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SC Court of Appeals

THE STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

APPEAL FROM THE ADMINISTRATIVE LAW COURT
The Honorable S. Phillip Lenski, Administrative Law Judge

Appellate Case No. 2015-000056
Lower Court Docket No. 11-ALJ-07-0575-CC

Amisub of South Carolina, Inc. d/b/a Piedmont Medical Center
d/b/a Fort Mill Medical Center ..... Respondent,

v.

South Carolina Department of Health and Environmental Control
and The Charlotte-Mecklenburg Hospital Authority, d/b/a Carolinas
Medical Center-Fort Mill ..... Respondents,

Of whom The Charlotte-Mecklenburg Hospital Authority, d/b/a Carolinas
Medical Center-Fort Mill, is ..... Appellant.

RECORD ON APPEAL – VOLUME XV OF XVII

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Cost Report data

340130
UNION REGIONAL MEDICAL CENTER
600 HOSPITAL DRIVE
MONROE, NC 28111

[Electronic Record Code: 2104 - 2010]
Type of Facility: Short Term Acute Care
Type of Control: Voluntary Nonprofit, Other
Classification: Urban

Bed Size:	157
Total Annual Discharges:	8,380
Total Patient Revenue:	$433,086,528

Period: 01/01/2011 - 12/31/2011
Status: As Submitted

Fiscal Intermediary: Palmetto Government Benefits Administrators

Medicare Inpatient Characteristics

DSH Ratio:	0.175600
DSH Amount:	$4,431,494
Outlier Amount:	$111,184
IME Amount:	$323,092
GME Amount:	$159,815
Total IP Reimbursement:	$35,385,690
Total IP Costs:	$27,450,972
NPR Date:	00/00/0000
NPR Settlement Amount:	$30,451,954
NPR Settlement Percent:	86.06 %

[Date Generated: 03/20/2013]

Source
This report was downloaded from www.CostReportData.com and is derived from raw electronic data obtained from the federal Centers for Medicare and Medicaid Services (CMS). Online information is updated quarterly as new data become available. Before using this report it may be advisable to check the website for updates and new reporting periods.

Worksheet Descriptions and Formats
Please note that CostReportData.com worksheets are replicated from electronic cost report data obtained from the CMS Healthcare Cost Report Information System dataset (HCRIS) and may differ from the format submitted by the hospital (e.g. sub-lines and sub-columns may be combined, certain totals have been calculated, etc.). Also, please note that some worksheets may not be included because data are not available from the CMS HCRIS file or because the worksheets are seldom used. Cost reports for periods beginning May 1, 2010 are based on a new 2552-10 format and sometimes contain ambiguities in the assignment of some cost centers as submitted by a hospital. Whenever such ambiguities are overridden you will see an explanation at the top of all affected worksheets.

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Legend:

Identification
A hospital's Medicare provider number, name, and address are taken from Worksheet S-2. The Electronic Code is a code assigned by CostReportData.com to assist in resolving questions.

Type of Facility
The type of facility is determined from the last four digits of its Medicare provider number.

Type of Control
A hospital's type of control is taken from the HCRIS file.

Bed Size
The number of staffed beds is taken from Worksheet S-3, Part I, line 12, col.1. Cost report instructions define staffed beds as, "the number of beds available for use by patients at the end of the cost reporting period. A bed means an adult bed, pediatric bed, birthing room, or newborn bed maintained in a patient care area for lodging patients in acute, long term, or domiciliary areas of the hospital. Beds in labor room, birthing room, postanesthesia, postoperative recovery rooms, outpatient areas, emergency rooms, ancillary departments, nurses' and other staff residences, and other such areas which are regularly maintained and utilized for only a portion of the stay of patients (primarily for special procedures or not for inpatient lodging) are not termed a bed for these purposes.

Total Annual Discharges
The total number of inpatient discharges (all payors) is taken from Worksheet S-3, part I, line 12, column 15.

Total Patient Revenue
The total patient revenue (inpatient and outpatient) is taken from Worksheet G-2, part I, line 25, column 3.

Period
The beginning and ending dates for a cost report are taken from Worksheet S-2, line 17.

Status
The status of a cost report is taken from the HCRIS file.

Fiscal Intermediary
Medicare Fiscal Intermediaries (FIs) are private insurance companies that serve as the federal government's agents in the administration of the Medicare program, including the payment of claims. The name of the FI is obtained from a hospital's most recent Medicare cost report.

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Petitioner's Trial Exhibit 076B

PET-EX076B

Disproportionate Share (DSH Amount and DSH Ratio)
Medicare provides additional payment to hospitals that treat a disproportionate share of low-income patients. Qualifying hospitals receive a percentage increase in Medicare payments. This percentage increase varies depending on the ratio of low income patients and on certain statutory calculations. The Disproportionate SHare (DSH) ratio is taken from Worksheet E, Part A, line 4.03. The amount of DSH payments is from Worksheet E, Part A, line 4.04.

Outlier Amount
Medicare makes additional payments to hospitals for patients with costs that are extraordinarily high due to severity of illness and/or complicating conditions. The amount of outlier payments is from Worksheet E, Part A, line 2.01 (or line 2 for discharges occurring prior to October 1, 1997).

IME Amount
Teaching hospitals receive additional Medicare payment due to the indirect costs associated with medical education programs. These payments are intended to cover the costs of additional tests and procedures ordered by interns and residents over and above what would have been ordered by more experienced physicians. The amount of the Indirect Medical Education (IME) adjustment is from Worksheet E, Part A, line 3.24 (or line 3.02 for cost reporting periods ending on or before September 30, 1997).

GME Amount
Medicare pays a hospital for the costs of an approved direct Graduate Medical Education (GME) program. These costs include the direct cost of salaries and benefits for interns, residents, and teachers. The amount of GME payment is from Worksheet E, Part A, line 11.

Total IP Reimbursement
The total amount of Medicare inpatient reimbursement for the cost reporting period is from Worksheet E, Part A, line 16 for PPS hospitals or from Worksheet E-3, Part I, line 17 or Worksheet E-3, Part II, Line 30 for non-PPS hospitals.

Total IP Costs
Total IP Costs corresponding to Total IP Reimbursement are calculated in the cost report and summarized on Worksheet D-1, Part II, line 49.

NPR Date
At the close of its fiscal year, a provider must submit a cost report to the FI showing the costs it incurred during the fiscal year and the proportion of those costs to be allocated to Medicare. The FI reviews the cost report, determines the total amount of Medicare reimbursement due the provider and issues the provider a Notice of Program Reimbursement (NPR). The NPR date is obtained from the most recent cost report data (HCRIS). There is no NPR date for cost reports as submitted or as amended by the provider (see Status above).

NPR Settlement Amount
The NPR Settlement Amount is the Balance due provider/(Program). It is the difference between the Total IP Reimbursement (above) and the total interim payments for the cost reporting period less any tentative settlements previously made by the FI. The Balance due provider/(Program) is from Worksheet E, Part A, line 29 for PPS hospitals or from Worksheet E-3, Part I, line 20 or Worksheet E-3, Part II, Line 33 for non-PPS hospitals.

NPR Settlement Percentage
This NPR settlement percentage is the NPR settlement amount as a percentage of total inpatient reimbursement. (It is calculated from the data elements previously defined.)

Date Generated
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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S PARTS I, II & III
This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).		FORM APPROVED OMB NO. 0938-0050	

PART I - COST REPORT STATUS

Provider use only	1. [X] Electronically filed cost report		Date:	Time:
	2. [ ] Manually submitted cost report			
	3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report			
	4 [F] Medicare Utilization. Enter "F" for full or "L" for low.			
Contractor use only	5. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: 05/30/2012	10. NPR Date:	
		7. Contractor No.: 11001	11. Contractor's Vendor Code: 4	
		8. [N] Initial Report for this Provider CCN	12. [ ] If line 5, column 1 is 4: Enter number of times reopened = 0-9.	
		9. [N] Final Report for this Provider CCN		

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by _____{Provider Name(s) and Number(s)} for the cost reporting period beginning _____ and ending _____ and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)	Name NOT AVAILIABLE ON ELECTRONIC FORM
	Officer or Administrator of Provider(s)
	Title NOT AVAILIABLE ON ELECTRONIC FORM
	Title
	_____
	Date

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		IIIT	TITLE XIX	
			PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		676,662	896,326		-425,163	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY		-47,258				7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER (Specify)						12
200	TOTAL		629,404	896,326		-425,163	200

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTIONS 4003.1-4003.3)

Rev. 2 | 40-503 - 08-11

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-10	
Uncompensated and indigent care cost computation				
1	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.315318	1
Medicaid (see instructions for each line)				
2	Net revenue from Medicaid		16,155,344	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		6,961,907	5
6	Medicaid charges		69,234,136	6
7	Medicaid cost (line 1 times line 6)		21,830,770	7
8	Difference between net revenue and costs for Medicaid program (line 2 plus line 5 minus line 7)			8
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9	Net revenue from stand-alone SCHIP		291,077	9
10	Stand-alone SCHIP charges		1,396,366	10
11	Stand-alone SCHIP cost (line 1 times line 10)		440,299	11
12	Difference between net revenue and costs for stand-alone SCHIP (line 9 minus line 11)		149,222	12
Other state or local government indigent care program (see instructions for each line)				
13	Net revenue from state or local indigent care program (not included on lines 2, 5 or 9)			13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)			14
15	State or local indigent care program cost (line 1 times line 14)			15
16	Difference between net revenue and costs for state or local indigent care program (line 13 minus line 15)			16
Uncompensated care (see instructions for each line)				
17	Private grants, donations, or endowment income restricted to funding charity care			17
18	Government grants, appropriations or transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		149,222	19

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	14,372,365	798,371	15,170,736	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,531,865	251,741	4,783,606	21
22	Partial payment by patients approved for charity care	33,358	52,561	85,919	22
23	Cost of charity care (line 21 minus line 22)	4,498,507	199,180	4,697,687	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)	23,497,512	26
27	Medicare bad debts for the entire hospital complex (see instructions)	2,289,736	27
28	Non-Medicare and non-reimbursable bad debt expense (line 26 minus line 27)	21,207,776	28
29	Cost of non-Medicare bad debt expense (line 1 times line 28)	6,687,194	29
30	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	11,384,881	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	11,534,103	31

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4012)

Rev. 2 | 40-523 - 08-11

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 600 HOSPITAL DRIVE			P.O. Box:	1
2	City: MONROE	State: NC	Zip Code: 28111	County: UNION	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	UNION REGIONAL MEDICAL CENTER	340130		1	07/01/1966	N	P	O	3
4	Subprovider- IPF									4
5	Subprovider- IRF									5
6	Subprovider- (Other)									6
7	Swing Beds-SNF						N	N	N	7
8	Swing Beds-NF						N		N	8
9	Hospital-Based SNF	UNION MEMORIAL HOSPITAL SNF	345097			06/18/1973	N	P	O	9
10	Hospital-Based NF	UNION MEMORIAL HOSPITAL ICF	346110			01/01/1976	N		O	10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA	UNION MEMORIAL HOME CARE	347210			04/03/1995	N	P	N	12
13	Separately Certified ASC						N	N	N	13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic-RHC						N	N	N	15
16	Hospital-Based Health Clinic-FQHC						N	N	N	16
17	Hospital-Based (CMHC)						N	N	N	17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01/01/2011	To: 12/31/2011		20
21	Type of control (see instructions)	2			21

Inpatient PPS Information			
22	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR §412.106, or low income payment in accordance with 42 CFR §412.624 (e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR §412.06 (c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If line 22 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	8,376	417	627	6	311		24
25	If line 22 is "yes", and this provider is an IRF then, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of state Medicaid eligible days in col. 4 Medicaid HMO days in col. 5 and other Medicaid days in col. 6.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter "1" for urban or "2" for rural.	1		27

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.			37

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I	
38 Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.		Beginning:	Ending:	38

		V	XVIII	XIX	
Prospective Payment System (PPS)-Capital		1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320? (see instructions)	N	Y	N	45
46	Is this facility eligible for the special exceptions payment pursuant to 42 CFR §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48
Teaching Hospitals		1	2	3	
56	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60
		Y/N	IME Average	Direct GME Average	
61	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N			61
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings					
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings–This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
64	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1	2	3	4	5	
65	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings–Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1	2	3	
66	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1	2	3	4	5	
67	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted				4		67

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I		

	primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						71
Inpatient Rehabilitation Facility PPS							
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes or "N" for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter "Y" for yes or "N" for no.				N		86
					V	XIX	
Title V and XIX Inpatient Services					1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in applicable column.				N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93
94	Does title V or title XIX reduce capital cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	94
95	If line 94 is "Y", enter the reduction percentage in the applicable column.						95
96	Does title V or title XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96
97	If line 96 is "Y", enter the reduction percentage in the applicable column.						97
Rural Providers					1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?				N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N		106
107	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				N		107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter "Y" for yes or "N" for no.				N		108
			Physical	Occupationa	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.						109
Miscellaneous Cost Reporting Information							
115	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.				N		115
116	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N		116
117	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				Y		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim- made. Enter 2 if the policy is occurrence.				1		118
118.02					N		118.02
119	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.						119
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.				N	N	120
121	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y		121
Transplant Center Information							
125	Does this facility operate a transplant center? Enter "Y" for yes or "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N		125
126	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126
127	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127
128	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128
129	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I

130	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130
131	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131
132	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132
133	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: CAROLINAS HEALTHCARE SYSTEM		Contractor's Name: PALMETTO		Contractor's Number:	141
142	Street: 4400 GOLF ACRES DRIVE SUITE A		P.O. Box:			142
143	City: CHARLOTTE	State NC	Zip Code: 28208			143

144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147
148	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148
149	Was the change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N		N	161

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165

If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip in column 3, CBSA in column 4, FTE/Campus in column 5.

	Name	County	State	Zip Code	CBSA	FTE/ Campus	
	0	1	2	3	4	5	
166							166

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886 (n)? Enter "Y" for yes or "N" for no.	N		167
168	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets. (see instructions)			168
169	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			169

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

08-11	FORM CMS-2552-10		4090 (Cont.)
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 Part II

General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
	Provider Organization and Operation	1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1

		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3

		Y/N	Type	Date	
	Financial Data and Reports	1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	04/25/2012	4
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
	Approved Educational Activities	1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9
10	Was an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
	Bad Debts		
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14
	Bed Complement		
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15

		Part A		Part B		
		Y/N	Date	Y/N	Date	
	PS&R Report Data	1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/17/2012	Y	04/17/2012	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either coumn 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

	Capital Related Cost		
22	Have assets been relifed for Medicare purposes? If yes, see instructions.	N	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	N	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25
26	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.	N	27

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08-11	FORM CMS-2552-10		4090 (Cont.)	
Interest Expense				
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		N	29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31
Purchased Services				
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33
Provider-Based Physicians				
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If "Y" see instructions.		N	34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35
		Y/N	Date	
Home Office Costs		1	2	
36	Are home office costs claimed on the cost report?	N		36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37
38	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTIONS 4004.2)				
40-510			Rev. 2	

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Cost report status - As Submitted
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 340130 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET S-3 PART I

	Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Full Time Equivalents			Discharges				
						Title V	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	143	52,195			14,319	4,294	28,908					3,663	2,594	8,380	1
2	HMO						911	1,967						206			2
3	HMO IPF																3
4	HMO IRF																4
5	Hospital Adults & Peds. Swing Bed SNF																5
6	Hospital Adults & Peds.Swing Bed NF																6
7	Total Adults and Peds. (exclude observation beds) (see instructions)		143	52,195			14,319	4,294	28,908								7
8	Intensive Care Unit		14	5.110			2,001	1,166	4,039								8
9	Coronary Care Unit																9
10	Burn Intensive Care Unit																10
11	Surgical Intensive Care Unit																11
12	Other Special Care																12
13	Nursery	43.00						2,310	3,532								13
14	Total (see instructions)		157	57,305			16,320	7,770	36,479	4.76	1,032.39			3,663	2,594	8,380	14
15	CAH visits																15
16	Subprovider - IPF	40.00															16
17	Subprovider - IRF	41.00															17
18	Subprovider - Other	42.00															18
19	Skilled Nursing Facility	44.00	70	25,550			7,741	10,908	23,027		57.88						19
20	Nursing Facility	45.00															20
21	Other Long Term Care	46.00															21
22	Home Health Agency	101.00					21,488	5,211	31,769		49.26						22
23	ASC (Distinct Part)	115.00															23
24	Hospice (Distinct Part)	116.00															24
25	CMHC	99.00															25
26	RHC/FQHC (specify)	88.00															26
27	Total (sum of lines 14-26)		227							4.76	1,139.53						27
28	Observation Bed Days							182	1,392								28
28.																	28.
29	Ambulance Trips																29
30	Employee discount days (see instructions)																30
31	Employee discount days -IRF																31

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA																Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3 PART I
32	Labor & delivery days (see instructions)	[redacted]																32
33	LTCH non-covered days	[redacted]																33
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.1)																		
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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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[Record code 2104 - 2010]

HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3 PART II

Part II - Wage Data

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in column 4	Average Hourly Wage (column 4 ÷ column 5)	
		1	2	3	4	5	6	
	SALARIES							
1	Total salaries (see instructions)	200	60,572,616		60,572,616	2,370,236	** 25.56	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetist Part B		2,779,264		2,779,264	31,495	** 88.24	3
4	Physician-Part A		40,426		40,426	416	** 97.18	4
5	Physician-Part B		147,812		147,812	1,664	** 88.83	5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21	242,112	42,055	284,167	10,513	** 27.03	7
8	Home office personnel							8
9	SNF	44	1,029,182	165,798	1,194,980	62,358	** 19.16	9
10	Excluded area salaries (see instructions)		5,508,246	-165,798	5,342,448	226,406	** 23.60	10
	OTHER WAGES AND RELATED COSTS							
11	Contract labor (see instructions)		1,046,252		1,046,252	23,319	** 44.87	11
12	Management and administrative services							12
13	Contract labor: physician-Part A		459,354		459,354	2,965	** 154.93	13
14	Home office salaries & wage-related costs		4,835,849		4,835,849	82,434	** 58.66	14
15	Home office: physician Part A							15
16	Teaching physician salaries (see instructions)							16
	WAGE-RELATED COSTS							
17	Wage-related costs (core) Worksheet S-3, Part IV line 24		16,749,529		16,749,529			17
18	Wage-related costs (other) Worksheet S-3, Part IV line 25							18
19	Excluded areas		2,364,316		2,364,316			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		257,878		257,878			21
22	Physician Part A		3,406		3,406			22
23	Physician Part B		13,624		13,624			23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)		17,959		17,959			25
	OVERHEAD COSTS - DIRECT SALARIES							
26	Employee Benefits	4	1,690,996		1,690,996	20,145	** 83.94	26
27	Administrative & General	5	4,757,429	-131,845	4,625,584	229,444	** 20.16	27
28	Administrative & General under contract (see instructions)		438,890		438,890	6,327	** 69.36	28
29	Maintenance & Repairs	6						29
30	Operation of Plant	7	1,208,808		1,208,808	60,733	** 19.90	30
31	Laundry & Linen Service	8	54,990		54,990	4,371	** 12.58	31
32	Housekeeping	9	979,898		979,898	90,637	** 10.81	32
33	Housekeeping under contract (see instructions)							33
34	Dietary	10						34
35	Dietary under contract (see instructions)							35
36	Cafeteria	11						36
37	Maintenance of Personnel	12						37
38	Nursing Administration	13	1,006,892		1,006,892	26,676	** 37.74	38
39	Central Services and Supply	14	375,332		375,332	23,302	** 16.11	39
40	Pharmacy	15						40
41	Medical Records & Medical Records Library	16	1,553,367		1,553,367	72,771	** 21.35	41
42	Social Service	17	550,773		550,773	18,713	** 29.43	42
43	Other General Service	18						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	57,842,320	-42,055	57,800,264	2,332,890	** 24.78	1
2	Excluded area salaries (see instructions)	6,537,428		6,537,428	288,765	** 22.64	2
3	Subtotal salaries (line 1 minus line 2)	51,304,892	-42,055	51,262,836	2,044,125	** 25.08	3

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HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET S-3 PART II	
4	Subtotal other wages and related costs (see instructions)	[redacted]	6,341,455		6,341,455	108,718	** 58.33	4
5	Subtotal wage-related costs (see instructions)	[redacted]	16,752,935		16,752,935			5
6	Total (sum of lines 3 through 5)	[redacted]			74,357,224			6
7	Total overhead cost (see instructions)	[redacted]	12,617,375	-131,845	12,485,530	553,122	** 22.57	7
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.2 - 4005.3)								
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HOSPITAL WAGE RELATED COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3, PART IV

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
RETIREMENT COST			
1	401k Employer Contributions		1
2	Tax Sheltered Annuity (TSA) Employer Contribution	733,218	2
3	Qualified and Non-Qualified Pension Plan Cost	2,309,331	3
4	Prior Year Pension Service Cost		4
PLAN ADMINISTRATIVE COSTS (Paid to External Organization):			
5	401k/TSA Plan Administration fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
HEALTH AND INSURANCE COST			
8	Health Insurance (Purchased or Self Funded)	8,592,163	8
9	Prescription Drug Plan	34,203	9
10	Dental, Hearing and Vision Plan	148,195	10
11	Life Insurance (If employee is owner or beneficiary)	31,123	11
12	Accident Insurance (If employee is owner or beneficiary)	6,181	12
13	Disability Insurance (If employee is owner or beneficiary)	106,350	13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	987,218	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
TAXES			
17	FICA-Employers Portion Only	3,642,712	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	116,516	19
20	State or Federal Unemployment Taxes		20
OTHER			
21	Executive Deferred Compensation		21
22	Day Care Cost and Allowances		22
23	Tuition Reimbursement	42,321	23
24	Total Wage Related cost (Sum of lines 1 -23)	16,749,531	24

Part B - Other than Core Related Cost

25	Other Wage Related Costs (specify)_____	120,118	25

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.4)

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HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3, PART V

Part V - Contract Labor and Benefit Cost
Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,505,606	16,749,529	1
2	Hospital	1,505,606	16,749,529	2
3	Subprovider- IPF			3
4	Subprovider- IRF			4
5	Subprovider- (Other)			5
6	Swing Beds-SNF			6
7	Swing Beds-NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic RHC			14
15	Hospital-Based Health Clinic FQHC			15
16	Hospital-Based-CMHC			16
17	Renal Dialysis			17
18	Other			18

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.5)

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA — County:

	Description	Title V	Title XVIII	Title XIX	Other	Total	
		1	2	3	4	5	
1	Home Health Aide Hours		3,995	969	943	5,907	1
2	Unduplicated Census Count (see instructions)		1,035.00	375.00	258	1,668	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES

Enter the number of hours in your normal work week __40___

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		1	2	3	
3	Administrator and Assistant Administrator(s)	5.44		5.44	3
4	Director(s) and Assistant Director(s)	1.000000		1.000000	4
5	Other Administrative Personnel	0.340000		0.340000	5
6	Direct Nursing Service	18.40	0.830000	19.23	6
7	Nursing Supervisor	5.03		5.03	7
8	Physical Therapy Service	9.92	0.010000	9.93	8
9	Physical Therapy Supervisor				9
10	Occupational Therapy Service	4.11	0.560000	4.67	10
11	Occupational Therapy Supervisor				11
12	Speech Pathology Service	1.400000	0.540000	1.940000	12
13	Speech Pathology Supervisor	0.060000		0.060000	13
14	Medical Social Service	0.730000		0.730000	14
15	Medical Social Service Supervisor				15
16	Home Health Aide	2.84		2.84	16
17	Home Health Aide Supervisor				17
18	Other (specify)				18

HOME HEALTH AGENCY CBSA CODES

19	Enter the number of CBSAs where you provided services during the cost reporting period.	2.000000	19
20	List those CBSA code(s) serviced during this cost reporting period (line 20 contains the first code).		20

PPS ACTIVITY

		Full Episodes		LUPA Episodes	PEP only Episodes	Total (columns 1 through 4)	
		Without Outliers	With Outliers				
		1	2	3	4	5	
21	Skilled Nursing Visits	8,290.00		320.00	109	8,719	21
22	Skilled Nursing Visit Charges	1,036,360		40,000	13,625	1,089,985	22
23	Physical Therapy Visits	6,901.00		60.00	107	7,068	23
24	Physical Therapy Visit Charges	862,625		7,500	13,375	883,500	24
25	Occupational Therapy Visits	3,008.00		14.00	52	3,074	25
26	Occupational Therapy Visit Charges	376,000		1,750.00	6,500	384,250	26
27	Speech Pathology Visits	639.00		5.00	19	663	27
28	Speech Pathology Visit Charges	79,875		625.00	2,375	82,875	28
29	Medical Social Service Visits	123.00		2.00	3	128	29
30	Medical Social Service Visit Charges	19,645		320.00	480	20,445	30
31	Home Health Aide Visits	783.00		1.00	12	796	31
32	Home Health Aide Visit Charges	46,980		60.00	720	47,760	32
33	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	19,744		402.00	302	20,448	33
34	Other Charges						34
35	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,421,485		50,255	37,075	2,508,815	35
36	Total Number of Episodes (standard/non-outlier)	1,202.00		146.00	28	1,376	36
37	Total Number of Outlier Episodes						37
38	Total Non-Routine Medical Supply Charges	85,088		6,879.00	1,242	93,209	38

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4006)

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-7

		Y/N	Date	
		1	2	
1	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes and do not complete the rest of this worksheet.			1
2	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2

	Group	SNF Days	Swing Bed SNF Days	TOTAL (sum of col. 2 + 3)	
	1	2	3	4	
3	RUX				3
4	RUL	5		5	4
5	RVX				5
6	RVL	14		14	6
7	RHX				7
8	RHL	14		14	8
9	RMX				9
10	RML	10		10	10
11	RLX				11
12	RUC	163		163	12
13	RUB	279		279	13
14	RUA	486		486	14
15	RVC	402		402	15
16	RVB	1,861		1,861	16
17	RVA	2,597		2,597	17
18	RHC	24		24	18
19	RHB	516		516	19
20	RHA	264		264	20
21	RMC	49		49	21
22	RMB	183		183	22
23	RMA	101		101	23
24	RLB				24
25	RLA				25
26	ES3				26
27	ES2				27
28	ES1				28
29	HE2				29
30	HE1	17		17	30
31	HD2				31
32	HD1				32
33	HC2				33
34	HC1	9		9	34
35	HB2				35
36	HB1	10		10	36
37	LE2				37
38	LE1	10		10	38
39	LD2				39
40	LD1	56		56	40
41	LC2	22		22	41
42	LC1	90		90	42
43	LB2				43
44	LB1	18		18	44
45	CE2				45
46	CE1	8		8	46
47	CD2				47
48	CD1	81		81	48
49	CC2				49
50	CC1	82		82	50
51	CB2				51
52	CB1	105		105	52

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-7	
53	CA2				53
54	CA1	35		35	54
55	SE3				55
56	SE2				56
57	SE1				57
58	SSC				58
59	SSB				59
60	SSA				60
61	IB2				61
62	IB1				62
63	IA2				63
64	IA1				64
65	BB2				65
66	BB1	3		3	66
67	BA2				67
68	BA1				68
69	PE2				69
70	PE1	36		36	70
71	PD2				71
72	PD1	29		29	72
73	PC2				73
74	PC1	97		97	74
75	PB2				75
76	PB1	61		61	76
77	PA2				77
78	PA1	4		4	78
199	AAA				199
200	TOTAL	7,741		7,741	200

SNF SERVICES

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1	2	
201	Enter in column 1 the SNF CBSA code, or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2 the code in effect on or after October 1 of the cost reporting period (if applicable).			201

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1	2	3	
202	Staffing				202
203	Recruitment				203
204	Retention of employees				204
205	Training				205
206	Other (Specify)				206
206.					206.
207	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,469,209			207

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4009)

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
COST CENTER DESCRIPTIONS (omit cents)			SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Capital Related Costs-Buildings and Fixtures		8,849,561	8,849,561	1,100,519	9,950,080	-3,235,398	6,714,682	1
2	00200	Capital Related Costs-Movable Equipment		5,368,790	5,368,790		5,368,790		5,368,790	2
3	00300	Other Capital Related Costs							-0-	3
4	00400	Employee Benefits	1,690,996	19,545,888	21,236,884		21,236,884	-962,345	20,274,538	4
5	00500	Administrative and General	4,757,429	11,624,135	16,381,564	-1,130,608	15,250,956	1,220,428	16,471,384	5
6	00600	Maintenance and Repairs								6
7	00700	Operation of Plant	1,208,808	3,766,996	4,975,804		4,975,804	-8,109	4,967,695	7
8	00800	Laundry and Linen Service	54,990	626,600	681,590		681,590	121,125	802,715	8
9	00900	Housekeeping	979,898	503,190	1,483,088		1,483,088		1,483,088	9
10	01000	Dietary		2,447,576	2,447,576	-1,199,765	1,247,811		1,247,811	10
11	01100	Cafeteria				1,199,765	1,199,765	-246,764	953,001	11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,006,892	60,291	1,067,183		1,067,183		1,067,183	13
14	01400	Central Services and Supply	375,332	248,470	623,802		623,802		623,802	14
15	01500	Pharmacy								15
16	01600	Medical Records & Medical Records Library	1,553,367	476,265	2,029,632		2,029,632	-7,702	2,021,930	16
17	01700	Social Service	550,773	117,453	668,226		668,226		668,226	17
18		Other General Service (specify)								18
19	01900	Nonphysician Anesthetists				2,930,322	2,930,322	-2,930,322		19
20	02000	Nursing School								20
21	02100	Intern & Res. Service-Salary & Fringes (Approved)				42,055	42,055		42,055	21
22	02200	Intern & Res. Other Program Costs (Approved)	42,055	626,698	668,753	-42,055	626,698	-112,236	514,462	22
23	02300	Paramedical Ed. Program (specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults and Pediatrics (General Routine Care)	9,287,380	564,803	9,852,183		9,852,183	-157,317	9,694,866	30
31	03100	Intensive Care Unit	2,305,559	140,091	2,445,650		2,445,650		2,445,650	31
32	03200	Coronary Care Unit								32
33	03300	Burn Intensive Care Unit								33
34	03400	Surgical Intensive Care Unit								34
35		Other Special-Care (specify)								35
40	04000	Subprovider - IPF								40
41	04100	Subprovider - IRF								41
42	04200	Subprovider (specify)								42

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
43	04300	Nursery	1,277,497	424,312	1,701,809		1,701,809	-350,004	1,351,805	43
44	04400	Skilled Nursing Facility	1,029,182	539,788	1,568,970	403,858	1,972,828		1,972,828	44
45	04500	Nursing Facility	1,220,592	669,709	1,890,301	-403,858	1,486,443	-138,452	1,347,991	45
46	04600	Other Long Term Care								46
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	5,041,561	1,295,612	6,337,173		6,337,173		6,337,173	50
51	05100	Recovery Room								51
52	05200	Labor Room and Delivery Room	1,668,383	84,302	1,752,685		1,752,685	-16,460	1,736,225	52
53	05300	Anesthesiology	2,837,865	402,126	3,239,991	-2,930,322	309,669	-18,163	291,506	53
54	05400	Radiology-Diagnostic	3,921,054	2,008,120	5,929,174	164,563	6,093,737	-15,728	6,078,009	54
55	05500	Radiology-Therapeutic								55
56	05600	Radioisotope								56
57	05700	Computed Tomography (CT) Scan								57
58	05800	Magnetic Resonance Imaging (MRI)								58
59	05900	Cardiac Catheterization	617,532	392,581	1,010,113		1,010,113		1,010,113	59
60	06000	Laboratory	2,036,418	3,267,394	5,303,812	239,544	5,543,356	-291,054	5,252,302	60
61	06100	PBP Clinical Laboratory Services-Program Only								61
62	06200	Whole Blood & Packed Red Blood Cells								62
63	06300	Blood Storing, Processing, & Trans.								63
64	06400	Intravenous Therapy								64
65	06500	Respiratory Therapy	1,352,273	219,246	1,571,519		1,571,519		1,571,519	65
66	06600	Physical Therapy	888,393	734,622	1,623,015		1,623,015		1,623,015	66
67	06700	Occupational Therapy	472,172	94,564	566,736		566,736		566,736	67
68	06800	Speech Pathology	326,348	14,566	340,914		340,914	-399	340,515	68
69	06900	Electrocardiology	770,452	559,537	1,329,989		1,329,989	-8,528	1,321,461	69
70	07000	Electroencephalography								70
71	07100	Medical Supplies Charged to Patients		4,630,453	4,630,453		4,630,453		4,630,453	71
72	07200	Implantable Devices Charged to Patients		4,767,546	4,767,546		4,767,546		4,767,546	72
73	07300	Drugs Charged to Patients	1,910,219	5,548,728	7,458,947		7,458,947	-36,542	7,422,405	73
74	07400	Renal Dialysis								74
75	07500	ASC (Non-Distinct Part)								75
76		Other Ancillary (specify)								76
		OUTPATIENT SERVICE COST CENTERS								
88	08800	Rural Health Clinic (RHC)								88
89	08900	Federally Qualified Health Center (FQHC)								89
90	09000	Clinic	1,123,758	1,175,502	2,299,260		2,299,260	-250,439	2,048,821	90
91	09100	Emergency	4,654,580	516,677	5,171,257	554,625	5,725,882	-22,187	5,703,695	91

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
92	09200	Observation Beds								92
93		Other Outpatient Service (specify)								93
		OTHER REIMBURSABLE COST CENTERS								
94	09400	Home Program Dialysis								94
95	09500	Ambulance Services								95
96	09600	Durable Medical Equipment-Rented								96
97	09700	Durable Medical Equipment-Sold								97
98		Other Reimbursable (specify)								98
99		Outpatient Rehabilitation Provider (specify)								99
100	10000	Intern-Resident Service (not apprvd. tchng. prgm.)								100
101	10100	Home Health Agency	2,968,748	958,375	3,927,123		3,927,123	-9,149	3,917,974	101
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition								105
106	10600	Heart Acquisition								106
107	10700	Liver Acquisition								107
108	10800	Lung Acquisition								108
109	10900	Pancreas Acquisition								109
110	11000	Intestinal Acquisition								110
111	11100	Islet Acquisition								111
112		Other Organ Acquisition (specify)								112
113	11300	Interest Expense		928,643	928,643	-928,643			- 0 -	113
114	11400	Utilization Review-SNF							- 0 -	114
115	11500	Ambulatory Surgical Center (Distinct Part)								115
116	11600	Hospice								116
117		Other Special Purpose (specify)								117
118		SUBTOTALS (sum of lines 1-117)	59,253,712	84,255,704	143,509,408		143,509,408	-7,475,745	136,033,664	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop, & Canteen	45,904	260,105	306,009		306,009		306,009	190
191	19100	Research								191
192	19200	Physicians' Private Offices	1,273,002	2,557,593	3,830,595		3,830,595		3,830,595	192
193	19300	Nonpaid Workers								193
194		Other Nonreimbursable (specify)								194
200		TOTAL (sum of lines 118-199)	60,572,616	87,073,400	147,646,016	- 0 -	147,646,016	-7,475,745	140,170,272	200
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4013)										
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RECLASSIFICATIONS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

F - I&R ADMIN SUPPORT SALA

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	I&R ADMIN SUPPORT SALARIES	F		21.00	42,055			22.00	42,055			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				42,055				42,055			500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS			Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

A - PROPERTY INSURANCE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	PROPERTY INSURANCE	A		1.00		171,876		5.00		171,876	12	1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					171,876				171,876		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS			Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

B - SNF ADMIN EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	SNF ADMIN EXPENSE	B		44.00	165,798	238,060		45.00	165,798	238,060		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				165,798	238,060			165,798	238,060		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

I - HEALTHPLEX ADMIN EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	HEALTHPLEX ADMIN EXPENSE	I		91.01	76,272	478,353		5.00	131,845	826,887		1
2	HEALTHPLEX ADMIN EXPENSE	I		60.00	32,942	206,602						2
3	HEALTHPLEX ADMIN EXPENSE	I		54.00	22,631	141,932						3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				131,845	826,887			131,845	826,887		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

G - CRNA EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	CRNA EXPENSE	G		19.00	2,779,264	151,058		53.00	2,779,264	151,058		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				2,779,264	151,058			2,779,264	151,058		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

E - INTEREST EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	INTEREST EXPENSE	E		1.00		928,643		113.00		928,643	11	1
2												2
3												3
4												4
5												5
6												6
7												7
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28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					928,643				928,643		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

C - DIETARY AND CAFETERIA EXPE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	DIETARY AND CAFETERIA EXPENSE	C		11.00		1,199,765		10.00		1,199,765		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					1,199,765				1,199,765		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-7, PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	2,526,926					2,526,926		1
2	Land Improvements	2,323,992					2,323,992		2
3	Buildings and Fixtures	103,526,448	3,674,689		3,674,689		107,201,136		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	84,643,056	6,359,472		6,359,472	572,967	90,429,560		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	193,020,416	10,034,161		10,034,161	572,967	202,481,616		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	193,020,416	10,034,161		10,034,161	572,967	202,481,616		10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		9	10	11	12	13	14	15	
1	Capital Related Costs-Buildings and Fixtures	8,849,561						8,849,561	1
2	Capital Related Costs-Movable Equipment	5,368,790						5,368,790	2
3	Total (sum of lines 1-2)	14,218,351						14,218,351	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2. All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
		1	2	3	4	5	6	7	8	
1	Capital Related Costs-Buildings and Fixtures	112,052,048		112,052,048						1
2	Capital Related Costs-Movable Equipment	90,429,560		90,429,560						2
3	Total (sum of lines 1-2)	202,481,616		202,481,616	1.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		9	10	11	12	13	14	15	
1	Capital Related Costs-Buildings and Fixtures	8,849,561	-3,106,163	799,408	171,876			6,714,682	1
2	Capital Related Costs-Movable Equipment	5,368,790						5,368,790	2
3	Total (sum of lines 1-2)	14,218,351	-3,106,163	799,408	171,876			12,083,472	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES		Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8		
DESCRIPTION (1)		BASIS/CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE #		
		1	2	3	4	5	
1	Investment income - buildings and fixtures (chapter 2)	B	-129,235	[illegible]	[illegible]	11	1
2	Investment income - movable equipment (chapter 2)			[illegible]	[illegible]		2
3	Investment income - other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excluded) (chapter 21)	A	-30,617	ADMINISTRATIVE & GENERAL	5.00		7
8	Television and radio service (chapter 21)						8
9	Parking lot (chapter 21)						9
10	Provider-based physician adjustment	[illegible]	-1,171,471	[illegible]	[illegible]		10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	[illegible]	2,526,688	[illegible]	[illegible]		12
13	Laundry and linen service						13
14	Cafeteria-employees and guests	B	-246,764	CAFETERIA	11.00		14
15	Rental of quarters to employee and others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients	B	-4,348	DRUGS CHARGED TO PATIENTS	73.00		17
18	Sale of medical records and abstracts	B	-7,702	MEDICAL RECORDS & LIBRARY	16.00		18
19	Nursing school (tuition, fees, books, etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments						22
23	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[illegible]	[illegible]		23
24	Adjustment for physical therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[illegible]	[illegible]		24
25	Utilization review - physicians' compensation (chapter 21)			[illegible]	[illegible]		25
26	Depreciation - buildings and fixtures			[illegible]	[illegible]		26
27	Depreciation - movable equipment			[illegible]	[illegible]		27
28	Non-physician Anesthetist			[illegible]	[illegible]		28
29	Physicians' assistant						29
30	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]		30
31	Adjustment for speech pathology costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]		31
32	CAH HIT Adjustment for Depreciation and Interest	[illegible]					32
33	Other adjustments (specify) (3)						33
33.00	RENTAL REVENUE	B	-38,825	CAP REL COSTS-BLDG & FIXT	1.00	10	33.00
33.01	UNION WEST MULT SPEC SUITE RENT	B	-655	ADMINISTRATIVE & GENERAL	5.00		33.01
33.02	SALE OF MATERIALS AND SUPPLIES	B	-224,523	ADMINISTRATIVE & GENERAL	5.00		33.02
33.03	RENTAL REVENUE	B	-100,459	CAP REL COSTS-BLDG & FIXT	1.00	10	33.03
33.04	MISC REVENUE	B	-24,291	ADMINISTRATIVE & GENERAL	5.00		33.04
33.05	SEMINAR REVENUE	B	-3,000	DRUGS CHARGED TO PATIENTS	73.00		33.05
33.06	RENTAL INCOME	B	-27,945	PAIN CLINIC	90.01		33.06

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ADJUSTMENTS TO EXPENSES		Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8		
33.07	SEMINAR REVENUE	B	-112,236	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00		33.07
33.08	SEMINAR REVENUE	B	-14,800	EMERGENCY	91.00		33.08
33.10	LACTATION RENTALS	B	-16,460	DELIVERY ROOM & LABOR ROOM	52.00		33.10
33.11	BACK_UP PHARMACY SERVICES	B	-6,298	DRUGS CHARGED TO PATIENTS	73.00		33.11
33.13	AUTO MAINT.	B	-8,109	OPERATION OF PLANT	7.00		33.13
33.14	MISC REVENUE	B	-290,776	LABORATORY	60.00		33.14
33.15	ANSON CONSULTING REVENUE	B	-9,455	RADIOLOGY-DIAGNOSTIC	54.00		33.15
33.16	MISC REVENUE	B	-277,577	ADMINISTRATIVE & GENERAL	5.00		33.16
33.17	MISC REVENUE	B	-7,160	ELECTROCARDIOLOGY	69.00		33.17
33.18	PATIENT TELEPHONE BENEFITS	A	-6,416	EMPLOYEE BENEFITS	4.00		33.18
33.19	ADVERTISING EXPENSE	A	-45,490	ADMINISTRATIVE & GENERAL	5.00		33.19
33.22	ADVERTISING EXPENSE	A	-332	NURSING FACILITY	45.00		33.22
33.24	ADVERTISING EXPENSE	A	-2,592	RADIOLOGY-DIAGNOSTIC	54.00		33.24
33.25	ADVERTISING EXPENSE	A	-278	LABORATORY	60.00		33.25
33.28	ADVERTISING EXPENSE	A	-399	SPEECH PATHOLOGY	68.00		33.28
33.29	ADVERTISING EXPENSE	A	-1,368	ELECTROCARDIOLOGY	69.00		33.29
33.30	ADVERTISING EXPENSE	A	-41,844	PAIN CLINIC	90.01		33.30
33.31	ADVERTISING EXPENSE	A	-4,929	WOUND CARE CLINIC	90.02		33.31
33.32	ADVERTISING EXPENSE	A	-9,149	HOME HEALTH AGENCY	101.00		33.32
33.33	HQUC EXPENSES	A	12,129	EMERGENCY	91.00		33.33
33.34	NCHA & AMA DUES	A	-10,049	ADMINISTRATIVE & GENERAL	5.00		33.34
33.35	MISC NON-ALLOWABLE	A	-46,079	ADMINISTRATIVE & GENERAL	5.00		33.35
33.36	ALCOHOL PURCHASE	A	-1,214	ADMINISTRATIVE & GENERAL	5.00		33.36
33.37	CRNA EXPENSE	A	-2,930,322	NONPHYSICIAN ANESTHETISTS	19.00		33.37
33.38	CRNA BENEFITS	A	-890,441	EMPLOYEE BENEFITS	4.00		33.38
33.39	LOAN FORGIVENESS	A	-2,847	RADIOLOGY-DIAGNOSTIC	54.00		33.39
33.40	LOAN FORGIVENESS	A	-18,163	ANESTHESIOLOGY	53.00		33.40
33.41	LOAN FORGIVENESS	A	-27,265	EMPLOYEE BENEFITS	4.00		33.41
33.42	DONATIONS	A	-25,155	ADMINISTRATIVE & GENERAL	5.00		33.42
33.43	OUTREACH EXPENSES	A	-157,317	ADULTS & PEDIATRICS	30.00		33.43
33.44	OUTREACH BENEFITS	A	-40,953	EMPLOYEE BENEFITS	4.00		33.44
33.45	LIFELINE EXPENSES	A	-32,375	ADMINISTRATIVE & GENERAL	5.00		33.45
33.46	COUNTY LEASE	A	-2,966,879	CAP REL COSTS-BLDG & FIXT	1.00	10	33.46
33.48						9	33.48
50	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200)		-7,475,745				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)
A. Costs - if cost, including applicable overhead, can be determined
B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-IL SECTION 4016)

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5) *	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	4.00	EMPLOYEE BENEFITS	HUMAN RESOURCES	20,063	17,333	2,730		1
2	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT SERVICES	8,030,473	5,466,624	2,563,849		2
3								3
4	8.00	LAUNDRY & LINEN SERVICE	LAUNDRY SERVICES	901,776	780,651	121,125		4
4.01	45.00	NURSING FACILITY	NURSING SERVICES		138,120	-138,120		4.01
4.02	73.00	DRUGS CHARGED TO PATIENTS	PHARMACY		22,896	-22,896		4.02
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			8,952,312	6,425,624	2,526,688		5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.

E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

G. Other (financial or non-financial) specify _____

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4017)

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B			CAROLINAS HEALTHCARE SYS		MANAGEMENT SERVICES	6
7							7
8							8
9							9
10							10

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
G. Other (financial or non-financial) specify _____

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4017)

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wkst. A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-4)	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT										
	0	1	2	4	4A	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS													
1 Capital Related Costs-Buildings and Fixtures	6,714,682	6,714,682											1
2 Capital Related Costs-Movable Equipment	5,368,790		5,368,790										2
4 Employee Benefits	20,274,538	65,591	2,963	20,343,092									4
5 Administrative and General	16,471,384	844,870	2,131,645	1,678,855	21,126,754	21,126,754							5
6 Maintenance and Repairs													6
7 Operation of Plant	4,967,695	999,969	254,351	440,644	6,662,659	1,182,429		7,845,088					7
8 Laundry and Linen Service	802,715	63,733	2,027	20,045	888,520	157,687		104,073	1,150,280				8
9 Housekeeping	1,483,088	49,808	3,883	357,200	1,893,979	336,126		81,333	4,915	2,316,353			9
10 Dietary	1,247,811	81,199	38,543		1,367,553	242,701		132,593	9,564	40,097	1,792,508		10
11 Cafeteria	953,001	59,857			1,012,858	179,753		97,743	963	29,558		1,320,875	11
12 Maintenance of Personnel													12
13 Nursing Administration	1,067,183	19,411	45,738	367,040	1,499,372	266,095		31,697		9,585		21,186	13
14 Central Services and Supply	623,802	83,100	195,601	136,819	1,039,322	184,450		135,698	13,493	41,036		18,495	14
15 Pharmacy													15
16 Medical Records & Medical Records Library	2,021,930	148,165	42,042	566,246	2,778,383	493,082		241,945		73,166		57,780	16
17 Social Service	668,226	4,973		200,772	873,971	155,105		8,121		2,456		14,862	17
18 Other General Service (specify)													18
19 Nonphysician Anesthetists													19
20 Nursing School													20
21 Intern & Res. Service-Salary & Fringes (Approved)	42,055			15,330	57,385	10,184						1,734	21
22 Intern & Res. Other Program Costs (Approved)	514,462		78		514,540	91,316							22
23 Paramedical Education Program (specify)													23
INPATIENT ROUTINE SERVICE COST CENTERS													
30 Adults and Pediatrics (General Routine Care)	9,694,866	658,264	231,035	3,338,904	13,923,069	2,470,924		1,074,910	639,455	325,062	829,714	314,165	30
31 Intensive Care Unit	2,445,650	107,441	115,117	840,441	3,508,649	622,683		175,445	66,403	53,056	115,932	60,207	31
32 Coronary Care Unit													32
33 Burn Intensive Care Unit													33
34 Surgical Intensive Care Unit													34
35 Other Special Care Unit (specify)													35
40 Subprovider IPF													40
41 Subprovider IRF													41

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
42 Subprovider (specify)													42
43 Nursery	1,351,805	19,162	49,238	465,683	1,885,888	334,690		31,291	21,396	9,463		30,615	43
44 Skilled Nursing Facility	1,972,828	250,530	1,394	435,604	2,660,356	472,136		409,101	73,043	123,716	271,626		44
45 Nursing Facility	1,347,991	238,769	2,813	384,502	1,974,075	350,341		389,897	69,617	117,908	258,877		45
46 Other Long Term Care													46
ANCILLARY SERVICE COST CENTERS													
50 Operating Room	6,337,173	421,543	578,570	1,837,790	9,175,076	1,628,310		688,357	96,376	208,165		146,621	50
51 Recovery Room													51
52 Labor Room and Delivery Room	1,736,225	4,871	49,340	608,172	2,398,608	425,683		7,954	35,370	2,405		50,943	52
53 Anesthesiology	291,506	1,316	91,326	21,362	405,510	71,966		2,150		650		1,767	53
54 Radiology-Diagnostic	6,078,009	631,744	323,311	1,437,584	8,470,648	1,503,294		1,031,604	1,060	311,966		109,631	54
55 Radiology-Therapeutic													55
56 Radioisotope													56
57 Computed Tomography (CT) Scan													57
58 Magnetic Resonance Imaging (MRI)													58
59 Cardiac Catheterization	1,010,113	75,860	154,622	225,108	1,465,703	260,120		123,875		37,461		17,009	59
60 Laboratory	5,252,302	122,624	181,455	754,340	6,310,721	1,119,970		200,239		60,554		79,131	60
61 PBP Clinical Laboratory Services-Program Only													61
62 Whole Blood & Packed Red Blood Cells													62
63 Blood Storing, Processing, & Trans.													63
64													64
65 Respiratory Therapy	1,571,519	21,795	45,014	492,941	2,131,269	378,238		35,591		10,763		38,608	65
66 Physical Therapy	1,623,015	70,023	14,478	323,844	2,031,360	360,507		114,344		34,579		28,006	66
67 Occupational Therapy	566,736	5,485	72	172,120	744,413	132,112		8,957		2,709		13,310	67
68 Speech Pathology	340,515	1,711	2,204	118,963	463,393	82,239		2,795		845		7,464	68
69 Electrocardiology	1,321,461	103,579	60,882	280,851	1,766,773	313,551		169,139		51,149		27,280	69
70 Electroencephalography													70
71 Medical Supplies Charged to Patients	4,630,453				4,630,453	821,771							71
72 Implantable Devices Charged to Patients	4,767,546				4,767,546	846,101							72
73 Drugs Charged to Patients	7,422,405	66,132	79,633	696,328	8,264,498	1,466,709		107,990		32,657		38,327	73
74 Renal Dialysis													74
75 ASC (Non-Distinct Part)													75
76 Other Ancillary (specify)													76
OUTPATIENT SERVICE COST CENTERS													
88 Rural Health Clinic (RHC)													88
89 Federally Qualified Health Center (FQHC)													89
90 Clinic	2,048,821	202,082	33,087	355,760	2,639,750	468,480		329,990	12,542	99,792		11,890	90
91 Emergency	5,703,695	492,312	583,025	1,724,528	8,503,560	1,509,135		803,919	96,085	243,112		138,149	91
92 Observation Beds													92
93 Other Outpatient Service (specify)													93

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
OTHER REIMBURSABLE COST CENTERS													
94	Home Program Dialysis												94
95	Ambulance Services												95
96	Durable Medical Equipment-Rented												96
97	Durable Medical Equipment-Sold												97
98	Other Reimbursable (specify)												98
99	Outpatient Rehabilitation Provider (specify)												99
100	Intern-Resident Service (not appvd. tchng. prgm.)												100
101	Home Health Agency	3,917,974	87,050	11,399	1,082,192	5,098,615	904,856		142,148		42,987		101
SPECIAL PURPOSE COST CENTERS													
105	Kidney Acquisition												105
106	Heart Acquisition												106
107	Liver Acquisition												107
108	Lung Acquisition												108
109	Pancreas Acquisition												109
110	Intestinal Acquisition												110
111	Islet Acquisition												111
112	Other Organ Acquisition (specify)												112
115	Ambulatory Surgical Center (Distinct Part)												115
116	Hospice												116
117	Other Special Purpose (specify)												117
118	SUBTOTALS (sum of lines 1-117)	136,033,664	6,096,484	5,354,033	19,862,314	134,919,936	20,194,972		6,835,604	1,140,282	2,011,076	1,584,518	1,268,562	118
NONREIMBURSABLE COST CENTERS													
190	Gift, Flower, Coffee Shop, & Canteen	306,009	8,952	2,583	16,733	334,277	59,324		14,618		4,421		8,669	190
191	Research													191
192	Physicians' Private Offices	3,830,595	609,246	12,174	464,045	4,916,060	872,458		994,866	9,998	300,856	207,990	43,644	192
193	Nonpaid Workers													193
194	Other Nonreimbursable (specify)													194
200	Cross Foot Adjustments													200
201	Negative Cost Centers													201
202	TOTAL (sum lines 118-201)	140,170,272	6,714,682	5,368,790	20,343,092	140,170,272	21,126,754		7,845,088	1,150,280	2,316,353	1,792,508	1,320,875	202
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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	
	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures									1
2 Capital Related Costs-Movable Equipment									2
4 Employee Benefits									4
5 Administrative and General									5
6 Maintenance and Repairs									6
7 Operation of Plant									7
8 Laundry and Linen Service									8
9 Housekeeping									9
10 Dietary									10
11 Cafeteria									11
12 Maintenance of Personnel									12
13 Nursing Administration		1,827,935							13
14 Central Services and Supply			1,432,494						14
15 Pharmacy									15
16 Medical Records & Medical Records Library					3,644,356				16
17 Social Service		40,216				1,094,731			17
18 Other General Service (specify)									18
19 Nonphysician Anesthetists									19
20 Nursing School									20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)									22
23 Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		802,152			1,468,115	990,716			30
31 Intensive Care Unit		162,857							31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
40 Subprovider IPF									40
41 Subprovider IRF									41
42 Subprovider (specify)									42

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART 1	
43	Nursery		82,787						43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room				775,391				50
51	Recovery Room								51
52	Labor Room and Delivery Room		137,768						52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan								57
58	Magnetic Resonance Imaging (MRI)								58
59	Cardiac Catheterization								59
60	Laboratory								60
60.									60.
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64									64
65	Respiratory Therapy		104,435						65
65.									65.
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
70	Electroencephalography								70
71	Medical Supplies Charged to Patients			315,149					71
72	Implantable Devices Charged to Patients			1,117,345					72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic				409,355				90
91	Emergency		373,630		843,451	104,015			91
92	Observation Beds								92

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COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
93	Other Outpatient Service (specify)									93
	OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis									94
95	Ambulance Services									95
96	Durable Medical Equipment-Rented									96
97	Durable Medical Equipment-Sold									97
98	Other Reimbursable (specify)									98
99	Outpatient Rehabilitation Provider (specify)									99
100	Intern-Resident Service (not appvd. tchng. prgm.)									100
101	Home Health Agency									101
	SPECIAL PURPOSE COST CENTERS									
105	Kidney Acquisition									105
106	Heart Acquisition									106
107	Liver Acquisition									107
108	Lung Acquisition									108
109	Pancreas Acquisition									109
110	Intestinal Acquisition									110
111	Islet Acquisition									111
112	Other Organ Acquisition (specify)									112
115	Ambulatory Surgical Center (Distinct Part)									115
116	Hospice									116
117	Other Special Purpose (specify)									117
118	SUBTOTALS (sum of lines 1-117)		1,815,798	1,432,494		3,496,312	1,094,731			118
	NONREIMBURSABLE COST CENTERS									
190	Gift, Flower, Coffee Shop, & Canteen									190
191	Research									191
192	Physicians' Private Offices		12,137			148,044				192
193	Nonpaid Workers									193
194	Other Nonreimbursable (specify)									194
200	Cross Foot Adjustments									200
201	Negative Cost Centers									201
202	TOTAL (sum lines 118-201)		1,827,935	1,432,494		3,644,356	1,094,731			202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)										
Rev. 2									4090 (Cont.) - 08-11	

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School								20
21 Intern & Res. Service-Salary & Fringes (Approved)		69,303						21
22 Intern & Res. Other Program Costs (Approved)			605,856					22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)		23,078	201,748		23,063,108	-224,826	22,838,282	30
31 Intensive Care Unit		175	1,528		4,766,935	-1,703	4,765,232	31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
40 Subprovider IPF								40
41 Subprovider IRF								41
42 Subprovider (specify)								42

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
43	Nursery				2,396,130		2,396,130	43
44	Skilled Nursing Facility				4,009,978		4,009,978	44
45	Nursing Facility				3,160,715		3,160,715	45
46	Other Long Term Care							46
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room		804	7,031	12,726,131	-7,835	12,718,296	50
51	Recovery Room							51
52	Labor Room and Delivery Room		3,182	27,817	3,089,730	-30,999	3,058,731	52
53	Anesthesiology				482,043		482,043	53
54	Radiology-Diagnostic				11,428,203		11,428,203	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	Computed Tomography (CT) Scan							57
58	Magnetic Resonance Imaging (MRI)							58
59	Cardiac Catheterization				1,904,168		1,904,168	59
60	Laboratory				7,770,615		7,770,615	60
61	PBP Clinical Laboratory Services-Program Only							61
62	Whole Blood & Packed Red Blood Cells							62
63	Blood Storing, Processing, & Trans.							63
64								64
65	Respiratory Therapy				2,698,904		2,698,904	65
66	Physical Therapy				2,568,796		2,568,796	66
67	Occupational Therapy				901,501		901,501	67
68	Speech Pathology				556,736		556,736	68
69	Electrocardiology				2,327,892		2,327,892	69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients				5,767,373		5,767,373	71
72	Implantable Devices Charged to Patients				6,730,992		6,730,992	72
73	Drugs Charged to Patients				9,910,181		9,910,181	73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76	Other Ancillary (specify)							76
	OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic (RHC)							88
89	Federally Qualified Health Center (FQHC)							89
90	Clinic		36,854	322,186	4,330,839	-359,040	3,971,799	90
91	Emergency		5,210	45,546	12,665,812	-50,756	12,615,056	91
92	Observation Beds							92
93	Other Outpatient Service (specify)							93
	OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
94	Home Program Dialysis								94
95	Ambulance Services								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Service (not appvd. tchng. prgm.)								100
101	Home Health Agency					6,188,606		6,188,606	101
	SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition								105
106	Heart Acquisition								106
107	Liver Acquisition								107
108	Lung Acquisition								108
109	Pancreas Acquisition								109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)		69,303	605,856		132,242,912	-675,159	131,567,752	118
	NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen					421,309		421,309	190
191	Research								191
192	Physicians' Private Offices					7,506,053		7,506,053	192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)					-			194
200	Cross Foot Adjustments								200
201	Negative Cost Centers								201
202	TOTAL (sum lines 118-201)		69,303	605,856		140,170,272	-675,159	139,495,120	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
Rev. 2								4090 (Cont.) - 08-11	

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-2)	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT										
	0	1	2	2A	4	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS													
1 Capital Related Costs-Buildings and Fixtures													1
2 Capital Related Costs-Movable Equipment													2
4	325	65,591	2,963	68,879	68,879								4
5 Administrative and General	734,056	844,870	2,131,645	3,710,571	5,683	3,716,254							5
6 Maintenance and Repairs													6
7 Operation of Plant		999,969	254,351	1,254,320	1,492	207,995		1,463,807					7
8 Laundry and Linen Service	11,772	63,733	2,027	77,532	68	27,738		19,419	124,757				8
9 Housekeeping		49,808	3,883	53,691	1,209	59,126		15,176	533	129,735			9
10 Dietary		81,199	38,543	119,742		42,692		24,740	1,037	2,246	190,457		10
11 Cafeteria		59,857		59,857		31,619		18,238	104	1,656		111,474	11
12 Maintenance of Personnel													12
13 Nursing Administration		19,411	45,738	65,149	1,243	46,807		5,914		537		1,788	13
14 Central Services and Supply		83,100	195,601	278,701	463	32,446		25,320	1,463	2,298		1,561	14
15 Pharmacy													15
16 Medical Records & Medical Records Library		148,165	42,042	190,207	1,917	86,736		45,144		4,098		4,876	16
17 Social Service		4,973		4,973	680	27,284		1,515		138		1,254	17
18 Other General Service (specify)													18
19 Nonphysician Anesthetists													19
20 Nursing School													20
21 Intern & Res. Service-Salary & Fringes (Approved)					52	1,791						146	21
22 Intern & Res. Other Program Costs (Approved)			78	78		16,063							22
23 Paramedical Education Program (specify)													23
INPATIENT ROUTINE SERVICE COST CENTERS													
30 Adults and Pediatrics (General Routine Care)		658,264	231,035	889,299	11,314	434,605		200,568	69,354	18,203	88,159	26,516	30
31 Intensive Care Unit		107,441	115,117	222,558	2,845	109,533		32,736	7,202	2,972	12,318	5,081	31
32 Coronary Care Unit													32
33 Burn Intensive Care Unit													33
34 Surgical Intensive Care Unit													34
35 Other Special Care Unit (specify)													35
40 Subprovider IPF													40
41 Subprovider IRF													41

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ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
42	Subprovider (specify)												42
43	Nursery		19,162	49,238	68,400	1,576	58,874		5,839	2,321	530		2,584	43
44	Skilled Nursing Facility		250,530	1,394	251,924	1,475	83,051		76,334	7,922	6,929	28,861		44
45	Nursing Facility		238,769	2,813	241,582	1,302	61,627		72,750	7,551	6,604	27,506		45
46	Other Long Term Care													46
	ANCILLARY SERVICE COST CENTERS													
50	Operating Room		421,543	578,570	1,000,113	6,221	286,428		128,440	10,453	11,659		12,374	50
51	Recovery Room													51
52	Labor Room and Delivery Room		4,871	49,340	54,211	2,059	74,880		1,484	3,836	135		4,299	52
53	Anesthesiology		1,316	91,326	92,642	72	12,659		401		36		149	53
54	Radiology-Diagnostic		631,744	323,311	955,055	4,867	264,437		192,486	115	17,473		9,252	54
55	Radiology-Therapeutic													55
56	Radioisotope													56
57	Computed Tomography (CT) Scan													57
58	Magnetic Resonance Imaging (MRI)													58
59	Cardiac Catheterization		75,860	154,622	230,482	762	45,756		23,114		2,098		1,435	59
60	Laboratory		122,624	181,455	304,079	2,554	197,008		37,362		3,392		6,678	60
61	PBP Clinical Laboratory Services-Program Only													61
62	Whole Blood & Packed Red Blood Cells													62
63	Blood Storing, Processing, & Trans.													63
64	Intravenous Therapy													64
65	Respiratory Therapy		21,795	45,014	66,809	1,669	66,534		6,641		603		3,258	65
66	Physical Therapy		70,023	14,478	84,501	1,096	63,415		21,335		1,937		2,364	66
67	Occupational Therapy		5,485	72	5,557	583	23,239		1,671		152		1,123	67
68	Speech Pathology		1,711	2,204	3,915	403	14,466		521		47		630	68
69	Electrocardiology		103,579	60,882	164,461	951	55,155		31,560		2,865		2,302	69
70	Electroencephalography													70
71	Medical Supplies Charged to Patients						144,553							71
72	Implantable Devices Charged to Patients						148,833							72
73	Drugs Charged to Patients		66,132	79,633	145,765	2,357	258,001		20,150		1,829		3,235	73
74	Renal Dialysis													74
75	ASC (Non-Distinct Part)													75
76	Other Ancillary (specify)													76
	OUTPATIENT SERVICE COST CENTERS													
88	Rural Health Clinic (RHC)													88
89	Federally Qualified Health Center (FQHC)													89
90	Clinic		202,082	33,087	235,169	1,205	82,408		61,572	1,361	5,589		1,003	90
91	Emergency		492,312	583,025	1,075,337	5,838	265,464		150,002	10,421	13,616		11,659	91
92	Observation Beds													92
93	Other Outpatient Service (specify)													93

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ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
OTHER REIMBURSABLE COST CENTERS													
94	Home Program Dialysis												94
95	Ambulance Services												95
96	Durable Medical Equipment-Rented												96
97	Durable Medical Equipment-Sold												97
98	Other Reimbursable (specify)												98
99	Outpatient Rehabilitation Provider (specify)												99
100	Intern-Resident Service (not apprvd. tchng. prgm.)												100
101	Home Health Agency		87,050	11,399	98,449	3,663	159,169		26,523		2,408		101
SPECIAL PURPOSE COST CENTERS													
105	Kidney Acquisition												105
106	Heart Acquisition												106
107	Liver Acquisition												107
108	Lung Acquisition												108
109	Pancreas Acquisition												109
110	Intestinal Acquisition												110
111	Islet Acquisition												111
112	Other Organ Acquisition (specify)												112
115	Ambulatory Surgical Center (Distinct Part)												115
116	Hospice												116
117	Other Special Purpose (specify)												117
118	SUBTOTALS (sum of lines 1-117)	746,153	6,096,484	5,354,033	12,196,670	67,252	3,552,351		1,275,448	123,673	112,636	168,358	107,059	118
NONREIMBURSABLE COST CENTERS													
190	Gift, Flower, Coffee Shop, & Canteen		8,952	2,583	11,535	57	10,435		2,728		248		732	190
191	Research													191
192	Physicians' Private Offices		609,246	12,174	621,420	1,570	153,468		185,631	1,084	16,851	22,099	3,683	192
193	Nonpaid Workers													193
194	Other Nonreimbursable (specify)													194
200	Cross Foot Adjustments													200
201	Negative Cost Centers													201
202	TOTAL (sum lines 118-201)	746,153	6,714,682	5,368,790	12,829,625	68,879	3,716,254		1,463,807	124,757	129,735	190,457	111,474	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)													
40-546 - 08-11												Rev. 2	

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
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ALLOCATION OF CAPITAL-RELATED COSTS					Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
	COST CENTER DESCRIPTIONS	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	
		11	12	13	14	15	16	17	18	19	
	GENERAL SERVICE COST CENTERS										
1	Capital Related Costs-Buildings and Fixtures										1
2	Capital Related Costs-Movable Equipment										2
4											4
5	Administrative and General										5
6	Maintenance and Repairs										6
7	Operation of Plant										7
8	Laundry and Linen Service										8
9	Housekeeping										9
10	Dietary										10
11	Cafeteria	111,474									11
12	Maintenance of Personnel										12
13	Nursing Administration	1,788		121,438							13
14	Central Services and Supply	1,561			342,252						14
15	Pharmacy										15
16	Medical Records & Medical Records Library	4,876					332,978				16
17	Social Service	1,254		2,672				38,516			17
18	Other General Service (specify)										18
19	Nonphysician Anesthetists										19
20	Nursing School										20
21	Intern & Res. Service-Salary & Fringes (Approved)	146									21
22	Intern & Res. Other Program Costs (Approved)										22
23	Paramedical Education Program (specify)										23
	INPATIENT ROUTINE SERVICE COST CENTERS										
30	Adults and Pediatrics (General Routine Care)	26,516		53,290			134,139	34,856			30
31	Intensive Care Unit	5,081		10,819							31
32	Coronary Care Unit										32
33	Burn Intensive Care Unit										33
34	Surgical Intensive Care Unit										34
35	Other Special Care Unit (specify)										35
40	Subprovider IPF										40
41	Subprovider IRF										41
42	Subprovider (specify)										42

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ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
43	Nursery	2,584		5,500							43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
46	Other Long Term Care										46
	ANCILLARY SERVICE COST CENTERS										
50	Operating Room	12,374					70,846				50
51	Recovery Room										51
52	Labor Room and Delivery Room	4,299		9,153							52
53	Anesthesiology	149									53
54	Radiology-Diagnostic	9,252									54
55	Radiology-Therapeutic										55
56	Radioisotope										56
57	Computed Tomography (CT) Scan										57
58	Magnetic Resonance Imaging (MRI)										58
59	Cardiac Catheterization	1,435									59
60	Laboratory	6,678									60
61	PBP Clinical Laboratory Services-Program Only										61
62	Whole Blood & Packed Red Blood Cells										62
63	Blood Storing, Processing, & Trans.										63
64	Intravenous Therapy										64
65	Respiratory Therapy	3,258		6,938							65
66	Physical Therapy	2,364									66
67	Occupational Therapy	1,123									67
68	Speech Pathology	630									68
69	Electrocardiology	2,302									69
70	Electroencephalography										70
71	Medical Supplies Charged to Patients				75,295						71
72	Implantable Devices Charged to Patients				266,957						72
73	Drugs Charged to Patients	3,235									73
74	Renal Dialysis										74
75	ASC (Non-Distinct Part)										75
76	Other Ancillary (specify)										76
	OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)										88
89	Federally Qualified Health Center (FQHC)										89
90	Clinic	1,003					37,402				90
91	Emergency	11,659		24,822			77,065	3,660			91
92	Observation Beds										92
93	Other Outpatient Service (specify)										93
	OTHER REIMBURSABLE COST CENTERS										

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ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET B, PART II
94	Home Program Dialysis										94
95	Ambulance Services										95
96	Durable Medical Equipment-Rented										96
97	Durable Medical Equipment-Sold										97
98	Other Reimbursable (specify)										98
99	Outpatient Rehabilitation Provider (specify)										99
100	Intern-Resident Service (not appvd. tchng. prgm.)										100
101	Home Health Agency										101
	SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition										105
106	Heart Acquisition										106
107	Liver Acquisition										107
108	Lung Acquisition										108
109	Pancreas Acquisition										109
110	Intestinal Acquisition										110
111	Islet Acquisition										111
112	Other Organ Acquisition (specify)										112
115	Ambulatory Surgical Center (Distinct Part)										115
116	Hospice										116
117	Other Special Purpose (specify)										117
118	SUBTOTALS (sum of lines 1-117)	107,059		120,632	342,252		319,452	38,516			118
	NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen	732									190
191	Research										191
192	Physicians' Private Offices	3,683		806			13,526				192
193	Nonpaid Workers										193
194	Other Nonreimbursable (specify)										194
200	Cross Foot Adjustments										200
201	Negative Cost Centers										201
202	TOTAL (sum lines 118-201)	111,474		121,438	342,252		332,978	38,516			202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)											
40-546 - 08-11										Rev. 2	

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

ALLOCATION OF CAPITAL-RELATED COSTS			Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School								20
21 Intern & Res. Service-Salary & Fringes (Approved)		1,989						21
22 Intern & Res. Other Program Costs (Approved)			16,141					22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)					1,960,303		1,960,303	30
31 Intensive Care Unit					406,064		406,064	31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
40 Subprovider IPF								40
41 Subprovider IRF								41
42 Subprovider (specify)								42

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ALLOCATION OF CAPITAL-RELATED COSTS		Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
43	Nursery		145,624		145,624	43
44	Skilled Nursing Facility		456,496		456,496	44
45	Nursing Facility		418,922		418,922	45
46	Other Long Term Care					46
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		1,526,534		1,526,534	50
51	Recovery Room					51
52	Labor Room and Delivery Room		150,057		150,057	52
53	Anesthesiology		105,959		105,959	53
54	Radiology-Diagnostic		1,443,685		1,443,685	54
55	Radiology-Therapeutic					55
56	Radioisotope					56
57	Computed Tomography (CT) Scan					57
58	Magnetic Resonance Imaging (MRI)					58
59	Cardiac Catheterization		303,647		303,647	59
60	Laboratory		551,073		551,073	60
61	PBP Clinical Laboratory Services-Program Only					61
62	Whole Blood & Packed Red Blood Cells					62
63	Blood Storing, Processing, & Trans.					63
64	Intravenous Therapy					64
65	Respiratory Therapy		152,452		152,452	65
66	Physical Therapy		174,648		174,648	66
67	Occupational Therapy		32,325		32,325	67
68	Speech Pathology		19,982		19,982	68
69	Electrocardiology		257,294		257,294	69
70	Electroencephalography					70
71	Medical Supplies Charged to Patients		219,848		219,848	71
72	Implantable Devices Charged to Patients		415,790		415,790	72
73	Drugs Charged to Patients		431,337		431,337	73
74	Renal Dialysis					74
75	ASC (Non-Distinct Part)					75
76	Other Ancillary (specify)					76
	OUTPATIENT SERVICE COST CENTERS					
88	Rural Health Clinic (RHC)					88
89	Federally Qualified Health Center (FQHC)					89
90	Clinic		425,709		425,709	90
91	Emergency		1,637,884		1,637,884	91
92	Observation Beds					92
93	Other Outpatient Service (specify)					93
	OTHER REIMBURSABLE COST CENTERS					

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ALLOCATION OF CAPITAL-RELATED COSTS			Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
94	Home Program Dialysis							94
95	Ambulance Services							95
96	Durable Medical Equipment-Rented							96
97	Durable Medical Equipment-Sold							97
98	Other Reimbursable (specify)							98
99	Outpatient Rehabilitation Provider (specify)							99
100	Intern-Resident Service (not appvd. tchng. prgm.)							100
101	Home Health Agency				290,212		290,212	101
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	Other Organ Acquisition (specify)							112
115	Ambulatory Surgical Center (Distinct Part)							115
116	Hospice							116
117	Other Special Purpose (specify)							117
118	SUBTOTALS (sum of lines 1-117)				11,765,622		11,765,622	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen				25,735		25,735	190
191	Research							191
192	Physicians' Private Offices				1,020,138		1,020,138	192
193	Nonpaid Workers							193
194	Other Nonreimbursable (specify)							194
200	Cross Foot Adjustments		1,989	16,141	18,130		18,130	200
201	Negative Cost Centers							201
202	TOTAL (sum lines 118-201)		1,989	16,141	12,829,625		12,829,625	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)								
40-546 - 08-11							Rev. 2	

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	CAPITAL RELATED COST		EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCIL-IATION	ADMINIS-TRATIVE & GENERAL (ACCUM. COST)	MAIN-TENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSE-KEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	BLDGS. & FIXTURES (SQUARE FEET)	MOVABLE EQUIPMENT (DOLLAR VALUE)										
	1	2	4	5A	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS												
1 Capital Related Costs-Buildings and Fixtures	459,037											1
2 Capital Related Costs-Movable Equipment		5,465,466										2
4 Employee Benefits	4,484	3,016	55,806,696									4
5 Administrative and General	57,758	2,170,029	4,605,558	-21,126,754	119,043,520							5
6 Maintenance and Repairs												6
7 Operation of Plant	68,361	258,931	1,208,808		6,662,659		328,434					7
8 Laundry and Linen Service	4,357	2,063	54,990		888,520		4,357	1,249,003				8
9 Housekeeping	3,405	3,953	979,898		1,893,979		3,405	5,337	320,672			9
10 Dietary	5,551	39,237			1,367,553		5,551	10,385	5,551	199,797		10
11 Cafeteria	4,092				1,012,858		4,092	1,046	4,092		79,989	11
12 Maintenance of Personnel												12
13 Nursing Administration	1,327	46,562	1,006,892		1,499,372		1,327		1,327		1,283	13
14 Central Services and Supply	5,681	199,123	375,332		1,039,322		5,681	14,651	5,681		1,120	14
15 Pharmacy												15
16 Medical Records & Medical Records Library	10,129	42,799	1,553,367		2,778,383		10,129		10,129		3,499	16
17 Social Service	340		550,773		873,971		340		340		900	17
18 Other General Service (specify)												18
19 Nonphysician Anesthetists												19
20 Nursing School												20
21 Intern & Res. Service-Salary & Fringes (Approved)			42,055		57,385						105	21
22 Intern & Res. Other Program Costs (Approved)		79			514,540							22
23 Paramedical Education Program (specify)												23
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	45,001	235,195	9,159,557		13,923,069		45,001	694,335	45,001	92,482	19,025	30
31 Intensive Care Unit	7,345	117,190	2,305,559		3,508,649		7,345	72,102	7,345	12,922	3,646	31
32 Coronary Care Unit												32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit												34
35 Other Special Care Unit (specify)												35
40 Subprovider IPF												40
41 Subprovider IRF												41

