$393,613	\$411,650	\$18,037	5%
23	Laundry / Linen	\$519,379	\$552,179	\$32,800	6%
24	Professional / Physician Fees	\$29,693	\$1,268,547	\$1,238,854	4172%
25	Waste disposal	\$154,468	\$163,826	\$9,358	6%
26	Purchased Services - Medical	\$1,033,842	\$1,086,702	\$52,860	5%
27	Purchased Services - Non Medical	\$4,124,487	\$3,949,666	(\$174,821)	-4%
28	Other Business Expenses	\$1,110,989	\$850,822	(\$260,167)	-23%
	Total Business Expenses	\$21,934,709	\$24,497,018	\$2,562,309	12%
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$22,619	\$854	(\$21,765)	-96%
	Total Operating Expenses - All Expense Categories*	\$124,899,985	\$121,998,831	(\$2,901,154)	-2%
	*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	\$29,263,477	\$26,573,883	(\$2,689,594)	-9%
2	General Accounting	\$877,749	\$898,613	\$20,864	2%
3	Patient Billing & Collection	\$1,176,951	\$1,207,033	\$30,082	3%
4	Admitting / Registration Office	\$1,207,135	\$1,067,535	(\$139,600)	-12%
5	Data Processing	\$3,340,256	\$3,854,412	\$514,156	15%
6	Communications	\$289,800	\$315,092	\$25,292	9%
7	Personnel	\$1,048,041	\$941,799	(\$106,242)	-10%
8	Public Relations	\$459,022	\$483,765	\$24,743	5%
9	Purchasing	\$765,511	\$780,961	\$15,450	2%
10	Dietary and Cafeteria	\$1,610,770	\$1,603,117	(\$7,653)	0%
11	Housekeeping	\$1,512,537	\$1,490,492	(\$22,045)	-1%
12	Laundry & Linen	\$529,202	\$553,111	\$23,909	5%
13	Operation of Plant	\$1,983,474	\$1,981,853	(\$1,621)	0%
14	Security	\$309,577	\$373,194	\$63,617	21%
15	Repairs and Maintenance	\$880,372	\$951,061	\$70,689	8%
16	Central Sterile Supply	\$422,444	\$456,310	\$33,866	8%
17	Pharmacy Department	\$4,873,185	\$5,330,371	\$457,186	9%
18	Other General Services	\$0	\$0	\$0	0%
	Total General Services	\$50,549,503	\$48,862,602	(\$1,686,901)	-3%
B.	Professional Services:				
1	Medical Care Administration	\$683,458	\$789,939	\$106,481	16%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$1,350,351	\$1,504,562	\$154,211	11%
4	Medical Records	\$1,996,826	\$1,849,687	(\$147,139)	-7%
5	Social Service	\$1,490,296	\$1,471,257	(\$19,039)	-1%
6	Other Professional Services	\$0	\$0	\$0	0%
	Total Professional Services	\$5,520,931	\$5,615,445	\$94,514	2%
C.	Special Services:				

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
1	Operating Room	\$6,935,832	\$6,297,890	(\$637,942)	-9%
2	Recovery Room	\$674,796	\$528,626	(\$146,170)	-22%
3	Anesthesiology	\$213,591	\$212,071	(\$1,520)	-1%
4	Delivery Room	\$695,595	\$562,944	(\$132,651)	-19%
5	Diagnostic Radiology	\$2,941,459	\$2,882,688	(\$58,771)	-2%
6	Diagnostic Ultrasound	\$417,796	\$408,632	(\$9,164)	-2%
7	Radiation Therapy	\$1,867,292	\$1,637,682	(\$229,610)	-12%
8	Radioisotopes	\$375,872	\$345,691	(\$30,181)	-8%
9	CT Scan	\$754,602	\$645,400	(\$109,202)	-14%
10	Laboratory	\$6,201,518	\$5,564,933	(\$636,585)	-10%
11	Blood Storing/Processing	\$1,085,406	\$921,046	(\$164,360)	-15%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$246,648	\$222,700	(\$23,948)	-10%
14	Electroencephalography	\$12,863	\$13,026	\$163	1%
15	Occupational Therapy	\$96,076	\$27,564	(\$68,512)	-71%
16	Speech Pathology	\$62,629	\$79,050	\$16,421	26%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$894,513	\$923,882	\$29,369	3%
19	Pulmonary Function	\$247,358	\$250,745	\$3,387	1%
20	Intravenous Therapy	\$0	\$0	\$0	0%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$5,071,382	\$4,994,599	(\$76,783)	-2%
23	Renal Dialysis	\$179,437	\$154,448	(\$24,989)	-14%
24	Emergency Room	\$6,729,539	\$6,602,777	(\$126,762)	-2%
25	MRI	\$281,375	\$354,502	\$73,127	26%
26	PET Scan	\$182,813	\$159,771	(\$23,042)	-13%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$389,648	\$338,979	(\$50,669)	-13%
29	Sleep Center	\$527,035	\$485,559	(\$41,476)	-8%
30	Lithotripsy	\$0	\$0	\$0	0%
31	Cardiac Catheterization/Rehabilitation	\$349,241	\$334,595	(\$14,646)	-4%
32	Occupational Therapy / Physical Therapy	\$963,081	\$1,193,648	\$230,567	24%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$113,269	\$118,895	\$5,626	5%
	Total Special Services	\$38,510,666	\$36,262,343	(\$2,248,323)	-6%
D.	Routine Services:				
1	Medical & Surgical Units	\$7,474,652	\$7,440,820	(\$33,832)	0%
2	Intensive Care Unit	\$2,552,372	\$2,681,953	\$129,581	5%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,854,438	\$2,647,412	(\$207,026)	-7%
5	Pediatric Unit	\$963,633	\$780,535	(\$183,098)	-19%
6	Maternity Unit	\$846,042	\$775,089	(\$70,953)	-8%
7	Newborn Nursery Unit	\$327,067	\$415,278	\$88,211	27%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$0	\$0	\$0	0%
10	Ambulatory Surgery	\$610,049	\$707,320	\$97,271	16%
11	Home Care	\$0	\$0	\$0	0%
12	Outpatient Clinics	\$12,498,989	\$13,236,947	\$737,958	6%
13	Other Routine Services	\$1,913,976	\$2,272,565	\$358,589	19%
	Total Routine Services	\$30,041,218	\$30,957,919	\$916,701	3%
E.	Other Departments:				
1	Miscellaneous Other Departments	\$277,667	\$300,522	\$22,855	8%
	Total Operating Expenses - All Departments*	\$124,899,985	\$121,998,831	(\$2,901,154)	-2%
	*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 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$116,313,832	\$116,677,548	\$114,622,054
2	Other Operating Revenue	5,735,128	8,250,545	7,533,927
3	Total Operating Revenue	\$122,048,960	\$124,928,093	\$122,155,981
4	Total Operating Expenses	121,882,681	124,899,985	121,998,831
5	Income/(Loss) From Operations	\$166,279	\$28,108	\$157,150
6	Total Non-Operating Revenue	2,249,345	2,664,812	2,865,900
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,415,624	\$2,692,920	\$3,023,050
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	0.13%	0.02%	0.13%
2	Hospital Non Operating Margin	1.81%	2.09%	2.29%
3	Hospital Total Margin	1.94%	2.11%	2.42%
4	Income/(Loss) From Operations	\$166,279	\$28,108	\$157,150
5	Total Operating Revenue	\$122,048,960	\$124,928,093	\$122,155,981
6	Total Non-Operating Revenue	\$2,249,345	\$2,664,812	\$2,865,900
7	Total Revenue	\$124,298,305	\$127,592,905	\$125,021,881
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,415,624	\$2,692,920	\$3,023,050
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$40,934,207	\$61,139,349	\$59,368,912
2	Hospital Total Net Assets	\$61,791,679	\$84,555,779	\$84,518,833
3	Hospital Change in Total Net Assets	(\$4,194,171)	\$22,764,100	(\$36,946)
4	Hospital Change in Total Net Assets %	93.6%	36.8%	0.0%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Cost Data Summary</u>			
1	<u>Ratio of Cost to Charges</u>	0.50	0.47	0.44
2	Total Operating Expenses	\$121,882,681	\$124,899,985	\$121,998,831
3	Total Gross Revenue	\$237,069,419	\$259,938,571	\$268,038,161
4	Total Other Operating Revenue	\$5,735,128	\$8,250,545	\$7,533,927
5	<u>Private Payment to Cost Ratio</u>	1.09	1.16	1.20
6	Total Non-Government Payments	\$44,202,249	\$44,671,615	\$44,118,488
7	Total Uninsured Payments	\$1,657,845	\$1,215,767	\$1,201,820
8	Total Non-Government Charges	\$84,219,906	\$87,780,597	\$86,781,671
9	Total Uninsured Charges	\$6,510,590	\$7,103,473	\$5,855,332
10	<u>Medicare Payment to Cost Ratio</u>	0.97	0.99	1.02
11	Total Medicare Payments	\$53,362,838	\$56,420,512	\$57,119,405
12	Total Medicare Charges	\$109,432,364	\$122,816,661	\$126,007,587
13	<u>Medicaid Payment to Cost Ratio</u>	0.70	0.71	0.59
14	Total Medicaid Payments	\$14,878,229	\$15,891,621	\$14,043,525
15	Total Medicaid Charges	\$42,133,968	\$48,193,574	\$53,829,293
16	<u>Uncompensated Care Cost</u>	\$2,455,854	\$3,070,270	\$2,494,625
17	Charity Care	\$1,766,984	\$3,214,518	\$2,935,378
18	Bad Debts	\$3,125,364	\$3,378,061	\$2,699,503
19	Total Uncompensated Care	\$4,892,348	\$6,592,579	\$5,634,881
20	<u>Uncompensated Care % of Total Expenses</u>	2.0%	2.5%	2.0%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses	\$121,882,681	\$124,899,985	\$121,998,831
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	1	1	1
2	Total Current Assets	\$28,025,839	\$28,110,276	\$26,971,569
3	Total Current Liabilities	\$20,098,346	\$21,233,802	\$20,516,290
4	<u>Days Cash on Hand</u>	31	27	23
5	Cash and Cash Equivalents	\$9,871,014	\$8,948,706	\$7,223,350
6	Short Term Investments	0	0	0
7	Total Cash and Short Term Investments	\$9,871,014	\$8,948,706	\$7,223,350
8	Total Operating Expenses	\$121,882,681	\$124,899,985	\$121,998,831
9	Depreciation Expense	\$6,060,455	\$6,050,075	\$5,899,420
10	Operating Expenses less Depreciation Expense	\$115,822,226	\$118,849,910	\$116,099,411
11	<u>Days Revenue in Patient Accounts Receivable</u>	39	37	36
12	Net Patient Accounts Receivable	\$13,441,101	\$13,504,471	\$13,152,579
13	Due From Third Party Payers	\$971,585	\$840,007	\$2,471,609
14	Due To Third Party Payers	\$1,917,192	\$2,468,522	\$4,348,984
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$12,495,494	\$11,875,956	\$11,275,204
16	Total Net Patient Revenue	\$116,313,832	\$116,677,548	\$114,622,054
17	<u>Average Payment Period</u>	63	65	65
18	Total Current Liabilities	\$20,098,346	\$21,233,802	\$20,516,290
19	Total Operating Expenses	\$121,882,681	\$124,899,985	\$121,998,831
20	Depreciation Expense	\$6,060,455	\$6,050,075	\$5,899,420