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COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
42	Subprovider (specify)											42
43	Nursery	1,310	50,125	1,277,497		1,885,888	1,310	23,232	1,310		1,854	43
44	Skilled Nursing Facility	17,127	1,419	1,194,980		2,660,356	17,127	79,312	17,127	30,276		44
45	Nursing Facility	16,323	2,864	1,054,794		1,974,075	16,323	75,592	16,323	28,855		45
46	Other Long Term Care											46
ANCILLARY SERVICE COST CENTERS												
50	Operating Room	28,818	588,989	5,041,561		9,175,076	28,818	104,647	28,818		8,879	50
51	Recovery Room											51
52	Labor Room and Delivery Room	333	50,228	1,668,383		2,398,608	333	38,406	333		3,085	52
53	Anesthesiology	90	92,971	58,601		405,510	90		90		107	53
54	Radiology-Diagnostic	43,188	329,133	3,943,685		8,470,648	43,188	1,151	43,188		6,639	54
55	Radiology-Therapeutic											55
56	Radioisotope											56
57	Computed Tomography (CT) Scan											57
58	Magnetic Resonance Imaging (MRI)											58
59	Cardiac Catheterization	5,186	157,406	617,532		1,465,703	5,186		5,186		1,030	59
60	Laboratory	8,383	184,723	2,069,360		6,310,721	8,383		8,383		4,792	60
61	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
64	Intravenous Therapy											64
65	Respiratory Therapy	1,490	45,825	1,352,273		2,131,269	1,490		1,490		2,338	65
66	Physical Therapy	4,787	14,739	888,393		2,031,360	4,787		4,787		1,696	66
67	Occupational Therapy	375	73	472,172		744,413	375		375		806	67
68	Speech Pathology	117	2,244	326,348		463,393	117		117		452	68
69	Electrocardiology	7,081	61,978	770,452		1,766,773	7,081		7,081		1,652	69
70	Electroencephalography											70
71	Medical Supplies Charged to Patients					4,630,453						71
72	Implantable Devices Charged to Patients					4,767,546						72
73	Drugs Charged to Patients	4,521	81,067	1,910,219		8,264,498	4,521		4,521		2,321	73
74	Renal Dialysis											74
75	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
OUTPATIENT SERVICE COST CENTERS												
88	Rural Health Clinic (RHC)											88
89	Federally Qualified Health Center (FQHC)											89
90	Clinic	13,815	33,682	975,946		2,639,750	13,815	13,619	13,815		720	90
91	Emergency	33,656	593,524	4,730,852		8,503,560	33,656	104,332	33,656		8,366	91
92	Observation Beds											92
93	Other Outpatient Service (specify)											93

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COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
OTHER REIMBURSABLE COST CENTERS												
94	Home Program Dialysis											94
95	Ambulance Services											95
96	Durable Medical Equipment-Rented											96
97	Durable Medical Equipment-Sold											97
98	Other Reimbursable (specify)											98
99	Outpatient Rehabilitation Provider (specify)											99
100	Intern-Resident Service (not appvd. tchng. prgm.)											100
101	Home Health Agency	5,951	11,604	2,968,748		5,098,615		5,951		5,951		101
SPECIAL PURPOSE COST CENTERS												
105	Kidney Acquisition											105
106	Heart Acquisition											106
107	Liver Acquisition											107
108	Lung Acquisition											108
109	Pancreas Acquisition											109
110	Intestinal Acquisition											110
111	Islet Acquisition											111
112	Other Organ Acquisition (specify)											112
115	Ambulatory Surgical Center (Distinct Part)											115
116	Hospice											116
117	Other Special Purpose (specify)											117
118	SUBTOTALS (sum of lines 1-117)	416,775	5,450,443	54,487,792	-21,126,754	113,793,184		286,172	1,238,147	278,410	176,614	76,821	118
NONREIMBURSABLE COST CENTERS												
190	Gift, Flower, Coffee Shop, & Canteen	612	2,630	45,904		334,277		612		612		525	190
191	Research												191
192	Physicians' Private Offices	41,650	12,393	1,273,002		4,916,060		41,650	10,856	41,650	23,183	2,643	192
193	Nonpaid Workers												193
194	Other Nonreimbursable (specify)												194
200	Cross foot adjustments												200
201	Negative cost centers												201
202	Cost to be allocated (per Worksheet B, Part I)	6,714,682	5,368,790	20,343,092		21,126,754		7,845,088	1,150,280	2,316,353	1,792,508	1,320,875	202
203	Unit cost multiplier (Worksheet B, Part I)	14.63	0.982311	0.364528		0.177471		23.89	0.920959	7.22	8.97	16.51	203
204	Cost to be allocated (per Worksheet B, Part II)			68,879		3,716,254		1,463,807	124,757	129,735	190,457	111,474	204
205	Unit cost multiplier (Worksheet B, Part II)			0.001234		0.031218		4.46	0.099885	0.404572	0.953253	1.393617	205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)													
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UNION REGIONAL MEDICAL CENTER - MONROE, NC
Cost report status - As Submitted
[Record code 2104 - 2010]

COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS- TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	
	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures									1
2 Capital Related Costs-Movable Equipment									2
4 Employee Benefits									4
5 Administrative and General									5
6 Maintenance and Repairs									6
7 Operation of Plant									7
8 Laundry and Linen Service									8
9 Housekeeping									9
10 Dietary									10
11 Cafeteria									11
12 Maintenance of Personnel									12
13 Nursing Administration		20,181							13
14 Central Services and Supply			100						14
15 Pharmacy									15
16 Medical Records & Medical Records Library					36,679				16
17 Social Service		444				18,713			17
18 Other General Service (specify)									18
19 Nonphysician Anesthetists									19
20 Nursing School									20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)									22
23 Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		8,856			14,776	16,935			30
31 Intensive Care Unit		1,798							31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
40 Subprovider IPF									40
41 Subprovider IRF									41
42 Subprovider (specify)									42

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
43	Nursery		914						43
44	Skilled Nursing Facility								44
45	Nursing Facilty								45
46	Other Long Term Care								46
ANCILLARY SERVICE COST CENTERS									
50	Operating Room				7,804				50
51	Recovery Room								51
52	Labor Room and Delivery Room		1,521						52
53	Anesthesiology								53
54	Radiology-Diagnostic								54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan								57
58	Magnetic Resonance Imaging (MRI)								58
59	Cardiac Catheterization								59
60	Laboratory								60
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								64
65	Respiratory Therapy		1,153						65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology								69
70	Electroencephalography								70
71	Medical Supplies Charged to Patients			22					71
72	Implantable Devices Charged to Patients			78					72
73	Drugs Charged to Patients								73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic				4,120				90
91	Emergency		4,125		8,489	1,778			91
92	Observation Beds								92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
94	Home Program Dialysis								94
95	Ambulance Services								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Service (not appvd. tchng. prgm.)								100
101	Home Health Agency								101
SPECIAL PURPOSE COST CENTERS									
105	Kidney Acquisition								105
106	Heart Acquisition								106
107	Liver Acquisition								107
108	Lung Acquisition								108
109	Pancreas Acquisition								109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)		20,047	100		35,189	18,713		118
NONREIMBURSABLE COST CENTERS									
190	Gift, Flower, Coffee Shop, & Canteen								190
191	Research								191
192	Physicians' Private Offices		134			1,490			192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)								194
200	Cross foot adjustments								200
201	Negative cost centers								201
202	Cost to be allocated (per Worksheet B, Part I)		1,827,935	1,432,494		3,644,356	1,094,731		202
203	Unit cost multiplier (Worksheet B, Part I)		90.58	14,324		99.36	58.50		203
204	Cost to be allocated (per Worksheet B, Part II)		121,438	342,252		332,978	38,516		204
205	Unit cost multiplier (Worksheet B, Part II)		6.02	3,422		9.08	2.06		205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
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COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)					
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School								20
21 Intern & Res. Service-Salary & Fringes (Approved)		1,982						21
22 Intern & Res. Other Program Costs (Approved)			1,982					22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)		660	660					30
31 Intensive Care Unit		5	5					31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
40 Subprovider IPF								40
41 Subprovider IRF								41
42 Subprovider (specify)								42

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COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET B-1	
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
46	Other Long Term Care						46
ANCILLARY SERVICE COST CENTERS							
50	Operating Room		23	23			50
51	Recovery Room						51
52	Labor Room and Delivery Room		91	91			52
53	Anesthesiology						53
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	Computed Tomography (CT) Scan						57
58	Magnetic Resonance Imaging (MRI)						58
59	Cardiac Catheterization						59
60	Laboratory						60
61	PBP Clinical Laboratory Services-Program Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Trans.						63
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Implantable Devices Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic		1,054	1,054			90
91	Emergency		149	149			91
92	Observation Beds						92
93	Other Outpatient Service (specify)						93
OTHER REIMBURSABLE COST CENTERS							

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET B-1	
94	Home Program Dialysis							94
95	Ambulance Services							95
96	Durable Medical Equipment-Rented							96
97	Durable Medical Equipment-Sold							97
98	Other Reimbursable (specify)							98
99	Outpatient Rehabilitation Provider (specify)							99
100	Intern-Resident Service (not appvd. tchng. prgm.)							100
101	Home Health Agency							101
SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	Other Organ Acquisition (specify)							112
115	Ambulatory Surgical Center (Distinct Part)							115
116	Hospice							116
117	Other Special Purpose (specify)							117
118	SUBTOTALS (sum of lines 1-117)		1,982	1,982				118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
193	Nonpaid Workers							193
194	Other Nonreimbursable (specify)							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (per Worksheet B, Part I)		69,303	605,856				202
203	Unit cost multiplier (Worksheet B, Part I)		34.97	305.68				203
204	Cost to be allocated (per Worksheet B, Part II)		1,989	16,141				204
205	Unit cost multiplier (Worksheet B, Part II)		1.003532	8.14				205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)								
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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340130			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Dis-allowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	22,838,282		22,838,282		22,838,282	21,134,486		21,134,486				30
31 Intensive Care Unit	4,765,232		4,765,232		4,765,232	4,634,282		4,634,282				31
32 Coronary Care Unit												32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit												34
35 Other Special Care (specify)												35
40 Subprovider IPF												40
41 Subprovider IRF												41
42 Subprovider (Specify)												42
43 Nursery	2,396,130		2,396,130		2,396,130	3,020,147		3,020,147				43
44 Skilled Nursing Facility	4,009,978		4,009,978		4,009,978	2,469,209		2,469,209				44
45 Nursing Facility	3,160,715		3,160,715		3,160,715	2,089,257		2,089,257				45
46 Other Long Term Care												46
ANCILLARY SERVICE COST CENTERS												
50 Operating Room	12,718,296		12,718,296		12,718,296	15,739,146	40,732,832	56,471,976	** 0.225214	** 0.225214	** 0.225214	50
51 Recovery Room												51
52 Labor Room and Delivery Room	3,058,731		3,058,731		3,058,731	3,830,797	849,821	4,680,618	** 0.653489	** 0.653489	** 0.653489	52
53 Anesthesiology	482,043		482,043		482,043	15,292,798	27,080,240	42,373,040	** 0.011376	** 0.011376	** 0.011376	53
54 Radiology-Diagnostic	11,428,203		11,428,203		11,428,203	18,295,094	80,664,480	98,959,576	** 0.115484	** 0.115484	** 0.115484	54
55 Radiology-Therapeutic												55
56 Radioisotope												56
57 Computed Tomography (CT) Scan												57
58 Magnetic Resonance Imaging (MRI)												58
59 Cardiac Catheterization	1,904,168		1,904,168		1,904,168	1,747,570	3,956,228	5,703,798	** 0.333842	** 0.333842	** 0.333842	59
60 Laboratory	7,770,615		7,770,615		7,770,615	13,788,161	19,099,114	32,887,276	** 0.236280	** 0.236280	** 0.236280	60
61 PBP Clinical Laboratory Services-Prgm. Only												61
62 Whole Blood & Packed Red Blood Cells												62
63 Blood Storing, Processing, & Trans.												63
64 Intravenous Therapy												64
65 Respiratory Therapy	2,698,904		2,698,904		2,698,904	3,416,144	585,152	4,001,296	** 0.674507	** 0.674507	** 0.674507	65
66 Physical Therapy	2,568,796		2,568,796		2,568,796	1,502,484	2,003,009	3,505,493	** 0.732792	** 0.732792	** 0.732792	66

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340130			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
67 Occupational Therapy	901,501		901,501		901,501	1,036,569	721,325	1,757,894	** 0.512830	** 0.512830	** 0.512830	67
68 Speech Pathology	556,736		556,736		556,736	245,477	421,412	666,889	** 0.834826	** 0.834826	** 0.834826	68
69 Electrocardiology	2,327,892		2,327,892		2,327,892	3,340,828	8,800,064	12,140,892	** 0.191740	** 0.191740	** 0.191740	69
70 Electroencephalography												70
71 Medical Supplies Charged to Patients	5,767,373		5,767,373		5,767,373	3,306,668	5,344,186	8,650,854	** 0.666683	** 0.666683	** 0.666683	71
72 Implantable Devices Charged to Patients	6,730,992		6,730,992		6,730,992	6,883,159	6,180,428	13,063,587	** 0.515248	** 0.515248	** 0.515248	72
73 Drugs Charged to Patients	9,910,181		9,910,181		9,910,181	14,700,796	9,161,755	23,862,552	** 0.415303	** 0.415303	** 0.415303	73
74 Renal Dialysis												74
75 ASC (Non-Distinct Part)												75
76 Other Ancillary (specify)												76
OUTPATIENT SERVICE COST CENTERS												
88 Rural Health Clinic (RHC)												88
89 Federally Qualified Health Center (FQHC)												89
90 Clinic	3,971,799		3,971,799	4,986	3,976,785	62,573	10,064,391	10,126,964	** 0.392200	** 0.392200	** 0.392693	90
91 Emergency	12,615,056		12,615,056		12,615,056	11,254,566	45,756,668	57,011,234	** 0.221273	** 0.221273	** 0.221273	91
92 Observation Beds (see instructions)	3,846,728		3,846,728		3,846,728	701,599	5,276,809	5,978,408	** 0.643437	** 0.643437	** 0.643437	92
93 Other Outpatient Service (specify)												93
OTHER REIMBURSABLE COST CENTERS												
94 Home Program Dialysis												94
95 Ambulance Services												95
96 Durable Medical Equipment-Rented												96
97 Durable Medical Equipment-Sold												97
98 Other Reimbursable (specify)												98
99 Outpatient Rehabilitation Provider (specify)												99
100 Intern-Resident Service (not appvd. tchng. prgm.)												100
101 Home Health Agency	6,188,606		6,188,606		6,188,606		5,391,897	5,391,897				101
SPECIAL PURPOSE COST CENTERS												
105 Kidney Acquisition												105
106 Heart Acquisition												106
107 Liver Acquisition												107
108 Lung Acquisition												108
109 Pancreas Acquisition												109
110 Intestinal Acquisition												110
111 Islet Acquisition												111
112 Other Organ Acquisition (specify)												112

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340130			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Dis-allowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
115 Ambulatory Surgical Center (Distinct Part)												115
116 Hospice												116
117 Other Special Purpose (specify)												117
200 Subtotal (see instructions)	132,616,960		132,616,960	4,986	132,621,944	148,491,808	272,089,824	420,581,632				200
201 Less Observation Beds	1,049,206		1,049,206		1,049,206							201
202 Total (see instructions)	131,567,752		131,567,752		131,572,736	148,491,808	272,089,824	420,581,632				202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4023)												
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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS			Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART I	
Medicare - Title XVIII - Hospital								
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTNE SERVICE COST CENTERS								
30	Adults & Pediatrics (General Routine Care)	1,960,303		1,960,303	30,300	64.70	14,319	926,439	30
31	Intensive Care Unit	406,064		406,064	4,039	100.54	2,001	201,181	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care Unit (specify)								35
40	Subprovider IPF								40
41	Subprovider IRF								41
42	Subprovider (Other)								42
43	Nursery	145,624		145,624	3,532	41.23			43
44	Skilled Nursing Facility	456,496		456,496	23,027	19.82	7,741	153,427	44
45	Nursing Facility	418,922		418,922					45
200	Total (lines 30-199)	3,387,409		3,387,409	60,898		24,061	1,281,047	200
(A) Worksheet A line numbers									
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4024 - 4024.1)									
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART II

Medicare -Title XVIII - Hospital

		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	1,526,534	56,471,976	** 0.027032	7,342,487	198,482	50
51	Recovery Room						51
52	Labor Room and Delivery Room	150,057	4,680,618	** 0.032059	23,572	756	52
53	Anesthesiology	105,959	42,373,040	** 0.002501	5,566,674	13,922	53
54	Radiology-Diagnostic	1,443,685	98,959,576	** 0.014589	10,533,049	153,667	54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	Computed Tomography (CT) Scan						57
58	Magnetic Resonance Imaging (MRI)						58
59	Cardiac Catheterization	303,647	5,703,798	** 0.053236	1,585,173	84,388	60
60	Laboratory	551,073	32,887,276	** 0.016756	7,446,556	124,774	60
61	PBP Clinical Laboratory Services-Prgm. Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Transfusing						63
64	Intravenous Therapy						64
65	Respiratory Therapy	152,452	4,001,296	** 0.038101	1,684,638	64,186	65
66	Physical Therapy	174,648	3,505,493	** 0.049821	421,730	21,011	66
67	Occupational Therapy	32,325	1,757,894	** 0.018388	163,429	3,005	67
68	Speech Pathology	19,982	666,889	** 0.029963	106,575	3,193	68
69	Electrocardiology	257,294	12,140,892	** 0.021192	1,209,376	25,629	69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients	219,848	8,650,854	** 0.025413	1,162,981	29,555	71
72	Implantable Devices Charged to Patients	415,790	13,063,587	** 0.031828	4,215,012	134,155	72
73	Drugs Charged to Patients	431,337	23,862,552	** 0.018076	7,647,596	138,238	73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic	425,709	10,126,964	** 0.042037	5,040	196	90
91	Emergency	1,637,884	57,011,234	** 0.028729	4,415,138	125,575	91
92	Observation Beds	329,835	5,978,408	** 0.055171	286,732	15,651	92
93	Other Outpatient Service (specify)						93
	OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 199)	8,178,059	381,842,336	** 0.021417	53,815,760	1,136,383	200

(A) Worksheet A line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.2)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART III

Medicare -Title XVIII - Hospital

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	
INPATIENT ROUTINE SERVICE COST CENTERS											
30	Adults & Pediatrics (General Routine Care)						30,300		14,319		30
31	Intensive Care Unit						4,039		2,001		31
32	Coronary Care Unit										32
33	Burn Intensive Care Unit										33
34	Surgical Intensive Care Unit										34
35	Other Special Care Unit (specify)										35
40	Subprovider IPF										40
41	Subprovider IRF										41
42	Subprovider (Other)										42
43	Nursery						3,532				43
44	Skilled Nursing Facility						23,027		7,741		44
45	Nursing Facility										45
200	Total (sum of lines 30-199)						60,898		24,061		200

(A) Worksheet A line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.3)

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART IV

Medicare - Title XVIII - Hospital

		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS															
50	Operating Room							56,471,976			7,342,487		16,053,994		50
51	Recovery Room														51
52	Labor room and Delivery Room							4,680,618			23,572		37,883		52
53	Anesthesiology							42,373,040			5,566,674		9,111,742		53
54	Radiology-Diagnostic							98,959,576			10,533,049		29,614,652		54
55	Radiology-Therapeutic														55
56	Radioisotope														56
57	Computed Tomography (CT) Scan														57
58	Magnetic Resonance Imaging (MRI)														58
59	Cardiac Catheterization							5,703,798			1,585,173		2,276,780		59
60	Laboratory							32,887,276			7,446,556		972,359		60
61	PBP Clinical Laboratory Services-Prgm. Only														61
62	Whole Blood & Packed Red Blood Cells														62
63	Blood Storing, Processing, & Transfusing														63
64	Intravenous Therapy														64
65	Respiratory Therapy							4,001,296			1,684,638		149,176		65
66	Physical Therapy							3,505,493			421,730				66
67	Occupational Therapy							1,757,894			163,429				67
68	Speech Pathology							666,889			106,575				68
69	Electrocardiology							12,140,892			1,209,376		2,634,583		69
70	Electroencephalography														70
71	Medical Supplies Charged To Patients							8,650,854			1,162,981		1,464,988		71
72	Implantable Devices Charged to Patients							13,063,587			4,215,012		2,769,275		72
73	Drugs Charged to Patients							23,862,552			7,647,596		4,088,791		73
74	Renal Dialysis														74
75	ASC (Non-Distinct Part)														75
76	Other Ancillary (specify)														76
OUTPATIENT SERVICE COST CENTERS															
88	Rural Health Clinic (RHC)														88

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare - Title XVIII - Hospital														
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
89	Federally Qualified Health Center (FQHC)														89
90	Clinic							10,126,964			5,040		411,586		90
91	Emergency							57,011,234			4,415,138		6,866,242		91
92	Observation Beds							5,978,408			286,732		2,132,930		92
93	Other Outpatient Service (specify)														93
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														94
95	Ambulance Services														95
96	Durable Medical Equipment-Rented														96
97	Durable Medical Equipment-Sold														97
98	Other Reimbursable (specify)														98
200	Total (sum of lines 50 through 199)							381,842,336			53,815,760		78,584,984		200
(A) Worksheet A line numbers															
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4)															
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART IV

Medicare - Title XVIII - NF

		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS															
50	Operating Room							56,471,976							50
51	Recovery Room														51
52	Labor room and Delivery Room							4,680,618							52
53	Anesthesiology							42,373,040							53
54	Radiology-Diagnostic							98,959,576			24,214				54
55	Radiology-Therapeutic														55
56	Radioisotope														56
57	Computed Tomography (CT) Scan														57
58	Magnetic Resonance Imaging (MRI)														58
59	Cardiac Catheterization							5,703,798							59
60	Laboratory							32,887,276			119,247				60
61	PBP Clinical Laboratory Services-Prgm. Only														61
62	Whole Blood & Packed Red Blood Cells														62
63	Blood Storing, Processing, & Transfusing														63
64	Intravenous Therapy														64
65	Respiratory Therapy							4,001,296			346				65
66	Physical Therapy							3,505,493			819,723				66
67	Occupational Therapy							1,757,894			745,112				67
68	Speech Pathology							666,889			69,965				68
69	Electrocardiology							12,140,892			200				69
70	Electroencephalography														70
71	Medical Supplies Charged To Patients							8,650,854			25,882				71
72	Implantable Devices Charged to Patients							13,063,587							72
73	Drugs Charged to Patients							23,862,552			378,623				73
74	Renal Dialysis														74
75	ASC (Non-Distinct Part)														75
76	Other Ancillary (specify)														76
OUTPATIENT SERVICE COST CENTERS															
88	Rural Health Clinic (RHC)														88

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare -Title XVIII - NF														
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
89	Federally Qualified Health Center (FQHC)														89
90	Clinic							10,126,964							90
91	Emergency							57,011,234							91
92	Observation Beds							5,978,408							92
93	Other Outpatient Service (specify)														93
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														94
95	Ambulance Services														95
96	Durable Medical Equipment-Rented														96
97	Durable Medical Equipment-Sold														97
98	Other Reimbursable (specify)														98
200	Total (sum of lines 50 through 199)							381,842,336			2,183,312				200
(A) Worksheet A line numbers															
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4)															
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART V

Medicare -Title XVIII - Hospital

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

		Cost to Charge Ratio from Worksheet C, Part I, col. 9	Program Charges			Program Cost			
			PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject to Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject to Ded. & Coins. (see instructions)	PPS Services (see instructions)	Cost Services Subject to Ded. & Coins. (see instructions)	Cost Services Not Subject to Ded. & Coins. (see instructions)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS									
50	Operating Room		16,053,994			3,615,584			50
51	Recovery Room								51
52	Labor & Delivery Room		37,883			24,756			52
53	Anesthesiology		9,111,742			103,655			53
54	Radiology-Diagnostic		29,614,652			3,420,018			54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan								57
58	Magnetic Resonance Imaging (MRI)								58
59	Cardiac Catheterization		2,276,780			760,085			59
60	Laboratory		972,359			229,749			60
61	PBP Clinic Laboratory Services-Prgm. Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Transfusing								63
64	Intravenous Therapy								64
65	Respiratory Therapy		149,176			100,620			65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology		2,634,583			505,155			69
70	Electroencephalography								70
71	Medical Supplies Charged To Patients		1,464,988	103		976,683	69		71
72	Implantable Devices Charged to Patients		2,769,275			1,426,863			72
73	Drugs Charged to Patients		4,088,791	57,423		1,698,087	23,848		73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic		411,586			187,410			90
91	Emergency		6,866,242			1,402,636			91
92	Observation Bed		2,132,930			1,357,910			92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable Cost Center								98
200	Subtotal (see instructions)		78,584,984	57,526		15,809,211	23,917		200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		78,584,984	57,526		15,809,211	23,917		202

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4024.5)

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PART I

Medicare -Title XVIII - NF

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	23,027	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,027	2
3	Private room days (excluding swing-bed and observation bed days)		3
4	Semi-private room days (excluding swing-bed and observation bed days)	23,027	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,741	9
10	Swing-bed SNF type inpatient days applicable tc title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions).		10
11	Swing-bed SNF type inpatient days applicable tc title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	4,009,978	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	4,009,978	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed charges)	4,558,466	28
29	Private room charges (excluding swing-bed charges)	4,558,466	29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.879677	31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	4,009,978	37

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.1)

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PART I

Medicare -Title XVIII - Hospital

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	30,300	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	30,300	2
3	Private room days (excluding swing-bed and observation bed days)		3
4	Semi-private room days (excluding swing-bed and observation bed days)	30,300	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	14,319	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions).		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16
	SWING BED ADJUSTMENT		
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	22,838,282	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	22,838,282	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	General inpatient routine service charges (excluding swing-bed charges)	21,134,486	28
29	Private room charges (excluding swing-bed charges)	21,134,486	29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.080617	31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	22,838,282	37

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.1)

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PART II

Medicare -Title XVIII - Hospital

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					1		
38	Adjusted general inpatient routine service cost per diem (see instructions)				753	38	
39	Program general inpatient routine service cost (line 9 x line 38)				10,792,803	39	
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)					40	
41	Total Program general inpatient routine service cost (line 39 + line 40)				10,792,803	41	
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only) Intensive Care Type Inpatient Hospital Units						42
43	Intensive Care Unit	4,765,232	4,039	** 1,179.80	2,001	2,360,780	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care Unit (specify)						47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					14,297,390	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					27,450,972	49
PASS-THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)					1,127,620	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)					1,136,383	51
52	Total Program excludable cost (sum of lines 50 and 51)					2,264,003	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)					25,186,970	53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket						60
61	If line 53 ÷ line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH, see instructions.)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PARTS III & IV

Medicare - Title XVIII - NF

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY. AND ICT/MR ONLY

70	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	4,009,978	70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	174.14	71
72	Program routine service cost (line 9 x line 71)	1,348,018	72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)	1,348,018	74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Parts II, column 26, line 45)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)	1,348,018	83
84	Program inpatient ancillary services (see instructions)	1,246,952	84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)	2,594,970	86

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)		87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		88
89	Observation bed cost (line 87 x line 88) (see instructions)		89

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School cost						91
92	Allied Health cost						92
93	All other Medical Education						93

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.3 - 4025.4)

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Cost report status - As Submitted
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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PARTS III & IV

Medicare -Title XVIII - Hospital

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY. AND ICT/MR ONLY

70	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71
72	Program routine service cost (line 9 x line 71)		72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)		74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Parts II, column 26, line 45)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)		83
84	Program inpatient ancillary services (see instructions)		84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)		86

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)	1,392	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	753.74	88
89	Observation bed cost (line 87 x line 88) (see instructions)	1,049,206	89

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	1,960,303	22,838,282	0.085834	1,049,206	90,058	90
91	Nursing School cost		22,838,282		1,049,206		91
92	Allied Health cost		22,838,282		1,049,206		92
93	All other Medical Education		22,838,282		1,049,206		93

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.3 - 4025.4)

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-3

Medicare -Title XVIII - Hospital

	(A) COST CENTER DESCRIPTION	Ratio of Cost to Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults and Pediatrics (General Routine Care)		11,889,776		30
31	Intensive Care Unit		1,661,229		31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider IPF				40
41	Subprovider IRF				41
42	Subprovider (Specify)				42
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room		7,342,487	1,653,631	50
51	Recovery Room				51
52	Labor Room and Delivery Room		23,572	15,404	52
53	Anesthesiology		5,566,674	63,326	53
54	Radiology-Diagnostic		10,533,049	1,216,399	54
55	Radiology-Therapeutic				55
56	Radioisotope				56
57	Computed Tomography (CT) Scan				57
58	Magnetic Resonance Imaging (MRI)				58
59	Cardiac Catheterization		1,585,173	529,197	59
60	Laboratory		7,446,556	1,759,472	60
61	PBP Clinical Laboratory Services-Prgm. Only				61
62	Whole Blood & Packed Red Blood Cells				62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy		1,684,638	1,136,300	65
66	Physical Therapy		421,730	309,040	66
67	Occupational Therapy		163,429	83,811	67
68	Speech Pathology		106,575	88,972	68
69	Electrocardiology		1,209,376	231,886	69
70	Electroencephalography				70
71	Medical Supplies Charged to Patients		1,162,981	775,340	71
72	Implantable Devices Charged to Patients		4,215,012	2,171,777	72
73	Drugs Charged to Patients		7,647,596	3,176,070	73
74	Renal Dialysis				74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)				76
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic		5,040	2,295	90
91	Emergency		4,415,138	901,924	91
92	Observation Beds (see instructions)		286,732	182,546	92
93	Other Outpatient Service (specify)				93
	OTHER REIMBURSABLE COST CENTERS				
94	Home Program Dialysis				94
95	Ambulance Services				95
96	Durable Medical Equipment-Rented				96
97	Durable Medical Equipment-Sold				97
98	Other Reimbursable (specify)				98
200	Total (sum of lines 50-94 and 96-98)		53,815,760	14,297,390	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		53,815,760		202

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-3
(A) Worksheet A line numbers			
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4027)			
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-3

Medicare -Title XVIII - NF

	(A) COST CENTER DESCRIPTION	Ratio of Cost to Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults and Pediatrics (General Routine Care)		1,687,538		30
31	Intensive Care Unit				31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider IPF				40
41	Subprovider IRF				41
42	Subprovider (Specify)				42
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room				50
51	Recovery Room				51
52	Labor Room and Delivery Room				52
53	Anesthesiology				53
54	Radiology-Diagnostic		24,214	2,796	54
55	Radiology-Therapeutic				55
56	Radioisotope				56
57	Computed Tomography (CT) Scan				57
58	Magnetic Resonance Imaging (MRI)				58
59	Cardiac Catheterization				59
60	Laboratory		119,247	28,176	60
61	PBP Clinical Laboratory Services-Prgm. Only				61
62	Whole Blood & Packed Red Blood Cells				62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy		346	233	65
66	Physical Therapy		819,723	600,686	66
67	Occupational Therapy		745,112	382,116	67
68	Speech Pathology		69,965	58,409	68
69	Electrocardiology		200	38	69
70	Electroencephalography				70
71	Medical Supplies Charged to Patients		25,882	17,255	71
72	Implantable Devices Charged to Patients				72
73	Drugs Charged to Patients		378,623	157,243	73
74	Renal Dialysis				74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)				76
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic				90
91	Emergency				91
92	Observation Beds (see instructions)				92
93	Other Outpatient Service (specify)				93
	OTHER REIMBURSABLE COST CENTERS				
94	Home Program Dialysis				94
95	Ambulance Services				95
96	Durable Medical Equipment-Rented				96
97	Durable Medical Equipment-Sold				97
98	Other Reimbursable (specify)				98
200	Total (sum of lines 50-94 and 96-98)		2,183,312	1,246,952	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		2,183,312		202

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-3
(A) Worksheet A line numbers			
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4027)			
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital				
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1	DRG amounts other than outlier payments	25,236,296		1
2	Outlier payments for discharges (see instructions)	111,184		2
3	Managed care simulated payments	1,381,938		3
4	Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment Calculation for Hospitals	153.19		4
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	3.42		5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in in accordance with 42 CFR 413.79(e)			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	3.42		9
10	FTE count for allopathic and osteopathic programs in the current year from your records	4.76		10
11	FTE count for residents in dental and podiatric programs			11
12	Current year allowable FTE (see instructions)	3.42		12
13	Total allowable FTE count for the prior year	3.42		13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	3.99		14
15	Sum of lines 12 through 14 divided by 3	3.61		15
16	Adjustment for residents in initial years of the program			16
17	Adjustment for residents displaced by program or hospital closure			17
18	Adjusted rolling average FTE count	3.61		18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.023566		19
20	Prior year resident to bed ratio (see instructions)	0.022347		20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.022347		21
22	IME payment adjustment (see instructions)	323,092		22
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).			23
24	IME FTE resident count over cap (see instructions)	1.34		24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			25
26	Resident to bed ratio (divide line 25 by line 4)			26
27	IME payments adjustment (see instructions)			27
28	IME Adjustment (see instructions)			28
29	Total IME payment (sum of lines 22 and 28)	323,092		29
Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.076700		30
31	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.266900		31
32	Sum of lines 30 and 31	0.343600		32
33	Allowable disproportionate share percentage (see instructions)	0.175600		33
34	Disproportionate share adjustment (see instructions)	4,431,494		34
Additional payment for high percentage of ESRD beneficiary discharges				
40	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685 (see instructions)			41
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685 (see instructions)			43
44	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			44
45	Average weekly cost for dialysis treatments (see instructions)			45
46	Total additional payment (line 45 times line 44 times line 41)			46
47	Subtotal (see instructions)	30,102,068		47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)			48
49	Total payment for inpatient operating costs SCH and MDH only (see instructions)	30,102,068		49

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital				
50	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	2,222,724		50
51	Exception payment for inpatient program capital (Worksheet L, Part III) (see instructions)			51
52	Direct graduate medical education payment (from Worksheet E-4, line 49) (see instructions).	159,815		52
53	Nursing and allied health managed care payment			53
54	Special add-on payments for new technologies			54
55	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			55
56	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			56
57	Routine service other pass through costs			57
58	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			58
59	Total (sum of amounts on lines 49 through 58)	32,484,606		59
60	Primary payer payments	61,661		60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	32,422,944		61
62	Deductibles billed to program beneficiaries	2,920,572		62
63	Coinsurance billed to program beneficiaries	60,984		63
64	Allowable bad debts (see instructions)	1,511,176		64
65	Adjusted reimbursable bad debts (see instructions)	1,057,823		65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	695,289		66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	30,499,212		67
68	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			68
69	Outlier payments reconciliation			69
70	Other adjustments (specify) (see instructions)			70
71	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	30,499,212		71
72	Interim payments	29,822,550		72
73	Tentative settlement (for contractor use only)			73
74	Balance due provider (Program) (lines 71 minus the sum of lines 72 and 73)	676,662		74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	1,350,852		75
TO BE COMPLETED BY CONTRACTOR				
90	Operating outlier amount from Worksheet E, Part A line 2	111,184		90
91	Capital outlier from Worksheet L, Part I, line 2	15,238		91
92	Operating outlier reconciliation adjustment amount (see instructions)			92
93	Capital outlier reconciliation adjustment amount (see instructions)			93
94	The rate used to calculate the Time Value of Money (see instructions)			94
95	Time Value of Money for operating expenses (see instructions)			95
96	Time Value of Money for capital related expenses (see instructions)			96
08-11				

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B	
Medicare -Title XVIII - Hospital				
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1	Medical and other services (see instructions)		23,917	1
2	Medical and other services reimbursed under OPPS (see instructions).		15,809,211	2
3	PPS payments		15,100,079	3
4	Outlier payment (see instructions)		70,140	4
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines line 3 plus line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)		23,917	11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12	Ancillary service charges		57,526	12
13	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			13
14	Total reasonable charges (sum of lines 12 and 13)		57,526	14
	Customary charges			
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)			17
18	Total customary charges (see instructions)		57,526	18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,609	19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)		23,917	21
22	Interns and residents (see instructions)			22
23	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, §2148)			23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)		15,170,219	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)		21	25
26	Deductibles and Coinsurance relating to amount on line 24 (see instructions)		3,629,153	26
27	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)		11,564,962	27
28	Direct graduate medical education payments (from Worksheet E-4, line 50)		78,946	28
29	ESRD direct medical education costs (from Worksheet E-4, line 36)			29
30	Subtotal (sum of lines 27 through 29)		11,643,908	30
31	Primary payer payments		2,830	31
32	Subtotal (line 30 minus line 31)		11,641,078	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	Composite rate ESRD (from Worksheet I-5, line 11)			33
34	Allowable bad debts (see instructions)		1,644,913	34
35	Adjusted reimbursable bad debts (see instructions)		1,151,439	35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)		736,558	36
37	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		12,792,517	37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
40	Subtotal (line 37 plus or minus lines 39 minus 38)		12,792,517	40
41	Interim payments		11,896,191	41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		896,326	43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		512,096	44
PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR				
90	Original outlier amount (see instructions)		70,140	90
91	Outlier reconciliation adjustment amount (see instructions)			91
92	The rate used to calculate the Time Value of Money			92
93	Time Value of Money (see instructions)			93
94	Total (sum of lines 91 and 93)			94
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4030.2)				

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B
Medicare -Title XVIII - Hospital			
Rev. 2 - 08-11			40-587

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-3, PART VI

Medicare -Title XVIII - NF

PART VI - CALCULATION OF REIMBURSEMEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES

	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1	Resource Utilization Group (RUGS) payment	3,309,068	1
2	Routine service other pass through costs		2
3	Ancillary service other pass through costs		3
4	Subtotal (sum of lines 1 through 3)	3,309,068	4
	COMPUTATION OF NET COST OF COVERED SERVICES		
5	Medical and other services		5
6	Deductibles		6
7	Coinsurance	488,458	7
8	Allowable bad debts (see instructions)	80,474	8
9	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	80,474	9
10	Allowable reimbursable bad debts (see instructions)	80,474	10
11	Utilization review		11
12	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11) (see instructions)	2,901,084	12
13	Inpatient primary payer payments		13
14	Other adjustments (specify) (see instructions)		14
15	Subtotal (line 12 minus 13 ± lines 14	2,901,084	15
16	Interim payments	2,948,342	16
17	Tentative settlement (for contractor use only)		17
18	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	-47,258	18
19	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		19

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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-4

Medicare -Title XVIII - Hospital

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996	3.42	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		2
3	Amount of reduction to Direct GME cap under section 422 of MMA		3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		4
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts	3.42	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)	4.76	6
7	Enter the lesser of line 5 or line 6	3.42	7

		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	4.76		4.76	8
9	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	3.42		3.42	9
10	Weighted dental and podiatric resident FTE count for the current year				10
11	Total weighted FTE count	3.42			11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	3.42			12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instr.)	3.99			13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	3.61			14
15	Adjustment for residents in initial years of new programs				15
16	Adjustment for residents displaced by program or hospital closure				16
17	Adjusted rolling average FTE count	3.61			17
18	Per resident amount	127,414	127,414		18
19	Approved amount for resident costs	459,966		459,966	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				20
21	GME FTE weighted resident count over cap (see instructions)	1.34			21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)	90,238			23
24	Multiply line 22 time line 23				24
25	Total direct GME amount (sum of lines 19 and 24)	459,966			25
	COMPUTATION OF PROGRAM PATIENT LOAD	Inpatient Part A	Managed Care		
26	Inpatient days	16,320	911		26
27	Total inpatient days	32,947	32,947		27
28	Ratio of inpatient days to total inpatient days	0.495341	0.027650		28
29	Program direct GME amount	227,840	12,718		29
30	Reduction for nursing/allied health		1,797		30
31	Net Program direct GME amount			238,761	31

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

32	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		32
33	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		34
35	Medicare outpatient ESRD charges (see instructions)		35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME		
	Part A Reasonable Cost		
37	Reasonable cost (see instructions)	32,108,060	37
38	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		38
39	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		39
40	Primary payer payments (see instructions)	61,661	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	32,046,398	41
	Part B Reasonable Cost		
42	Reasonable cost (see instructions)	15,833,128	42
43	Primary payer payments (see instructions)	2,830	43
44	Total Part B reasonable cost (line 42 minus line 43)	15,830,298	44

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-4	
Medicare -Title XVIII - Hospital				
45	Total reasonable cost (sum of lines 41 and 44)		47,876,696	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.669353	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.330647	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	Total program GME payment (line 31)		238,761	48
49	Part A Medicare GME payment (line 46 x 48)(Title XVIII only) (see instructions)		159,815	49
50	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		78,946	50
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BALANCE SHEET		Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G	
(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)					
	Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	19,238,636				1
2	Temporary investments	11,116,873				2
3	Notes receivable					3
4	Accounts receivable	52,417,756				4
5	Other receivables	1,643,554				5
6	Allowances for uncollectible notes and accounts receivable	-32,606,634				6
7	Inventory	3,057,343				7
8	Prepaid expenses	2,176,083				8
9	Other current assets					9
10	Due from other funds	1,432,995				10
11	Total current assets (sum of lines 1-10)	58,476,608				11
FIXED ASSETS						
12	Land	2,526,926				12
13	Land improvements	2,323,992				13
14	Accumulated depreciation					14
15	Buildings	107,201,136				15
16	Accumulated depreciation	-34,000,028				16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment	13,916,192				19
20	Accumulated depreciation	-58,774,952				20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	76,513,368				23
24	Accumulated depreciation	-29,728,940				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated Assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	79,977,688				30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	76,431,856				34
35	Total other assets (sum of lines 31-34)	76,431,856				35
36	Total assets (sum of lines 11, 30, and 35)	214,886,160				36
Liabilities and Fund Balances (Omit cents)						
CURRENT LIABILITIES						
37	Accounts payable	8,092,755				37
38	Salaries, wages, and fees payable	7,330,880				38
39	Payroll taxes payable	662,825				39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds	-6,665,663				43
44	Other current liabilities	11,880,321				44
45	Total current liabilities (sum of lines 37 thru 44)	21,301,118				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	32,137,596				49

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BALANCE SHEET		Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G	
(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)					
Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
50 Total long term liabilities (sum of lines 46 thru 49)	32,137,596				50
51 Total liabilities (sum of lines 45 and 50)	53,438,712				51
CAPITAL ACCOUNTS					
52 General fund balance	161,447,440				52
53 Specific purpose fund					53
54 Donor created - endowment fund balance - restricted					54
55 Donor created - endowment fund balance - unrestricted					55
56 Governing body created - endowment fund balance					56
57 Plant fund balance - invested in plant					57
58 Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59 Total fund balances (sum of lines 52 thru 58)	161,447,440				59
60 Total liabilities and fund balances (sum of lines 51 and 59)	214,886,160				60
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STATEMENT OF CHANGES IN FUND BALANCES		Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
		1	2	3	4	5	6	7	8	
1	Fund balances at beginning of period		149,977,024							1
2	Net income (loss) (from Worksheet G-3, line 29)		15,257,744							2
3	Total (sum of line 1 and line 2)		165,234,768							3
4										4
5										5
6										6
7										7
8										8
9										9
10	Total additions (sum of lines 4-9)									10
11	Subtotal (line 3 plus line 10)		165,234,768							11
12	CAPITAL CONTRIBUTIONS	-22,637								12
13	OTHER CONTRIBUTIONS	3,809,960								13
14										14
15										15
16										16
17										17
18	Total deductions (sum of lines 12-17)		3,787,323							18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		161,447,440							19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-2, PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	21,169,264		21,169,264	1
2	Subprovider IPF				2
3	Subprovider IRF				3
4	Subprovider (Other)				4
5	Swing bed - SNF				5
6	Swing bed - NF				6
7	Skilled nursing facility	2,469,209		2,469,209	7
8	Nursing facility	2,089,257		2,089,257	8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	25,727,728		25,727,728	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive care unit	4,634,282		4,634,282	11
12	Coronary care unit				12
13	Burn intensive care unit				13
14	Surgical intensive care unit				14
15	Other special care (specify)				15
16	Total intensive care type inpatient hospital services (sum of of lines 11-15)	4,634,282		4,634,282	16
17	Total inpatient routine care services (sum of lines 10 and 16)	30,362,012		30,362,012	17
18	Ancillary services	105,431,312	208,494,336	313,925,632	18
19	Outpatient services	11,924,831	62,487,792	74,412,624	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency		5,391,897	5,391,897	22
23	Ambulance				23
24	Outpatient rehabilitation providers				24
25	ASC				25
26	Hospice				26
27	Other (specify)	3,020,147	5,974,200	8,994,347	27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	150,738,304	282,348,224	433,086,528	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Wkst. A, column 3, line 200)		147,646,016	29
30	Add (specify)	17,999,328		30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)		17,999,328	36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		165,645,344	43

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)

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STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-3	
Description				
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)		433,086,528	1
2	Less contractual allowances and discounts on patients' accounts		253,486,368	2
3	Net patient revenues (line 1 minus line 2)		179,600,160	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)		165,645,344	4
5	Net income from service to patients (line 3 minus line 4)		13,954,809	5
OTHER INCOME				
6	Contributions, donations, bequests, etc		130,901	6
7	Income from investments		2,133,603	7
8	Revenues from telephone and telegraph service			8
9	Revenue from television and radio service			9
10	Purchase discounts		13,728	10
11	Rebates and refunds of expenses			11
12	Parking lot receipts			12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests		246,764	14
15	Revenue from rental of living quarters			15
16	Revenue from sale of medical and surgical supplies to other than patients			16
17	Revenue from sale of drugs to other than patients		7,348	17
18	Revenue from sale of medical records and abstracts		7,702	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)			19
20	Revenue from gifts, flowers, coffee shops, and canteen		355,455	20
21	Rental of vending machines			21
22	Rental of hospital space		391,751	22
23	Governmental appropriations			23
24	Other (specify)			24
24.01	OTHER OPERATING REVENUE		1,028,840	24.01
24.02	LIFELINE REVENUE		51,871	24.02
24.03	JV		677,266	24.03
25	Total other income (sum of lines 6-24)		5,045,229	25
26	Total (line 5 plus line 25)		19,000,038	26
27	Other expenses (specify)			27
27.00	UNREALIZED GAIN/LOSS ON INVESTMENT		3,742,294	27.00
28	Total other expenses (sum of line 27 and subscripts)		3,742,294	28
29	Net income (or loss) for the period (line 26 minus line 28)		15,257,744	29
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)				
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UNION REGIONAL MEDICAL CENTER - MONROE, NC
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS						Provider CCN: 340130		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET H	
	COST CENTER DESCRIPTIONS (omit cents)	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION (see instructions)	CONTRACTED/ PURCHASED SERVICES	OTHER COSTS	TOTAL (sum of cols. 1 thru 5)	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE (col. 6 + col. 7)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 8 + col. 9)	
		1	2	3	4	5	6	7	8	9	10	
	GENERAL SERVICE COST CENTERS											
1	Capital Related-Bldgs. and Fixtures											1
2	Capital Related-Movable Equipment											2
3	Plant Operation & Maintenance											3
4	Transportation (see instructions)											4
5	Administrative and General	650,329			77,255	477,612	1,205,196		1,205,196	-9,149	1,196,047	5
	HHA REIMBURSABLE SERVICES											
6	Skilled Nursing Care	1,149,067		94,555	67,654		1,311,276		1,311,276		1,311,276	6
7	Physical Therapy	632,825		76,389	516		709,730		709,730		709,730	7
8	Occupational Therapy	257,477		29,070	53,340		339,887		339,887		339,887	8
9	Speech Pathology	108,988		9,326	52,626		170,940		170,940		170,940	9
10	Medical Social Services	38,375		3,120			41,495		41,495		41,495	10
11	Home Health Aide	131,685		7,635			139,320		139,320		139,320	11
12	Supplies (see instructions)					9,279	9,279		9,279		9,279	12
13	Drugs											13
14	DME											14
	HHA NONREIMBURSABLE SERVICES											
15	Home Dialysis Aide Services											15
16	Respiratory Therapy											16
17	Private Duty Nursing											17
18	Clinic											18
19	Health Promotion Activities											19
20	Day Care Program											20
21	Home Delivered Meals Program											21
22	Homemaker Service											22
23	All Others											23
24	Total (sum of lines 1-23)	2,968,746		220,095	251,391	486,891	3,927,123		3,927,123	-9,149	3,917,974	24

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

FORM CMS 2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 4041)

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CALCULATION OF CAPITAL PAYMENT	Provider CCN: 340130	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET L

Medicare -Title XVIII - Hospital

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1	Capital DRG other than outlier	2,037,554	1
2	Capital DRG outlier payments	15,238	2
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	90.27	3
4	Number of interns & residents (see instructions)	3.61	4
5	Indirect medical education percentage (see instructions)	1.13	5
6	Indirect medical education adjustment (line 1 times line 5)	23,024	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.076700	7
8	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.266900	8
9	Sum of lines 7 and 8	0.343600	9
10	Allowable disproportionate share percentage (see instructions)	0.072100	10
11	Disproportionate share adjustment (line 10 times lines 1)	146,908	11
12	Total prospective capital payments (sum of lines 1-2, 6 and 11)	2,222,724	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 x line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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8800 NORTH TRYON STREET
CHARLOTTE, NC 28256-5009

[Electronic Record Code: 269576 - 1996]
Type of Facility: Short Term Acute Care
Type of Control: Governmental Hospital District
Classification: Urban

Bed Size:	130
Total Annual Discharges:	7,529
Total Patient Revenue:	$440,237,708

Period: 01/01/2010 - 12/31/2010
Status: As Submitted

Fiscal Intermediary: Palmetto Government Benefits Administrators

Medicare Inpatient Characteristics

DSH Ratio:	0.117700
DSH Amount:	$1,233,805
Outlier Amount:	$81,372
IME Amount:	$0
GME Amount:	$0
Total IP Reimbursement:	$12,720,202
Total IP Costs:	$12,633,640
NPR Date:	00/00/0000
NPR Settlement Amount:	$155,144
NPR Settlement Percent:	1.22 %

[Date Generated: 03/20/2013]

Source
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Legend:

Identification
A hospital's Medicare provider number, name, and address are taken from Worksheet S-2. The Electronic Code is a code assigned by CostReportData.com to assist in resolving questions.

Type of Facility
The type of facility is determined from the last four digits of its Medicare provider number.

Type of Control
A hospital's type of control is taken from the HCRIS file.

Bed Size
The number of staffed beds is taken from Worksheet S-3, Part I, line 12, col.1. Cost report instructions define staffed beds as, "the number of beds available for use by patients at the end of the cost reporting period. A bed means an adult bed, pediatric bed, birthing room, or newborn bed maintained in a patient care area for lodging patients in acute, long term, or domiciliary areas of the hospital. Beds in labor room, birthing room, postanesthesia, postoperative recovery rooms, outpatient areas, emergency rooms, ancillary departments, nurses' and other staff residences, and other such areas which are regularly maintained and utilized for only a portion of the stay of patients (primarily for special procedures or not for inpatient lodging) are not termed a bed for these purposes.

Total Annual Discharges
The total number of inpatient discharges (all payors) is taken from Worksheet S-3, part I, line 12, column 15.

Total Patient Revenue
The total patient revenue (inpatient and outpatient) is taken from Worksheet G-2, part I, line 25, column 3.

Period
The beginning and ending dates for a cost report are taken from Worksheet S-2, line 17.

Status
The status of a cost report is taken from the HCRIS file.

Fiscal Intermediary
Medicare Fiscal Intermediaries (FIs) are private insurance companies that serve as the federal government's agents in the administration of the Medicare program, including the payment of claims. The name of the FI is obtained from a hospital's most recent Medicare cost report.

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Petitioner's Trial Exhibit
077A

Disproportionate Share (DSH Amount and DSH Ratio)
Medicare provides additional payment to hospitals that treat a disproportionate share of low-income patients. Qualifying hospitals receive a percentage increase in Medicare payments. This percentage increase varies depending on the ratio of low income patients and on certain statutory calculations. The Disproportionate SHare (DSH) ratio is taken from Worksheet E, Part A, line 4.03. The amount of DSH payments is from Worksheet E, Part A, line 4.04.

Outlier Amount
Medicare makes additional payments to hospitals for patients with costs that are extraordinarily high due to severity of illness and/or complicating conditions. The amount of outlier payments is from Worksheet E, Part A, line 2.01 (or line 2 for discharges occurring prior to October 1, 1997).

IME Amount
Teaching hospitals receive additional Medicare payment due to the indirect costs associated with medical education programs. These payments are intended to cover the costs of additional tests and procedures ordered by interns and residents over and above what would have been ordered by more experienced physicians. The amount of the Indirect Medical Education (IME) adjustment is from Worksheet E, Part A, line 3.24 (or line 3.03 for cost reporting periods ending on or before September 30, 1997).

GME Amount
Medicare pays a hospital for the costs of an approved direct Graduate Medical Education (GME) program. These costs include the direct cost of salaries and benefits for interns, residents, and teachers. The amount of GME payment is from Worksheet E, Part A, line 11.

Total IP Reimbursement
The total amount of Medicare inpatient reimbursement for the cost reporting period is from Worksheet E, Part A, line 16 for PPS hospitals or from Worksheet E-3, Part I, line 17 or Worksheet E-3, Part II, Line 30 for non-PPS hospitals.

Total IP Costs
Total IP Costs corresponding to Total IP Reimbursement are calculated in the cost report and summarized on Worksheet D-1, Part II, line 49.

NPR Date
At the close of its fiscal year, a provider must submit a cost report to the FI showing the costs it incurred during the fiscal year and the proportion of those costs to be allocated to Medicare. The FI reviews the cost report, determines the total amount of Medicare reimbursement due the provider and issues the provider a Notice of Program Reimbursement (NPR). The NPR date is obtained from the most recent cost report data (HCRIS). There is no NPR date for cost reports as submitted or as amended by the provider (see Status above).

NPR Settlement Amount
The NPR Settlement Amount is the Balance due provider/(Program). It is the difference between the Total IP Reimbursement (above) and the total interim payments for the cost reporting period less any tentative settlements previously made by the FI. The Balance due provider/(Program) is from Worksheet E, Part A, line 29 for PPS hospitals or from Worksheet E-3, Part I, line 20 or Worksheet E-3, Part II, Line 33 for non-PPS hospitals.

NPR Settlement Percentage
This NPR settlement percentage is the NPR settlement amount as a percentage of total inpatient reimbursement. (It is calculated from the data elements previously defined.)

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA	PROVIDER NO 340166	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-2 PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 8800 NORTH TRYON STREET		P.O.Box: 560727	1
1.01	City: CHARLOTTE	State: NC	ZIP: 28256-5009	County: MECKLENBURG	1.01

Hospital and Hospital-Based Component Identification:

	Component	Component Name	Provider Number	NPI Number	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	2.01	3	4	5	6	
2	Hospital	CAROLINAS MEDICAL CENTER-UNIVERSITY	340166		05/10/85		P	O	2
3.00	Subprovider								3.00
4	Swing Beds-SNF								4
5	Swing Beds-NF								5
6	Hospital-Based SNF								6
7.00	Hospital-Based NF								7.00
8	Hospital-Based OLTC								8
9.00	Hospital-Based HHA								9.00
11.00	Separately Certified ASC								11.00
12.00	Hospital-Based Hospice								12.00
14.00	Hospital-Based Health Clinic								14.00
15.00	Outpatient Rehab. Clinic								15.00
16.00	Renal Dialysis								16.00

17	Cost Reporting Period	From: 01/01/2010	To: 12/31/2010		17
			1	2	
18	Type of Control (see instructions)		11		18

Type of Hospital/subprovider (see instructions)

19	Hospital	1	19
20.00	Subprovider		20.00

Other Information

21	Indicate if your hospital is either (1) urban or (2) rural at the end of the cost reporting period in column 1. If your hospital is geographically classified or located in a rural area, is your bed size in accordance with CFR 42 412.105 less than or equal to 100 beds, enter in column 2 "Y" for yes or "N" for no.						21
21.01	Does your facility qualify and is currently receiving payment for disproportionate share hospital adjustment in accordance with 42 CFR 412.106?Enter in column 1 "Y" for yes or "N" for no. Is this facility subject to the provisions of 42 CFR 412.106(c)(2) (Pickle amendment hospitals)? Enter in column 2 "Y" for yes or "N" for no.			Y	N		21.01
21.02	Has your facility received a new geographic reclassification status changes after the first day of the cost reporting period from rural to urban and vice versa? Enter "Y" for yes and "N" for no. If yes, enter in column 2 the effective date (mm/dd/yyyy) (See instructions)						21.02
21.03	Enter in column 1 your geographic location either (1) urban (2) rural If you answered urban in column 1 indicate if you received either a wage or standard geographic reclassification to a rural location, enter in column 2 "Y" for yes and "N" for no. If column 2 is yes enter in column 3 the effective date (mm/dd/yyyy) (see instruction). Does your facility contain 100 or fewer beds in accordance with 42 CFR 412.105? Enter in column 4 "Y" for yes and "N" for no. Enter in column 5 the providers actual MSA or CBSA	1	N		N	16740	21.03
21.04	For standard Geographic classification (not wage), what is your status at the beginning of the cost reporting period. Enter (1) urban and (2) rural.			1			21.04
21.05	For standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) urban and (2) rural.			1			21.05
21.06	Does this hospital qualifies for the three year transition (or applicable extension) of hold harmless payments for small rural hospital under the prospective payment system for hospital outpatient services under DRA §5105 or MIPPA §147, ACA §3121, or MMEA §108? (See instructions). Enter "Y" for yes, and "N" for no.			N			21.06
21.07	Does this hospital qualify as an SCH with 100 or fewer beds under MIPPA§147? Enter "Y" for yes and "N" for no.(See instructions) Is this an SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 or MMEA §108? Enter in colun 2 "Y" for yes or "N" for no.(See instructions)				N		21.07
21.08	Which method is used to determine Medicaid days on S-3, Part I, col. 5 Enter in column 1, "1" if it is based on date of admission, "2" if it based on census days, or "3" if it is based on date of discharge. Is this method different than the method used in the preceeding cost reporting period? Enter in column 2,"Y" for yes or "N" for no.			3	N		21.08
22	Are you classified as a referral center?			N			22
23	Does this facility operate a transplant center? If yes, enter certification date(s) in column 2 and termination date(s) in column 3 (mm/dd/yyyy) below:			N			23
23.01	If this is a Medicare certified kidney transplant center, enter the certification date in col. 2 and termination in col. 3.						23.01
23.02	If this is a Medicare certified heart transplant center, enter the certification date in col. 2 and termination in col. 3.						23.02
23.03	If this is a Medicare certified liver transplant center, enter the certification date in col. 2 and termination in col. 3.						23.03
23.04	If this is a Medicare certified lung transplant center, enter the certification date in col. 2 and termination in col. 3.						23.04

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HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA	PROVIDER NO 340166	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-2 PART I

23.05	If Medicare pancreas transplant are performed see instructions for entering certification and termination date.					23.05
23.06	If this is a Medicare certified intestinal transplant center, enter the certification date in col. 2 and termination in col. 3.					23.06
23.07	If this is a Medicare certified islet transplant center, enter the certification date in col. 2 and termination in col. 3.					23.07
24	If this is an organ procurement organization (OPO), enter the OPO number in column 2 termination date in col 3.					24
24.01	If this is a Medicare Transplant Center, enter CCN in col. 2, the certification or recertification date after (12/26/2007) in column 3 (mm/dd/yyyy).					24.01
25	Is this a teaching hospital or affiliated with a teaching hospital and you are receiving payments for I & R?	N				25
25.01	Is this teaching program approved in accordance with CMS Pub. 15-I, chapter 4?					25.01
25.02	If line 25.01 is yes, was Medicare participation and approved teaching program status in effect during the first month of the cost reporting period? If yes, complete Worksheet E-3, Part IV. If no, complete Worksheet D-2, Part II.					25.02
25.03	As a teaching hospital, did you elect cost reimbursement for physicians as defined in CMS Pub. 15-I, section 2148? If yes, complete Worksheet D-9.	N				25.03
25.04	Are you claiming costs on line 70 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				25.04
25.05	Has your facility direct GME FTE cap (column 1) or IME FTE cap (column 2) been reduced under 42 CFR §413.79(c)(3) or 42 CFR §412.105(f)(1)(iv)(B)? Enter "Y" for yes and "N" for no in the applicable columns. (see instructions)	N				25.05
25.06	Has your facility received additional direct GME FTE resident cap slots or IME FTE residents cap slots under 42 CFR 413.79(c)(4)or 42 CFR 412.105(f)(1)(iv)(C)? Enter "Y" for yes and "N" for no in the applicable columns (see instructions).	N				25.06
25.07	Has your facility trained residents in non-provider setting during the cost reporting period? Enter "Y" for yes or "N" for no in column 1.					25.07
25.08	If line 25.07 is yes, enter in column 1 the weighted number of non-primary care FTE residents attributable to rotations occurring in all non-provider settings.					25.08
25.09	If line 25.07 is yes, use lines 25.09 through 25.59 as necessary to identify the program name in column 1, the program code in column 2, and the number unweighted primary care residents FTEs by program in column 3 for each primary care specialty program in which residents are trained.(see instructions)					25.09
26	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the C/R period Enter beginning and ending dates of SCH status on line 26.01. Subscript line 26.01 for number of periods in excess of one and enter subsequent dates					26
26.01	Enter the applicable SCH dates: (see instructions)	Beginning:	Ending:			26.01
27	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N				27
28	If this facility contains a hospital-based SNF, are all patients under managed care or there were no Medicare utilization enter "Y", if "N" complete lines 28.01 and 28.02.					28
28.01	If hospital-based SNF, enter appropriate transition period 1, 2, 3, or 100 in column 1. Enter in columns 2 and 3 the wage index adjustment factor before and on or after the October 1st (see instrctions)					28.01
28.02	Enter in column 1 the hospital based SNF facility specific rate (from your fiscal intermediary) if you have not transitioned to 100% SNP PPS payment. In column 2 enter the facility classification Urban(1) or Rural(2). In column 3, enter the SNF MSA code or two character state code if a Rural based facility. In column 4, enter the SNF CBSA code or two character state code if a Rural based facility					28.02
	A notice published in the "Federal Register" Vol. 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. Enter in column 1 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 6, column 3. Indicate in column 2 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (See instructions)					
28.03	Staffing					28.03
28.04	Recruitment					28.04
28.05	Retention of employees					28.05
28.06	Training					28.06
28.07	Other (Specify)					28.07
29	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?	N				29
30	Does this hospital qualify as a rural primary care hospital (RPCH)/Critical Access Hospital (CAH)? (see 42 CYR 485.606ff)	N				30
30.01	If so, is this the initial 12 month period for the facility operated as an RPCH/CAH? See 42 CFR 413.70.					30.01
30.02	If this facility qualifies as an RPCH/CAH, has it elected the all-inclusive method of payment for outpatient services? (See instructions)					30.02
30.03	If this facility qualifies as a CAH is it eligible for cost reimbursement for ambulance services? If yes, enter in column 2 the date of eligibility determination (date must be on or after 12/21/2000)					30.03
30.04	If this facility qualifies as a CAH is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes and "N" for no. If yes, the GME elimination would not be on Worksheet B, Part I, column 26 and the program would be cost reimbursed. If yes also complete Worksheet D-2, Part II.					30.04
31	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR 412.113(c).	N				31
31.01		N				31.01
31.02		N				31.02
Miscellaneous Cost Reporting information						
32	Is this an all-inclusive provider? If yes, enter the method used (A, B, or E only) in column 2.	N				32

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HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA	PROVIDER NO 340166	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-2 PART I

33	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y for yes and "N" for no in column 1. If yes, for cost reporting periods beginning on or after October 1, 2002, do you elect to be reimbursed at 100% Federal capital payment? Enter "Y for yes and "N" for no in column 2.	N				33
34	Is this a new hospital under 42 CFR 413.40(f)(1)(i) TEFRA?	N				34
35	Have you established a new subprovider (excluded unit) under 42 CFR 413.40(f)(1)(i)?	N				35
35.01		N				35.01
		V	XVIII	XIX		
	Prospective Payment System (PPS)-Capital	1	2	3		
36	Do you elect fully prospective payment methodology for capital costs? (See instructions)		Y			36
36.01	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320? (See instructions)		Y			36.01
37	Do you elect hold harmless payment methodology for capital costs? (See instructions)		N			37
37.01	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal rate?		N			37.01
	Title XIX inpatient services					
38	Do you have title XIX inpatient hospital services?	Y				38
38.01	Is this hospital reimbursed for title XIX through the cost report either in full or in part?					38.01
38.02	Does the title XIX program reduce capital following the Medicare methodology?					38.02
38.03	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (See instructions)	N				38.03
38.04	Do you operate an ICF/MF facility for purposes of title XIX?	N				38.04
40	Are there any related organization or home office costs as defined in CMS Pub. 15-1, Chapter 10? If yes, and this facility is part of a chain organization, enter in col. 2 the chain home office chain number. (See inst.) If this facility is part of a chain organization enter the name and address of the home office on lines 40.01-40.03.	Y	349014			40
40.01	Name: CAROLINAS HEALTHCARE SYSTEM	FI/Contractor's Name: PALMETTO GBA	FI/Contractor's Number: 77002			40.01
40.02	Street:	PO Box:32861				40.02
40.03	City: CHARLOTTE	State: NC	Zip Code: 28232			40.03
41	Are provider based physicians' costs included in Worksheet A?	Y				41
42	Are physical therapy services provided by outside suppliers?	N				42
42.01	Are occupational therapy services provided by outside suppliers?	N				42.01
42.02	Are speech pathology services provided by outside suppliers?	N				42.02
43	Are respiratory therapy services provided by outside suppliers?	N				43
44	If you are claiming cost for renal services on Worksheet A, are they inpatient services only?	Y				44
45	Have you changed your cost allocation methodology from the previously filed cost report? See CMS Pub. 15-II, section 3617. If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				45
45.01	Was there a change in the statistical basis?					45.01
45.02	Was there a change in the order of allocation?					45.02
45.03	Was there a change to the simplified cost finding method?					45.03
46	If you are participating in the NHCMQ demonstration project (must have a hospital-based SNF) during this cost reporting period, enter the phase (see instructions).					46

If this facility contains a provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption. Enter "N" if not exempt. (See 42 CFR 413.13.)		Part A 1	Part B 2	Outpatient ASC 3	Outpatient Radiology 4	Outpatient Diagnostic 5	
47	Hospital	N	N	N	N	N	47
48	Subprovider						48
49	SNF						49
50	HHA						50
51	Outpatient Rehab. Providers (specify)						51

52	Does this hospital claim expenditures for extraordinary circumstances in accordance with 42 CFR 412.348(e)? (See instructions)	N				52
52.01	If you are a fully prospective or hold harmless provider are you eligible for the special exceptions payment pursuant to 42 CFR 412.348(g)? If yes, complete Worksheet L, Part IV.	N				52.01
53	If you are a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in this C/R period. Enter beginning and ending dates of MDH status on line 53.01. Subscript line 53.01 for number of periods in excess of one and enter subsequent dates.					53

53.01	MDH Period	Beginning:	Ending:		53.01
54	List amounts of malpractice premiums and paid losses:	Premiums:	Paid losses:	and/or Self Insurance:	54

54.01	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				54.01
55	Does your facility qualify for additional prospective payment in accordance with 42 CFR 412.107. Enter "Y" for yes and "N" for no.	N				55

		Date 0	Y or N 1	Limit 2	Y or N 3	Fees 4	
56	Are you claiming ambulance costs? If yes, enter in column 2 the payment limit provided from your fiscal intermediary and the applicable dates for those limits in column 0. If this is the first year of operation no entry is required in column 2. If column 1 is Y, enter Y or N in column 3 whether this is your first year of operations for rendering ambulance services. Enter in column 4, if applicable, the fee schedules amounts for the period beginning on or after 4/1/2002.		N				56
56.01	Enter subsequent ambulance payment limit as required. Subscript if more than 2 limits apply. Enter in column 4 the fee schedules amounts for initial or subsequent periods as applicable.						56.01

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HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA	PROVIDER NO 340166	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-2 PART I

57	Are you claiming nursing and allied health costs? (See instructions)					N		57
58	Are you an Inpatient Rehabilitation Facility (IRF), or do you contain an IRF subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes have you made the election for 100% Federal PPS reimbursement? Enter in column 2 "Y for yes and "N" for no. This option is only available for cost reporting periods beginning on or after 1/1/2002 and before 10/1/2002.					N		58
58.01	If line 58 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter in column 1 "Y" for yes or "N" for no. Is the facility training residents in a new teaching programs in accordance with FR Vol. 70, No. 156 dated August 15, 2005 page 47929? Enter in column 2 "Y" for yes or "N" for no. If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions). If the current cost reporting period covers the beginning of the fourth enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 . (see instructions)		N					58.01
59	Are you a Long Term Care Hospital (LTCH), or do you contain a LTCH subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes, have you made the election for 100% Federal PPS reimbursement? Enter in column 2 "Y" for yes and "N" for no. (See instructions)					N		59
60	Are you an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes, is the IPF or IPF subprovider a new facility? Enter in column 2 "Y for yes and "N" for no. (see instructions)					N		60
60.01	If line 60 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Is the facility training residents in a new teaching programs in accordance with 42 CFR Sec. 412.424 (d)(1)(iii)(2)? Enter in column 2 "Y" for yes or "N" for no. If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions). If the current cost reporting period covers the beginning of the fourth enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 . (see instructions)		N					60.01
Multicampus								
61	Is this facility part of a Multicampus hospital that has one or more campuses in different CBSA? Enter "Y" for yes and "N" for no.						N	61
	If line 61 is yes, enter the name in col. 0, County in col. 1, state in col. 2, Zip in col 3, CBSA in col. 4 and FTE/Campus in col. 5.	County	State	ZIP Code	CBSA	FTE/ Campus		
		1	2	3	4	5		
62	Name:							62
Settlement data								
63	Was there a change to the simplified cost finding method?					Y	04/07/11	63
Miscellaneous data								
64	Did this facility incur and report costs for implantable devices charged to patient? Enter in column 1 "Y" for yes or "N" for no.						Y	64

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	PROVIDER NO 340166	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-3 PART I

	Component	No. of Beds	Bed Days Available	I/P Days / O/P Visits / Trips						Total All Patients	OBS Beds		Interns & Residents FTEs			Full Time Equivalent		Discharges				
				Title V	Title XVIII	Not Covered (LTAC only)	Title XIX				Admitted	Not Admitted	Total	Less I&R Replacing Non-Phys. Anest.	Net	Employees on Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
							Total	OBS Admitted	OBS Not Admitted													
		1	2	3	4	4.01	5	5.01	5.02	6	6.01	6.02	7	8	9	10	11	12	13	14	15	
1	Hospital Adults &Peds. (col 3,4,&5), exclude Swing Beds, OBS Bed, and Hospice Days	113	41,245		5,238		3,293			22,006									1,548	1,147	7,529	1
2	HMO				545		1,104															2
3	Hospital Adults &Peds Swing Bed SNF																					3
4	Hospital Adults & Peds. Swing Bed NF																					4
5	Total Adults & Peds. (exclude OBS beds)	113	41,245		5,238		3,293			22,006												5
6	Intensive Care Unit	8	2,920		593		233			1,606												6
7	Coronary Care Unit																					7
8	Burn Intensive Care Unit																					8
9	Surgical Intensive Care Unit																					9
10.15	Neonatal ICU	9	3,285				377			1,226												10.15
11	Nursery																					11
12	Total (see instructions)	130	47,450		5,831		3,903			24,838						730.38			1,548	1,147	7,529	12
13	RPCH/CAH visits																					13
14.00	Subprovider																					14.00
15	Skilled Nursing Facility																					15
16	Nursing Facility																					16
17	Other Long Term Care																					17
18	Home Health Agency																					18
20	ASC (Distinct Part)																					20
21	Hospice (Distinct Part)																					21
23	Outpatient Rehab. Provider (specify)																					23
24	RHC/FQHC (specify)																					24
25	Total (sum of lines 12-24)	130														730.38						25
26	Observation Bed Days						311			2,234												26
27	Ambulance Trips																					27
28	Employee discount days (see instru.)																					28
29	Labor & delivery days (see instructions)																					29

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
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HOSPITAL WAGE INDEX INFORMATION		PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET S-3. PART II	
PART II - WAGE DATA	Amount Reported	Reclass. of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salaries in col. 3	Average Hourly Wage (col. 3÷ col. 4)	Data Source	
	1	2	3	4	5	6	
SALARIES							
1 Total Salaries (see instructions)	43,550,357		43,550,357	1,523,348	28.59		1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetist Part B	2,999,929		2,999,929	34,273	87.53		3
4 Physician-Part A							4
4.01 Teaching physician salaries (see instructions)							4.01
5 Physician-Part B							5
5.01 Non-physician-Part B							5.01
6 Interns & residents (in an approved program)							6
6.01 Contractd Services I&R (see instructions)							6.01
7 Home office personnel							7
8 SNF							8
8.01 Excluded area salaries (see instructions)	365,150		365,150	13,222	27.62		8.01
OTHER WAGES & RELATED COSTS							
9 Contract labor (see instructions)	216		216	5	45.47		9
9.01 Pharmacy services under contract							9.01
9.02 Laboratory services under contract							9.02
9.03 Management and administrative services							9.03
10 Contract labor: physician-Part A	105,326		105,326	744	141.52		10
10.01 Teaching physician under contract (see instru.)							10.01
11 Home office salaries & wage-related costs	12,684,578		12,684,578	260,882	48.62		11
12 Home office: physician Part A							12
12.01 Teaching physician salaries (see instructions)							12.01
WAGE-RELATED COSTS							
13 Wage-related costs (core)	10,942,478		10,942,478			CMS 339	13
14 Wage-related costs (other)						CMS 339	14
15 Excluded areas	91,762		91,762			CMS 339	15
16 Non-physician anesthetist Part A						CMS 339	16
17 Non-physician anesthetist Part B	753,882		753,882			CMS 339	17
18 Physician Part A						CMS 339	18
18.01 Part A teaching physicians (see instructions)						CMS 339	18.01
19 Physician Part B						CMS 339	19
19.01 Wage-related costs (RHC/FQHC)						CMS 339	19.01
20 Interns & residents (in an approved program)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 Employee Benefits	609,171	-609,171					21
22 Administrative & General	2,417,308	609,171	3,026,479	109,174	27.72		22
22.01 Administrative & General under contract (see inst.)							22.01
23 Maintenance & Repairs							23
24 Operation of Plant	944,715		944,715	51,048	18.51		24
25 Laundry & Linen Service							25
26 Housekeeping	713,073		713,073	62,936	11.33		26
26.01 Housekeeping under contract (see instructions)							26.01
27 Dietary	42,463		42,463	1,506	28.20		27
27.01 Dietary under contract (see inst.)							27.01
28 Cafeteria							28
29 Maintenance of Personnel							29
30 Nursing Administration	1,176,037		1,176,037	27,272	43.12		30
31 Central Services and Supply	680,804	-387,606	293,198	15,638	18.75		31
32 Pharmacy	1,298,882		1,298,882	34,731	37.40		32
33 Medical Records & Medical Records Library	531,261		531,261	30,326	17.52		33
34 Social Service	563,333		563,333	18,480	30.48		34
35 Other General Service							35

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
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HOSPITAL WAGE INDEX INFORMATION		PROVIDER NO.: 340166		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET S-3, PART III	
	Amount Reported	Reclass. of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salaries in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	Data Source	
	1	2	3	4	5	6	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1 Net Salaries (see instructions)	40,550,428		40,550,428	1,489,075	27.23		1
2 Excluded area salaries (see instructions)	365,150		365,150	13,222	27.62		2
3 Subtotal salaries (line 1 minus line 2)	40,185,278		40,185,278	1,475,853	27.23		3
4 Subtotal other wages & related costs (see inst.)	12,790,120		12,790,120	261,631	48.89		4
5 Subtotal wage-related costs (see inst.)	10,942,478		10,942,478		27.23		5
6 Total (sum of lines 3 thru 5)	63,917,876		63,917,876	1,737,484	36.79		6
7 Net salaries (see instructions)							7
8 Excluded area salaries							8
9 Subtotal salaries (line 7 minus line 8)							9
10 Subtotal other wages & related costs (see inst.)							10
11 Subtotal wage-related costs (see inst.)							11
12 Total (sum of lines 9 thru 11)							12
13 Total overhead costs (see inst.)	8,977,047	-387,606	8,589,441	351,111	24.46		13

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
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HOSPITAL UNCOMPENSATED CARE DATA	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET S-10