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL
		<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
21	Total Operating Expenses less Depreciation Expense	\$115,822,226	\$118,849,910	\$116,099,411
F. <u>Solvency Measures Summary</u>				
1	<u>Equity Financing Ratio</u>	48.8	63.8	61.8
2	Total Net Assets	\$61,791,679	\$84,555,779	\$84,518,833
3	Total Assets	\$126,527,052	\$132,449,817	\$136,871,651
4	<u>Cash Flow to Total Debt Ratio</u>	36.3	41.2	43.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,415,624	\$2,692,920	\$3,023,050
6	Depreciation Expense	\$6,060,455	\$6,050,075	\$5,899,420
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,476,079	\$8,742,995	\$8,922,470
8	Total Current Liabilities	\$20,098,346	\$21,233,802	\$20,516,290
9	Total Long Term Debt	\$3,223,366	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$23,321,712	\$21,233,802	\$20,516,290
11	<u>Long Term Debt to Capitalization Ratio</u>	5.0	-	-
12	Total Long Term Debt	\$3,223,366	\$0	\$0
13	Total Net Assets	\$61,791,679	\$84,555,779	\$84,518,833
14	Total Long Term Debt and Total Net Assets	\$65,015,045	\$84,555,779	\$84,518,833
15	<u>Debt Service Coverage Ratio</u>	5.4	5.4	2.8
16	Excess Revenues over Expenses	2,415,624	\$2,692,920	\$3,023,050
17	Interest Expense	264,153	\$250,825	\$15,651
18	Depreciation and Amortization Expense	6,060,455	\$6,050,075	\$5,899,420
19	Principal Payments	1,344,063	\$1,401,998	\$3,219,468
G. <u>Other Financial Ratios</u>				

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
20	Average Age of Plant	17.6	18.6	19.7
21	Accumulated Depreciation	106,694,984	112,631,179	116,381,671
22	Depreciation and Amortization Expense	6,060,455	6,050,075	5,899,420
H.	Utilization Measures Summary			
1	Patient Days	25,249	26,574	25,604
2	Discharges	6,338	6,533	6,106
3	ALOS	4.0	4.1	4.2
4	Staffed Beds	75	77	76
5	Available Beds	-	122	122
6	Licensed Beds	122	122	122
7	Occupancy of Staffed Beds	92.2%	94.6%	92.3%
8	Occupancy of Available Beds	56.7%	59.7%	57.5%
9	Full Time Equivalent Employees	768.4	789.0	767.0
I.	Hospital Gross Revenue Payer Mix Percentage			
1	Non-Government Gross Revenue Payer Mix Percentage	32.8%	31.0%	30.2%
2	Medicare Gross Revenue Payer Mix Percentage	46.2%	47.2%	47.0%
3	Medicaid Gross Revenue Payer Mix Percentage	17.8%	18.5%	20.1%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	0.1%	0.1%	0.1%
5	Uninsured Gross Revenue Payer Mix Percentage	2.7%	2.7%	2.2%
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)	\$77,709,316	\$80,677,124	\$80,926,339
9	Medicare Gross Revenue (Charges)	\$109,432,364	\$122,816,661	\$126,007,587
10	Medicaid Gross Revenue (Charges)	\$42,133,968	\$48,193,574	\$53,829,293
11	Other Medical Assistance Gross Revenue (Charges)	\$276,354	\$173,699	\$276,219
12	Uninsured Gross Revenue (Charges)	\$6,510,590	\$7,103,473	\$5,855,332
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$1,006,827	\$974,040	\$1,143,391
14	Total Gross Revenue (Charges)	\$237,069,419	\$259,938,571	\$268,038,161
J.	Hospital Net Revenue Payer Mix Percentage			
1	Non-Government Net Revenue Payer Mix Percentage	37.7%	37.0%	37.0%
2	Medicare Net Revenue Payer Mix Percentage	47.2%	48.0%	49.3%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
3	Medicaid Net Revenue Payer Mix Percentage	13.2%	13.5%	12.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	0.1%	0.0%	0.1%
5	Uninsured Net Revenue Payer Mix Percentage	1.5%	1.0%	1.0%
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)	\$42,544,404	\$43,455,848	\$42,916,668
9	Medicare Net Revenue (Payments)	\$53,362,838	\$56,420,512	\$57,119,405
10	Medicaid Net Revenue (Payments)	\$14,878,229	\$15,891,621	\$14,043,525
11	Other Medical Assistance Net Revenue (Payments)	\$68,201	\$50,050	\$96,688
12	Uninsured Net Revenue (Payments)	\$1,657,845	\$1,215,767	\$1,201,820
13	CHAMPUS / TRICARE Net Revenue Payments)	\$472,041	\$449,451	\$489,948
14	Total Net Revenue (Payments)	\$112,983,558	\$117,483,249	\$115,868,054
K.	Discharges			
1	Non-Government (Including Self Pay / Uninsured)	1,720	1,821	1,585
2	Medicare	3,482	3,510	3,299
3	Medical Assistance	1,105	1,170	1,183
4	Medicaid	1,103	1,167	1,172
5	Other Medical Assistance	2	3	11
6	CHAMPUS / TRICARE	31	32	39
7	Uninsured (Included In Non-Government)	114	200	137
8	Total	6,338	6,533	6,106
L.	Case Mix Index			
1	Non-Government (Including Self Pay / Uninsured)	1.16030	1.08960	1.14680
2	Medicare	1.35650	1.44760	1.39100
3	Medical Assistance	1.00831	1.04819	1.01288
4	Medicaid	1.00740	1.04800	1.01410
5	Other Medical Assistance	1.51200	1.12350	0.88270
6	CHAMPUS / TRICARE	1.06440	1.00330	0.95300
7	Uninsured (Included In Non-Government)	1.09030	1.02690	1.04230
8	Total Case Mix Index	1.24112	1.27411	1.25155
M.	Emergency Department Visits			
1	Emergency Room - Treated and Admitted	5,066	5,182	4,871
2	Emergency Room - Treated and Discharged	35,812	35,790	35,853
3	Total Emergency Room Visits	40,878	40,972	40,724

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	MEDICARE MANAGED CARE				
A.	ANTHEM - MEDICARE BLUE CONNECTICUT				
1	Inpatient Charges	\$439,418	\$128,530	(\$310,888)	-71%
2	Inpatient Payments	\$205,951	\$92,343	(\$113,608)	-55%
3	Outpatient Charges	\$537,003	\$272,656	(\$264,347)	-49%
4	Outpatient Payments	\$166,622	\$121,410	(\$45,212)	-27%
5	Discharges	23	5	(18)	-78%
6	Patient Days	92	20	(72)	-78%
7	Outpatient Visits (Excludes ED Visits)	822	441	(381)	-46%
8	Emergency Department Outpatient Visits	71	32	(39)	-55%
9	Emergency Department Inpatient Admissions	21	2	(19)	-90%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$976,421	\$401,186	(\$575,235)	-59%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$372,573	\$213,753	(\$158,820)	-43%
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	\$2,950,906	\$4,254,935	\$1,304,029	44%
2	Inpatient Payments	\$1,703,814	\$2,381,111	\$677,297	40%
3	Outpatient Charges	\$4,194,625	\$4,807,397	\$612,772	15%
4	Outpatient Payments	\$1,437,328	\$1,673,804	\$236,476	16%
5	Discharges	171	191	20	12%
6	Patient Days	677	993	316	47%
7	Outpatient Visits (Excludes ED Visits)	6,018	6,471	453	8%
8	Emergency Department Outpatient Visits	421	521	100	24%
9	Emergency Department Inpatient Admissions	149	160	11	7%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$7,145,531	\$9,062,332	\$1,916,801	27%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$3,141,142	\$4,054,915	\$913,773	29%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 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	\$227,820	\$83,232	(\$144,588)	-63%
2	Inpatient Payments	\$115,019	\$33,545	(\$81,474)	-71%
3	Outpatient Charges	\$79,451	\$192,798	\$113,347	143%
4	Outpatient Payments	\$31,376	\$69,368	\$37,992	121%
5	Discharges	10	5	(5)	-50%
6	Patient Days	76	10	(66)	-87%
7	Outpatient Visits (Excludes ED Visits)	91	95	4	4%
8	Emergency Department Outpatient Visits	28	27	(1)	-4%
9	Emergency Department Inpatient Admissions	9	6	(3)	-33%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$307,271	\$276,030	(\$31,241)	-10%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$146,395	\$102,913	(\$43,482)	-30%
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 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G.	UNITED HEALTHCARE INSURANCE COMPANY				
1	Inpatient Charges	\$1,725,808	\$1,569,473	(\$156,335)	-9%
2	Inpatient Payments	\$955,750	\$928,699	(\$27,051)	-3%
3	Outpatient Charges	\$2,494,934	\$2,562,716	\$67,782	3%
4	Outpatient Payments	\$868,538	\$826,639	(\$41,899)	-5%
5	Discharges	100	90	(10)	-10%
6	Patient Days	394	425	31	8%
7	Outpatient Visits (Excludes ED Visits)	2,995	2,830	(165)	-6%
8	Emergency Department Outpatient Visits	309	281	(28)	-9%
9	Emergency Department Inpatient Admissions	86	78	(8)	-9%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,220,742	\$4,132,189	(\$88,553)	-2%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,824,288	\$1,755,338	(\$68,950)	-4%
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	\$1,770,029	\$3,281,971	\$1,511,942	85%
2	Inpatient Payments	\$982,939	\$1,669,411	\$686,472	70%
3	Outpatient Charges	\$2,353,390	\$3,507,075	\$1,153,685	49%
4	Outpatient Payments	\$858,182	\$1,188,635	\$330,453	39%
5	Discharges	93	166	73	78%
6	Patient Days	416	789	373	90%
7	Outpatient Visits (Excludes ED Visits)	3,188	4,534	1,346	42%
8	Emergency Department Outpatient Visits	233	419	186	80%
9	Emergency Department Inpatient Admissions	70	147	77	110%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,123,419	\$6,789,046	\$2,665,627	65%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,841,121	\$2,858,046	\$1,016,925	55%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 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 2014
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 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	\$7,113,981	\$9,318,141	\$2,204,160	31%
	TOTAL INPATIENT PAYMENTS	\$3,963,473	\$5,105,109	\$1,141,636	29%
	TOTAL OUTPATIENT CHARGES	\$9,659,403	\$11,342,642	\$1,683,239	17%
	TOTAL OUTPATIENT PAYMENTS	\$3,362,046	\$3,879,856	\$517,810	15%
	TOTAL DISCHARGES	397	457	60	15%
	TOTAL PATIENT DAYS	1,655	2,237	582	35%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	13,114	14,371	1,257	10%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	1,062	1,280	218	21%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	335	393	58	17%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$16,773,384	\$20,660,783	\$3,887,399	23%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$7,325,519	\$8,984,965	\$1,659,446	23%

**CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 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	\$437,891	\$0	(\$437,891)	-100%
2	Inpatient Payments	\$140,182	\$0	(\$140,182)	-100%
3	Outpatient Charges	\$1,128,215	\$0	(\$1,128,215)	-100%
4	Outpatient Payments	\$409,033	\$0	(\$409,033)	-100%
5	Discharges	31	0	(31)	-100%
6	Patient Days	109	0	(109)	-100%
7	Outpatient Visits (Excludes ED Visits)	1,248	0	(1,248)	-100%
8	Emergency Department Outpatient Visits	221	0	(221)	-100%
9	Emergency Department Inpatient Admissions	21	0	(21)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,566,106	\$0	(\$1,566,106)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$549,215	\$0	(\$549,215)	-100%
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 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 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 2014
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY

(1)	(2)	(3) FY 2013 ACTUAL	(4) FY 2014 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	\$437,891	\$0	(\$437,891)	-100%
	TOTAL INPATIENT PAYMENTS	\$140,182	\$0	(\$140,182)	-100%
	TOTAL OUTPATIENT CHARGES	\$1,128,215	\$0	(\$1,128,215)	-100%
	TOTAL OUTPATIENT PAYMENTS	\$409,033	\$0	(\$409,033)	-100%
	TOTAL DISCHARGES	31	0	(31)	-100%
	TOTAL PATIENT DAYS	109	0	(109)	-100%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	1,248	0	(1,248)	-100%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	221	0	(221)	-100%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	21	0	(21)	-100%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,566,106	\$0	(\$1,566,106)	-100%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$549,215	\$0	(\$549,215)	-100%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$8,948,706	\$7,223,350	(\$1,725,356)	-19%
2	Short Term Investments	\$0	\$0	\$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$13,504,471	\$13,152,579	(\$351,892)	-3%
4	Current Assets Whose Use is Limited for Current Liabilities	\$0	\$0	\$0	0%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$840,007	\$2,471,609	\$1,631,602	194%
7	Inventories of Supplies	\$2,092,246	\$1,952,261	(\$139,985)	-7%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$2,724,846	\$2,171,770	(\$553,076)	-20%
	Total Current Assets	\$28,110,276	\$26,971,569	(\$1,138,707)	-4%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$20,525,079	\$22,585,921	\$2,060,842	10%
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	\$7,067,123	\$7,260,499	\$193,376	3%
	Total Noncurrent Assets Whose Use is Limited:	\$27,592,202	\$29,846,420	\$2,254,218	8%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$38,742,293	\$39,735,759	\$993,466	3%
7	Other Noncurrent Assets	\$1,135,267	\$1,077,802	(\$57,465)	-5%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$148,532,515	\$154,679,979	\$6,147,464	4%
2	Less: Accumulated Depreciation	\$112,631,179	\$116,381,671	\$3,750,492	\$0
	Property, Plant and Equipment, Net	\$35,901,336	\$38,298,308	\$2,396,972	7%
3	Construction in Progress	\$968,443	\$941,793	(\$26,650)	-3%
	Total Net Fixed Assets	\$36,869,779	\$39,240,101	\$2,370,322	6%
	Total Assets	\$132,449,817	\$136,871,651	\$4,421,834	3%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$7,289,342	\$7,275,470	(\$13,872)	0%
2	Salaries, Wages and Payroll Taxes	\$4,177,672	\$4,456,310	\$278,638	7%
3	Due To Third Party Payers	\$2,468,522	\$4,348,984	\$1,880,462	76%
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	\$3,219,468	\$0	(\$3,219,468)	-100%
7	Other Current Liabilities	\$4,078,798	\$4,435,526	\$356,728	9%
	Total Current Liabilities	\$21,233,802	\$20,516,290	(\$717,512)	-3%
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	\$23,133,018	\$27,865,188	\$4,732,170	20%
4	Other Long Term Liabilities	\$3,527,218	\$3,971,340	\$444,122	13%
	Total Long Term Liabilities	\$26,660,236	\$31,836,528	\$5,176,292	19%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$61,139,349	\$59,368,912	(\$1,770,437)	-3%
2	Temporarily Restricted Net Assets	\$3,314,742	\$3,508,118	\$193,376	6%
3	Permanently Restricted Net Assets	\$20,101,688	\$21,641,803	\$1,540,115	8%
	Total Net Assets	\$84,555,779	\$84,518,833	(\$36,946)	0%
	Total Liabilities and Net Assets	\$132,449,817	\$136,871,651	\$4,421,834	3%

THE CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$259,938,572	\$268,038,155	\$8,099,583	3%
2	Less: Allowances	\$136,668,445	\$147,781,220	\$11,112,775	8%
3	Less: Charity Care	\$3,214,518	\$2,935,378	(\$279,140)	-9%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$120,055,609	\$117,321,557	(\$2,734,052)	-2%
5	Provision for Bad Debts	\$3,378,061	\$2,699,503	(\$678,558)	-20%
	Net Patient Service Revenue less provision for bad debts	\$116,677,548	\$114,622,054	(\$2,055,494)	-2%
6	Other Operating Revenue	\$8,250,545	\$7,533,927	(\$716,618)	-9%
7	Net Assets Released from Restrictions	\$0	\$0	\$0	0%
	Total Operating Revenue	\$124,928,093	\$122,155,981	(\$2,772,112)	-2%
B. Operating Expenses:					
1	Salaries and Wages	\$58,472,497	\$59,008,896	\$536,399	1%
2	Fringe Benefits	\$16,209,800	\$14,032,091	(\$2,177,709)	-13%
3	Physicians Fees	\$4,669,548	\$4,330,528	(\$339,020)	-7%
4	Supplies and Drugs	\$12,510,410	\$11,619,961	(\$890,449)	-7%
5	Depreciation and Amortization	\$6,050,075	\$5,899,420	(\$150,655)	-2%
6	Bad Debts	\$0	\$0	\$0	0%
7	Interest Expense	\$250,825	\$15,651	(\$235,174)	-94%
8	Malpractice Insurance Cost	\$1,842,449	\$1,701,301	(\$141,148)	-8%
9	Other Operating Expenses	\$24,894,381	\$25,390,983	\$496,602	2%
	Total Operating Expenses	\$124,899,985	\$121,998,831	(\$2,901,154)	-2%
	Income/(Loss) From Operations	\$28,108	\$157,150	\$129,042	459%
C. Non-Operating Revenue:					
1	Income from Investments	\$2,298,212	\$2,689,094	\$390,882	17%
2	Gifts, Contributions and Donations	\$273,527	\$110,807	(\$162,720)	-59%
3	Other Non-Operating Gains/(Losses)	\$93,073	\$65,999	(\$27,074)	-29%
	Total Non-Operating Revenue	\$2,664,812	\$2,865,900	\$201,088	8%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$2,692,920	\$3,023,050	\$330,130	12%
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	\$2,692,920	\$3,023,050	\$330,130	12%

THE CHARLOTTE HUNGERFORD HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$116,313,832	\$116,677,548	\$114,622,054
2	Other Operating Revenue	5,735,128	8,250,545	7,533,927
3	Total Operating Revenue	\$122,048,960	\$124,928,093	\$122,155,981
4	Total Operating Expenses	121,882,681	124,899,985	121,998,831
5	Income/(Loss) From Operations	\$166,279	\$28,108	\$157,150
6	Total Non-Operating Revenue	2,249,345	2,664,812	2,865,900
7	Excess/(Deficiency) of Revenue Over Expenses	\$2,415,624	\$2,692,920	\$3,023,050
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	0.13%	0.02%	0.13%
2	Parent Corporation Non-Operating Margin	1.81%	2.09%	2.29%
3	Parent Corporation Total Margin	1.94%	2.11%	2.42%
4	Income/(Loss) From Operations	\$166,279	\$28,108	\$157,150
5	Total Operating Revenue	\$122,048,960	\$124,928,093	\$122,155,981
6	Total Non-Operating Revenue	\$2,249,345	\$2,664,812	\$2,865,900
7	Total Revenue	\$124,298,305	\$127,592,905	\$125,021,881
8	Excess/(Deficiency) of Revenue Over Expenses	\$2,415,624	\$2,692,920	\$3,023,050
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$40,934,207	\$61,139,349	\$59,368,912
2	Parent Corporation Total Net Assets	\$61,791,679	\$84,555,779	\$84,518,833
3	Parent Corporation Change in Total Net Assets	(\$4,194,171)	\$22,764,100	(\$36,946)
4	Parent Corporation Change in Total Net Assets %	93.6%	36.8%	0.0%

THE CHARLOTTE HUNGERFORD HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2012	FY 2013	FY 2014
D.	<u>Liquidity Measures Summary</u>			
1	<u>Current Ratio</u>	1.39	1.32	1.31
2	Total Current Assets	\$28,025,839	\$28,110,276	\$26,971,569
3	Total Current Liabilities	\$20,098,346	\$21,233,802	\$20,516,290
4	<u>Days Cash on Hand</u>	31	27	23
5	Cash and Cash Equivalents	\$9,871,014	\$8,948,706	\$7,223,350
6	Short Term Investments	\$0	\$0	\$0
7	Total Cash and Short Term Investments	\$9,871,014	\$8,948,706	\$7,223,350
8	Total Operating Expenses	\$121,882,681	\$124,899,985	\$121,998,831
9	Depreciation Expense	\$6,060,455	\$6,050,075	\$5,899,420
10	Operating Expenses less Depreciation Expense	\$115,822,226	\$118,849,910	\$116,099,411
11	<u>Days Revenue in Patient Accounts Receivable</u>	39	37	36
12	Net Patient Accounts Receivable	\$ 13,441,101	\$ 13,504,471	\$ 13,152,579
13	Due From Third Party Payers	\$971,585	\$840,007	\$2,471,609
14	Due To Third Party Payers	\$1,917,192	\$2,468,522	\$4,348,984
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 12,495,494	\$ 11,875,956	\$ 11,275,204
16	Total Net Patient Revenue	\$116,313,832	\$116,677,548	\$114,622,054
17	<u>Average Payment Period</u>	63	65	65
18	Total Current Liabilities	\$20,098,346	\$21,233,802	\$20,516,290
19	Total Operating Expenses	\$121,882,681	\$124,899,985	\$121,998,831
20	Depreciation Expense	\$6,060,455	\$6,050,075	\$5,899,420
20	Total Operating Expenses less Depreciation Expense	\$115,822,226	\$118,849,910	\$116,099,411