Uncompensated Care Information			
1	Do you have a written charity policy?		1
2	Are patients write-offs identified as charity? If yes answer lines 2.01 thru 2.04		2
2.01	Is it at the time of admission?		2.01
2.02	Is it at the time of first billing?		2.02
2.03	Is it after some collection effort has been made?		2.03
2.04	Other methods of write-offs (specify)		2.04
3	Are charity write-offs made for partial bills?		3
4	Are charity determinations based upon administrative judgment without financial data?		4
5	Are charity determinations based upon income data only?		5
6	Are charity determinations based upon net worth (assets) data?		6
7	Are charity determinations based upon income and net worth data?		7
8	Does your accounting system separately identify bad debt and charity care? If yes answer 8.01		8
8.01	Do you separately account for inpatient and outpatient services?		8.01
9	Is discerning charity from bad debt a high priority in your institution? If no answer 9.01 thru 9.04		9
9.01	Is it because there is not enough staff to determine eligibility?		9.01
9.02	Is it because there is no financial incentive to separate charity from bad debt?		9.02
9.03	Is it because there is no clear directive policy on charity determination?		9.03
9.04	Is it because your institution does not deem the distinction important?		9.04
10	If charity determinations are made based upon income data, what is the maximum income that can be earned by patients (single without dependent) and still determined to be a charity write off??		10
11	If charity determinations are made based upon income data, is the income directly tied to Federal poverty level? If yes answer lines 11.01 thru 11.04		11
11.01	Is the percentage level used less than 100% of the Federal poverty level?		11.01
11.02	Is the percentage level used between 100% and 150% of the Federal poverty level?		11.02
11.03	Is the percentage level used between 150% and 200% of the Federal poverty level?		11.03
11.04	Is the percentage level greater than or equal to 200% of the Federal poverty level?		11.04
12	Are partial write-offs given to higher income patients on a gradual scale?		12
13	Is there charity consideration given to high net worth patients who have catastrophic or other extraordinary medical expenses?		13
14	Is your hospital State or local government owned? If yes answer line 14.01 and 14.02		14
14.01	Do you receive direct financial support from the government entity for the purpose of providing uncompensated care?		14.01
14.02	What percentage of the amount on line 14.01 is from government funding?		14.02
15	Do you receive restricted grants for rendering care to charity patients?		15
16	Are other non-restricted grants used to subsidize charity care?		16
Uncompensated Care Revenues			
17	Revenues from uncompensated care	1,707,402	17
17.01	Gross Medicaid Revenues	14,420,409	17.01
18	Revenues from State and local indigent care programs	162,431	18
19	Revenues related to SCHIP (see instructions)	386,903	19
20	Restricted grants		20
21	Non-restricted grants		21
22	Total Gross Uncompensated Care Revenues	16,677,145	22
Uncompensated Care Costs			
23	Total charges for patients covered by State and local indigent care programs		23
24	Cost to Charge Ratio (Wkst C, Part I, column 3 line 103, divided by column 8, line 103)	0.238894	24
25	Total State and local indigent care program cost (line 23 x line 24)		25
26	Total SCHIP charges from your records	2,065,255	26
27	Total SCHIP cost, (line 24 x line 26)	493,377	27
28	Total gross Medicaid charges from your records	61,364,698	28
29	Total gross Medicaid cost (line 24 x line 28)	14,659,658	29
30	Other uncompensated care charges from your records (see instructions)	41,741,063	30
31	Uncompensated care cost (line 24 x line 30)	9,971,690	31
32	Total uncompensated cost to the hospital (Sum of lines 25, 27, and 29)	15,153,035	32

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	0100	Old Capital Related Costs-Buildings and Fixtures								1
2	0200	Old Capital Related Costs-Movable Equipment								2
3	0300	New Capital Related Costs-Buildings and Fixtures				4,357,366	4,357,366	-377,998	3,979,368	3
4	0400	New Capital Related Costs-Movable Equipment				3,766,954	3,766,954		3,766,954	4
5	0500	Employee Benefits	609,171	10,792,853	11,402,024	461,515	11,863,539	-459,286	11,404,253	5
6.05	0600	Administrative & General	2,417,308	33,075,944	35,493,252	-7,931,645	27,561,607	-5,748,242	21,813,365	6.05
7	0700	Maintenance and Repairs								7
8	0800	Operation of Plant	944,715	1,793,968	2,738,683	290,274	3,028,957	292,985	3,321,942	8
9	0900	Laundry and Linen Service		498,092	498,092	15,061	513,153	48,355	561,508	9
10	01000	Housekeeping	713,073	388,424	1,101,497		1,101,497		1,101,497	10
11	1100	Dietary	42,463	1,606,351	1,648,814		1,648,814	-507,117	1,141,697	11
12	1200	Cafeteria								12
13	1300	Maintenance of Personnel								13
14	1400	Nursing Administration	1,176,037	76,456	1,252,493		1,252,493	-918	1,251,575	14
15	1500	Central Services and Supply	680,804	321,469	1,002,273	-576,940	425,333	-21,151	404,182	15
16	1600	Pharmacy	1,298,882	3,864,956	5,163,838	-3,352,197	1,811,641	-7,444	1,804,197	16
17	1700	Medical Records & Medical Records Library	531,261	388,630	919,891	53,507	973,398	90,416	1,063,814	17
18	1800	Social Service	563,333	39,611	602,944		602,944		602,944	18
19.00	1900	Other General Service (specify)								19.00
20	2000	Nonphysician Anesthetics				2,999,929	2,999,929	-2,999,929		20
21	2100	Nursing School								21
22	2200	Intern & Res. Service-Salary & Fringes (Approved)								22
23	2300	Intern & Res. Other Program Costs (Approved)								23
24	2400	Paramedical Ed. Program (specify)								24
		INPATIENT ROUTINE SERVICE COST CENTERS								
25	2500	Adults and Pediatrics (General Routine Care)	8,049,313	968,881	9,018,194	1,582,150	10,600,344	-64,596	10,535,748	25
26	2600	Intensive Care Unit	3,247,014	403,736	3,650,750	-1,966,164	1,684,586	23	1,684,609	26
27	2700	Coronary Care Unit								27
28	2800	Burn Intensive Care Unit								28
29	2900	Surgical Intensive Care Unit								29
30.15	3000	Neonatal ICU	1,474,495	100,751	1,575,246		1,575,246	297	1,575,543	30.15
31.00	3100	Subprovider								31.00
33	3300	Nursery								33
34	3400	Skilled Nursing Facility								34

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET A		
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
			1	2	3	4	5	6	7	
35.00	3500	Nursing Facility								35.00
36	3600	Other Long Term Care								36
		ANCILLARY SERVICE COST CENTERS								
37.05	3700	Operating Room	5,394,470	9,377,172	14,771,642	-3,932,587	10,839,055	-1,124,751	9,714,304	37.05
38	3800	Recovery Room								38
39.00	3900	Delivery Room and Labor Room								39.00
40.05	4000	Anesthesiology	3,283,187	542,412	3,825,599	-3,013,346	812,253	147	812,400	40.05
40.10	4000	Acupuncture	1,962,332	2,681,324	4,643,656	-1,368,285	3,275,371	-1,446,514	1,828,857	40.10
41.05	4100	Radiology-Diagnostic	2,711,183	1,657,839	4,369,022	-658,187	3,710,835	-20,186	3,690,649	41.05
42.00	4200	Radiology-Therapeutic								42.00
43	4300	Radioisotope								43
44.05	4400	Laboratory	855,366	2,153,792	3,009,158	380	3,009,538	412	3,009,950	44.05
45	4500	PBP Clinical Laboratory Services-Program Only								45
46.00	4600	Whole Blood & Packed Red Blood Cells								46.00
47	4700	Blood Storing, Processing, & Trans.								47
48	4800	Intravenous Therapy								48
49.05	4900	Respiratory Therapy	1,140,809	338,621	1,479,430	-53,661	1,425,769	-83,207	1,342,562	49.05
50.05	5000	Physical Therapy	192,815	55,976	248,791	461	249,252		249,252	50.05
51	5100	Occupational Therapy								51
52	5200	Speech Pathology								52
53.05	5300	Electrocardiology	53,778	23,370	77,148	-16,464	60,684		60,684	53.05
53.40	5300	Cardiac Catheterization Laboratory	60,652	86,769	147,421	-16,430	130,991		130,991	53.40
54	5400	Electroencephalography								54
55	5500	Medical Supplies Charged to Patients				2,228,935	2,228,935		2,228,935	55
55.30	5530	Implantable Devices Charged to Patients				3,358,465	3,358,465		3,358,465	55.30
56	5600	Drugs Charged to Patients				3,746,444	3,746,444		3,746,444	56
57	5700	Renal Dialysis								57
58	5800	ASC (Non-Distinct Part)								58
59.00	5900	Other Ancillary (specify)								59.00
		OUTPATIENT SERVICE COST CENTERS								
60.00	6000	Clinic								60.00
61	6100	Emergency	5,782,746	1,767,705	7,550,451	7,498	7,557,949	-25,961	7,531,988	61
62.00	6200	Observation Beds								62.00
63.00		Other Outpatient Service (specify)								63.00
		OTHER REIMBURSABLE COST CENTERS								
64	6400	Home Program Dialysis								64
65	6500	Ambulance Services								65

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010			WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 + col. 6)	
			1	2	3	4	5	6	7	
66.00	6600	Durable Medical Equipment-Rented								66.00
67.00	6700	Durable Medical Equipment-Sold								67.00
68	6800	Other Reimbursable (specify)								68
69.00	6900	Outpatient Rehabilitation Provider (specify)								69.00
70	7000	Intern-Resident Service (not appvd. tchng. prgm.)								70
71	7100	Home Health Agency								71
		SPECIAL PURPOSE COST CENTERS								
82	8200	Lung Acquisition								82
83	8300	Kidney Acquisition								83
84	8400	Livery Acquisition								84
85.00	8500	Heart Acquisition								85.00
86	8600	Other Organ Acquisition (specify)								86
88	8800	Interest Expense								88
89	8900	Utilization Review-SNF								89
90	9000	Other Capital-Related Costs (see instructions)								90
92	9200	Ambulatory Surgical Center (Distinct Part)								92
93	9300	Hospice								93
94	9400	Other Special Purpose (specify)								94
95		SUBTOTALS (sum of lines 1-94)	43,185,207	73,005,102	116,190,309	-16,967	116,173,342	-12,454,665	103,718,677	95
		NONREIMBURSABLE COST CENTERS								
96	9600	Gift, Flower, Coffee Shop, & Canteen		15,383	15,383		15,383		15,383	96
97	9700	Research								97
98	9800	Physicians' Private Offices				16,967	16,967	-10,032	6,935	98
99	9900	Nonpaid Workers								99
100		Other Nonreimbursable (specify)	365,150	215,354	580,504		580,504	-75,063	505,441	100
101		TOTAL (sum of lines 95-100)	43,550,357	73,235,839	116,786,196		116,786,196	-12,539,760	104,246,436	101

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ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET A7 Parts 1 & 2	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	1,800,000					1,800,000		1
2	Land Improvements	2,521,807	37,487		37,487		2,559,294	392,412	2
3	Buildings and Fixtures	86,574,259	3,453,687		3,453,687		90,027,946	10,946,761	3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	40,319,702	2,219,767		2,219,767	2,274,791	40,264,678	16,733,942	6
7	Subtotal (sum of lines 1-6)	131,215,768	5,710,941		5,710,941	2,274,791	134,651,918	28,073,115	7
8	Reconciling Items								8
9	Total (line 7 minus line 8)	131,215,768	5,710,941		5,710,941	2,274,791	134,651,918	28,073,115	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements								2
3	Buildings and Fixtures								3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment								6
7	Subtotal (sum of lines 1-6)								7
8	Reconciling Items								8
9	Total (line 7 minus line 8)								9

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RECONCILIATION OF CAPITAL COSTS CENTERS	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET A7, PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instru.)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5-7)	
		1	2	3	4	5	6	7	8	
1	Old Capital Related Costs-Buildings and Fixtures									1
2	Old Capital Related Costs-Movable Equipment									2
3	New Capital Related Costs-Buildings and Fixtures	92,587,240		92,587,240						3
4	New Capital Related Costs-Movable Equipment	40,264,678		40,264,678						4
5	Total (sum of lines 1-4)	132,851,918		132,851,918						5

	Description *	SUMMARY OF OLD AND NEW CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instru.)	Taxes (see instru.)	Other Capital-Related Costs (see instru.)	Total (1) (sum of cols. 9-14)	
		9	10	11	12	13	14	15	
1	Old Capital Related Costs-Buildings and Fixtures								1
2	Old Capital Related Costs-Movable Equipment								2
3	New Capital Related Costs-Buildings and Fixtures	3,664,442						3,979,368	3
4	New Capital Related Costs-Movable Equipment	3,093,066	532,554					3,766,954	4
5	Total (sum of lines 1-4)	6,757,508	532,554					7,746,322	5

(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related Worksheet A-6 reclassificatons, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

	Description *	SUMMARY OF OLD AND NEW CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instru.)	Taxes (see instru.)	Other Capital-Related Costs (see instru.)	Total (1) (sum of cols. 9-14)	
		9	10	11	12	13	14	15	
1	Old Capital Related Costs-Buildings and Fixtures								1
2	Old Capital Related Costs-Movable Equipment								2
3	New Capital Related Costs-Buildings and Fixtures								3
4	New Capital Related Costs-Movable Equipment								4
5	Total (sum of lines 1-4)								5

(1) The amount in columns 9 thru 14 must equal the amount on Worksheet A, column 2, lines 1 thru 4. Enter in each column the approporiate amounts including any directly assigned cost which may have been included in Worksheet A, column 2, lines 1 thru 4. All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.

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	ADJUSTMENTS TO EXPENSES	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010		WORKSHEET A-8	
	DESCRIPTION (1)	(2)		Epense Classification on Worksheet A to/from which the amount is to be adjusted	Wkst. A-7 Ref.	
		BASIS/CODE	AMOUNT	COST CENTER	LINE #	
		1	2	3	4	5
1	Investment income - old buildings and fixtures (chapter 2)			[illegible]		1
2	Investment income - old movable equipment (chapter 2)			[illegible]		2
3	Investment income - new buildings and fixtures (chapter 2)		-361,570	[illegible]		3
4	Investment income - new movable equipment (chapter 2)			[illegible]		4
5	Investment income - other (chapter 2)					5
6	Trade, quantity, and time discounts (chapter 8)					6
7	Refunds and rebates of expenses (chapter 8)					7
8	Rental of provider space by suppliers (chapter 8)					8
9	Telephone services (pay stations excluded) (chapter 21)		-5,580			9
10	Television and radio service (chapter 21)					10
11	Parking lot (chapter 21)					11
12	Provider-based physician adjustment	[illegible]	-29,854	[illegible]		12
13	Sale of scrap, waste, etc. (chapter 23)					13
14	Related organization transactions (chapter 10)	[illegible]	-3,538,412	[illegible]		14
15	Laundry and linen service					15
16	Cafeteria-employees and guests					16
17	Rental of quarters to employee and others					17
18	Sale of medical and surgical supplies to other than patients					18
19	Sale of drugs to other than patients					19
20	Sale of medical records and abstracts					20
21	Nursing school (tuition, fees, books, etc.)					21
22	Vending machines					22
23	Income from imposition of interest, finance or penalty charges (chapter 21)					23
24	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments					24
25	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	25
26	Adjustment for physical therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	26
27	Adjustment for HHA physical therapy costs in excess of limitation	[illegible]		[illegible]	[illegible]	27
28	Utilization review - physicians' compensation (chapter 21)			[illegible]	[illegible]	28
29	Depreciation - old buildings and fixtures			[illegible]		29
30	Depreciation - old movable equipment			[illegible]		30
31	Depreciation - new buildings and fixtures			[illegible]		31
32	Depreciation - new movable equipment			[illegible]		32
33	Non-physician Anesthetist		-2,999,929	[illegible]	[illegible]	33
34	Physicians' assistant					34
35	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	35
36	Adjustment for speech pathology costs in excess of limitation (chapter 14)	[illegible]		[illegible]	[illegible]	36
37	Other adjustments (specify) (3)		-5,604,415			37
50	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 101.)	[illegible]	-12,539,760	[illegible]	[illegible]	50

(1) Description - all chapter references in this column pertain to HCFA Pub. 15-I. (2) Basis for adjustment (see instructions). A. Costs - if cost, including applicable overhead, can be determined. B. Amount Received - if cost cannot be determined. (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof. Note:See instructions for column 5 referencing to Worksheet A-7.

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Statement of Costs of Services from Related Organizations and Home Office Costs				PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010		WORKSHEET A-8-1 Part A	
A. Costs incurred and adjustments required as a result of transactions with related organizations or the claiming of home office costs:								
	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A, column 5	Net Adjustments (col.4 - col.5) *	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5		HOME OFFICE COST	1,345,371	1,050,775	294,596		1
2	6		HOME OFFICE COST	17,050,796	19,362,640	-2,311,844		2
3	8		HOME OFFICE COST	512,818	219,833	292,985		3
4.00	9		HOME OFFICE COST	561,508	513,153	48,355		4.00
4.01	11		HOME OFFICE COST	340	197	143		4.01
4.02	14		HOME OFFICE COST	200	313	-113		4.02
4.03	15		HOME OFFICE COST	13,238	34,389	-21,151		4.03
4.04	16		HOME OFFICE COST	16,261	16,186	75		4.04
4.05	17		HOME OFFICE COST	362,518	269,423	93,095		4.05
4.06	25		HOME OFFICE COST	21,759	38,463	-16,704		4.06
4.07	26		HOME OFFICE COST	5,662	5,639	23		4.07
4.08	30		HOME OFFICE COST	2,504	2,207	297		4.08
4.09	37		HOME OFFICE COST	276,446	598,918	-322,472		4.09
4.10	40		HOME OFFICE COST	626	479	147		4.10
4.11	41		HOME OFFICE COST	16,130	35,818	-19,688		4.11
4.12	44		HOME OFFICE COST	12,438	12,026	412		4.12
4.13	49		HOME OFFICE COST	2,893	1,769	1,124		4.13
4.14	59		HOME OFFICE COST	130,641	259,120	-128,479		4.14
4.15	59		HOME OFFICE COST	120,356	243,223	-122,867		4.15
4.16	61		HOME OFFICE COST	28,412	27,973	439		4.16
4.17	98		HOME OFFICE COST	6,935	16,967	-10,032		4.17
4.18	100		HOME OFFICE COST	51,867	125,332	-73,465		4.18
4.19	16		ROBOTIC SVCS	288,802	296,321	-7,519		4.19
4.20	59		SLEEP SERVICES	384,460	1,536,804	-1,152,344		4.20
4.21	49		CPN ECHO TECH SVCS	19,853	103,278	-83,425		4.21
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 14.			21,232,834	24,771,246	-3,538,412		5
	*The amounts on lines 1-4 and subscripts as appropriate are transfered in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost.For related organizational or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.							

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Statement of Costs of Services from Related Organizations and Home Office Costs	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET A-8-1 Part B

B. Interrelationship to related organization(s) and/or home office:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet. This information is used by the Health Care Financing Administration and its intermediaries in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act.If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership		Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
1	B	CAROLINAS HEALTHCARE SYST	100				1
2							2
3							3
4							4
	(1) Use the following symbols to indicate interrelationship to related organizations:						
		A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.					
		B. Corporation, partnership, or other organization has financial interest in provider.					
		C. Provider has financial interest in corporation, partnership, or other organization.					
		D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.					
		E. Individual is director, officer, administrator, or key person of provider and related organization.					
		F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.					
		G. Other (financial or non-financial) specify _____					

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
	COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wksht. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures	3,979,368			3,979,368							3
4	New Capital Related Costs-Movable Equipment	3,766,954				3,766,954						4
5	Employee Benefits	11,404,253					11,404,253					5
6.05	Administrative & General	21,813,365			207,927	204,199	851,155	23,076,646	23,076,646			6.05
7	Maintenance and Repairs											7
8	Operation of Plant	3,321,942			421,048	343,552	265,688	4,352,230	1,237,343		5,589,573	8
9	Laundry and Linen Service	561,508						561,508	159,637			9
10	Housekeeping	1,101,497			122,250	99,749	200,542	1,524,038	433,286		203,953	10
11	Dietary	1,141,697			151,218	123,385	11,942	1,428,242	406,051		252,282	11
12	Cafeteria											12
13	Maintenance of Personnel											13
14	Nursing Administration	1,251,575			36,840	30,059	330,744	1,649,218	468,874		61,462	14
15	Central Services and Supply	404,182			92,274	75,290	82,458	654,204	185,991		153,943	15
16	Pharmacy	1,804,197			37,202	30,355	365,292	2,237,046	635,994		62,066	16
17	Medical Records and Medical Records Library	1,063,814			82,906	67,647	149,410	1,363,777	387,723		138,315	17
18	Social Service	602,944			29,551	24,112	158,430	815,037	231,716		49,301	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School											21
22	Intern &Res. Service-Salary &Fringes (Approved)											22
23	Intern &Res. Other Program Costs (Approved)											23
24	Paramedical Ed. Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	10,535,748			1,106,058	902,479	2,670,809	15,215,094	4,325,660		1,845,270	25
26	Intensive Care Unit	1,684,609			110,158	89,883	422,218	2,306,868	655,845		183,781	26

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wksht. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
27	Coronary Care Unit											27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30.15	Neonatal ICU	1,575,543			34,620	28,248	414,681	2,053,092	583,696		57,758	30.15
31.00	Subprovider											31.00
33	Nursery											33
34	Skilled Nursery Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	9,714,304			536,890	643,722	1,706,037	12,600,953	3,582,464		895,712	37.05
38	Recovery Room											38
39.00	Delivery Room and Labor Room											39.00
40.05	Anesthesiology	812,400			6,360	5,190	82,371	906,321	257,668		10,611	40.05
40.10	Acupuncture	1,828,857				232,473	551,879	2,613,209	742,938			40.10
41.05	Radiology-Diagnostic	3,690,649			194,434	181,076	762,482	4,828,641	1,372,787		324,381	41.05
42.00	Radiology-Therapeutic											42.00
43	Radioisotope											43
44.05	Laboratory	3,009,950			80,828	65,951	240,560	3,397,289	965,853		134,848	44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy	1,342,562			56,803	46,348	320,837	1,766,550	502,232		94,767	49.05
50.05	Physical Therapy	249,252			14,295	11,664	54,227	329,438	93,660		23,849	50.05
51	Occupational Therapy											51
52	Speech Pathology											52
53.05	Electrocardiology	60,684			2,566	2,094	15,124	80,468	22,877		4,281	53.05
53.40	Cardiac Catheterization Laboratory	130,991			50,033	40,824	17,058	238,906	67,921		83,472	53.40
54	Electroencephalography											54

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
55	Medical Supplies Charged to Patients	2,228,935						2,228,935	633,688			55
55.30	Implantable Devices Charged to Patients	3,358,465						3,358,465	954,815			55.30
56	Drugs Charged to Patients	3,746,444						3,746,444	1,065,118			56
57	Renal Dialysis											57
58	ASAC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59.00
	OUTPATIENT SERVICE COST CENTERS											
60.00	Clinic											60.00
61	Emergency	7,531,988			586,404	478,472	1,627,616	10,224,480	2,906,830		978,318	61
62.00	Observation Beds											62.00
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66.00	Durable Medical Equipment-Rented											66.00
67.00	Durable Medical Equipment-Sold											67.00
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not apprvd. tchng. prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	103,718,677			3,960,665	3,726,772	11,301,560	103,557,099	22,880,667		5,558,370	95

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, &Canteen	15,383			13,177	10,752		39,312	11,176		21,984	96
97	Research											97
98	Physicians' Private Offices	6,935						6,935	1,972			98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)	505,441			5,526	29,430	102,693	643,090	182,831		9,219	100
101	Cross Foot Adjustments											101
102	Negative Cost Centers											102
103	Total (sum of lines 95-102)	104,246,436			3,979,368	3,766,954	11,404,252	104,246,436	23,076,646		5,589,573	103

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures											3
4	New Capital Related Costs-Movable Equipment											4
5	Employee Benefits											5
6.05	Administrative & General											6.05
7	Maintenance and Repairs											7
8	Operation of Plant											8
9	Laundry and Linen Service	721,145										9
10	Housekeeping		2,161,277									10
11	Dietary	101,242	2,187,817									11
12	Cafeteria			1,700,310	1,700,310							12
13	Maintenance of Personnel											13
14	Nursing Administration		24,665		40,044		2,244,263					14
15	Central Services and Supply		61,778		21,562			1,077,478				15
16	Pharmacy		24,907		52,365			6,511	3,018,889			16
17	Medical Records and Medical Records Library		55,507		46,204			10		1,991,536		17
18	Social Service		19,785		27,722			3	1,304		1,144,868	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School											21
22	Intern &Res. Service-Salary &Fringes (Approved)											22
23	Intern &Res. Other Program Costs (Approved)											23
24	Paramedical Ed. Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	269,287	740,516	448,754	495,925		841,995	53,981	3,951	573,919	1,144,868	25
26	Intensive Care Unit	29,276	73,752	38,753	80,087		134,739	22,577	732	38,346		26

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I		
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
27	Coronary Care Unit											27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30.15	Neonatal ICU	7,823	23,179		49,284		85,189	5,382		28,753		30.15
31.00	Subprovider											31.00
33	Nursery											33
34	Skilled Nursery Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	140,820	359,454		298,786		585,599	237,872	6,439	122,472		37.05
38	Recovery Room											38
39.00	Delivery Room and Labor Room											39.00
40.05	Anesthesiology		4,258		9,241		17,851	30,675	1,464			40.05
40.10	Acupuncture	5,978					57,184	11,411	67	139,827		40.10
41.05	Radiology-Diagnostic	84,311	130,176		135,532			29,074		180,940		41.05
42.00	Radiology-Therapeutic											42.00
43	Radioisotope											43
44.05	Laboratory		54,115		61,605			1,207		35,226		44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy		38,030		61,605			8,115	7,745	4,784		49.05
50.05	Physical Therapy	3,318	9,571		9,241			46				50.05
51	Occupational Therapy											51
52	Speech Pathology											52
53.05	Electrocardiology		1,718		3,080							53.05
53.40	Cardiac Catheterization Laboratory		33,498		3,080		5,043	1,805		422		53.40
54	Electroencephalography											54

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
55	Medical Supplies Charged to Patients							237,720				55
55.30	Implantable Devices Charged to Patients							358,315				55.30
56	Drugs Charged to Patients							5,559	2,988,692			56
57	Renal Dialysis											57
58	ASAC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59.00
	OUTPATIENT SERVICE COST CENTERS											
60.00	Clinic											60.00
61	Emergency	180,332	392,604		304,947		516,663	66,811	8,116	866,847		61
62.00	Observation Beds											62.00
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66.00	Durable Medical Equipment-Rented											66.00
67.00	Durable Medical Equipment-Sold											67.00
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not apprvd. tching. prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	721,145	2,148,755	2,187,817	1,700,310		2,244,263	1,077,074	3,018,510	1,991,536	1,144,868	95

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, &Canteen		8,822									96
97	Research											97
98	Physicians' Private Offices											98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)		3,700					404	379			100
101	Cross Foot Adjustments											101
102	Negative Cost Centers											102
103	Total (sum of lines 95-102)	721,145	2,161,277	2,187,817	1,700,310		2,244,263	1,077,478	3,018,889	1,991,536	1,144,868	103

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures										3
4	New Capital Related Costs-Movable Equipment										4
5	Employee Benefits										5
6.05	Administrative & General										6.05
7	Maintenance and Repairs										7
8	Operation of Plant										8
9	Laundry and Linen Service										9
10	Housekeeping										10
11	Dietary										11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration										14
15	Central Services and Supply										15
16	Pharmacy										16
17	Medical Records and Medical Records Library										17
18	Social Service										18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School										21
22	Intern &Res. Service-Salary &Fringes (Approved)										22
23	Intern &Res. Other Program Costs (Approved)										23
24	Paramedical Ed. Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)							25,959,220		25,959,220	25
26	Intensive Care Unit							3,564,756		3,564,756	26

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
27	Coronary Care Unit										27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.15	Neonatal ICU							2,894,156		2,894,156	30.15
31.00	Subprovider										31.00
33	Nursery										33
34	Skilled Nursery Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room							18,830,571		18,830,571	37.05
38	Recovery Room										38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology							1,238,089		1,238,089	40.05
40.10	Acupuncture							3,570,614		3,570,614	40.10
41.05	Radiology-Diagnostic							7,085,842		7,085,842	41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory							4,650,143		4,650,143	44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy							2,483,828		2,483,828	49.05
50.05	Physical Therapy							469,123		469,123	50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology							112,424		112,424	53.05
53.40	Cardiac Catheterization Laboratory							434,147		434,147	53.40
54	Electroencephalography										54

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
55	Medical Supplies Charged to Patients							3,100,343		3,100,343	55
55.30	Implantable Devices Charged to Patients							4,671,595		4,671,595	55.30
56	Drugs Charged to Patients							7,805,813		7,805,813	56
57	Renal Dialysis										57
58	ASAC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.00	Clinic										60.00
61	Emergency							16,445,948		16,445,948	61
62.00	Observation Beds										62.00
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not apprvd. tching. prgm.)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)							103,316,612		103,316,612	95

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET B. PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, &Canteen							81,294		81,294	96
97	Research										97
98	Physicians' Private Offices							8,907		8,907	98
99	Nonpaid Workers										99
100	Other Nonreimbursable (specify)							839,623		839,623	100
101	Cross Foot Adjustments										101
102	Negative Cost Centers										102
103	Total (sum of lines 95-102)							104,246,436		104,246,436	103

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures			252,760							3
4	New Capital Related Costs-Movable Equipment				293,241						4
5	Employee Benefits					40,550,476					5
6.05	Administrative & General			13,207	15,896	3,026,479		81,169,760			6.05
7	Maintenance and Repairs										7
8	Operation of Plant			26,744	26,744	944,715		4,352,228		212,809	8
9	Laundry and Linen Service							561,507			9
10	Housekeeping			7,765	7,765	713,073		1,524,039		7,764	10
11	Dietary			9,605	9,605	42,462		1,428,243		9,605	11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration			2,340	2,340	1,176,037		1,649,216		2,340	14
15	Central Services and Supply			5,861	5,861	293,198		654,204		5,860	15
16	Pharmacy			2,363	2,363	1,298,880		2,237,044		2,363	16
17	Medical Records & Medical Records Library			5,266	5,266	531,262		1,363,776		5,265	17
18	Social Service			1,877	1,877	563,334		815,037		1,877	18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School										21
22	Intern & Res. Service-Salary & Fringes (Approved)										22
23	Intern & Res. Other Program Costs (Approved)										23
24	Paramedical Education Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)			70,254	70,254	9,496,683		15,215,071		70,254	25
26	Intensive Care Unit			6,997	6,997	1,501,294		2,306,868		6,997	26

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
27	Coronary Care Unit										27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.15	Neonatal ICU			2,199	2,199	1,474,494		2,053,091		2,198	30.15
31.00	Subprovider										31.00
33	Nursery										33
34	Skilled Nursing Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room			34,102	50,111	6,066,211		12,600,954		34,101	37.05
38	Recovery Room										38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology			404	404	292,889		906,321		403	40.05
40.10	Acupuncture				18,097	1,962,333		2,613,208			40.10
41.05	Radiology-Diagnostic			12,350	14,096	2,711,182		4,828,639		12,349	41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory			5,134	5,134	855,367		3,397,290		5,134	44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy			3,608	3,608	1,140,810		1,766,550		3,608	49.05
50.05	Physical Therapy			908	908	192,816		329,439		907	50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology			163	163	53,776		80,467		162	53.05
53.40	Cardiac Catheterization Laboratory			3,178	3,178	60,653		238,905		3,177	53.40
54	Electroencephalography										54

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
55	Medical Supplies Charged to Patients							2,228,933			55
55.30	Implantable Devices Charged to Patients							3,358,465			55.30
56	Drugs Charged to Patients							3,746,444			56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.00	Clinic										60.00
61	Emergency			37,247	37,247	5,787,367		10,224,480		37,247	61
62.00	Observation Beds										
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not appvd. tchng. pgm.)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)			251,572	290,113	40,185,324		80,480,432		211,621	95

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, & Canteen			837	837			39,310		836	96
97	Research										97
98	Physicians' Private Offices							6,936			98
99	Nonpaid Workers										99
100	Other Nonreimbursable (specify)			351	2,291	365,148		643,088		350	100
101	Cross foot adjustments										101
102	Negative cost centers										102
103	Cost to be allocated (per Wkst. B, Part I)			3,979,368	3,766,954	11,404,253		23,076,646		5,589,573	103
104	Unit cost multiplier (Wkst. B, Part I)			15.743662	12.845932	0.281236		0.284301		26.265680	104
105	Cost to be allocated (per Wkst. B, Part II)										105
106	Unit cost multiplier (Wkst. B, Part II)										106
107	Cost to be allocated (per Wkst. B, Part III)										107
108	Unit cost multiplier (Wkst. B, Part III)										108

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures											3
4	New Capital Related Costs-Movable Equipment											4
5	Employee Benefits											5
6.05	Administrative & General											6.05
7	Maintenance and Repairs											7
8	Operation of Plant											8
9	Laundry and Linen Service	951,642										9
10	Housekeeping		205,044									10
11	Dietary		9,605	301,977								11
12	Cafeteria			234,688	552							12
13	Maintenance of Personnel											13
14	Nursing Administration		2,340		13		893,130					14
15	Central Services and Supply		5,860		7			10,099,242				15
16	Pharmacy		2,362		17			61,027	3,673,141			16
17	Medical Records & Medical Records Library		5,266		14			93		84,916		17
18	Social Service		1,877		8			28	1,586		100	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School											21
22	Intern & Res. Service-Salary & Fringes (Approved)											22
23	Intern & Res. Other Program Costs (Approved)											23
24	Paramedical Education Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	355,358	70,254	61,940	161		335,081	505,965	4,807	24,471	100	25
26	Intensive Care Unit	38,623	6,996	5,348	25		53,620	211,615	890	1,635		26

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
27	Coronary Care Unit											27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30.15	Neonatal ICU	10,323	2,199		15		33,901	50,445		1,225		30.15
31.00	Subprovider											31.00
33	Nursery											33
34	Skilled Nursing Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	185,829	34,102		96		233,046	2,229,583	7,834	5,222		37.05
38	Recovery Room											38
39.00	Delivery Room and Labor Room											39.00
40.05	Anesthesiology		403		3		7,104	287,517	1,781			40.05
40.10	Acupuncture	7,888					22,757	106,955	81	5,961		40.10
41.05	Radiology-Diagnostic	111,259	12,350		44			272,511		7,715		41.05
42.00	Radiology-Therapeutic											42.00
43	Radioisotope											43
44.05	Laboratory		5,133		19			11,313		1,501		44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy		3,607		19			76,062	9,423	203		49.05
50.05	Physical Therapy	4,378	908		3			431				50.05
51	Occupational Therapy											51
52	Speech Pathology											52
53.05	Electrocardiology		162		0							53.05
53.40	Cardiac Catheterization Laboratory		3,178		0		2,006	16,918		17		53.40
54	Electroencephalography											54

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
55	Medical Supplies Charged to Patients							2,228,158				55
55.30	Implantable Devices Charged to Patients							3,358,500				55.30
56	Drugs Charged to Patients							52,104	3,636,400			56
57	Renal Dialysis											57
58	ASC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59.00
	OUTPATIENT SERVICE COST CENTERS											
60.00	Clinic											60.00
61	Emergency	237,970	37,247		99		205,612	626,222	9,874	36,961		61
62.00	Observation Beds											
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66.00	Durable Medical Equipment-Rented											66.00
67.												67.
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not apprvd. tchng. prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	951,642	203,856	301,977	552		893,130	10,095,455	3,672,680	84,916	100	95

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, & Canteen		836									96
97	Research											97
98	Physicians' Private Offices											98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)		351					3,786	461			100
101	Cross foot adjustments											101
102	Negative cost centers											102
103	Cost to be allocated (per Wkst. B, Part I)	721,145	2,161,277	2,187,817	1,700,310		2,244,263	1,077,478	3,018,889	1,991,536	1,144,868	103
104	Unit cost multiplier (Wkst. B, Part I)	0.757790	10.540552	7.244979	3,080.27		2.512804	0.106689	0.821882	23.453012	11,448.68	104
105	Cost to be allocated (per Wkst. B, Part II)											105
106	Unit cost multiplier (Wkst. B, Part II)											106
107	Cost to be allocated (per Wkst. B, Part III)											107
108	Unit cost multiplier (Wkst. B, Part III)											108

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures										3
4	New Capital Related Costs-Movable Equipment										4
5	Employee Benefits										5
6.05	Administrative & General										6.05
7	Maintenance and Repairs										7
8	Operation of Plant										8
9	Laundry and Linen Service										9
10	Housekeeping										10
11	Dietary										11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration										14
15	Central Services and Supply										15
16	Pharmacy										16
17	Medical Records & Medical Records Library										17
18	Social Service										18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School										21
22	Intern & Res. Service-Salary & Fringes (Approved)										22
23	Intern & Res. Other Program Costs (Approved)										23
24	Paramedical Education Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)										25
26	Intensive Care Unit										26

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
27	Coronary Care Unit										27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.15	Neonatal ICU										30.15
31.00	Subprovider										31.00
33	Nursery										33
34	Skilled Nursing Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room										37.05
38	Recovery Room										38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology										40.05
40.10	Acupuncture										40.10
41.05	Radiology-Diagnostic										41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory										44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy										49.05
50.05	Physical Therapy										50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology										53.05
53.40	Cardiac Catheterization Laboratory										53.40
54	Electroencephalography										54

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
55	Medical Supplies Charged to Patients										55
55.30	Implantable Devices Charged to Patients										55.30
56	Drugs Charged to Patients										56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.00	Clinic										60.00
61	Emergency										61
62.00	Observation Beds										
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not appvd. tchng. pgm.)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)										95

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, & Canteen										96
97	Research										97
98	Physicians' Private Offices										98
99	Nonpaid Workers										99
100	Other Nonreimbursable (specify)										100
101	Cross foot adjustments										101
102	Negative cost centers										102
103	Cost to be allocated (per Wkst. B, Part I)										103
104	Unit cost multiplier (Wkst. B, Part I)										104
105	Cost to be allocated (per Wkst. B, Part II)										105
106	Unit cost multiplier (Wkst. B, Part II)										106
107	Cost to be allocated (per Wkst. B, Part III)										107
108	Unit cost multiplier (Wkst. B, Part III)										108

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
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COMPUTATION OF RATIO OF COSTS TO CHARGES		PROVIDER NO: 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART I

	COST CENTER DESCRIPTIONS	Total Cost from Wkst B,Part I col 27	Therapy Limit Adj.	Total Costs	RCE Dis-allowance	Total Costs	Inpatient Charges	Outpatient Charges	Total Charges (col 6 + col 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		1	2	3	4	5	6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS													
25	Adults and Pediatrics (General Routine Care)	25,959,220		25,959,220		25,959,220	28,231,787		28,231,787				25
26	Intensive Care Unit	3,564,756		3,564,756		3,564,756	4,834,086		4,834,086				26
27	Coronary Care Unit												27
28	Burn Intensive Care Unit												28
29	Surgical Intensive Care Unit												29
30.15	Neonatal ICU	2,894,156		2,894,156		2,894,156	2,973,626		2,973,626				30.15
31.00	Subprovider												31.00
33	Nursery												33
34	Skilled Nursing Facility												34
35.00	Nursing Facility												35.00
36	Other Long Term Care												36
ANCILLARY SERVICE COST CENTERS													
37.05	Operating Room	18,830,571		18,830,571		18,830,571	12,791,630	55,360,482	68,152,112	0.276302	0.276302	0.276302	37.05
38	Recovery Room												38
39.00	Delivery Room and Labor Room												39.00
40.05	Anesthesiology	1,238,089		1,238,089		1,238,089	10,487,344	32,577,202	43,064,546	0.028750	0.028750	0.028750	40.05
40.10	Acupuncture	3,570,614		3,570,614		3,570,614	638	14,387,678	14,388,316	0.248161	0.248161	0.248161	40.10
41.05	Radiology-Diagnostic	7,085,842		7,085,842		7,085,842	14,045,456	81,900,328	95,945,784	0.073853	0.073853	0.073853	41.05
42.00	Radiology-Therapeutic												42.00
43	Radioisotope												43
44.05	Laboratory	4,650,143		4,650,143		4,650,143	18,009,072	25,170,658	43,179,730	0.107693	0.107693	0.107693	44.05
45	PBP Clinical Laboratory Services-Prgm. Only												45
46.00	Whole Blood & Packed Red Blood Cells												46.00
47	Blood Storing, Processing, & Trans.												47
48	Intravenous Therapy												48
49.05	Respiratory Therapy	2,483,828		2,483,828		2,483,828	2,604,340	1,935,222	4,539,562	0.547151	0.547151	0.547151	49.05
50.05	Physical Therapy	469,123		469,123		469,123	778,781	105,067	883,848	0.530773	0.530773	0.530773	50.05
51	Occupational Therapy												51

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COMPUTATION OF RATIO OF COSTS TO CHARGES						PROVIDER NO: 340166			PERIOD: FROM 01/01/2010 TO 12/31/2010			WORKSHEET C, PART I	
	COST CENTER DESCRIPTIONS	Total Cost from Wksht B,Part I col 27	Therapy Limit Adj.	Total Costs	RCE Dis-allowance	Total Costs	Inpatient Charges	Outpatient Charges	Total Charges (col 6 + col 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		1	2	3	4	5	6	7	8	9	10	11	
52	Speech Pathology												52
53.05	Electrocardiology	112,424		112,424		112,424	358,536	690,438	1,048,974	0.107175	0.107175	0.107175	53.05
53.40	Cardiac Catheterization Laboratory	434,147		434,147		434,147	622,498	634,494	1,256,992	0.345386	0.345386	0.345386	53.40
54	Electroencephalography												54
55	Medical Supplies Charged to Patients	3,100,343		3,100,343		3,100,343	1,822,123	4,947,895	6,770,018	0.457952	0.457952	0.457952	55
55.30	Implantable Devices Charged to Patients	4,671,595		4,671,595		4,671,595	2,899,629	7,175,765	10,075,394	0.463664	0.463664	0.463664	55.30
56	Drugs Charged to Patients	7,805,813		7,805,813		7,805,813	13,159,380	12,125,639	25,285,019	0.308713	0.308713	0.308713	56
57	Renal Dialysis												57
58	ASC (Non-Distinct Part)												58
59.00	Other Ancillary (specify)												59.00
OUTPATIENT SERVICE COST CENTERS													
60.00	Clinic												60.00
61	Emergency	16,445,948		16,445,948		16,445,948	8,163,406	66,283,148	74,446,554	0.220909	0.220909	0.220909	61
62.10	Observation Beds (Non-DistinctPart)	2,392,435		2,392,435		2,392,435	675,887	6,726,698	7,402,585	0.323189	0.323189	0.323189	62.10
63.00	Other Outpatient Service (specify)												63.00
OTHER REIMBURSABLE COST CENTERS													
64	Home Program Dialysis												64
65	Ambulance Services												65
66.00	Durable Medical Equipment-Rented												66.00
67.00	Durable Medical Equipment-Sold												67.00
68	Other Reimbursable (specify)												68
101	Subtotal (sum of lines 25 thru 68)	105,709,047		105,709,047		105,709,047	122,458,219	310,020,714	432,478,933				101
102	Less Observation Beds	2,392,435		2,392,435		2,392,435							102
103	Total (line 101 minus line 102)	103,316,612		103,316,612		103,316,612	122,458,219	310,020,714	432,478,933				103

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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS						PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART II	
	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
		1	2	3	4	5	6	7	8	9	
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room	18,830,571	18,830,571					68,152,112		0.276302	37.05
38	Recovery Room										38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology	1,238,089	1,238,089					43,064,546		0.028750	40.05
40.10	Acupuncture	3,570,614	3,570,614					14,388,316		0.248161	40.10
41.05	Radiology-Diagnostic	7,085,842	7,085,842					95,945,784		0.073853	41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory	4,650,143	4,650,143					43,179,730		0.107693	44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy	2,483,828	2,483,828					4,539,562		0.547151	49.05
50.05	Physical Therapy	469,123	469,123					883,848		0.530773	50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology	112,424	112,424					1,048,974		0.107175	53.05
53.40	Cardiac Catheterization Laboratory	434,147	434,147					1,256,992		0.345386	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients	3,100,343	3,100,343					6,770,018		0.457952	55
56	Drugs Charged to Patients	7,805,813	7,805,813					25,285,019		0.308713	56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
60.00	Clinic										60.00
61	Emergency	16,445,948	16,445,948					74,446,554		0.220909	61
62.10	Observation Beds (Non-DistinctPart)							7,402,585			62.10

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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS						PROVIDER NO. 340166		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART II	
	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
		1	2	3	4	5	6	7	8	9	
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66	Durable Medical Equipment - Rented										66
67	Durable Medical Equipment - Sold										67
68	Other Reimbursable (specify)										68
101	Subtotal (sum of lines 37-68)							432,478,933			101
102	Less Observation Beds										102
103	Total (sum of line 101 minus line 102)	104,246,436						432,478,933			103

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART I

Medicare - Title XVIII - Hospital - 340166

	Cost Center Description	Old Capital			New Capital					Old Capital		New Capital		
		Capital Related Cost (from Wkst. B, Part II, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 1 - col. 2)	Capital Related Cost (from Wkst. B, Part III, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 4 - col. 5)	Total Patient Days	Inpatient Program Days	Per Diem (col. 3 ÷ col. 7)	Inpatient Program Capital Cost (col. 9 x col. 8)	Per Diem (col. 6 ÷ col. 7)	Inpatient Program Capital Cost (col. 11 x col. 8)	
		1	2	3	4	5	6	7	8	9	10	11	12	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS													
25	Adults & Pediatrics (General Routine Care)				3,437,584		3,437,584	24,240	5,238			141.81	742,801	25
26	Intensive Care Unit				371,224		371,224	1,606	593			231.15	137,072	26
27	Coronary Care Unit													27
28	Burn Intensive Care Unit													28
29	Surgical Intensive Care Unit													29
30.15	Neonatal ICU				172,865		172,865	1,226				141.00		30.15
31.00	Subprovider													31.00
33	Nursery													33
101	Total (lines 25-33)				3,981,673		3,981,673	27,072	5,831				879,873	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART II

Medicare - Title XVIII - Hospital - 340166

		Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part 1, col. 8)	Inpatient Program Charges	Old Capital		New Capital		
						Ratio of Cost to Charges (col. 1 ÷ col. 3)	Capital Costs (col. 4 x col. 5)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Capital Costs (col. 4 x col. 7)	
Cost Center Description		1	2	3	4	5	6	7	8	
(A)	ANCILLARY SERVICE COST CENTERS									
37.05	Operating Room		2,262,140	68,152,112	3,357,580			0.033193	111,448	37.05
38	Recovery Room									38
39.00	Delivery Room and Labor Room									39.00
40.05	Anesthesiology		57,375	43,064,546	2,312,306			0.001332	3,080	40.05
40.10	Acupuncture		593,569	14,388,316	638			0.041254	24	40.10
41.05	Radiology-Diagnostic		706,515	95,945,784	5,043,968			0.007364	37,144	41.05
42.00	Radiology-Therapeutic									42.00
43	Radioisotope									43
44.05	Laboratory		320,951	43,179,730	6,327,070			0.007433	47,029	44.05
45	PBP Clinical Laboratory Services-Prgm. Only									45
46.00	Whole Blood & Packed Red Blood Cells									46.00
47	Blood Storing, Processing, & Transfusing									47
48	Intravenous Therapy									48
49.05	Respiratory Therapy		205,499	4,539,562	1,231,392			0.045268	55,743	49.05
50.05	Physical Therapy		45,764	883,848	438,197			0.051778	22,689	50.05
51	Occupational Therapy									51
52	Speech Pathology									52
53.05	Electrocardiology		9,236	1,048,974				0.008805		53.05
53.40	Cardiac Catheterization Laboratory		121,058	1,256,992	213,509			0.096308	20,563	53.40
54	Electroencephalography									54
55	Medical Supplies Charged to Patients		134,077	6,770,018	512,905			0.019805	10,158	55
55.30	Implantable Devices Charged to Patients		202,052	10,075,394	1,108,341			0.020054	22,227	55.30
56	Drugs Charged to Patients		315,097	25,285,019	4,005,872			0.012462	49,921	56
57	Renal Dialysis									57
58	ASC (Non-Distinct Part)									58
59.00	Other Ancillary (specify)									59.00

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART II

Medicare -Title XVIII - Hospital - 340166

	Cost Center Description	Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital: Ratio of Cost to Charges (col. 1 ÷ col. 3)	Old Capital: Capital Costs (col. 4 x col. 5)	New Capital: Ratio of Cost to Charges (col. 2 ÷ col. 3)	New Capital: Capital Costs (col. 4 x col. 7)	
		1	2	3	4	5	6	7	8	
60.00	Clinic									60.00
61	Emergency		1,898,370	74,446,554	3,006,250			0.025500	76,659	61
62.10	Observation Beds (Non-DistinctPart)		316,811	7,402,585	92,948			0.042797	3,978	62.10
63.00	Other Outpatient Service (specify)									63.00
	OTHER REIMBURSABLE COST CENTERS									
64	Home Program Dialysis									64
65	Ambulance Services									65
66.00	Durable Medical Equipment-Rented									66.00
67.00	Durable Medical Equipment-Sold									67.00
68	Other Reimbursable (specify)									68
101	Total (sum of lines 37 through 68)		7,188,514	396,439,434	27,650,976				460,663	101

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART III

Medicare -Title XVIII - Hospital - 340166

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Tota Costs (sum of cols. 1 + 2, minus col. 3)	Total Patient Days	Per Diem (col. 4 ÷ col. 5)	Inpatient Program Days	Inpatient Program Pass thru Cost (col. 6 x col. 7)	
		1	2	3	4	5	6	7	8	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS									
25	Adults & Pediatrics (General Routine Care)					24,240		5,238		25
26	Intensive Care Unit					1,606		593		26
27	Coronary Care Unit									27
28	Burn Intensive Care Unit									28
29	Surgical Intensive Care Unit									29
30.15	Neonatal ICU					1,226				30.15
31.00	Subprovider									31.00
33	Nursery									33
34	Skilled Nursing Facility									34
35.00	Nursing Facility									35.00
101	Total (sum of lines 25-35)					27,072		5,831		101

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART IV

Medicare - Title XVIII - Hospital - 340166

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
(A)	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room				68,152,112		3,357,580		5,995,735		37.05
38	Recovery Room										38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology				43,064,546		2,312,306		4,000,105		40.05
40.10	Acupuncture				14,388,316		638		3,662,277		40.10
41.05	Radiology-Diagnostic				95,945,784		5,043,968		13,034,675		41.05
42.00	Radiology-Therapeutic										42.00
43	Radioisotope										43
44.05	Laboratory				43,179,730		6,327,070		479,750		44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Transfusing										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy				4,539,562		1,231,392		622,044		49.05
50.05	Physical Therapy				883,848		438,197				50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology				1,048,974						53.05
53.40	Cardiac Catheterization Laboratory				1,256,992		213,509		210,666		53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients				6,770,018		512,905		496,144		55
55.30	Implantable Devices Charged to Patients						1,108,341		1,576,199		55.30
56	Drugs Charged to Patients				25,285,019		4,005,872		1,653,506		56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.00	Clinic										60.00
61	Emergency				74,446,554		3,006,250		6,477,368		61
62.10	Observation Beds (Non-DistinctPart)				7,402,585		92,948		1,360,909		62.10
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART IV

Medicare - Title XVIII - Hospital - 340166

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
101	Total (sum of lines 37 through 68)				386,364,040		27,650,976		39,569,378		101

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
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[Record code 269576 - 1996]

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicare - Title XVIII - Hospital - 340166

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.276302	0.276302					5,995,735						1,656,634				37.05
38	Recovery Room																		38
39.00	Delivery Room and Labor Room																		39.00
40.05	Anesthesiology		0.028750	0.028750					4,000,105						115,003				40.05
40.10	Acupuncture		0.248161	0.248161					3,662,277						899,102				40.10
41.05	Radiology-Diagnostic		0.073853	0.073853					13,034,675						962,650				41.05
42.00	Radiology-Therapeutic																		42.00
43	Radioisotope																		43
44.05	Laboratory		0.107693	0.107693					479,750						51,666				44.05
45	PBP Clinic Laboratory Services-Prgm. Only																		45
46.00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49.05	Respiratory Therapy		0.547151	0.547151					622,644						340,352				49.05
50.05	Physical Therapy		0.530773	0.530773															50.05
51	Occupational Therapy																		51
52	Speech Pathology																		52
53.05	Electrocardiology		0.107175	0.107175															53.05
53.40	Cardiac Catheterization Laboratory		0.345386	0.345386					210,666						72,761				53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0.457952	0.457952					496,144						227,210				55
55.30	Implantable Devices Charged to Patients								1,576,199						730,827				55.30
56	Drugs Charged To Patients		0.308713	0.308713					1,653,506	45					510,459	14			56
57	Renal Dialysis																		57
58	ASC (Non-Distinct Part)																		58
59.00	Other Ancillary (specify)																		59.00

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicare - Title XVIII - Hospital - 340166

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	OUTPATIENT SERVICE COST CENTERS																		
60.00	Clinic																		60.00
61	Emergency		0.220909	0.220909					6,477,368	2,435					1,430,909	538			61
62.10	Observation Beds (Non-DistinctPart)		0.323189						1,360,909						439,831				62.10
63.00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance																		65
66.00	Durable Medical Equipment-Rented																		66.00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Center																		68
101	Subtotal (see instructions)								39,569,378	2,480					7,437,404	552			101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab. Services-Program Only Charges																		103
104	Net Charges (line 101 ± (lines 102 + 103)								39,569,378	2,480					7,437,404	552			104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	Drugs charged to patients - ratio of cost to charges (from Worksheet C, Part I, column 9, line 56)		1
2	Program vaccine charges (from your records or the PS&R)	26,460	2
3	Program costs (line 1 × lines 2) (see instructions for transfer)	8,169	3
	(A) Worksheet A line numbers (1) Report non hospital and non subprovider components cost for the period here (see instructions)		

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicaid - Title XIX - Hospital - 340166

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS						Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)			
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.276302	0.276302				5,510,672						1,522,610					37.05
38	Recovery Room																		38
39.00	Delivery Room and Labor Room																		39.00
40.05	Anesthesiology		0.028750	0.028750				3,601,005						103,529					40.05
40.10	Acupuncture		0.248161	0.248161				1,037,403						261,639					40.10
41.05	Radiology-Diagnostic		0.073853	0.073853				9,857,580						728,012					41.05
42.00	Radiology-Therapeutic																		42.00
43	Radioisotope																		43
44.05	Laboratory		0.107693	0.107693				4,277,105						460,614					44.05
45	PBP Clinic Laboratory Services-Prgm. Only																		45
46.00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49.05	Respiratory Therapy		0.547151	0.547151				170,380						93,224					49.05
50.05	Physical Therapy		0.530773	0.530773				5,494						2,916					50.05
51	Occupational Therapy																		51
52	Speech Pathology																		52
53.05	Electrocardiology		0.107175	0.107175															53.05
53.40	Cardiac Catheterization Laboratory		0.345386	0.345386				55,137						19,044					53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0.457952	0.457952				250,382						114,663					55
55.30	Implantable Devices Charged to Patients							157,760						73,148					55.30
56	Drugs Charged To Patients		0.308713	0.308713				1,194,253						368,681					56
57	Renal Dialysis																		57
58	ASC (Non-Distinct Part)																		58
59.00	Other Ancillary (specify)																		59.00

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicaid - Title XIX - Hospital - 340166

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	OUTPATIENT SERVICE COST CENTERS																		
60.00	Clinic																		60.00
61	Emergency		0.220909	0.220909				13,783,283						3,044,851					61
62.10	Observation Beds (Non-DistinctPart)		0.323189					930,818						300,830					62.10
63.00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance																		65
66.00	Durable Medical Equipment-Rented																		66.00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Center																		68
101	Subtotal (see instructions)							40,831,273						7,093,761					101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab. Services-Program Only Charges																		103
104	Net Charges (line 101 ± (lines 102 + 103)							40,831,273						7,093,761					104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	Drugs charged to patients - ratio of cost to charges (from Worksheet C, Part I, column 9, line 56)		1
2	Program vaccine charges (from your records or the PS&R)		2
3	Program costs (line 1 × lines 2) (see instructions for transfer)		3
	(A) Worksheet A line numbers (1) Report non hospital and non subprovider components cost for the period here (see instructions)		

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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I	
Medicare -Title XVIII - Hospital - 340166					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			24,240	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			24,240	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			24,240	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			5,238	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			25,959,220	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			25,959,220	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			28,231,787	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			28,231,787	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.919503	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			1,164.68	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			25,959,220	37

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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I

Medicaid - Title XIX - Hospital - 340166

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	Inpatient days (including private room days, and swing-bed days, excluding new born)	24,240	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)	24,240	2
3	Private room days (excluding swing-bed private room days)		3
4	Semi-private room days (excluding swing-bed private room days)	24,240	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)	3,293	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		14
15	Total nursery days		15
16	Title V or XIX nursery days		16
	SWING BED ADJUSTEMENT		
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	25,959,220	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)		25
26	Total swing-bed cost (sum of lines 22 through 25)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	25,959,220	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	General inpatient routine service charges (excluding swing-bed charges)	28,231,787	28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)	28,231,787	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.919503	31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)	1,164.68	33
34	Average per diem private room charge differential (line 32 minus line 33)		34
35	Average per diem private private room cost differential (line 34 × line 31)		35
36	Private room cost differential adjustment (line 3 × line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	25,959,220	37

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART II

Medicare -Title XVIII - Hospital - 340166

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS					1	
38	Adjusted general inpatient routine service cost per diem (see instructions)					1,070.92	38
39	Program general inpatient routine service cost (line 9 × line 38)					5,609,479	39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					5,609,479	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	3,564,756	1,606	2219.65	593	1,316,252	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47.15	Neonatal ICU	2,894,156	1,226	2360.65			47.15
						1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)					5,707,909	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					12,633,640	49
	PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					879,873	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					460,663	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,340,536	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)					11,293,104	53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 × line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero						58.03
58.04	Relief payment (see instructions)						58.04
59	Allowable inpatient cost plus incentive payment (see instructions)						59
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)						60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)						61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)						62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)						63
64	Title V or XIX swing-bed NF inpatient routine cst after December 31 of the cost reporting period (line 13 × line 20)						64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)						65

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART II

Medicaid - Title XIX - Hospital - 340166

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,070.92	38
39	Program general inpatient routine service cost (line 9 × line 38)	3,526,540	39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	3,526,540	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	3,564,756	1,606	2219.65	233	517,178	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47.15	Neonatal ICU	2,894,156	1,226	2360.65	377	889,965	47.15

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	2,130,972	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	7,064,655	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)		53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PARTS III & IV

Medicare -Title XVIII - Hospital - 340166

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

66	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		66
67	Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2)		67
68	Program routine service cost (line 9 × line 67)		68
69	medically necessary private room cost applicable to Program (line 14 × line 35)		69
70	Total Program general inpatient routine service costs (line 68 + line 69)		70
71	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27)		71
72	Per diem capital-related costs (line 71 ÷ line 2)		72
73	Program capital-related costs (line 9 × line 72)		73
74	Inpatient routine service cost (line 70 minus line 73)		74
75	Aggregate charges to beneficiaries for excess costs (from provider records)		75
76	Total Program routine services costs for comparison to the cost limitation (line 74 minus line 75)		76
77	Inpatient routine service cost per diem limitation		77
78	Inpatient routine service cost limitation (line 9 × line 77)		78
79	Reasonable inpatient routine service costs (see instructions)		79
80	Program inpatient ancillary services (see instructions)		80
81	Utilization review - physician compensation		81
82	Total Program inpatient operating costs (sum of lines 79 through 81)		82

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)	2,234	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,070.92	84
85	Observation bed cost (line 83 × line 84) (see instructions)	2,392,435	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		25,959,220		2,392,435		86
87	New capital-related cost	3,437,584	25,959,220	0.132422	2,392,435	316,811	87
88	Non Physician Anesthetist		25,959,220		2,392,435		88
89	Medical Education		25,959,220		2,392,435		89

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PARTS III & IV

Medicaid - Title XIX - Hospital - 340166

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

66	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		66
67	Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2)		67
68	Program routine service cost (line 9 × line 67)		68
69	medically necessary private room cost applicable to Program (line 14 × line 35)		69
70	Total Program general inpatient routine service costs (line 68 + line 69)		70
71	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27)		71
72	Per diem capital-related costs (line 71 ÷ line 2)		72
73	Program capital-related costs (line 9 × line 72)		73
74	Inpatient routine service cost (line 70 minus line 73)		74
75	Aggregate charges to beneficiaries for excess costs (from provider records)		75
76	Total Program routine services costs for comparison to the cost limitation (line 74 minus line 75)		76
77	Inpatient routine service cost per diem limitation		77
78	Inpatient routine service cost limitation (line 9 × line 77)		78
79	Reasonable inpatient routine service costs (see instructions)		79
80	Program inpatient ancillary services (see instructions)		80
81	Utilization review - physician compensation		81
82	Total Program inpatient operating costs (sum of lines 79 through 81)		82

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)	2,234	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,070.92	84
85	Observation bed cost (line 83 × line 84) (see instructions)	2,392,435	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		25,959,220		2,392,435		86
87	New capital-related cost		25,959,220		2,392,435		87
88	Non Physician Anesthetist		25,959,220		2,392,435		88
89	Medical Education		25,959,220		2,392,435		89

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-4

Medicare -Title XVIII - Hospital - 340166

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 × col. 2)	
		1	2	3	
(A)	**INPATIENT ROUTINE SERVICE COST CENTERS**				
25	Adults and Pediatrics (General Routine Care)		6,191,904		25
26	Intensive Care Units		1,710,526		26
27	Coronary Care Unit				27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.00	Other Special Care (specify)				30.00
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.276302	3,357,580	927,706	37.05
38	Recovery Room				38
39.00	Delivery Room and Labor Room				39.00
40.05	Anesthesiology	0.028750	2,312,306	66,479	40.05
40.10	Acupuncture	0.248161	638	151	40.10
41.05	Radiology-Diagnostic	0.073853	5,043,968	372,512	41.05
42.00	Radiology-Therapeutic				42.00
43	Radioisotope				43
44.05	Laboratory	0.107693	6,327,070	681,381	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.547151	1,231,292	673,757	49.05
50.05	Physical Therapy	0.530773	438,197	232,583	50.05
51	Occupational Therapy				51
52	Speech Pathology				52
53.05	Electrocardiology	0.107175			53.05
53.40	Cardiac Catheterization Laboratory	0.345386	213,509	73,743	53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.457952	512,905	234,886	55
55.30	Implantable Devices Charged to Patients	0.463664	1,108,341	513,898	55.30
56	Drugs Charged to Patients	0.308713	4,005,872	1,236,665	56
57	Renal Dialysis				57
58	ASC (Non-Distinct Part)				58
59.00	Other Ancillary (specify)				59.00
	OUTPATIENT SERVICE COST CENTERS				
60.00	Clinic				60.00
61	Emergency	0.220909	3,006,250	664,108	61
62.10	Observation Beds (Non-DistinctPart)	0.323189	92,948	30,040	62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		27,650,976	5,707,909	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		27,650,976		103

(A) Worksheet A line numbers

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-4

Medicaid - Title XIX - Hospital - 340166

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 × col. 2)	
		1	2	3	
(A)	**INPATIENT ROUTINE SERVICE COST CENTERS**				
25	Adults and Pediatrics (General Routine Care)		4,044,731		25
26	Intensive Care Units		672,006		26
27	Coronary Care Unit				27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.15	Neonatal ICU		972,959		30.15
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.276302	1,063,882	293,953	37.05
38	Recovery Room				38
39.00	Delivery Room and Labor Room				39.00
40.05	Anesthesiology	0.028750	1,053,945	30,301	40.05
40.10	Acupuncture	0.248161			40.10
41.05	Radiology-Diagnostic	0.073853	1,890,738	139,637	41.05
42.00	Radiology-Therapeutic				42.00
43	Radioisotope				43
44.05	Laboratory	0.107693	2,655,138	285,940	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.547151	355,724	194,635	49.05
50.05	Physical Therapy	0.530773	75,184	39,906	50.05
51	Occupational Therapy				51
52	Speech Pathology				52
53.05	Electrocardiology	0.107175			53.05
53.40	Cardiac Catheterization Laboratory	0.345386	34,781	12,013	53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.457952	190,883	87,415	55
55.30	Implantable Devices Charged to Patients	0.463664	191,166	88,637	55.30
56	Drugs Charged to Patients	0.308713	2,121,749	655,011	56
57	Renal Dialysis				57
58	ASC (Non-Distinct Part)				58
59.00	Other Ancillary (specify)				59.00
	OUTPATIENT SERVICE COST CENTERS				
60.00	Clinic				60.00
61	Emergency	0.220909	1,105,614	244,240	61
62.10	Observation Beds (Non-DistinctPart)	0.323189	183,433	59,284	62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		10,922,237	2,130,972	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		10,922,237		103

(A) Worksheet A line numbers

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital - 340166					
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		1	1.01	
	DRG Amount				
1	Other than Outlier Payments occurring prior to October 1		10,482,625		1
1.01	Other than Outlier Payments occurring on or after October 1 and before January 1				1.01
1.02	Other than Outlier Payments occurring on or after January 1				1.02
	Managed Care Paticnts				
1.03	Payments prior to March 1st or October 1st				1.03
1.04	Payments on or after October 1 and prior to January 1				1.04
1.05	Payments on or after January 1st but before April 1st/October 1st				1.05
1.06	Additional amount received or to be received (see instructions)				1.06
1.07	Payments for discharges on or after April 1, 2001 through September 30, 2001				1.07
1.08	Simulated payments from the PS&R on or afetr April 1, 2001 through September 30, 2001				1.08
2	Outlier payments for discharges occuring prior to October 1, 1997 (see instructions)				2
2.01	Outlier payments for discharges occurring on or after October 1, 1997 (see instructions)		81,372		2.01
	Indirect Medical Education Adjustment				
3	Bed days available divided by number of days in the cost reporting period (see instructions)		123.88		3
3.01	Number of Interns & Residents from Worksheet S-3, Part I				3.01
3.02	Indirect medical education percentage (see instructions)				3.02
3.03	Indirect medical education adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 3.02)				3.03
3.04	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996				3.04
3.05	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with section 1886(d)(5)(B)(viii)				3.05
3.06	Adjusted FTE count for allopathic and osteopathic programs for affiliated programs in accordance with section 1886(d)(5)(B)(viii)				3.06
3.07	Sum of lines 3.04 through 3.06				3.07
3.08	FTE count for allopathic and osteopathic programs in the current year from your records				3.08
3.09	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring prior to October 1				3.09
3.10	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring on or after October 1				3.10
3.11	FTE count for the period identified in line 3.09				3.11
3.12	FTE count for the period identified in line 3.10				3.12
3.13	FTE count for residents in dental and podiatric programs				3.13
3.14	Current year allowable FTE (see instructions)				3.14
3.15	Total allowable FTE count for the prior year, if none but prior year teaching was in effect enter 1 here				3.15
3.16	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otehrwise enter zero. If there was no FTE count in this period but prior year teaching was in effect enter 1 here				3.16
3.17	Sum of lines 3.14 through 3.16 divided by the number of those lines in excess of zero (see instructions)				3.17
3.18	Current year residents to bed ratio (line 3.17 divided by line 3)				3.18
3.19	Prior year resident to bed ratio (see instructions)				3.19
3.20	For cost reporting periods beginning on or after October 1, 1997, enter the lesser of lines 3.18 or 3.19				3.20
3.21	IME payments for discharges occurring prior to October 1 (see instructions)				3.21
3.22	IME payments for discharges occurring on or after October 1 but before January 1 (see instructions)				3.22
3.23	IME payments for discharges occurring on or after January 1 (see instructions)				3.23
3.24	Sum of lines 3.21 through 3.23				3.24
	Disproportionate Share Adjustment				
4	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.071800		4
4.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I		0.201600		4.01
4.02	Sum of lines 4 and 4.01		0.273400		4.02
4.03	Allowable disproportionate share percentage (see instructions)		0.117700		4.03
4.04	Disproportionate share adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 4.03)		1,233,805		4.04
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
	Additional payment for high percentage of ESRD beneficiary discharges				
5	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for DRGs 302, 316, 317 or MS-DRG 652, 682 - 685. (see instructions)				5
5.01	Total ESRD Medicare discharges excluding DRGs 302, 316, and 317, or MS-DRGs 652 and 682 - 685 (see instructions)				5.01
5.02	Divide line 5.01 by line 5 (if less than 10%, you do not qualify for adjustment)				5.02

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital - 340166					
5.03	Total medicare ESRD inpatient days excluding DRGs 302, 316, 317, or MS-DRGs 652, 682 - 685.(see instructions)				5.03
5.04	Ratio of average length of stay to one week (line 5.03 divided by line 5.01 divided by 7)				5.04
5.05	Average weekly cost for dialysis treatments (see instructions)				5.05
5.06	Total additional payment (line 5.04 times line 5.05 times line 5.01)				5.06
6	Subtotal (see instructions)		11,797,802		6
7	Hospital specific payments (to be completed by SCH and MDC, small rural hospitals only)				7
7.01	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.See instructions FY beg. 10/1/00)				7.01
8	Total payment for inpatient operating costs (for SCH and MDH, small rural hospitals, higher of lines 6 or 7, all other providers, enter amount from line 6 on this line.)		11,797,802		8
9	Payment for inpatient program capital (from Worksheet L, parts I, II, or III, as applicable)		922,400		9
10	Exception payment for inpatient program capital (Worksheet L, Part IV, line 13)				10
11	Direct graduate medical eduation payment (from Worksheet E-3, Part IV)				11
11.01	Nursing and Allied Health Managed Care				11.01
11.02	Special add-on payments for new technologies				11.02
12	Net organ acquisition cost				12
13	Cost of teaching physicians				13
14	Routine service other pass through costs				14
15	Ancillary service other pass through costs				15
16	Total (sum of amounts on lines 8 through 15)		12,720,202		16
17	Primary payer payments		39,785		17
18	Total amount payable for program beneficiaries (line 16 minus line 17)		12,680,417		18
19	Deductibles billed to program beneficiaries		1,271,312		19
20	Coinsurance billed program beneficiaries		36,575		20
21	Reimbursable bad debts (see instructions)		335,162		21
21.01	Adjusted reimbursable bed debts (see instructions)		234,613		21.01
21.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		338,920		21.02
22	Subtotal (line 18 plus line 21.01 minus lines 19 and 20)		11,607,143		22
23	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				23
24	Other adjustments (see instructions) (specify)				24
24.99	Other adjustments - Outlier reconsiliation				24.99
25	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets)				25
26	Amount due provider (line 22 plus or minus lines 24 and 25 minus line 23)		11,607,143		26
27	Sequestration adjustment (see instructions)				27
28	Interim payments		11,451,999		28
28.01	Tentative settlement (for fiscal intermediary use only)				28.01
29	Balance due provider (Program) (line 26 minus the sum of lines 27, 28, and 28.01)		155,144		29
30	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		639,754		30
TO BE COMPLETED BY INTERMEDIARY					
50	Operating outlier amount from Worksheet E, Part A line 2.01				50
51	Capital outlier amount from Worksheet L, Part I line 3.01				51
52	Operating outlier reconciliation adjustment amount (see instructions)				52
53	Capital outlier reconciliation adjustment amount (see instructions)				53
54	The rate used to calculate the Time Value of Money (see instructions)				54
55	Operating Time Value of Money (see instructions)				55
56	Capital Time Value of Money (see instructions)				56

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET E PART B	
Medicare - Title XVIII - Hospital - 340166					
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1	Medical and other services (see instructions)			8,721	1
1.01	Medical and other services rendered on or after August 1, 2000 from Worksheet D, Part V, column 9.01, line 104			7,437,404	1.01
1.02	PPS payments received including outliers			7,048,608	1.02
1.03	Enter the 1996 hospital specific payment to cost ratio				1.03
1.04	Line 1.01 times line 1.03				1.04
1.05	Line 1.02 divided by line 1.04				1.05
1.06	Transitional corridor payment (see instructions)				1.06
1.07	Enter the amount from Worksheet D, Part IV, column 9, line 101				1.07
2	Interns and residents				2
3	Organ acquisitions				3
4	Cost of teaching physicians				4
5	Total cost (see instructions)			8,721	5
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				
6	Ancillary service charges			28,940	6
7	Interns and residents service charges				7
8	Organ acquisition charges (from Worksheet D-6, Part III, line 61, col. 4)				8
9	Charges of professional services of teaching physicians				9
10	Total reasonable charges (sum of lines 6 through 9)			28,940	10
	Customary charges				
11	Aggregate amount actually collected from patients liable for payment for services on a charge basis				11
12	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)				12
13	Ratio of line 11 to line 12 (not to exceed 1.000000)				13
14	Total customary charges (see instructions)			28,940	14
15	Excess of customary chages over reasonable cost (complete only if line 14 exceeds line 5) (see instructions)			20,219	15
16	Excess of reasonable cost over customary charges (complete only if line 5 exceeds line 14) (see instructions)				16
17	Lesser of cost or charges (line 5 or line 14) (see instructions)			8,721	17
17.01	Total prospective payment (sum of lines 1.01, 1.06, 1.07)			7,048,608	17.01
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	Deductibles and coinsurance (see instructions)			512	18
18.01	Coinsurance relating to amount on line 17.01			1,723,343	18.01
19	Subtotal (line 17 minus line 18)			5,333,474	19
20	Sum of amounts from Worksheet E, Parts C, D, and E (see instructions)				20
21	Direct graduate medical education payments (from Worksheet E-3, Part IV)				21
22	ESRD direct medical education costs (from Worksheet E-3, Part IV)				22
23	Subtotal (sum of lines 19 through 22)			5,333,474	23
24	Primary payer payments			4,871	24
25	Subtotal (line 23 minus line 24)			5,328,603	25
	Reimbursable bad debts (exclude bad debts for professional services)				
26	Composite rate ESRD (from Worksheet I-5, line 9)				26
27	Bad debts (see instructions)			190,895	27
27.01	Adjusted reimbursable bad debts (see instructions)			133,627	27.01
27.02	Reimbursable bad debts for dual eligible beneficiaries			187,881	27.02
28	Subtotal (sum of lines 25, 26, and 27 or 27.01) (line 27.01 hospital and subprovider only)			5,462,230	28
29	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				29
30	Other adjustments (specify) (see instructions)				30
31	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				31
32	Subtotal (line 28 plus or minus lines 30 and 31 minus line 29)			5,462,230	32
33	Sequestration adjustment (see instructions)				33
34	Interim payments			5,495,589	34
34.01	Tentative settlement (for fiscal intermediary use only)				34.01
35	Balance due provider/program (line 32 minus the sum of ilnes 33, 34, and 34.01)			-33,359	35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				36
TO BE COMPLETED BY CONTRACTOR					
50	Original outlier amount (see instructions)				50
51	Outlier reconciliation amount (see instructions)				51

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET E PART B	
Medicare -Title XVIII - Hospital - 340166					
52	The rate used to calculate the Time Value of Money				52
53	Time Value of Money (see instructions)				53
54	Total (sum of lines 51 and 53)				54

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Hospital - 340166					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
1	Inpatient hospital/SNF/NF services		7,064,655		1
2	Medical and other services		7,093,761		2
3	Interns and residents (see instructions)				3
4	Organ acquisition (certified transplant centers only)				4
5	Cost of teaching physicians (see instructions)				5
6	Subtotal (sum of lines 1 through 5)		14,158,416		6
7	Inpatient primary payer payments		89,310		7
8	Outpatient primary payer payments		2,414		8
9	Subtotal (line 6 less sum of lines 7 and 8)		14,066,692		9
COMPUTATION OF LESSER OF COST OR CHARGES					
	REASONABLE CHARGES				
10	Routine service charges		5,689,696		10
11	Ancillary service charges		51,753,510		11
12	Interns and residents service charges				12
13	Organ acquisition charges, net of revenue				13
14	Teaching physicians				14
15	Incentive from target amount computation				15
16	Total reasonable charges (sum of lines 10 through 15)		57,443,206		16
	CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis				17
18	Amounts that would have been realized from patients liable for payment for a on charge basis had such payment been made in accordance with 42 CFR 4				18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)				19
20	Total customary charges (see instructions)		57,443,206		20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)		43,376,514		21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)				22
23	Cost of covered services (line 9)		14,066,692		23
24	Other than outlier payments				24
25	Outlier payments				25
26	Program capital payments				26
27	Capital exception payments				27
28	Routine service other pass through costs				28
29	Ancillary service other pass through costs				29
30	Subtotal (sum of lines 23 through 29)		14,066,692		30
31	Customary charges (title XIX PPS covered services only)				31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter a		14,066,692		32
33	Deductibles (exclude professional component)		4,547		33
34	Excess of reasonable cost (from line 22)				34
35	Subtotal (line 32 minus sum of lines 33 and 34)		14,062,145		35
36	Coinsurance				36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19				37
38	Reimbursable bad debts (see instructions)				38
38.01	Adjusted reimbursable bad debts (see instructions)				38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries				38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)				38.03
39	Utilization review				39
40	Subtotal (see instructions)		14,062,145		40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)				41
42	Medicare inpatient routine charges (from your records)				42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)				43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)				44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)				45
46	Total customary charges (see instructions)				46

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Hospital - 340166					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
47	Excess of customary charges over reasonable cost (see instructions)				47
48	Excess of reasonable cost over customary charges (see instructions)				48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				49
50	Other adjustments (see instructions) (specify)				50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)		14,062,145		52
53	Indirect medical education adjustment (PPS only) (see instructions)				53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)				54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)		14,062,145		55
56	Sequestration adjustment (see instructions)				56
57	Interim payments		10,114,283		57
57.01	Tentative settlement (for fiscal intermediary use only)				57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)		3,947,862		58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				59

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G	
	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
	CURRENT ASSETS				
1	Cash on hand and in banks	4,665			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	49,954,160			4
5	Other receivables	20,202			5
6	Allowances for uncollectible notes and accounts receivable	28,015,222			6
7	Inventory	1,421,884			7
8	Prepaid expenses	155,319			8
9	Other current assets				9
10	Due from other funds	257,502,266			10
11	Total current assets (sum of lines 1-10)	281,043,274			11
	FIXED ASSETS				
12	Land	1,800,000			12
13	Land improvements	2,559,294			13
13.01	Accumulated depreciation				13.01
14	Buildings	69,276,981			14
14.01	Accumulated depreciation				14.01
15	Leasehold improvements	9,998			15
15.01	Accumulated depreciation				15.01
16	Fixed equipment	61,005,645			16
16.01	Accumulated depreciation				16.01
17	Automobiles and trucks				17
17.01	Accumulated depreciation				17.01
18	Major movable equipment				18
18.01	Accumulated depreciation	67,698,715			18.01
19	Minor equipment depreciable				19
19.01	Accumulated depreciable				19.01
20	Minor equipment-nondepreciable				20
21	Total fixed assets (sum of lines 12-20)	66,953,203			21
	OTHER ASSETS				
22	Investments				22
23	Deposits on leases				23
24	Due from owners/officers				24
25	Other assets				25
26	Total other assets (sum of lines 22-25)				26
27	Total assets (sum of lines 11, 21, and 26)	347,996,477			27
	CURRENT LIABILITIES				
28	Accounts payable	420,977			28
29	Salaries, wages, and fees payable				29
30	Payroll taxes payable				30
31	Notes and loans payable (short term)				31
32	Deferred income				32
33	Accelerated payments				33
34	Due to other funds				34
35	Other current liabilities	1,882,933			35
36	Total current liabilities (sum of lines 28 thru 35)	2,303,910			36
	LONG TERM LIABILITIES				

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)			PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
37	Mortgage payable					37
38	Notes payable					38
39	Unsecured loans					39
40	Loans from owners 40.01 Prior to 7/1/66 40.02 On or after 7/1/66					40.01
						40.02
41	Other long term liabilities	7,268				41
42	Total long term liabilities (sum of lines 37 thru 41)	7,268				42
43	Total liabilities (sum of lines 36 and 42)	2,311,178				43
	CAPITAL ACCOUNTS					
44	General fund balance	345,685,299				44
45	Specific purpose fund					45
46	Donor created - endowment fund balance - restricted					46
47	Donor created - endowment fund balance - unrestricted					47
48	Governing body created - endowment fund balance					48
49	Plant fund balance - invested in plant					49
50	Plant fund balance - reserve for plant improvement, replacement, and expansion					50
51	Total fund balances (sum of lines 44 thru 50)	345,685,299				51
52	Total liabilities and fund balances (sum of lines 43 and 51)	347,996,477				52

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

STATEMENT OF PATIENT REVENUES AND OPERATING REVENUES	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	28,231,787		28,231,787	1
2.00	Subprovider				2.00
4	Swing bed - SNF				4
5	Swing bed - NF				5
6	Skilled nursing facility				6
7	Nursing facility				7
8	Other long term care				8
9	Total general inpatient care services (sum of lines 1-8)	28,231,787		28,231,787	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	Intensive care unit	4,834,086		4,834,086	10
11	Coronary care unit				11
12	Burn intensive care unit				12
13	Surgical intensive care unit				13
14.15	Neonatal ICU	2,973,626		2,973,626	14.15
15	Total intensive care type inpatient hospital services (sum of lines 10-14)	7,807,712		7,807,712	15
16	Total inpatient routine care services (sum of lines 9 and 15)	36,039,499		36,039,499	16
17	Ancillary services	79,399,462	228,561,292	307,960,754	17
18	Outpatient services	8,839,931	87,397,524	96,237,455	18
19	Home health agency				19
20	Ambulance				20
21	Outpatient rehabilitation providers				21
22	ASC				22
23	Hospice				23
24					24
25	Total patient revenues (sum of lines 16-24) (transfer column 3 to Wkst. G-3, line 1)	124,278,892	315,958,816	440,237,708	25

PART II - OPERATING EXPENSES

		1	2	
26	Operating expenses (per Wkst. A, column 3, line 101)		116,786,196	26
27	Add (specify)			27
28				28
29				29
30				30
31				31
32				32
33	Total additions (sum of lines 27-32)			33
34	Deduct (specify)			34
35				35
36				36
37				37
38				38
39	Total deductions (sum of lines 34-38)			39
40	Total operating expenses (sum of lines 26 and 33 minus line 39) (transfer to Wkst. G-3, line 4)		116,786,196	40

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

STATEMENT OF REVENUES AND EXPENSES	PROVIDER NO: 340166	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G-3	
	Description			
1	Total patient revenues (from Wkst. G-2, Part I, column 3, line 25)		440,237,708	1
2	Less contractual allowances and discounts on patients' accounts		293,802,507	2
3	Net patient revenues (line 1 minus line 2)		146,435,201	3
4	Less total operating expenses (from Wkst. G-2, Part II, line 40)		116,786,196	4
5	Net income from service to patients (line 3 minus line 4)		29,649,005	5
OTHER INCOME				
6	Contributions, donations, bequests, etc.		4,985	6
7	Income from investments		7,789,791	7
8	Revenues from telephone and telegraph service			8
9	Revenue from television and radio service			9
10	Purchase discounts			10
11	Rebates and refunds of expenses		30,759	11
12	Parking lot receipts			12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests		353,807	14
15	Revenue from rental of living quarters			15
16	Revenue from sale of medical and surgical supplies to other than patients			16
17	Revenue from sale of drugs to other than patients			17
18	Revenue from sale of medical records and abstracts		2,679	18
19	Tuition (fees, sales of textbooks, uniforms, etc.)			19
20	Revenue from gifts, flowers, coffee shops, and canteen			20
21	Rental of vending machines			21
22	Rental of hospital space		16,428	22
23	Governmental appropriations			23
24	Other (specify)		2,364,959	24
25	Total other income (sum of lines 6-24)		10,563,408	25
26	Total (line 5 plus line 25)		40,212,413	26
27	Other expenses (specify)			27
28				28
29				29
30	Total other expenses (sum of lines 27-29)			30
31	Net income (or loss) for the period (line 26 minus line 30)		40,212,413	31

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CAROLINAS MEDICAL CENTER-UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269576 - 1996]

Medicare -Title XVIII - Hospital - 340166				
CALCULATION OF CAPITAL PAYMENT	PROVIDER NO: 340166	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET L	
PART I - FULLY PROSPECTIVE METHOD				
1	Capital hospital specific rate payments			1
	Capital Federal Amount			
2	Capital DRG other than outlier		855,812	2
3	Capital DRG outlier payments for services rendered prior to October 1, 1997			3
3.01	Capital DRG outlier payments for services rendered on or after October 1, 1997		17,892	3.01
	Indirect Medical Education Adjustment			
4	Total inpatient days divided by number of days in the cost reporting period (see instructions)		68.05	4
4.01	Number of interns & residents (from Worksheet S-3, Part I, column 9, line 12)			4.01
4.02	Indirect medical education percentage (see instructions)			4.02
4.03	Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02)			4.03
	Disproportionate Share Adjustment			
5	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0	5
5.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.201600	5.01
5.02	Sum of lines 5 and 5.01		0.27	5.02
5.03	Allowable disproportionate share percentage (see instructions)		0.056900	5.03
5.04	Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03)		48,696	5.04
6	Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04)		922,400	6
PART II - HOLD HARMLESS METHOD				
1	New capital (see instructions)			1
2	Old capital (see instructions)			2
3	Total capital (sum of line 1 plus line 2)			3
4	Ratio of new capital to total capital (line 1 divided by line 3)			4
5	Total capital payments under 100% federal rate (see instructions)			5
6	Reduction factor for hold harmless payment (see instructions)			6
7	Reduced old capital amount (line 2 x line 6)			7
8	Hold harmless payment for new capital (line 5 x line 4)			8
9	Subtotal (line 7 plus line 8)			9
10	Payment under hold harmless (greater of line 5 or line 9)			10
PART III - PAYMENT UNDER REASONABLE COST				
1	Program inpatient routine capital cost (see instructions)			1
2	Program inpatient ancillary capital cost (see instructions)			2
3	Total inpatient program capital cost (line 1 plus line 2)			3
4	Capital cost payment factor (see instructions)			4
5	Total inpatient program capital cost (line 3 x line 4)			5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS				
1	Program inpatient capital costs (see instructions)			1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)			2
3	Net program inpatient capital costs (line 1 minus line 2)			3
4	Applicable exception percentage (see instructions)			4
5	Capital cost for comparison to payments (line 3 x line 4)			5
6	Percentage adjustment for extraordinary circumstances (see instructions)			6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			7
8	Capital minimum payment level (line 5 plus line 7)			8
9	Current year capital payments (from Part I, line 6 or Part II, line 10, as applicable)			9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part IV, line 14)			11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			12
13	Current year exception payment (if line 12 is positive, enter the amount on this line) for the following period (if line 12 is negative, enter the amount on this line)			13
14	Carryover of accumulated capital minimum payment level over capital payment			14
15	Current year allowable operating and capital payment (see instructions)			15
16	Current year operating and capital costs (see instructions)			16
17	Current year exception offset amount			17

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Cost Report data

340166
CAROLINAS MEDICAL CTR UNIVERSITY
8800 NORTH TRYON STREET
CHARLOTTE, NC 28256-5009

[Electronic Record Code: 7197 - 2010]
Type of Facility: Short Term Acute Care
Type of Control: Governmental Hospital District
Classification: Urban

Bed Size:	130
Total Annual Discharges:	7,413
Total Patient Revenue:	$506,715,904

Period: 01/01/2011 - 12/31/2011
Status: As Submitted

Fiscal Intermediary: Palmetto Government Benefits Administrators

Medicare Inpatient Characteristics

DSH Ratio:	0.126900
DSH Amount:	$1,337,786
Outlier Amount:	$207,851
IME Amount:	$0
GME Amount:	$0
Total IP Reimbursement:	$13,030,237
Total IP Costs:	$13,675,196
NPR Date:	00/00/0000
NPR Settlement Amount:	$11,951,940
NPR Settlement Percent:	91.72 %

[Date Generated: 03/20/2013]

Source
This report was downloaded from www.CostReportData.com and is derived from raw electronic data obtained from the federal Centers for Medicare and Medicaid Services (CMS). Online information is updated quarterly as new data become available. Before using this report it may be advisable to check the website for updates and new reporting periods.

Worksheet Descriptions and Formats
Please note that CostReportData.com worksheets are replicated from electronic cost report data obtained from the CMS Healthcare Cost Report Information System dataset (HCRIS) and may differ from the format submitted by the hospital (e.g. sub-lines and sub-columns may be combined, certain totals have been calculated, etc.). Also, please note that some worksheets may not be included because data are not available from the CMS HCRIS file or because the worksheets are seldom used. Cost reports for periods beginning May 1, 2010 are based on a new 2552-10 format and sometimes contain ambiguities in the assignment of some cost centers as submitted by a hospital. Whenever such ambiguities are overridden you will see an explanation at the top of all affected worksheets.

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Legend:

Identification
A hospital's Medicare provider number, name, and address are taken from Worksheet S-2. The Electronic Code is a code assigned by CostReportData.com to assist in resolving questions.

Type of Facility
The type of facility is determined from the last four digits of its Medicare provider number.

Type of Control
A hospital's type of control is taken from the HCRIS file.

Bed Size
The number of staffed beds is taken from Worksheet S-3, Part I, line 12, col.1. Cost report instructions define staffed beds as, "the number of beds available for use by patients at the end of the cost reporting period. A bed means an adult bed, pediatric bed, birthing room, or newborn bed maintained in a patient care area for lodging patients in acute, long term, or domiciliary areas of the hospital. Beds in labor room, birthing room, postanesthesia, postoperative recovery rooms, outpatient areas, emergency rooms, ancillary departments, nurses' and other staff residences, and other such areas which are regularly maintained and utilized for only a portion of the stay of patients (primarily for special procedures or not for inpatient lodging) are not termed a bed for these purposes.

Total Annual Discharges
The total number of inpatient discharges (all payors) is taken from Worksheet S-3, part I, line 12, column 15.

Total Patient Revenue
The total patient revenue (inpatient and outpatient) is taken from Worksheet G-2, part I, line 25, column 3.

Period
The beginning and ending dates for a cost report are taken from Worksheet S-2, line 17.

Status
The status of a cost report is taken from the HCRIS file.

Fiscal Intermediary
Medicare Fiscal Intermediaries (FIs) are private insurance companies that serve as the federal government's agents in the administration of the Medicare program, including the payment of claims. The name of the FI is obtained from a hospital's most recent Medicare cost report.

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Petitioner's Trial Exhibit 077B

Disproportionate Share (DSH Amount and DSH Ratio)
Medicare provides additional payment to hospitals that treat a disproportionate share of low-income patients. Qualifying hospitals receive a percentage increase in Medicare payments. This percentage increase varies depending on the ratio of low income patients and on certain statutory calculations. The Disproportionate SHare (DSH) ratio is taken from Worksheet E, Part A, line 4.03. The amount of DSH payments is from Worksheet E, Part A, line 4.04.

Outlier Amount
Medicare makes additional payments to hospitals for patients with costs that are extraordinarily high due to severity of illness and/or complicating conditions. The amount of outlier payments is from Worksheet E, Part A, line 2.01 (or line 2 for discharges occurring prior to October 1, 1997).

IME Amount
Teaching hospitals receive additional Medicare payment due to the indirect costs associated with medical education programs. These payments are intended to cover the costs of additional tests and procedures ordered by interns and residents over and above what would have been ordered by more experienced physicians. The amount of the Indirect Medical Education (IME) adjustment is from Worksheet E, Part A, line 3.24 (or line 3.03 for cost reporting periods ending on or before September 30, 1997).

GME Amount
Medicare pays a hospital for the costs of an approved direct Graduate Medical Education (GME) program. These costs include the direct cost of salaries and benefits for interns, residents, and teachers. The amount of GME payment is from Worksheet E, Part A, line 11.

Total IP Reimbursement
The total amount of Medicare inpatient reimbursement for the cost reporting period is from Worksheet E, Part A, line 16 for PPS hospitals or from Worksheet E-3, Part I, line 17 or Worksheet E-3, Part II, Line 30 for non-PPS hospitals.

Total IP Costs
Total IP Costs corresponding to Total IP Reimbursement are calculated in the cost report and summarized on Worksheet D-1, Part II, line 49.

NPR Date
At the close of its fiscal year, a provider must submit a cost report to the FI showing the costs it incurred during the fiscal year and the proportion of those costs to be allocated to Medicare. The FI reviews the cost report, determines the total amount of Medicare reimbursement due the provider and issues the provider a Notice of Program Reimbursement (NPR). The NPR date is obtained from the most recent cost report data (HCRIS). There is no NPR date for cost reports as submitted or as amended by the provider (see Status above).

NPR Settlement Amount
The NPR Settlement Amount is the Balance due provider/(Program). It is the difference between the Total IP Reimbursement (above) and the total interim payments for the cost reporting period less any tentative settlements previously made by the FI. The Balance due provider/(Program) is from Worksheet E, Part A, line 29 for PPS hospitals or from Worksheet E-3, Part I, line 20 or Worksheet E-3, Part II, Line 33 for non-PPS hospitals.

NPR Settlement Percentage
This NPR settlement percentage is the NPR settlement amount as a percentage of total inpatient reimbursement. (It is calculated from the data elements previously defined.)

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Cost Center Overrides
CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
CMS Certification Number: 340166
Period: 01/01/2011 - 12/31/2011
[Record code 7197 - 2010]

Original Line Number	How the Facility Described the Line	Cost Center Number the Facility Assigned to the Line	Official Name of the Cost Center the Facility Assigned	Cost Center Number We Assigned to the Line	Official Name of the Cost Center We Assigned to the Line
03500	NEONATAL INTENSIVE CARE UNIT	02040	Detoxification ICU	02060	Neonatal ICU
07601	ENDOSCOPY	03021	Acupuncture	03340	Gastro Intestinal Service
07603	SLEEP LAB	03023	Acupuncture	03950	Other Ancillary Cost Centers

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S PARTS I, II & III
This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).		FORM APPROVED OMB NO. 0938-0050	

PART I - COST REPORT STATUS

Provider use only	1. [X] Electronically filed cost report		Date:	Time:
	2. [ ] Manually submitted cost report			
	3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report			
	4 [F] Medicare Utilization. Enter "F" for full or "L" for low.			
Contractor use only	5. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: 06/01/2012	10. NPR Date:	
		7. Contractor No.: 11001	11. Contractor's Vendor Code: 4	
		8. [N] Initial Report for this Provider CCN	12. [ ] If line 5, column 1 is 4: Enter number of times reopened = 0-9.	
		9. [N] Final Report for this Provider CCN		

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by _____{Provider Name(s) and Number(s)} for the cost reporting period beginning _____ and ending _____ and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

(Signed)	Name NOT AVAILIABLE ON ELECTRONIC FORM
	Officer or Administrator of Provider(s)
	Title NOT AVAILIABLE ON ELECTRONIC FORM
	Title
	_____
	Date

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
			PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		174,784	150,348		4,190,899	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER (Specify)						12
200	TOTAL		174,784	150,348		4,190,899	200

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTIONS 4003.1-4003.3)

Rev. 2 | 40-503 - 08-11

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-10	
Uncompensated and indigent care cost computation				
1	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.219315	1
Medicaid (see instructions for each line)				
2	Net revenue from Medicaid		10,871,578	2
3	Did you receive DSH or supplemental payments from Medicaid?		Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?		N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid		5,045,202	5
6	Medicaid charges		74,000,056	6
7	Medicaid cost (line 1 times line 6)		16,229,322	7
8	Difference between net revenue and costs for Medicaid program (line 2 plus line 5 minus line 7)		312,542	8
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9	Net revenue from stand-alone SCHIP		343,976	9
10	Stand-alone SCHIP charges		2,380,234	10
11	Stand-alone SCHIP cost (line 1 times line 10)		522,021	11
12	Difference between net revenue and costs for stand-alone SCHIP (line 9 minus line 11)		178,045	12
Other state or local government indigent care program (see instructions for each line)				
13	Net revenue from state or local indigent care program (not included on lines 2, 5 or 9)		177,249	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)		2,520,831	14
15	State or local indigent care program cost (line 1 times line 14)		552,856	15
16	Difference between net revenue and costs for state or local indigent care program (line 13 minus line 15)		375,607	16
Uncompensated care (see instructions for each line)				
17	Private grants, donations, or endowment income restricted to funding charity care			17
18	Government grants, appropriations or transfers for support of hospital operations			18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		866,194	19

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	24,024,724	254,386	24,279,108	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,268,982	55,791	5,324,773	21
22	Partial payment by patients approved for charity care	51,887	19,468	71,355	22
23	Cost of charity care (line 21 minus line 22)	5,217,095	36,323	5,253,418	23
24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)				25
26	Total bad debt expense for the entire hospital complex (see instructions)			33,479,224	26
27	Medicare bad debts for the entire hospital complex (see instructions)			565,966	27
28	Non-Medicare and non-reimbursable bad debt expense (line 26 minus line 27)			32,913,258	28
29	Cost of non-Medicare bad debt expense (line 1 times line 28)			7,218,371	29
30	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			12,471,789	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,337,983	31

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4012)		
Rev. 2		40-523 - 08-11

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET S-2 PART I	
Hospital and Hospital Health Care Complex Address:									
1	Street: 8800 NORTH TRYON STREET			P.O. Box: 560727					1
2	City: CHARLOTTE	State: NC	Zip Code: 28256-5009	County: MECKLENBURG					2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	CAROLINAS MEDICAL CTR UNIVERSITY	340166		1	05/10/1985	N	P	O	3
4	Subprovider- IPF						N	N	N	4
5	Subprovider- IRF									5
6	Subprovider- (Other)									6
7	Swing Beds-SNF						N	N	N	7
8	Swing Beds-NF						N		N	8
9	Hospital-Based SNF						N	N	N	9
10	Hospital-Based NF						N		N	10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA						N	N	N	12
13	Separately Certified ASC						N	N	N	13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic-RHC						N	N	N	15
16	Hospital-Based Health Clinic-FQHC						N	N	N	16
17	Hospital-Based (CMHC)						N	N	N	17
17.10							N	N	N	17.10
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01/01/2011	To: 12/31/2011		20
21	Type of control (see instructions)	11			21

Inpatient PPS Information				
		1	2	
22	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR §412.106, or low income payment in accordance with 42 CFR §412.624 (e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR §412.06 (c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If line 22 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	3,982	596					24
25	If line 22 is "yes", and this provider is an IRF then, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of state Medicaid eligible days in col. 4 Medicaid HMO days in col. 5 and other Medicaid days in col. 6.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1	26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter "1" for urban or "2" for rural.	1	27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.		35

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I	
36 Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.		Beginning:	Ending:	36
37 If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.				37
38 Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.		Beginning:	Ending:	38

	V	XVIII	XIX	
Prospective Payment System (PPS)-Capital	1	2	3	
45 Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320? (see instructions)	N	Y	N	45
46 Is this facility eligible for the special exceptions payment pursuant to 42 CFR §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47 Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47
48 Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48

	1	2	3	
Teaching Hospitals				
56 Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56
57 If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57
58 If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59 Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60 Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60

	Y/N	IME Average	Direct GME Average	
61 Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)			
62 Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)			62
62.01 Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)			62.01

Teaching Hospitals that Claim Residents in Non-Provider Settings			
63 Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N		63

Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings–This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
64 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1	2	3	4	5	
65 Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						65

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings–Effective for cost reporting periods beginning on or after July 1, 2010	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
	1	2	3	
66 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I

		1	2	3	4	5	
67	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						67
Inpatient Psychiatric Facility PPS				1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N			71
Inpatient Rehabilitation Facility PPS							
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes or "N" for no.			N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)						76
Long Term Care Hospital PPS							
80	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N		80
TEFRA Providers							
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.				N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter "Y" for yes or "N" for no.				N		86
					V	XIX	
Title V and XIX Inpatient Services					1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in applicable column.				N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.				N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.				N	N	93
94	Does title V or title XIX reduce capital cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	94
95	If line 94 is "Y", enter the reduction percentage in the applicable column.						95
96	Does title V or title XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.				N	N	96
97	If line 96 is "Y", enter the reduction percentage in the applicable column.						97
Rural Providers					1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?				N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				N		106
107	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				N		107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter "Y" for yes or "N" for no.				N		108
			Physical	Occupationa	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N	109
Miscellaneous Cost Reporting Information							
115	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.				N		115
116	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.				N		116
117	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.				N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim- made. Enter 2 if the policy is occurrence.				2		118
118.02					N		118.02
119	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.						119
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.				N	N	120
121	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.				Y		121
Transplant Center Information							
125	Does this facility operate a transplant center? Enter "Y" for yes or "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.				N		125
126	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126
127	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I

128	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128
129	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129
130	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130
131	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131
132	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132
133	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	349014	140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: CAROLINAS HEALTHCARE SYSTEM	Contractor's Name: PALMETTO GBA		Contractor's Number:		141
142	Street: 1000 BLYTHE BLVD	P.O. Box: 32861				142
143	City: CHARLOTTE State 39	Zip Code: 28203				143
144	Are provider based physicians' costs included in Worksheet A?			Y		144
145	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146
147	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147
148	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148
149	Was the change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N	N	N	161
161.10			N	N	N	161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N					165

If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip in column 3, CBSA in column 4, FTE/Campus in column 5.

	Name	County	State	Zip Code	CBSA	FTE/ Campus	
	0	1	2	3	4	5	
166							166

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886 (n)? Enter "Y" for yes or "N" for no.	N		167
168	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets. (see instructions)			168
169	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			169

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

08-11	FORM CMS-2552-10		4090 (Cont.)
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 Part II

General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation		1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3
		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5
			Y/N	Y/N	
Approved Educational Activities			1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6
7	Are costs claimed for allied health programs? If yes, see instructions.		N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9
10	Was an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11
Bad Debts				Y/N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14
Bed Complement					
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/13/2012	Y	04/13/2012	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either coumn 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost			
22	Have assets been relifed for Medicare purposes? If yes, see instructions.	N	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	N	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25
26	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.	N	27

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Interest Expense				
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		N	29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31
Purchased Services				
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33
Provider-Based Physicians				
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If "Y" see instructions.		N	34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35
		Y/N	Date	
Home Office Costs		1	2	
36	Are home office costs claimed on the cost report?	Y		36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37
38	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA								Provider CCN: 340166			PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET S-3 PART I	
Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Full Time Equivalents			Discharges			
					Title V	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	113	41,245			5,381	2,924	21,118					1,600	1,093	7,413
2 HMO						956	1,070						242		
3 HMO IPF															
4 HMO IRF															
5 Hospital Adults & Peds. Swing Bed SNF															
6 Hospital Adults & Peds. Swing Bed NF															
7 Total Adults and Peds. (exclude observation beds) (see instructions)		113	41,245			5,381	2,924	21,118							
8 Intensive Care Unit		8	2,920			841	264	1,792							
9 Coronary Care Unit															
10 Burn Intensive Care Unit															
11 Surgical Intensive Care Unit															
12 Other Special Care															
12.15 Neonatal ICU	35.15	9	3,285				320	973							
13 Nursery	43.00														
14 Total (see instructions)		130	47,450			6,222	3,508	23,883		743.31			1,600	1,093	7,413
15 CAH visits															
16 Subprovider - IPF	40.00														
17 Subprovider - IRF	41.00														
18 Subprovider - Other	42.00														
19 Skilled Nursing Facility	44.00														
20 Nursing Facility	45.00														
21 Other Long Term Care	46.00														
22 Home Health Agency	101.00														
23 ASC (Distinct Part)	115.00														
24 Hospice (Distinct Part)	116.00														
25 CMHC	99.00														
26 RHC/FQHC (specify)	88.00														
27 Total (sum of lines 14-26)		130								743.31					
28 Observation Bed Days							386	2,524							
28.															
29 Ambulance Trips															
30 Employee discount days (see instructions)															

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA			Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3 PART I	
31	Employee discount days -IRF	[redacted]				31
32	Labor & delivery days (see instructions)	[redacted]				32
33	LTCH non-covered days	[redacted]				33
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HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3 PART II

Part II - Wage Data

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in column 4	Average Hourly Wage (column 4 ÷ column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	44,497,056		44,497,056	1,550,274	** 28.70	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetist Part B			3,183,071	3,183,071	36,782	** 86.54	3
4	Physician-Part A							4
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		387,233		387,233	14,656	** 26.42	10
OTHER WAGES AND RELATED COSTS								
11	Contract labor (see instructions)							11
12	Management and administrative services							12
13	Contract labor: physician-Part A		84,510		84,510	610	** 138.52	13
14	Home office salaries & wage-related costs		12,459,869		12,459,869	261,251	** 47.69	14
15	Home office: physician Part A							15
16	Teaching physician salaries (see instructions)							16
WAGE-RELATED COSTS								
17	Wage-related costs (core) Worksheet S-3, Part IV line 24		10,569,631		10,569,631			17
18	Wage-related costs (other) Worksheet S-3, Part IV line 25							18
19	Excluded areas		100,022		100,022			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		822,187		822,187			21
22	Physician Part A							22
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits	4	628,135	-628,135				26
27	Administrative & General	5	2,471,112	628,135	3,099,247	111,734	** 27.74	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs	6						29
30	Operation of Plant	7	927,662		927,662	49,466	** 18.75	30
31	Laundry & Linen Service	8						31
32	Housekeeping	9	713,157		713,157	63,682	** 11.20	32
33	Housekeeping under contract (see instructions)							33
34	Dietary	10	33,932		33,932	1,514	** 22.41	34
35	Dietary under contract (see instructions)							35
36	Cafeteria	11						36
37	Maintenance of Personnel	12						37
38	Nursing Administration	13	1,229,157		1,229,157	28,102	** 43.74	38
39	Central Services and Supply	14	701,182	-401,971	299,211	16,246	** 18.42	39
40	Pharmacy	15	1,292,305		1,292,305	33,208	** 38.92	40
41	Medical Records & Medical Records Library	16	493,427		493,427	27,371	** 18.03	41
42	Social Service	17	555,822		555,822	18,246	** 30.46	42
43	Other General Service	18						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	44,497,056	-3,183,071	41,313,988	1,513,491	** 27.30	1
2	Excluded area salaries (see instructions)	387,233		387,233	14,656	** 26.42	2
3	Subtotal salaries (line 1 minus line 2)	44,109,824	-3,183,071	40,926,752	1,498,835	** 27.31	3

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HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET S-3 PART II	
4	Subtotal other wages and related costs (see instructions)	12,544,379		12,544,379	261,861	** 47.90	4
5	Subtotal wage-related costs (see instructions)	10,569,631		10,569,631			5
6	Total (sum of lines 3 through 5)			64,040,764			6
7	Total overhead cost (see instructions)	9,045,891	-401,971	8,643,920	349,569	** 24.73	7
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HOSPITAL WAGE RELATED COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3, PART IV

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
RETIREMENT COST			
1	401k Employer Contributions	1,095,087	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Qualified and Non-Qualified Pension Plan Cost	1,588,464	3
4	Prior Year Pension Service Cost		4
PLAN ADMINISTRATIVE COSTS (Paid to External Organization):			
5	401k/TSA Plan Administration fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
HEALTH AND INSURANCE COST			
8	Health Insurance (Purchased or Self Funded)	4,894,303	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	126,777	10
11	Life Insurance (If employee is owner or beneficiary)	242,702	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	201,224	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
TAXES			
17	FICA-Employers Portion Only	3,089,595	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	149,832	19
20	State or Federal Unemployment Taxes		20
OTHER			
21	Executive Deferred Compensation		21
22	Day Care Cost and Allowances		22
23	Tuition Reimbursement	103,856	23
24	Total Wage Related cost (Sum of lines 1 -23)	11,491,840	24

Part B - Other than Core Related Cost

25	Other Wage Related Costs (specify)_____		25

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340166			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Capital Related Costs-Buildings and Fixtures				4,399,884	4,399,884	-14,635	4,385,249	1
2	00200	Capital Related Costs-Movable Equipment				3,733,952	3,733,952		3,733,952	2
3	00300	Other Capital Related Costs							-0-	3
4	00400	Employee Benefits	628,135	11,327,453	11,955,588	379,487	12,335,075	-491,753	11,843,322	4
5	00500	Administrative and General	2,471,112	33,331,900	35,803,012	-7,649,466	28,153,548	-6,181,575	21,971,972	5
6	00600	Maintenance and Repairs								6
7	00700	Operation of Plant	927,662	1,675,772	2,603,434	255,921	2,859,355	-124,980	2,734,375	7
8	00800	Laundry and Linen Service		555,172	555,172	17,447	572,619	89,287	661,906	8
9	00900	Housekeeping	713,157	404,897	1,118,054		1,118,054	99	1,118,153	9
10	01000	Dietary	33,932	1,619,825	1,653,757		1,653,757	-440,826	1,212,931	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	1,229,157	115,262	1,344,419		1,344,419	-17	1,344,402	13
14	01400	Central Services and Supply	701,182	325,127	1,026,309	-604,819	421,490	-19,973	401,517	14
15	01500	Pharmacy	1,292,305	4,110,489	5,402,794	-3,843,189	1,559,605	-1,952	1,557,653	15
16	01600	Medical Records & Medical Records Library	493,427	405,906	899,333	58,664	957,997	56,385	1,014,382	16
17	01700	Social Service	555,822	36,127	591,949		591,949	5	591,954	17
18		Other General Service (specify)								18
19	01900	Nonphysician Anesthetists				3,183,071	3,183,071	-3,183,071		19
20	02000	Nursing School								20
21	02100	Intern & Res. Service-Salary & Fringes (Approved)								21
22	02200	Intern & Res. Other Program Costs (Approved)								22
23	02300	Paramedical Ed. Program (specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults and Pediatrics (General Routine Care)	7,760,593	1,019,278	8,779,871	1,855,518	10,635,389	-59,307	10,576,082	30
31	03100	Intensive Care Unit	3,649,232	537,532	4,186,764	-2,449,771	1,736,993	541	1,737,534	31
32	03200	Coronary Care Unit								32
33	03300	Burn Intensive Care Unit								33
34	03400	Surgical Intensive Care Unit								34
35		Other Special Care (specify)								35
35.15		Neonatal ICU	1,400,178	90,921	1,491,099		1,491,099	-16	1,491,083	35.15
40	04000	Subprovider - IPF								40

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
41	04100	Subprovider - IRF								41
42	04200	Subprovider (specify)								42
43	04300	Nursery								43
44	04400	Skilled Nursing Facility								44
45	04500	Nursing Facility								45
46	04600	Other Long Term Care								46
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	4,298,501	9,729,033	14,027,534	-3,937,464	10,090,070	-348,288	9,741,782	50
51	05100	Recovery Room								51
52	05200	Labor Room and Delivery Room								52
53	05300	Anesthesiology	3,470,758	509,312	3,980,070	-3,171,978	808,092	51	808,143	53
53.10	05300	Acupuncture	712,504	1,915,706	2,628,210	-1,083,319	1,544,891	-200,578	1,344,313	53.10
54	05400	Radiology-Diagnostic	1,945,634	994,191	2,939,825	-496,378	2,443,447	-22,110	2,421,337	54
55	05500	Radiology-Therapeutic								55
56	05600	Radioisotope								56
57	05700	Computed Tomography (CT) Scan	594,281	478,235	1,072,516	-90,056	982,460	-225	982,235	57
58	05800	Magnetic Resonance Imaging (MRI)	252,033	162,205	414,238	-43,054	371,184		371,184	58
59	05900	Cardiac Catheterization	47,250	49,105	96,355	-13,621	82,734		82,734	59
60	06000	Laboratory	871,995	2,142,227	3,014,222	3,845	3,018,067	4,494	3,022,561	60
60.70	06000	Gastro Intestinal Service	1,339,906	914,397	2,254,303	-400,693	1,853,610	-757,774	1,095,836	60.70
61	06100	PBP Clinical Laboratory Services-Program Only								61
62	06200	Whole Blood & Packed Red Blood Cells								62
63	06300	Blood Storing, Processing, & Trans.								63
64	06400	Intravenous Therapy								64
65	06500	Respiratory Therapy	944,848	190,241	1,135,089	-76,246	1,058,843	-208	1,058,635	65
66	06600	Physical Therapy	216,519	56,163	272,682		272,682	-4,168	268,514	66
67	06700	Occupational Therapy								67
68	06800	Speech Pathology								68
69	06900	Electrocardiology	417,916	187,440	605,356	-92,446	512,910	-941	511,969	69
70	07000	Electroencephalography								70
71	07100	Medical Supplies Charged to Patients				2,315,832	2,315,832		2,315,832	71
72	07200	Implantable Devices Charged to Patients				3,581,057	3,581,057		3,581,057	72
73	07300	Drugs Charged to Patients				4,191,280	4,191,280		4,191,280	73
74	07400	Renal Dialysis								74
75	07500	ASC (Non-Distinct Part)								75
76		Other Ancillary (specify)								76
76.30		Other Ancillary Cost Centers	977,585	371,670	1,349,255	-6,055	1,343,200	-591,759	751,441	76.30

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340166				PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
COST CENTER DESCRIPTIONS (omit cents)			SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		OUTPATIENT SERVICE COST CENTERS								
88	08800	Rural Health Clinic (RHC)								88
89	08900	Federally Qualified Health Center (FQHC)								89
90	09000	Clinic								90
91	09100	Emergency	6,164,201	1,711,285	7,875,486	-24,562	7,850,924	47,189	7,898,113	91
92	09200	Observation Beds								92
93		Other Outpatient Service (specify)								93
		OTHER REIMBURSABLE COST CENTERS								
94	09400	Home Program Dialysis								94
95	09500	Ambulance Services								95
96	09600	Durable Medical Equipment-Rented								96
97	09700	Durable Medical Equipment-Sold								97
98		Other Reimbursable (specify)								98
99		Outpatient Rehabilitation Provider (specify)								99
100	10000	Intern-Resident Service (not appvd. tchng. prgm.)								100
101	10100	Home Health Agency								101
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition								105
106	10600	Heart Acquisition								106
107	10700	Liver Acquisition								107
108	10800	Lung Acquisition								108
109	10900	Pancreas Acquisition								109
110	11000	Intestinal Acquisition								110
111	11100	Islet Acquisition								111
112		Other Organ Acquisition (specify)								112
113	11300	Interest Expense							- 0 -	113
114	11400	Utilization Review-SNF							- 0 -	114
115	11500	Ambulatory Surgical Center (Distinct Part)								115
116	11600	Hospice								116
117		Other Special Purpose (specify)								117
118		SUBTOTALS (sum of lines 1-117)	44,109,824	74,966,872	119,076,696	-7,159	119,069,536	-12,246,105	106,823,432	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop, & Canteen		14,034	14,034		14,034		14,034	190
191	19100	Research								191
192	19200	Physicians' Private Offices				7,159	7,159	-10,829	-3,670	192
193	19300	Nonpaid Workers								193
194		Other Nonreimbursable (specify)	387,233	242,985	630,218		630,218	-86,488	543,730	194

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
	1	2	3	4	5	6	7	
200 [redacted] TOTAL (sum of lines 118-199)	44,497,056	75,223,888	119,720,952	- 0 -	119,720,952	-12,343,422	107,377,528	200
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4013)								
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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

D - RECOVERY ROOM EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	RECOVERY ROOM EXPENSE	D		50.00	440,454	45,709		30.00	439,408	45,539		1
2	RECOVERY ROOM EXPENSE	D						31.00	1,046	170		2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
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21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				440,454	45,709			440,454	45,709		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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Cost report status - As Submitted
[Record code 7197 - 2010]

RECLASSIFICATIONS							Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
F - RECLASS DRUG REQUISITIONS												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	RECLASS DRUG REQUISITIONS	F		73.00		4,047,267		15.00		3,685,675		1
2	RECLASS DRUG REQUISITIONS	F						50.00		74,894		2
3	RECLASS DRUG REQUISITIONS	F						54.00		53,028		3
4	RECLASS DRUG REQUISITIONS	F						57.00		156,478		4
5	RECLASS DRUG REQUISITIONS	F						58.00		61,380		5
6	RECLASS DRUG REQUISITIONS	F						65.00		13,028		6
7	RECLASS DRUG REQUISITIONS	F						59.00		2,784		7
8												8
9												9
10												10
11												11
12												12
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15												15
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22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					4,047,267				4,047,267		500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)												
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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

R - INTERCO EXPENSES NOT IN DE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	INTERCO EXPENSES NOT IN DEPT 701700	R		5.00		500,850		50.00		1,475		1
2	INTERCO EXPENSES NOT IN DEPT 701700	R		71.00		1,425		54.00		134,802		2
3	INTERCO EXPENSES NOT IN DEPT 701700	R		73.00		72,206		76.02		403,141		3
4	INTERCO EXPENSES NOT IN DEPT 701700	R		16.00		58,664		76.03		766		4
5	INTERCO EXPENSES NOT IN DEPT 701700	R						15.00		92,961		5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
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24												24
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					633,145				633,145		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

A - EQUIPMENT RENTALS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	EQUIPMENT RENTALS	A		2.00		626,087		14.00		30,009	10	1
2	EQUIPMENT RENTALS	A						15.00		26,047		2
3	EQUIPMENT RENTALS	A						30.00		9,933		3
4	EQUIPMENT RENTALS	A						50.00		200,582		4
5	EQUIPMENT RENTALS	A						65.00		63,218		5
6	EQUIPMENT RENTALS	A						69.00		92,569		6
7	EQUIPMENT RENTALS	A						76.01		198,440		7
8	EQUIPMENT RENTALS	A						76.03		5,289		8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
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24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					626,087				626,087		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

Q - RADIOLOGY ADMIN ALLOCATION

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	RADIOLOGY ADMIN ALLOCATION	Q		57.00	76,743	899		54.00	94,116	1,103		1
2	RADIOLOGY ADMIN ALLOCATION	Q		58.00	17,373	204						2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				94,116	1,103			94,116	1,103		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

N - INTERCO RENT EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	INTERCO RENT EXPENSE	N		192.00		7,159		5.00		7,159		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					7,159				7,159		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

P - LAUNDRY EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	LAUNDRY EXPENSE	P		8.00		17,447		50.00		11,532		1
2	LAUNDRY EXPENSE	P						76.02		5,915		2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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25												25
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					17,447				17,447		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

H - IMPLANT RECLASS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	IMPLANT RECLASS	H		72.00		3,581,057		30.00		17,258		1
2	IMPLANT RECLASS	H						50.00		2,676,632		2
3	IMPLANT RECLASS	H						54.00		202,700		3
4	IMPLANT RECLASS	H						57.00		801		4
5	IMPLANT RECLASS	H						59.00		10,187		5
6	IMPLANT RECLASS	H						76.01		80,810		6
7	IMPLANT RECLASS	H						76.02		592,669		7
8												8
9												9
10												10
11												11
12												12
13												13
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15												15
16												16
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24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					3,581,057				3,581,057		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

J - ANCILLARY PATIENT SERVICES

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	ANCILLARY PATIENT SERVICES	J		30.00		2,382		30.00		20,896		1
2	ANCILLARY PATIENT SERVICES	J		50.00		1,530						2
3	ANCILLARY PATIENT SERVICES	J		53.00		2,453						3
4	ANCILLARY PATIENT SERVICES	J		54.00		5,903						4
5	ANCILLARY PATIENT SERVICES	J		57.00		734						5
6	ANCILLARY PATIENT SERVICES	J		58.00		2,620						6
7	ANCILLARY PATIENT SERVICES	J		60.00		3,845						7
8	ANCILLARY PATIENT SERVICES	J		69.00		123						8
9	ANCILLARY PATIENT SERVICES	J		71.00		48						9
10	ANCILLARY PATIENT SERVICES	J		73.00		222						10
11	ANCILLARY PATIENT SERVICES	J		76.01		1,036						11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					20,896				20,896		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

B - DEPRECIATION EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	DEPRECIATION EXPENSE	B		1.00		3,787,732		5.00		6,798,693	9	1
2	DEPRECIATION EXPENSE	B		2.00		3,010,961					9	2
3												3
4												4
5												5
6												6
7												7
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					6,798,693				6,798,693		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

S - INTEREST INCOME/EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	INTEREST INCOME/EXPENSE	S		1.00		391,128		5.00		391,128	11	1
2												2
3												3
4												4
5												5
6												6
7												7
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28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					391,128				391,128		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

K - DEFAULT

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	DEFAULT	K		50.00	376,799	145,957		14.00	401,971	156,472		1
2	DEFAULT	K		30.00	16,532	10,515						2
3	DEFAULT	K		53.00	8,640							3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
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22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				401,971	156,472			401,971	156,472		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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[Record code 7197 - 2010]

RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

C - PROPERTY INSURANCE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	PROPERTY INSURANCE	C		1.00		221,024		5.00		317,928	12	1
2	PROPERTY INSURANCE	C		2.00		96,904					12	2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
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24												24
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					317,928				317,928		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

E - CRNA SALARY

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	CRNA SALARY	E		19.00	3,183,071			53.00	3,183,071			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
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24												24
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				3,183,071				3,183,071			500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS			Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

O - DEFAULT

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	DEFAULT	O		5.00	628,135			4.00	628,135			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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24												24
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				628,135				628,135			500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

L - ICU VS PCU COST

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	ICU VS PCU COST	L		30.00	2,153,777	294,778		31.00	2,153,777	294,778		1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
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29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				2,153,777	294,778			2,153,777	294,778		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

I - NON-IMPLANT CHARGEABLE SUP

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	NON-IMPLANT CHARGEABLE SUPPLIES	I		71.00		2,314,359		14.00		16,367		1
2	NON-IMPLANT CHARGEABLE SUPPLIES	I						30.00		81,733		2
3	NON-IMPLANT CHARGEABLE SUPPLIES	I						50.00		1,982,798		3
4	NON-IMPLANT CHARGEABLE SUPPLIES	I						54.00		15,714		4
5	NON-IMPLANT CHARGEABLE SUPPLIES	I						57.00		11,153		5
6	NON-IMPLANT CHARGEABLE SUPPLIES	I						58.00		1,871		6
7	NON-IMPLANT CHARGEABLE SUPPLIES	I						59.00		650		7
8	NON-IMPLANT CHARGEABLE SUPPLIES	I						76.01		122,479		8
9	NON-IMPLANT CHARGEABLE SUPPLIES	I						76.02		81,594		9
10												10
11												11
12												12
13												13
14												14
15												15
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					2,314,359				2,314,359		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

G - RECLASS IV REQUISITIONS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	RECLASS IV REQUISITIONS	G		73.00		71,585		15.00		38,506		1
2	RECLASS IV REQUISITIONS	G						30.00		7,699		2
3	RECLASS IV REQUISITIONS	G						54.00		818		3
4	RECLASS IV REQUISITIONS	G						91.00		24,562		4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					71,585				71,585		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

M - CORPORATE CHARGES

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	CORPORATE CHARGES	M		4.00		1,007,622		5.00		1,263,543		1
2	CORPORATE CHARGES	M		7.00		255,921						2
3												3
4												4
5												5
6												6
7												7
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28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					1,263,543				1,263,543		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-7, PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	1,800,000					1,800,000		1
2	Land Improvements	2,559,294	402,145		402,145	40,791	2,920,648	443,494	2
3	Buildings and Fixtures	90,027,944	2,003,592		2,003,592	1,091,302	90,940,240	15,027,122	3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	40,264,680	5,641,382		5,641,382	6,030,442	39,875,616	15,978,672	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	134,651,920	8,047,119		8,047,119	7,162,535	135,536,496	31,449,288	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	134,651,920	8,047,119		8,047,119	7,162,535	135,536,496	31,449,288	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		9	10	11	12	13	14	15	
1	Capital Related Costs-Buildings and Fixtures								1
2	Capital Related Costs-Movable Equipment								2
3	Total (sum of lines 1-2)								3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2. All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
		1	2	3	4	5	6	7	8	
1	Capital Related Costs-Buildings and Fixtures	93,860,880		93,860,880						1
2	Capital Related Costs-Movable Equipment	39,875,616		39,875,616						2
3	Total (sum of lines 1-2)	133,736,504		133,736,504	1.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		9	10	11	12	13	14	15	
1	Capital Related Costs-Buildings and Fixtures	3,773,283		390,942	221,024			4,385,249	1
2	Capital Related Costs-Movable Equipment	3,010,961	626,087		96,904			3,733,952	2
3	Total (sum of lines 1-2)	6,784,244	626,087	390,942	317,928			8,119,201	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4015)

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ADJUSTMENTS TO EXPENSES	Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8		
DESCRIPTION (1)	BASIS/CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
			COST CENTER	LINE #		
	1	2	3	4	5	
1 Investment income - buildings and fixtures (chapter 2)	A	-186	[illegible]	[illegible]	11	1
2 Investment income - movable equipment (chapter 2)			[illegible]	[illegible]		2
3 Investment income - other (chapter 2)						3
4 Trade, quantity, and time discounts (chapter 8)						4
5 Refunds and rebates of expenses (chapter 8)						5
6 Rental of provider space by suppliers (chapter 8)						6
7 Telephone services (pay stations excluded) (chapter 21)	B	-6,517	ADMINISTRATIVE & GENERAL	5.00		7
8 Television and radio service (chapter 21)						8
9 Parking lot (chapter 21)						9
10 Provider-based physician adjustment	Worksheet A-8-2	-28,063	[illegible]	[illegible]		10
11 Sale of scrap, waste, etc. (chapter 23)						11
12 Related organization transactions (chapter 10)	Worksheet A-8-1	-2,919,322	[illegible]	[illegible]		12
13 Laundry and linen service						13
14 Cafeteria-employees and guests	B	-367,332	DIETARY	10.00		14
15 Rental of quarters to employee and others						15
16 Sale of medical and surgical supplies to other than patients						16
17 Sale of drugs to other than patients						17
18 Sale of medical records and abstracts	B	-4,940	MEDICAL RECORDS & LIBRARY	16.00		18
19 Nursing school (tuition, fees, books, etc.)						19
20 Vending machines	B	-505	DIETARY	10.00		20
21 Income from imposition of interest, finance or penalty charges (chapter 21)						21
22 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments						22
23 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[illegible]	[illegible]	[illegible]	23
24 Adjustment for physical therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[illegible]	[illegible]	[illegible]	24
25 Utilization review - physicians' compensation (chapter 21)			[illegible]	[illegible]	[illegible]	25
26 Depreciation - buildings and fixtures			[illegible]	[illegible]		26
27 Depreciation - movable equipment			[illegible]	[illegible]		27
28 Non-physician Anesthetist	A	-3,183,071	[illegible]	[illegible]		28
29 Physicians' assistant						29
30 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[illegible]	[illegible]	[illegible]	30
31 Adjustment for speech pathology costs in excess of limitation (chapter 14)	Worksheet A-8-3		[illegible]	[illegible]	[illegible]	31
32 CAH HIT Adjustment for Depreciation and Interest	[illegible]					32
33 Other adjustments (specify) (3)						33
33.00 SEMINAR REVENUE	B	-250	ADULTS & PEDIATRICS	30.00		33.00
33.01 WEBINAR COST	B	199	NEONATAL INTENSIVE CARE UNIT	35.00		33.01
33.02 ADMINISTRATION EXPENSES	B	592	ADMINISTRATIVE & GENERAL	5.00		33.02
33.03 VENDING MACHINE SALES	B	-32	EMERGENCY	91.00		33.03
33.04 SUBLEASE PORTION TO SOUTHEAST ANESTH	B	-3,322	CAP REL COSTS-BLDG & FIXT	1.00	9	33.04
33.05 SUBLEASE PORTION TO CAROLINAS PATH	B	-1,275	CAP REL COSTS-BLDG & FIXT	1.00	9	33.05
33.06 INTERCO RENT HOSPITALIST	B	-1,300	CAP REL COSTS-BLDG & FIXT	1.00	9	33.06

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ADJUSTMENTS TO EXPENSES		Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8		
33.07	INTERCO RENT HOSPITALIST	B	-8,552	CAP REL COSTS-BLDG & FIXT	1.00	9	33.07
33.08	LACTATION RENTALS	B	-29,357	ADULTS & PEDIATRICS	30.00		33.08
33.09	LAMAZE CLASSES	B	-18,466	ADULTS & PEDIATRICS	30.00		33.09
33.10	PRECEPTOR REV - UNC CH	B	-375	PHARMACY	15.00		33.10
33.11	X RAY COPIES	B	-902	RADIOLOGY-DIAGNOSTIC	54.00		33.11
33.12	X RAY COPIES	B	-225	CT SCAN	57.00		33.12
33.13	INTERCO MISC SUPPORT RESPIRATORY	B	-223	RESPIRATORY THERAPY	65.00		33.13
34.00	MEMBERSHIP DUES	A	-9,476	ADMINISTRATIVE & GENERAL	5.00		34.00
35.00	CRNA FRINGE BENEFITS	B	-822,187	EMPLOYEE BENEFITS	4.00		35.00
36.00	CDHA ENDOSCOPY	A	-712,738	ENDOSCOPY	76.01		36.00
37.00	DIETARY PATIENT REVENUE	B	-73,279	DIETARY	10.00		37.00
38.00	ADVERTISING EXPENSE	B	-953,069	ADMINISTRATIVE & GENERAL	5.00		38.00
38.01	ADVERTISING EXPENSE	B	-41	SOCIAL SERVICE	17.00		38.01
38.02	ADVERTISING EXPENSE	B	-323	ADULTS & PEDIATRICS	30.00		38.02
38.03	ADVERTISING EXPENSE	B	-1,190	INTENSIVE CARE UNIT	31.00		38.03
38.04	ADVERTISING EXPENSE	B	-6,479	OPERATING ROOM	50.00		38.04
38.05	ADVERTISING EXPENSE	B	-29,097	PAIN MGMT	76.02		38.05
38.06	ADVERTISING EXPENSE	B	-3,404	SLEEP LAB	76.03		38.06
38.07	ADVERTISING EXPENSE	B	-2,308	EMERGENCY	91.00		38.07
38.08	ADVERTISING EXPENSE	B	-18,901	COMMUNITY OUTREACH	194.01		38.08
39.00	NON-ALLOWED PHYSICIAN PAYMENTS	A	-2,980,951	ADMINISTRATIVE & GENERAL	5.00		39.00
39.01	NON-ALLOWED PHYSICIAN PAYMENTS	A	-42,855	ENDOSCOPY	76.01		39.01
39.02	NON-ALLOWED PHYSICIAN PAYMENTS	A	-113,700	EMERGENCY	91.00		39.02
50	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200)		-12,343,422				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)
A. Costs - if cost, including applicable overhead, can be determined
B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4016)

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5) *	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	15.00	PHARMACY	ROBOTICS SVCS	283,539	289,911	-6,372		1
2	76.03	SLEEP LAB	SLEEP SVCS	184,134	636,036	-451,902		2
3	69.00	ELECTROCARDIOLOGY	CPN ECHO TECH SVCS	53	409	-356		3
4	66.00	PHYSICAL THERAPY	MANAGEMENT SERVICES	48,108	52,276	-4,168		4
4.01	5.00	ADMINISTRATIVE & GENERAL	FACULTY CODING SVCS		56,160	-56,160		4.01
4.02	91.00	EMERGENCY	ER ABSTRACTING	388,899	231,793	157,106		4.02
4.03	4.00	EMPLOYEE BENEFITS	HOME OFFICE COST	1,318,410	987,976	330,434		4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COST	16,889,684	19,065,676	-2,175,994		4.04
4.05	7.00	OPERATION OF PLANT	HOME OFFICE COST	200,158	325,138	-124,980		4.05
4.06	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE COST	661,906	572,619	89,287		4.06
4.07	9.00	HOUSEKEEPING	HOME OFFICE COST	633	534	99		4.07
4.08	10.00	DIETARY	HOME OFFICE COST	1,231	941	290		4.08
4.09	13.00	NURSING ADMINISTRATION	HOME OFFICE COST	218	235	-17		4.09
4.10	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COST	15,490	35,463	-19,973		4.10
4.11	15.00	PHARMACY	HOME OFFICE COST	24,639	19,844	4,795		4.11
4.12	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST	350,832	289,507	61,325		4.12
4.13	17.00	SOCIAL SERVICE	HOME OFFICE COST	214	168	46		4.13
4.14	30.00	ADULTS & PEDIATRICS	HOME OFFICE COST	29,063	39,974	-10,911		4.14
4.15	31.00	INTENSIVE CARE UNIT	HOME OFFICE COST	8,288	6,557	1,731		4.15
4.16	35.00	NEONATAL INTENSIVE CARE UNIT	HOME OFFICE COST	209	424	-215		4.16
4.17	50.00	OPERATING ROOM	HOME OFFICE COST	260,561	574,892	-314,331		4.17
4.18	53.00	ANESTHESIOLOGY	HOME OFFICE COST	285	234	51		4.18
4.19	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE COST	12,673	33,881	-21,208		4.19
4.20	60.00	LABORATORY	HOME OFFICE COST	26,596	22,102	4,494		4.20
4.21	65.00	RESPIRATORY THERAPY	HOME OFFICE COST	74	59	15		4.21
4.22	76.01	ENDOSCOPY	HOME OFFICE COST	2,982	5,163	-2,181		4.22
4.23	76.02	PAIN MGMT	HOME OFFICE COST	130,750	302,231	-171,481		4.23
4.24	76.03	SLEEP LAB	HOME OFFICE COST	96,474	232,927	-136,453		4.24
4.25	91.00	EMERGENCY	HOME OFFICE COST	29,995	23,872	6,123		4.25
4.26	192.00	PHYSICIANS PRIVATE OFFICES	HOME OFFICE COST	6,138	16,967	-10,829		4.26
4.27	194.01	COMMUNITY OUTREACH	HOME OFFICE COST	41,727	109,314	-67,587		4.27
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			21,013,962	23,933,284	-2,919,322		5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.

E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

G. Other (financial or non-financial) specify _____

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4017)

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B		100	CAROLINAS HEALT			6
7							7
8							8
9							9
10							10

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
G. Other (financial or non-financial) specify _____

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4017)

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340166		PERIOD FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-4)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT										
	0	1	2	4	4A	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS													
1 Capital Related Costs-Buildings and Fixtures	4,385,249	4,385,249											1
2 Capital Related Costs-Movable Equipment	3,733,952		3,733,952										2
4 Employee Benefits	11,843,322			11,843,322									4
5 Administrative and General	21,971,972	237,622	202,246	888,449	23,300,288	23,300,288							5
6 Maintenance and Repairs													6
7 Operation of Plant	2,734,375	467,627	342,044	265,929	3,809,975	1,055,809		4,865,784					7
8 Laundry and Linen Service	661,906				661,906	183,425			845,331				8
9 Housekeeping	1,118,153	129,759	94,911	204,438	1,547,261	428,772		171,570		2,147,603			9
10 Dietary	1,212,931	166,488	121,777	9,727	1,510,923	418,702		220,134		100,712	2,250,471		10
11 Cafeteria											1,781,329	1,781,329	11
12 Maintenance of Personnel													12
13 Nursing Administration	1,344,402	46,237	33,820	352,358	1,776,817	492,386		61,136		27,970		40,770	13
14 Central Services and Supply	401,517	101,583	74,302	85,774	663,176	183,777		134,315		61,449		25,089	14
15 Pharmacy	1,557,653	40,997	29,987	370,460	1,999,097	553,984		54,208		24,800		50,178	15
16 Medical Records & Medical Records Library	1,014,382	91,277	66,764	141,449	1,313,872	364,096		120,689		55,215		40,770	16
17 Social Service	591,954	21,774	15,926	159,335	788,989	218,642		28,790		13,171		28,225	17
18 Other General Service (specify)													18
19 Nonphysician Anesthetists													19
20 Nursing School													20
21 Intern & Res. Service-Salary & Fringes (Approved)													21
22 Intern & Res. Other Program Costs (Approved)													22
23 Paramedical Education Program (specify)													23
INPATIENT ROUTINE SERVICE COST CENTERS													
30 Adults and Pediatrics (General Routine Care)	10,576,082	1,223,677	895,054	2,720,894	15,415,707	4,271,999		1,617,976	296,049	740,223	426,168	504,920	30
31 Intensive Care Unit	1,737,534	115,705	84,632	428,396	2,366,267	655,733		152,988	37,001	69,992	42,974	78,404	31
32 Coronary Care Unit													32
33 Burn Intensive Care Unit													33
34 Surgical Intensive Care Unit													34
35 Other Special Care Unit (specify)													35
35.15 Neonatal ICU	1,491,083	35,740	26,142	401,383	1,954,348	541,583		47,257	7,033	21,620		47,042	35.15
40 Subprovider IPF													40

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COST ALLOCATION - GENERAL SERVICE COSTS					Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
41	Subprovider IRF													41
42	Subprovider (specify)													42
43	Nursery													43
44	Skilled Nursing Facility													44
45	Nursing Facility													45
46	Other Long Term Care													46
	ANCILLARY SERVICE COST CENTERS													
50	Operating Room	9,741,782	490,928	562,247	1,466,513	12,261,470	3,397,862		649,117	159,999	296,971		263,436	50
51	Recovery Room													51
52	Labor Room and Delivery Room													52
53	Anesthesiology	808,143	6,992	5,114	84,947	905,196	250,845		9,245		4,230		9,408	53
53.10	Acupuncture	1,344,313		127,500	204,251	1,676,064	464,466			8,769			12,545	53.10
54	Radiology-Diagnostic	2,421,337	158,143	137,830	530,767	3,248,077	900,097		209,100	62,858	95,663		97,220	54
55	Radiology-Therapeutic													55
56	Radioisotope													56
57	Computed Tomography (CT) Scan	982,235	24,255	17,741	192,360	1,216,591	337,138		32,070	21,820	14,672		31,361	57
58	Magnetic Resonance Imaging (MRI)	371,184	33,624	24,594	77,230	506,632	140,396		44,458	4,941	20,340		12,545	58
59	Cardiac Catheterization	82,734	55,085	40,292	13,545	191,656	53,111		72,835		33,322		3,136	59
60	Laboratory	3,022,561	88,987	65,089	249,971	3,426,608	949,571		117,660		53,830		62,723	60
60.70	Gastro Intestinal Service	1,095,836	104,046	76,104	384,105	1,660,091	460,039		137,573	34,588	62,939		56,451	60.70
61	PBP Clinical Laboratory Services-Program Only													61
62	Whole Blood & Packed Red Blood Cells													62
63	Blood Storing, Processing, & Trans.													63
64														64
65	Respiratory Therapy	1,058,635	59,666	43,642	270,856	1,432,799	397,053		78,891		36,093		50,178	65
66	Physical Therapy	268,514	15,754	11,523	62,069	357,860	99,169		20,830	444	9,530		9,408	66
67	Occupational Therapy													67
68	Speech Pathology													68
69	Electrocardiology	511,969	2,915	2,132	119,802	636,818	176,473		3,854		1,763		21,953	69
70	Electroencephalography													70
71	Medical Supplies Charged to Patients	2,315,832				2,315,832	641,756							71
72	Implantable Devices Charged to Patients	3,581,057				3,581,057	992,372							72
73	Drugs Charged to Patients	4,191,280				4,191,280	1,161,475							73
74	Renal Dialysis													74
75	ASC (Non-Distinct Part)													75
76	Other Ancillary (specify)													76
76.30	Other Ancillary Cost Centers	751,441		120,508	280,240	1,152,189	319,291							76.30
	OUTPATIENT SERVICE COST CENTERS													
88	Rural Health Clinic (RHC)													88
89	Federally Qualified Health Center (FQHC)													89

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
90	Clinic												90
91	Emergency	7,898,113	645,774	472,348	1,767,067	10,783,302	2,988,236		853,858	211,829	390,640	335,567	91
92	Observation Beds												92
93	Other Outpatient Service (specify)												93
	OTHER REIMBURSABLE COST CENTERS												
94	Home Program Dialysis												94
95	Ambulance Services												95
96	Durable Medical Equipment-Rented												96
97	Durable Medical Equipment-Sold												97
98	Other Reimbursable (specify)												98
99	Outpatient Rehabilitation Provider (specify)												99
100	Intern-Resident Service (not appvd. tchng. prgm.)												100
101	Home Health Agency												101
	SPECIAL PURPOSE COST CENTERS												
105	Kidney Acquisition												105
106	Heart Acquisition												106
107	Liver Acquisition												107
108	Lung Acquisition												108
109	Pancreas Acquisition												109
110	Intestinal Acquisition												110
111	Islet Acquisition												111
112	Other Organ Acquisition (specify)												112
115	Ambulatory Surgical Center (Distinct Part)												115
116	Hospice												116
117	Other Special Purpose (specify)												117
118	SUBTOTALS (sum of lines 1-117)	106,823,432	4,364,655	3,694,269	11,732,315	106,652,152	23,098,258		4,838,554	845,331	2,135,145	2,250,471	1,781,329	118
	NONREIMBURSABLE COST CENTERS												
190	Gift, Flower, Coffee Shop, & Canteen	14,034	14,504	10,609		39,147	10,848		19,178		8,774			190
191	Research													191
192	Physicians' Private Offices	-3,670				-3,670								192
193	Nonpaid Workers													193
194	Other Nonreimbursable (specify)	543,730	6,090	29,074	111,007	689,901	191,183		8,052		3,684			194
200	Cross Foot Adjustments													200
201	Negative Cost Centers													201
202	TOTAL (sum lines 118-201)	107,377,528	4,385,249	3,733,952	11,843,322	107,377,528	23,300,288		4,865,784	845,331	2,147,603	2,250,471	1,781,329	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)														
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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	
	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures									1
2 Capital Related Costs-Movable Equipment									2
4 Employee Benefits									4
5 Administrative and General									5
6 Maintenance and Repairs									6
7 Operation of Plant									7
8 Laundry and Linen Service									8
9 Housekeeping									9
10 Dietary									10
11 Cafeteria									11
12 Maintenance of Personnel									12
13 Nursing Administration		2,399,079							13
14 Central Services and Supply			1,067,806						14
15 Pharmacy			3,825	2,686,092					15
16 Medical Records & Medical Records Library					1,894,642				16
17 Social Service				2,172		1,079,989			17
18 Other General Service (specify)									18
19 Nonphysician Anesthetists									19
20 Nursing School									20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)									22
23 Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		853,201	41,947	4,366	536,126	1,079,989			30
31 Intensive Care Unit		131,201	24,335	797	41,711				31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
35.15 Neonatal ICU		81,190	4,167		21,902				35.15
40 Subprovider IPF									40
41 Subprovider IRF									41

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
42	Subprovider (specify)								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room		501,224	285,510	385	88,713			50
51	Recovery Room								51
52	Labor Room and Delivery Room								52
53	Anesthesiology		17,546	29,771	669				53
53.10	Acupuncture			8,037	13,869	117,211			53.10
54	Radiology-Diagnostic			14,680		70,862			54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan			9,596		54,902			57
58	Magnetic Resonance Imaging (MRI)			200		41,599			58
59	Cardiac Catheterization		3,891	788		518			59
60	Laboratory			1,319		29,331			60
60.70	Gastro Intestinal Service		120,331	17,117	1,801	29,128			60.70
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64									64
65	Respiratory Therapy								65
65.									65.
60.									60.
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64									64
65	Respiratory Therapy		85,213	6,061		4,164			65
65.									65.
66	Physical Therapy			46					66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology		37,297	1,076					69
70	Electroencephalography								70
71	Medical Supplies Charged to Patients			217,464					71
72	Implantable Devices Charged to Patients			336,484					72

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
73	Drugs Charged to Patients		6,726	2,657,813					73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers		1,561	168	21,340				76.30
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic								90
91	Emergency	567,985	56,706	3,387	837,135				91
92	Observation Beds								92
93	Other Outpatient Service (specify)								93
	OTHER REIMBURSABLE COST CENTERS								
94	Home Program Dialysis								94
95	Ambulance Services								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Service (not apprvd. tchng. prgm.)								100
101	Home Health Agency								101
	SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition								105
106	Heart Acquisition								106
107	Liver Acquisition								107
108	Lung Acquisition								108
109	Pancreas Acquisition								109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)	2,399,079	1,067,416	2,685,427	1,894,642	1,079,989			118
	NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen								190
191	Research								191
192	Physicians' Private Offices								192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)		390	665					194

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
200	Cross Foot Adjustments								200
201	Negative Cost Centers								201
202	TOTAL (sum lines 118-201)		2,399,079	1,067,806	2,686,092	1,894,642	1,079,989		202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
Rev. 2								4090 (Cont.) - 08-11	

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School								20
21 Intern & Res. Service-Salary & Fringes (Approved)								21
22 Intern & Res. Other Program Costs (Approved)								22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)					25,788,672		25,788,672	30
31 Intensive Care Unit					3,601,403		3,601,403	31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
35.15 Neonatal ICU					2,726,142		2,726,142	35.15
40 Subprovider IPF								40
41 Subprovider IRF								41

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART 1	
42	Subprovider (specify)							42
43	Nursery							43
44	Skilled Nursing Facility							44
45	Nursing Facility							45
46	Other Long Term Care							46
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				17,904,688		17,904,688	50
51	Recovery Room							51
52	Labor Room and Delivery Room							52
53	Anesthesiology				1,226,910		1,226,910	53
53.10	Acupuncture				2,300,961		2,300,961	53.10
54	Radiology-Diagnostic				4,698,557		4,698,557	54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	Computed Tomography (CT) Scan				1,718,150		1,718,150	57
58	Magnetic Resonance Imaging (MRI)				771,111		771,111	58
59	Cardiac Catheterization				359,257		359,257	59
60	Laboratory				4,641,042		4,641,042	60
60.70	Gastro Intestinal Service				2,580,058		2,580,058	60.70
61	PBP Clinical Laboratory Services-Program Only							61
62	Whole Blood & Packed Red Blood Cells							62
63	Blood Storing, Processing, & Trans.							63
64								64
65	Respiratory Therapy				2,090,452		2,090,452	65
66	Physical Therapy				497,287		497,287	66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology				879,234		879,234	69
70	Electroencephalography							70
71	Medical Supplies Charged to Patients				3,175,052		3,175,052	71
72	Implantable Devices Charged to Patients				4,909,913		4,909,913	72
73	Drugs Charged to Patients				8,017,294		8,017,294	73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76	Other Ancillary (specify)							76
76.30	Other Ancillary Cost Centers				1,494,549		1,494,549	76.30
	OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic (RHC)							88
89	Federally Qualified Health Center (FQHC)							89
90	Clinic							90

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART 1	
91	Emergency				17,028,644		17,028,644	91
92	Observation Beds							92
93	Other Outpatient Service (specify)							93
	OTHER REIMBURSABLE COST CENTERS							
94	Home Program Dialysis							94
95	Ambulance Services							95
96	Durable Medical Equipment-Rented							96
97	Durable Medical Equipment-Sold							97
98	Other Reimbursable (specify)							98
99	Outpatient Rehabilitation Provider (specify)							99
100	Intern-Resident Service (not appvd. tchng. prgm.)							100
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	Other Organ Acquisition (specify)							112
115	Ambulatory Surgical Center (Distinct Part)							115
116	Hospice							116
117	Other Special Purpose (specify)							117
118	SUBTOTALS (sum of lines 1-117)				106,409,376		106,409,376	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen				77,947		77,947	190
191	Research							191
192	Physicians' Private Offices				-3,670		-3,670	192
193	Nonpaid Workers							193
194	Other Nonreimbursable (specify)				893,875		893,875	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum lines 118-201)				107,377,528		107,377,528	202

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

ALLOCATION OF CAPITAL-RELATED COSTS | Provider CCN: 340166 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET B, PART II

COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-2)	EMPLOYEE BENEFITS	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT										
	0	1	2	2A	4	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS													
1 Capital Related Costs-Buildings and Fixtures													1
2 Capital Related Costs-Movable Equipment													2
4	21,580			21,380	21,380								4
5 Administrative and General	2,306,953	237,622	202,246	2,746,821	1,605	2,748,426							5
6 Maintenance and Repairs													6
7 Operation of Plant	75,463	467,627	342,044	885,134	481	124,540		1,010,155					7
8 Laundry and Linen Service	8,641			8,641		21,636			30,277				8
9 Housekeeping		129,759	94,911	224,670	369	50,577		35,619		311,235			9
10 Dietary		166,488	121,777	288,265	18	49,389		45,701		14,595	397,968		10
11 Cafeteria											315,006	315,006	11
12 Maintenance of Personnel													12
13 Nursing Administration		46,237	33,820	80,057	637	58,081		12,692		4,053		7,210	13
14 Central Services and Supply		101,583	74,302	175,885	155	21,678		27,884		8,905		4,437	14
15 Pharmacy		40,997	29,987	70,984	669	65,346		11,254		3,594		8,873	15
16 Medical Records & Medical Records Library	240	91,277	66,764	158,281	256	42,948		25,055		8,002		7,210	16
17 Social Service		21,774	15,926	37,700	288	25,790		5,977		1,909		4,991	17
18 Other General Service (specify)													18
19 Nonphysician Anesthetists													19
20 Nursing School													20
21 Intern & Res. Service-Salary & Fringes (Approved)													21
22 Intern & Res. Other Program Costs (Approved)													22
23 Paramedical Education Program (specify)													23
INPATIENT ROUTINE SERVICE COST CENTERS													
30 Adults and Pediatrics (General Routine Care)		1,223,677	895,054	2,118,731	4,897	503,897		335,897	10,603	107,275	75,363	89,288	30
31 Intensive Care Unit		115,705	84,632	200,337	774	77,349		31,761	1,325	10,143	7,599	13,865	31
32 Coronary Care Unit													32
33 Burn Intensive Care Unit													33
34 Surgical Intensive Care Unit													34
35 Other Special Care Unit (specify)													35
35.15 Neonatal ICU		35,740	26,142	61,882	725	63,884		9,811	252	3,133		8,319	35.15
40 Subprovider IPF													40

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ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
41	Subprovider IRF												41
42	Subprovider (specify)												42
43	Nursery												43
44	Skilled Nursing Facility												44
45	Nursing Facility												45
46	Other Long Term Care												46
	ANCILLARY SERVICE COST CENTERS												
50	Operating Room	217,400	490,928	562,247	1,270,575	2,650	400,803	134,759	5,731	43,038		46,585	50
51	Recovery Room												51
52	Labor Room and Delivery Room												52
53	Anesthesiology		6,992	5,114	12,106	153	29,589	1,919		613		1,664	53
53.10	Acupuncture	138,020		127,500	265,520	369	54,787		314			2,218	53.10
54	Radiology-Diagnostic	16,030	158,143	137,830	312,003	959	106,173	43,410	2,251	13,864		17,192	54
55	Radiology-Therapeutic												55
56	Radioisotope												56
57	Computed Tomography (CT) Scan		24,255	17,741	41,996	348	39,768	6,658	782	2,126		5,546	57
58	Magnetic Resonance Imaging (MRI)		33,624	24,594	58,218	140	16,561	9,230	177	2,948		2,218	58
59	Cardiac Catheterization		55,085	40,292	95,377	24	6,265	15,121		4,829		555	59
60	Laboratory		88,987	65,089	154,076	452	112,009	24,427		7,801		11,092	60
60.70	Gastro Intestinal Service		104,046	76,104	180,150	694	54,265	28,561	1,239	9,121		9,983	60.70
61	PBP Clinical Laboratory Services-Program Only												61
62	Whole Blood & Packed Red Blood Cells												62
63	Blood Storing, Processing, & Trans.												63
64	Intravenous Therapy												64
65	Respiratory Therapy		59,666	43,642	103,308	489	46,835	16,378		5,231		8,873	65
66	Physical Therapy		15,754	11,523	27,277	112	11,698	4,324	16	1,381		1,664	66
67	Occupational Therapy												67
68	Speech Pathology												68
69	Electrocardiology		2,915	2,132	5,047	216	20,816	800		256		3,882	69
70	Electroencephalography												70
71	Medical Supplies Charged to Patients						75,700						71
72	Implantable Devices Charged to Patients						117,058						72
73	Drugs Charged to Patients						137,005						73
74	Renal Dialysis												74
75	ASC (Non-Distinct Part)												75
76	Other Ancillary (specify)												76
76.30	Other Ancillary Cost Centers	108,742		120,508	229,250	506	37,663						76.30
	OUTPATIENT SERVICE COST CENTERS												
88	Rural Health Clinic (RHC)												88
89	Federally Qualified Health Center (FQHC)												89