THE CHARLOTTE HUNGERFORD HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2014

REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS

(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2012</u>	<u>FY 2013</u>	<u>FY 2014</u>
E. Solvency Measures Summary				
1	<u>Equity Financing Ratio</u>	48.8	63.8	61.8
2	Total Net Assets	\$61,791,679	\$84,555,779	\$84,518,833
3	Total Assets	\$126,527,052	\$132,449,817	\$136,871,651
4	<u>Cash Flow to Total Debt Ratio</u>	36.3	41.2	43.5
5	Excess/(Deficiency) of Revenues Over Expenses	\$2,415,624	\$2,692,920	\$3,023,050
6	Depreciation Expense	\$6,060,455	\$6,050,075	\$5,899,420
7	Excess of Revenues Over Expenses and Depreciation Expense	\$8,476,079	\$8,742,995	\$8,922,470
8	Total Current Liabilities	\$20,098,346	\$21,233,802	\$20,516,290
9	Total Long Term Debt	\$3,223,366	\$0	\$0
10	Total Current Liabilities and Total Long Term Debt	\$23,321,712	\$21,233,802	\$20,516,290
11	<u>Long Term Debt to Capitalization Ratio</u>	5.0	-	-
12	Total Long Term Debt	\$3,223,366	\$0	\$0
13	Total Net Assets	\$61,791,679	\$84,555,779	\$84,518,833
14	Total Long Term Debt and Total Net Assets	\$65,015,045	\$84,555,779	\$84,518,833

CHARLOTTE HUNGERFORD HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2014								
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	17,631	4,596	4,596	51	73	94.7%	66.2%
2	ICU/CCU (Excludes Neonatal ICU)	2,364	124	0	7	10	92.5%	64.8%
3	Psychiatric: Ages 0 to 17	5	1	1	1	1	1.4%	1.4%
4	Psychiatric: Ages 18+	3,391	601	601	10	16	92.9%	58.1%
	TOTAL PSYCHIATRIC	3,396	602	602	11	17	84.6%	54.7%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,079	428	428	3	7	98.5%	42.2%
7	Newborn	1,065	446	446	3	13	97.3%	22.4%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	69	34	34	1	2	18.9%	9.5%
10	Other	0	0	0	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	24,539	5,660	5,660	73	109	92.1%	61.7%
	TOTAL INPATIENT BED UTILIZATION	25,604	6,106	6,106	76	122	92.3%	57.5%
	TOTAL INPATIENT REPORTED YEAR	25,604	6,106	6,106	76	122	92.3%	57.5%
	TOTAL INPATIENT PRIOR YEAR	26,574	6,533	6,533	77	122	94.6%	59.7%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-970	-427	-427	-1	0	-2.3%	-2.2%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-4%	-7%	-7%	-1%	0%	-2%	-4%
	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 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	2,477	2,324	-153	-6%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,583	4,140	-443	-10%
3	Emergency Department Scans	2,266	3,035	769	34%
4	Other Non-Hospital Providers' Scans (A)	1,538	1,648	110	7%
	Total CT Scans	10,864	11,147	283	3%
B. MRI Scans (A)					
1	Inpatient Scans	396	511	115	29%
2	Outpatient Scans (Excluding Emergency Department Scans)	699	766	67	10%
3	Emergency Department Scans	15	82	67	447%
4	Other Non-Hospital Providers' Scans (A)	4,931	4,395	-536	-11%
	Total MRI Scans	6,041	5,754	-287	-5%
C. PET Scans (A)					
1	Inpatient Scans	2	3	1	50%
2	Outpatient Scans (Excluding Emergency Department Scans)	291	273	-18	-6%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	293	276	-17	-6%
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	75	22	-53	-71%
2	Outpatient Procedures	4,245	4,197	-48	-1%
	Total Linear Accelerator Procedures	4,320	4,219	-101	-2%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	51	36	-15	-29%
2	Outpatient Studies	39	46	7	18%
	Total Electrophysiology Studies	90	82	-8	-9%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	1,321	1,146	-175	-13%
2	Outpatient Surgical Procedures	2,824	2,865	41	1%
	Total Surgical Procedures	4,145	4,011	-134	-3%
J. Endoscopy Procedures					

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
1	Inpatient Endoscopy Procedures	312	313	1	0%
2	Outpatient Endoscopy Procedures	482	668	186	39%
	Total Endoscopy Procedures	794	981	187	24%
	K. Hospital Emergency Room Visits				
1	Emergency Room Visits: Treated and Admitted	5,182	4,871	-311	-6%
2	Emergency Room Visits: Treated and Discharged	35,790	35,853	63	0%
	Total Emergency Room Visits	40,972	40,724	-248	-1%
	L. Hospital Clinic Visits				
1	Substance Abuse Treatment Clinic Visits	4,685	4,677	-8	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	33,320	33,502	182	1%
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	10,951	11,860	909	8%
7	Medical Clinic Visits - Family Practice Clinic	9,037	8,824	-213	-2%
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	11,863	10,355	-1,508	-13%
11	Specialty Clinic Visits - Chronic Pain Clinic	1,806	1,859	53	3%
12	Specialty Clinic Visits - OB-GYN Clinic	0	0	0	0%
13	Specialty Clinic Visits - Other Speciality Clinics	24,048	23,166	-882	-4%
	Total Hospital Clinic Visits	95,710	94,243	-1,467	-2%
	M. Other Hospital Outpatient Visits				
1	Rehabilitation (PT/OT/ST)	7,478	9,650	2,172	29%
2	Cardiac Rehabilitation	4,885	4,849	-36	-1%
3	Chemotherapy	411	420	9	2%
4	Gastroenterology	537	668	131	24%
5	Other Outpatient Visits	100,483	104,644	4,161	4%
	Total Other Hospital Outpatient Visits	113,794	120,231	6,437	6%
	N. Hospital Full Time Equivalent Employees				
1	Total Nursing FTEs	305.9	296.4	-9.5	-3%
2	Total Physician FTEs	33.9	30.9	-3.0	-9%
3	Total Non-Nursing and Non-Physician FTEs	449.2	439.7	-9.5	-2%
	Total Hospital Full Time Equivalent Employees	789.0	767.0	-22.0	-3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Charlotte Hungerford Hospital	2,824	2,865	41	1%
	Total Outpatient Surgical Procedures(A)	2,824	2,865	41	1%
B. Outpatient Endoscopy Procedures					
1	Charlotte Hungerford Hospital	482	668	186	39%
	Total Outpatient Endoscopy Procedures(B)	482	668	186	39%
C. Outpatient Hospital Emergency Room Visits					
1	Charlotte Hungerford Hospital	29,714	29,577	-137	0%
2	HEMC	6,076	6,276	200	3%
	Total Outpatient Hospital Emergency Room Visits(C)	35,790	35,853	63	0%
(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					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$62,018,968	\$61,563,189	(\$455,779)	-1%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$34,553,159	\$33,728,483	(\$824,676)	-2%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	55.71%	54.79%	-0.93%	-2%
4	DISCHARGES	3,510	3,299	(211)	-6%
5	CASE MIX INDEX (CMI)	1.44760	1.39100	(0.05660)	-4%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	5,081.07600	4,588.90900	(492.16700)	-10%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,800.36	\$7,350.00	\$549.64	8%
8	PATIENT DAYS	15,882	15,270	(612)	-4%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,175.62	\$2,208.81	\$33.19	2%
10	AVERAGE LENGTH OF STAY	4.5	4.6	0.1	2%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$60,797,693	\$64,444,398	\$3,646,705	6%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$21,867,353	\$23,390,922	\$1,523,569	7%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	35.97%	36.30%	0.33%	1%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	98.03%	104.68%	6.65%	7%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	3,440.88122	3,453.39597	12.51475	0%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,355.16	\$6,773.31	\$418.15	7%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$122,816,661	\$126,007,587	\$3,190,926	3%
18	TOTAL ACCRUED PAYMENTS	\$56,420,512	\$57,119,405	\$698,893	1%
19	TOTAL ALLOWANCES	\$66,396,149	\$68,888,182	\$2,492,033	4%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
<u>NON-GOVERNMENT INPATIENT</u>					
1	INPATIENT ACCRUED CHARGES	\$24,499,963	\$22,557,240	(\$1,942,723)	-8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$15,060,737	\$13,571,626	(\$1,489,111)	-10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	61.47%	60.17%	-1.31%	-2%
4	DISCHARGES	1,821	1,585	(236)	-13%
5	CASE MIX INDEX (CMI)	1.08960	1.14680	0.05720	5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,984.16160	1,817.67800	(166.48360)	-8%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,590.48	\$7,466.46	(\$124.02)	-2%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	(\$790.12)	(\$116.46)	\$673.65	-85%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,567,719)	(\$211,692)	\$1,356,027	-86%
10	PATIENT DAYS	5,952	5,499	(453)	-8%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$2,530.37	\$2,468.02	(\$62.35)	-2%
12	AVERAGE LENGTH OF STAY	3.3	3.5	0.2	6%
<u>NON-GOVERNMENT OUTPATIENT</u>					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$63,280,634	\$64,224,431	\$943,797	1%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$29,610,878	\$30,546,862	\$935,984	3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	46.79%	47.56%	0.77%	2%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	258.29%	284.72%	26.43%	10%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	4,703.43708	4,512.77386	(190.66322)	-4%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$6,295.58	\$6,768.98	\$473.39	8%
19	MEDICARE- NON-GOVERNMENT OP PMT / OPED	\$59.58	\$4.33	(\$55.24)	-93%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$280,220	\$19,555	(\$260,665)	-93%
<u>NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)</u>					
21	TOTAL ACCRUED CHARGES	\$87,780,597	\$86,781,671	(\$998,926)	-1%
22	TOTAL ACCRUED PAYMENTS	\$44,671,615	\$44,118,488	(\$553,127)	-1%
23	TOTAL ALLOWANCES	\$43,108,982	\$42,663,183	(\$445,799)	-1%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	(\$1,287,498)	(\$192,137)	\$1,095,361	-85%
<u>NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA</u>					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$87,780,597	\$86,781,671	(\$998,926)	-1%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$51,264,194	\$49,753,368	(\$1,510,826)	-3%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,516,403	\$37,028,303	\$511,900	1%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.60%	42.67%	1.07%	