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ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
90	Clinic												90
91	Emergency		645,774	472,348	1,118,122	3,193	352,485	177,264	7,587	56,612		59,341	91
92	Observation Beds												92
93	Other Outpatient Service (specify)												93
	OTHER REIMBURSABLE COST CENTERS												
94	Home Program Dialysis												94
95	Ambulance Services												95
96	Durable Medical Equipment-Rented												96
97	Durable Medical Equipment-Sold												97
98	Other Reimbursable (specify)												98
99	Outpatient Rehabilitation Provider (specify)												99
100	Intern-Resident Service (not appvd. tchng. prgm.)												100
101	Home Health Agency												101
	SPECIAL PURPOSE COST CENTERS												
105	Kidney Acquisition												105
106	Heart Acquisition												106
107	Liver Acquisition												107
108	Lung Acquisition												108
109	Pancreas Acquisition												109
110	Intestinal Acquisition												110
111	Islet Acquisition												111
112	Other Organ Acquisition (specify)												112
115	Ambulatory Surgical Center (Distinct Part)												115
116	Hospice												116
117	Other Special Purpose (specify)												117
118	SUBTOTALS (sum of lines 1-117)	2,892,869	4,364,655	3,694,269	10,951,793	21,179	2,724,595	1,004,502	30,277	309,429	397,968	315,006	118
	NONREIMBURSABLE COST CENTERS												
190	Gift, Flower, Coffee Shop, & Canteen		14,504	10,609	25,113		1,280	3,981		1,272			190
191	Research												191
192	Physicians' Private Offices	8,370			8,370								192
193	Nonpaid Workers												193
194	Other Nonreimbursable (specify)	52,897	6,090	29,074	88,061	201	22,551	1,672		534			194
200	Cross Foot Adjustments												200
201	Negative Cost Centers												201
202	TOTAL (sum lines 118-201)	2,954,136	4,385,249	3,733,952	11,073,337	21,380	2,748,426	1,010,155	30,277	311,235	397,968	315,006	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)													
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ALLOCATION OF CAPITAL-RELATED COSTS					Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	
	11	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS										
1 Capital Related Costs-Buildings and Fixtures										1
2 Capital Related Costs-Movable Equipment										2
4										4
5 Administrative and General										5
6 Maintenance and Repairs										6
7 Operation of Plant										7
8 Laundry and Linen Service										8
9 Housekeeping										9
10 Dietary										10
11 Cafeteria	315,006									11
12 Maintenance of Personnel										12
13 Nursing Administration	7,210		162,730							13
14 Central Services and Supply	4,437			238,944						14
15 Pharmacy	8,873			856	161,576					15
16 Medical Records & Medical Records Library	7,210					241,752				16
17 Social Service	4,991				131		76,786			17
18 Other General Service (specify)										18
19 Nonphysician Anesthetists										19
20 Nursing School										20
21 Intern & Res. Service-Salary & Fringes (Approved)										21
22 Intern & Res. Other Program Costs (Approved)										22
23 Paramedical Education Program (specify)										23
INPATIENT ROUTINE SERVICE COST CENTERS										
30 Adults and Pediatrics (General Routine Care)	89,288		57,873	9,386	263	68,408	76,786			30
31 Intensive Care Unit	13,865		8,899	5,446	48	5,322				31
32 Coronary Care Unit										32
33 Burn Intensive Care Unit										33
34 Surgical Intensive Care Unit										34
35 Other Special Care Unit (specify)										35
35.15 Neonatal ICU	8,319		5,507	932		2,795				35.15
40 Subprovider IPF										40
41 Subprovider IRF										41

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ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
42	Subprovider (specify)										42
43	Nursery										43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
46	Other Long Term Care										46
	ANCILLARY SERVICE COST CENTERS										
50	Operating Room	46,585		33,998	63,888	23	11,320				50
51	Recovery Room										51
52	Labor Room and Delivery Room										52
53	Anesthesiology	1,664		1,190	6,662	40					53
53.10	Acupuncture	2,218			1,798	834	14,956				53.10
54	Radiology-Diagnostic	17,192			3,285		9,042				54
55	Radiology-Therapeutic										55
56	Radioisotope										56
57	Computed Tomography (CT) Scan	5,546			2,147		7,005				57
58	Magnetic Resonance Imaging (MRI)	2,218			45		5,308				58
59	Cardiac Catheterization	555		264	176		66				59
60	Laboratory	11,092			295		3,743				60
60.70	Gastro Intestinal Service	9,983		8,162	3,830	108	3,717				60.70
61	PBP Clinical Laboratory Services-Program Only										61
62	Whole Blood & Packed Red Blood Cells										62
63	Blood Storing, Processing, & Trans.										63
64	Intravenous Therapy										64
65	Respiratory Therapy	8,873		5,780	1,356		531				65
66	Physical Therapy	1,664			10						66
67	Occupational Therapy										67
68	Speech Pathology										68
69	Electrocardiology	3,882		2,530	241						69
70	Electroencephalography										70
71	Medical Supplies Charged to Patients				48,662						71
72	Implantable Devices Charged to Patients				75,299						72
73	Drugs Charged to Patients				1,505	159,875					73
74	Renal Dialysis										74
75	ASC (Non-Distinct Part)										75
76	Other Ancillary (specify)										76
76.30	Other Ancillary Cost Centers				349	10	2,723				76.30
	OUTPATIENT SERVICE COST CENTERS										
88	Rural Health Clinic (RHC)										88
89	Federally Qualified Health Center (FQHC)										89
90	Clinic										90

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ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET B, PART II	
91	Emergency	59,341		38,527	12,689	204	106,816					91
92	Observation Beds											92
93	Other Outpatient Service (specify)											93
	OTHER REIMBURSABLE COST CENTERS											
94	Home Program Dialysis											94
95	Ambulance Services											95
96	Durable Medical Equipment-Rented											96
97	Durable Medical Equipment-Sold											97
98	Other Reimbursable (specify)											98
99	Outpatient Rehabilitation Provider (specify)											99
100	Intern-Resident Service (not appvd. tchng. prgm.)											100
101	Home Health Agency											101
	SPECIAL PURPOSE COST CENTERS											
105	Kidney Acquisition											105
106	Heart Acquisition											106
107	Liver Acquisition											107
108	Lung Acquisition											108
109	Pancreas Acquisition											109
110	Intestinal Acquisition											110
111	Islet Acquisition											111
112	Other Organ Acquisition (specify)											112
115	Ambulatory Surgical Center (Distinct Part)											115
116	Hospice											116
117	Other Special Purpose (specify)											117
118	SUBTOTALS (sum of lines 1-117)	315,006		162,730	238,857	161,536	241,752	76,786				118
	NONREIMBURSABLE COST CENTERS											
190	Gift, Flower, Coffee Shop, & Canteen											190
191	Research											191
192	Physicians' Private Offices											192
193	Nonpaid Workers											193
194	Other Nonreimbursable (specify)				87	40						194
200	Cross Foot Adjustments											200
201	Negative Cost Centers											201
202	TOTAL (sum lines 118-201)	315,006		162,730	238,944	161,576	241,752	76,786				202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)												
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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

ALLOCATION OF CAPITAL-RELATED COSTS			Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School								20
21 Intern & Res. Service-Salary & Fringes (Approved)								21
22 Intern & Res. Other Program Costs (Approved)								22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)					3,458,667		3,458,667	30
31 Intensive Care Unit					362,868		362,868	31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
35.15 Neonatal ICU					157,240		157,240	35.15
40 Subprovider IPF								40
41 Subprovider IRF								41

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ALLOCATION OF CAPITAL-RELATED COSTS		Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
42	Subprovider (specify)					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
46	Other Long Term Care					46
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room		2,013,370		2,013,370	50
51	Recovery Room					51
52	Labor Room and Delivery Room					52
53	Anesthesiology		53,936		53,936	53
53.10	Acupuncture		340,796		340,796	53.10
54	Radiology-Diagnostic		508,179		508,179	54
55	Radiology-Therapeutic					55
56	Radioisotope					56
57	Computed Tomography (CT) Scan		106,376		106,376	57
58	Magnetic Resonance Imaging (MRI)		94,845		94,845	58
59	Cardiac Catheterization		122,677		122,677	59
60	Laboratory		313,895		313,895	60
60.70	Gastro Intestinal Service		299,830		299,830	60.70
61	PBP Clinical Laboratory Services-Program Only					61
62	Whole Blood & Packed Red Blood Cells					62
63	Blood Storing, Processing, & Trans.					63
64	Intravenous Therapy					64
65	Respiratory Therapy		188,781		188,781	65
66	Physical Therapy		46,482		46,482	66
67	Occupational Therapy					67
68	Speech Pathology					68
69	Electrocardiology		33,788		33,788	69
70	Electroencephalography					70
71	Medical Supplies Charged to Patients		124,362		124,362	71
72	Implantable Devices Charged to Patients		192,357		192,357	72
73	Drugs Charged to Patients		298,385		298,385	73
74	Renal Dialysis					74
75	ASC (Non-Distinct Part)					75
76	Other Ancillary (specify)					76
76.30	Other Ancillary Cost Centers		270,501		270,501	76.30
	OUTPATIENT SERVICE COST CENTERS					
88	Rural Health Clinic (RHC)					88
89	Federally Qualified Health Center (FQHC)					89
90	Clinic					90

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ALLOCATION OF CAPITAL-RELATED COSTS		Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
91	Emergency		1,932,840		1,932,840	91
92	Observation Beds					92
93	Other Outpatient Service (specify)					93
	OTHER REIMBURSABLE COST CENTERS					
94	Home Program Dialysis					94
95	Ambulance Services					95
96	Durable Medical Equipment-Rented					96
97	Durable Medical Equipment-Sold					97
98	Other Reimbursable (specify)					98
99	Outpatient Rehabilitation Provider (specify)					99
100	Intern-Resident Service (not appvd. tchng. prgm.)					100
101	Home Health Agency					101
	SPECIAL PURPOSE COST CENTERS					
105	Kidney Acquisition					105
106	Heart Acquisition					106
107	Liver Acquisition					107
108	Lung Acquisition					108
109	Pancreas Acquisition					109
110	Intestinal Acquisition					110
111	Islet Acquisition					111
112	Other Organ Acquisition (specify)					112
115	Ambulatory Surgical Center (Distinct Part)					115
116	Hospice					116
117	Other Special Purpose (specify)					117
118	SUBTOTALS (sum of lines 1-117)		10,920,175		10,920,175	118
	NONREIMBURSABLE COST CENTERS					
190	Gift, Flower, Coffee Shop, & Canteen		31,646		31,646	190
191	Research					191
192	Physicians' Private Offices		8,370		8,370	192
193	Nonpaid Workers					193
194	Other Nonreimbursable (specify)		113,146		113,146	194
200	Cross Foot Adjustments					200
201	Negative Cost Centers					201
202	TOTAL (sum lines 118-201)		11,073,337		11,073,337	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)						
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Cost report status - As Submitted
[Record code 7197 - 2010]

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 340166 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COST BLDGS. & FIXTURES (SQUARE FEET)	CAPITAL RELATED COST MOVABLE EQUIPMENT (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		1	2	4	5A	5	6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS												
1	Capital Related Costs-Buildings and Fixtures	252,756											1
2	Capital Related Costs-Movable Equipment		294,235										2
4	Employee Benefits			41,313,988									4
5	Administrative and General	13,696	15,937	3,099,247	-23,300,288	84,080,912							5
6	Maintenance and Repairs												6
7	Operation of Plant	26,953	26,953	927,662		3,809,975		212,107					7
8	Laundry and Linen Service					661,906			942,940				8
9	Housekeeping	7,479	7,479	713,157		1,547,261		7,479		204,628			9
10	Dietary	9,596	9,596	33,932		1,510,923		9,596		9,596	318,348		10
11	Cafeteria										251,984	568	11
12	Maintenance of Personnel												12
13	Nursing Administration	2,665	2,665	1,229,157		1,776,817		2,665		2,665		13	13
14	Central Services and Supply	5,855	5,855	299,211		663,176		5,855		5,855		8	14
15	Pharmacy	2,363	2,363	1,292,305		1,999,097		2,363		2,363		16	15
16	Medical Records & Medical Records Library	5,261	5,261	493,427		1,313,872		5,261		5,261		13	16
17	Social Service	1,255	1,255	555,822		788,989		1,255		1,255		9	17
18	Other General Service (specify)												18
19	Nonphysician Anesthetists												19
20	Nursing School												20
21	Intern & Res. Service-Salary & Fringes (Approved)												21
22	Intern & Res. Other Program Costs (Approved)												22
23	Paramedical Education Program (specify)												23
	INPATIENT ROUTINE SERVICE COST CENTERS												
30	Adults and Pediatrics (General Routine Care)	70,530	70,530	9,491,494		15,415,707		70,530	330,232	70,530	60,285	161	30
31	Intensive Care Unit	6,669	6,669	1,494,409		2,366,267		6,669	41,274	6,669	6,079	25	31
32	Coronary Care Unit												32
33	Burn Intensive Care Unit												33
34	Surgical Intensive Care Unit												34
35	Other Special Care Unit (specify)												35
35.15	Neonatal ICU	2,060	2,060	1,400,178		1,954,348		2,060	7,845	2,060		15	35.15
40	Subprovider IPF												40

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COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
41	Subprovider IRF											41
42	Subprovider (specify)											42
43	Nursery											43
44	Skilled Nursing Facility											44
45	Nursing Facility											45
46	Other Long Term Care											46
ANCILLARY SERVICE COST CENTERS												
50	Operating Room	28,296	44,305	5,115,754		12,261,470	28,296	178,474	28,296		84	50
51	Recovery Room											51
52	Labor Room and Delivery Room											52
53	Anesthesiology	403	403	296,327		905,196	403		403		3	53
53.10	Acupuncture		10,047	712,504		1,676,064		9,781			4	53.10
54	Radiology-Diagnostic	9,115	10,861	1,851,518		3,248,077	9,115	70,116	9,115		31	54
55	Radiology-Therapeutic											55
56	Radioisotope											56
57	Computed Tomography (CT) Scan	1,398	1,398	671,024		1,216,591	1,398	24,340	1,398		10	57
58	Magnetic Resonance Imaging (MRI)	1,938	1,938	269,406		506,632	1,938	5,512	1,938		4	58
59	Cardiac Catheterization	3,175	3,175	47,250		191,656	3,175		3,175		1	59
60	Laboratory	5,129	5,129	871,995		3,426,608	5,129		5,129		20	60
60.70	Gastro Intestinal Service	5,997	5,997	1,339,906		1,660,091	5,997	38,582	5,997		18	60.70
61	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
64	Intravenous Therapy											64
65	Respiratory Therapy	3,439	3,439	944,848		1,432,799	3,439		3,439		16	65
66	Physical Therapy	908	908	216,519		357,860	908	495	908		3	66
67	Occupational Therapy											67
68	Speech Pathology											68
69	Electrocardiology	168	168	417,916		636,818	168		168		7	69
70	Electroencephalography											70
71	Medical Supplies Charged to Patients					2,315,832						71
72	Implantable Devices Charged to Patients					3,581,057						72
73	Drugs Charged to Patients					4,191,280						73
74	Renal Dialysis											74
75	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
76.30	Other Ancillary Cost Centers		9,496	977,585		1,152,189						76.30
OUTPATIENT SERVICE COST CENTERS												
88	Rural Health Clinic (RHC)											88
89	Federally Qualified Health Center (FQHC)											89

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COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
90	Clinic											90
91	Emergency	37,221	37,221	6,164,201		10,783,302	37,221	236,289	37,221		107	91
92	Observation Beds											92
93	Other Outpatient Service (specify)											93
OTHER REIMBURSABLE COST CENTERS												
94	Home Program Dialysis											94
95	Ambulance Services											95
96	Durable Medical Equipment-Rented											96
97	Durable Medical Equipment-Sold											97
98	Other Reimbursable (specify)											98
99	Outpatient Rehabilitation Provider (specify)											99
100	Intern-Resident Service (not appvd. tchng. prgm.)											100
101	Home Health Agency											101
SPECIAL PURPOSE COST CENTERS												
105	Kidney Acquisition											105
106	Heart Acquisition											106
107	Liver Acquisition											107
108	Lung Acquisition											108
109	Pancreas Acquisition											109
110	Intestinal Acquisition											110
111	Islet Acquisition											111
112	Other Organ Acquisition (specify)											112
115	Ambulatory Surgical Center (Distinct Part)											115
116	Hospice											116
117	Other Special Purpose (specify)											117
118	SUBTOTALS (sum of lines 1-117)	251,569	291,108	40,926,752	-23,300,288	83,351,856	210,920	942,940	203,441	318,348	568	118
NONREIMBURSABLE COST CENTERS												
190	Gift, Flower, Coffee Shop, & Canteen	836	836			39,147	836		836			190
191	Research											191
192	Physicians' Private Offices				3,670	-1						192
193	Nonpaid Workers											193
194	Other Nonreimbursable (specify)	351	2,291	387,233		689,901	351		351			194
200	Cross foot adjustments											200
201	Negative cost centers											201
202	Cost to be allocated (per Worksheet B, Part I)	4,385,249	3,733,952	11,843,322		23,300,288	4,865,784	845,331	2,147,603	2,250,471	1,781,329	202
203	Unit cost multiplier (Worksheet B, Part I)	17.35	12.69	0.286666		0.277117	22.94	0.896484	10.50	7.07	3.136	203
204	Cost to be allocated (per Worksheet B, Part II)			21,380		2,748,426	1,010.155	30.277	311,235	397,968	315,006	204
205	Unit cost multiplier (Worksheet B, Part II)			0.000518		0.032688	4.76	0.032109	1.52	1.250104	554.59	205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)												
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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS-TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	
	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures									1
2 Capital Related Costs-Movable Equipment									2
4 Employee Benefits									4
5 Administrative and General									5
6 Maintenance and Repairs									6
7 Operation of Plant									7
8 Laundry and Linen Service									8
9 Housekeeping									9
10 Dietary									10
11 Cafeteria									11
12 Maintenance of Personnel									12
13 Nursing Administration		945,744							13
14 Central Services and Supply			11,364,131						14
15 Pharmacy			40,711	4,090,329					15
16 Medical Records & Medical Records Library					84,168				16
17 Social Service				3,307		100			17
18 Other General Service (specify)									18
19 Nonphysician Anesthetists									19
20 Nursing School									20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)									22
23 Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		336,341	446,419	6,648	23,817	100			30
31 Intensive Care Unit		51,721	258,989	1,214	1,853				31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
35.15 Neonatal ICU		32,006	44,342		973				35.15
40 Subprovider IPF									40
41 Subprovider IRF									41

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
42 Subprovider (specify)									42
43 Nursery									43
44 Skilled Nursing Facility									44
45 Nursing Facility									45
46 Other Long Term Care									46
ANCILLARY SERVICE COST CENTERS									
50 Operating Room		197,588	3,038,533	587	3,941				50
51 Recovery Room									51
52 Labor Room and Delivery Room									52
53 Anesthesiology		6,917	316,833	1,018					53
53.10 Acupuncture			85,533	21,119	5,207				53.10
54 Radiology-Diagnostic			156,231		3,148				54
55 Radiology-Therapeutic									55
56 Radioisotope									56
57 Computed Tomography (CT) Scan			102,129		2,439				57
58 Magnetic Resonance Imaging (MRI)			2,129		1,848				58
59 Cardiac Catheterization		1,534	8,381		23				59
60 Laboratory			14,034		1,303				60
60.70 Gastro Intestinal Service		47,436	182,163	2,742	1,294				60.70
61 PBP Clinical Laboratory Services-Program Only									61
62 Whole Blood & Packed Red Blood Cells									62
63 Blood Storing, Processing, & Trans.									63
64 Intravenous Therapy									64
65 Respiratory Therapy		33,592	64,507		185				65
66 Physical Therapy			489						66
67 Occupational Therapy									67
68 Speech Pathology									68
69 Electrocardiology		14,703	11,449						69
70 Electroencephalography									70
71 Medical Supplies Charged to Patients			2,314,359						71
72 Implantable Devices Charged to Patients			3,581,057						72
73 Drugs Charged to Patients			71,585	4,047,267					73
74 Renal Dialysis									74
75 ASC (Non-Distinct Part)									75
76 Other Ancillary (specify)									76
76.30 Other Ancillary Cost Centers			16,616	256	948				76.30
OUTPATIENT SERVICE COST CENTERS									
88 Rural Health Clinic (RHC)									88
89 Federally Qualified Health Center (FQHC)									89
90 Clinic									90

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
91 Emergency		225,906	603,489	5,158	37,189				91
92 Observation Beds									92
93 Other Outpatient Service (specify)									93
OTHER REIMBURSABLE COST CENTERS									
94 Home Program Dialysis									94
95 Ambulance Services									95
96 Durable Medical Equipment-Rented									96
97 Durable Medical Equipment-Sold									97
98 Other Reimbursable (specify)									98
99 Outpatient Rehabilitation Provider (specify)									99
100 Intern-Resident Service (not sppvd. tchng. prgm.)									100
101 Home Health Agency									101
SPECIAL PURPOSE COST CENTERS									
105 Kidney Acquisition									105
106 Heart Acquisition									106
107 Liver Acquisition									107
108 Lung Acquisition									108
109 Pancreas Acquisition									109
110 Intestinal Acquisition									110
111 Islet Acquisition									111
112 Other Organ Acquisition (specify)									112
115 Ambulatory Surgical Center (Distinct Part)									115
116 Hospice									116
117 Other Special Purpose (specify)									117
118 SUBTOTALS (sum of lines 1-117)		945,744	11,359,978	4,089,316	84,168	100			118
NONREIMBURSABLE COST CENTERS									
190 Gift, Flower, Coffee Shop, & Canteen									190
191 Research									191
192 Physicians' Private Offices									192
193 Nonpaid Workers									193
194 Other Nonreimbursable (specify)			4,153	1,013					194
200 Cross foot adjustments									200
201 Negative cost centers									201
202 Cost to be allocated (per Worksheet B, Part I)		2,399,079	1,067,806	2,686,092	1,894,642	1,079,989			202
203 Unit cost multiplier (Worksheet B, Part I)		2.54	0.093963	0.656693	22.51	10,799			203
204 Cost to be allocated (per Worksheet B, Part II)		162,730	238,944	161,576	241,752	76,786			204
205 Unit cost multiplier (Worksheet B, Part II)		0.172066	0.021026	0.039502	2.87	767.86			205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
Rev. 2								40-561 - 08-11	

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COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)					
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School								20
21 Intern & Res. Service-Salary & Fringes (Approved)								21
22 Intern & Res. Other Program Costs (Approved)								22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)								30
31 Intensive Care Unit								31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
35.15 Neonatal ICU								35.15
40 Subprovider IPF								40
41 Subprovider IRF								41

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COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET B-1	
42	Subprovider (specify)						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
46	Other Long Term Care						46
ANCILLARY SERVICE COST CENTERS							
50	Operating Room						50
51	Recovery Room						51
52	Labor Room and Delivery Room						52
53	Anesthesiology						53
53.10	Acupuncture						53.10
54	Radiology-Diagnostic						54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	Computed Tomography (CT) Scan						57
58	Magnetic Resonance Imaging (MRI)						58
59	Cardiac Catheterization						59
60	Laboratory						60
60.70	Gastro Intestinal Service						60.70
61	PBP Clinical Laboratory Services-Program Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Trans.						63
64	Intravenous Therapy						64
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology						69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients						71
72	Implantable Devices Charged to Patients						72
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
76.30	Other Ancillary Cost Centers						76.30
OUTPATIENT SERVICE COST CENTERS							
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic						90

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET B-1	
91	Emergency							91
92	Observation Beds							92
93	Other Outpatient Service (specify)							93
OTHER REIMBURSABLE COST CENTERS								
94	Home Program Dialysis							94
95	Ambulance Services							95
96	Durable Medical Equipment-Rented							96
97	Durable Medical Equipment-Sold							97
98	Other Reimbursable (specify)							98
99	Outpatient Rehabilitation Provider (specify)							99
100	Intern-Resident Service (not approvd. trning. prgm.)							100
101	Home Health Agency							101
SPECIAL PURPOSE COST CENTERS								
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	Other Organ Acquisition (specify)							112
115	Ambulatory Surgical Center (Distinct Part)							115
116	Hospice							116
117	Other Special Purpose (specify)							117
118	SUBTOTALS (sum of lines 1-117)							118
NONREIMBURSABLE COST CENTERS								
190	Gift, Flower, Coffee Shop, & Canteen							190
191	Research							191
192	Physicians' Private Offices							192
193	Nonpaid Workers							193
194	Other Nonreimbursable (specify)							194
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (per Worksheet B, Part I)							202
203	Unit cost multiplier (Worksheet B, Part I)							203
204	Cost to be allocated (per Worksheet B, Part II)							204
205	Unit cost multiplier (Worksheet B, Part II)							205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)								
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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7197 - 2010]

COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340166			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Dis-allowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	25,788,672		25,788,672		25,788,672	30,919,762		30,919,762				30
31 Intensive Care Unit	3,601,403		3,601,403		3,601,403	5,976,831		5,976,831				31
32 Coronary Care Unit												32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit												34
35 Other Special Care (specify)												35
35.15 Neonatal ICU	2,726,142		2,726,142		2,726,142	2,676,206		2,676,206				35.15
40 Subprovider IPF												40
41 Subprovider IRF												41
42 Subprovider (Specify)												42
43 Nursery												43
44 Skilled Nursing Facility												44
45 Nursing Facility												45
46 Other Long Term Care												46
ANCILLARY SERVICE COST CENTERS												
50 Operating Room	17,904,688		17,904,688		17,904,688	12,218,175	58,672,472	70,890,648	** 0.252568	** 0.252568	** 0.252568	50
51 Recovery Room												51
52 Labor Room and Delivery Room												52
53 Anesthesiology	1,226,910		1,226,910		1,226,910	13,783,107	40,706,884	54,489,992	** 0.022516	** 0.022516	** 0.022516	53
53.10 Acupuncture	2,300,961		2,300,961		2,300,961	554	10,896,039	10,896,593	** 0.211163	** 0.211163	** 0.211163	53.10
54 Radiology-Diagnostic	4,698,557		4,698,557		4,698,557	5,216,498	28,017,432	33,233,932	** 0.141378	** 0.141378	** 0.141378	54
55 Radiology-Therapeutic												55
56 Radioisotope												56
57 Computed Tomography (CT) Scan	1,718,150		1,718,150		1,718,150	8,291,114	52,984,448	61,275,560	** 0.028040	** 0.028040	** 0.028040	57
58 Magnetic Resonance Imaging (MRI)	771,111		771,111		771,111	1,559,244	11,674,315	13,233,559	** 0.058269	** 0.058269	** 0.058269	58
59 Cardiac Catheterization	359,257		359,257		359,257	269,455	538,159	807,614	** 0.444838	** 0.444838	** 0.444838	59
60 Laboratory	4,641,042		4,641,042		4,641,042	19,290,658	29,737,374	49,028,032	** 0.094661	** 0.094661	** 0.094661	60
60.70 Gastro Intestinal Service	2,580,058		2,580,058		2,580,058	2,383,099	6,367,287	8,750,386	** 0.294851	** 0.294851	** 0.294851	60.70
61 PBP Clinical Laboratory Services-Prgm. Only												61
62 Whole Blood & Packed Red Blood Cells												62

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340166			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Dis-allowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
63 Blood Storing, Processing, & Trans.												63
64 Intravenous Therapy												64
65 Respiratory Therapy	2,090,452		2,090,452		2,090,452	3,011,613	679,006	3,690,619	** 0.566423	** 0.566423	** 0.566423	65
66 Physical Therapy	497,287		497,287		497,287	951,561	149,133	1,100,694	** 0.451794	** 0.451794	** 0.451794	66
67 Occupational Therapy												67
68 Speech Pathology												68
69 Electrocardiology	879,234		879,234		879,234	1,469,405	4,918,232	6,387,637	** 0.137646	** 0.137646	** 0.137646	69
70 Electroencephalography												70
71 Medical Supplies Charged to Patients	3,175,052		3,175,052		3,175,052	1,956,831	5,032,973	6,989,804	** 0.454240	** 0.454240	** 0.454240	71
72 Implantable Devices Charged to Patients	4,909,913		4,909,913		4,909,913	3,749,417	6,865,745	10,615,162	** 0.462538	** 0.462538	** 0.462538	72
73 Drugs Charged to Patients	8,017,294		8,017,294		8,017,294	12,665,947	13,162,531	25,828,478	** 0.310405	** 0.310405	** 0.310405	73
74 Renal Dialysis												74
75 ASC (Non-Distinct Part)												75
76 Other Ancillary (specify)												76
76.30 Other Ancillary Cost Centers	1,494,549		1,494,549		1,494,549		6,111,681	6,111,681	** 0.244540	** 0.244540	** 0.244540	76.30
OUTPATIENT SERVICE COST CENTERS												
88 Rural Health Clinic (RHC)												88
89 Federally Qualified Health Center (FQHC)												89
90 Clinic												90
91 Emergency	17,028,644		17,028,644		17,028,644	8,860,516	76,340,424	85,200,944	** 0.199864	** 0.199864	** 0.199864	91
92 Observation Beds (see instructions)	2,753,179		2,753,179		2,753,179	726,929	8,911,862	9,638,791	** 0.285635	** 0.285635	** 0.285635	92
93 Other Outpatient Service (specify)												93
OTHER REIMBURSABLE COST CENTERS												
94 Home Program Dialysis												94
95 Ambulance Services												95
96 Durable Medical Equipment-Rented												96
97 Durable Medical Equipment-Sold												97
98 Other Reimbursable (specify)												98
99 Outpatient Rehabilitation Provider (specify)												99
100 Intern-Resident Service (not appvd. tchng. prgm.)												100
101 Home Health Agency												101
SPECIAL PURPOSE COST CENTERS												
105 Kidney Acquisition												105
106 Heart Acquisition												106
107 Liver Acquisition												107

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340166			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
108 Lung Acquisition												108
109 Pancreas Acquisition												109
110 Intestinal Acquisition												110
111 Islet Acquisition												111
112 Other Organ Acquisition (specify)												112
115 Ambulatory Surgical Center (Distinct Part)												115
116 Hospice												116
117 Other Special Purpose (specify)												117
200 Subtotal (see instructions)	109,162,552		109,162,552		109,162,552	135,976,928	361,765,984	497,742,912				200
201 Less Observation Beds	2,753,179		2,753,179		2,753,179							201
202 Total (see instructions)	106,409,376		106,409,376		106,409,376	135,976,928	361,765,984	497,742,912				202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4023)												
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Cost report status - As Submitted
[Record code 7197 - 2010]

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART I

Medicare - Title XVIII - Hospital

		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTNE SERVICE COST CENTERS								
30	Adults & Pediatrics (General Routine Care)	3,458,667		3,458,667	23,642	146.29	5,381	787,186	30
31	Intensive Care Unit	362,868		362,868	1,792	202.49	841	170,294	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care Unit (specify)								35
35.15		157,240		157,240	973	161.60			35.15
40	Subprovider IPF								40
41	Subprovider IRF								41
42	Subprovider (Other)								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	3,978,775		3,978,775	26,407		6,222	957,480	200

(A) Worksheet A line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4024 - 4024.1)

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Cost report status - As Submitted
[Record code 7197 - 2010]

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART II

Medicare -Title XVIII - Hospital

		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	2,013,370	70,890,648	** 0.028401	2,979,061	84,608	50
51	Recovery Room						51
52	Labor Room and Delivery Room						52
53	Anesthesiology	53,936	54,489,992	** 0.000990	2,643,382	2,617	53
53.10		340,796	10,896,593	** 0.031275	318	10	53.10
54	Radiology-Diagnostic	508,179	33,233,932	** 0.015291	2,153,509	32,929	54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	Computed Tomography (CT) Scan	106,376	61,275,560	** 0.001736	3,075,081	5,338	57
58	Magnetic Resonance Imaging (MRI)	94,845	13,233,559	** 0.007167	521,718	3,739	58
59	Cardiac Catheterization	122,677	807,614	** 0.151901	34,748	5,278	60
60	Laboratory	313,895	49,028,032	** 0.006402	7,271,676	46,555	60
60.70		299,830	8,750,386	** 0.034265	833,234	28,551	60.70
61	PBP Clinical Laboratory Services-Prgm. Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Transfusing						63
64	Intravenous Therapy						64
65	Respiratory Therapy	188,781	3,690,619	** 0.051152	1,324,352	67,743	65
66	Physical Therapy	46,482	1,100,694	** 0.042230	520,719	21,990	66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology	33,788	6,387,637	** 0.005290	618,397	3,271	69
70	Electroencephalography						70
71	Medical Supplies Charged to Patients	124,362	6,989,804	** 0.017792	508,880	9,054	71
72	Implantable Devices Charged to Patients	192,357	10,615,162	** 0.018121	1,371,968	24,861	72
73	Drugs Charged to Patients	298,385	25,828,478	** 0.011553	4,243,085	49,020	73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
76.30		270,501	6,111,681	** 0.044260			76.30
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic						90
91	Emergency	1,932,840	85,200,944	** 0.022686	3,298,581	74,832	91
92	Observation Beds	369,245	9,638,791	** 0.038308	70,935	2,717	92
93	Other Outpatient Service (specify)						93
	OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 199)	7,310,645	458,170,112	** 0.015956	31,469,644	463,111	200

(A) Worksheet A line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.2)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART III

Medicare - Title XVIII - Hospital

	(A) Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS										
30	Adults & Pediatrics (General Routine Care)						23,642		5,381		30
31	Intensive Care Unit						1,792		841		31
32	Coronary Care Unit										32
33	Burn Intensive Care Unit										33
34	Surgical Intensive Care Unit										34
35	Other Special Care Unit (specify)										35
35.15							973				35.15
40	Subprovider IPF										40
41	Subprovider IRF										41
42	Subprovider (Other)										42
43	Nursery										43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
200	Total (sum of lines 30-199)						26,407		6,222		200

(A) Worksheet A line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.3)

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Cost report status - As Submitted
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART IV

Medicare -Title XVIII - Hospital

		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS															
50	Operating Room							70,890,648			2,979,061		6,360,244		50
51	Recovery Room														51
52	Labor room and Delivery Room														52
53	Anesthesiology							54,489,992			2,643,382		5,577,849		53
53.10	Acupuncture							10,896,593			318		3,015,820		53.10
54	Radiology-Diagnostic							33,233,932			2,153,509		4,706,399		54
55	Radiology-Therapeutic														55
56	Radioisotope														56
57	Computed Tomography (CT) Scan							61,275,560			3,075,081		9,211,066		57
58	Magnetic Resonance Imaging (MRI)							13,233,559			521,718		2,276,578		58
59	Cardiac Catheterization							807,614			34,748		181,544		59
60	Laboratory							49,028,032			7,271,676		768,466		60
60.70	Gastro Intestinal Service							8,750,386			833,234		2,101,332		60.70
61	PRP Clinical Laboratory Services-Prgm. Only														61
62	Whole Blood & Packed Red Blood Cells														62
63	Blood Storing, Processing, & Transfusing														63
64	Intravenous Therapy														64
65	Respiratory Therapy							3,690,619			1,324,352		166,681		65
66	Physical Therapy							1,100,694			520,719				66
67	Occupational Therapy														67
68	Speech Pathology														68
69	Electrocardiology							6,387,637			618,397		1,314,710		69
70	Electroencephalography														70
71	Medical Supplies Charged To Patients							6,989,804			508,880		580,467		71
72	Implantable Devices Charged to Patients							10,615,162			1,371,968		1,462,684		72
73	Drugs Charged to Patients							25,828,478			4,243,085		2,283,530		73
74	Renal Dialysis														74
75	ASC (Non-Distinct Part)														75
76	Other Ancillary (specify)														76

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS									Provider CCN: 340166		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare - Title XVIII - Hospital														
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
76.30	Other Ancillary Cost Centers							6,111,681					1,238,398		76.30
OUTPATIENT SERVICE COST CENTERS															
88	Rural Health Clinic (RHC)														88
89	Federally Qualified Health Center (FQHC)														89
90	Clinic														90
91	Emergency							85,200,944			3,298,581		7,810,254		91
92	Observation Beds							9,638,791			70,935		2,228,385		92
93	Other Outpatient Service (specify)														93
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														94
95	Ambulance Services														95
96	Durable Medical Equipment-Rented														96
97	Durable Medical Equipment-Sold														97
98	Other Reimbursable (specify)														98
200	Total (sum of lines 50 through 199)							458,170,112			31,469,644		51,284,408		200
(A) Worksheet A line numbers															
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4)															
Rev. 2 - 08-11														40-571	

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART V

Medicare -Title XVIII - Hospital

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

		Cost to Charge Ratio from Worksheet C, Part I, col. 9	Program Charges			Program Cost			
			PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject to Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject to Ded. & Coins. (see instructions)	PPS Services (see instructions)	Cost Services Subject to Ded. & Coins. (see instructions)	Cost Services Not Subject to Ded. & Coins. (see instructions)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS									
50	Operating Room		6,360,244			1,606,394			50
51	Recovery Room								51
52	Labor & Delivery Room								52
53	Anesthesiology		5,577,849			125,591			53
53.10	Acupuncture		3,015,820			636,830			53.10
54	Radiology-Diagnostic		4,706,399			665,381			54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan		9,211,066			258,278			57
58	Magnetic Resonance Imaging (MRI)		2,276,578			132,654			58
59	Cardiac Catheterization		181,544			80,758			59
60	Laboratory		768,466			72,744			60
60.70	Gastro Intestinal Service		2,101,332			619,580			60.70
61	PBP Clinic Laboratory Services-Prgm. Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Transfusing								63
64	Intravenous Therapy								64
65	Respiratory Therapy		166,681			94,412			65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology		1,314,710			180,965			69
70	Electroencephalography								70
71	Medical Supplies Charged To Patients		580,467	434		263,671	197		71
72	Implantable Devices Charged to Patients		1,462,684			676,547			72
73	Drugs Charged to Patients		2,283,530		30,774	708,819		9,552	73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers		1,238,398			302,838			76.30
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic								90
91	Emergency		7,810,254	4,674		1,560,996	934		91
92	Observation Bed		2,228,385			636,505			92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable Cost Center								98
200	Subtotal (see instructions)		51,284,408	5,108	30,774	8,622,963	1,131	9,552	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		51,284,408	5,108	30,774	8,622,963	1,131	9,552	202

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4024.5)

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART V
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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PART I

Medicare -Title XVIII - Hospital

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	23,642	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,642	2
3	Private room days (excluding swing-bed and observation bed days)		3
4	Semi-private room days (excluding swing-bed and observation bed days)	23,642	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	5,381	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions).		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16
	SWING BED ADJUSTMENT		
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	25,788,672	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	25,788,672	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	General inpatient routine service charges (excluding swing-bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	25,788,672	37

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.1)

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PART II

Medicare -Title XVIII - Hospital

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	1,090	38
39	Program general inpatient routine service cost (line 9 x line 38)	5,869,595	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	5,869,595	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only) Intensive Care Type Inpatient Hospital Units						42
43	Intensive Care Unit	3,601,403	1,792	** 2,009.71	841	1,690,166	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care Unit (specify)	2,726,142	973	** 2,801.79			47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					6,115,435	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					13,675,196	49

	PASS-THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)	957,480	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)	463,111	51
52	Total Program excludable cost (sum of lines 50 and 51)	1,420,591	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)	12,254,605	53

	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 x line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket		60
61	If line 53 ÷ line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)		61
62	Relief payment (see instructions)		62
63	Allowable Inpatient cost plus incentive payment (see instructions)		63

	PROGRAM INPATIENT ROUTINE SWING BED COST		
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)		64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)		65
66	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH, see instructions.)		66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4025.2)

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PARTS III & IV

Medicare -Title XVIII - Hospital

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY. AND ICT/MR ONLY

70	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71
72	Program routine service cost (line 9 x line 71)		72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)		74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Parts II, column 26, line 45)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)		83
84	Program inpatient ancillary services (see instructions)		84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)		86

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)	2,524	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,090.80	88
89	Observation bed cost (line 87 x line 88) (see instructions)	2,753,179	89

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	3,458,667	25,788,672	0.134116	2,753,179	369,245	90
91	Nursing School cost		25,788,672		2,753,179		91
92	Allied Health cost		25,788,672		2,753,179		92
93	All other Medical Education		25,788,672		2,753,179		93

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.3 - 4025.4)

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-3

Medicare -Title XVIII - Hospital

	(A) COST CENTER DESCRIPTION	Ratio of Cost to Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults and Pediatrics (General Routine Care)		7,137,574		30
31	Intensive Care Unit		2,684,242		31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider IPF				40
41	Subprovider IRF				41
42	Subprovider (Specify)				42
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room		2,979,061	752,415	50
51	Recovery Room				51
52	Labor Room and Delivery Room				52
53	Anesthesiology		2,643,382	59,518	53
54	Radiology-Diagnostic		2,153,509	304,459	54
55	Radiology-Therapeutic				55
56	Radioisotope				56
57	Computed Tomography (CT) Scan		3,075,081	86,225	57
58	Magnetic Resonance Imaging (MRI)		521,718	30,400	58
59	Cardiac Catheterization		34,748	15,457	59
60	Laboratory		7,271,676	688,344	60
61	PBP Clinical Laboratory Services-Prgm. Only				61
62	Whole Blood & Packed Red Blood Cells				62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy		1,324,352	750,143	65
66	Physical Therapy		520,719	235,258	66
67	Occupational Therapy				67
68	Speech Pathology				68
69	Electrocardiology		618,397	85,120	69
70	Electroencephalography				70
71	Medical Supplies Charged to Patients		508,880	231,154	71
72	Implantable Devices Charged to Patients		1,371,968	634,587	72
73	Drugs Charged to Patients		4,243,085	1,317,075	73
74	Renal Dialysis				74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)		833,552	245,747	76
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic				90
91	Emergency		3,298,581	659,271	91
92	Observation Beds (see instructions)		70,935	20,262	92
93	Other Outpatient Service (specify)				93
	OTHER REIMBURSABLE COST CENTERS				
94	Home Program Dialysis				94
95	Ambulance Services				95
96	Durable Medical Equipment-Rented				96
97	Durable Medical Equipment-Sold				97
98	Other Reimbursable (specify)				98
200	Total (sum of lines 50-94 and 96-98)		31,469,644	6,115,435	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		31,469,644		202

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-3
(A) Worksheet A line numbers			
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4027)			
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital				
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1	DRG amounts other than outlier payments		10,542,045	1
2	Outlier payments for discharges (see instructions)		207,851	2
3	Managed care simulated payments			3
4	Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment Calculation for Hospitals		123.08	4
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)			5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in in accordance with 42 CFR 413.79(e)			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)			9
10	FTE count for allopathic and osteopathic programs in the current year from your records			10
11	FTE count for residents in dental and podiatric programs			11
12	Current year allowable FTE (see instructions)			12
13	Total allowable FTE count for the prior year			13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.			14
15	Sum of lines 12 through 14 divided by 3			15
16	Adjustment for residents in initial years of the program			16
17	Adjustment for residents displaced by program or hospital closure			17
18	Adjusted rolling average FTE count			18
19	Current year resident to bed ratio (line 18 divided by line 4)			19
20	Prior year resident to bed ratio (see instructions)			20
21	Enter the lesser of lines 19 or 20 (see instructions)			21
22	IME payment adjustment (see instructions)			22
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).			23
24	IME FTE resident count over cap (see instructions)			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			25
26	Resident to bed ratio (divide line 25 by line 4)			26
27	IME payments adjustment (see instructions)			27
28	IME Adjustment (see instructions)			28
29	Total IME payment (sum of lines 22 and 28)			29
Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.092900		30
31	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.191700		31
32	Sum of lines 30 and 31	0.284600		32
33	Allowable disproportionate share percentage (see instructions)	0.126900		33
34	Disproportionate share adjustment (see instructions)	1,337,786		34
Additional payment for high percentage of ESRD beneficiary discharges				
40	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685 (see instructions)			41
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685 (see instructions)			43
44	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			44
45	Average weekly cost for dialysis treatments (see instructions)			45
46	Total additional payment (line 45 times line 44 times line 41)			46
47	Subtotal (see instructions)	12,087,682		47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)			48
49	Total payment for inpatient operating costs SCH and MDH only (see instructions)	12,087,682		49

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital				
50	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	942,555		50
51	Exception payment for inpatient program capital (Worksheet L, Part III) (see instructions)			51
52	Direct graduate medical education payment (from Worksheet E-4, line 49) (see instructions).			52
53	Nursing and allied health managed care payment			53
54	Special add-on payments for new technologies			54
55	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			55
56	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			56
57	Routine service other pass through costs			57
58	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			58
59	Total (sum of amounts on lines 49 through 58)	13,030,237		59
60	Primary payer payments	44,634		60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	12,985,603		61
62	Deductibles billed to program beneficiaries	1,297,668		62
63	Coinsurance billed to program beneficiaries	30,564		63
64	Allowable bad debts (see instructions)	420,813		64
65	Adjusted reimbursable bad debts (see instructions)	294,569		65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	289,108		66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	11,951,940		67
68	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			68
69	Outlier payments reconciliation			69
70	Other adjustments (specify) (see instructions)			70
71	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	11,951,940		71
72	Interim payments	11,777,156		72
73	Tentative settlement (for contractor use only)			73
74	Balance due provider (Program) (lines 71 minus the sum of lines 72 and 73)	174,784		74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	896,820		75
TO BE COMPLETED BY CONTRACTOR				
90	Operating outlier amount from Worksheet E, Part A line 2	207,851		90
91	Capital outlier from Worksheet L, Part I, line 2	40,923		91
92	Operating outlier reconciliation adjustment amount (see instructions)			92
93	Capital outlier reconciliation adjustment amount (see instructions)			93
94	The rate used to calculate the Time Value of Money (see instructions)			94
95	Time Value of Money for operating expenses (see instructions)			95
96	Time Value of Money for capital related expenses (see instructions)			96

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B	
Medicare -Title XVIII - Hospital				
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1	Medical and other services (see instructions)		10,683	1
2	Medical and other services reimbursed under OPPS (see instructions).		8,622,963	2
3	PPS payments		8,290,070	3
4	Outlier payment (see instructions)		33,619	4
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines line 3 plus line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)		10,683	11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12	Ancillary service charges		35,882	12
13	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			13
14	Total reasonable charges (sum of lines 12 and 13)		35,882	14
	Customary charges			
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)			17
18	Total customary charges (see instructions)		35,882	18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		25,199	19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)		10,683	21
22	Interns and residents (see instructions)			22
23	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, §2148)			23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)		8,323,689	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)		1,022	25
26	Deductibles and Coinsurance relating to amount on line 24 (see instructions)		1,998,966	26
27	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)		6,334,384	27
28	Direct graduate medical education payments (from Worksheet E-4, line 50)			28
29	ESRD direct medical education costs (from Worksheet E-4, line 36)			29
30	Subtotal (sum of lines 27 through 29)		6,334,384	30
31	Primary payer payments		6,247	31
32	Subtotal (line 30 minus line 31)		6,328,137	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	Composite rate ESRD (from Worksheet I-5, line 11)			33
34	Allowable bad debts (see instructions)		387,710	34
35	Adjusted reimbursable bad debts (see instructions)		271,397	35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)		199,825	36
37	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		6,599,534	37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
40	Subtotal (line 37 plus or minus lines 39 minus 38)		6,599,534	40
41	Interim payments		6,449,186	41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		150,348	43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			44
PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR				
90	Original outlier amount (see instructions)		33,619	90
91	Outlier reconciliation adjustment amount (see instructions)			91
92	The rate used to calculate the Time Value of Money			92
93	Time Value of Money (see instructions)			93
94	Total (sum of lines 91 and 93)			94
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4030.2)				

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B
Medicare -Title XVIII - Hospital			
Rev. 2 - 08-11			40-587

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
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BALANCE SHEET		Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G	
(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)					
Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
CURRENT ASSETS					
1 Cash on hand and in banks	4,372				1
2 Temporary investments					2
3 Notes receivable					3
4 Accounts receivable	59,314,392				4
5 Other receivables	16,752				5
6 Allowances for uncollectible notes and accounts receivable	-31,864,144				6
7 Inventory	1,900,662				7
8 Prepaid expenses	176,604				8
9 Other current assets					9
10 Due from other funds	288,572,544				10
11 Total current assets (sum of lines 1-10)	318,121,184				11
FIXED ASSETS					
12 Land	1,800,000				12
13 Land improvements	2,920,648				13
14 Accumulated depreciation					14
15 Buildings	70,472,096				15
16 Accumulated depreciation					16
17 Leasehold improvements	9,998				17
18 Accumulated depreciation					18
19 Fixed equipment	60,333,756				19
20 Accumulated depreciation					20
21 Automobiles and trucks					21
22 Accumulated depreciation					22
23 Major movable equipment					23
24 Accumulated depreciation	-67,626,912				24
25 Minor equipment depreciable					25
26 Accumulated depreciation					26
27 HIT designated Assets					27
28 Accumulated depreciation					28
29 Minor equipment-nondepreciable					29
30 Total fixed assets (sum of lines 12-29)	67,909,592				30
OTHER ASSETS					
31 Investments					31
32 Deposits on leases					32
33 Due from owners/officers					33
34 Other assets					34
35 Total other assets (sum of lines 31-34)					35
36 Total assets (sum of lines 11, 30, and 35)	386,030,784				36
Liabilities and Fund Balances (Omit cents)					
CURRENT LIABILITIES					
37 Accounts payable	196,735				37
38 Salaries, wages, and fees payable					38
39 Payroll taxes payable					39
40 Notes and loans payable (short term)					40
41 Deferred income					41
42 Accelerated payments					42
43 Due to other funds					43
44 Other current liabilities	1,855,392				44
45 Total current liabilities (sum of lines 37 thru 44)	2,052,127				45
LONG TERM LIABILITIES					
46 Mortgage payable					46
47 Notes payable					47
48 Unsecured loans					48
49 Other long term liabilities	658				49

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BALANCE SHEET		Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G	
(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)					
Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
50 Total long term liabilities (sum of lines 46 thru 49)	658				50
51 Total liabilities (sum of lines 45 and 50)	2,052,785				51
CAPITAL ACCOUNTS					
52 General fund balance	383,978,016				52
53 Specific purpose fund					53
54 Donor created - endowment fund balance - restricted					54
55 Donor created - endowment fund balance - unrestricted					55
56 Governing body created - endowment fund balance					56
57 Plant fund balance - invested in plant					57
58 Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59 Total fund balances (sum of lines 52 thru 58)	383,978,016				59
60 Total liabilities and fund balances (sum of lines 51 and 59)	386,030,784				60
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)					
Rev. 2				40-601 - 08-11	

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STATEMENT OF CHANGES IN FUND BALANCES	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
		1	2	3	4	5	6	7	8	
1	Fund balances at beginning of period		345,685,312							1
2	Net income (loss) (from Worksheet G-3, line 29)		38,260,476							2
3	Total (sum of line 1 and line 2)		383,945,760							3
4	CHILDREN S MIRACLE NETWORK	29,188								4
5	FUND BALANCE TRANSFER OF PP&E	3,040								5
6										6
7										7
8										8
9										9
10	Total additions (sum of lines 4-9)		32,228							10
11	Subtotal (line 3 plus line 10)		383,978,016							11
12										12
13										13
14										14
15										15
16										16
17										17
18	Total deductions (sum of lines 12-17)									18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		383,978,016							19

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)

40-602 - 08-11 Rev. 2

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CAROLINAS MEDICAL CTR UNIVERSITY - CHARLOTTE, NC
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-2, PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	30,919,762		30,919,762	1
2	Subprovider IPF				2
3	Subprovider IRF				3
4	Subprovider (Other)				4
5	Swing bed - SNF				5
6	Swing bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	30,919,762		30,919,762	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive care unit	5,976,831		5,976,831	11
12	Coronary care unit				12
13	Burn intensive care unit				13
14	Surgical intensive care unit				14
15	Other special care (specify)	2,676,206		2,676,206	15
16	Total intensive care type inpatient hospital services (sum of of lines 11-15)	8,653,037		8,653,037	16
17	Total inpatient routine care services (sum of lines 10 and 16)	39,572,800		39,572,800	17
18	Ancillary services	88,847,304	266,447,808	355,295,104	18
19	Outpatient services	9,587,999	102,260,008	111,848,008	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
24	Outpatient rehabilitation providers				24
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	138,008,112	368,707,808	506,715,904	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Wkst. A, column 3, line 200)		119,720,952	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		119,720,952	43

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)

Rev. 2	08-11	40-603

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STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-3	
Description				
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)		506,715,904	1
2	Less contractual allowances and discounts on patients' accounts		350,494,272	2
3	Net patient revenues (line 1 minus line 2)		156,221,648	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)		119,720,952	4
5	Net income from service to patients (line 3 minus line 4)		36,500,704	5
OTHER INCOME				
6	Contributions, donations, bequests, etc		21,283	6
7	Income from investments		186	7
8	Revenues from telephone and telegraph service			8
9	Revenue from television and radio service			9
10	Purchase discounts			10
11	Rebates and refunds of expenses			11
12	Parking lot receipts			12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests		367,332	14
15	Revenue from rental of living quarters			15
16	Revenue from sale of medical and surgical supplies to other than patients			16
17	Revenue from sale of drugs to other than patients			17
18	Revenue from sale of medical records and abstracts		4,940	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)			19
20	Revenue from gifts, flowers, coffee shops, and canteen			20
21	Rental of vending machines		537	21
22	Rental of hospital space		14,449	22
23	Governmental appropriations			23
24	Other (specify)			24
24.00	MISC INCOME		2,034	24.00
24.01	LACTATION RENTALS		29,357	24.01
24.02	LAMAZE CLASS INCOME		18,466	24.02
24.03	SLEEP CENTER SUPPORT REVENUE		377,151	24.03
24.04	SALARY/BENEFIT REIMBURSEMENT		775,658	24.04
24.05	PHYSICIAN REVENUE		185,679	24.05
24.06	HEALTH CENTER REVENUE		119,102	24.06
24.07	GAIN ON ASSET DISPOSAL		15,515	24.07
24.08	OTHER DIETARY FROM PATIENT REVENUE		73,279	24.08
25	Total other income (sum of lines 6-24)		2,004,968	25
26	Total (line 5 plus line 25)		38,505,672	26
27	Other expenses (specify)			27
27.01	LOSS ON DISPOSAL OF ASSETS		230,708	27.01
27.02	DONATION EXPENSE		12,200	27.02
27.03	MISCODED ALLOWABLE EXPENSE		2,291	27.03
28	Total other expenses (sum of line 27 and subscripts)		245,199	28
29	Net income (or loss) for the period (line 26 minus line 28)		38,260,476	29
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)				
40-604 - 08-11			Rev. 2	

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CALCULATION OF CAPITAL PAYMENT	Provider CCN: 340166	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET L

Medicare -Title XVIII - Hospital

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1	Capital DRG other than outlier	851,158	1
2	Capital DRG outlier payments	40,923	2
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	65.43	3
4	Number of interns & residents (see instructions)		4
5	Indirect medical education percentage (see instructions)		5
6	Indirect medical education adjustment (line 1 times line 5)		6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.092900	7
8	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.191700	8
9	Sum of lines 7 and 8	0.284600	9
10	Allowable disproportionate share percentage (see instructions)	0.059300	10
11	Disproportionate share adjustment (line 10 times lines 1)	50,474	11
12	Total prospective capital payments (sum of lines 1-2, 6 and 11)	942,555	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 x line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4064.1 - 4064.3)

40-646 - 08-11 Rev. 2

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Cost Report data

340098
MERCY HOSPITALS INC.
2001 VAIL AVENUE
CHARLOTTE, NC 28207-5009

[Electronic Record Code: 269571 - 1996]
Type of Facility: Short Term Acute Care
Type of Control: Governmental Hospital District
Classification: Urban

Bed Size:	285
Total Annual Discharges:	19,148
Total Patient Revenue:	$1,046,215,683

Period: 01/01/2010 - 12/31/2010
Status: As Submitted

Fiscal Intermediary: Palmetto Government Benefits Administrators

Medicare Inpatient Characteristics

DSH Ratio:	0.052900
DSH Amount:	$2,645,021
Outlier Amount:	$1,493,936
IME Amount:	$0
GME Amount:	$0
Total IP Reimbursement:	$59,258,293
Total IP Costs:	$69,041,823
NPR Date:	00/00/0000
NPR Settlement Amount:	$-36,755
NPR Settlement Percent:	0.06 %

[Date Generated: 03/20/2013]

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Legend:

Identification
A hospital's Medicare provider number, name, and address are taken from Worksheet S-2. The Electronic Code is a code assigned by CostReportData.com to assist in resolving questions.

Type of Facility
The type of facility is determined from the last four digits of its Medicare provider number.

Type of Control
A hospital's type of control is taken from the HCRIS file.

Bed Size
The number of staffed beds is taken from Worksheet S-3, Part I, line 12, col.1. Cost report instructions define staffed beds as, "the number of beds available for use by patients at the end of the cost reporting period. A bed means an adult bed, pediatric bed, birthing room, or newborn bed maintained in a patient care area for lodging patients in acute, long term, or domiciliary areas of the hospital. Beds in labor room, birthing room, postanesthesia, postoperative recovery rooms, outpatient areas, emergency rooms, ancillary departments, nurses' and other staff residences, and other such areas which are regularly maintained and utilized for only a portion of the stay of patients (primarily for special procedures or not for inpatient lodging) are not termed a bed for these purposes.

Total Annual Discharges
The total number of inpatient discharges (all payors) is taken from Worksheet S-3, part I, line 12, column 15.

Total Patient Revenue
The total patient revenue (inpatient and outpatient) is taken from Worksheet G-2, part I, line 25, column 3.

Period
The beginning and ending dates for a cost report are taken from Worksheet S-2, line 17.

Status
The status of a cost report is taken from the HCRIS file.

Fiscal Intermediary
Medicare Fiscal Intermediaries (FIs) are private insurance companies that serve as the federal government's agents in the administration of the Medicare program, including the payment of claims. The name of the FI is obtained from a hospital's most recent Medicare cost report.

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Petitioner's Trial Exhibit
078A

Disproportionate Share (DSH Amount and DSH Ratio)
Medicare provides additional payment to hospitals that treat a disproportionate share of low-income patients. Qualifying hospitals receive a percentage increase in Medicare payments. This percentage increase varies depending on the ratio of low income patients and on certain statutory calculations. The Disproportionate SHare (DSH) ratio is taken from Worksheet E, Part A, line 4.03. The amount of DSH payments is from Worksheet E, Part A, line 4.04.

Outlier Amount
Medicare makes additional payments to hospitals for patients with costs that are extraordinarily high due to severity of illness and/or complicating conditions. The amount of outlier payments is from Worksheet E, Part A, line 2.01 (or line 2 for discharges occurring prior to October 1, 1997).

IME Amount
Teaching hospitals receive additional Medicare payment due to the indirect costs associated with medical education programs. These payments are intended to cover the costs of additional tests and procedures ordered by interns and residents over and above what would have been ordered by more experienced physicians. The amount of the Indirect Medical Education (IME) adjustment is from Worksheet E, Part A, line 3.24 (or line 3.03 for cost reporting periods ending on or before September 30, 1997).

GME Amount
Medicare pays a hospital for the costs of an approved direct Graduate Medical Education (GME) program. These costs include the direct cost of salaries and benefits for interns, residents, and teachers. The amount of GME payment is from Worksheet E, Part A, line 11.

Total IP Reimbursement
The total amount of Medicare inpatient reimbursement for the cost reporting period is from Worksheet E, Part A, line 16 for PPS hospitals or from Worksheet E-3, Part I, line 17 or Worksheet E-3, Part II, Line 30 for non-PPS hospitals.

Total IP Costs
Total IP Costs corresponding to Total IP Reimbursement are calculated in the cost report and summarized on Worksheet D-1, Part II, line 49.

NPR Date
At the close of its fiscal year, a provider must submit a cost report to the FI showing the costs it incurred during the fiscal year and the proportion of those costs to be allocated to Medicare. The FI reviews the cost report, determines the total amount of Medicare reimbursement due the provider and issues the provider a Notice of Program Reimbursement (NPR). The NPR date is obtained from the most recent cost report data (HCRIS). There is no NPR date for cost reports as submitted or as amended by the provider (see Status above).

NPR Settlement Amount
The NPR Settlement Amount is the Balance due provider/(Program). It is the difference between the Total IP Reimbursement (above) and the total interim payments for the cost reporting period less any tentative settlements previously made by the FI. The Balance due provider/(Program) is from Worksheet E, Part A, line 29 for PPS hospitals or from Worksheet E-3, Part I, line 20 or Worksheet E-3, Part II, Line 33 for non-PPS hospitals.

NPR Settlement Percentage
This NPR settlement percentage is the NPR settlement amount as a percentage of total inpatient reimbursement. (It is calculated from the data elements previously defined.)

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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269571 - 1996]

HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA	PROVIDER NO 340098	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-2 PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 2001 VAIL AVENUE			P.O.Box:	1
1.01	City: CHARLOTTE	State: NC	ZIP: 28207-5009	County: MECKLENBURG	1.01

Hospital and Hospital-Based Component Identification:

	Component	Component Name	Provider Number	NPI Number	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	2.01	3	4	5	6	
2	Hospital	MERCY HOSPITALS INC.	340098		07/01/66		P	O	2
3.00	Subprovider		34TO98		09/27/87		P	N	3.00
4	Swing Beds-SNF								4
5	Swing Beds-NF								5
6	Hospital-Based SNF								6
7.00	Hospital-Based NF								7.00
8	Hospital-Based OLTC								8
9.00	Hospital-Based HHA								9.00
11.00	Separately Certified ASC								11.00
12.00	Hospital-Based Hospice								12.00
14.00	Hospital-Based Health Clinic								14.00
15.00	Outpatient Rehab. Clinic								15.00
16.00	Renal Dialysis								16.00

17	Cost Reporting Period	From: 01/01/2010	To: 12/31/2010		17
				1 2	
18	Type of Control (see instructions)			11	18

Type of Hospital/subprovider (see instructions)

19	Hospital	1	19
20.00	Subprovider	5	20.00

Other Information

21	Indicate if your hospital is either (1) urban or (2) rural at the end of the cost reporting period in column 1. If your hospital is geographically classified or located in a rural area, is your bed size in accordance with CFR 42 412.105 less than or equal to 100 beds, enter in column 2 "Y" for yes or "N" for no.					21
21.01	Does your facility qualify and is currently receiving payment for disproportionate share hospital adjustment in accordance with 42 CFR 412.106?Enter in column 1 "Y" for yes or "N" for no. Is this facility subject to the provisions of 42 CFR 412.106(c)(2) (Pickle amendment hospitals)? Enter in column 2 "Y" for yes or "N" for no.			Y	N	21.01
21.02	Has your facility received a new geographic reclassification status changes after the first day of the cost reporting period from rural to urban and vice versa? Enter "Y" for yes and "N" for no. If yes, enter in column 2 the effective date (mm/dd/yyyy) (See instructions)					21.02
21.03	Enter in column 1 your geographic location either (1) urban (2) rural If you answered urban in column 1 indicate if you received either a wage or standard geographic reclassification to a rural location, enter in column 2 "Y" for yes and "N" for no. If column 2 is yes enter in column 3 the effective date (mm/dd/yyyy) (see instruction). Does your facility contain 100 or fewer beds in accordance with 42 CFR 412.105? Enter in column 4 "Y" for yes and "N" for no. Enter in column 5 the providers actual MSA or CBSA	1	N		N 16740	21.03
21.04	For standard Geographic classification (not wage), what is your status at the beginning of the cost reporting period. Enter (1) urban and (2) rural.			1		21.04
21.05	For standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) urban and (2) rural.			1		21.05
21.06	Does this hospital qualifies for the three year transition (or applicable extension) of hold harmless payments for small rural hospital under the prospective payment system for hospital outpatient services under DRA §5105 or MIPPA §147 , ACA §3121, or MMEA §108? (See instructions). Enter "Y" for yes, and "N" for no.			N		21.06
21.07	Does this hospital qualify as an SCH with 100 or fewer beds under MIPPA§147? Enter "Y" for yes and "N" for no.(See instructions) Is this an SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 or MMEA §108? Enter in colun 2 "Y" for yes or "N" for no.(See instructions)				N	21.07
21.08	Which method is used to determine Medicaid days on S-3, Part I, col. 5 Enter in column 1, "1" if it is based on date of admission, "2" if it based on census days, or "3" if it is based on date of discharge. Is this method different than the method used in the preceeding cost reporting period? Enter in column 2,"Y" for yes or "N" for no.			3	N	21.08
22	Are you classified as a referral center?			N		22
23	Does this facility operate a transplant center? If yes, enter certification date(s) in column 2 and termination date(s) in column 3 (mm/dd/yyyy) below:			N		23
23.01	If this is a Medicare certified kidney transplant center, enter the certification date in col. 2 and termination in col. 3.					23.01
23.02	If this is a Medicare certified heart transplant center, enter the certification date in col. 2 and termination in col. 3.					23.02
23.03	If this is a Medicare certified liver transplant center, enter the certification date in col. 2 and termination in col. 3.					23.03
23.04	If this is a Medicare certified lung transplant center, enter the certification date in col. 2 and termination in col. 3.					23.04
23.05	If Medicare pancreas transplant are performed see instructions for entering certification and termination date.					23.05

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HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA	PROVIDER NO 340098	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-2 PART I

23.06	If this is a Medicare certified intestinal transplant center, enter the certification date in col. 2 and termination in col. 3.					23.06
23.07	If this is a Medicare certified islet transplant center, enter the certification date in col. 2 and termination in col. 3.					23.07
24	If this is an organ procurement organization (OPO), enter the OPO number in column 2 termination date in col 3.					24
24.01	If this is a Medicare Transplant Center, enter CCN in col. 2, the certification or recertification date after (12/26/2007) in column 3 (mm/dd/yyyy).					24.01
25	Is this a teaching hospital or affiliated with a teaching hospital and you are receiving payments for I & R?	N				25
25.01	Is this teaching program approved in accordance with CMS Pub. 15-I, chapter 4?					25.01
25.02	If line 25.01 is yes, was Medicare participation and approved teaching program status in effect during the first month of the cost reporting period? If yes, complete Worksheet E-3, Part IV. If no, complete Worksheet D-2, Part II.					25.02
25.03	As a teaching hospital, did you elect cost reimbursement for physicians as defined in CMS Pub. 15-I, section 2148? If yes, complete Worksheet D-9.	N				25.03
25.04	Are you claiming costs on line 70 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				25.04
25.05	Has your facility direct GME FTE cap (column 1) or IME FTE cap (column 2) been reduced under 42 CFR §413.79(c)(3) or 42 CFR §412.105(f)(1)(iv)(B)? Enter "Y" for yes and "N" for no in the applicable columns. (see instructions)	N				25.05
25.06	Has your facility received additional direct GME FTE resident cap slots or IME FTE residents cap slots under 42 CFR 413.79(c)(4)or 42 CFR 412.105(f)(1)(iv)(C)? Enter "Y" for yes and "N" for no in the applicable columns (see instructions).	N				25.06
25.07	Has your facility trained residents in non-provider setting during the cost reporting period? Enter "Y" for yes or "N" for no in column 1.					25.07
25.08	If line 25.07 is yes, enter in column 1 the weighted number of non-primary care FTE residents attributable to rotations occurring in all non-provider settings.					25.08
25.09	If line 25.07 is yes, use lines 25.09 through 25.59 as necessary to identify the program name in column 1, the program code in column 2, and the number unweighted primary care residents FTEs by program in column 3 for each primary care specialty program in which residents are trained.(see instructions)					25.09
26	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the C/R period Enter beginning and ending dates of SCH status on line 26.01. Subscript line 26.01 for number of periods in excess of one and enter subsequent dates					26
26.01	Enter the applicable SCH dates: (see instructions)	Beginning:	Ending:			26.01
27	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N				27
28	If this facility contains a hospital-based SNF, are all patients under managed care or there were no Medicare utilization enter "Y", if "N" complete lines 28.01 and 28.02.					28
28.01	If hospital-based SNF, enter appropriate transition period 1, 2, 3, or 100 in column 1. Enter in columns 2 and 3 the wage index adjustment factor before and on or after the October 1st (see instrctions)					28.01
28.02	Enter in column 1 the hospital based SNF facility specific rate (from your fiscal intermediary) if you have not transitioned to 100% SNP PPS payment. In column 2 enter the facility classification Urban(1) or Rural(2). In column 3, enter the SNF MSA code or two character state code if a Rural based facility. In column 4, enter the SNF CBSA code or two character state code if a Rural based facility					28.02
	A notice published in the "Federal Register" Vol. 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. Enter in column 1 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 6, column 3. Indicate in column 2 "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (See instructions)					
28.03	Staffing					28.03
28.04	Recruitment					28.04
28.05	Retention of employees					28.05
28.06	Training					28.06
28.07	Other (Specify)					28.07
29	Is this a rural hospital with a certified SNF which has fewer than 50 beds in the aggregate for both components, using the swing bed optional method of reimbursement?	N				29
30	Does this hospital qualify as a rural primary care hospital (RPCH)/Critical Access Hospital (CAH)? (see 42 CYR 485.606ff)	N				30
30.01	If so, is this the initial 12 month period for the facility operated as an RPCH/CAH? See 42 CFR 413.70.					30.01
30.02	If this facility qualifies as an RPCH/CAH, has it elected the all-inclusive method of payment for outpatient services? (See instructions)					30.02
30.03	If this facility qualifies as a CAH is it eligible for cost reimbursement for ambulance services? If yes, enter in column 2 the date of eligibility determination (date must be on or after 12/21/2000)					30.03
30.04	If this facility qualifies as a CAH is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes and "N" for no. If yes, the GME elimination would not be on Worksheet B, Part I, column 26 and the program would be cost reimbursed. If yes also complete Worksheet D-2, Part II.					30.04
31	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR 412.113(c).	N				31
31.01		N				31.01
31.02		N				31.02
	Miscellaneous Cost Reporting information					
32	Is this an all-inclusive provider? If yes, enter the method used (A, B, or E only) in column 2.	N				32
33	Is this a new hospital under 42 CFR 412.300 PPS capital? Enter "Y for yes and "N" for no in column 1. If yes, for cost reporting periods beginning on or after October 1, 2002, do you elect to be reimbursed at 100% Federal capital payment? Enter "Y for yes and "N" for no in column 2.	N				33

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HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA	PROVIDER NO 340098	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-2 PART I

34	Is this a new hospital under 42 CFR 413.40(f)(1)(i) TEFRA?	N				34
35	Have you established a new subprovider (excluded unit) under 42 CFR 413.40(f)(1)(i)?	N				35
35.01		N				35.01
		V	XVIII	XIX		
	Prospective Payment System (PPS)-Capital	1	2	3		
36	Do you elect fully prospective payment methodology for capital costs? (See instructions)		Y			36
36.01	Does your facility qualify and receive payment for disproportionate share in accordance with 42 CFR 412.320? (See instructions)		Y			36.01
37	Do you elect hold harmless payment methodology for capital costs? (See instructions)		N			37
37.01	If you are a hold harmless provider, are you filing on the basis of 100% of the Federal rate?		N			37.01
	Title XIX inpatient services					
38	Do you have title XIX inpatient hospital services?	Y				38
38.01	Is this hospital reimbursed for title XIX through the cost report either in full or in part?					38.01
38.02	Does the title XIX program reduce capital following the Medicare methodology?					38.02
38.03	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (See instructions)	N				38.03
38.04	Do you operate an ICF/MF facility for purposes of title XIX?	N				38.04
40	Are there any related organization or home office costs as defined in CMS Pub. 15-1, Chapter 10? If yes, and this facility is part of a chain organization, enter in col. 2 the chain home office chain number. (See inst.) If this facility is part of a chain organization enter the name and address of the home office on lines 40.01-40.03.	Y	349014			40
40.01	Name: CAROLINAS HEALTHCARE SYSTEM	FI/Contractor's Name: PALMETTO GBA	FI/Contractor's Number: 77002			40.01
40.02	Street:	PO Box:32861				40.02
40.03	City: CHARLOTTE	State: NC	Zip Code: 28232-			40.03
41	Are provider based physicians' costs included in Worksheet A?	Y				41
42	Are physical therapy services provided by outside suppliers?	N				42
42.01	Are occupational therapy services provided by outside suppliers?	N				42.01
42.02	Are speech pathology services provided by outside suppliers?	N				42.02
43	Are respiratory therapy services provided by outside suppliers?	N				43
44	If you are claiming cost for renal services on Worksheet A, are they inpatient services only?	Y				44
45	Have you changed your cost allocation methodology from the previously filed cost report? See CMS Pub. 15-II, section 3617. If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				45
45.01	Was there a change in the statistical basis?					45.01
45.02	Was there a change in the order of allocation?					45.02
45.03	Was there a change to the simplified cost finding method?					45.03
46	If you are participating in the NHCMQ demonstration project (must have a hospital-based SNF) during this cost reporting period, enter the phase (see instructions).					46

If this facility contains a provider that qualifies for an exemption from the application of the lower of costs or charges, enter "Y" for each component and type of service that qualifies for the exemption. Enter "N" if not exempt. (See 42 CFR 413.13.)		Part A 1	Part B 2	Outpatient ASC 3	Outpatient Radiology 4	Outpatient Diagnostic 5	
47	Hospital	N	N	N	N	N	47
48	Subprovider	N	N	N	N	N	48
49	SNF						49
50	HHA						50
51	Outpatient Rehab. Providers (specify)						51

52	Does this hospital claim expenditures for extraordinary circumstances in accordance with 42 CFR 412.348(e)? (See instructions)	N				52
52.01	If you are a fully prospective or hold harmless provider are you eligible for the special exceptions payment pursuant to 42 CFR 412.348(g)? If yes, complete Worksheet L, Part IV.	N				52.01
53	If you are a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in this C/R period. Enter beginning and ending dates of MDH status on line 53.01. Subscript line 53.01 for number of periods in excess of one and enter subsequent dates.					53
53.01	MDH Period	Beginning:	Ending:			53.01
54	List amounts of malpractice premiums and paid losses:	Premiums:	Paid losses:	and/or Self Insurance:		54
54.01	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N				54.01
55	Does your facility qualify for additional prospective payment in accordance with 42 CFR 412.107. Enter "Y" for yes and "N" for no.	N				55

		Date 0	Y or N 1	Limit 2	Y or N 3	Fees 4	
56	Are you claiming ambulance costs? If yes, enter in column 2 the payment limit provided from your fiscal intermediary and the applicable dates for those limits in column 0. If this is the first year of operation no entry is required in column 2. If column 1 is Y, enter Y or N in column 3 whether this is your first year of operations for rendering ambulance services. Enter in column 4, if applicable, the fee schedules amounts for the period beginning on or after 4/1/2002.		N				56
56.01	Enter subsequent ambulance payment limit as required. Subscript if more than 2 limits apply. Enter in column 4 the fee schedules amounts for initial or subsequent periods as applicable.						56.01
57	Are you claiming nursing and allied health costs? (See instructions)					Y	57

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HOSPITAL AND HOSPITAL HEALTHCARE COMPLEX IDENTIFICATION DATA	PROVIDER NO 340098	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-2 PART I

58	Are you an Inpatient Rehabilitation Facility (IRF), or do you contain an IRF subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes have you made the election for 100% Federal PPS reimbursement? Enter in column 2 "Y for yes and "N" for no. This option is only available for cost reporting periods beginning on or after 1/1/2002 and before 10/1/2002.		Y		58
58.01	If line 58 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter in column 1 "Y" for yes or "N" for no. Is the facility training residents in a new teaching programs in accordance with FR Vol. 70, No. 156 dated August 15, 2005 page 47929? Enter in column 2 "Y" for yes or "N" for no. If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions). If the current cost reporting period covers the beginning of the fourth enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 . (see instructions)	N			58.01
59	Are you a Long Term Care Hospital (LTCH), or do you contain a LTCH subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes, have you made the election for 100% Federal PPS reimbursement? Enter in column 2 "Y" for yes and "N" for no. (See instructions)		N		59
60	Are you an Inpatient Psychiatric Facility (IPF), or do you contain an IPF subprovider? Enter in column 1 "Y" for yes and "N" for no. If yes, is the IPF or IPF subprovider a new facility? Enter in column 2 "Y for yes and "N" for no. (see instructions)		N		60
60.01	If line 60 column 1 is Y, does the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Is the facility training residents in a new teaching programs in accordance with 42 CFR Sec. 412.424 (d)(1)(iii)(2)? Enter in column 2 "Y" for yes or "N" for no. If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions). If the current cost reporting period covers the beginning of the fourth enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5 . (see instructions)	N			60.01

Multicampus

61	Is this facility part of a Multicampus hospital that has one or more campuses in different CBSA? Enter "Y" for yes and "N" for no.					N	61
	If line 61 is yes, enter the name in col. 0, County in col. 1, state in col. 2, Zip in col 3, CBSA in col. 4 and FTE/Campus in col. 5.	County	State	ZIP Code	CBSA	FTE/ Campus	
		1	2	3	4	5	
62	Name:						62

Settlement data

63	Was there a change to the simplified cost finding method?	Y	04/07/11	63

Miscellaneous data

64	Did this facility incur and report costs for implantable devices charged to patient? Enter in column 1 "Y" for yes or "N" for no.	Y	64

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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 269571 - 1996]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	PROVIDER NO 340098	PERIOD FROM 01/01/2010 TO 12/31/2010	WORKSHEET S-3 PART I

	Component	No. of Beds	Bed Days Available	I/P Days / O/P Visits / Trips						OBS Beds		Interns & Residents FTEs			Full Time Equivalent		Discharges				
				Title V	Title XVIII	Not Covered (LTAC only)	Title XIX			Total All Patients	Admitted	Not Admitted	Total	Less I&R Replacing Non-Phys. Anest.	Net	Employees on Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
							Total	OBS Admitted	OBS Not Admitted													
		1	2	3	4	4.01	5	5.01	5.02	6	6.01	6.02	7	8	9	10	11	12	13	14	15	
1	Hospital Adults &Peds. (col 3,4,&5), exclude Swing Beds, OBS Bed, and Hospice Days	240	87,600		26,639		5,958			65,347									6,265	1,792	19,148	1
2	HMO				2,110		2,026															2
3	Hospital Adults &Peds Swing Bed SNF																					3
4	Hospital Adults & Peds. Swing Bed NF																					4
5	Total Adults & Peds. (exclude OBS beds)	240	87,600		26,639		5,958			65,347												5
6	Intensive Care Unit	15	5,475		1,847		183			3,579												6
7	Coronary Care Unit	20	7,300		2,375		547			4,228												7
8	Burn Intensive Care Unit																					8
9	Surgical Intensive Care Unit																					9
10.15	Neonatal ICU	10	3,650				357			2,149												10.15
11	Nursery																					11
12	Total (see instructions)	285	104,025		30,861		7,045			75,303						1,714.57			6,265	1,792	19,148	12
13	RPCH/CAH visits																					13
14.00	Subprovider																					14.00
15	Skilled Nursing Facility																					15
16	Nursing Facility																					16
17	Other Long Term Care																					17
18	Home Health Agency																					18
20	ASC (Distinct Part)																					20
21	Hospice (Distinct Part)																					21
23	Outpatient Rehab. Provider (specify)																					23
24	RHC/FQHC (specify)																					24
25	Total (sum of lines 12-24)	285														1,714.57						25
26	Observation Bed Days						708			5,402												26
27	Ambulance Trips																					27
28	Employee discount days (see instru.)																					28
29	Labor & delivery days (see instructions)																					29

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HOSPITAL WAGE INDEX INFORMATION		PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET S-3. PART II	
PART II - WAGE DATA	Amount Reported	Reclass. of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salaries in col. 3	Average Hourly Wage (col. 3÷ col. 4)	Data Source	
	1	2	3	4	5	6	
SALARIES							
1 Total Salaries (see instructions)	104,565,198		104,565,198	3,575,917	29.24		1
2 Non-physician anesthetist Part A							2
3 Non-physician anesthetist Part B	7,742,803		7,742,803	92,530	83.68		3
4 Physician-Part A							4
4.01 Teaching physician salaries (see instructions)							4.01
5 Physician-Part B							5
5.01 Non-physician-Part B							5.01
6 Interns & residents (in an approved program)							6
6.01 Contractd Services I&R (see instructions)							6.01
7 Home office personnel							7
8 SNF							8
8.01 Excluded area salaries (see instructions)	1,749,805	427,451	2,177,256	67,490	32.26		8.01
OTHER WAGES & RELATED COSTS							
9 Contract labor (see instructions)	198,277		198,277	6,637	29.87		9
9.01 Pharmacy services under contract							9.01
9.02 Laboratory services under contract							9.02
9.03 Management and administrative services							9.03
10 Contract labor: physician-Part A	383,520		383,520	3,427	111.91		10
10.01 Teaching physician under contract (see instru.)							10.01
11 Home office salaries & wage-related costs	30,373,254		30,373,254	618,454	49.11		11
12 Home office: physician Part A							12
12.01 Teaching physician salaries (see instructions)							12.01
WAGE-RELATED COSTS							
13 Wage-related costs (core)	22,616,097		22,616,097			CMS 339	13
14 Wage-related costs (other)						CMS 339	14
15 Excluded areas	516,735		516,735			CMS 339	15
16 Non-physician anesthetist Part A						CMS 339	16
17 Non-physician anesthetist Part B	1,829,118		1,829,118			CMS 339	17
18 Physician Part A						CMS 339	18
18.01 Part A teaching physicians (see instructions)						CMS 339	18.01
19 Physician Part B						CMS 339	19
19.01 Wage-related costs (RHC/FQHC)						CMS 339	19.01
20 Interns & residents (in an approved program)						CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 Employee Benefits	2,175,946	-2,175,946					21
22 Administrative & General	4,891,818	2,175,946	7,067,764	181,533	38.93		22
22.01 Administrative & General under contract (see inst.)							22.01
23 Maintenance & Repairs							23
24 Operation of Plant	2,034,639		2,034,639	105,202	19.34		24
25 Laundry & Linen Service							25
26 Housekeeping	1,874,538		1,874,538	167,498	11.19		26
26.01 Housekeeping under contract (see instructions)							26.01
27 Dietary							27
27.01 Dietary under contract (see inst.)							27.01
28 Cafeteria							28
29 Maintenance of Personnel							29
30 Nursing Administration	3,262,989		3,262,989	86,597	37.68		30
31 Central Services and Supply	1,473,806		1,473,806	91,654	16.08		31
32 Pharmacy	5,931,726	-261,742	5,669,984	144,362	39.28		32
33 Medical Records & Medical Records Library	1,242,161		1,242,161	68,080	18.25		33
34 Social Service	1,558,860		1,558,860	53,278	29.26		34
35 Other General Service							35

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HOSPITAL WAGE INDEX INFORMATION		PROVIDER NO.: 340098		PERIOD FROM 01/01/2010 TO 12/31/2010		WORKSHEET S-3, PART III	
	Amount Reported	Reclass. of Salaries (from Wkst. A-6)	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salaries in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	Data Source	
	1	2	3	4	5	6	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1 Net Salaries (see instructions)	96,822,395		96,822,395	3,483,387	27.80		1
2 Excluded area salaries (see instructions)	1,749,805	427,451	2,177,256	67,490	32.26		2
3 Subtotal salaries (line 1 minus line 2)	95,072,590	-427,451	94,645,139	3,415,897	27.71		3
4 Subtotal other wages & related costs (see inst.)	30,955,051		30,955,051	628,518	49.25		4
5 Subtotal wage-related costs (see inst.)	22,616,097		22,616,097		23.90		5
6 Total (sum of lines 3 thru 5)	148,643,738	-427,451	148,216,287	4,044,415	36.65		6
7 Net salaries (see instructions)							7
8 Excluded area salaries							8
9 Subtotal salaries (line 7 minus line 8)							9
10 Subtotal other wages & related costs (see inst.)							10
11 Subtotal wage-related costs (see inst.)							11
12 Total (sum of lines 9 thru 11)							12
13 Total overhead costs (see inst.)	24,446,483	-261,742	24,184,741	898,204	26.93		13

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HOSPITAL UNCOMPENSATED CARE DATA	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET S-10

Uncompensated Care Information			
1	Do you have a written charity policy?		1
2	Are patients write-offs identified as charity? If yes answer lines 2.01 thru 2.04		2
2.01	Is it at the time of admission?		2.01
2.02	Is it at the time of first billing?		2.02
2.03	Is it after some collection effort has been made?		2.03
2.04	Other methods of write-offs (specify)		2.04
3	Are charity write-offs made for partial bills?		3
4	Are charity determinations based upon administrative judgment without financial data?		4
5	Are charity determinations based upon income data only?		5
6	Are charity determinations based upon net worth (assets) data?		6
7	Are charity determinations based upon income and net worth data?		7
8	Does your accounting system separately identify bad debt and charity care? If yes answer 8.01		8
8.01	Do you separately account for inpatient and outpatient services?		8.01
9	Is discerning charity from bad debt a high priority in your institution? If no answer 9.01 thru 9.04		9
9.01	Is it because there is not enough staff to determine eligibility?		9.01
9.02	Is it because there is no financial incentive to separate charity from bad debt?		9.02
9.03	Is it because there is no clear directive policy on charity determination?		9.03
9.04	Is it because your institution does not deem the distinction important?		9.04
10	If charity determinations are made based upon income data, what is the maximum income that can be earned by patients (single without dependent) and still determined to be a charity write off??		10
11	If charity determinations are made based upon income data, is the income directly tied to Federal poverty level? If yes answer lines 11.01 thru 11.04		11
11.01	Is the percentage level used less than 100% of the Federal poverty level?		11.01
11.02	Is the percentage level used between 100% and 150% of the Federal poverty level?		11.02
11.03	Is the percentage level used between 150% and 200% of the Federal poverty level?		11.03
11.04	Is the percentage level greater than or equal to 200% of the Federal poverty level?		11.04
12	Are partial write-offs given to higher income patients on a gradual scale?		12
13	Is there charity consideration given to high net worth patients who have catastrophic or other extraordinary medical expenses?		13
14	Is your hospital State or local government owned? If yes answer line 14.01 and 14.02		14
14.01	Do you receive direct financial support from the government entity for the purpose of providing uncompensated care?		14.01
14.02	What percentage of the amount on line 14.01 is from government funding?		14.02
15	Do you receive restricted grants for rendering care to charity patients?		15
16	Are other non-restricted grants used to subsidize charity care?		16
Uncompensated Care Revenues			
17	Revenues from uncompensated care	2,145,843	17
17.01	Gross Medicaid Revenues	19,978,628	17.01
18	Revenues from State and local indigent care programs	53,737	18
19	Revenues related to SCHIP (see instructions)	319,935	19
20	Restricted grants		20
21	Non-restricted grants		21
22	Total Gross Uncompensated Care Revenues	22,498,143	22
Uncompensated Care Costs			
23	Total charges for patients covered by State and local indigent care programs		23
24	Cost to Charge Ratio (Wkst C, Part I, column 3 line 103, divided by column 8, line 103)	0.258279	24
25	Total State and local indigent care program cost (line 23 x line 24)		25
26	Total SCHIP charges from your records	1,726,574	26
27	Total SCHIP cost, (line 24 x line 26)	445,938	27
28	Total gross Medicaid charges from your records	84,693,325	28
29	Total gross Medicaid cost (line 24 x line 28)	21,874,507	29
30	Other uncompensated care charges from your records (see instructions)	57,324,544	30
31	Uncompensated care cost (line 24 x line 30)	14,805,726	31
32	Total uncompensated cost to the hospital (Sum of lines 25, 27, and 29)	22,320,445	32

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES				PROVIDER NO: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 - col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	0100	Old Capital Related Costs-Buildings and Fixtures								1
2	0200	Old Capital Related Costs-Movable Equipment								2
3	0300	New Capital Related Costs-Buildings and Fixtures				8,197,351	8,197,351	-974,996	7,222,355	3
4	0400	New Capital Related Costs-Movable Equipment				7,947,581	7,947,581	-28,070	7,919,511	4
5	0500	Employee Benefits	2,175,946	23,984,018	26,159,964	271,759	26,431,723	-1,152,270	25,279,453	5
6.05	0600	Administrative & General	4,891,818	69,964,017	74,855,835	-15,494,279	59,361,556	-9,085,992	50,275,564	6.05
7	0700	Maintenance and Repairs								7
8	0800	Operation of Plant	2,034,639	5,796,061	7,830,700	659,565	8,490,265	139,719	8,629,984	8
9	0900	Laundry and Linen Service		1,313,238	1,313,238	107,458	1,420,696	134,670	1,555,366	9
10	01000	Housekeeping	1,874,538	1,108,757	2,983,295	-8,377	2,974,918		2,974,918	10
11	1100	Dietary		5,883,708	5,883,708		5,883,708	-898,149	4,985,559	11
12	1200	Cafeteria								12
13	1300	Maintenance of Personnel								13
14	1400	Nursing Administration	3,262,989	505,796	3,768,785	-3,898	3,764,887	-59,195	3,705,692	14
15	1500	Central Services and Supply	1,473,806	1,305,031	2,778,837	-389,792	2,389,045	-250,728	2,138,317	15
16	1600	Pharmacy	5,931,726	11,184,687	17,116,413	-7,818,386	9,298,027	-2,616,327	6,681,700	16
17	1700	Medical Records & Medical Records Library	1,242,161	668,139	1,910,300	101,324	2,011,624	36,596	2,048,220	17
18	1800	Social Service	1,558,860	168,906	1,727,766		1,727,766	-38,913	1,688,855	18
19.00	1900	Other General Service (specify)								19.00
20	2000	Nonphysician Anesthetics				7,742,803	7,742,803	-7,742,803		20
21	2100	Nursing School	1,352,015	512,904	1,864,919	163,015	2,027,934	-1,011,285	1,016,649	21
22	2200	Intern & Res. Service-Salary & Fringes (Approved)								22
23	2300	Intern & Res. Other Program Costs (Approved)								23
24	2400	Paramedical Ed. Program (specify)								24
		INPATIENT ROUTINE SERVICE COST CENTERS								
25	2500	Adults and Pediatrics (General Routine Care)	24,492,913	4,214,258	28,707,171	-1,765,266	26,941,905	-426,046	26,515,859	25
26	2600	Intensive Care Unit	2,648,741	285,895	2,934,636	-28,898	2,905,738		2,905,738	26
27	2700	Coronary Care Unit	2,955,984	346,360	3,302,344	-56,436	3,245,908		3,245,908	27
28	2800	Burn Intensive Care Unit								28
29	2900	Surgical Intensive Care Unit								29
30.15	3000	Neonatal ICU	1,688,882	97,654	1,786,536	-2,746	1,783,790		1,783,790	30.15
31.00	3100	Subprovider								31.00
33	3300	Nursery								33
34	3400	Skilled Nursing Facility								34

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340098			PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 - col. 6)	
			1	2	3	4	5	6	7	
35.00	3500	Nursing Facility								35.00
36	3600	Other Long Term Care								36
		ANCILLARY SERVICE COST CENTERS								
37.05	3700	Operating Room	8,590,415	43,981,973	52,572,388	-33,624,376	18,948,012	-408,991	18,539,021	37.05
37.20	3700	Endoscopy	1,532,921	846,678	2,379,599	-380,654	1,998,945	-321,207	1,677,738	37.20
38	3800	Recovery Room	5,172,645	786,466	5,959,111	692,310	6,651,421	-41,527	6,609,894	38
39.00	3900	Delivery Room and Labor Room								39.00
40.05	4000	Anesthesiology	8,649,734	1,202,847	9,852,581	-7,737,434	2,115,147	-53,274	2,061,873	40.05
41.05	4100	Radiology-Diagnostic	4,529,199	3,258,556	7,787,755	-898,650	6,889,105	-570,221	6,318,884	41.05
41.30	4100	Echocardiography	207,177	62,237	269,414	7,241	276,655	-45,489	231,166	41.30
42.05	4200	Radiology-Therapeutic	1,363,261	546,004	1,909,265	-264,809	1,644,456	-97,812	1,546,644	42.05
43	4300	Radioisotope								43
44.05	4400	Laboratory	2,300,708	5,546,422	7,847,130	154,625	8,001,755	-3,055,270	4,946,485	44.05
45	4500	PBP Clinical Laboratory Services-Program Only								45
46.00	4600	Whole Blood & Packed Red Blood Cells								46.00
47	4700	Blood Storing, Processing, & Trans.								47
48	4800	Intravenous Therapy								48
49.05	4900	Respiratory Therapy	1,642,804	799,020	2,441,824	1,314	2,443,138	-465,896	1,977,242	49.05
50.05	5000	Physical Therapy	1,399,717	140,033	1,539,750	1,061	1,540,811	-56,139	1,484,672	50.05
51	5100	Occupational Therapy								51
52	5200	Speech Pathology								52
53.05	5300	Electrocardiology	180,495	89,195	269,690	43,545	313,235	-52,212	261,023	53.05
53.20	5300	Cardiopulmonary	1,834,125	832,665	2,666,790	3,208	2,669,998	20,063	2,690,061	53.20
53.40	5300	Cardiac Catheterization Laboratory	1,385,442	7,756,325	9,141,767	-6,532,635	2,609,132	-93,105	2,516,027	53.40
54	5400	Electroencephalography								54
55	5500	Medical Supplies Charged to Patients				6,875,736	6,875,736		6,875,736	55
55.30	5530	Implantable Devices Charged to Patients				32,525,994	32,525,994		32,525,994	55.30
56	5600	Drugs Charged to Patients				9,142,339	9,142,339	-13,432	9,128,907	56
57	5700	Renal Dialysis								57
58	5800	ASC (Non-Distinct Part)								58
59.00	5900	Other Ancillary (specify)								59.00
		OUTPATIENT SERVICE COST CENTERS								
60.00	6000	Clinic								60.00
61	6100	Emergency	7,793,747	3,292,359	11,086,106	105,307	11,191,413	-309,824	10,881,589	61
62.00	6200	Observation Beds								62.00
63.00		Other Outpatient Service (specify)								63.00
		OTHER REIMBURSABLE COST CENTERS								

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			PROVIDER NO: 340098			PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 + col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 - col. 6)	
			1	2	3	4	5	6	7	
64	6400	Home Program Dialysis								64
65	6500	Ambulance Services								65
66.00	6600	Durable Medical Equipment-Rented								66.00
67.00	6700	Durable Medical Equipment-Sold								67.00
68	6800	Other Reimbursable (specify)								68
69.00	6900	Outpatient Rehabilitation Provider (specify)								69.00
70	7000	Intern-Resident Service (not appvd. tchng. prgm.)								70
71	7100	Home Health Agency								71
		SPECIAL PURPOSE COST CENTERS								
82	8200	Lung Acquisition								82
83	8300	Kidney Acquisition								83
84	8400	Livery Acquisition								84
85.00	8500	Heart Acquisition								85.00
86	8600	Other Organ Acquisition (specify)								86
88	8800	Interest Expense								88
89	8900	Utilization Review-SNF								89
90	9000	Other Capital-Related Costs (see instructions)								90
92	9200	Ambulatory Surgical Center (Distinct Part)								92
93	9300	Hospice								93
94	9400	Other Special Purpose (specify)								94
95		SUBTOTALS (sum of lines 1-94)	104,167,408	196,480,209	300,647,617	-263,100	300,384,517	-29,538,125	270,846,392	95
		NONREIMBURSABLE COST CENTERS								
96	9600	Gift, Flower, Coffee Shop, & Canteen	53,282	258,857	312,139		312,139		312,139	96
97	9700	Research								97
98	9800	Physicians' Private Offices		687	687	263,100	263,787		263,787	98
99	9900	Nonpaid Workers								99
100		Other Nonreimbursable (specify)	344,508	70,233	414,741		414,741		414,741	100
101		TOTAL (sum of lines 95-100)	104,565,198	196,809,986	301,375,184		301,375,184	-29,538,125	271,837,059	101

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ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET A7 Parts 1 & 2

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	1,512,842	2,000		2,000		1,514,842		1
2	Land Improvements	13,708,665	290,860		290,860		13,999,525	2,269,509	2
3	Buildings and Fixtures	121,289,400	151,460,477		151,460,477		272,749,877	34,689,766	3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	93,036,954	21,874,544		21,874,544	2,819,164	112,092,334	46,952,003	6
7	Subtotal (sum of lines 1-6)	229,547,861	173,627,881		173,627,881	2,819,164	400,356,578	83,911,278	7
8	Reconciling Items								8
9	Total (line 7 minus line 8)	229,547,861	173,627,881		173,627,881	2,819,164	400,356,578	83,911,278	9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements								2
3	Buildings and Fixtures								3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment								6
7	Subtotal (sum of lines 1-6)								7
8	Reconciling Items								8
9	Total (line 7 minus line 8)								9

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[Record code 269571 - 1996]

RECONCILIATION OF CAPITAL COSTS CENTERS	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET A7, PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

Description		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instru.)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5-7)	
		1	2	3	4	5	6	7	8	
1	Old Capital Related Costs-Buildings and Fixtures									1
2	Old Capital Related Costs-Movable Equipment									2
3	New Capital Related Costs-Buildings and Fixtures	288,264,244		288,264,244						3
4	New Capital Related Costs-Movable Equipment	112,092,334		112,092,334						4
5	Total (sum of lines 1-4)	400,356,578		400,356,578						5

Description *		SUMMARY OF OLD AND NEW CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instru.)	Taxes (see instru.)	Other Capital-Related Costs (see instru.)	Total (1) (sum of cols. 9-14)	
		9	10	11	12	13	14	15	
1	Old Capital Related Costs-Buildings and Fixtures								1
2	Old Capital Related Costs-Movable Equipment								2
3	New Capital Related Costs-Buildings and Fixtures	6,512,569						7,222,355	3
4	New Capital Related Costs-Movable Equipment	6,602,393	1,013,418					7,919,511	4
5	Total (sum of lines 1-4)	13,114,962	1,013,418					15,141,856	5

(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related Worksheet A-6 reclassificatons, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

Description *		SUMMARY OF OLD AND NEW CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instru.)	Taxes (see instru.)	Other Capital-Related Costs (see instru.)	Total (1) (sum of cols. 9-14)	
		9	10	11	12	13	14	15	
1	Old Capital Related Costs-Buildings and Fixtures								1
2	Old Capital Related Costs-Movable Equipment								2
3	New Capital Related Costs-Buildings and Fixtures								3
4	New Capital Related Costs-Movable Equipment								4
5	Total (sum of lines 1-4)								5

(1) The amount in columns 9 thru 14 must equal the amount on Worksheet A, column 2, lines 1 thru 4. Enter in each column the approporiate amounts including any directly assigned cost which may have been included in Worksheet A, column 2, lines 1 thru 4. All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.

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	ADJUSTMENTS TO EXPENSES	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010		WORKSHEET A-8	
	DESCRIPTION (1)	(2)		Epense Classification on Worksheet A to/from which the amount is to be adjusted	Wkst. A-7 Ref.	
		BASIS/CODE	AMOUNT	COST CENTER	LINE #	
		1	2	3	4	5
1	Investment income - old buildings and fixtures (chapter 2)					1
2	Investment income - old movable equipment (chapter 2)					2
3	Investment income - new buildings and fixtures (chapter 2)		-933,057			3
4	Investment income - new movable equipment (chapter 2)					4
5	Investment income - other (chapter 2)					5
6	Trade, quantity, and time discounts (chapter 8)					6
7	Refunds and rebates of expenses (chapter 8)					7
8	Rental of provider space by suppliers (chapter 8)					8
9	Telephone services (pay stations excluded) (chapter 21)		-13,929			9
10	Television and radio service (chapter 21)		-28,070			10
11	Parking lot (chapter 21)		-12,858			11
12	Provider-based physician adjustment		-115,766			12
13	Sale of scrap, waste, etc. (chapter 23)					13
14	Related organization transactions (chapter 10)		-5,078,795			14
15	Laundry and linen service					15
16	Cafeteria-employees and guests					16
17	Rental of quarters to employee and others					17
18	Sale of medical and surgical supplies to other than patients					18
19	Sale of drugs to other than patients					19
20	Sale of medical records and abstracts					20
21	Nursing school (tuition, fees, books, etc.)					21
22	Vending machines					22
23	Income from imposition of interest, finance or penalty charges (chapter 21)					23
24	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments					24
25	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)					25
26	Adjustment for physical therapy costs in excess of limitation (chapter 14)					26
27	Adjustment for HHA physical therapy costs in excess of limitation					27
28	Utilization review - physicians' compensation (chapter 21)					28
29	Depreciation - old buildings and fixtures					29
30	Depreciation - old movable equipment					30
31	Depreciation - new buildings and fixtures					31
32	Depreciation - new movable equipment					32
33	Non-physician Anesthetist		-7,742,803			33
34	Physicians' assistant					34
35	Adjustment for occupational therapy costs in excess of limitation (chapter 14)					35
36	Adjustment for speech pathology costs in excess of limitation (chapter 14)					36
37	Other adjustments (specify) (3)		-15,612,847			37
50	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 101.)		-29,538,125			50

(1) Description - all chapter references in this column pertain to HCFA Pub. 15-I. (2) Basis for adjustment (see instructions). A. Costs - if cost, including applicable overhead, can be determined. B. Amount Received - if cost cannot be determined. (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof. Note:See instructions for column 5 referencing to Worksheet A-7.

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Statement of Costs of Services from Related Organizations and Home Office Costs	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET A-8-1 Part A

A. Costs incurred and adjustments required as a result of transactions with related organizations or the claiming of home office costs:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A, column 5	Net Adjustments (col.4 - col.5) *	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	5		HOME OFFICE COST	3,067,357	2,390,509	676,848		1
2	6		HOME OFFICE COST	39,611,504	42,411,586	-2,800,082		2
3	8		HOME OFFICE COST	1,148,306	1,008,587	139,719		3
4.00	9		HOME OFFICE COST	1,555,365	1,420,695	134,670		4.00
4.01	11		HOME OFFICE COST	15,530	12,784	2,746		4.01
4.02	14		HOME OFFICE COST	62,202	120,998	-58,796		4.02
4.03	15		HOME OFFICE COST	59,141	46,573	12,568		4.03
4.04	16		HOME OFFICE COST	50,102	54,262	-4,160		4.04
4.05	17		HOME OFFICE COST	731,798	613,508	118,290		4.05
4.06	18		HOME OFFICE COST	29,315	58,662	-29,347		4.06
4.07	21		HOME OFFICE COST	195,439	274,047	-78,608		4.07
4.08	25		HOME OFFICE COST	142,496	184,242	-41,746		4.08
4.09	37		HOME OFFICE COST	408,195	527,449	-119,254		4.09
4.10	38		HOME OFFICE COST	40,918	73,436	-32,518		4.10
4.11	41		HOME OFFICE COST	6,835	6,087	748		4.11
4.12	44		HOME OFFICE COST	64,780	62,859	1,921		4.12
4.13	49		HOME OFFICE COST	147,867	206,148	-58,281		4.13
4.14	50		HOME OFFICE COST	21,013	41,823	-20,810		4.14
4.15	53		HOME OFFICE COST	61,174	107,844	-46,670		4.15
4.16	59		HOME OFFICE COST	2,577	2,226	351		4.16
4.17	61		HOME OFFICE COST	342,114	631,023	-288,909		4.17
4.18	25		DETOX UNIT	216,246	361,032	-144,786		4.18
4.19	16		ROBOTICS SVCS	1,429,388	4,037,559	-2,608,171		4.19
4.20	49		SLEEP SVCS	184,761	114,125	70,636		4.20
4.21	53		SLEEP SVCS	340,550	210,375	130,175		4.21
4.22	50		CPTN	49,331	84,660	-35,329		4.22
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 14.			49,984,304	55,063,099	-5,078,795		5

*The amounts on lines 1-4 and subscripts as appropriate are transfered in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost.For related organizational or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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Statement of Costs of Services from Related Organizations and Home Office Costs	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET A-8-1 Part B

B. Interrelationship to related organization(s) and/or home office:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet. This information is used by the Health Care Financing Administration and its intermediaries in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act.If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

				Related Organization(s) and/or Home Office			
	Symbol (1)	Name	Percentage of Ownership		Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
1	B	CAROLINAS HEALTHCARE SYST	100				1
2							2
3							3
4							4
	(1) Use the following symbols to indicate interrelationship to related organizations:						
		A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.					
		B. Corporation, partnership, or other organization has financial interest in provider.					
		C. Provider has financial interest in corporation, partnership, or other organization.					
		D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.					
		E. Individual is director, officer, administrator, or key person of provider and related organization.					
		F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.					
		G. Other (financial or non-financial) specify _____					

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wksht. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures	7,222,355			7,222,355							3
4	New Capital Related Costs-Movable Equipment	7,919,511				7,919,511						4
5	Employee Benefits	25,279,453			17,392		25,296,845					5
6.05	Administrative & General	50,275,564			192,972	1,058,621	1,846,602	53,373,759	53,373,759			6.05
7	Maintenance and Repairs											7
8	Operation of Plant	8,629,984			194,026	24,038	531,592	9,379,640	2,291,587		11,671,227	8
9	Laundry and Linen Service	1,555,366						1,555,366	379,999			9
10	Housekeeping	2,974,918			279,739	4,676	489,762	3,749,095	915,960		469,459	10
11	Dietary	4,985,559			537,619	52,335		5,575,513	1,362,181		902,235	11
12	Cafeteria											12
13	Maintenance of Personnel											13
14	Nursing Administration	3,705,692			61,422	463,460	852,525	5,083,099	1,241,877		210,057	14
15	Central Services and Supply	2,138,317			499,606	200,400	385,063	3,223,386	787,522		838,442	15
16	Pharmacy	6,681,700			175,300	129,307	1,481,402	8,467,709	2,068,788		294,189	16
17	Medical Records and Medical Records Library	2,048,220			136,124	10,762	324,541	2,519,647	615,588		228,444	17
18	Social Service	1,688,853			33,945	6,050	407,285	2,136,133	521,889		85,016	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School	1,016,649				25,694	396,537	1,438,880	351,540			21
22	Intern &Res. Service-Salary &Fringes (Approved)											22
23	Intern &Res. Other Program Costs (Approved)											23
24	Paramedical Ed. Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	26,515,859			1,655,711	545,177	6,217,805	34,934,552	8,534,934		2,822,193	25
26	Intensive Care Unit	2,905,738			141,979	217,579	684,175	3,949,471	964,915		238,270	26

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
27	Coronary Care Unit	3,245,908			193,359	53,860	758,790	4,251,917	1,038,807		324,496	27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30.15	Neonatal ICU	1,783,790			19,685	17,651	440,538	2,261,664	552,558		33,035	30.15
31.00	Subprovider											31.00
33	Nursery											33
34	Skilled Nursery Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	18,539,021			1,016,119	1,889,501	2,243,461	23,688,102	5,787,359		1,705,258	37.05
37.20	Endoscopy	1,677,738			79,987	307,097	400,508	2,465,330	602,317		134,234	37.20
38	Recovery Room	6,609,894			155,184	48,927	1,517,586	8,331,591	2,035,533		291,227	38
39.00	Delivery Room and Labor Room											39.00
40.05	Anesthesiology	2,061,873			46,688	168,921	236,955	2,514,437	614,315		78,352	40.05
41.05	Radiology-Diagnostic	6,318,884			353,419	1,341,585	1,183,349	9,197,237	2,247,023		593,110	41.05
41.30	Echocardiography	231,166				5,639	54,129	290,934	71,080			41.30
42.05	Radiology-Therapeutic	1,546,644			55,610	183,889	356,180	2,142,323	523,402		93,325	42.05
43	Radioisotope											43
44.05	Laboratory	4,946,485			213,065	50,046	601,109	5,810,705	1,419,642		357,567	44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy	1,977,242			51,714	186,238	429,217	2,644,411	646,069		86,786	49.05
50.05	Physical Therapy	1,484,672			21,299	2,943	365,705	1,874,619	457,998		55,630	50.05
51	Occupational Therapy											51
52	Speech Pathology											52
53.05	Electrocardiology	261,023				42,110	47,158	350,291	85,581			53.05
53.20	Cardiopulmonary	2,690,061			40,166	132,316	479,203	3,341,746	816,439		67,406	53.20

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COST ALLOCATION - GENERAL SERVICE COSTS							PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
53.40	Cardiac Catheterization Laboratory	2,516,027			88,123	645,143	361,976	3,611,269	882,287		147,889	53.40
54	Electroencephalography											54
55	Medical Supplies Charged to Patients	6,875,736						6,875,736	1,679,845			55
55.30	Implantable Devices Charged to Patients	32,525,994						32,525,994	7,946,588			55.30
56	Drugs Charged to Patients	9,128,907						9,128,907	2,230,329			56
57	Renal Dialysis											57
58	ASAC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59.00
	OUTPATIENT SERVICE COST CENTERS											
60.00	Clinic											60.00
61	Emergency	10,881,589			378,818	103,091	2,031,375	13,394,873	3,272,568		635,735	61
62.00	Observation Beds											62.00
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66.00	Durable Medical Equipment-Rented											66.00
67.00	Durable Medical Equipment-Sold											67.00
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not apprvd. tching. prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93

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COST CENTER DESCRIPTIONS		NET EXPENSES FOR COST ALLOCATION (from Wkst. A, col. 7)	OLD CAPITAL RELATED COSTS		NEW CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-5)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT	BLDGS. & FIXTURES	MOVABLE EQUIPMENT						
		0	1	2	3	4	5	5a	6	7	8	
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	270,846,392			6,639,071	7,917,056	25,124,528	270,088,336	52,946,520		10,692,355	95
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, &Canteen	312,139			38,885	377	13,921	365,322	89,254		65,257	96
97	Research											97
98	Physicians' Private Offices	263,787			200,430	379	68,386	532,982	130,215		336,363	98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)	414,741			343,969	1,699	90,010	850,419	207,770		577,252	100
101	Cross Foot Adjustments											101
102	Negative Cost Centers											102
103	Total (sum of lines 95-102)	271,837,059			7,222,355	7,919,511	25,296,845	271,837,059	53,373,759		11,671,227	103

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures											3
4	New Capital Related Costs-Movable Equipment											4
5	Employee Benefits											5
6.05	Administrative & General											6.05
7	Maintenance and Repairs											7
8	Operation of Plant											8
9	Laundry and Linen Service	1,935,365										9
10	Housekeeping	8,942	5,143,456									10
11	Dietary	414,275	8,254,204									11
12	Cafeteria			5,176,579	5,176,579							12
13	Maintenance of Personnel											13
14	Nursing Administration		96,451		140,541		6,772,025					14
15	Central Services and Supply	16,645	384,983		147,233			5,398,211				15
16	Pharmacy	2,279	135,081		230,888			25,131	11,224,065			16
17	Medical Records and Medical Records Library		104,894		110,425			22		3,579,020		17
18	Social Service		39,037		87,001			23	1,468		2,870,567	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School							261				21
22	Intern &Res. Service-Salary &Fringes (Approved)											22
23	Intern &Res. Other Program Costs (Approved)											23
24	Paramedical Ed. Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	693,887	1,295,852	2,312,179	1,422,137		2,938,762	153,306	5,833	266,995	935,231	25
26	Intensive Care Unit	91,121	109,405	137,743	133,848		288,852	21,438	236	33,643	134,917	26

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
27	Coronary Care Unit	101,621	148,997	168,290	153,925		334,497	27,279		45,096	181,994	27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30.15	Neonatal ICU	12,361	15,168		63,578		139,319	4,521	1,867	16,821	68,032	30.15
31.00	Subprovider											31.00
33	Nursery											33
34	Skilled Nursery Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	269,346	782,994		475,161		1,111,939	644,598	63,419	502,494		37.05
37.20	Endoscopy	11,275	61,636		70,270		181,591	21,658	53	36,148		37.20
38	Recovery Room	77,218	133,721		327,928		711,572	40,674	1,779	117,034		38
39.00	Delivery Room and Labor Room											39.00
40.05	Anesthesiology		35,976		36,808		80,041	86,514	1,262	355,755		40.05
41.05	Radiology-Diagnostic	144,427	272,335		230,888			50,680		568,350		41.05
41.30	Echocardiography				6,692			304		11,453		41.30
42.05	Radiology-Therapeutic	24,655	42,851		56,885			2,154		77,665		42.05
43	Radioisotope											43
44.05	Laboratory	245	164,182		140,541			5,734		279,521		44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy		39,849		73,617			11,722	212,399	31,137		49.05
50.05	Physical Therapy	25,161	25,543		73,617			417		21,832		50.05
51	Occupational Therapy											51
52	Speech Pathology											52
53.05	Electrocardiology				10,039			324	506	7,516		53.05
53.20	Cardiopulmonary	8,416	30,951		107,079			10,821	87,214	53,327		53.20

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
53.40	Cardiac Catheterization Laboratory	14,767	67,905		66,924			87,989		119,181		53.40
54	Electroencephalography											54
55	Medical Supplies Charged to Patients							703,669		73,012		55
55.30	Implantable Devices Charged to Patients							3,332,196		348,954		55.30
56	Drugs Charged to Patients							62,698	9,483,097	227,626		56
57	Renal Dialysis											57
58	ASAC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59.00
	OUTPATIENT SERVICE COST CENTERS											
60.00	Clinic											60.00
61	Emergency	261,105	291,907		378,121		985,452	103,811	31,274	385,460	1,550,393	61
62.00	Observation Beds											62.00
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66.00	Durable Medical Equipment-Rented											66.00
67.00	Durable Medical Equipment-Sold											67.00
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not apprvd. tching. prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93

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COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	MAIN-TENANCE OF PERSONNEL	NURSING ADMINIS-TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & MEDICAL LIBRARY	SOCIAL SERVICE	
		9	10	11	12	13	14	15	16	17	18	
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	1,763,471	4,693,993	7,794,791	4,544,146		6,772,025	5,397,944	9,890,407	3,579,020	2,870,567	95
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, &Canteen		29,964		6,692							96
97	Research											97
98	Physicians' Private Offices	99,576	154,446		354,698			136	1,322,346			98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)	72,318	265,053	459,413	271,043			131	11,312			100
101	Cross Foot Adjustments											101
102	Negative Cost Centers											102
103	Total (sum of lines 95-102)	1,935,365	5,143,456	8,254,204	5,176,579		6,772,025	5,398,211	11,224,065	3,579,020	2,870,567	103

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I	
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures										3
4	New Capital Related Costs-Movable Equipment										4
5	Employee Benefits										5
6.05	Administrative & General										6.05
7	Maintenance and Repairs										7
8	Operation of Plant										8
9	Laundry and Linen Service										9
10	Housekeeping										10
11	Dietary										11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration										14
15	Central Services and Supply										15
16	Pharmacy										16
17	Medical Records and Medical Records Library										17
18	Social Service										18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School			1,790,681							21
22	Intern &Res. Service-Salary &Fringes (Approved)										22
23	Intern &Res. Other Program Costs (Approved)										23
24	Paramedical Ed. Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)			1,344,802				57,660,663		57,660,663	25
26	Intensive Care Unit			121,766				6,225,625		6,225,625	26

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COST ALLOCATION - GENERAL SERVICE COSTS			PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
	COST CENTER DESCRIPTIONS	OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
27	Coronary Care Unit			179,068				6,955,987		6,955,987	27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.15	Neonatal ICU			5,372				3,174,296		3,174,296	30.15
31.00	Subprovider										31.00
33	Nursery										33
34	Skilled Nursery Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room			53,720				35,084,390		35,084,390	37.05
37.20	Endoscopy							3,584,512		3,584,512	37.20
38	Recovery Room			5,372				12,073,649		12,073,649	38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology							3,803,460		3,803,460	40.05
41.05	Radiology-Diagnostic							13,304,050		13,304,050	41.05
41.30	Echocardiography							380,463		380,463	41.30
42.05	Radiology-Therapeutic							2,963,260		2,963,260	42.05
43	Radioisotope										43
44.05	Laboratory							8,178,137		8,178,137	44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy							3,745,990		3,745,990	49.05
50.05	Physical Therapy							2,534,817		2,534,817	50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology							454,257		454,257	53.05
53.20	Cardiopulmonary							4,523,399		4,523,399	53.20

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COST ALLOCATION - GENERAL SERVICE COSTS			PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B. PART I			
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
53.40	Cardiac Catheterization Laboratory			35,814				5,034,025		5,034,025	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients							9,332,262		9,332,262	55
55.30	Implantable Devices Charged to Patients							44,153,732		44,153,732	55.30
56	Drugs Charged to Patients							21,132,657		21,132,657	56
57	Renal Dialysis										57
58	ASAC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.00	Clinic										60.00
61	Emergency			44,767				21,335,466		21,335,466	61
62.00	Observation Beds										62.00
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not apprvd. tching. prgm.)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93

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COST ALLOCATION - GENERAL SERVICE COSTS						PROVIDER NO.: 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS		OTHER GENERAL SERVICE	NON-PHYSICIAN ANES-THETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY & FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARA-MEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST &POST STEPDOWN ADJUSTMENTS	TOTAL	
		19	20	21	22	23	24	25	26	27	
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)			1,790,681				265,635,097		265,635,097	95
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, &Canteen							556,489		556,489	96
97	Research										97
98	Physicians' Private Offices							2,930,762		2,930,762	98
99	Nonpaid Workers										99
100	Other Nonreimbursable (specify)							2,714,711		2,714,711	100
101	Cross Foot Adjustments										101
102	Negative Cost Centers										102
103	Total (sum of lines 95-102)			1,790,681				271,837,059		271,837,059	103

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340098		PERIOD. FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures			671,067							3
4	New Capital Related Costs-Movable Equipment				7,643,881						4
5	Employee Benefits			1,616		96,822,240					5
6.05	Administrative & General			17,930	1,021,777	7,067,765		218,462,880			6.05
7	Maintenance and Repairs										7
8	Operation of Plant			18,028	23,201	2,034,638		9,379,641		646,187	8
9	Laundry and Linen Service							1,555,365			9
10	Housekeeping			25,992	4,513	1,874,536		3,749,094		25,991	10
11	Dietary			49,953	50,514			5,575,511		49,952	11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration			5,707	447,330	3,262,991		5,083,097		11,629	14
15	Central Services and Supply			46,421	193,425	1,473,806		3,223,387		46,421	15
16	Pharmacy			16,288	124,807	5,669,982		8,467,708		16,288	16
17	Medical Records & Medical Records Library			12,648	10,387	1,242,162		2,519,648		12,647	17
18	Social Service			3,154	5,839	1,558,860		2,136,131		4,706	18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School				24,800	1,517,723		1,438,880			21
22	Intern & Res. Service-Salary & Fringes (Approved)										22
23	Intern & Res. Other Program Costs (Approved)										23
24	Paramedical Education Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)			153,841	526,203	23,798,298		34,934,140		156,253	25
26	Intensive Care Unit			13,192	210,006	2,618,641		3,949,471		13,192	26

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
27	Coronary Care Unit			17,966	51,985	2,904,226		4,251,916		17,965	27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.15	Neonatal ICU			1,829	17,037	1,686,134		2,261,662		1,829	30.15
31.00	Subprovider										31.00
33	Nursery										33
34	Skilled Nursing Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room			94,413	1,823,740	8,586,720		23,688,104		94,413	37.05
37.20	Endoscopy			7,432	296,409	1,532,921		2,465,329		7,431	37.20
38	Recovery Room			14,419	47,224	5,808,474		8,331,592		16,124	38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology			4,338	163,042	906,931		2,514,438		4,338	40.05
41.05	Radiology-Diagnostic			32,838	1,294,892	4,529,201		9,197,237		32,838	41.05
41.30	Echocardiography				5,443	207,175		290,935			41.30
42.05	Radiology-Therapeutic			5,167	177,489	1,363,258		2,142,324		5,167	42.05
43	Radioisotope										43
44.05	Laboratory			19,797	48,304	2,300,710		5,810,703		19,796	44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy			4,805	179,756	1,642,803		2,644,410		4,804	49.05
50.05	Physical Therapy			1,979	2,841	1,399,715		1,874,620		3,080	50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology				40,644	180,494		350,289			53.05
53.20	Cardiopulmonary			3,732	127,711	1,834,122		3,341,747		3,731	53.20

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
53.40	Cardiac Catheterization Laboratory			8,188	622,689	1,285,442		3,611,268		8,187	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients							6,875,734			55
55.30	Implantable Devices Charged to Patients							32,525,994			55.30
56	Drugs Charged to Patients							9,128,907			56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.00	Clinic										60.00
61	Emergency			35,198	99,503	7,774,973		13,394,871		35,197	61
62.00	Observation Beds										
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not apprvd. tchng. prgm.)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1	
COST CENTER DESCRIPTIONS		Old Capital Related Cost		New Capital Related Cost							
		Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Bldgs. & Fixtures (SQ FT)	Movable Equipment (Dollar Value)	Employee benefits (gross salaries)	Reconcil-iation	Administrative & General (accum cost)	Maintenance & Repairs (Sq. Ft)	Operation of Plant (Sq Ft)	
		1	2	3	4	5	6A	6	7	8	
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)			616,871	7,641,511	96,162,712		216,714,160		591,991	95
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, & Canteen			3,613	364	53,281		365,323		3,613	96
97	Research										97
98	Physicians' Private Offices			18,623	366	261,743		532,979		18,623	98
99	Nonpaid Workers										99
100	Other Nonreimbursable (specify)			31,960	1,640	344,508		850,417		31,960	100
101	Cross foot adjustments										101
102	Negative cost centers										102
103	Cost to be allocated (per Wkst. B, Part I)			7,222,355	7,919,511	25,296,845		53,373,759		11,671,227	103
104	Unit cost multiplier (Wkst. B, Part I)			10.762495	1.036059	0.261271		0.244315		18.061686	104
105	Cost to be allocated (per Wkst. B, Part II)										105
106	Unit cost multiplier (Wkst. B, Part II)										106
107	Cost to be allocated (per Wkst. B, Part III)										107
108	Unit cost multiplier (Wkst. B, Part III)										108

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MERCY HOSPITALS INC. - CHARLOTTE, NC
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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
	GENERAL SERVICE COST CENTERS											
1	Old Capital Related Costs-Buildings and Fixtures											1
2	Old Capital Related Costs-Movable Equipment											2
3	New Capital Related Costs-Buildings and Fixtures											3
4	New Capital Related Costs-Movable Equipment											4
5	Employee Benefits											5
6.05	Administrative & General											6.05
7	Maintenance and Repairs											7
8	Operation of Plant											8
9	Laundry and Linen Service	2,468,615										9
10	Housekeeping	11,405	620,195									10
11	Dietary		49,953	975,994								11
12	Cafeteria			612,089	1,547							12
13	Maintenance of Personnel											13
14	Nursing Administration		11,630		42		1,946,795					14
15	Central Services and Supply	21,231	46,421		43			52,692,716				15
16	Pharmacy	2,906	16,287		68			245,307	9,807,165			16
17	Medical Records & Medical Records Library		12,648		33			214		10,000		17
18	Social Service		4,707		25			224	1,282		10,000	18
19.00	Other General Service (specify)											19.00
20	Nonphysician Anesthetists											20
21	Nursing School							2,547				21
22	Intern & Res. Service-Salary & Fringes (Approved)											22
23	Intern & Res. Other Program Costs (Approved)											23
24	Paramedical Education Program (specify)											24
	INPATIENT ROUTINE SERVICE COST CENTERS											
25	Adults and Pediatrics (General Routine Care)	885,073	156,253	273,397	424		844,824	1,496,442	5,096	746	3,258	25
26	Intensive Care Unit	116,227	13,191	16,287	39		83,038	209,259	206	94	470	26

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
27	Coronary Care Unit	129,620	17,965	19,898	45		96,159	266,274		126	634	27
28	Burn Intensive Care Unit											28
29	Surgical Intensive Care Unit											29
30.15	Neonatal ICU	15,766	1,828		19		40,050	44,130	1,631	46	236	30.15
31.00	Subprovider											31.00
33	Nursery											33
34	Skilled Nursing Facility											34
35.00	Nursing Facility											35.00
36	Other Long Term Care											36
	ANCILLARY SERVICE COST CENTERS											
37.05	Operating Room	343,558	94,412		141		319,655	6,292,014	55,413	1,403		37.05
37.20	Endoscopy	14,381	7,432		20		52,203	211,406	46	100		37.20
38	Recovery Room	98,493	16,124		97		204,560	397,024	1,554	327		38
39.00	Delivery Room and Labor Room											39.00
40.05	Anesthesiology		4,337		10		23,009	844,475	1,102	994		40.05
41.05	Radiology-Diagnostic	184,220	32,838		68			494,694		1,588		41.05
41.30	Echocardiography				1			2,967		32		41.30
42.05	Radiology-Therapeutic	31,448	5,166		16			21,025		217		42.05
43	Radioisotope											43
44.05	Laboratory	312	19,796		42			55,970		780		44.05
45	PBP Clinical Laboratory Services-Program Only											45
46.00	Whole Blood & Packed Red Blood Cells											46.00
47	Blood Storing, Processing, & Trans.											47
48	Intravenous Therapy											48
49.05	Respiratory Therapy		4,804		22			114,420	185,586	86		49.05
50.05	Physical Therapy	32,093	3,079		22			4,070		60		50.05
51	Occupational Therapy											51
52	Speech Pathology											52
53.05	Electrocardiology				3			3,162	442	21		53.05
53.20	Cardiopulmonary	10,734	3,732		32			105,625	76,204	148		53.20

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
53.40	Cardiac Catheterization Laboratory	18,835	8,187		19			858,873		332		53.40
54	Electroencephalography											54
55	Medical Supplies Charged to Patients							6,868,615		203		55
55.30	Implantable Devices Charged to Patients							32,526,046		974		55.30
56	Drugs Charged to Patients							612,004	8,285,972	636		56
57	Renal Dialysis											57
58	ASC (Non-Distinct Part)											58
59.00	Other Ancillary (specify)											59.00
	OUTPATIENT SERVICE COST CENTERS											
60.00	Clinic											60.00
61	Emergency	333,047	35,197		112		283,293	1,013,314	27,326	1,076	5,400	61
62.00	Observation Beds											
63.00	Other Outpatient Service (specify)											63.00
	OTHER REIMBURSABLE COST CENTERS											
64	Home Program Dialysis											64
65	Ambulance Services											65
66.00	Durable Medical Equipment-Rented											66.00
67.												67.
68	Other Reimbursable (specify)											68
69.00	Outpatient Rehabilitation Provider (specify)											69.00
70	Intern-Resident Service (not appvd. tchng. prgm.)											70
71	Home Health Agency											71
	SPECIAL PURPOSE COST CENTERS											
82	Lung Acquisition											82
83	Kidney Acquisition											83
84	Liver Acquisition											84
85.00	Heart Acquisition											85.00
86	Other Organ Acquisition (specify)											86
92	Ambulatory Surgical Center (Distinct Part)											92
93	Hospice											93

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COST ALLOCATION - STATISTICAL BASIS						PROVIDER NO.340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Laundry & Linen Service (LB of Laundry)	Housekeeping (HRs of Service)	Dietary (Meals Served)	Cafeteria (Meals Served)	Maintenance of Personnel (Number Housed)	Nursing Admin ((Direct Nursing Hrs)	Central Services & Supply (Costed Req)	Pharmacy (Costed Req)	Medical Records & Libry (Time Spent)	Social Service (Time Spent)	
		9	10	11	12	13	14	15	16	17	18	
94	Other Special Purpose (specify)											94
95	SUBTOTALS (sum of lines 1-94)	2,249,359	565,999	921,672	1,358		1,946,795	52,690,112	8,641,864	10,000	10,000	95
	NONREIMBURSABLE COST CENTERS											
96	Gift, Flower, Coffee Shop, & Canteen		3,613		1							96
97	Research											97
98	Physicians' Private Offices	127,012	18,623		106			1,327	1,155,416			98
99	Nonpaid Workers											99
100	Other Nonreimbursable (specify)	92,243	31,958	54,321	81			1,278	9,883			100
101	Cross foot adjustments											101
102	Negative cost centers											102
103	Cost to be allocated (per Wkst. B, Part I)	1,935,365	5,143,456	8,254,204	5,176,579		6,772,025	5,398,211	11,224,065	3,579,020	2,870,567	103
104	Unit cost multiplier (Wkst. B, Part I)	0.783988	8.293288	8.457220	3,346.20		3.478549	0.102447	1.144476	357.902008	287.056702	104
105	Cost to be allocated (per Wkst. B, Part II)											105
106	Unit cost multiplier (Wkst. B, Part II)											106
107	Cost to be allocated (per Wkst. B, Part III)											107
108	Unit cost multiplier (Wkst. B, Part III)											108

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
	GENERAL SERVICE COST CENTERS										
1	Old Capital Related Costs-Buildings and Fixtures										1
2	Old Capital Related Costs-Movable Equipment										2
3	New Capital Related Costs-Buildings and Fixtures										3
4	New Capital Related Costs-Movable Equipment										4
5	Employee Benefits										5
6.05	Administrative & General										6.05
7	Maintenance and Repairs										7
8	Operation of Plant										8
9	Laundry and Linen Service										9
10	Housekeeping										10
11	Dietary										11
12	Cafeteria										12
13	Maintenance of Personnel										13
14	Nursing Administration										14
15	Central Services and Supply										15
16	Pharmacy										16
17	Medical Records & Medical Records Library										17
18	Social Service										18
19.00	Other General Service (specify)										19.00
20	Nonphysician Anesthetists										20
21	Nursing School			1,000							21
22	Intern & Res. Service-Salary & Fringes (Approved)										22
23	Intern & Res. Other Program Costs (Approved)										23
24	Paramedical Education Program (specify)										24
	INPATIENT ROUTINE SERVICE COST CENTERS										
25	Adults and Pediatrics (General Routine Care)			751							25
26	Intensive Care Unit			67							26

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
27	Coronary Care Unit			99							27
28	Burn Intensive Care Unit										28
29	Surgical Intensive Care Unit										29
30.15	Neonatal ICU										30.15
31.00	Subprovider										31.00
33	Nursery										33
34	Skilled Nursing Facility										34
35.00	Nursing Facility										35.00
36	Other Long Term Care										36
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room			29							37.05
37.20	Endoscopy										37.20
38	Recovery Room			2							38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology										40.05
41.05	Radiology-Diagnostic										41.05
41.30	Echocardiography										41.30
42.05	Radiology-Therapeutic										42.05
43	Radioisotope										43
44.05	Laboratory										44.05
45	PBP Clinical Laboratory Services-Program Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy										49.05
50.05	Physical Therapy										50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology										53.05
53.20	Cardiopulmonary										53.20

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
COST CENTER DESCRIPTIONS		Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
53.40	Cardiac Catheterization Laboratory			20							53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients										55
55.30	Implantable Devices Charged to Patients										55.30
56	Drugs Charged to Patients										56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.00	Clinic										60.00
61	Emergency			24							61
62.00	Observation Beds										
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
69.00	Outpatient Rehabilitation Provider (specify)										69.00
70	Intern-Resident Service (not appvd. tchng. prgm.)										70
71	Home Health Agency										71
	SPECIAL PURPOSE COST CENTERS										
82	Lung Acquisition										82
83	Kidney Acquisition										83
84	Liver Acquisition										84
85.00	Heart Acquisition										85.00
86	Other Organ Acquisition (specify)										86
92	Ambulatory Surgical Center (Distinct Part)										92
93	Hospice										93

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COST ALLOCATION - STATISTICAL BASIS					PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET B-1		
	COST CENTER DESCRIPTIONS	Other General Service (Specify)	Non-Physician Anesthetists (Assigned Time)	Nursing School (Assigned time)	Salary and Fringes (Assigned Time)	Program Costs (Assigned Time)	Paramedical Educ. Program (Assigned Time)	Subtotal	Intern & Resident Cost and Post Stepdown Adjustment	Total	
		19	20	21	22	23	24	25	26	27	
94	Other Special Purpose (specify)										94
95	SUBTOTALS (sum of lines 1-94)			1,000							95
	NONREIMBURSABLE COST CENTERS										
96	Gift, Flower, Coffee Shop, & Canteen										96
97	Research										97
98	Physicians' Private Offices										98
99	Nonpaid Workers										99
100	Other Nonreimbursable (specify)										100
101	Cross foot adjustments										101
102	Negative cost centers										102
103	Cost to be allocated (per Wkst. B, Part I)			1,790,681							103
104	Unit cost multiplier (Wkst. B, Part I)			1,790.68							104
105	Cost to be allocated (per Wkst. B, Part II)										105
106	Unit cost multiplier (Wkst. B, Part II)										106
107	Cost to be allocated (per Wkst. B, Part III)										107
108	Unit cost multiplier (Wkst. B, Part III)										108

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COMPUTATION OF RATIO OF COSTS TO CHARGES					PROVIDER NO: 340098			PERIOD: FROM 01/01/2010 TO 12/31/2010			WORKSHEET C, PART I	
	COST CENTER DESCRIPTIONS	Total Cost from Wkst B,Part I col 27	Therapy Limit Adj.	Total Costs	RCE Dis-allowance	Total Costs	Inpatient Charges	Outpatient Charges	Total Charges (col 6 + col 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		1	2	3	4	5	6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS												
25	Adults and Pediatrics (General Routine Care)	57,660,663		57,660,663		57,660,663	66,852,630		66,852,630				25
26	Intensive Care Unit	6,225,625		6,225,625		6,225,625	9,644,505		9,644,505				26
27	Coronary Care Unit	6,955,987		6,955,987		6,955,987	13,012,920		13,012,920				27
28	Burn Intensive Care Unit												28
29	Surgical Intensive Care Unit												29
30.15	Neonatal ICU	3,174,296		3,174,296		3,174,296	4,868,287		4,868,287				30.15
31.00	Subprovider												31.00
33	Nursery												33
34	Skilled Nursing Facility												34
35.00	Nursing Facility												35.00
36	Other Long Term Care												36
	ANCILLARY SERVICE COST CENTERS												
37.05	Operating Room	35,084,390		35,084,390		35,084,390	56,898,243	87,531,695	144,429,938	0.242916	0.242916	0.242916	37.05
37.20	Endoscopy	3,584,512		3,584,512		3,584,512	2,419,693	7,937,910	10,357,603	0.346075	0.346075	0.346075	37.20
38	Recovery Room	12,073,649		12,073,649		12,073,649	8,782,020	24,812,339	33,594,359	0.359395	0.359395	0.359395	38
39.00	Delivery Room and Labor Room												39.00
40.05	Anesthesiology	3,803,460		3,803,460		3,803,460	44,780,891	57,432,723	102,213,614	0.037211	0.037211	0.037211	40.05
41.05	Radiology-Diagnostic	13,304,050		13,304,050		13,304,050	32,256,545	131,117,514	163,374,059	0.081433	0.081433	0.081433	41.05
41.30	Echocardiography	380,463		380,463		380,463	2,350,625	979,754	3,330,379	0.114240	0.114240	0.114240	41.30
42.05	Radiology-Therapeutic	2,963,260		2,963,260		2,963,260	5,951,529	16,376,622	22,328,151	0.132714	0.132714	0.132714	42.05
43	Radioisotope												43
44.05	Laboratory	8,178,137		8,178,137		8,178,137	45,530,481	34,788,682	80,319,163	0.101820	0.101820	0.101820	44.05
45	PBP Clinical Laboratory Services-Prgm. Only												45
46.00	Whole Blood & Packed Red Blood Cells												46.00
47	Blood Storing, Processing, & Trans.												47
48	Intravenous Therapy												48
49.05	Respiratory Therapy	3,745,990		3,745,990		3,745,990	5,154,169	3,750,793	8,904,962	0.420663	0.420663	0.420663	49.05
50.05	Physical Therapy	2,534,817		2,534,817		2,534,817	5,432,687	796,967	6,229,654	0.406895	0.406895	0.406895	50.05

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COMPUTATION OF RATIO OF COSTS TO CHARGES						PROVIDER NO: 340098			PERIOD: FROM 01/01/2010 TO 12/31/2010			WORKSHEET C, PART I	
	COST CENTER DESCRIPTIONS	Total Cost from Wkst B,Part I col 27	Therapy Limit Adj.	Total Costs	RCE Dis-allowance	Total Costs	Inpatient Charges	Outpatient Charges	Total Charges (col 6 + col 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		1	2	3	4	5	6	7	8	9	10	11	
51	Occupational Therapy												51
52	Speech Pathology												52
53.05	Electrocardiology	454,257		454,257		454,257	1,359,674	808,977	2,168,651	0.209465	0.209465	0.209465	53.05
53.20	Cardiopulmonary	4,523,399		4,523,399		4,523,399	7,019,180	8,272,888	15,292,068	0.295800	0.295800	0.295800	53.20
53.40	Cardiac Catheterization Laboratory	5,034,025		5,034,025		5,034,025	16,309,165	17,943,875	34,253,040	0.146966	0.146966	0.146966	53.40
54	Electroencephalography												54
55	Medical Supplies Charged to Patients	9,332,262		9,332,262		9,332,262	11,629,161	9,302,087	20,931,248	0.445853	0.445853	0.445853	55
55.30	Implantable Devices Charged to Patients	44,153,732		44,153,732		44,153,732	65,702,448	34,586,467	100,288,915	0.440265	0.440265	0.440265	55.30
56	Drugs Charged to Patients	21,132,657		21,132,657		21,132,657	46,047,332	19,380,986	65,428,318	0.322989	0.322989	0.322989	56
57	Renal Dialysis												57
58	ASC (Non-Distinct Part)												58
59.00	Other Ancillary (specify)												59.00
OUTPATIENT SERVICE COST CENTERS													
60.00	Clinic												60.00
61	Emergency	21,335,466		21,335,466		21,335,466	15,851,154	94,937,445	110,788,599	0.192578	0.192578	0.192578	61
62.10	Observation Beds (Non-DistinctPart)	4,402,630		4,402,630		4,402,630	743,564	9,124,927	9,868,491	0.446130	0.446130	0.446130	62.10
63.00	Other Outpatient Service (specify)												63.00
OTHER REIMBURSABLE COST CENTERS													
64	Home Program Dialysis												64
65	Ambulance Services												65
66.00	Durable Medical Equipment-Rented												66.00
67.00	Durable Medical Equipment-Sold												67.00
68	Other Reimbursable (specify)												68
101	Subtotal (sum of lines 25 thru 68)	270,037,727		270,037,727		270,037,727	468,596,903	559,882,651	1,028,479,554				101
102	Less Observation Beds	4,402,630		4,402,630		4,402,630							102
103	Total (line 101 minus line 102)	265,635,097		265,635,097		265,635,097	468,596,903	559,882,651	1,028,479,554				103

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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS						PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART II	
	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
		1	2	3	4	5	6	7	8	9	
	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room	35,084,390	35,084,390					144,429,938		0.242916	37.05
37.20	Endoscopy	3,584,512	3,584,512					10,357,603		0.346075	37.20
38	Recovery Room	12,073,649	12,073,649					33,594,359		0.359395	38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology	3,803,460	3,803,460					102,213,614		0.037211	40.05
41.05	Radiology-Diagnostic	13,304,050	13,304,050					163,374,059		0.081433	41.05
41.30	Echocardiography	380,463	380,463					3,330,379		0.114240	41.30
42.05	Radiology-Therapeutic	2,963,260	2,963,260					22,328,151		0.132714	42.05
43	Radioisotope										43
44.05	Laboratory	8,178,137	8,178,137					80,319,163		0.101820	44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Trans.										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy	3,745,990	3,745,990					8,904,962		0.420663	49.05
50.05	Physical Therapy	2,534,817	2,534,817					6,229,654		0.406895	50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology	454,257	454,257					2,168,651		0.209465	53.05
53.20	Cardiopulmonary	4,523,399	4,523,399					15,292,068		0.295800	53.20
53.40	Cardiac Catheterization Laboratory	5,034,025	5,034,025					34,253,040		0.146966	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients	9,332,262	9,332,262					20,931,248		0.445853	55
56	Drugs Charged to Patients	21,132,657	21,132,657					65,428,318		0.322989	56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
60.00	Clinic										60.00

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CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS						PROVIDER NO. 340098		PERIOD: FROM 01/01/2010 TO 12/31/2010		WORKSHEET C, PART II	
	Cost Center Descriptions	Total Cost (Wkst. B, Part I, col. 27)	Capital Cost (Wkst. B, sum of Parts II & III, col. 27)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	Cost Net of Capital and Operating Cost Reduction	Total Charges (Wkst. C, Part I, col. 8)	Outpatient Cost to Charge Ratio (col. 6 ÷ col. 7)	I/P Part B Cost to Charge Ratio (see instruc.)	
		1	2	3	4	5	6	7	8	9	
61	Emergency	21,335,466	21,335,466					110,788,599		0.192578	61
62.10	Observation Beds (Non-DistinctPart)							9,868,491			62.10
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66	Durable Medical Equipment - Rented										66
67	Durable Medical Equipment - Sold										67
68	Other Reimbursable (specify)										68
101	Subtotal (sum of lines 37-68)							1,028,479,554			101
102	Less Observation Beds										102
103	Total (sum of line 101 minus line 102)	271,837,059						1,028,479,554			103

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART I

Medicare - Title XVIII - Hospital - 340098

	Cost Center Description	Old Capital			New Capital					Old Capital		New Capital		
		Capital Related Cost (from Wkst. B, Part II, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 1 - col. 2)	Capital Related Cost (from Wkst. B, Part III, col. 27)	Swing Bed Adj.	Reduced Capital Related Cost (col. 4 - col. 5)	Total Patient Days	Inpatient Program Days	Per Diem (col. 3 ÷ col. 7)	Inpatient Program Capital Cost (col. 9 x col. 8)	Per Diem (col. 6 ÷ col. 7)	Inpatient Program Capital Cost (col. 11 x col. 8)	
		1	2	3	4	5	6	7	8	9	10	11	12	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS													
25	Adults & Pediatrics (General Routine Care)				4,578,921		4,578,921	70,749	26,639			64.72	1,724,076	25
26	Intensive Care Unit				597,163		597,163	3,579	1,847			166.85	308,172	26
27	Coronary Care Unit				519,448		519,448	4,228	2,375			122.86	291,793	27
28	Burn Intensive Care Unit													28
29	Surgical Intensive Care Unit													29
30.15	Neonatal ICU				146,700		146,700	2,149				68.26		30.15
31.00	Subprovider													31.00
33	Nursery													33
101	Total (lines 25-33)				5,842,232		5,842,232	80,705	30,861				2,324,041	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART II

Medicare - Title XVIII - Hospital - 340098

		Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital		New Capital		
						Ratio of Cost to Charges (col. 1 ÷ col. 3)	Capital Costs (col. 4 x col. 5)	Ratio of Cost to Charges (col. 2 ÷ col. 3)	Capital Costs (col. 4 x col. 7)	
Cost Center Description		1	2	3	4	5	6	7	8	
(A)	ANCILLARY SERVICE COST CENTERS									
37.05	Operating Room		4,519,054	144,429,938	22,641,001			0.031289	708,414	37.05
37.20	Endoscopy		519,164	10,357,603	1,190,754			0.050124	59,685	37.20
38	Recovery Room		694,917	33,594,359	3,506,266			0.020686	72,531	38
39.00	Delivery Room and Labor Room									39.00
40.05	Anesthesiology		362,088	102,213,614	16,186,559			0.002542	57,333	40.05
41.05	Radiology-Diagnostic		2,143,911	163,374,059	16,676,113			0.013123	218,841	41.05
41.30	Echocardiography		17,026	3,330,379	1,238,050			0.005112	6,329	41.30
42.05	Radiology-Therapeutic		333,961	22,328,151	3,023,268			0.014957	45,219	42.05
43	Radioisotope									43
44.05	Laboratory		529,742	80,319,163	22,471,582			0.006595	148,200	44.05
45	PBP Clinical Laboratory Services-Prgm. Only									45
46.00	Whole Blood & Packed Red Blood Cells									46.00
47	Blood Storing, Processing, & Transfusing									47
48	Intravenous Therapy									48
49.05	Respiratory Therapy		515,662	8,904,962	2,942,996			0.057907	170,420	49.05
50.05	Physical Therapy		131,219	6,229,654	3,233,361			0.021064	68,108	50.05
51	Occupational Therapy									51
52	Speech Pathology									52
53.05	Electrocardiology		55,547	2,168,651	658,268			0.025614	16,861	53.05
53.20	Cardiopulmonary		383,318	15,292,068	3,862,410			0.025066	96,815	53.20
53.40	Cardiac Catheterization Laboratory		900,193	34,253,040	6,637,003			0.026281	174,427	53.40
54	Electroencephalography									54
55	Medical Supplies Charged to Patients		352,564	20,931,248	4,283,140			0.016844	72,145	55
55.30	Implantable Devices Charged to Patients		1,668,648	100,288,915	29,215,223			0.016638	486,083	55.30
56	Drugs Charged to Patients		877,868	65,428,318	21,872,295			0.013417	293,461	56
57	Renal Dialysis									57

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART II

Medicare - Title XVIII - Hospital - 340098

	Cost Center Description	Old Capital Related Cost (from Wkst. B, Part II, col. 27)	New Capital Related Cost (from Wkst. B, Part III, col. 27)	Total Charges (from Wkst. C, Part I, col. 8)	Inpatient Program Charges	Old Capital: Ratio of Cost to Charges (col. 1 ÷ col. 3)	Old Capital: Capital Costs (col. 4 x col. 5)	New Capital: Ratio of Cost to Charges (col. 2 ÷ col. 3)	New Capital: Capital Costs (col. 4 x col. 7)	
		1	2	3	4	5	6	7	8	
58	ASC (Non-Distinct Part)									58
59.00	Other Ancillary (specify)									59.00
60.00	Clinic									60.00
61	Emergency		1,688,554	110,788,599	7,894,424			0.015241	120,319	61
62.10	Observation Beds (Non-DistinctPart)		349,622	9,868,491	182,348			0.035428	6,460	62.10
63.00	Other Outpatient Service (specify)									63.00
	OTHER REIMBURSABLE COST CENTERS									
64	Home Program Dialysis									64
65	Ambulance Services									65
66.00	Durable Medical Equipment-Rented									66.00
67.00	Durable Medical Equipment-Sold									67.00
68	Other Reimbursable (specify)									68
101	Total (sum of lines 37 through 68)		16,043,058	934,101,212	167,715,061				2,821,651	101

(A) Worksheet A line numbers

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART III

Medicare -Title XVIII - Hospital - 340098

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Tota Costs (sum of cols. 1 + 2, minus col. 3)	Total Patient Days	Per Diem (col. 4 + col. 5)	Inpatient Program Days	Inpatient Program Pass thru Cost (col. 6 x col. 7)	
		1	2	3	4	5	6	7	8	
(A)	INPATIENT ROUTINE SERVICE COST CENTERS									
25	Adults & Pediatrics (General Routine Care)		1,344,802		1,344,802	70,749	19.01	26,639	506,407	25
26	Intensive Care Unit		121,766		121,766	3,579	34.02	1,847	62,835	26
27	Coronary Care Unit		179,068		179,068	4,228	42.35	2,375	100,581	27
28	Burn Intensive Care Unit									28
29	Surgical Intensive Care Unit									29
30.15	Neonatal ICU		5,372		5,372	2,149	2.50			30.15
31.00	Subprovider									31.00
33	Nursery									33
34	Skilled Nursing Facility									34
35.00	Nursing Facility									35.00
101	Total (sum of lines 25-35)		1,651,008		1,651,008	80,705		30,861	669,823	101

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO. 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART IV

Medicare -Title XVIII - Hospital - 340098

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
(A)	ANCILLARY SERVICE COST CENTERS										
37.05	Operating Room		53,720	53,720	144,429,938	0.000372	22,641,001	8,422	20,827,166	7,748	37.05
37.20	Endoscopy				10,357,603		1,190,754		2,229,327		37.20
38	Recovery Room		5,372	5,372	33,594,359	0.000160	3,506,266	561	5,147,115	824	38
39.00	Delivery Room and Labor Room										39.00
40.05	Anesthesiology				102,213,614		16,186,559		11,000,125		40.05
41.05	Radiology-Diagnostic				163,374,059		16,676,113		31,648,741		41.05
41.30	Echocardiography				3,330,379		1,238,050		374,426		41.30
42.05	Radiology-Therapeutic				22,328,151		3,023,268		4,096,502		42.05
43	Radioisotope										43
44.05	Laboratory				80,319,163		22,471,582		949,275		44.05
45	PBP Clinical Laboratory Services-Prgm. Only										45
46.00	Whole Blood & Packed Red Blood Cells										46.00
47	Blood Storing, Processing, & Transfusing										47
48	Intravenous Therapy										48
49.05	Respiratory Therapy				8,904,962		2,942,996		1,109,753		49.05
50.05	Physical Therapy				6,229,654		3,233,361				50.05
51	Occupational Therapy										51
52	Speech Pathology										52
53.05	Electrocardiology				2,168,651		658,268		326,204		53.05
53.20	Cardiopulmonary				15,292,068		3,862,410		2,221,326		53.20
53.40	Cardiac Catheterization Laboratory		35,814	35,814	34,253,040	0.001046	6,637,003	6,942	7,655,003	8,007	53.40
54	Electroencephalography										54
55	Medical Supplies Charged to Patients				20,931,248		4,283,140		2,363,038		55
55.30	Implantable Devices Charged to Patients						29,215,223		11,563,309		55.30
56	Drugs Charged to Patients				65,428,318		21,872,295		4,856,036		56
57	Renal Dialysis										57
58	ASC (Non-Distinct Part)										58
59.00	Other Ancillary (specify)										59.00
	OUTPATIENT SERVICE COST CENTERS										
60.00	Clinic										60.00
61	Emergency		44,767	44,767	110,788,599	0.000404	7,894,424	3,189	13,286,097	5,368	61
62.10	Observation Beds (Non-DistinctPart)		102,683	102,683	9,868,491	0.010405	182,348	1,897	2,735,640	28,464	62.10

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET D, PART IV

Medicare - Title XVIII - Hospital - 340098

	Cost Center Description	Nonphysician Anesthetist Cost	Medical Education Cost	Total Costs (col. 1 + col. 2)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 3 ÷ col. 4)	Inpatient Program Charges	Inpatient Program Pass Through Costs (col. 5 × col. 6)	Outpatient Program Charges	Outpatient Program Pass Through Costs (col. 5 × col. 8)	
		1	2	3	4	5	6	7	8	9	
63.00	Other Outpatient Service (specify)										63.00
	OTHER REIMBURSABLE COST CENTERS										
64	Home Program Dialysis										64
65	Ambulance Services										65
66.00	Durable Medical Equipment-Rented										66.00
67.00	Durable Medical Equipment-Sold										67.00
68	Other Reimbursable (specify)										68
101	Total (sum of lines 37 through 68)		242,356	242,356	833,812,297		167,715,061	21,011	122,389,083	50,411	101

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicare - Title XVIII - Hospital - 340098

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.242916	0.242916					20,827,166						5,059,252				37.05
37.20	Endoscopy		0.346075	0.346075					2,229,527						771,514				37.20
38	Recovery Room		0.359395	0.359395					5,147,115						1,849,847				38
39.00	Delivery Room and Labor Room																		39.00
40.05	Anesthesiology		0.037211	0.037211					11,000,125						409,326				40.05
41.05	Radiology-Diagnostic		0.081433	0.081433					31,648,741						2,577,252				41.05
41.30	Echocardiography		0.114240	0.114240					374,426						42,774				41.30
42.05	Radiology-Therapeutic		0.132714	0.132714					4,096,502						543,663				42.05
43	Radioisotope																		43
44.05	Laboratory		0.101820	0.101820					949,275						96,655				44.05
45	PBP Clinic Laboratory Services-Prgm. Only																		45
46.00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49.05	Respiratory Therapy		0.420663	0.420663					1,109,753						466,832				49.05
50.05	Physical Therapy		0.406895	0.406895															50.05
51	Occupational Therapy																		51
52	Speech Pathology																		52
53.05	Electrocardiology		0.209465	0.209465					326,204						68,328				53.05
53.20	Cardiopulmonary		0.295800	0.295800					2,221,326						657,068				53.20
53.40	Cardiac Catheterization Laboratory		0.146966	0.146966					7,655,003						1,125,025				53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0.445853	0.445853					2,363,038	10,435					1,053,568	4,652			55
55.30	Implantable Devices Charged to Patients								11,563,309						5,090,920				55.30
56	Drugs Charged To Patients		0.322989	0.322989					4,856,036						1,568,446				56
57	Renal Dialysis																		57

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicare - Title XVIII - Hospital - 340098

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
58	ASC (Non-Distinct Part)																		58
59.00	Other Ancillary (specify)																		59.00
	OUTPATIENT SERVICE COST CENTERS																		
60.00	Clinic																		60.00
61	Emergency		0.192578	0.192578					13,286,097	13,505					2,558,610	2,601			61
62.10	Observation Beds (Non-DistinctPart)		0.446130						2,735,640						1,220,451				62.10
63.00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance																		65
66.00	Durable Medical Equipment-Rented																		66.00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Center																		68
101	Subtotal (see instructions)								122,389,083	23,940					25,159,531	7,253			101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab. Services-Program Only Charges																		103
104	Net Charges (line 101 + (lines 102 + 103)								122,389,083	23,940					25,159,531	7,253			104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	Drugs charged to patients - ratio of cost to charges (from Worksheet C, Part I, column 9, line 56)		1
2	Program vaccine charges (from your records or the PS&R)	44,149	2
3	Program costs (line 1 × lines 2) (see instructions for transfer)	14,260	3
	(A) Worksheet A line numbers (1) Report non hospital and non subprovider componenents cost for the period here (see instructions)		

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MERCY HOSPITALS INC. - CHARLOTTE, NC
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicaid - Title XIX - Hospital - 340098