CHARLOTTE HUNGERFORD HOSPITAL					
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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
C. UNINSURED					
UNINSURED INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,590,204	\$1,554,063	(\$36,141)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$272,165	\$318,975	\$46,810	17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	17.12%	20.53%	3.41%	20%
4	DISCHARGES	200	137	(63)	-32%
5	CASE MIX INDEX (CMI)	1.02690	1.04230	0.01540	1%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	205.38000	142.79510	(62.58490)	-30%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$1,325.18	\$2,233.80	\$908.62	69%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$6,265.30	\$5,232.67	(\$1,032.63)	-16%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$5,475.18	\$5,116.21	(\$358.98)	-7%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,124,493	\$730,569	(\$393,924)	-35%
11	PATIENT DAYS	696	613	(83)	-12%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$391.04	\$520.35	\$129.31	33%
13	AVERAGE LENGTH OF STAY	3.5	4.5	1.0	29%
UNINSURED OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$5,513,269	\$4,301,269	(\$1,212,000)	-22%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$943,602	\$882,845	(\$60,757)	-6%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.12%	20.53%	3.41%	20%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	346.70%	276.78%	-69.93%	-20%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	693.40399	379.18273	(314.22126)	-45%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,360.83	\$2,328.28	\$967.46	71%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$4,934.76	\$4,440.69	(\$494.06)	-10%
21	MEDICARE - UNINSURED OP PMT / OPED	\$4,994.33	\$4,445.03	(\$549.31)	-11%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,463,092	\$1,685,477	(\$1,777,615)	-51%
UNINSURED TOTALS (INPATIENT AND OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$7,103,473	\$5,855,332	(\$1,248,141)	-18%
24	TOTAL ACCRUED PAYMENTS	\$1,215,767	\$1,201,820	(\$13,947)	-1%
25	TOTAL ALLOWANCES	\$5,887,706	\$4,653,512	(\$1,234,194)	-21%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,587,585	\$2,416,046	(\$2,171,539)	-47%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$14,536,044	\$15,720,382	\$1,184,338	8%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,045,202	\$4,645,830	(\$399,372)	-8%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.71%	29.55%	-5.16%	-15%
4	DISCHARGES	1,167	1,172	5	0%
5	CASE MIX INDEX (CMI)	1.04800	1.01410	(0.03390)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,223.01600	1,188.52520	(34.49080)	-3%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,125.21	\$3,908.90	(\$216.31)	-5%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$3,465.27	\$3,557.56	\$92.29	3%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,675.15	\$3,441.10	\$765.95	29%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,271,750	\$4,089,831	\$818,080	25%
11	PATIENT DAYS	4,603	4,662	59	1%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,096.07	\$996.53	(\$99.54)	-9%
13	AVERAGE LENGTH OF STAY	3.9	4.0	0.0	1%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$33,657,530	\$38,108,911	\$4,451,381	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,846,419	\$9,397,695	(\$1,448,724)	-13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.23%	24.66%	-7.57%	-23%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	231.55%	242.42%	10.87%	5%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,702.13392	2,841.12967	138.99575	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,014.02	\$3,307.73	(\$706.29)	-18%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,281.56	\$3,461.25	\$1,179.68	52%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,341.14	\$3,465.58	\$1,124.44	48%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,326,076	\$9,846,157	\$3,520,081	56%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$48,193,574	\$53,829,293	\$5,635,719	12%
24	TOTAL ACCRUED PAYMENTS	\$15,891,621	\$14,043,525	(\$1,848,096)	-12%
25	TOTAL ALLOWANCES	\$32,301,953	\$39,785,768	\$7,483,815	23%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$9,597,826	\$13,935,988	\$4,338,162	45%

CHARLOTTE HUNGERFORD HOSPITAL					
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REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
E.	<u>OTHER MEDICAL ASSISTANCE (O.M.A.)</u>				
	<u>OTHER MEDICAL ASSISTANCE INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$20,290	\$154,236	\$133,946	660%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,644	\$49,026	\$30,382	163%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	91.89%	31.79%	-60.10%	-65%
4	DISCHARGES	3	11	8	267%
5	CASE MIX INDEX (CMI)	1.12350	0.88270	(0.24080)	-21%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	3.37050	9.70970	6.33920	188%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,531.52	\$5,049.18	(\$482.35)	-9%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	\$2,058.96	\$2,417.29	\$358.33	17%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,268.84	\$2,300.82	\$1,031.98	81%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,277	\$22,340	\$18,064	422%
11	PATIENT DAYS	5	40	35	700%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$3,728.80	\$1,225.65	(\$2,503.15)	-67%
13	AVERAGE LENGTH OF STAY	1.7	3.6	2.0	118%
	<u>OTHER MEDICAL ASSISTANCE OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$153,409	\$121,983	(\$31,426)	-20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$31,406	\$47,662	\$16,256	52%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	20.47%	39.07%	18.60%	91%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	756.08%	79.09%	-676.99%	-90%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	22.68245	8.69974	(13.98272)	-62%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$1,384.59	\$5,478.55	\$4,093.96	296%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$4,910.99	\$1,290.42	(\$3,620.57)	-74%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$4,970.57	\$1,294.76	(\$3,675.81)	-74%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$112,745	\$11,264	(\$101,481)	-90%
	<u>OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$173,699	\$276,219	\$102,520	59%
24	TOTAL ACCRUED PAYMENTS	\$50,050	\$96,688	\$46,638	93%
25	TOTAL ALLOWANCES	\$123,649	\$179,531	\$55,882	45%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$117,021	\$33,604	(\$83,417)	-71%

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LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$14,556,334	\$15,874,618	\$1,318,284	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$5,063,846	\$4,694,856	(\$368,990)	-7%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	34.79%	29.57%	-5.21%	-15%
4	DISCHARGES	1,170	1,183	13	1%
5	CASE MIX INDEX (CMI)	1.04819	1.01288	(0.03532)	-3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,226.38650	1,198.23490	(28.15160)	-2%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,129.08	\$3,918.14	(\$210.94)	-5%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$3,461.40	\$3,548.32	\$86.92	3%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,671.28	\$3,431.86	\$760.57	28%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$3,276,027	\$4,112,171	\$836,144	26%
11	PATIENT DAYS	4,608	4,702	94	2%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,098.92	\$998.48	(\$100.44)	-9%
13	AVERAGE LENGTH OF STAY	3.9	4.0	0.0	1%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$33,810,939	\$38,230,894	\$4,419,955	13%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$10,877,825	\$9,445,357	(\$1,432,468)	-13%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	32.17%	24.71%	-7.47%	-23%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	232.28%	240.83%	8.55%	4%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,724.81637	2,849.82941	125.01304	5%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,992.13	\$3,314.36	(\$677.77)	-17%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,303.45	\$3,454.62	\$1,151.17	50%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,363.03	\$3,458.95	\$1,095.92	46%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$6,438,821	\$9,857,421	\$3,418,601	53%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$48,367,273	\$54,105,512	\$5,738,239	12%
24	TOTAL ACCRUED PAYMENTS	\$15,941,671	\$14,140,213	(\$1,801,458)	-11%
25	TOTAL ALLOWANCES	\$32,425,602	\$39,965,299	\$7,539,697	23%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2013	FY 2014	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$353,945	\$434,960	\$81,015	23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$220,612	\$247,000	\$26,388	12%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	62.33%	56.79%	-5.54%	-9%
4	DISCHARGES	32	39	7	22%
5	CASE MIX INDEX (CMI)	1.00330	0.95300	(0.05030)	-5%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	32.10560	37.16700	5.06140	16%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,871.45	\$6,645.68	(\$225.77)	-3%
8	PATIENT DAYS	132	133	1	1%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,671.30	\$1,857.14	\$185.84	11%
10	AVERAGE LENGTH OF STAY	4.1	3.4	(0.7)	-17%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$620,095	\$708,431	\$88,336	14%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$228,839	\$242,948	\$14,109	6%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$974,040	\$1,143,391	\$169,351	17%
14	TOTAL ACCRUED PAYMENTS	\$449,451	\$489,948	\$40,497	9%
15	TOTAL ALLOWANCES	\$524,589	\$653,443	\$128,854	25%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$8,250,545	\$7,533,927	(\$716,618)	-9%
2	TOTAL OPERATING EXPENSES	\$124,899,985	\$121,998,831	(\$2,901,154)	-2%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$0	\$0	\$0	0%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$3,214,518	\$2,935,378	(\$279,140)	-9%
5	BAD DEBTS (CHARGES)	\$3,378,061	\$2,699,503	(\$678,558)	-20%
6	UNCOMPENSATED CARE (CHARGES)	\$6,592,579	\$5,634,881	(\$957,698)	-15%
7	COST OF UNCOMPENSATED CARE	\$2,979,618	\$2,435,857	(\$543,761)	-18%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$48,367,273	\$54,105,512	\$5,738,239	12%
9	TOTAL ACCRUED PAYMENTS	\$15,941,671	\$14,140,213	(\$1,801,458)	-11%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$21,860,336	\$23,388,835	\$1,528,500	7%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,918,665	\$9,248,622	\$3,329,958	56%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$101,429,210	\$100,430,007	(\$999,203)	-1%
2	TOTAL INPATIENT PAYMENTS	\$54,898,354	\$52,241,965	(\$2,656,389)	-5%
3	TOTAL INPATIENT PAYMENTS / CHARGES	54.12%	52.02%	-2.11%	-4%
4	TOTAL DISCHARGES	6,533	6,106	(427)	-7%
5	TOTAL CASE MIX INDEX	1.27411	1.25155	(0.02255)	-2%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	8,323.72970	7,641.98890	(681.74080)	-8%
7	TOTAL OUTPATIENT CHARGES	\$158,509,361	\$167,608,154	\$9,098,793	6%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	156.28%	166.89%	10.61%	7%
9	TOTAL OUTPATIENT PAYMENTS	\$62,584,895	\$63,626,089	\$1,041,194	2%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.48%	37.96%	-1.52%	-4%
11	TOTAL CHARGES	\$259,938,571	\$268,038,161	\$8,099,590	3%
12	TOTAL PAYMENTS	\$117,483,249	\$115,868,054	(\$1,615,195)	-1%
13	TOTAL PAYMENTS / TOTAL CHARGES	45.20%	43.23%	-1.97%	-4%
14	PATIENT DAYS	26,574	25,604	(970)	-4%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$76,929,247	\$77,872,767	\$943,520	1%
2	INPATIENT PAYMENTS	\$39,837,617	\$38,670,339	(\$1,167,278)	-3%
3	GOVT. INPATIENT PAYMENTS / CHARGES	51.78%	49.66%	-2.13%	-4%
4	DISCHARGES	4,712	4,521	(191)	-4%
5	CASE MIX INDEX	1.34541	1.28828	(0.05713)	-4%
6	CASE MIX ADJUSTED DISCHARGES	6,339.56810	5,824.31090	(515.25720)	-8%
7	OUTPATIENT CHARGES	\$95,228,727	\$103,383,723	\$8,154,996	9%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	123.79%	132.76%	8.97%	7%
9	OUTPATIENT PAYMENTS	\$32,974,017	\$33,079,227	\$105,210	0%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	34.63%	32.00%	-2.63%	-8%
11	TOTAL CHARGES	\$172,157,974	\$181,256,490	\$9,098,516	5%
12	TOTAL PAYMENTS	\$72,811,634	\$71,749,566	(\$1,062,068)	-1%
13	TOTAL PAYMENTS / CHARGES	42.29%	39.58%	-2.71%	-6%
14	PATIENT DAYS	20,622	20,105	(517)	-3%
15	TOTAL GOVERNMENT DEDUCTIONS	\$99,346,340	\$109,506,924	\$10,160,584	10%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.5	4.6	0.1	2%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.5	0.2	6%
3	UNINSURED	3.5	4.5	1.0	29%
4	MEDICAID	3.9	4.0	0.0	1%
5	OTHER MEDICAL ASSISTANCE	1.7	3.6	2.0	118%
6	CHAMPUS / TRICARE	4.1	3.4	(0.7)	-17%
7	TOTAL AVERAGE LENGTH OF STAY	4.1	4.2	0.1	3%

CHARLOTTE HUNGERFORD HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2014					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2013	ACTUAL FY 2014	AMOUNT DIFFERENCE	% DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$259,938,571	\$268,038,161	\$8,099,590	3%
2	TOTAL GOVERNMENT DEDUCTIONS	\$99,346,340	\$109,506,924	\$10,160,584	10%
3	UNCOMPENSATED CARE	\$6,592,579	\$5,634,881	(\$957,698)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,516,403	\$37,028,303	\$511,900	1%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0	0%
6	TOTAL ADJUSTMENTS	\$142,455,322	\$152,170,108	\$9,714,786	7%
7	TOTAL ACCRUED PAYMENTS	\$117,483,249	\$115,868,053	(\$1,615,196)	-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.	\$117,483,249	\$115,868,053	(\$1,615,196)	-1%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4519654338	0.4322819279	(0.0196835058)	-4%
11	COST OF UNCOMPENSATED CARE	\$2,979,618	\$2,435,857	(\$543,761)	-18%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$5,918,665	\$9,248,622	\$3,329,958	56%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$8,898,282	\$11,684,479	\$2,786,197	31%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$6,326,076	\$9,846,157	\$3,520,081	56%
2	OTHER MEDICAL ASSISTANCE	\$117,021	\$33,604	(\$83,417)	-71%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,587,585	\$2,416,046	(\$2,171,539)	-47%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$11,030,683	\$12,295,808	\$1,265,125	11%
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	(\$805,705)	(\$1,245,995)	(\$440,290)	54.65%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$116,677,547	\$114,622,050	(\$2,055,497)	-1.76%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	(\$3,214,517)	(\$2,935,378)	\$279,139	-8.68%
5	GROSS REVENUE FROM HOSP. AUDIT. FINANCIAL STATEMENTS	\$256,724,054	\$265,102,773	\$8,378,719	3.26%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$0	\$0	\$0	0.00%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$6,592,579	\$5,634,881	(\$957,698)	-14.53%

CHARLOTTE HUNGERFORD HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2014						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2013	FY	ACTUAL 2014	FY	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS						
A. INPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$24,499,963		\$22,557,240		(\$1,942,723)
2	MEDICARE	\$62,018,968		61,563,189		(\$455,779)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$14,556,334		15,874,618		\$1,318,284
4	MEDICAID	\$14,536,044		15,720,382		\$1,184,338
5	OTHER MEDICAL ASSISTANCE	\$20,290		154,236		\$133,946
6	CHAMPUS / TRICARE	\$353,945		434,960		\$81,015
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,590,204		1,554,063		(\$36,141)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$76,929,247		\$77,872,767		\$943,520
	TOTAL INPATIENT CHARGES	\$101,429,210		\$100,430,007		(\$999,203)
B. OUTPATIENT ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$63,280,634		\$64,224,431		\$943,797
2	MEDICARE	\$60,797,693		64,444,398		\$3,646,705
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$33,810,939		38,230,894		\$4,419,955
4	MEDICAID	\$33,657,530		38,108,911		\$4,451,381
5	OTHER MEDICAL ASSISTANCE	\$153,409		121,983		(\$31,426)
6	CHAMPUS / TRICARE	\$620,095		708,431		\$88,336
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$5,513,269		4,301,269		(\$1,212,000)
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$95,228,727		\$103,383,723		\$8,154,996
	TOTAL OUTPATIENT CHARGES	\$158,509,361		\$167,608,154		\$9,098,793
C. TOTAL ACCRUED CHARGES						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$87,780,597		\$86,781,671		(\$998,926)
2	TOTAL MEDICARE	\$122,816,661		\$126,007,587		\$3,190,926
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$48,367,273		\$54,105,512		\$5,738,239
4	TOTAL MEDICAID	\$48,193,574		\$53,829,293		\$5,635,719
5	TOTAL OTHER MEDICAL ASSISTANCE	\$173,699		\$276,219		\$102,520
6	TOTAL CHAMPUS / TRICARE	\$974,040		\$1,143,391		\$169,351
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$7,103,473		\$5,855,332		(\$1,248,141)
	TOTAL GOVERNMENT CHARGES	\$172,157,974		\$181,256,490		\$9,098,516
	TOTAL CHARGES	\$259,938,571		\$268,038,161		\$8,099,590
D. INPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,060,737		\$13,571,626		(\$1,489,111)
2	MEDICARE	\$34,553,159		33,728,483		(\$824,676)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$5,063,846		4,694,856		(\$368,990)
4	MEDICAID	\$5,045,202		4,645,830		(\$399,372)
5	OTHER MEDICAL ASSISTANCE	\$18,644		49,026		\$30,382
6	CHAMPUS / TRICARE	\$220,612		247,000		\$26,388
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$272,165		318,975		\$46,810
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$39,837,617		\$38,670,339		(\$1,167,278)
	TOTAL INPATIENT PAYMENTS	\$54,898,354		\$52,241,965		(\$2,656,389)
E. OUTPATIENT ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$29,610,878		\$30,546,862		\$935,984
2	MEDICARE	\$21,867,353		23,390,922		\$1,523,569
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,877,825		9,445,357		(\$1,432,468)
4	MEDICAID	\$10,846,419		9,397,695		(\$1,448,724)
5	OTHER MEDICAL ASSISTANCE	\$31,406		47,662		\$16,256
6	CHAMPUS / TRICARE	\$228,839		242,948		\$14,109
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$943,602		882,845		(\$60,757)
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$32,974,017		\$33,079,227		\$105,210
	TOTAL OUTPATIENT PAYMENTS	\$62,584,895		\$63,626,089		\$1,041,194
F. TOTAL ACCRUED PAYMENTS						
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$44,671,615		\$44,118,488		(\$553,127)
2	TOTAL MEDICARE	\$56,420,512		\$57,119,405		\$698,893
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$15,941,671		\$14,140,213		(\$1,801,458)
4	TOTAL MEDICAID	\$15,891,621		\$14,043,525		(\$1,848,096)
5	TOTAL OTHER MEDICAL ASSISTANCE	\$50,050		\$96,688		\$46,638
6	TOTAL CHAMPUS / TRICARE	\$449,451		\$489,948		\$40,497
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,215,767		\$1,201,820		(\$13,947)
	TOTAL GOVERNMENT PAYMENTS	\$72,811,634		\$71,749,566		(\$1,062,068)
	TOTAL PAYMENTS	\$117,483,249		\$115,868,054		(\$1,615,195)

CHARLOTTE HUNGERFORD HOSPITAL						
TWELVE MONTHS ACTUAL FILING						
FISCAL YEAR 2014						
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND						
BASELINE UNDERPAYMENT DATA						
(1)	(2)	(3)		(4)		(5)
LINE	DESCRIPTION	ACTUAL 2013	FY	ACTUAL 2014	FY	AMOUNT DIFFERENCE
II. PAYER MIX						
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		9.43%		8.42%	-1.01%
2	MEDICARE		23.86%		22.97%	-0.89%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		5.60%		5.92%	0.32%
4	MEDICAID		5.59%		5.86%	0.27%
5	OTHER MEDICAL ASSISTANCE		0.01%		0.06%	0.05%
6	CHAMPUS / TRICARE		0.14%		0.16%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.61%		0.58%	-0.03%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		29.60%		29.05%	-0.54%
	TOTAL INPATIENT PAYER MIX		39.02%		37.47%	-1.55%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		24.34%		23.96%	-0.38%
2	MEDICARE		23.39%		24.04%	0.65%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		13.01%		14.26%	1.26%
4	MEDICAID		12.95%		14.22%	1.27%
5	OTHER MEDICAL ASSISTANCE		0.06%		0.05%	-0.01%
6	CHAMPUS / TRICARE		0.24%		0.26%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		2.12%		1.60%	-0.52%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		36.64%		38.57%	1.94%
	TOTAL OUTPATIENT PAYER MIX		60.98%		62.53%	1.55%
	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)		12.82%		11.71%	-1.11%
2	MEDICARE		29.41%		29.11%	-0.30%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		4.31%		4.05%	-0.26%
4	MEDICAID		4.29%		4.01%	-0.28%
5	OTHER MEDICAL ASSISTANCE		0.02%		0.04%	0.03%
6	CHAMPUS / TRICARE		0.19%		0.21%	0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.23%		0.28%	0.04%
	TOTAL INPATIENT GOVERNMENT PAYER MIX		33.91%		33.37%	-0.53%
	TOTAL INPATIENT PAYER MIX		46.73%		45.09%	-1.64%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS						
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)		25.20%		26.36%	1.16%
2	MEDICARE		18.61%		20.19%	1.57%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)		9.26%		8.15%	-1.11%
4	MEDICAID		9.23%		8.11%	-1.12%
5	OTHER MEDICAL ASSISTANCE		0.03%		0.04%	0.01%
6	CHAMPUS / TRICARE		0.19%		0.21%	0.01%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)		0.80%		0.76%	-0.04%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX		28.07%		28.55%	0.48%
	TOTAL OUTPATIENT PAYER MIX		53.27%		54.91%	1.64%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS		100.00%		100.00%	0.00%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	FY AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,821	1,585	(236)
2	MEDICARE	3,510	3,299	(211)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,170	1,183	13
4	MEDICAID	1,167	1,172	5
5	OTHER MEDICAL ASSISTANCE	3	11	8
6	CHAMPUS / TRICARE	32	39	7
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	200	137	(63)
	TOTAL GOVERNMENT DISCHARGES	4,712	4,521	(191)
	TOTAL DISCHARGES	6,533	6,106	(427)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,952	5,499	(453)
2	MEDICARE	15,882	15,270	(612)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,608	4,702	94
4	MEDICAID	4,603	4,662	59
5	OTHER MEDICAL ASSISTANCE	5	40	35
6	CHAMPUS / TRICARE	132	133	1
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	696	613	(83)
	TOTAL GOVERNMENT PATIENT DAYS	20,622	20,105	(517)
	TOTAL PATIENT DAYS	26,574	25,604	(970)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.5	0.2
2	MEDICARE	4.5	4.6	0.1
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.9	4.0	0.0
4	MEDICAID	3.9	4.0	0.0
5	OTHER MEDICAL ASSISTANCE	1.7	3.6	2.0
6	CHAMPUS / TRICARE	4.1	3.4	(0.7)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	3.5	4.5	1.0
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	4.4	4.4	0.1
	TOTAL AVERAGE LENGTH OF STAY	4.1	4.2	0.1
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.08960	1.14680	0.05720
2	MEDICARE	1.44760	1.39100	(0.05660)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.04819	1.01288	(0.03532)
4	MEDICAID	1.04800	1.01410	(0.03390)
5	OTHER MEDICAL ASSISTANCE	1.12350	0.88270	(0.24080)
6	CHAMPUS / TRICARE	1.00330	0.95300	(0.05030)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.02690	1.04230	0.01540
	TOTAL GOVERNMENT CASE MIX INDEX	1.34541	1.28828	(0.05713)
	TOTAL CASE MIX INDEX	1.27411	1.25155	(0.02255)
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$87,780,597	\$86,781,671	(\$998,926)
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$51,264,194	\$49,753,368	(\$1,510,826)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,516,403	\$37,028,303	\$511,900
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	41.60%	42.67%	1.07%
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	\$3,214,518	\$2,935,378	(\$279,140)
9	BAD DEBTS	\$3,378,061	\$2,699,503	(\$678,558)
10	TOTAL UNCOMPENSATED CARE	\$6,592,579	\$5,634,881	(\$957,698)
11	TOTAL OTHER OPERATING REVENUE	\$8,250,545	\$7,533,927	(\$716,618)
12	TOTAL OPERATING EXPENSES	\$124,899,985	\$121,998,831	(\$2,901,154)

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
IV.	DSH UPPER PAYMENT LIMIT CALCULATIONS			
A.	CASE MIX ADJUSTED DISCHARGES			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,984.16160	1,817.67800	(166.48360)
2	MEDICARE	5,081.07600	4,588.90900	(492.16700)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,226.38650	1,198.23490	(28.15160)
4	MEDICAID	1,223.01600	1,188.52520	(34.49080)
5	OTHER MEDICAL ASSISTANCE	3.37050	9.70970	6.33920
6	CHAMPUS / TRICARE	32.10560	37.16700	5.06140
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	205.38000	142.79510	(62.58490)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	6,339.56810	5,824.31090	(515.25720)
	TOTAL CASE MIX ADJUSTED DISCHARGES	8,323.72970	7,641.98890	(681.74080)
B.	OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	4,703.43708	4,512.77386	-190.66322
2	MEDICARE	3,440.88122	3,453.39597	12.51475
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,724.81637	2,849.82941	125.01304
4	MEDICAID	2,702.13392	2,841.12967	138.99575
5	OTHER MEDICAL ASSISTANCE	22.68245	8.69974	-13.98272
6	CHAMPUS / TRICARE	56.06250	63.52034	7.45785
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	693.40399	379.18273	-314.22126
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	6,221.76009	6,366.74573	144.98564
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	10,925.19717	10,879.51959	-45.67758
C.	INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$7,590.48	\$7,466.46	(\$124.02)
2	MEDICARE	\$6,800.36	\$7,350.00	\$549.64
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,129.08	\$3,918.14	(\$210.94)
4	MEDICAID	\$4,125.21	\$3,908.90	(\$216.31)
5	OTHER MEDICAL ASSISTANCE	\$5,531.52	\$5,049.18	(\$482.35)
6	CHAMPUS / TRICARE	\$6,871.45	\$6,645.68	(\$225.77)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,325.18	\$2,233.80	\$908.62
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,283.96	\$6,639.47	\$355.51
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,595.40	\$6,836.17	\$240.77
D.	OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE			
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,295.58	\$6,768.98	\$473.39
2	MEDICARE	\$6,355.16	\$6,773.31	\$418.15
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,992.13	\$3,314.36	(\$677.77)
4	MEDICAID	\$4,014.02	\$3,307.73	(\$706.29)
5	OTHER MEDICAL ASSISTANCE	\$1,384.59	\$5,478.55	\$4,093.96
6	CHAMPUS / TRICARE	\$4,081.86	\$3,824.73	(\$257.13)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,360.83	\$2,328.28	\$967.46
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,299.79	\$5,195.63	(\$104.16)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,728.49	\$5,848.24	\$119.75

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$6,326,076	\$9,846,157	\$3,520,081
2	OTHER MEDICAL ASSISTANCE	\$117,021	\$33,604	(\$83,417)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$4,587,585	\$2,416,046	(\$2,171,539)
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$11,030,683	\$12,295,808	\$1,265,125
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$259,938,571	\$268,038,161	\$8,099,590
2	TOTAL GOVERNMENT DEDUCTIONS	\$99,346,340	\$109,506,924	\$10,160,584
3	UNCOMPENSATED CARE	\$6,592,579	\$5,634,881	(\$957,698)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$36,516,403	\$37,028,303	\$511,900
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$0	\$0	\$0
6	TOTAL ADJUSTMENTS	\$142,455,322	\$152,170,108	\$9,714,786
7	TOTAL ACCRUED PAYMENTS	\$117,483,249	\$115,868,053	(\$1,615,196)
8	UCP DSH PAYMENTS (OHCA INPUT)	\$0	\$0	\$0
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$117,483,249	\$115,868,053	(\$1,615,196)
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.4519654338	0.4322819279	(0.0196835058)
11	COST OF UNCOMPENSATED CARE	\$2,979,618	\$2,435,857	(\$543,761)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$5,918,665	\$9,248,622	\$3,329,958
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$8,898,282	\$11,684,479	\$2,786,197
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	61.47%	60.17%	-1.31%
2	MEDICARE	55.71%	54.79%	-0.93%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	34.79%	29.57%	-5.21%
4	MEDICAID	34.71%	29.55%	-5.16%
5	OTHER MEDICAL ASSISTANCE	91.89%	31.79%	-60.10%
6	CHAMPUS / TRICARE	62.33%	56.79%	-5.54%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	17.12%	20.53%	3.41%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	51.78%	49.66%	-2.13%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	54.12%	52.02%	-2.11%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	46.79%	47.56%	0.77%
2	MEDICARE	35.97%	36.30%	0.33%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	32.17%	24.71%	-7.47%
4	MEDICAID	32.23%	24.66%	-7.57%
5	OTHER MEDICAL ASSISTANCE	20.47%	39.07%	18.60%
6	CHAMPUS / TRICARE	36.90%	34.29%	-2.61%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	17.12%	20.53%	3.41%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	34.63%	32.00%	-2.63%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	39.48%	37.96%	-1.52%

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL 2013	FY ACTUAL 2014	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$117,483,249	\$115,868,054	(\$1,615,195)
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0	\$0	\$0
	OHCA DEFINED NET REVENUE	\$117,483,249	\$115,868,054	(\$1,615,195)
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$805,705)	(\$1,245,995)	(\$440,290)
4	CALCULATED NET REVENUE	\$120,055,605	\$114,622,059	(\$5,433,546)
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$116,677,547	\$114,622,050	(\$2,055,497)
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3,378,058	\$9	(\$3,378,049)
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$259,938,571	\$268,038,161	\$8,099,590
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$3,214,517)	(\$2,935,378)	\$279,139
	CALCULATED GROSS REVENUE	\$256,724,054	\$265,102,783	\$8,378,729
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$256,724,054	\$265,102,773	\$8,378,719
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$10	\$10
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,592,579	\$5,634,881	(\$957,698)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0	\$0	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$6,592,579	\$5,634,881	(\$957,698)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$6,592,579	\$5,634,881	(\$957,698)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

CHARLOTTE HUNGERFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$22,557,240
2	MEDICARE	61,563,189
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	15,874,618
4	MEDICAID	15,720,382
5	OTHER MEDICAL ASSISTANCE	154,236
6	CHAMPUS / TRICARE	434,960
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1,554,063
	TOTAL INPATIENT GOVERNMENT CHARGES	\$77,872,767
	TOTAL INPATIENT CHARGES	\$100,430,007
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$64,224,431
2	MEDICARE	64,444,398
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	38,230,894
4	MEDICAID	38,108,911
5	OTHER MEDICAL ASSISTANCE	121,983
6	CHAMPUS / TRICARE	708,431
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4,301,269
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$103,383,723
	TOTAL OUTPATIENT CHARGES	\$167,608,154
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$86,781,671
2	TOTAL GOVERNMENT ACCRUED CHARGES	181,256,490
	TOTAL ACCRUED CHARGES	\$268,038,161
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$13,571,626
2	MEDICARE	33,728,483
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,694,856
4	MEDICAID	4,645,830
5	OTHER MEDICAL ASSISTANCE	49,026
6	CHAMPUS / TRICARE	247,000
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	318,975
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$38,670,339
	TOTAL INPATIENT PAYMENTS	\$52,241,965
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$30,546,862
2	MEDICARE	23,390,922
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	9,445,357
4	MEDICAID	9,397,695
5	OTHER MEDICAL ASSISTANCE	47,662
6	CHAMPUS / TRICARE	242,948
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	882,845
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$33,079,227
	TOTAL OUTPATIENT PAYMENTS	\$63,626,089
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$44,118,488
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	71,749,566
	TOTAL ACCRUED PAYMENTS	\$115,868,054

CHARLOTTE HUNGERFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,585
2	MEDICARE	3,299
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,183
4	MEDICAID	1,172
5	OTHER MEDICAL ASSISTANCE	11
6	CHAMPUS / TRICARE	39
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	137
	TOTAL GOVERNMENT DISCHARGES	4,521
	TOTAL DISCHARGES	6,106
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.14680
2	MEDICARE	1.39100
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1.01288
4	MEDICAID	1.01410
5	OTHER MEDICAL ASSISTANCE	0.88270
6	CHAMPUS / TRICARE	0.95300
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.04230
	TOTAL GOVERNMENT CASE MIX INDEX	1.28828
	TOTAL CASE MIX INDEX	1.25155
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$86,781,671
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$49,753,368
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$37,028,303
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	42.67%
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	\$2,935,378
9	BAD DEBTS	\$2,699,503
10	TOTAL UNCOMPENSATED CARE	\$5,634,881
11	TOTAL OTHER OPERATING REVENUE	\$7,533,927
12	TOTAL OPERATING EXPENSES	\$121,998,831

CHARLOTTE HUNGERFORD HOSPITAL		
TWELVE MONTHS ACTUAL FILING		
FISCAL YEAR 2014		
REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND		
BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
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	\$115,868,054
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$115,868,054
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	(\$1,245,995)
	CALCULATED NET REVENUE	\$114,622,059
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$114,622,050
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$9
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$268,038,161
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	(\$2,935,378)
	CALCULATED GROSS REVENUE	\$265,102,783
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$265,102,773
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$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
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$0
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$5,634,881
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$5,634,881
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

CHARLOTTE HUNGERFORD HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2014
REPORT 650 - HOSPITAL UNCOMPENSATED CARE

(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2013</u>	<u>ACTUAL FY 2014</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
A. <u>Hospital Charity Care (from HRS Report 500)</u>					
1	Number of Applicants	3,409	1,741	(1,668)	-49%
2	Number of Approved Applicants	3,409	1,736	(1,673)	-49%
3	Total Charges (A)	\$3,214,518	\$2,935,378	(\$279,140)	-9%
4	Average Charges	\$943	\$1,691	\$748	79%
5	Ratio of Cost to Charges (RCC)	0.501979	0.465716	(0.036263)	-7%
6	Total Cost	\$1,613,621	\$1,367,053	(\$246,568)	-15%
7	Average Cost	\$473	\$787	\$314	66%
8	Charity Care - Inpatient Charges	\$748,931	\$1,227,241	\$478,310	64%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	1,278,080	762,562	(515,518)	-40%
10	Charity Care - Emergency Department Charges	1,187,507	945,575	(241,932)	-20%
11	Total Charges (A)	\$3,214,518	\$2,935,378	(\$279,140)	-9%
12	Charity Care - Number of Patient Days	194	243	49	25%
13	Charity Care - Number of Discharges	64	46	(18)	-28%
14	Charity Care - Number of Outpatient ED Visits	2,380	1,728	(652)	-27%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	4,499	3,983	(516)	-11%
B. <u>Hospital Bad Debts (from HRS Report 500)</u>					
1	Bad Debts - Inpatient Services	\$846,765	\$738,812	(\$107,953)	-13%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	1,146,291	879,559	(266,732)	-23%
3	Bad Debts - Emergency Department	1,385,005	1,081,132	(303,873)	-22%
4	Total Bad Debts (A)	\$3,378,061	\$2,699,503	(\$678,558)	-20%
C. <u>Hospital Uncompensated Care (from HRS Report 500)</u>					
1	Charity Care (A)	\$3,214,518	\$2,935,378	(\$279,140)	-9%
2	Bad Debts (A)	3,378,061	2,699,503	(678,558)	-20%
3	Total Uncompensated Care (A)	\$6,592,579	\$5,634,881	(\$957,698)	-15%
4	Uncompensated Care - Inpatient Services	\$1,595,696	\$1,966,053	\$370,357	23%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	2,424,371	1,642,121	(782,250)	-32%
6	Uncompensated Care - Emergency Department	2,572,512	2,026,707	(545,805)	-21%
7	Total Uncompensated Care (A)	\$6,592,579	\$5,634,881	(\$957,698)	-15%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

CHARLOTTE HUNGERFORD HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2014					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
<u>COMMERCIAL - ALL PAYERS</u>					
1	Total Gross Revenue	\$87,780,597	\$86,781,671	(\$998,926)	-1%
2	Total Contractual Allowances	\$36,516,403	\$37,028,303	\$511,900	1%
	Total Accrued Payments (A)	\$51,264,194	\$49,753,368	(\$1,510,826)	-3%
	Total Discount Percentage	41.60%	42.67%	1.07%	3%
(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 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
A. Gross and Net Revenue				
1	Inpatient Gross Revenue	\$89,321,803	\$101,429,210	\$100,430,007
2	Outpatient Gross Revenue	\$147,747,616	\$158,509,361	\$167,608,154
3	Total Gross Patient Revenue	\$237,069,419	\$259,938,571	\$268,038,161
4	Net Patient Revenue	\$116,313,832	\$116,677,548	\$114,622,054
B. Total Operating Expenses				
1	Total Operating Expense	\$121,882,681	\$124,899,985	\$121,998,831
C. Utilization Statistics				
1	Patient Days	25,249	26,574	25,604
2	Discharges	6,338	6,533	6,106
3	Average Length of Stay	4.0	4.1	4.2
4	Equivalent (Adjusted) Patient Days (EPD)	67,013	68,103	68,335
0	Equivalent (Adjusted) Discharges (ED)	16,822	16,743	16,296
D. Case Mix Statistics				
1	Case Mix Index	1.24112	1.27411	1.25155
2	Case Mix Adjusted Patient Days (CMAPD)	31,337	33,858	32,045
3	Case Mix Adjusted Discharges (CMAD)	7,866	8,324	7,642
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	83,172	86,770	85,525
5	Case Mix Adjusted Equivalent Discharges (CMAED)	20,878	21,332	20,396
E. Gross Revenue Per Statistic				
1	Total Gross Revenue per Patient Day	\$9,389	\$9,782	\$10,469
2	Total Gross Revenue per Discharge	\$37,404	\$39,789	\$43,898
3	Total Gross Revenue per EPD	\$3,538	\$3,817	\$3,922
4	Total Gross Revenue per ED	\$14,093	\$15,526	\$16,448
5	Total Gross Revenue per CMAEPD	\$2,850	\$2,996	\$3,134
6	Total Gross Revenue per CMAED	\$11,355	\$12,186	\$13,142
7	Inpatient Gross Revenue per EPD	\$1,333	\$1,489	\$1,470
8	Inpatient Gross Revenue per ED	\$5,310	\$6,058	\$6,163

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,607	\$4,391	\$4,477
2	Net Patient Revenue per Discharge	\$18,352	\$17,860	\$18,772
3	Net Patient Revenue per EPD	\$1,736	\$1,713	\$1,677
4	Net Patient Revenue per ED	\$6,915	\$6,969	\$7,034
5	Net Patient Revenue per CMAEPD	\$1,398	\$1,345	\$1,340
6	Net Patient Revenue per CMAED	\$5,571	\$5,470	\$5,620
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,827	\$4,700	\$4,765
2	Total Operating Expense per Discharge	\$19,230	\$19,118	\$19,980
3	Total Operating Expense per EPD	\$1,819	\$1,834	\$1,785
4	Total Operating Expense per ED	\$7,246	\$7,460	\$7,486
5	Total Operating Expense per CMAEPD	\$1,465	\$1,439	\$1,426
6	Total Operating Expense per CMAED	\$5,838	\$5,855	\$5,982
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$21,604,919	\$22,590,903	\$22,031,082
2	Nursing Fringe Benefits Expense	\$6,508,150	\$6,262,671	\$5,451,956
3	Total Nursing Salary and Fringe Benefits Expense	\$28,113,069	\$28,853,574	\$27,483,038
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$7,857,318	\$8,984,103	\$8,726,511
2	Physician Fringe Benefits Expense	\$2,366,896	\$2,490,581	\$2,159,520
3	Total Physician Salary and Fringe Benefits Expense	\$10,224,214	\$11,474,684	\$10,886,031
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$25,466,493	\$26,897,491	\$25,945,384
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$7,671,389	\$7,456,548	\$6,420,615
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$33,137,882	\$34,354,039	\$32,365,999
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$54,928,730	\$58,472,497	\$56,702,977
2	Total Fringe Benefits Expense	\$16,546,435	\$16,209,800	\$14,032,091
3	Total Salary and Fringe Benefits Expense	\$71,475,165	\$74,682,297	\$70,735,068

CHARLOTTE HUNGERFORD HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2014				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2012	ACTUAL FY 2013	ACTUAL FY 2014
L.	Total Full Time Equivalent Employees (FTEs)			
1	Total Nursing FTEs	321.4	305.9	296.4
2	Total Physician FTEs	31.1	33.9	30.9
3	Total Non-Nursing, Non-Physician FTEs	415.9	449.2	439.7
4	Total Full Time Equivalent Employees (FTEs)	768.4	789.0	767.0
M.	Nursing Salaries and Fringe Benefits Expense per FTE			
1	Nursing Salary Expense per FTE	\$67,221	\$73,851	\$74,329
2	Nursing Fringe Benefits Expense per FTE	\$20,249	\$20,473	\$18,394
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$87,471	\$94,324	\$92,723
N.	Physician Salary and Fringe Expense per FTE			
1	Physician Salary Expense per FTE	\$252,647	\$265,018	\$282,411
2	Physician Fringe Benefits Expense per FTE	\$76,106	\$73,468	\$69,887
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$328,753	\$338,486	\$352,299
O.	Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$61,232	\$59,879	\$59,007
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$18,445	\$16,600	\$14,602
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$79,678	\$76,478	\$73,609
P.	Total Salary and Fringe Benefits Expense per FTE			
1	Total Salary Expense per FTE	\$71,485	\$74,110	\$73,928
2	Total Fringe Benefits Expense per FTE	\$21,534	\$20,545	\$18,295
3	Total Salary and Fringe Benefits Expense per FTE	\$93,018	\$94,654	\$92,223
Q.	Total Salary and Fringe Ben. Expense per Statistic			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,831	\$2,810	\$2,763
2	Total Salary and Fringe Benefits Expense per Discharge	\$11,277	\$11,432	\$11,585
3	Total Salary and Fringe Benefits Expense per EPD	\$1,067	\$1,097	\$1,035
4	Total Salary and Fringe Benefits Expense per ED	\$4,249	\$4,461	\$4,341
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$859	\$861	\$827
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,424	\$3,501	\$3,468