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
	ANCILLARY SERVICE COST CENTERS																		
37.05	Operating Room		0.242916	0.242916				3,980,179						966,849					37.05
37.20	Endoscopy		0.346075	0.346075				263,879						91,322					37.20
38	Recovery Room		0.359395	0.359395				1,236,944						444,551					38
39.00	Delivery Room and Labor Room																		39.00
40.05	Anesthesiology		0.037211	0.037211				2,920,161						109,034					40.05
41.05	Radiology-Diagnostic		0.081433	0.081433				8,556,661						696,795					41.05
41.30	Echocardiography		0.114240	0.114240				82,666						9,444					41.30
42.05	Radiology-Therapeutic		0.132714	0.132714				1,337,894						177,557					42.05
43	Radioisotope																		43
44.05	Laboratory		0.101820	0.101820				4,169,320						424,520					44.05
45	PBP Clinic Laboratory Services-Prgm. Only																		45
46.00	Whole Blood & Packed Red Blood Cells																		46.00
47	Blood Storing, Processing, & Transfusing																		47
48	Intravenous Therapy																		48
49.05	Respiratory Therapy		0.420663	0.420663				261,950						110,193					49.05
50.05	Physical Therapy		0.406895	0.406895				117,834						47,946					50.05
51	Occupational Therapy																		51
52	Speech Pathology																		52
53.05	Electrocardiology		0.209465	0.209465				81,795						17,133					53.05
53.20	Cardiopulmonary		0.295800	0.295800				160,594						47,504					53.20
53.40	Cardiac Catheterization Laboratory		0.146966	0.146966				642,746						94,462					53.40
54	Electroencephalography																		54
55	Medical Supplies Charged To Patients		0.445853	0.445853				339,082						151,181					55
55.30	Implantable Devices Charged to Patients							933,614						411,038					55.30
56	Drugs Charged To Patients		0.322989	0.322989				1,365,657						441,092					56
57	Renal Dialysis																		57

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D, PARTS V & VI

Medicaid - Title XIX - Hospital - 340098

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

	Cost Center Description	Cost to Charge Ratio From Worksheet C			PROGRAM CHARGES						PROGRAM COSTS								
		Part II col. 8	Part I col. 9	Part II col. 9	Outpatient Ambulatory Surgical Center	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1) (see instru.)	PPS services (see instru.)	All Other (see instru.)	Outpatient Ambulatory Surgical Center (cols. 1 × 2)	Outpatient Radiology (cols. 1 × 3)	Other Outpatient Diagnostic (cols. 1 × 4)	All Other (cols. 1 × 5)	PPS services (columns 1.01 × 5.01)	All Other (columns 1.01 × 5.02)	Hospital I/P Part B Charges (see instru.)	Hospital I/P part B Cost (columns 1.02 × 10)	
		1	1.01	1.02	2	3	4	5	5.01	5.02	6	7	8	9	9.01	9.02	10	11	
58	ASC (Non-Distinct Part)																		58
59.00	Other Ancillary (specify)																		59.00
	OUTPATIENT SERVICE COST CENTERS																		
60.00	Clinic																		60.00
61	Emergency		0.192578	0.192578				13,245,558						2,550,803					61
62.10	Observation Beds (Non-DistinctPart)		0.446130					1,116,256						497,995					62.10
63.00	Other Outpatient Service (specify)																		63.00
	OTHER REIMBURSABLE COST CENTERS																		
64	Home Program Dialysis																		64
65	Ambulance																		65
66.00	Durable Medical Equipment-Rented																		66.00
67.00	Durable Medical Equipment-Sold																		67.00
68	Other Reimbursable Cost Center																		68
101	Subtotal (see instructions)							40,822,790						7,289,419					101
102	CRNA Charges (see instructions)																		102
103	Less PBP Clinic Lab. Services-Program Only Charges																		103
104	Net Charges (line 101 ± (lines 102 + 103)							40,822,790						7,289,419					104

PART VI - VACCINE COST APPORTIONMENT

		1	
1	Drugs charged to patients - ratio of cost to charges (from Worksheet C, Part I, column 9, line 56)		1
2	Program vaccine charges (from your records or the PS&R)		2
3	Program costs (line 1 × lines 2) (see instructions for transfer)		3
	(A) Worksheet A line numbers (1) Report non hospital and non subprovider componenents cost for the period here (see instructions)		

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[Record code 269571 - 1996]

	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I	
Medicare -Title XVIII - Hospital - 340098					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			70,749	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			70,749	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			70,749	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			26,639	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			57,660,663	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			57,660,663	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			66,825,302	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			66,825,302	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.862857	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			944.54	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			57,660,663	37

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	COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART I	
Medicaid - Title XIX - Hospital - 340098					
PART I - ALL PROVIDER COMPONENTS					
	INPATIENT DAYS				
1	Inpatient days (including private room days, and swing-bed days, excluding new born)			70,749	1
2	Inpatient days (including private room days, excluding swing-bed days and new born days)			70,749	2
3	Private room days (excluding swing-bed private room days)				3
4	Semi-private room days (excluding swing-bed private room days)			70,749	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period				5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period				7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and new born days)			5,958	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period				10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after Decmeber 31 of the cost reporting period				11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period				12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)				13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)				14
15	Total nursery days				15
16	Title V or XIX nursery days				16
	SWING BED ADJUSTEMENT				
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period				17
18	Medicare rate for swing-bed SNF services applicable to services after Decmeber 31 of the cost reporting period				18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period				19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period				20
21	Total general inpatient routine service cost (see instructions)			57,660,663	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 × line 17)				22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 × line 18)				23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 × line 18)				24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 × line 20)				25
26	Total swing-bed cost (sum of lines 22 through 25)				26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			57,660,663	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28	General inpatient routine service charges (excluding swing-bed charges)			66,825,302	28
29	Private room charges (excluding swing-bed charges)				29
30	Semi-private room charges (excluding swing-bed charges)			66,825,302	30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.862857	31
32	Average private room per diem charge (line 29 ÷ line 3)				32
33	Average semi-private room per diem charge (line 30 ÷ line 4)			944.54	33
34	Average per diem private room charge differential (line 32 minus line 33)				34
35	Average per diem private private room cost differential (line 34 × line 31)				35
36	Private room cost differential adjustment (line 3 × line 35)				36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			57,660,663	37

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART II

Medicare -Title XVIII - Hospital - 340098

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	815.00	38
39	Program general inpatient routine service cost (line 9 × line 38)	21,710,785	39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	21,710,785	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	6,225,625	3,579	1739.49	1,847	3,212,838	43
44	Coronary Care Unit	6,955,987	4,228	1645.22	2,375	3,907,398	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47.15	Neonatal ICU	3,174,296	2,149	1477.10			47.15

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	40,210,802	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	69,041,823	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,993,864	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,842,662	51
52	Total Program excludable cost (sum of lines 50 and 51)	5,836,526	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)	63,205,297	53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (ilne 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine csts after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PART II

Medicaid - Title XIX - Hospital - 340098

	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	
38	Adjusted general inpatient routine service cost per diem (see instructions)	815.00	38
39	Program general inpatient routine service cost (line 9 × line 38)	4,855,770	39
40	Medically necessary private room cost applicable to the Program (line 14 × line 35)		40
41	Total Program general inpatient routine service cost (line 39 + line 40)	4,855,770	41

		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 × col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit	6,225,625	3,579	1739.49	183	318,327	43
44	Coronary Care Unit	6,955,987	4,228	1645.22	547	899,935	44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47.15	Neonatal ICU	3,174,296	2,149	1477.10	357	527,325	47.15

		1	
48	Program inpatient ancillary service cost (Wkst. D-4, col. 3, line 101)	5,081,999	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)	11,683,356	49
	PASS THROUGH COST ADJUSTMENTS		
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51
52	Total Program excludable cost (sum of lines 50 and 51)		52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)		53
	TARGET AMOUNT AND LIMIT COMPUTATION		
54	Program discharges		54
55	Target amount per discharge		55
56	Target amount (line 54 × line 55)		56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57
58	Bonus payment (see instructions)		58
58.01	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		58.01
58.02	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		58.02
58.03	If lines 53/54 is less than the lower of lines 55, 58.01 or 58.02 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 × 58.02), or 1 percent of the target amount (line 56), otherwise enter zero		58.03
58.04	Relief payment (see instructions)		58.04
59	Allowable inpatient cost plus incentive payment (see instructions)		59
	PROGRAM INPATIENT ROUTINE SWING BED COST		
60	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (line 10 × line 17) (title XVIII only)		60
61	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (line 11 × line 18) (title XVIII only)		61
62	Total Medicare swing-bed SNF inpatient routine cost (line 60 plus line 61) (title XVIII)		62
63	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 × line 19)		63
64	Title V or XIX swing-bed NF inpatient routine cests after December 31 of the cost reporting period (line 13 × line 20)		64
65	Total title V or XIX swing-bed NF inpatient routine costs (line 63 + line 64)		65

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PARTS III & IV

Medicare -Title XVIII - Hospital - 340098

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

66	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		66
67	Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2)		67
68	Program routine service cost (line 9 × line 67)		68
69	medically necessary private room cost applicable to Program (line 14 × line 35)		69
70	Total Program general inpatient routine service costs (line 68 + line 69)		70
71	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27)		71
72	Per diem capital-related costs (line 71 ÷ line 2)		72
73	Program capital-related costs (line 9 × line 72)		73
74	Inpatient routine service cost (line 70 minus line 73)		74
75	Aggregate charges to beneficiaries for excess costs (from provider records)		75
76	Total Program routine services costs for comparison to the cost limitation (line 74 minus line 75)		76
77	Inpatient routine service cost per diem limitation		77
78	Inpatient routine service cost limitation (line 9 × line 77)		78
79	Reasonable inpatient routine service costs (see instructions)		79
80	Program inpatient ancillary services (see instructions)		80
81	Utilization review - physician compensation		81
82	Total Program inpatient operating costs (sum of lines 79 through 81)		82

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)	5,402	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	815.00	84
85	Observation bed cost (line 83 × line 84) (see instructions)	4,402,630	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		57,660,663		4,402,630		86
87	New capital-related cost	4,578,921	57,660,663	0.079412	4,402,630	349,622	87
88	Non Physician Anesthetist		57,660,663		4,402,630		88
89	Medical Education	1,344,802	57,660,663	0.023323	4,402,630	102,683	89

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COMPUTATION OF INPATIENT OPERATING COST	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-1, PARTS III & IV

Medicaid - Title XIX - Hospital - 340098

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

66	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		66
67	Adjusted general inpatient routine service cost per diem (line 66 ÷ line 2)		67
68	Program routine service cost (line 9 × line 67)		68
69	medically necessary private room cost applicable to Program (line 14 × line 35)		69
70	Total Program general inpatient routine service costs (line 68 + line 69)		70
71	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, sum of Parts II and III, column 27)		71
72	Per diem capital-related costs (line 71 ÷ line 2)		72
73	Program capital-related costs (line 9 × line 72)		73
74	Inpatient routine service cost (line 70 minus line 73)		74
75	Aggregate charges to beneficiaries for excess costs (from provider records)		75
76	Total Program routine services costs for comparison to the cost limitation (line 74 minus line 75)		76
77	Inpatient routine service cost per diem limitation		77
78	Inpatient routine service cost limitation (line 9 × line 77)		78
79	Reasonable inpatient routine service costs (see instructions)		79
80	Program inpatient ancillary services (see instructions)		80
81	Utilization review - physician compensation		81
82	Total Program inpatient operating costs (sum of lines 79 through 81)		82

PART IV - PART IV - COMPUTATION OF OBSERVATION BED COST

83	Total observation bed days (see instructions)	5,402	83
84	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	815.00	84
85	Observation bed cost (line 83 × line 84) (see instructions)	4,402,630	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	col. 1 ÷ col. 2	Total Observation Bed Cost (from line 85)	Observation Bed Pass Through Cost (col. 3 × col. 4) (see instructions)	
		1	2	3	4	5	
86	Old capital-related cost		57,660,663		4,402,630		86
87	New capital-related cost		57,660,663		4,402,630		87
88	Non Physician Anesthetist		57,660,663		4,402,630		88
89	Medical Education		57,660,663		4,402,630		89

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-4

Medicare -Title XVIII - Hospital - 340098

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 × col. 2)	
		1	2	3	
(A)	**INPATIENT ROUTINE SERVICE COST CENTERS**				
25	Adults and Pediatrics (General Routine Care)		24,400,348		25
26	Intensive Care Units		5,328,556		26
27	Coronary Care Unit		7,293,154		27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.00	Other Special Care (specify)				30.00
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.242916	22,641,001	5,499,861	37.05
37.20	Endoscopy	0.346075	1,190,754	412,090	37.20
38	Recovery Room	0.359395	3,506,266	1,260,134	38
39.00	Delivery Room and Labor Room				39.00
40.05	Anesthesiology	0.037211	16,186,559	602,318	40.05
41.05	Radiology-Diagnostic	0.081433	16,676,113	1,357,986	41.05
41.30	Echocardiography	0.114240	1,238,050	141,435	41.30
42.05	Radiology-Therapeutic	0.132714	3,023,268	401,230	42.05
43	Radioisotope				43
44.05	Laboratory	0.101820	22,471,582	2,288,056	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.420663	2,942,996	1,238,010	49.05
50.05	Physical Therapy	0.406895	3,233,361	1,315,638	50.05
51	Occupational Therapy				51
52	Speech Pathology				52
53.05	Electrocardiology	0.209465	658,268	137,884	53.05
53.20	Cardiopulmonary	0.295800	3,862,410	1,142,501	53.20
53.40	Cardiac Catheterization Laboratory	0.146966	6,637,003	975,414	53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.445853	4,283,140	1,909,651	55
55.30	Implantable Devices Charged to Patients	0.440265	29,215,223	12,862,440	55.30
56	Drugs Charged to Patients	0.322989	21,872,295	7,064,511	56
57	Renal Dialysis				57
58	ASC (Non-Distinct Part)				58
59.00	Other Ancillary (specify)				59.00
	OUTPATIENT SERVICE COST CENTERS				
60.00	Clinic				60.00
61	Emergency	0.192578	7,894,424	1,520,292	61
62.10	Observation Beds (Non-DistinctPart)	0.446130	182,348	81,351	62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		167,715,061	40,210,802	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		167,715,061		103

(A) Worksheet A line numbers

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET D-4

Medicaid - Title XIX - Hospital - 340098

	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 × col. 2)	
		1	2	3	
(A)	**INPATIENT ROUTINE SERVICE COST CENTERS**				
25	Adults and Pediatrics (General Routine Care)		6,154,024		25
26	Intensive Care Units		528,883		26
27	Coronary Care Unit		1,440,757		27
28	Burn Intensive Care Unit				28
29	Surgical Intensive Care Unit				29
30.15	Neonatal ICU		784,453		30.15
31.00	Subprovider				31.00
	ANCILLARY SERVICE COST CENTERS				
37.05	Operating Room	0.242916	2,404,347	584,054	37.05
37.20	Endoscopy	0.346075	234,634	81,201	37.20
38	Recovery Room	0.359395	391,630	140,750	38
39.00	Delivery Room and Labor Room				39.00
40.05	Anesthesiology	0.037211	2,283,705	84,979	40.05
41.05	Radiology-Diagnostic	0.081433	2,678,119	218,087	41.05
41.30	Echocardiography	0.114240	124,892	14,268	41.30
42.05	Radiology-Therapeutic	0.132714	472,466	62,703	42.05
43	Radioisotope				43
44.05	Laboratory	0.101820	3,877,120	394,768	44.05
45	PBP Clinic Laboratory Services-Program Only				45
46.00	Whole Blood & Packed Red Blood Cells				46.00
47	Blood Storing, Processing, & Transfusing				47
48	Intravenous Therapy				48
49.05	Respiratory Therapy	0.420663	526,477	221,469	49.05
50.05	Physical Therapy	0.406895	222,640	90,591	50.05
51	Occupational Therapy				51
52	Speech Pathology				52
53.05	Electrocardiology	0.209465	260,931	54,656	53.05
53.20	Cardiopulmonary	0.295800	260,405	77,028	53.20
53.40	Cardiac Catheterization Laboratory	0.146966	934,055	137,274	53.40
54	Electroencephalography				54
55	Medical Supplies Charged to Patients	0.445853	596,138	265,790	55
55.30	Implantable Devices Charged to Patients	0.440265	2,442,760	1,075,462	55.30
56	Drugs Charged to Patients	0.322989	3,932,408	1,270,125	56
57	Renal Dialysis				57
58	ASC (Non-Distinct Part)				58
59.00	Other Ancillary (specify)				59.00
	OUTPATIENT SERVICE COST CENTERS				
60.00	Clinic				60.00
61	Emergency	0.192578	1,391,253	267,925	61
62.10	Observation Beds (Non-DistinctPart)	0.446130	91,608	40,869	62.10
63.00	Other Outpatient Service (specify)				63.00
	OTHER REIMBURSABLE COST CENTERS				
64	Home Program Dialysis				64
65	Ambulance				65
66.00	Durable Medical Equipment-Rented				66.00
67.00	Durable Medical Equipment-Sold				67.00
68	Other Reimbursable (specify)				68
101	Total (sum of lines 37-64 and 66-68)		23,125,588	5,081,999	101
102	Less PBP Clinic Laboratory Services-Program only charges (line 45)				102
103	Net Charges (line 101 minus line 102)		23,125,588		103

(A) Worksheet A line numbers

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital - 340098					
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		1	1.01	
	DRG Amount				
1	Other than Outlier Payments occurring prior to October 1		50,000,400		1
1.01	Other than Outlier Payments occurring on or after October 1 and before January 1				1.01
1.02	Other than Outlier Payments occurring on or after January 1				1.02
	Managed Care Patients				
1.03	Payments prior to March 1st or October 1st				1.03
1.04	Payments on or after October 1 and prior to January 1				1.04
1.05	Payments on or after January 1st but before April 1st/October 1st				1.05
1.06	Additional amount received or to be received (see instructions)				1.06
1.07	Payments for discharges on or after April 1, 2001 through September 30, 2001				1.07
1.08	Simulated payments from the PS&R on or afetr April 1, 2001 through September 30, 2001				1.08
2	Outlier payments for discharges occuring prior to October 1, 1997 (see instructions)				2
2.01	Outlier payments for discharges occurring on or after October 1, 1997 (see instructions)		1,493,936		2.01
	Indirect Medical Education Adjustment				
3	Bed days available divided by number of days in the cost reporting period (see instructions)		270.20		3
3.01	Number of Interns & Residents from Worksheet S-3, Part I				3.01
3.02	Indirect medical education percentage (see instructions)				3.02
3.03	Indirect medical education adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 3.02)				3.03
3.04	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996				3.04
3.05	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with section 1886(d)(5)(B)(viii)				3.05
3.06	Adjusted FTE count for allopathic and osteopathic programs for affiliated programs in accordance with section 1886(d)(5)(B)(viii)				3.06
3.07	Sum of lines 3.04 through 3.06				3.07
3.08	FTE count for allopathic and osteopathic programs in the current year from your records				3.08
3.09	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring prior to October 1				3.09
3.10	For cost reporting periods beginning before October 1, enter the percentage of discharges occurring on or after October 1				3.10
3.11	FTE count for the period identified in line 3.09				3.11
3.12	FTE count for the period identified in line 3.10				3.12
3.13	FTE count for residents in dental and podiatric programs				3.13
3.14	Current year allowable FTE (see instructions)				3.14
3.15	Total allowable FTE count for the prior year, if none but prior year teaching was in effect enter 1 here				3.15
3.16	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otehrwise enter zero. If there was no FTE count in this period but prior year teaching was in effect enter 1 here				3.16
3.17	Sum of lines 3.14 through 3.16 divided by the number of those lines in excess of zero (see instructions)				3.17
3.18	Current year residents to bed ratio (line 3.17 divided by line 3)				3.18
3.19	Prior year resident to bed ratio (see instructions)				3.19
3.20	For cost reporting periods beginning on or after October 1, 1997, enter the lesser of lines 3.18 or 3.19				3.20
3.21	IME payments for discharges occurring prior to October 1 (see instructions)				3.21
3.22	IME payments for discharges occurring on or after October 1 but before January 1 (see instructions)				3.22
3.23	IME payments for discharges occurring on or after January 1 (see instructions)				3.23
3.24	Sum of lines 3.21 through 3.23				3.24
	Disproportionate Share Adjustment				
4	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.072400		4
4.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I		0.120500		4.01
4.02	Sum of lines 4 and 4.01		0.192900		4.02
4.03	Allowable disproportionate share percentage (see instructions)		0.052900		4.03
4.04	Disproportionate share adjustment (sum of lines 1, 1.01, 1.02, and 2 times line 4.03)		2,645,021		4.04
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
	Additional payment for high percentage of ESRD beneficiary discharges				
5	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for DRGs 302, 316, 317 or MS-DRG 652, 682 - 685. (see instructions)				5
5.01	Total ESRD Medicare discharges excluding DRGs 302, 316, and 317, or MS-DRGs 652 and 682 - 685 (see instructions)				5.01
5.02	Divide line 5.01 by line 5 (if less than 10%, you do not qualify for adjustment)				5.02

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital - 340098					
5.03	Total medicare ESRD inpatient days excluding DRGs 302, 316, 317, or MS-DRGs 652, 682 - 685.(see instructions)				5.03
5.04	Ratio of average length of stay to one week (line 5.03 divided by line 5.01 divided by 7)				5.04
5.05	Average weekly cost for dialysis treatments (see instructions)				5.05
5.06	Total additional payment (line 5.04 times line 5.05 times line 5.01)				5.06
6	Subtotal (see instructions)		54,139,357		6
7	Hospital specific payments (to be completed by SCH and MDC, small rural hospitals only)				7
7.01	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.See instructions FY beg. 10/1/00)				7.01
8	Total payment for inpatient operating costs (for SCH and MDH, small rural hospitals, higher of lines 6 or 7, all other providers, enter amount from line 6 on this line.)		54,139,357		8
9	Payment for inpatient program capital (from Worksheet L, parts I, II, or III, as applicable)		4,428,102		9
10	Exception payment for inpatient program capital (Worksheet L, Part IV, line 13)				10
11	Direct graduate medical eduation payment (from Worksheet E-3, Part IV)				11
11.01	Nursing and Allied Health Managed Care				11.01
11.02	Special add-on payments for new technologies				11.02
12	Net organ acquisition cost				12
13	Cost of teaching physicians				13
14	Routine service other pass through costs		669,823		14
15	Ancillary service other pass through costs		21,011		15
16	Total (sum of amounts on lines 8 through 15)		59,258,293		16
17	Primary payer payments		89,622		17
18	Total amount payable for program beneficiaries (line 16 minus line 17)		59,168,671		18
19	Deductibles billed to program beneficiaries		5,103,212		19
20	Coinsurance billed program beneficiaries		193,843		20
21	Reimbursable bad debts (see instructions)		783,527		21
21.01	Adjusted reimbursable bed debts (see instructions)		548,469		21.01
21.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		730,905		21.02
22	Subtotal (line 18 plus line 21.01 minus lines 19 and 20)		54,420,085		22
23	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				23
24	Other adjustments (see instructions) (specify)				24
24.99	Other adjustments - Outlier reconsiliation				24.99
25	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets)				25
26	Amount due provider (line 22 plus or minus lines 24 and 25 minus line 23)		54,420,085		26
27	Sequestration adjustment (see instructions)				27
28	Interim payments		54,456,840		28
28.01	Tentative settlement (for fiscal intermediary use only)				28.01
29	Balance due provider (Program) (line 26 minus the sum of lines 27, 28, and 28.01)		-36,755		29
30	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		1,770,668		30
TO BE COMPLETED BY INTERMEDIARY					
50	Operating outlier amount from Worksheet E, Part A line 2.01				50
51	Capital outlier amount from Worksheet L, Part I line 3.01				51
52	Operating outlier reconciliation adjustment amount (see instructions)				52
53	Capital outlier reconciliation adjustment amount (see instructions)				53
54	The rate used to calculate the Time Value of Money (see instructions)				54
55	Operating Time Value of Money (see instructions)				55
56	Capital Time Value of Money (see instructions)				56

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET E PART B	
Medicare -Title XVIII - Hospital - 340098					
PART B - MEDICAL AND OTHER HEALTH SERVICES					
1	Medical and other services (see instructions)			21,513	1
1.01	Medical and other services rendered on or after August 1, 2000 from Worksheet D, Part V, column 9.01, line 104			25,109,120	1.01
1.02	PPS payments received including outliers			23,971,899	1.02
1.03	Enter the 1996 hospital specific payment to cost ratio				1.03
1.04	Line 1.01 times line 1.03				1.04
1.05	Line 1.02 divided by line 1.04				1.05
1.06	Transitional corridor payment (see instructions)				1.06
1.07	Enter the amount from Worksheet D, Part IV, column 9, line 101			50,411	1.07
2	Interns and residents				2
3	Organ acquisitions				3
4	Cost of teaching physicians				4
5	Total cost (see instructions)			21,513	5
	COMPUTATION OF LESSER OF COST OR CHARGES				
	Reasonable charges				
6	Ancillary service charges			68,089	6
7	Interns and residents service charges				7
8	Organ acquisition charges (from Worksheet D-6, Part III, line 61, col. 4)				8
9	Charges of professional services of teaching physicians				9
10	Total reasonable charges (sum of lines 6 through 9)			68,089	10
	Customary charges				
11	Aggregate amount actually collected from patients liable for payment for services on a charge basis				11
12	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)				12
13	Ratio of line 11 to line 12 (not to exceed 1.000000)				13
14	Total customary charges (see instructions)			68,089	14
15	Excess of customary chages over reasonable cost (complete only if line 14 exceeds line 5) (see instructions)			46,576	15
16	Excess of reasonable cost over customary charges (complete only if line 5 exceeds line 14) (see instructions)				16
17	Lesser of cost or charges (line 5 or line 14) (see instructions)			21,513	17
17.01	Total prospective payment (sum of lines 1.01, 1.06, 1.07)			24,022,310	17.01
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18	Deductibles and coinsurance (see instructions)			4,693	18
18.01	Coinsurance relating to amount on line 17.01			5,214,653	18.01
19	Subtotal (line 17 minus line 18)			18,824,477	19
20	Sum of amounts from Worksheet E, Parts C, D, and E (see instructions)				20
21	Direct graduate medical education payments (from Worksheet E-3, Part IV)				21
22	ESRD direct medical education costs (from Worksheet E-3, Part IV)				22
23	Subtotal (sum of lines 19 through 22)			18,824,477	23
24	Primary payer payments			16,226	24
25	Subtotal (line 23 minus line 24)			18,808,251	25
	Reimbursable bad debts (exclude bad debts for professional services)				
26	Composite rate ESRD (from Worksheet I-5, line 9)				26
27	Bad debts (see instructions)			640,302	27
27.01	Adjusted reimbursable bad debts (see instructions)			448,211	27.01
27.02	Reimbursable bad debts for dual eligible beneficiaries			590,133	27.02
28	Subtotal (sum of lines 25, 26, and 27 or 27.01) (line 27.01 hospital and subprovider only)			19,256,462	28
29	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				29
30	Other adjustments (specify) (see instructions)				30
31	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				31
32	Subtotal (line 28 plus or minus lines 30 and 31 minus line 29)			19,256,462	32
33	Sequestration adjustment (see instructions)				33
34	Interim payments			19,269,871	34
34.01	Tentative settlement (for fiscal intermediary use only)				34.01
35	Balance due provider/program (line 32 minus the sum of lines 33, 34, and 34.01)			-13,409	35
36	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				36
TO BE COMPLETED BY CONTRACTOR					
50	Original outlier amount (see instructions)				50
51	Outlier reconciliation amount (see instructions)				51

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET E PART B	
Medicare -Title XVIII - Hospital - 340098					
52	The rate used to calculate the Time Value of Money				52
53	Time Value of Money (see instructions)				53
54	Total (sum of lines 51 and 53)				54

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Hospital - 340098					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
1	Inpatient hospital/SNF/NF services		11,683,356		1
2	Medical and other services		7,289,419		2
3	Interns and residents (see instructions)				3
4	Organ acquisition (certified transplant centers only)				4
5	Cost of teaching physicians (see instructions)				5
6	Subtotal (sum of lines 1 through 5)		18,972,775		6
7	Inpatient primary payer payments		75,343		7
8	Outpatient primary payer payments		2,011		8
9	Subtotal (line 6 less sum of lines 7 and 8)		18,895,421		9
COMPUTATION OF LESSER OF COST OR CHARGES					
	REASONABLE CHARGES				
10	Routine service charges		8,908,117		10
11	Ancillary service charges		63,948,378		11
12	Interns and residents service charges				12
13	Organ acquisition charges, net of revenue				13
14	Teaching physicians				14
15	Incentive from target amount computation				15
16	Total reasonable charges (sum of lines 10 through 15)		72,856,495		16
	CUSTOMARY CHARGES				
17	Amount actually collected from patients liable for payment for services on a charge basis				17
18	Amounts that would have been realized from patients liable for payment for a on charge basis had such payment been made in accordance with 42 CFR 4				18
19	Ratio of line 17 to line 18 (not to exceed 1.000000)				19
20	Total customary charges (see instructions)		72,856,495		20
21	Excess of customary charges over reasonable cost (complete only if line 20 exceeds line 9) (see instructions)		53,961,074		21
22	Excess of reasonable cost over customary charges (complete only if line 9 exceeds line 20) (see instructions)				22
23	Cost of covered services (line 9)		18,895,421		23
24	Other than outlier payments				24
25	Outlier payments				25
26	Program capital payments				26
27	Capital exception payments				27
28	Routine service other pass through costs				28
29	Ancillary service other pass through costs				29
30	Subtotal (sum of lines 23 through 29)		18,895,421		30
31	Customary charges (title XIX PPS covered services only)				31
32	Titles V or XIX PPS, lesser of lines 30 or 31; non PPS and title XVIII enter a		18,895,421		32
33	Deductibles (exclude professional component)		8,036		33
34	Excess of reasonable cost (from line 22)				34
35	Subtotal (line 32 minus sum of lines 33 and 34)		18,887,385		35
36	Coinsurance				36
37	Sum of the amounts from Wkst. E, Parts C, D, and E, line 19				37
38	Reimbursable bad debts (see instructions)				38
38.01	Adjusted reimbursable bad debts (see instructions)				38.01
38.02	Reimbursable bad debts for dual eligible beneficiaries				38.02
38.03	Adjusted reimbursable bad debts for periods ending on or after 10/01/05 (see instructions)				38.03
39	Utilization review				39
40	Subtotal (see instructions)		18,887,385		40
41	Inpatient routine service cost (Wkst. D-1, Part III, line 70)				41
42	Medicare inpatient routine charges (from your records)				42
43	Amount actually collected from patients liable for payment for services on a charge basis (see instructions)				43
44	Amounts that would have been realized from patients liable for payment of Part A services (see instructions)				44
45	Ratio of line 43 to line 44 (not to exceed 1.000000)				45
46	Total customary charges (see instructions)				46

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	CALCULATION OF REIMBURSEMENT SETTLEMENT	PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET E-3 PART III	
Medicaid - Title XIX - Hospital - 340098					
	COMPUTATION OF NET COST OF COVERED SERVICES		Title V or Title XIX	Title XVIII SNF PPS	
			1	2	
47	Excess of customary charges over reasonable cost (see instructions)				47
48	Excess of reasonable cost over customary charges (see instructions)				48
49	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization				49
50	Other adjustments (see instructions) (specify)				50
51	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets				51
52	Subtotal (line 40 ± lines 50 and 51, minus line 49)		18,887,385		52
53	Indirect medical education adjustment (PPS only) (see instructions)				53
54	Direct graduate medical education payments (from Wkst. E-3, Part IV)				54
55	Total amount payable to the provider (sum of lines 52, 53, and 54)		18,887,385		55
56	Sequestration adjustment (see instructions)				56
57	Interim payments		12,984,416		57
57.01	Tentative settlement (for fiscal intermediary use only)				57.01
58	Balance due provider/program (line 55 minus the sum of lines 56, 57, and 57.01)		5,902,969		58
59	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2				59

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MERCY HOSPITALS INC. - CHARLOTTE, NC
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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G	
	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1	2	3	4	
CURRENT ASSETS					
1 Cash on hand and in banks	28,201				1
2 Temporary investments					2
3 Notes receivable					3
4 Accounts receivable	113,741,937				4
5 Other receivables	1,989,738				5
6 Allowances for uncollectible notes and accounts receivable	61,131,101				6
7 Inventory	6,606,056				7
8 Prepaid expenses	497,657				8
9 Other current assets					9
10 Due from other funds	604,928,966				10
11 Total current assets (sum of lines 1-10)	666,661,454				11
FIXED ASSETS					
12 Land	1,514,842				12
13 Land improvements	13,999,524				13
13.01 Accumulated depreciation					13.01
14 Buildings	240,365,813				14
14.01 Accumulated depreciation					14.01
15 Leasehold improvements	472,763				15
15.01 Accumulated depreciation					15.01
16 Fixed equipment	31,911,299				16
16.01 Accumulated depreciation					16.01
17 Automobiles and trucks					17
17.01 Accumulated depreciation					17.01
18 Major movable equipment	112,092,335				18
18.01 Accumulated depreciation	150,255,186				18.01
19 Minor equipment depreciable					19
19.01 Accumulated depreciable					19.01
20 Minor equipment-nondepreciable					20
21 Total fixed assets (sum of lines 12-20)	250,101,390				21
OTHER ASSETS					
22 Investments	80,500,568				22
23 Deposits on leases					23
24 Due from owners/officers					24
25 Other assets					25
26 Total other assets (sum of lines 22-25)	80,500,568				26
27 Total assets (sum of lines 11, 21, and 26)	997,263,412				27
CURRENT LIABILITIES					
28 Accounts payable	657,822				28
29 Salaries, wages, and fees payable					29
30 Payroll taxes payable					30
31 Notes and loans payable (short term)					31
32 Deferred income					32
33 Accelerated payments					33
34 Due to other funds					34
35 Other current liabilities	1,444,911				35
36 Total current liabilities (sum of lines 28 thru 35)	2,102,733				36
LONG TERM LIABILITIES					

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BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
37	Mortgage payable					37
38	Notes payable					38
39	Unsecured loans					39
40	Loans from owners 40.01 Prior to 7/1/66 40.02 On or after 7/1/66					40.01
						40.02
41	Other long term liabilities	579,383				41
42	Total long term liabilities (sum of lines 37 thru 41)	579,383				42
43	Total liabilities (sum of lines 36 and 42)	2,682,116				43
	CAPITAL ACCOUNTS					
44	General fund balance	994,581,296				44
45	Specific purpose fund					45
46	Donor created - endowment fund balance - restricted					46
47	Donor created - endowment fund balance - unrestricted					47
48	Governing body created - endowment fund balance					48
49	Plant fund balance - invested in plant					49
50	Plant fund balance - reserve for plant improvement, replacement, and expansion					50
51	Total fund balances (sum of lines 44 thru 50)	994,581,296				51
52	Total liabilities and fund balances (sum of lines 43 and 51)	997,263,412				52

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MERCY HOSPITALS INC. - CHARLOTTE, NC
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STATEMENT OF PATIENT REVENUES AND OPERATING REVENUES	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G-2 PARTS I & II	
PART I - PATIENT REVENUES				
REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
	1	2	3	
GENERAL INPATIENT ROUTINE CARE SERVICES				
1 Hospital	66,825,302		66,825,302	1
2.00 Subprovider				2.00
4 Swing bed - SNF				4
5 Swing bed - NF				5
6 Skilled nursing facility				6
7 Nursing facility				7
8 Other long term care				8
9 Total general inpatient care services (sum of lines 1-8)	66,825,302		66,825,302	9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10 Intensive care unit	9,644,209		9,644,209	10
11 Coronary care unit	13,011,346		13,011,346	11
12 Burn intensive care unit				12
13 Surgical intensive care unit				13
14.15 Neonatal ICU	4,868,287		4,868,287	14.15
15 Total intensive care type inpatient hospital services (sum of lines 10-14)	27,523,842		27,523,842	15
16 Total inpatient routine care services (sum of lines 9 and 15)	94,349,144		94,349,144	16
17 Ancillary services	365,578,132	465,631,317	831,209,449	17
18 Outpatient services	16,594,718	104,062,372	120,657,090	18
19 Home health agency				19
20 Ambulance				20
21 Outpatient rehabilitation providers				21
22 ASC				22
23 Hospice				23
24				24
25 Total patient revenues (sum of lines 16-24) (transfer column 3 to Wkst. G-3, line 1)	476,521,994	569,693,689	1,046,215,683	25
PART II - OPERATING EXPENSES				
		1	2	
26 Operating expenses (per Wkst. A, column 3, line 101)			301,375,184	26
27 Add (specify)				27
28				28
29				29
30				30
31				31
32				32
33 Total additions (sum of lines 27-32)				33
34 Deduct (specify)				34
35				35
36				36
37				37
38				38
39 Total deductions (sum of lines 34-38)				39
40 Total operating expenses (sum of lines 26 and 33 minus line 39) (transfer to Wkst. G-3, line 4)			301,375,184	40

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STATEMENT OF REVENUES AND EXPENSES	PROVIDER NO: 340098	PERIOD: FROM 01/01/2010 TO 12/31/2010	WORKSHEET G-3	
	Description			
1	Total patient revenues (from Wkst. G-2, Part I, column 3, line 25)		1,046,215,683	1
2	Less contractual allowances and discounts on patients' accounts		670,261,283	2
3	Net patient revenues (line 1 minus line 2)		375,954,400	3
4	Less total operating expenses (from Wkst. G-2, Part II, line 40)		301,375,184	4
5	Net income from service to patients (line 3 minus line 4)		74,579,216	5
OTHER INCOME				
6	Contributions, donations, bequests, etc.		12,746	6
7	Income from investments		26,212,089	7
8	Revenues from telephone and telegraph service			8
9	Revenue from television and radio service			9
10	Purchase discounts			10
11	Rebates and refunds of expenses			11
12	Parking lot receipts			12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests		900,895	14
15	Revenue from rental of living quarters			15
16	Revenue from sale of medical and surgical supplies to other than patients			16
17	Revenue from sale of drugs to other than patients		13,432	17
18	Revenue from sale of medical records and abstracts		81,694	18
19	Tuition (fees, sales of textbooks, uniforms, etc.)		931,812	19
20	Revenue from gifts, flowers, coffee shops, and canteen		321,865	20
21	Rental of vending machines			21
22	Rental of hospital space		1,507,549	22
23	Governmental appropriations			23
24	Other (specify)		15,873,879	24
25	Total other income (sum of lines 6-24)		45,855,961	25
26	Total (line 5 plus line 25)		120,435,177	26
27	Other expenses (specify)		1,200	27
28				28
29			99,807	29
30	Total other expenses (sum of lines 27-29)		101,007	30
31	Net income (or loss) for the period (line 26 minus line 30)		120,334,170	31

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Medicare -Title XVIII - Hospital - 340098				
CALCULATION OF CAPITAL PAYMENT		PROVIDER NO: 340098	PERIOD: FROM: 01/01/2010 TO: 12/31/2010	WORKSHEET L
PART I - FULLY PROSPECTIVE METHOD				
1	Capital hospital specific rate payments			1
	Capital Federal Amount			
2	Capital DRG other than outlier		4,081,639	2
3	Capital DRG outlier payments for services rendered prior to October 1, 1997			3
3.01	Capital DRG outlier payments for services rendered on or after October 1, 1997		184,014	3.01
	Indirect Medical Education Adjustment			
4	Total inpatient days divided by number of days in the cost reporting period (see instructions)		206.31	4
4.01	Number of interns & residents (from Worksheet S-3, Part I, column 9, line 12)			4.01
4.02	Indirect medical education percentage (see instructions)			4.02
4.03	Indirect medical education adjustment (sum of lines 2 & 3 times line 4.02)			4.03
	Disproportionate Share Adjustment			
5	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0	5
5.01	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.120500	5.01
5.02	Sum of lines 5 and 5.01		0.19	5.02
5.03	Allowable disproportionate share percentage (see instructions)		0.039800	5.03
5.04	Disproportionate share adjustment (sum of lines 2 & 3 times line 5.03)		162,449	5.04
6	Total prospective capital payments (sum of lines 1-3.01, 4.03, and 5.04)		4,428,102	6
PART II - HOLD HARMLESS METHOD				
1	New capital (see instructions)			1
2	Old capital (see instructions)			2
3	Total capital (sum of line 1 plus line 2)			3
4	Ratio of new capital to total capital (line 1 divided by line 3)			4
5	Total capital payments under 100% federal rate (see instructions)			5
6	Reduction factor for hold harmless payment (see instructions)			6
7	Reduced old capital amount (line 2 x line 6)			7
8	Hold harmless payment for new capital (line 5 x line 4)			8
9	Subtotal (line 7 plus line 8)			9
10	Payment under hold harmless (greater of line 5 or line 9)			10
PART III - PAYMENT UNDER REASONABLE COST				
1	Program inpatient routine capital cost (see instructions)			1
2	Program inpatient ancillary capital cost (see instructions)			2
3	Total inpatient program capital cost (line 1 plus line 2)			3
4	Capital cost payment factor (see instructions)			4
5	Total inpatient program capital cost (line 3 x line 4)			5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS				
1	Program inpatient capital costs (see instructions)			1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)			2
3	Net program inpatient capital costs (line 1 minus line 2)			3
4	Applicable exception percentage (see instructions)			4
5	Capital cost for comparison to payments (line 3 x line 4)			5
6	Percentage adjustment for extraordinary circumstances (see instructions)			6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)			7
8	Capital minimum payment level (line 5 plus line 7)			8
9	Current year capital payments (from Part I, line 6 or Part II, line 10, as applicable)			9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)			10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part IV, line 14)			11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)			12
13	Current year exception payment (if line 12 is positive, enter the amount on this line) for the following period (if line 12 is negative, enter the amount on this line)			13
14	Carryover of accumulated capital minimum payment level over capital payment			14
15	Current year allowable operating and capital payment (see instructions)			15
16	Current year operating and capital costs (see instructions)			16
17	Current year exception offset amount			17

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Cost Report data

340098
MERCY HOSPITALS INC.
2001 VAIL AVENUE
CHARLOTTE, NC 28207-5009

[Electronic Record Code: 7192 - 2010]
Type of Facility: Short Term Acute Care
Type of Control: Governmental Hospital District
Classification: Urban

Bed Size:	303
Total Annual Discharges:	20,190
Total Patient Revenue:	$1,223,654,912

Period: 01/01/2011 - 12/31/2011
Status: As Submitted

Fiscal Intermediary: Palmetto Government Benefits Administrators

Medicare Inpatient Characteristics

DSH Ratio:	0.064200
DSH Amount:	$3,428,758
Outlier Amount:	$1,462,245
IME Amount:	$831,106
GME Amount:	$292,118
Total IP Reimbursement:	$64,597,820
Total IP Costs:	$76,146,376
NPR Date:	00/00/0000
NPR Settlement Amount:	$59,906,440
NPR Settlement Percent:	92.74 %

[Date Generated: 03/20/2013]

Source
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Legend:

Identification
A hospital's Medicare provider number, name, and address are taken from Worksheet S-2. The Electronic Code is a code assigned by CostReportData.com to assist in resolving questions.

Type of Facility
The type of facility is determined from the last four digits of its Medicare provider number.

Type of Control
A hospital's type of control is taken from the HCRIS file.

Bed Size
The number of staffed beds is taken from Worksheet S-3, Part I, line 12, col.1. Cost report instructions define staffed beds as, "the number of beds available for use by patients at the end of the cost reporting period. A bed means an adult bed, pediatric bed, birthing room, or newborn bed maintained in a patient care area for lodging patients in acute, long term, or domiciliary areas of the hospital. Beds in labor room, birthing room, postanesthesia, postoperative recovery rooms, outpatient areas, emergency rooms, ancillary departments, nurses' and other staff residences, and other such areas which are regularly maintained and utilized for only a portion of the stay of patients (primarily for special procedures or not for inpatient lodging) are not termed a bed for these purposes.

Total Annual Discharges
The total number of inpatient discharges (all payors) is taken from Worksheet S-3, part I, line 12, column 15.

Total Patient Revenue
The total patient revenue (inpatient and outpatient) is taken from Worksheet G-2, part I, line 25, column 3.

Period
The beginning and ending dates for a cost report are taken from Worksheet S-2, line 17.

Status
The status of a cost report is taken from the HCRIS file.

Fiscal Intermediary
Medicare Fiscal Intermediaries (FIs) are private insurance companies that serve as the federal government's agents in the administration of the Medicare program, including the payment of claims. The name of the FI is obtained from a hospital's most recent Medicare cost report.

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Petitioner's Trial Exhibit 078B

Disproportionate Share (DSH Amount and DSH Ratio)
Medicare provides additional payment to hospitals that treat a disproportionate share of low-income patients. Qualifying hospitals receive a percentage increase in Medicare payments. This percentage increase varies depending on the ratio of low income patients and on certain statutory calculations. The Disproportionate SHare (DSH) ratio is taken from Worksheet E, Part A, line 4.03. The amount of DSH payments is from Worksheet E, Part A, line 4.04.

Outlier Amount
Medicare makes additional payments to hospitals for patients with costs that are extraordinarily high due to severity of illness and/or complicating conditions. The amount of outlier payments is from Worksheet E, Part A, line 2.01 (or line 2 for discharges occurring prior to October 1, 1997).

IME Amount
Teaching hospitals receive additional Medicare payment due to the indirect costs associated with medical education programs. These payments are intended to cover the costs of additional tests and procedures ordered by interns and residents over and above what would have been ordered by more experienced physicians. The amount of the Indirect Medical Education (IME) adjustment is from Worksheet E, Part A, line 3.24 (or line 3.03 for cost reporting periods ending on or before September 30, 1997).

GME Amount
Medicare pays a hospital for the costs of an approved direct Graduate Medical Education (GME) program. These costs include the direct cost of salaries and benefits for interns, residents, and teachers. The amount of GME payment is from Worksheet E, Part A, line 11.

Total IP Reimbursement
The total amount of Medicare inpatient reimbursement for the cost reporting period is from Worksheet E, Part A, line 16 for PPS hospitals or from Worksheet E-3, Part I, line 17 or Worksheet E-3, Part II, Line 30 for non-PPS hospitals.

Total IP Costs
Total IP Costs corresponding to Total IP Reimbursement are calculated in the cost report and summarized on Worksheet D-1, Part II, line 49.

NPR Date
At the close of its fiscal year, a provider must submit a cost report to the FI showing the costs it incurred during the fiscal year and the proportion of those costs to be allocated to Medicare. The FI reviews the cost report, determines the total amount of Medicare reimbursement due the provider and issues the provider a Notice of Program Reimbursement (NPR). The NPR date is obtained from the most recent cost report data (HCRIS). There is no NPR date for cost reports as submitted or as amended by the provider (see Status above).

NPR Settlement Amount
The NPR Settlement Amount is the Balance due provider/(Program). It is the difference between the Total IP Reimbursement (above) and the total interim payments for the cost reporting period less any tentative settlements previously made by the FI. The Balance due provider/(Program) is from Worksheet E, Part A, line 29 for PPS hospitals or from Worksheet E-3, Part I, line 20 or Worksheet E-3, Part II, Line 33 for non-PPS hospitals.

NPR Settlement Percentage
This NPR settlement percentage is the NPR settlement amount as a percentage of total inpatient reimbursement. (It is calculated from the data elements previously defined.)

Date Generated
This is the date on which the cost report was downloaded from www.CostReportData.com.

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Cost Center Overrides
MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
CMS Certification Number: 340098
Period: 01/01/2011 - 12/31/2011
[Record code 7192 - 2010]

Original Line Number	How the Facility Described the Line	Cost Center Number the Facility Assigned to the Line	Official Name of the Cost Center the Facility Assigned	Cost Center Number We Assigned to the Line	Official Name of the Cost Center We Assigned to the Line
03500	NEONATAL INTENSIVE CARE UNIT	02040	Detoxification ICU	02060	Neonatal ICU

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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7192 - 2010]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S PARTS I, II & III

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).		FORM APPROVED OMB NO. 0938-0050

PART I - COST REPORT STATUS

Provider use only	1. [X] Electronically filed cost report		Date:	Time:
	2. [ ] Manually submitted cost report			
	3. [ ] If this is an amended report enter the number of times the provider resubmitted this cost report			
	4 [F] Medicare Utilization. Enter "F" for full or "L" for low.			
Contractor use only	5. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: 06/01/2012	10. NPR Date:	
		7. Contractor No.: 11001	11. Contractor's Vendor Code: 4	
		8. [N] Initial Report for this Provider CCN	12. [ ] If line 5, column 1 is 4: Enter number of times reopened = 0-9.	
		9. [N] Final Report for this Provider CCN		

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by _____ {Provider Name(s) and Number(s)} for the cost reporting period beginning _____ and ending _____ and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

	(Signed)	Name NOT AVAILIABLE ON ELECTRONIC FORM
		Officer or Administrator of Provider(s)
		Title NOT AVAILIABLE ON ELECTRONIC FORM
		Title
		_____
		Date

PART III - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		HIT	TITLE XIX	
			PART A	PART B			
		1	2	3	4	5	
1	HOSPITAL		2,071,807	657,638		6,812,231	1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER (Specify)						12
200	TOTAL		2,071,807	657,638		6,812,231	200

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTIONS 4003.1-4003.3)

Rev. 2		40-503 - 08-11

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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7192 - 2010]

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-10

Uncompensated and indigent care cost computation			
1	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.244844	1
Medicaid (see instructions for each line)			
2	Net revenue from Medicaid	17,117,716	2
3	Did you receive DSH or supplemental payments from Medicaid?	Y	3
4	If line 3 is yes, does line 2 include all DSH or supplemental payments from Medicaid?	N	4
5	If line 4 is no, enter DSH or supplemental payments from Medicaid	7,098,390	5
6	Medicaid charges	107,600,752	6
7	Medicaid cost (line 1 times line 6)	26,345,398	7
8	Difference between net revenue and costs for Medicaid program (line 2 plus line 5 minus line 7)	2,129,293	8
State Children's Health Insurance Program (SCHIP) (see instructions for each line)			
9	Net revenue from stand-alone SCHIP	241,894	9
10	Stand-alone SCHIP charges	1,554,171	10
11	Stand-alone SCHIP cost (line 1 times line 10)	380,529	11
12	Difference between net revenue and costs for stand-alone SCHIP (line 9 minus line 11)	138,635	12
Other state or local government indigent care program (see instructions for each line)			
13	Net revenue from state or local indigent care program (not included on lines 2, 5 or 9)	59,582	13
14	Charges for patients covered under state or local indigent care program (not included in lines 6 or 10)	4,688,665	14
15	State or local indigent care program cost (line 1 times line 14)	1,147,991	15
16	Difference between net revenue and costs for state or local indigent care program (line 13 minus line 15)	1,088,409	16
Uncompensated care (see instructions for each line)			
17	Private grants, donations, or endowment income restricted to funding charity care		17
18	Government grants, appropriations or transfers for support of hospital operations		18
19	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,356,337	19

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1	2	3	
20	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	30,392,108	556,104	30,948,212	20
21	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,441,325	136,159	7,577,484	21
22	Partial payment by patients approved for charity care	102,083	42,060	144,143	22
23	Cost of charity care (line 21 minus line 22)	7,339,242	94,099	7,433,341	23

24	Does the amount in line 20, column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24
25	If line 24 is yes, enter charges for patient days beyond an indigent care program's length of stay limit (see instructions)		25
26	Total bad debt expense for the entire hospital complex (see instructions)	55,388,344	26
27	Medicare bad debts for the entire hospital complex (see instructions)	1,982,419	27
28	Non-Medicare and non-reimbursable bad debt expense (line 26 minus line 27)	53,405,924	28
29	Cost of non-Medicare bad debt expense (line 1 times line 28)	13,076,120	29
30	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	20,509,460	30
31	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	23,865,798	31

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4012)

Rev. 2 | 40-523 - 08-11

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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7192 - 2010]

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 2001 VAIL AVENUE			P.O. Box:	1
2	City: CHARLOTTE	State: NC	Zip Code: 28207-5009	County: MECKLENBURG	2

Hospital and Hospital-Based Component Identification:

	Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
	0	1	2	3	4	5	6	7	8	
3	Hospital	MERCY HOSPITALS INC.	340098		1	07/01/1966	N	P	O	3
4	Subprovider- IPF						N	N	N	4
5	Subprovider- IRF						N	N	N	5
6	Subprovider- (Other)									6
7	Swing Beds-SNF						N	N	N	7
8	Swing Beds-NF						N		N	8
9	Hospital-Based SNF						N	N	N	9
10	Hospital-Based NF						N		N	10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA						N	N	N	12
13	Separately Certified ASC						N	N	N	13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic-RHC						N	N	N	15
16	Hospital-Based Health Clinic-FQHC						N	N	N	16
17	Hospital-Based (CMHC)						N	N	N	17
17.10							N	N	N	17.10
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 01/01/2011	To: 12/31/2011			20
21	Type of control (see instructions)	11				21

Inpatient PPS Information			
		1	2
22	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR §412.106, or low income payment in accordance with 42 CFR §412.624 (e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR §412.06 (c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1	2	3	4	5	6	
24	If line 22 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	7,940	458	1,245	50	395	78	24
25	If line 22 is "yes", and this provider is an IRF then, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of state Medicaid eligible days in col. 4 Medicaid HMO days in col. 5 and other Medicaid days in col. 6.							25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter "1" for urban or "2" for rural.	1		27

35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:	36

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I	

37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.				37
38	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	Beginning:	Ending:		38

		V	XVIII	XIX	
	Prospective Payment System (PPS)-Capital	1	2	3	
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320? (see instructions)	N	Y	N	45
46	Is this facility eligible for the special exceptions payment pursuant to 42 CFR §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47
48	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48

		1	2	3	
	Teaching Hospitals				
56	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	Y	Y		57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60

		Y/N	IME Average	Direct GME Average	
61	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N			61

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				62.01

	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63

	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
64	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1	2	3	4	5	
65	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)						65

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010	1	2	3	
66	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1	2	3	4	5	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I		

67	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)					67
Inpatient Psychiatric Facility PPS			1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.		N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N			71
Inpatient Rehabilitation Facility PPS						
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes or "N" for no.		N			75
76	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					76
Long Term Care Hospital PPS						
80	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		80
TEFRA Providers						
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter "Y" for yes or "N" for no.			N		86
				V	XIX	
Title V and XIX Inpatient Services				1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in applicable column.			N	Y	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92
93	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93
94	Does title V or title XIX reduce capital cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	94
95	If line 94 is "Y", enter the reduction percentage in the applicable column.					95
96	Does title V or title XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96
97	If line 96 is "Y", enter the reduction percentage in the applicable column.					97
Rural Providers				1	2	
105	Does this hospital qualify as a Critical Access Hospital (CAH)?			N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N		106
107	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			N		107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter "Y" for yes or "N" for no.			N		108
			Physical	Occupationa	Speech	Respiratory	
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	N	N	109
Miscellaneous Cost Reporting Information							
115	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.			N		115
116	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		116
117	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim- made. Enter 2 if the policy is occurrence.			2		118
118.02				N		118.02
119	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.					119
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.			N	N	120
121	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		121
Transplant Center Information							
125	Does this facility operate a transplant center? Enter "Y" for yes or "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N		125
126	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126
127	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 PART I

128	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128
129	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129
130	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130
131	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131
132	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132
133	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	349014	140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: CAROLINAS HEALTHCARE SYSTEM	Contractor's Name: PALMETTO GBA		Contractor's Number:		141
142	Street: 1100 BLYTHE BLVD	P.O. Box: 32861				142
143	City: CHARLOTTE State NC	Zip Code: 28232-				143
144	Are provider based physicians' costs included in Worksheet A?			Y		144
145	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y		145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.			N		146
147	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.			N		147
148	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.			N		148
149	Was the change to the simplified cost finding method? Enter "Y" for yes or "N" for no.			N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N	N	N	156
157	Subprovider - IRF	N	N	N	N	157
158	Subprovider - Other					158
159	SNF	N	N	N	N	159
160	HHA	N	N	N	N	160
161	CMHC		N	N	N	161
161.10			N	N	N	161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N					165

If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip in column 3, CBSA in column 4, FTE/Campus in column 5.

	Name	County	State	Zip Code	CBSA	FTE/ Campus	
	0	1	2	3	4	5	
166							166

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886 (n)? Enter "Y" for yes or "N" for no.	N		167
168	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets. (see instructions)			168
169	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)			169

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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
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08-11	FORM CMS-2552-10		4090 (Cont.)
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-2 Part II

General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation		1	2		
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
		1	2	3	
2	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3
		Y/N	Type	Date	
Financial Data and Reports		1	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5
			Y/N	Y/N	
Approved Educational Activities			1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		Y	Y	6
7	Are costs claimed for allied health programs? If yes, see instructions.		N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8
9	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9
10	Was an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11
Bad Debts				Y/N	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14
Bed Complement					
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15

		Part A		Part B		
		Y/N	Date	Y/N	Date	
PS&R Report Data		1	2	3	4	
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/12/2012	Y	04/12/2012	16
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N		17
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N		18
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N		19
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N		20
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost			
22	Have assets been relifed for Medicare purposes? If yes, see instructions.	N	22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.	N	24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25
26	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.	N	27

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08-11	FORM CMS-2552-10		4090 (Cont.)	
Interest Expense				
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		N	29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31
Purchased Services				
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33
Provider-Based Physicians				
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If "Y" see instructions.		N	34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35
		Y/N	Date	
Home Office Costs		1	2	
36	Are home office costs claimed on the cost report?	Y		36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37
38	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTIONS 4004.2)				
40-510			Rev. 2	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA								Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET S-3 PART I			
Component	Worksheet A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Full Time Equivalents			Discharges			
					Title V	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	248	90,031			27,578	6,250	67,963					6,542	1,876	20,190
2 HMO						3,486	2,733						736		
3 HMO IPF															
4 HMO IRF															
5 Hospital Adults & Peds. Swing Bed SNF															
6 Hospital Adults & Peds.Swing Bed NF															
7 Total Adults and Peds. (exclude observation beds) (see instructions)		248	90,031			27,578	6,250	67,963							
8 Intensive Care Unit		45	14,854			4,799	1,003	9,717							
9 Coronary Care Unit															
10 Burn Intensive Care Unit															
11 Surgical Intensive Care Unit															
12 Other Special Care															
12.15 Neonatal ICU	35.15	10	3,650				180	2,135							
13 Nursery	43.00														
14 Total (see instructions)		303	108,535			32,377	7,433	79,815	7.31	1,866.57			6,542	1,876	20,190
15 CAH visits															
16 Subprovider - IPF	40.00														
17 Subprovider - IRF	41.00														
18 Subprovider - Other	42.00														
19 Skilled Nursing Facility	44.00														
20 Nursing Facility	45.00														
21 Other Long Term Care	46.00														
22 Home Health Agency	101.00														
23 ASC (Distinct Part)	115.00														
24 Hospice (Distinct Part)	116.00														
25 CMHC	99.00														
26 RHC/FQHC (specify)	88.00														
27 Total (sum of lines 14-26)		303							7.31	1,866.57					
28 Observation Bed Days							691	5,758							
28.															
29 Ambulance Trips															
30 Employee discount days (see instructions)															

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3 PART I	
31	Employee discount days -IRF				31
32	Labor & delivery days (see instructions)				32
33	LTCH non-covered days				33
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.1)					
Rev. 2					40-511 - 08-11

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HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3 PART II

Part II - Wage Data

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in column 4	Average Hourly Wage (column 4 ÷ column 5)	
		1	2	3	4	5	6	
SALARIES								
1	Total salaries (see instructions)	200	113,568,080		113,568,080	3,892,921	** 29.17	1
2	Non-physician anesthetist Part A							2
3	Non-physician anesthetist Part B		8,834,386		8,834,386	105,265	** 83.93	3
4	Physician-Part A							4
5	Physician-Part B							5
6	Non-physician-Part B							6
7	Interns & residents (in an approved program)	21						7
8	Home office personnel							8
9	SNF	44						9
10	Excluded area salaries (see instructions)		1,978,837	382,651	2,361,488	76,182	** 31.00	10
OTHER WAGES AND RELATED COSTS								
11	Contract labor (see instructions)		1,312,728		1,312,728	30,362	** 43.24	11
12	Management and administrative services							12
13	Contract labor: physician-Part A		498,211		498,211	3,710	** 134.26	13
14	Home office salaries & wage-related costs		30,325,106		30,325,106	630,760	** 48.08	14
15	Home office: physician Part A							15
16	Teaching physician salaries (see instructions)							16
WAGE-RELATED COSTS								
17	Wage-related costs (core) Worksheet S-3, Part IV line 24		25,150,590		25,150,590			17
18	Wage-related costs (other) Worksheet S-3, Part IV line 25							18
19	Excluded areas		577,879		577,879			19
20	Non-physician anesthetist Part A							20
21	Non-physician anesthetist Part B		2,167,719		2,167,719			21
22	Physician Part A							22
23	Physician Part B							23
24	Wage-related costs (RHC/FQHC)							24
25	Interns & residents (in an approved program)							25
OVERHEAD COSTS - DIRECT SALARIES								
26	Employee Benefits	4	1,607,818	-1,607,818				26
27	Administrative & General	5	5,492,353	1,607,818	7,100,171	218,479	** 32.50	27
28	Administrative & General under contract (see instructions)							28
29	Maintenance & Repairs	6						29
30	Operation of Plant	7	2,420,103		2,420,103	123,694	** 19.57	30
31	Laundry & Linen Service	8						31
32	Housekeeping	9	2,003,199		2,003,199	176,952	** 11.32	32
33	Housekeeping under contract (see instructions)							33
34	Dietary	10	56,564		56,564	2,698	** 20.97	34
35	Dietary under contract (see instructions)							35
36	Cafeteria	11						36
37	Maintenance of Personnel	12						37
38	Nursing Administration	13	3,732,969	-1,341	3,731,628	95,120	** 39.23	38
39	Central Services and Supply	14	1,537,512		1,537,512	95,787	** 16.05	39
40	Pharmacy	15	6,285,126	-266,643	6,018,483	151,451	** 39.74	40
41	Medical Records & Medical Records Library	16	1,244,129		1,244,129	68,469	** 18.17	41
42	Social Service	17	1,719,618		1,719,618	57,483	** 29.92	42
43	Other General Service	18						43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)	104,733,696		104,733,696	3,787,655	** 27.65	1
2	Excluded area salaries (see instructions)	1,978,837	382,651	2,361,488	76,182	** 31.00	2
3	Subtotal salaries (line 1 minus line 2)	102,754,864	-382,651	102,372,208	3,711,473	** 27.58	3

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HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET S-3 PART II	
4	Subtotal other wages and related costs (see instructions)	[redacted]	32,136,044		32,136,044	664,832	** 48.34	4
5	Subtotal wage-related costs (see instructions)	[redacted]	25,150,590		25,150,590			5
6	Total (sum of lines 3 through 5)	[redacted]			159,658,848			6
7	Total overhead cost (see instructions)	[redacted]	26,099,392	-267,984	25,831,408	990,133	** 26.09	7
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.2 - 4005.3)								
Rev. 2							40-513 - 08-11	

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HOSPITAL WAGE RELATED COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3, PART IV

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
RETIREMENT COST			
1	401k Employer Contributions	2,564,227	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Qualified and Non-Qualified Pension Plan Cost	4,067,325	3
4	Prior Year Pension Service Cost		4
PLAN ADMINISTRATIVE COSTS (Paid to External Organization):			
5	401k/TSA Plan Administration fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
HEALTH AND INSURANCE COST			
8	Health Insurance (Purchased or Self Funded)	11,507,041	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan	308,715	10
11	Life Insurance (If employee is owner or beneficiary)	642,002	11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	514,293	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
TAXES			
17	FICA-Employers Portion Only	7,683,971	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance	383,397	19
20	State or Federal Unemployment Taxes		20
OTHER			
21	Executive Deferred Compensation		21
22	Day Care Cost and Allowances		22
23	Tuition Reimbursement	225,217	23
24	Total Wage Related cost (Sum of lines 1 -23)	27,896,188	24

Part B - Other than Core Related Cost

25	Other Wage Related Costs (specify)_____		25

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.4)

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HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET S-3, PART V

Part V - Contract Labor and Benefit Cost
Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost	1,312,728		1
2	Hospital	1,312,728		2
3	Subprovider- IPF			3
4	Subprovider- IRF			4
5	Subprovider- (Other)			5
6	Swing Beds-SNF			6
7	Swing Beds-NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic RHC			14
15	Hospital-Based Health Clinic FQHC			15
16	Hospital-Based-CMHC			16
17	Renal Dialysis			17
18	Other			18

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4005.5)

Rev. 2		40-515 - 08-11

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There are 1 Cost Center Overrides.
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES					Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Capital Related Costs-Buildings and Fixtures				11,353,985	11,353,985	-46,569	11,307,416	1
2	00200	Capital Related Costs-Movable Equipment				9,451,201	9,451,201	-15,272	9,435,929	2
3	00300	Other Capital Related Costs							-0-	3
4	00400	Employee Benefits	1,607,818	27,170,444	28,778,264	848,616	29,626,880	-1,372,984	28,253,896	4
5	00500	Administrative and General	5,492,353	79,611,816	85,104,168	-20,272,708	64,831,460	-11,410,577	53,420,884	5
6	00600	Maintenance and Repairs								6
7	00700	Operation of Plant	2,420,103	5,683,593	8,103,696	623,184	8,726,880	42,118	8,768,998	7
8	00800	Laundry and Linen Service		1,440,894	1,440,894	165,571	1,606,465	248,517	1,854,982	8
9	00900	Housekeeping	2,003,199	1,194,043	3,197,242		3,197,242	606	3,197,848	9
10	01000	Dietary	56,564	5,689,306	5,745,870		5,745,870	-950,955	4,794,915	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration	3,732,969	428,280	4,161,249	-1,341	4,159,908	-23,105	4,136,803	13
14	01400	Central Services and Supply	1,537,512	1,435,567	2,973,079	-453,878	2,519,201	-323,312	2,195,889	14
15	01500	Pharmacy	6,285,126	11,475,137	17,760,264	-8,561,747	9,198,516	-2,720,031	6,478,485	15
16	01600	Medical Records & Medical Records Library	1,244,129	888,994	2,133,123	101,519	2,234,642	-36,367	2,198,275	16
17	01700	Social Service	1,719,618	123,856	1,843,474		1,843,474	-64,481	1,778,993	17
18		Other General Service (specify)								18
19	01900	Nonphysician Anesthetists				8,834,386	8,834,386	-8,834,386		19
20	02000	Nursing School	1,389,352	612,443	2,001,795	113,379	2,115,174	-1,103,347	1,011,827	20
21	02100	Intern & Res. Service-Salary & Fringes (Approved)						623,949	623,949	21
22	02200	Intern & Res. Other Program Costs (Approved)						1,273,904	1,273,904	22
23	02300	Paramedical Ed. Program (specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults and Pediatrics (General Routine Care)	25,836,996	5,250,831	31,087,828	-1,833,975	29,253,852	-356,368	28,897,484	30
31	03100	Intensive Care Unit	6,987,001	1,152,932	8,139,933	-86,000	8,053,933	-18,248	8,035,685	31
32	03200	Coronary Care Unit								32
33	03300	Burn Intensive Care Unit								33
34	03400	Surgical Intensive Care Unit								34
35		Other Special Care (specify)								35
35.15		Neonatal ICU	1,881,786	105,820	1,987,606	-1,872	1,985,734		1,985,734	35.15
40	04000	Subprovider - IPF								40

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340098			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
41	04100	Subprovider - IRF								41
42	04200	Subprovider (specify)								42
43	04300	Nursery								43
44	04400	Skilled Nursing Facility								44
45	04500	Nursing Facility								45
46	04600	Other Long Term Care								46
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room	13,725,159	44,050,176	57,775,332	-33,943,952	23,831,380	-288,301	23,543,080	50
50.20	05000	Endoscopy	1,358,620	768,077	2,126,697	-373,123	1,753,574	-348,526	1,405,048	50.20
51	05100	Recovery Room								51
52	05200	Labor Room and Delivery Room								52
53	05300	Anesthesiology	9,753,524	1,388,677	11,142,201	-8,831,658	2,310,543	-132,608	2,177,935	53
54	05400	Radiology-Diagnostic	3,936,795	2,108,108	6,044,903	-1,077,953	4,966,950	-561,375	4,405,575	54
55	05500	Radiology-Therapeutic								55
56	05600	Radioisotope								56
57	05700	Computed Tomography (CT) Scan	1,504,863	1,114,471	2,619,334	5,115	2,624,449	-310,834	2,313,615	57
58	05800	Magnetic Resonance Imaging (MRI)	596,843	265,704	862,547	-45,742	816,805	-24,210	792,595	58
59	05900	Cardiac Catheterization	1,536,726	7,885,922	9,422,648	-7,066,213	2,356,435	-98,783	2,257,652	59
60	06000	Laboratory	2,395,826	6,012,847	8,408,673	189,305	8,597,978	-3,073,670	5,524,308	60
61	06100	PBP Clinical Laboratory Services-Program Only								61
62	06200	Whole Blood & Packed Red Blood Cells								62
63	06300	Blood Storing, Processing, & Trans.								63
64	06400	Intravenous Therapy								64
65	06500	Respiratory Therapy	2,819,077	896,524	3,715,601	-27,216	3,688,385	-406,653	3,281,732	65
66	06600	Physical Therapy	1,595,236	179,901	1,775,137	2,214	1,777,351	-48,580	1,728,771	66
67	06700	Occupational Therapy								67
68	06800	Speech Pathology								68
69	06900	Electrocardiology	634,680	280,715	915,395	51,521	966,916	-185,206	781,710	69
70	07000	Electroencephalography	177,624	3,058	180,682	142	180,824		180,824	70
71	07100	Medical Supplies Charged to Patients				8,028,205	8,028,205		8,028,205	71
72	07200	Implantable Devices Charged to Patients				34,777,016	34,777,016		34,777,016	72
73	07300	Drugs Charged to Patients				10,051,656	10,051,656	-8,889	10,042,767	73
74	07400	Renal Dialysis								74
75	07500	ASC (Non-Distinct Part)								75
76		Other Ancillary (specify)								76
76.30		Other Ancillary Cost Centers	2,269,180	4,877,407	7,146,587	-2,351,427	4,795,160	-306,266	4,488,894	76.30
		OUTPATIENT SERVICE COST CENTERS								

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340098				PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A	
		COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
88	08800	Rural Health Clinic (RHC)								88
89	08900	Federally Qualified Health Center (FQHC)								89
90	09000	Clinic								90
91	09100	Emergency	8,479,919	3,668,365	12,148,284	65,146	12,213,430	-222,481	11,990,949	91
92	09200	Observation Beds								92
93		Other Outpatient Service (specify)								93
		OTHER REIMBURSABLE COST CENTERS								
94	09400	Home Program Dialysis								94
95	09500	Ambulance Services								95
96	09600	Durable Medical Equipment-Rented								96
97	09700	Durable Medical Equipment-Sold								97
98		Other Reimbursable (specify)								98
99		Outpatient Rehabilitation Provider (specify)								99
100	10000	Intern-Resident Service (not appvd. tchng. prgm.)								100
101	10100	Home Health Agency								101
		SPECIAL PURPOSE COST CENTERS								
105	10500	Kidney Acquisition								105
106	10600	Heart Acquisition								106
107	10700	Liver Acquisition								107
108	10800	Lung Acquisition								108
109	10900	Pancreas Acquisition								109
110	11000	Intestinal Acquisition								110
111	11100	Islet Acquisition								111
112		Other Organ Acquisition (specify)								112
113	11300	Interest Expense							- 0 -	113
114	11400	Utilization Review-SNF							- 0 -	114
115	11500	Ambulatory Surgical Center (Distinct Part)								115
116	11600	Hospice								116
117		Other Special Purpose (specify)								117
118		SUBTOTALS (sum of lines 1-117)	112,978,600	215,763,904	328,742,496	-266,643	328,475,872	-31,105,290	297,372,576	118
		NONREIMBURSABLE COST CENTERS								
190	19000	Gift, Flower, Coffee Shop, & Canteen	77,626	379,274	456,900		456,900		456,900	190
191	19100	Research								191
192	19200	Physicians' Private Offices		23,702	23,702	266,643	290,345		290,345	192
193	19300	Nonpaid Workers								193
194		Other Nonreimbursable (specify)	511,859	172,361	684,220		684,220	-77,130	607,090	194
200		TOTAL (sum of lines 118-199)	113,568,080	216,339,248	329,907,328	- 0 -	329,907,328	-31,180,420	298,726,912	200

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES			Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A
COST CENTER DESCRIPTIONS (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)
	1	2	3	4	5	6	7
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4013)							
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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

O - SON PRECEPTOR SALARY EXPEN

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	SON PRECEPTOR SALARY EXPENSE	O		20.00	116,008			15.00	1,341			1
2	SON PRECEPTOR SALARY EXPENSE	O						30.00	61,780			2
3	SON PRECEPTOR SALARY EXPENSE	O						31.00	37,138			3
4	SON PRECEPTOR SALARY EXPENSE	O						35.00	1,872			4
5	SON PRECEPTOR SALARY EXPENSE	O						50.00	1,032			5
6	SON PRECEPTOR SALARY EXPENSE	O						76.04	1,291			6
7	SON PRECEPTOR SALARY EXPENSE	O						91.00	11,554			7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
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23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				116,008				116,008			500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

G - DEPRECIATION EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	DEPRECIATION EXPENSE	G		1.00		9,737,096		5.00		17,768,300	9	1
2	DEPRECIATION EXPENSE	G		2.00		8,031,204					9	2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
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22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					17,768,300				17,768,300		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

B - INSURANCE COSTS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	INSURANCE COSTS	B		1.00		539,081		5.00		729,473	12	1
2	INSURANCE COSTS	B		2.00		190,392					12	2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
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21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					729,473				729,473		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

M - IMPLANT RECLASS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	IMPLANT RECLASS	M		72.00		34,774,144		14.00		522		1
2	IMPLANT RECLASS	M						30.00		34,797		2
3	IMPLANT RECLASS	M						50.00		26,464,144		3
4	IMPLANT RECLASS	M						54.00		421,803		4
5	IMPLANT RECLASS	M						57.00		4,059		5
6	IMPLANT RECLASS	M						59.00		6,764,357		6
7	IMPLANT RECLASS	M						76.01		78,634		7
8	IMPLANT RECLASS	M						76.02		1,005,829		8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					34,774,144				34,774,144		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

K - DRUG RECLASS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	DRUG RECLASS	K		73.00		8,833,385		15.00		7,762,066		1
2	DRUG RECLASS	K						50.00		374,310		2
3	DRUG RECLASS	K						54.00		138,280		3
4	DRUG RECLASS	K						57.00		303,865		4
5	DRUG RECLASS	K						58.00		97,224		5
6	DRUG RECLASS	K						59.00		154,364		6
7	DRUG RECLASS	K						69.00		3,276		7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
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24												24
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27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					8,833,385				8,833,385		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS			Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6				
F - RECOVERY ROOM EXPENSE										
	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	RECOVERY ROOM EXPENSE	F		50.00	637,990	89,041		30.00	591,876	81,432		1
2	RECOVERY ROOM EXPENSE	F						31.00	46,114	7,609		2
3												3
4												4
5												5
6												6
7												7
8												8
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24												24
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26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				637,990	89,041			637,990	89,041		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS			Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

J - PATIENT REVENUE/EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	PATIENT REVENUE/EXPENSE	J		30.00		109,605		30.00		1,034,068		1
2	PATIENT REVENUE/EXPENSE	J		31.00		7,261						2
3	PATIENT REVENUE/EXPENSE	J		50.00		15,784						3
4	PATIENT REVENUE/EXPENSE	J		53.00		5,128						4
5	PATIENT REVENUE/EXPENSE	J		54.00		93,997						5
6	PATIENT REVENUE/EXPENSE	J		57.00		185,855						6
7	PATIENT REVENUE/EXPENSE	J		58.00		7,101						7
8	PATIENT REVENUE/EXPENSE	J		59.00		45,717						8
9	PATIENT REVENUE/EXPENSE	J		60.00		189,308						9
10	PATIENT REVENUE/EXPENSE	J		65.00		17,312						10
11	PATIENT REVENUE/EXPENSE	J		66.00		2,262						11
12	PATIENT REVENUE/EXPENSE	J		69.00		54,797						12
13	PATIENT REVENUE/EXPENSE	J		70.00		142						13
14	PATIENT REVENUE/EXPENSE	J		71.00		1,418						14
15	PATIENT REVENUE/EXPENSE	J		72.00		2,872						15
16	PATIENT REVENUE/EXPENSE	J		73.00		50,342						16
17	PATIENT REVENUE/EXPENSE	J		76.01		508						17
18	PATIENT REVENUE/EXPENSE	J		91.00		236,810						18
19	PATIENT REVENUE/EXPENSE	J		76.02		319						19
20	PATIENT REVENUE/EXPENSE	J		76.04		7,530						20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					1,034,068				1,034,068		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

C - EQUIPMENT RENT

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	EQUIPMENT RENT	C		2.00		1,229,605		5.00		42	10	1
2	EQUIPMENT RENT	C						14.00		398,279		2
3	EQUIPMENT RENT	C						15.00		59,390		3
4	EQUIPMENT RENT	C						30.00		27,295		4
5	EQUIPMENT RENT	C						31.00		2,400		5
6	EQUIPMENT RENT	C						50.00		478,603		6
7	EQUIPMENT RENT	C						53.00		2,400		7
8	EQUIPMENT RENT	C						65.00		44,528		8
9	EQUIPMENT RENT	C						76.03		6,273		9
10	EQUIPMENT RENT	C						76.01		210,395		10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					1,229,605				1,229,605		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

R - INTEREST EXPENSE

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	INTEREST EXPENSE	R		1.00		1,077,808		5.00		1,077,808	11	1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
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16												16
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21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					1,077,808				1,077,808		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

N - NON-IMPLANT RECLASS

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	NON-IMPLANT RECLASS	N		71.00		8,026,787		14.00		55,077		1
2	NON-IMPLANT RECLASS	N						30.00		97,042		2
3	NON-IMPLANT RECLASS	N						50.00		7,349,238		3
4	NON-IMPLANT RECLASS	N						54.00		74,386		4
5	NON-IMPLANT RECLASS	N						57.00		25,480		5
6	NON-IMPLANT RECLASS	N						58.00		3,027		6
7	NON-IMPLANT RECLASS	N						66.00		48		7
8	NON-IMPLANT RECLASS	N						59.00		169,120		8
9	NON-IMPLANT RECLASS	N						76.01		83,409		9
10	NON-IMPLANT RECLASS	N						76.02		119,921		10
11	NON-IMPLANT RECLASS	N						76.04		50,039		11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					8,026,787				8,026,787		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS						Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET A-6	
E - PHARMACY SALARY & OTHE											
EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
		COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
	1	2	3	4	5	6	7	8	9	10	
1 PHARMACY SALARY & OTHER FOR LTACH	E		192.00	266,643			15.00	266,643			1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
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15											15
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21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
500 Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				266,643				266,643			500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.											
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.											
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)											
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RECLASSIFICATIONS							Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
Q - SELECTED INTERCO EXPENSES												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	SELECTED INTERCO EXPENSES	Q		5.00		774,716		15.00		199,013		1
2	SELECTED INTERCO EXPENSES	Q		16.00		101,519		20.00		2,629		2
3	SELECTED INTERCO EXPENSES	Q		73.00		250,907		54.00		321,341		3
4	SELECTED INTERCO EXPENSES	Q						59.00		24,089		4
5	SELECTED INTERCO EXPENSES	Q						60.00		3		5
6	SELECTED INTERCO EXPENSES	Q						76.01		522		6
7	SELECTED INTERCO EXPENSES	Q						76.02		578,913		7
8	SELECTED INTERCO EXPENSES	Q						76.03		164		8
9	SELECTED INTERCO EXPENSES	Q						76.04		468		9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					1,127,142				1,127,142		500
(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.												
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.												
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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

D - CRNA PAID HOURS AND SALARY

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	CRNA PAID HOURS AND SALARY	D		19.00	8,834,386			53.00	8,834,386			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
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16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				8,834,386				8,834,386			500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS							Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET A-6		
P - RADIOLOGY ADMINISTRATION A												
EXPLANATION OF RECLASSIFICATION(S)		CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	RADIOLOGY ADMINISTRATION ALLOCATION	P		57.00	152,025	639		54.00	199,241	831		1
2	RADIOLOGY ADMINISTRATION ALLOCATION	P		58.00	47,216	192						2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
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18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				199,241	831			199,241	831		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

A - A&G OTHER EXPENSES

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	A&G OTHER EXPENSES	A		4.00		2,456,434		5.00		3,079,618		1
2	A&G OTHER EXPENSES	A		7.00		623,184						2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					3,079,618				3,079,618		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

L - IV & LIVE TISSUE RECLA

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	IV & LIVE TISSUE RECLASS	L		73.00		917,022		30.00		15,290		1
2	IV & LIVE TISSUE RECLASS	L						50.00		19,392		2
3	IV & LIVE TISSUE RECLASS	L						54.00		1,632		3
4	IV & LIVE TISSUE RECLASS	L						76.01		671		4
5	IV & LIVE TISSUE RECLASS	L						91.00		37,785		5
6	IV & LIVE TISSUE RECLASS	L						15.00		274,635		6
7	IV & LIVE TISSUE RECLASS	L						76.04		567,617		7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
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21												21
22												22
23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					917,022				917,022		500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

H - INTERCO LAUNDRY

	EXPLANATION OF RECLASSIFICATION(S)	CODE (I)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	INTERCO LAUNDRY	H		8.00		165,571		50.00		49		1
2	INTERCO LAUNDRY	H						91.00		122,325		2
3	INTERCO LAUNDRY	H						76.02		9,472		3
4	INTERCO LAUNDRY	H						54.00		14,436		4
5	INTERCO LAUNDRY	H						76.04		19,289		5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
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26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)					165,571				165,571		500

(I) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECLASSIFICATIONS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-6

1 - PTO & PTO CASH-IN IN D

	EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES				DECREASES				Wkst. A-7 Ref.	
			COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
		1	2	3	4	5	6	7	8	9	10	
1	PTO & PTO CASH-IN IN DEPT 394000	I		5.00	1,607,818			4.00	1,607,818			1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
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23												23
24												24
25												25
26												26
27												27
28												28
29												29
500	Total reclassifications (sum of columns 4 and 5 must equal sum of columns 8 and 9)				1,607,818				1,607,818			500

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.

Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4014)

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RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-7, PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land	1,514,842					1,514,842		1
2	Land Improvements	13,999,524	322,454		322,454	400,770	13,921,208	2,682,685	2
3	Buildings and Fixtures	272,749,888	6,516,289		6,516,289	4,651,643	274,614,528	33,685,052	3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	112,092,336	9,555,594		9,555,594	24,675,504	96,972,424	29,941,612	6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	400,356,576	16,394,337		16,394,337	29,727,918	387,023,008	66,309,348	8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	400,356,576	16,394,337		16,394,337	29,727,918	387,023,008	66,309,348	10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		9	10	11	12	13	14	15	
1	Capital Related Costs-Buildings and Fixtures								1
2	Capital Related Costs-Movable Equipment								2
3	Total (sum of lines 1-2)								3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2. All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COSTS CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
		1	2	3	4	5	6	7	8	
1	Capital Related Costs-Buildings and Fixtures	290,050,560		290,050,560						1
2	Capital Related Costs-Movable Equipment	96,972,424		96,972,424						2
3	Total (sum of lines 1-2)	387,023,008		387,023,008	1.000000					3

	Description	SUMMARY OF CAPITAL							
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		9	10	11	12	13	14	15	
1	Capital Related Costs-Buildings and Fixtures	9,721,569		1,077,808	539,081		-31,042	11,307,416	1
2	Capital Related Costs-Movable Equipment	8,015,932	1,229,605		190,392			9,435,929	2
3	Total (sum of lines 1-2)	17,737,500	1,229,605	1,077,808	729,473		-31,042	20,743,344	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4015)

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ADJUSTMENTS TO EXPENSES		Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8		
DESCRIPTION (1)		BASIS/CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.	
				COST CENTER	LINE #		
		1	2	3	4	5	
1	Investment income - buildings and fixtures (chapter 2)			[redacted]	[redacted]		1
2	Investment income - movable equipment (chapter 2)			[redacted]	[redacted]		2
3	Investment income - other (chapter 2)						3
4	Trade, quantity, and time discounts (chapter 8)						4
5	Refunds and rebates of expenses (chapter 8)						5
6	Rental of provider space by suppliers (chapter 8)						6
7	Telephone services (pay stations excluded) (chapter 21)	A	-25,137	ADMINISTRATIVE & GENERAL	5.00		7
8	Television and radio service (chapter 21)	A	-15,272	CAP REL COSTS-MVBLE EQUIP	2.00	9	8
9	Parking lot (chapter 21)	A	-15,527	CAP REL COSTS-BLDG & FIXT	1.00	9	9
10	Provider-based physician adjustment	[redacted]	-118,062	[redacted]	[redacted]		10
11	Sale of scrap, waste, etc. (chapter 23)						11
12	Related organization transactions (chapter 10)	[redacted]	-4,077,542	[redacted]	[redacted]		12
13	Laundry and linen service						13
14	Cafeteria-employees and guests						14
15	Rental of quarters to employee and others						15
16	Sale of medical and surgical supplies to other than patients						16
17	Sale of drugs to other than patients						17
18	Sale of medical records and abstracts						18
19	Nursing school (tuition, fees, books, etc.)						19
20	Vending machines						20
21	Income from imposition of interest, finance or penalty charges (chapter 21)						21
22	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments						22
23	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[redacted]	[redacted]	[redacted]	23
24	Adjustment for physical therapy costs in excess of limitation (chapter 14)	Worksheet A-8-3		[redacted]	[redacted]	[redacted]	24
25	Utilization review - physicians' compensation (chapter 21)			[redacted]	[redacted]	[redacted]	25
26	Depreciation - buildings and fixtures			[redacted]	[redacted]		26
27	Depreciation - movable equipment			[redacted]	[redacted]		27
28	Non-physician Anesthetist	A	-8,834,386	[redacted]	[redacted]		28
29	Physicians' assistant						29
30	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	[redacted]		[redacted]	[redacted]	[redacted]	30
31	Adjustment for speech pathology costs in excess of limitation (chapter 14)	[redacted]		[redacted]	[redacted]	[redacted]	31
32	CAH HIT Adjustment for Depreciation and Interest	[redacted]					32
33	Other adjustments (specify) (3)						33
33.00	CRNA FRINGE BENEFIT	A	-2,167,719	EMPLOYEE BENEFITS	4.00		33.00
33.01	MISC REVENUE	B	-954,089	DIETARY	10.00		33.01
33.02	MISC REVENUE	B	-8,889	DRUGS CHARGED TO PATIENTS	73.00		33.02
33.03	MISC REVENUE	B	-2,500	PHARMACY	15.00		33.03
33.04	MISC REVENUE	B	-101,762	MEDICAL RECORDS & LIBRARY	16.00		33.04
33.05	MISC REVENUE	B	-51,602	SOCIAL SERVICE	17.00		33.05
33.06	MISC REVENUE	B	-1,480,743	LABORATORY	60.00		33.06
33.07	MISC REVENUE	B	-1,931	PHYSICAL THERAPY	66.00		33.07

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ADJUSTMENTS TO EXPENSES		Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8		
33.08	MISC REVENUE	B	-157,140	PAIN MANAGEMENT	76.02		33.08
33.09	MISC REVENUE	B	-34,538	ADMINISTRATIVE & GENERAL	5.00		33.09
33.10	MISC REVENUE	B	-941,272	NURSING SCHOOL	20.00		33.10
33.11	MISC REVENUE	B	-105,117	ADULTS & PEDIATRICS	30.00		33.11
33.12	MISC REVENUE	B	-750	ADULTS & PEDIATRICS	30.00		33.12
33.13	MISC REVENUE	B	-108,685	OPERATING ROOM	50.00		33.13
33.14	MISC REVENUE	B	-31,042	CAP REL COSTS-BLDG & FIXT	1.00	14	33.14
33.15	MISC REVENUE	B	-154,275	CENTRAL SERVICES & SUPPLY	14.00		33.15
33.16	NON-ALLOWABLE PHYSICIAN GUARANTEES	A	-5,816,203	ADMINISTRATIVE & GENERAL	5.00		33.16
33.17	NON-ALLOWABLE PHYSICIAN GUARANTEES	A	-179,100	EMERGENCY	91.00		33.17
33.18	AHA & NCHA NON-ALLOWABLE DUES	A	-21,128	ADMINISTRATIVE & GENERAL	5.00		33.18
33.19	NON-ALLOWABLE CDHA COSTS	A	-278,969	ENDOSCOPY	76.01		33.19
33.20	NON-ALLOWABLE ADVERTISING EXPENSE	A	-1,689,645	ADMINISTRATIVE & GENERAL	5.00		33.20
33.21	NON-ALLOWABLE ADVERTISING EXPENSE	A	-34	NURSING ADMINISTRATION	13.00		33.21
33.22	NON-ALLOWABLE ADVERTISING EXPENSE	A	-525	NURSING SCHOOL	20.00		33.22
33.23	NON-ALLOWABLE ADVERTISING EXPENSE	A	-925	OPERATING ROOM	50.00		33.23
33.24	NON-ALLOWABLE ADVERTISING EXPENSE	A	-138	RADIOLOGY-DIAGNOSTIC	54.00		33.24
33.25	NON-ALLOWABLE ADVERTISING EXPENSE	A	-424	RESPIRATORY THERAPY	65.00		33.25
33.26	NON-ALLOWABLE ADVERTISING EXPENSE	A	-29,029	PAIN MANAGEMENT	76.02		33.26
33.27	NON-ALLOWABLE ADVERTISING EXPENSE	A	-504	SLEEP LAB	76.03		33.27
33.28	NON-ALLOWABLE ADVERTISING EXPENSE	A	-4,760	WOUND CENTER	76.04		33.28
33.29	NON-ALLOWABLE ADVERTISING EXPENSE	A	-77,176	COMMUNITY OUTREACH	194.01		33.29
33.30	LTACH REVENUE	B	-9,736	CENTRAL SERVICES & SUPPLY	14.00		33.30
33.31	LTACH REVENUE	B	-321	ADULTS & PEDIATRICS	30.00		33.31
33.32	LTACH REVENUE	B	-18,248	INTENSIVE CARE UNIT	31.00		33.32
33.33	LTACH REVENUE	B	-146,046	OPERATING ROOM	50.00		33.33
33.34	LTACH REVENUE	B	-132,852	ANESTHESIOLOGY	53.00		33.34
33.35	LTACH REVENUE	B	-387,069	RADIOLOGY-DIAGNOSTIC	54.00		33.35
33.36	LTACH REVENUE	B	-274,099	CT SCAN	57.00		33.36
33.37	LTACH REVENUE	B	-14,337	MRI	58.00		33.37
33.38	LTACH REVENUE	B	-98,643	CARDIAC CATHETERIZATION	59.00		33.38
33.39	LTACH REVENUE	B	-1,032,902	LABORATORY	60.00		33.39
33.40	LTACH REVENUE	B	-69,573	RESPIRATORY THERAPY	65.00		33.40
33.41	LTACH REVENUE	B	-44	PHYSICAL THERAPY	66.00		33.41
33.42	LTACH REVENUE	B	-72,067	ELECTROCARDIOLOGY	69.00		33.42
33.43	LTACH REVENUE	B	-69,751	ENDOSCOPY	76.01		33.43
33.44	CIR.MERCY REHAB SERVICES	B	-132,296	CENTRAL SERVICES & SUPPLY	14.00		33.44
33.45	CIR.MERCY REHAB SERVICES	B	-105,005	ADULTS & PEDIATRICS	30.00		33.45
33.46	CIR.MERCY REHAB SERVICES	B	-174,944	RADIOLOGY-DIAGNOSTIC	54.00		33.46
33.47	CIR.MERCY REHAB SERVICES	B	-37,157	CT SCAN	57.00		33.47
33.48	CIR.MERCY REHAB SERVICES	B	-9,873	MRI	58.00		33.48
33.49	CIR.MERCY REHAB SERVICES	B	-576,688	LABORATORY	60.00		33.49
33.50	CIR.MERCY REHAB SERVICES	B	-330,279	RESPIRATORY THERAPY	65.00		33.50
33.51	CIR.MERCY REHAB SERVICES	B	-1,950	ELECTROCARDIOLOGY	69.00		33.51
50	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200)		-31,180,420				50

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1

(2) Basis for adjustment (see instructions)
A. Costs - if cost, including applicable overhead, can be determined
B. Amount Received - if cost cannot be determined

(3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

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ADJUSTMENTS TO EXPENSES	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8
Note: See instructions for column 5 referencing to Worksheet A-7.			
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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5) *	Wkst. A-7 Ref.	
	1	2	3	4	5	6	7	
1	4.00	EMPLOYEE BENEFITS	HOME OFFICE COST	3,200,527	2,405,792	794,735		1
2	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE COST	42,268,392	46,061,120	-3,792,726		2
3	7.00	OPERATION OF PLANT	HOME OFFICE COST	1,041,832	999,714	42,118		3
4	8.00	LAUNDRY & LINEN SERVICE	HOME OFFICE COST	1,855,186	1,606,669	248,517		4
4.01	9.00	HOUSEKEEPING	HOME OFFICE COST	1,827	1,221	606		4.01
4.02	10.00	DIETARY	HOME OFFICE COST	16,945	13,811	3,134		4.02
4.03	13.00	NURSING ADMINISTRATION	HOME OFFICE COST	34,297	57,368	-23,071		4.03
4.04	14.00	CENTRAL SERVICES & SUPPLY	HOME OFFICE COST	44,093	71,098	-27,005		4.04
4.05	15.00	PHARMACY	HOME OFFICE COST	64,383	51,773	12,610		4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	HOME OFFICE COST	718,974	653,579	65,395		4.06
4.07	17.00	SOCIAL SERVICE	HOME OFFICE COST	17,697	30,576	-12,879		4.07
4.08	20.00	NURSING SCHOOL	HOME OFFICE COST	107,498	269,048	-161,550		4.08
4.09	30.00	ADULTS & PEDIATRICS	HOME OFFICE COST	209,976	204,267	5,709		4.09
4.10	50.00	OPERATING ROOM	HOME OFFICE COST	149,063	181,708	-32,645		4.10
4.11	53.00	ANESTHESIOLOGY	HOME OFFICE COST	1,325	1,081	244		4.11
4.12	54.00	RADIOLOGY-DIAGNOSTIC	HOME OFFICE COST	3,439	2,663	776		4.12
4.13	57.00	CT SCAN	HOME OFFICE COST	2,485	2,063	422		4.13
4.14	59.00	CARDIAC CATHETERIZATION	HOME OFFICE COST	1,595	1,735	-140		4.14
4.15	60.00	LABORATORY	HOME OFFICE COST	84,434	67,771	16,663		4.15
4.16	65.00	RESPIRATORY THERAPY	HOME OFFICE COST	728	585	143		4.16
4.17	66.00	PHYSICAL THERAPY	HOME OFFICE COST	19,616	33,976	-14,360		4.17
4.18	69.00	ELECTROCARDIOLOGY	HOME OFFICE COST	1,828	1,475	353		4.18
4.19	76.01	ENDOSCOPY	HOME OFFICE COST	1,127	933	194		4.19
4.20	76.02	PAIN MANAGEMENT	HOME OFFICE COST	174,727	332,922	-158,195		4.20
4.21	76.03	SLEEP LAB	HOME OFFICE COST	166,008	333,720	-167,712		4.21
4.22	76.04	WOUND CENTER	HOME OFFICE COST	60,923	136,636	-75,713		4.22
4.23	91.00	EMERGENCY	HOME OFFICE COST	417,594	650,578	-232,984		4.23
4.24	194.01	COMMUNITY OUTREACH	HOME OFFICE COST	240	194	46		4.24
4.25	30.00	ADULTS & PEDIATRICS	DETOX UNIT MGMT	198,472	349,356	-150,884		4.25
4.26	15.00	PHARMACY	ROBOTICS SVCS	1,449,949	4,180,090	-2,730,141		4.26
4.27	76.03	SLEEP LAB	SLEEP SVCS	286,787		286,787		4.27
4.28	66.00	PHYSICAL THERAPY	CPTN MGMT SVCS	52,781	85,026	-32,245		4.28
4.29	5.00	ADMINISTRATIVE & GENERAL	FACULTY CODING SVCS		31,200	-31,200		4.29
4.30	91.00	EMERGENCY	ER ABSTRACTING	580,218	390,615	189,603		4.30
4.31	21.00	I&R SERVICES-SALARY & FRINGES APPRV	RESIDENCY PROGRAM	623,949		623,949		4.31
4.32	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	RESIDENCY PROGRAM	1,273,904		1,273,904		4.32
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			55,132,820	59,210,360	-4,077,542		5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.

B. Corporation, partnership, or other organization has financial interest in provider.

C. Provider has financial interest in corporation, partnership, or other organization.

D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.

E. Individual is director, officer, administrator, or key person of provider and related organization.

F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

G. Other (financial or non-financial) specify _____

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET A-8-1

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office			
				Name	Percentage of Ownership	Type of Business	
	1	2	3	4	5	6	
6	B	CAROLINAS HEALT	100				6
7							7
8							8
9							9
10							10

(1) Use the following symbols to indicate interrelationship to related organizations:

A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
B. Corporation, partnership, or other organization has financial interest in provider.
C. Provider has financial interest in corporation, partnership, or other organization.
D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
E. Individual is director, officer, administrator, or key person of provider and related organization.
F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
G. Other (financial or non-financial) specify _____

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4017)

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340098		PERIOD FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NET EXPENSES FOR COST ALLOCATION (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	SUBTOTAL (cols. 0-4)	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
		BLDGS. & FIXTURES	MOVABLE EQUIPMENT										
	0	1	2	4	4A	5	6	7	8	9	10	11	
GENERAL SERVICE COST CENTERS													
1 Capital Related Costs-Buildings and Fixtures	11,307,416	11,307,416											1
2 Capital Related Costs-Movable Equipment	9,435,929		9,435,929										2
4 Employee Benefits	28,253,896	23,756		28,277,652									4
5 Administrative and General	53,420,884	242,826	2,437,356	1,917,017	58,018,084	58,018,084							5
6 Maintenance and Repairs													6
7 Operation of Plant	8,768,998	318,815	16,535	653,418	9,757,766	2,351,914		12,109,680					7
8 Laundry and Linen Service	1,854,982				1,854,982	447,106			2,302,088				8
9 Housekeeping	3,197,848	428,638	3,961	540,856	4,171,303	1,005,409		458,349	14,223	5,649,284			9
10 Dietary	4,794,915	740,137	50,935	15,272	5,601,259	1,350,071		791,439		383,738	8,126,507		10
11 Cafeteria											5,274,308	5,274,308	11
12 Maintenance of Personnel													12
13 Nursing Administration	4,136,803	90,986	555,335	1,007,525	5,790,649	1,395,720		216,043		104,751		146,597	13
14 Central Services and Supply	2,195,889	803,101	206,642	415,122	3,620,754	872,710		858,767	18,913	416,383		146,597	14
15 Pharmacy	6,478,485	241,627	251,552	1,624,966	8,596,630	2,072,046		258,375	2,558	125,276		232,643	15
16 Medical Records & Medical Records Library	2,198,275	188,711	8,210	335,910	2,731,106	658,278		201,792		97,841		105,167	16
17 Social Service	1,778,993	70,812	5,656	464,290	2,319,751	559,130		89,144		43,223		89,233	17
18 Other General Service (specify)													18
19 Nonphysician Anesthetists													19
20 Nursing School	1,011,827		24,877	406,441	1,443,145	347,841							20
21 Intern & Res. Service-Salary & Fringes (Approved)	623,949				623,949	150,390							21
22 Intern & Res. Other Program Costs (Approved)	1,273,904				1,273,904	307,049							22
23 Paramedical Education Program (specify)													23
INPATIENT ROUTINE SERVICE COST CENTERS													
30 Adults and Pediatrics (General Routine Care)	28,897,484	2,610,479	518,967	6,801,313	38,828,244	9,358,810		2,830,571	818,382	1,372,436	2,110,110	1,446,850	30
31 Intensive Care Unit	8,035,685	592,820	257,810	1,863,985	10,750,300	2,591,145		633,910	261,645	307,359	335,049	347,371	31
32 Coronary Care Unit													32
33 Burn Intensive Care Unit													33
34 Surgical Intensive Care Unit													34
35 Other Special Care Unit (specify)													35
35.15 Neonatal ICU	1,985,734	46,844	9,987	507,569	2,550,134	614,659		50,091	12,893	24,287		70,112	35.15
40 Subprovider IPF													40

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011						WORKSHEET B, PART I	
41	Subprovider IRF												41
42	Subprovider (specify)												42
43	Nursery												43
44	Skilled Nursing Facility												44
45	Nursing Facility												45
46	Other Long Term Care												46
	ANCILLARY SERVICE COST CENTERS												
50	Operating Room	23,543,080	2,188,534	2,322,173	3,875,773	31,929,560	7,695,982	2,363,375	354,232	1,145,910		822,218	50
50.20	Endoscopy	1,405,048	104,268	279,835	366,822	2,155,973	519,654	111,495	10,795	54,060		57,364	50.20
51	Recovery Room												51
52	Labor Room and Delivery Room												52
53	Anesthesiology	2,177,935	54,646	148,596	248,164	2,629,341	633,750	58,434		28,332		38,243	53
54	Radiology-Diagnostic	4,405,575	366,964	720,691	1,062,919	6,556,149	1,580,229	392,400	121,474	190,260		184,840	54
55	Radiology-Therapeutic												55
56	Radioisotope												56
57	Computed Tomography (CT) Scan	2,313,615	72,482	146,132	406,307	2,938,536	708,275	77,506	46,160	37,580		66,925	57
58	Magnetic Resonance Imaging (MRI)	792,595	120,677	245,067	161,145	1,319,484	318,035	129,042	12,886	62,567		31,869	58
59	Cardiac Catheterization	2,257,652	122,544	634,065	414,910	3,429,171	826,533	131,038	9,272	63,535		70,112	59
60	Laboratory	5,524,308	306,550	59,904	646,863	6,537,625	1,575,764	327,798	283	158,937		140,223	60
61	PBP Clinical Laboratory Services-Program Only												61
62	Whole Blood & Packed Red Blood Cells												62
63	Blood Storing, Processing, & Trans.												63
64													64
65	Respiratory Therapy	3,281,752	97,786	219,842	761,140	4,360,500	1,051,011	104,564	9,312	50,699		143,410	65
66	Physical Therapy	1,728,771	29,387	3,084	430,707	2,191,949	528,325	46,374	27,895	22,485		79,672	66
67	Occupational Therapy												67
68	Speech Pathology												68
69	Electrocardiology	781,710	29,114	47,062	171,361	1,029,247	248,079	31,132	409	15,095		28,682	69
70	Electroencephalography	180,824	6,558	1,422	47,958	236,762	57,067	7,012		3,400		9,561	70
71	Medical Supplies Charged to Patients	8,028,205				8,028,205	1,935,038						71
72	Implantable Devices Charged to Patients	34,777,016				34,777,016	8,382,304						72
73	Drugs Charged to Patients	10,042,767				10,042,767	2,420,608						73
74	Renal Dialysis												74
75	ASC (Non-Distinct Part)												75
76	Other Ancillary (specify)												76
76.30	Other Ancillary Cost Centers	4,488,894	17,821	147,023	612,321	5,266,059	1,269,278	19,056	41,635	9,239			76.30
	OUTPATIENT SERVICE COST CENTERS												
88	Rural Health Clinic (RHC)												88
89	Federally Qualified Health Center (FQHC)												89
90	Clinic												90

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011									WORKSHEET B, PART I	
91	Emergency	11,990,949	566,514	109,676	2,286,425	14,953,564	3,604,258		1,040,838	358,536	504,662		388,801	91
92	Observation Beds													92
93	Other Outpatient Service (specify)													93
	OTHER REIMBURSABLE COST CENTERS													
94	Home Program Dialysis													94
95	Ambulance Services													95
96	Durable Medical Equipment-Rented													96
97	Durable Medical Equipment-Sold													97
98	Other Reimbursable (specify)													98
99	Outpatient Rehabilitation Provider (specify)													99
100	Intern-Resident Service (not appvd. tchng. prgm.)													100
101	Home Health Agency													101
	SPECIAL PURPOSE COST CENTERS													
105	Kidney Acquisition													105
106	Heart Acquisition													106
107	Liver Acquisition													107
108	Lung Acquisition													108
109	Pancreas Acquisition													109
110	Intestinal Acquisition													110
111	Islet Acquisition													111
112	Other Organ Acquisition (specify)													112
115	Ambulatory Surgical Center (Distinct Part)													115
116	Hospice													116
117	Other Special Purpose (specify)													117
118	SUBTOTALS (sum of lines 1-117)	297,372,576	10,483,397	9,432,395	28,046,500	296,313,856	57,436,468		11,228,545	2,121,503	5,222,055	7,719,467	4,646,490	118
	NONREIMBURSABLE COST CENTERS													
190	Gift, Flower, Coffee Shop, & Canteen	456,900	55,997	530	20,959	534,386	128,803		59,879		29,033		9,561	190
191	Research													191
192	Physicians' Private Offices	290,345	282,688	373	71,993	645,399	155,561		302,282	100,691	146,565		363,306	192
193	Nonpaid Workers													193
194	Other Nonreimbursable (specify)	607,090	485,334	2,631	138,200	1,233,255	297,251		518,974	79,894	251,631	407,040	254,951	194
200	Cross Foot Adjustments													200
201	Negative Cost Centers													201
202	TOTAL (sum lines 118-201)	298,726,912	11,307,416	9,435,929	28,277,652	298,726,912	58,018,084		12,109,680	2,302,088	5,649,284	8,126,507	5,274,308	202

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MERCY HOSPITALS INC. - CHARLOTTE, NC
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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	
	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures									1
2 Capital Related Costs-Movable Equipment									2
4 Employee Benefits									4
5 Administrative and General									5
6 Maintenance and Repairs									6
7 Operation of Plant									7
8 Laundry and Linen Service									8
9 Housekeeping									9
10 Dietary									10
11 Cafeteria									11
12 Maintenance of Personnel									12
13 Nursing Administration		7,653,760							13
14 Central Services and Supply			5,934,124						14
15 Pharmacy			20,109	11,307,637					15
16 Medical Records & Medical Records Library			16		3,794,200				16
17 Social Service			2	3,289		3,103,772			17
18 Other General Service (specify)									18
19 Nonphysician Anesthetists									19
20 Nursing School			328						20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)									22
23 Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		3,325,335	177,762	3,494	284,565	1,083,527			30
31 Intensive Care Unit		796,611	74,037	294	96,373	367,176			31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
35.15 Neonatal ICU		163,379	4,816	1,846	16,315	61,765			35.15
40 Subprovider IPF									40
41 Subprovider IRF									41

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
42	Subprovider (specify)								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room		1,886,183	643,115	596	612,764			50
50.20	Endoscopy		160,258	19,691		31,871			50.20
51	Recovery Room								51
52	Labor Room and Delivery Room								52
53	Anesthesiology		85,746	103,564	716	396,114			53
54	Radiology-Diagnostic			21,168		195,781			54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan			26,365		382,455			57
58	Magnetic Resonance Imaging (MRI)			1,706		96,752			58
59	Cardiac Catheterization			44,614		115,344			59
60	Laboratory			6,523	49	319,092			60
60.									60.
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64									64
65	Respiratory Therapy			21,996	388,781	41,736			65
65.									65.
66	Physical Therapy			1,229		23,524			66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology			2,151	13	33,389			69
70	Electroencephalography			170		3,415			70
71	Medical Supplies Charged to Patients			847,829		48,566			71
72	Implantable Devices Charged to Patients			3,673,025		353,619			72
73	Drugs Charged to Patients			96,860	9,629,865	221,961			73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers		134,045	25,585	95,706	102,823			76.30
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
90 Clinic									90
91 Emergency		1,102,203	121,279		417,741	1,591,304			91
92 Observation Beds									92
93 Other Outpatient Service (specify)									93
OTHER REIMBURSABLE COST CENTERS									
94 Home Program Dialysis									94
95 Ambulance Services									95
96 Durable Medical Equipment-Rented									96
97 Durable Medical Equipment-Sold									97
98 Other Reimbursable (specify)									98
99 Outpatient Rehabilitation Provider (specify)									99
100 Intern-Resident Service (not appvd. tchng. prgm.)									100
101 Home Health Agency									101
SPECIAL PURPOSE COST CENTERS									
105 Kidney Acquisition									105
106 Heart Acquisition									106
107 Liver Acquisition									107
108 Lung Acquisition									108
109 Pancreas Acquisition									109
110 Intestinal Acquisition									110
111 Islet Acquisition									111
112 Other Organ Acquisition (specify)									112
115 Ambulatory Surgical Center (Distinct Part)									115
116 Hospice									116
117 Other Special Purpose (specify)									117
118 SUBTOTALS (sum of lines 1-117)		7,653,760	5,933,940	10,124,649	3,794,200	3,103,772			118
NONREIMBURSABLE COST CENTERS									
190 Gift, Flower, Coffee Shop, & Canteen			20						190
191 Research									191
192 Physicians' Private Offices			6	1,172,583					192
193 Nonpaid Workers									193
194 Other Nonreimbursable (specify)			158	10,405					194
200 Cross Foot Adjustments									200
201 Negative Cost Centers									201
202 TOTAL (sum lines 118-201)		7,653,760	5,934,124	11,307,637	3,794,200	3,103,772			202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
Rev. 2								4090 (Cont.) - 08-11	

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School	1,791,314							20
21 Intern & Res. Service-Salary & Fringes (Approved)		774,339						21
22 Intern & Res. Other Program Costs (Approved)			1,580,953					22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)	549,001	460,214	939,610		63,588,912	-1,399,824	62,189,088	30
31 Intensive Care Unit	122,949				16,684,219		16,684,219	31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
35.15 Neonatal ICU	9,715				3,580,012		3,580,012	35.15
40 Subprovider IPF								40
41 Subprovider IRF								41

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COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
42	Subprovider (specify)								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	458,386	305,978	624,709		48,843,008	-930,687	47,912,320	50
50.20	Endoscopy	21,625				3,142,786		3,142,786	50.20
51	Recovery Room								51
52	Labor Room and Delivery Room								52
53	Anesthesiology	11,333				3,985,573		3,985,573	53
54	Radiology-Diagnostic	76,107				9,318,408		9,318,408	54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan	15,033				4,298,835		4,298,835	57
58	Magnetic Resonance Imaging (MRI)	25,028				1,997,369		1,997,369	58
59	Cardiac Catheterization	25,415				4,715,034		4,715,034	59
60	Laboratory	63,578				9,129,872		9,129,872	60
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64									64
65	Respiratory Therapy	20,281				6,192,290		6,192,290	65
66	Physical Therapy	8,994				2,930,447		2,930,447	66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology	6,038				1,394,235		1,394,235	69
70	Electroencephalography	1,360				318,747		318,747	70
71	Medical Supplies Charged to Patients					10,859,638		10,859,638	71
72	Implantable Devices Charged to Patients					47,185,964		47,185,964	72
73	Drugs Charged to Patients					22,412,060		22,412,060	73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers	3,696				6,967,122		6,967,122	76.30
	OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic								90
91	Emergency	201,875	8,147	16,634		24,309,842	-24,781	24,285,060	91

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COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART I	
92	Observation Beds							92
93	Other Outpatient Service (specify)							93
	OTHER REIMBURSABLE COST CENTERS							
94	Home Program Dialysis							94
95	Ambulance Services							95
96	Durable Medical Equipment-Rented							96
97	Durable Medical Equipment-Sold							97
98	Other Reimbursable (specify)							98
99	Outpatient Rehabilitation Provider (specify)							99
100	Intern-Resident Service (not apprvd. tchng. prgm.)							100
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	Other Organ Acquisition (specify)							112
115	Ambulatory Surgical Center (Distinct Part)							115
116	Hospice							116
117	Other Special Purpose (specify)							117
118	SUBTOTALS (sum of lines 1-117)	1,620,414	774,339	1,580,953	291,854,368	-2,355,292	289,499,072	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen	11,614			773,296		773,296	190
191	Research							191
192	Physicians' Private Offices	58,629			2,945,022		2,945,022	192
193	Nonpaid Workers							193
194	Other Nonreimbursable (specify)	100,657			3,154,216		3,154,216	194
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum lines 118-201)	1,791,314	774,339	1,580,953	298,726,912	-2,355,292	296,371,616	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)								
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ALLOCATION OF CAPITAL-RELATED COSTS | Provider CCN: 340098 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET B, PART II

	COST CENTER DESCRIPTIONS	DIRECTLY ASSIGNED NEW CAPITAL RELATED COSTS	CAPITAL RELATED COSTS		SUBTOTAL (sum of cols. 0-2)	EMPLOYEE BENEFITS	ADMINIS-TRATIVE & GENERAL	MAIN-TENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	CAFETERIA	
			BLDGS. & FIXTURES	MOVABLE EQUIPMENT										
		0	1	2	2A	4	5	6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS													
1	Capital Related Costs-Buildings and Fixtures													1
2	Capital Related Costs-Movable Equipment													2
4		51,901	23,756		75,657	75,657								4
5	Administrative and General	5,712,127	242,826	2,437,356	8,392,309	5,126	8,397,435							5
6	Maintenance and Repairs													6
7	Operation of Plant	183,241	318,815	16,535	518,591	1,747	340,409		860,747					7
8	Laundry and Linen Service	24,218			24,218		64,713			88,931				8
9	Housekeeping		428,638	3,961	432,599	1,446	145,520		32,579	549	612,693			9
10	Dietary		740,137	50,935	791,072	41	195,406		56,255		41,618	1,084,392		10
11	Cafeteria											703,797	703,797	11
12	Maintenance of Personnel													12
13	Nursing Administration	43,544	90,986	555,335	689,865	2,694	202,013		15,356		11,361		19,562	13
14	Central Services and Supply		803,101	206,642	1,009,743	1,110	126,314		61,041	731	45,159		19,562	14
15	Pharmacy		241,627	251,552	493,179	4,345	299,902		18,365	99	13,587		31,044	15
16	Medical Records & Medical Records Library	502	188,711	8,210	197,423	898	95,277		14,343		10,611		14,033	16
17	Social Service	23,829	70,812	5,656	100,297	1,242	80,927		6,336		4,688		11,907	17
18	Other General Service (specify)													18
19	Nonphysician Anesthetists													19
20	Nursing School	108,840		24,877	133,717	1,087	50,346							20
21	Intern & Res. Service-Salary & Fringes (Approved)						21,767							21
22	Intern & Res. Other Program Costs (Approved)						44,441							22
23	Paramedical Education Program (specify)													23
	INPATIENT ROUTINE SERVICE COST CENTERS													
30	Adults and Pediatrics (General Routine Care)	56,202	2,610,479	518,967	3,185,648	18,227	1,354,628		201,197	31,612	148,845	281,571	193,065	30
31	Intensive Care Unit		592,820	257,810	850,630	4,985	375,035		45,058	10,108	33,335	44,709	46,353	31
32	Coronary Care Unit													32
33	Burn Intensive Care Unit													33
34	Surgical Intensive Care Unit													34
35	Other Special Care Unit (specify)													35
35.15	Neonatal ICU		46,844	9,987	56,831	1,357	88,964		3,560	498	2,634		9,356	35.15
40	Subprovider IPF													40

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ALLOCATION OF CAPITAL-RELATED COSTS									Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
41	Subprovider IRF													41
42	Subprovider (specify)													42
43	Nursery													43
44	Skilled Nursing Facility													44
45	Nursing Facility													45
46	Other Long Term Care													46
	ANCILLARY SERVICE COST CENTERS													
50	Operating Room	41,038	2,188,534	2,322,173	4,551,745	10,364	1,113,895		167,987	13,684	124,280		109,716	50
50.20	Endoscopy		104,268	279,835	384,103	981	75,213		7,925	417	5,863		7,655	50.20
51	Recovery Room													51
52	Labor Room and Delivery Room													52
53	Anesthesiology		54,646	148,596	203,242	664	91,727		4,153		3,073		5,103	53
54	Radiology-Diagnostic		366,964	720,691	1,087,655	2,842	228,718		27,891	4,693	20,635		24,665	54
55	Radiology-Therapeutic													55
56	Radioisotope													56
57	Computed Tomography (CT) Scan		72,482	146,132	218,614	1,087	102,514		5,509	1,783	4,076		8,930	57
58	Magnetic Resonance Imaging (MRI)		120,677	245,067	365,744	431	46,032		9,172	498	6,786		4,253	58
59	Cardiac Catheterization		122,544	634,065	756,609	1,110	119,630		9,314	358	6,891		9,356	59
60	Laboratory		306,550	59,904	366,454	1,730	228,072		23,300	11	17,237		18,711	60
61	PBP Clinical Laboratory Services-Program Only													61
62	Whole Blood & Packed Red Blood Cells													62
63	Blood Storing, Processing, & Trans.													63
64	Intravenous Therapy													64
65	Respiratory Therapy		97,786	219,842	317,628	2,035	152,120		7,432	360	5,499		19,136	65
66	Physical Therapy	26,532	29,387	3,084	59,003	1,152	76,468		3,296	1,078	2,439		10,631	66
67	Occupational Therapy													67
68	Speech Pathology													68
69	Electrocardiology		29,114	47,062	76,176	458	35,906		2,213	16	1,637		3,827	69
70	Electroencephalography		6,558	1,422	7,980	128	8,260		498		369		1,276	70
71	Medical Supplies Charged to Patients						280,072							71
72	Implantable Devices Charged to Patients						1,213,231							72
73	Drugs Charged to Patients						350,352							73
74	Renal Dialysis													74
75	ASC (Non-Distinct Part)													75
76	Other Ancillary (specify)													76
76.30	Other Ancillary Cost Centers	382,674	17,821	147,023	547,518	1,637	183,712		1,354	1,609	1,002			76.30
	OUTPATIENT SERVICE COST CENTERS													
88	Rural Health Clinic (RHC)													88
89	Federally Qualified Health Center (FQHC)													89
90	Clinic													90

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ALLOCATION OF CAPITAL-RELATED COSTS								Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
91	Emergency	460,640	566,514	109,676	1,136,830	6,114	521,670	73,982	13,851	54,733		51,881	91
92	Observation Beds												92
93	Other Outpatient Service (specify)												93
	OTHER REIMBURSABLE COST CENTERS												
94	Home Program Dialysis												94
95	Ambulance Services												95
96	Durable Medical Equipment-Rented												96
97	Durable Medical Equipment-Sold												97
98	Other Reimbursable (specify)												98
99	Outpatient Rehabilitation Provider (specify)												99
100	Intern-Resident Service (not apprvd. tchng. prgm.)												100
101	Home Health Agency												101
	SPECIAL PURPOSE COST CENTERS												
105	Kidney Acquisition												105
106	Heart Acquisition												106
107	Liver Acquisition												107
108	Lung Acquisition												108
109	Pancreas Acquisition												109
110	Intestinal Acquisition												110
111	Islet Acquisition												111
112	Other Organ Acquisition (specify)												112
115	Ambulatory Surgical Center (Distinct Part)												115
116	Hospice												116
117	Other Special Purpose (specify)												117
118	SUBTOTALS (sum of lines 1-117)	7,115,288	10,483,397	9,432,395	27,031,080	75,038	8,313,254	798,116	81,955	566,358	1,030,077	620,022	118
	NONREIMBURSABLE COST CENTERS												
190	Gift, Flower, Coffee Shop, & Canteen		55,997	530	56,527	56	18,643	4,256		3,149		1,276	190
191	Research												191
192	Physicians' Private Offices		282,688	373	283,061	193	22,515	21,486	3,890	15,896		48,479	192
193	Nonpaid Workers												193
194	Other Nonreimbursable (specify)		485,334	2,631	487,965	370	43,023	36,889	3,086	27,290	54,315	34,020	194
200	Cross Foot Adjustments												200
201	Negative Cost Centers												201
202	TOTAL (sum lines 118-201)	7,115,288	11,307,416	9,435,929	27,858,632	75,657	8,397,435	860,747	88,931	612,693	1,084,392	703,797	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)													
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ALLOCATION OF CAPITAL-RELATED COSTS					Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	CAFETERIA	MAIN- TENANCE OF PERSONNEL	NURSING ADMINIS- TRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NON- PHYSICIAN ANES- THETISTS	
	11	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS										
1 Capital Related Costs-Buildings and Fixtures										1
2 Capital Related Costs-Movable Equipment										2
4										4
5 Administrative and General										5
6 Maintenance and Repairs										6
7 Operation of Plant										7
8 Laundry and Linen Service										8
9 Housekeeping										9
10 Dietary										10
11 Cafeteria	703,797									11
12 Maintenance of Personnel										12
13 Nursing Administration	19,562		940,851							13
14 Central Services and Supply	19,562			1,263,660						14
15 Pharmacy	31,044			4,282	864,803					15
16 Medical Records & Medical Records Library	14,033			3		332,588				16
17 Social Service	11,907				252		205,649			17
18 Other General Service (specify)										18
19 Nonphysician Anesthetists										19
20 Nursing School				70						20
21 Intern & Res. Service-Salary & Fringes (Approved)										21
22 Intern & Res. Other Program Costs (Approved)										22
23 Paramedical Education Program (specify)										23
INPATIENT ROUTINE SERVICE COST CENTERS										
30 Adults and Pediatrics (General Routine Care)	193,065		408,772	37,855	267	24,944	71,792			30
31 Intensive Care Unit	46,353		97,925	15,766	23	8,448	24,328			31
32 Coronary Care Unit										32
33 Burn Intensive Care Unit										33
34 Surgical Intensive Care Unit										34
35 Other Special Care Unit (specify)										35
35.15 Neonatal ICU	9,356		20,084	1,026	141	1,430	4,092			35.15
40 Subprovider IPF										40
41 Subprovider IRF										41

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ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET B, PART II	
42	Subprovider (specify)											42
43	Nursery											43
44	Skilled Nursing Facility											44
45	Nursing Facility											45
46	Other Long Term Care											46
	ANCILLARY SERVICE COST CENTERS											
50	Operating Room	109,716		231,862	136,952	46	53,712					50
50.20	Endoscopy	7,655		19,700	4,193		2,794					50.20
51	Recovery Room											51
52	Labor Room and Delivery Room											52
53	Anesthesiology	5,103		10,540	22,054	55	34,722					53
54	Radiology-Diagnostic	24,665			4,508		17,162					54
55	Radiology-Therapeutic											55
56	Radioisotope											56
57	Computed Tomography (CT) Scan	8,930			5,615		33,525					57
58	Magnetic Resonance Imaging (MRI)	4,253			363		8,481					58
59	Cardiac Catheterization	9,356			9,501		10,111					59
60	Laboratory	18,711			1,389	4	27,971					60
61	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
64	Intravenous Therapy											64
65	Respiratory Therapy	19,136			4,684	29,734	3,658					65
66	Physical Therapy	10,631			262		2,062					66
67	Occupational Therapy											67
68	Speech Pathology											68
69	Electrocardiology	3,827			458	1	2,927					69
70	Electroencephalography	1,276			36		299					70
71	Medical Supplies Charged to Patients				180,547		4,257					71
72	Implantable Devices Charged to Patients				782,154		30,997					72
73	Drugs Charged to Patients				20,627	736,487	19,456					73
74	Renal Dialysis											74
75	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
76.30	Other Ancillary Cost Centers			16,478	5,449	7,319	9,014					76.30
	OUTPATIENT SERVICE COST CENTERS											
88	Rural Health Clinic (RHC)											88
89	Federally Qualified Health Center (FQHC)											89
90	Clinic											90
91	Emergency	51,881		135,490	25,827		36,618	105,437				91

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ALLOCATION OF CAPITAL-RELATED COSTS						Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
92	Observation Beds										92
93	Other Outpatient Service (specify)										93
	OTHER REIMBURSABLE COST CENTERS										
94	Home Program Dialysis										94
95	Ambulance Services										95
96	Durable Medical Equipment-Rented										96
97	Durable Medical Equipment-Sold										97
98	Other Reimbursable (specify)										98
99	Outpatient Rehabilitation Provider (specify)										99
100	Intern-Resident Service (not apprvd. tchng. prgm.)										100
101	Home Health Agency										101
	SPECIAL PURPOSE COST CENTERS										
105	Kidney Acquisition										105
106	Heart Acquisition										106
107	Liver Acquisition										107
108	Lung Acquisition										108
109	Pancreas Acquisition										109
110	Intestinal Acquisition										110
111	Islet Acquisition										111
112	Other Organ Acquisition (specify)										112
115	Ambulatory Surgical Center (Distinct Part)										115
116	Hospice										116
117	Other Special Purpose (specify)										117
118	SUBTOTALS (sum of lines 1-117)	620,022		940,851	1,263,621	774,329	332,588	205,649			118
	NONREIMBURSABLE COST CENTERS										
190	Gift, Flower, Coffee Shop, & Canteen	1,276			4						190
191	Research										191
192	Physicians' Private Offices	48,479			1	89,678					192
193	Nonpaid Workers										193
194	Other Nonreimbursable (specify)	34,020			34	796					194
200	Cross Foot Adjustments										200
201	Negative Cost Centers										201
202	TOTAL (sum lines 118-201)	703,797		940,851	1,263,660	864,803	332,588	205,649			202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)											
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ALLOCATION OF CAPITAL-RELATED COSTS			Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
COST CENTER DESCRIPTIONS	NURSING SCHOOL	INTERNS & RESIDENTS SALARY AND FRINGES	INTERNS & RESIDENTS PROGRAM COSTS	PARAMEDICAL EDUCATION (SPECIFY)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School	185,220							20
21 Intern & Res. Service-Salary & Fringes (Approved)		21,767						21
22 Intern & Res. Other Program Costs (Approved)			44,441					22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)					5,958,423		5,958,423	30
31 Intensive Care Unit					1,556,703		1,556,703	31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
35.15 Neonatal ICU					189,973		189,973	35.15
40 Subprovider IPF								40
41 Subprovider IRF								41

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ALLOCATION OF CAPITAL-RELATED COSTS		Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
42	Subprovider (specify)	[redacted]				42
43	Nursery	[redacted]				43
44	Skilled Nursing Facility	[redacted]				44
45	Nursing Facility	[redacted]				45
46	Other Long Term Care	[redacted]				46
	ANCILLARY SERVICE COST CENTERS	[redacted]				
50	Operating Room	[redacted]	6,514,243		6,514,243	50
50.20	Endoscopy	[redacted]	508,844		508,844	50.20
51	Recovery Room	[redacted]				51
52	Labor Room and Delivery Room	[redacted]				52
53	Anesthesiology	[redacted]	375,333		375,333	53
54	Radiology-Diagnostic	[redacted]	1,418,769		1,418,769	54
55	Radiology-Therapeutic	[redacted]				55
56	Radioisotope	[redacted]				56
57	Computed Tomography (CT) Scan	[redacted]	381,653		381,653	57
58	Magnetic Resonance Imaging (MRI)	[redacted]	441,760		441,760	58
59	Cardiac Catheterization	[redacted]	922,880		922,880	59
60	Laboratory	[redacted]	684,879		684,879	60
61	PBP Clinical Laboratory Services-Program Only	[redacted]				61
62	Whole Blood & Packed Red Blood Cells	[redacted]				62
63	Blood Storing, Processing, & Trans.	[redacted]				63
64	Intravenous Therapy	[redacted]				64
65	Respiratory Therapy	[redacted]	542,286		542,286	65
66	Physical Therapy	[redacted]	156,391		156,391	66
67	Occupational Therapy	[redacted]				67
68	Speech Pathology	[redacted]				68
69	Electrocardiology	[redacted]	123,619		123,619	69
70	Electroencephalography	[redacted]	18,846		18,846	70
71	Medical Supplies Charged to Patients	[redacted]	464,876		464,876	71
72	Implantable Devices Charged to Patients	[redacted]	2,026,382		2,026,382	72
73	Drugs Charged to Patients	[redacted]	1,126,922		1,126,922	73
74	Renal Dialysis	[redacted]				74
75	ASC (Non-Distinct Part)	[redacted]				75
76	Other Ancillary (specify)	[redacted]				76
76.30	Other Ancillary Cost Centers	[redacted]	775,092		775,092	76.30
	OUTPATIENT SERVICE COST CENTERS	[redacted]				
88	Rural Health Clinic (RHC)	[redacted]				88
89	Federally Qualified Health Center (FQHC)	[redacted]				89
90	Clinic	[redacted]				90
91	Emergency	[redacted]	2,162,433		2,162,433	91

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ALLOCATION OF CAPITAL-RELATED COSTS		Provider CCN: 340098			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B, PART II	
92	Observation Beds							92
93	Other Outpatient Service (specify)							93
	OTHER REIMBURSABLE COST CENTERS							
94	Home Program Dialysis							94
95	Ambulance Services							95
96	Durable Medical Equipment-Rented							96
97	Durable Medical Equipment-Sold							97
98	Other Reimbursable (specify)							98
99	Outpatient Rehabilitation Provider (specify)							99
100	Intern-Resident Service (not apprvd. tchng. prgm.)							100
101	Home Health Agency							101
	SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition							105
106	Heart Acquisition							106
107	Liver Acquisition							107
108	Lung Acquisition							108
109	Pancreas Acquisition							109
110	Intestinal Acquisition							110
111	Islet Acquisition							111
112	Other Organ Acquisition (specify)							112
115	Ambulatory Surgical Center (Distinct Part)							115
116	Hospice							116
117	Other Special Purpose (specify)							117
118	SUBTOTALS (sum of lines 1-117)				26,350,308		26,350,308	118
	NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen				83,911		83,911	190
191	Research							191
192	Physicians' Private Offices				485,199		485,199	192
193	Nonpaid Workers							193
194	Other Nonreimbursable (specify)				687,788		687,788	194
200	Cross Foot Adjustments	185,220	21,767	44,441	251,428		251,428	200
201	Negative Cost Centers							201
202	TOTAL (sum lines 118-201)	185,220	21,767	44,441	27,858,632		27,858,632	202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4021)								
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COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 340098 | PERIOD: FROM 01/01/2011 TO 12/31/2011 | WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAPITAL RELATED COST BLDGS. & FIXTURES (SQUARE FEET)	CAPITAL RELATED COST MOVABLE EQUIPMENT (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
		1	2	4	5A	5	6	7	8	9	10	11	
	GENERAL SERVICE COST CENTERS												
1	Capital Related Costs-Buildings and Fixtures	744,914											1
2	Capital Related Costs-Movable Equipment		9,260,442										2
4	Employee Benefits	1,565		104,733,696									4
5	Administrative and General	15,997	2,392,029	7,100,167	-58,018,084	240,708,832							5
6	Maintenance and Repairs												6
7	Operation of Plant	21,003	16,227	2,420,103		9,757,766		746,054					7
8	Laundry and Linen Service					1,854,982			2,676,970				8
9	Housekeeping	28,238	3,887	2,003,199		4,171,303		28,238	16,539	717,816			9
10	Dietary	48,759	49,988	56,564		5,601,259		48,759		48,759	1,088,406		10
11	Cafeteria										706,403	1,655	11
12	Maintenance of Personnel												12
13	Nursing Administration	5,994	545,007	3,731,628		5,790,649		13,310		13,310		46	13
14	Central Services and Supply	52,907	202,799	1,537,512		3,620,754		52,907	21,993	52,907		46	14
15	Pharmacy	15,918	246,874	6,018,483		8,596,630		15,918	2,975	15,918		73	15
16	Medical Records & Medical Records Library	12,432	8,057	1,244,129		2,731,106		12,432		12,432		33	16
17	Social Service	4,665	5,551	1,719,618		2,319,751		5,492		5,492		28	17
18	Other General Service (specify)												18
19	Nonphysician Anesthetists												19
20	Nursing School		24,414	1,505,360		1,443,145							20
21	Intern & Res. Service-Salary & Fringes (Approved)					623,949							21
22	Intern & Res. Other Program Costs (Approved)					1,273,904							22
23	Paramedical Education Program (specify)												23
	INPATIENT ROUTINE SERVICE COST CENTERS												
30	Adults and Pediatrics (General Routine Care)	171,974	509,315	25,190,528		38,828,244		174,386	951,649	174,386	282,613	454	30
31	Intensive Care Unit	39,054	253,015	6,903,749		10,750,300		39,054	304,253	39,054	44,874	109	31
32	Coronary Care Unit												32
33	Burn Intensive Care Unit												33
34	Surgical Intensive Care Unit												34
35	Other Special Care Unit (specify)												35
35.15	Neonatal ICU	3,086	9,801	1,879,914		2,550,134		3,086	14,992	3,086		22	35.15
40	Subprovider IPF												40

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COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
41	Subprovider IRF											41
42	Subprovider (specify)											42
43	Nursery											43
44	Skilled Nursing Facility											44
45	Nursing Facility											45
46	Other Long Term Care											46
ANCILLARY SERVICE COST CENTERS												
50	Operating Room	144,177	2,278,986	14,354,929		31,929,560		145,603	411,917	145,603	258	50
50.20	Endoscopy	6,869	274,631	1,358,620		2,155,973		6,869	12,553	6,869	18	50.20
51	Recovery Room											51
52	Labor Room and Delivery Room											52
53	Anesthesiology	3,600	145,832	919,138		2,629,341		3,600		3,600	12	53
54	Radiology-Diagnostic	24,175	707,288	3,936,795		6,556,149		24,175	141,255	24,175	58	54
55	Radiology-Therapeutic											55
56	Radioisotope											56
57	Computed Tomography (CT) Scan	4,775	143,414	1,504,863		2,938,536		4,775	53,677	4,775	21	57
58	Magnetic Resonance Imaging (MRI)	7,950	240,509	596,843		1,319,484		7,950	14,984	7,950	10	58
59	Cardiac Catheterization	8,073	622,273	1,536,726		3,429,171		8,073	10,782	8,073	22	59
60	Laboratory	20,195	58,790	2,395,826		6,537,625		20,195	329	20,195	44	60
61	PBP Clinical Laboratory Services-Program Only											61
62	Whole Blood & Packed Red Blood Cells											62
63	Blood Storing, Processing, & Trans.											63
64	Intravenous Therapy											64
65	Respiratory Therapy	6,442	215,753	2,819,077		4,360,500		6,442	10,828	6,442	45	65
66	Physical Therapy	1,936	3,027	1,595,236		2,191,949		2,857	32,438	2,857	25	66
67	Occupational Therapy											67
68	Speech Pathology											68
69	Electrocardiology	1,918	46,187	634,680		1,029,247		1,918	476	1,918	9	69
70	Electroencephalography	432	1,396	177,624		236,762		432		432	3	70
71	Medical Supplies Charged to Patients					8,078,205						71
72	Implantable Devices Charged to Patients					34,777,016						72
73	Drugs Charged to Patients					10,042,767						73
74	Renal Dialysis											74
75	ASC (Non-Distinct Part)											75
76	Other Ancillary (specify)											76
76.30	Other Ancillary Cost Centers	1,174	144,288	2,267,889		5,266,059		1,174	48,416	1,174		76.30
OUTPATIENT SERVICE COST CENTERS												
88	Rural Health Clinic (RHC)											88
89	Federally Qualified Health Center (FQHC)											89
90	Clinic											90

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COST ALLOCATION - STATISTICAL BASIS							Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
91	Emergency	37,321	107,636	8,468,365		14,953,564		64,124	416,922	64,124		122	91
92	Observation Beds												92
93	Other Outpatient Service (specify)												93
OTHER REIMBURSABLE COST CENTERS													
94	Home Program Dialysis												94
95	Ambulance Services												95
96	Durable Medical Equipment-Rented												96
97	Durable Medical Equipment-Sold												97
98	Other Reimbursable (specify)												98
99	Outpatient Rehabilitation Provider (specify)												99
100	Intern-Resident Service (not apprvd. tchng. prgm.)												100
101	Home Health Agency												101
SPECIAL PURPOSE COST CENTERS													
105	Kidney Acquisition												105
106	Heart Acquisition												106
107	Liver Acquisition												107
108	Lung Acquisition												108
109	Pancreas Acquisition												109
110	Intestinal Acquisition												110
111	Islet Acquisition												111
112	Other Organ Acquisition (specify)												112
115	Ambulatory Surgical Center (Distinct Part)												115
116	Hospice												116
117	Other Special Purpose (specify)												117
118	SUBTOTALS (sum of lines 1-117)	690,629	9,256,974	103,877,568	-58,018,084	238,295,776		691,769	2,466,978	663,531	1,033,890	1,458	118
NONREIMBURSABLE COST CENTERS													
190	Gift, Flower, Coffee Shop, & Canteen	3,689	520	77,626		534,386		3,689		3,689		3	190
191	Research												191
192	Physicians' Private Offices	18,623	366	266,643		645,399		18,623	117,088	18,623		114	192
193	Nonpaid Workers												193
194	Other Nonreimbursable (specify)	31,973	2,582	511,859		1,233,255		31,973	92,904	31,973	54,516	80	194
200	Cross foot adjustments												200
201	Negative cost centers												201
202	Cost to be allocated (per Worksheet B, Part I)	11,307,416	9,435,929	28,277,652		58,018,084		12,109,680	2,302,088	5,649,284	8,126,507	5,274,308	202
203	Unit cost multiplier (Worksheet B, Part I)	15.18	1.018950	0.269996		0.241030		16.23	0.859960	7.87	7.47	3,186	203
204	Cost to be allocated (per Worksheet B, Part II)			75,657		8,397,435		860,747	88,951	612,693	1,084,392	703,797	204
205	Unit cost multiplier (Worksheet B, Part II)			0.000722		0.034886		1.153733	0.033221	0.853552	0.996312	425.26	205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)													
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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7192 - 2010]

COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	MAIN- TENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINIS-TRATION (DIRECT NURS. HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY)	NON- PHYSICIAN ANES- THETISTS (ASGND TIME)	
	12	13	14	15	16	17	18	19	
GENERAL SERVICE COST CENTERS									
1 Capital Related Costs-Buildings and Fixtures									1
2 Capital Related Costs-Movable Equipment									2
4 Employee Benefits									4
5 Administrative and General									5
6 Maintenance and Repairs									6
7 Operation of Plant									7
8 Laundry and Linen Service									8
9 Housekeeping									9
10 Dietary									10
11 Cafeteria									11
12 Maintenance of Personnel									12
13 Nursing Administration		2,180,197							13
14 Central Services and Supply			56,181,016						14
15 Pharmacy			190,381	10,372,390					15
16 Medical Records & Medical Records Library			149		10,000				16
17 Social Service			16	3,017		10,000			17
18 Other General Service (specify)									18
19 Nonphysician Anesthetists									19
20 Nursing School			3,101						20
21 Intern & Res. Service-Salary & Fringes (Approved)									21
22 Intern & Res. Other Program Costs (Approved)									22
23 Paramedical Education Program (specify)									23
INPATIENT ROUTINE SERVICE COST CENTERS									
30 Adults and Pediatrics (General Routine Care)		947,232	1,682,958	3,205	750	3,491			30
31 Intensive Care Unit		226,917	700,938	270	254	1,183			31
32 Coronary Care Unit									32
33 Burn Intensive Care Unit									33
34 Surgical Intensive Care Unit									34
35 Other Special Care Unit (specify)									35
35.15 Neonatal ICU		46,539	45,594	1,693	43	199			35.15
40 Subprovider IPF									40
41 Subprovider IRF									41

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
42	Subprovider (specify)								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
46	Other Long Term Care								46
ANCILLARY SERVICE COST CENTERS									
50	Operating Room		537,285	6,088,666	547	1,615			50
50.20	Endoscopy		45,650	186,419		84			50.20
51	Recovery Room								51
52	Labor Room and Delivery Room								52
53	Anesthesiology		24,425	980,491	657	1,044			53
54	Radiology-Diagnostic			200,409		516			54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan			249,614		1,008			57
58	Magnetic Resonance Imaging (MRI)			16,148		255			58
59	Cardiac Catheterization			422,385		304			59
60	Laboratory			61,759	45	841			60
61	PBP Clinical Laboratory Services-Program Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Trans.								63
64	Intravenous Therapy								64
65	Respiratory Therapy			208,245	356,625	110			65
66	Physical Therapy			11,639		62			66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology			20,363	12	88			69
70	Electroencephalography			1,605		9			70
71	Medical Supplies Charged to Patients			8,026,787		128			71
72	Implantable Devices Charged to Patients			34,774,144		932			72
73	Drugs Charged to Patients			917,022	8,833,385	585			73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers		38,183	242,232	87,791	271			76.30
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic								90
91	Emergency		313,966	1,148,204		1,101	5,127		91

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
92	Observation Beds								92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance Services								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable (specify)								98
99	Outpatient Rehabilitation Provider (specify)								99
100	Intern-Resident Service (not appvd. tchng. prgm.)								100
101	Home Health Agency								101
SPECIAL PURPOSE COST CENTERS									
105	Kidney Acquisition								105
106	Heart Acquisition								106
107	Liver Acquisition								107
108	Lung Acquisition								108
109	Pancreas Acquisition								109
110	Intestinal Acquisition								110
111	Islet Acquisition								111
112	Other Organ Acquisition (specify)								112
115	Ambulatory Surgical Center (Distinct Part)								115
116	Hospice								116
117	Other Special Purpose (specify)								117
118	SUBTOTALS (sum of lines 1-117)		2,180,197	56,179,268	9,287,247	10,000	10,000		118
NONREIMBURSABLE COST CENTERS									
190	Gift, Flower, Coffee Shop, & Canteen			188					190
191	Research								191
192	Physicians' Private Offices			61	1,075,599				192
193	Nonpaid Workers								193
194	Other Nonreimbursable (specify)			1,499	9,544				194
200	Cross foot adjustments								200
201	Negative cost centers								201
202	Cost to be allocated (per Worksheet B, Part I)		7,653,760	5,934,124	11,307,637	3,794,200	3,103,772		202
203	Unit cost multiplier (Worksheet B, Part I)		3.51	0.105625	1.090167	379.42	310.38		203
204	Cost to be allocated (per Worksheet B, Part II)		940,851	1,263,660	864,803	332,588	205,649		204
205	Unit cost multiplier (Worksheet B, Part II)		0.431544	0.022493	0.083375	33.26	20.56		205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)									
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COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET B-1	
COST CENTER DESCRIPTIONS	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARA- MEDICAL EDUCATION (ASSIGNED TIME)	SUBTOTAL	INTERN & RESIDENT COST & POST STEPDOWN ADJUSTMENTS	TOTAL	
		SALARY AND FRINGES (ASSIGNED TIME)	PROGRAM COSTS (ASSIGNED TIME)					
	20	21	22	23	24	25	26	
GENERAL SERVICE COST CENTERS								
1 Capital Related Costs-Buildings and Fixtures								1
2 Capital Related Costs-Movable Equipment								2
4 Employee Benefits								4
5 Administrative and General								5
6 Maintenance and Repairs								6
7 Operation of Plant								7
8 Laundry and Linen Service								8
9 Housekeeping								9
10 Dietary								10
11 Cafeteria								11
12 Maintenance of Personnel								12
13 Nursing Administration								13
14 Central Services and Supply								14
15 Pharmacy								15
16 Medical Records & Medical Records Library								16
17 Social Service								17
18 Other General Service (specify)								18
19 Nonphysician Anesthetists								19
20 Nursing School	568,998							20
21 Intern & Res. Service-Salary & Fringes (Approved)		15,207						21
22 Intern & Res. Other Program Costs (Approved)			15,207					22
23 Paramedical Education Program (specify)								23
INPATIENT ROUTINE SERVICE COST CENTERS								
30 Adults and Pediatrics (General Routine Care)	174,386	9,038	9,038					30
31 Intensive Care Unit	39,054							31
32 Coronary Care Unit								32
33 Burn Intensive Care Unit								33
34 Surgical Intensive Care Unit								34
35 Other Special Care Unit (specify)								35
35.15 Neonatal ICU	3,086							35.15
40 Subprovider IPF								40
41 Subprovider IRF								41

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COST ALLOCATION - STATISTICAL BASIS				Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET B-1	
42	Subprovider (specify)							42
43	Nursery							43
44	Skilled Nursing Facility							44
45	Nursing Facility							45
46	Other Long Term Care							46
ANCILLARY SERVICE COST CENTERS								
50	Operating Room	145,603	6,009	6,009				50
50.20	Endoscopy	6,869						50.20
51	Recovery Room							51
52	Labor Room and Delivery Room							52
53	Anesthesiology	3,600						53
54	Radiology-Diagnostic	24,175						54
55	Radiology-Therapeutic							55
56	Radioisotope							56
57	Computed Tomography (CT) Scan	4,775						57
58	Magnetic Resonance Imaging (MRI)	7,950						58
59	Cardiac Catheterization	8,073						59
60	Laboratory	20,195						60
61	PBP Clinical Laboratory Services-Program Only							61
62	Whole Blood & Packed Red Blood Cells							62
63	Blood Storing, Processing, & Trans.							63
64	Intravenous Therapy							64
65	Respiratory Therapy	6,442						65
66	Physical Therapy	2,857						66
67	Occupational Therapy							67
68	Speech Pathology							68
69	Electrocardiology	1,918						69
70	Electroencephalography	432						70
71	Medical Supplies Charged to Patients							71
72	Implantable Devices Charged to Patients							72
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
75	ASC (Non-Distinct Part)							75
76	Other Ancillary (specify)							76
76.30	Other Ancillary Cost Centers	1,174						76.30
OUTPATIENT SERVICE COST CENTERS								
88	Rural Health Clinic (RHC)							88
89	Federally Qualified Health Center (FQHC)							89
90	Clinic							90
91	Emergency	64,124	160	160				91

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COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET B-1	
92	Observation Beds						92
93	Other Outpatient Service (specify)						93
OTHER REIMBURSABLE COST CENTERS							
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
99	Outpatient Rehabilitation Provider (specify)						99
100	Intern-Resident Service (not appvd. tchng. prgm.)						100
101	Home Health Agency						101
SPECIAL PURPOSE COST CENTERS							
105	Kidney Acquisition						105
106	Heart Acquisition						106
107	Liver Acquisition						107
108	Lung Acquisition						108
109	Pancreas Acquisition						109
110	Intestinal Acquisition						110
111	Islet Acquisition						111
112	Other Organ Acquisition (specify)						112
115	Ambulatory Surgical Center (Distinct Part)						115
116	Hospice						116
117	Other Special Purpose (specify)						117
118	SUBTOTALS (sum of lines 1-117)	514,713	15,207	15,207			118
NONREIMBURSABLE COST CENTERS							
190	Gift, Flower, Coffee Shop, & Canteen	3,689					190
191	Research						191
192	Physicians' Private Offices	18,623					192
193	Nonpaid Workers						193
194	Other Nonreimbursable (specify)	31,973					194
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (per Worksheet B, Part I)	1,791,314	774,339	1,580,953			202
203	Unit cost multiplier (Worksheet B, Part I)	3.15	50.92	103.96			203
204	Cost to be allocated (per Worksheet B, Part II)	185,220	21,767	44,441			204
205	Unit cost multiplier (Worksheet B, Part II)	0.325520	1.431380	2.92			205
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4020)							
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There are 1 Cost Center Overrides.
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COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 340098			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)			
	1	2	3	4	5	6	7	8	9	10	11	
INPATIENT ROUTINE SERVICE COST CENTERS												
30 Adults and Pediatrics (General Routine Care)	62,189,088		62,189,088		62,189,088	78,182,064		78,182,064				30
31 Intensive Care Unit	16,684,219		16,684,219		16,684,219	30,536,144		30,536,144				31
32 Coronary Care Unit												32
33 Burn Intensive Care Unit												33
34 Surgical Intensive Care Unit												34
35 Other Special Care (specify)												35
35.15 Neonatal ICU	3,580,012		3,580,012		3,580,012	5,133,203		5,133,203				35.15
40 Subprovider IPF												40
41 Subprovider IRF												41
42 Subprovider (Specify)												42
43 Nursery												43
44 Skilled Nursing Facility												44
45 Nursing Facility												45
46 Other Long Term Care												46
ANCILLARY SERVICE COST CENTERS												
50 Operating Room	47,912,320		47,912,320		47,912,320	80,564,392	113,630,752	194,195,136	** 0.246723	** 0.246723	** 0.246723	50
50.20 Endoscopy	3,142,786		3,142,786		3,142,786	2,999,058	7,054,135	10,053,193	** 0.312616	** 0.312616	** 0.312616	50.20
51 Recovery Room												51
52 Labor Room and Delivery Room												52
53 Anesthesiology	3,985,573		3,985,573		3,985,573	56,458,048	69,038,784	125,496,832	** 0.031758	** 0.031758	** 0.031758	53
54 Radiology-Diagnostic	9,318,408		9,318,408		9,318,408	18,543,264	43,490,184	62,033,448	** 0.150216	** 0.150216	** 0.150216	54
55 Radiology-Therapeutic												55
56 Radioisotope												56
57 Computed Tomography (CT) Scan	4,298,835		4,298,835		4,298,835	20,698,228	100,499,216	121,197,440	** 0.035470	** 0.035470	** 0.035470	57
58 Magnetic Resonance Imaging (MRI)	1,997,369		1,997,369		1,997,369	5,341,940	25,353,200	30,695,140	** 0.065071	** 0.065071	** 0.065071	58
59 Cardiac Catheterization	4,715,034		4,715,034		4,715,034	18,389,548	18,181,972	36,571,520	** 0.128926	** 0.128926	** 0.128926	59
60 Laboratory	9,129,872		9,129,872		9,129,872	58,957,864	42,119,456	101,077,320	** 0.090326	** 0.090326	** 0.090326	60
61 PBP Clinical Laboratory Services-Prgm. Only												61
62 Whole Blood & Packed Red Blood Cells												62
63 Blood Storing, Processing, & Trans.												63

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COMPUTATION OF RATIO OF COSTS TO CHARGES					Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I		
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Charges				Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Disallowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
64 Intravenous Therapy												64
65 Respiratory Therapy	6,192,290		6,192,290		6,192,290	11,481,437	1,685,914	13,167,551	** 0.470276	** 0.470276	** 0.470276	65
66 Physical Therapy	2,930,447		2,930,447		2,930,447	6,523,236	954,569	7,477,805	** 0.391886	** 0.391886	** 0.391886	66
67 Occupational Therapy												67
68 Speech Pathology												68
69 Electrocardiology	1,394,235		1,394,235		1,394,235	5,456,653	5,176,829	10,633,482	** 0.131117	** 0.131117	** 0.131117	69
70 Electroencephalography	318,747		318,747		318,747	803,621	286,965	1,090,586	** 0.292271	** 0.292271	** 0.292271	70
71 Medical Supplies Charged to Patients	10,859,638		10,859,638		10,859,638	13,545,079	10,751,526	24,296,604	** 0.446961	** 0.446961	** 0.446961	71
72 Implantable Devices Charged to Patients	47,185,964		47,185,964		47,185,964	69,789,120	33,286,430	103,075,552	** 0.457780	** 0.457780	** 0.457780	72
73 Drugs Charged to Patients	22,412,060		22,412,060		22,412,060	48,851,952	21,471,256	70,323,208	** 0.318701	** 0.318701	** 0.318701	73
74 Renal Dialysis												74
75 ASC (Non-Distinct Part)												75
76 Other Ancillary (specify)												76
76.30 Other Ancillary Cost Centers	6,967,122		6,967,122		6,967,122	55,800	32,620,035	32,675,835	** 0.213219	** 0.213219	** 0.213219	76.30
OUTPATIENT SERVICE COST CENTERS												
88 Rural Health Clinic (RHC)												88
89 Federally Qualified Health Center (FQHC)												89
90 Clinic												90
91 Emergency	24,285,060		24,285,060		24,285,060	18,542,656	113,821,800	132,364,456	** 0.183471	** 0.183471	** 0.183471	91
92 Observation Beds (see instructions)	4,857,276		4,857,276		4,857,276	1,215,305	10,728,507	11,943,812	** 0.406677	** 0.406677	** 0.406677	92
93 Other Outpatient Service (specify)												93
OTHER REIMBURSABLE COST CENTERS												
94 Home Program Dialysis												94
95 Ambulance Services												95
96 Durable Medical Equipment-Rented												96
97 Durable Medical Equipment-Sold												97
98 Other Reimbursable (specify)												98
99 Outpatient Rehabilitation Provider (specify)												99
100 Intern-Resident Service (not appvd. tchng. prgm.)												100
101 Home Health Agency												101
SPECIAL PURPOSE COST CENTERS												
105 Kidney Acquisition												105
106 Heart Acquisition												106
107 Liver Acquisition												107
108 Lung Acquisition												108

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COMPUTATION OF RATIO OF COSTS TO CHARGES						Provider CCN: 340098			PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET C PART I	
COST CENTER DESCRIPTIONS	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Total Costs	RCE Dis-allowance	Total Costs	Inpatient	Outpatient	Total (column 6 + column 7)				
	1	2	3	4	5	6	7	8	9	10	11	
109 Pancreas Acquisition												109
110 Intestinal Acquisition												110
111 Islet Acquisition												111
112 Other Organ Acquisition (specify)												112
115 Ambulatory Surgical Center (Distinct Part)												115
116 Hospice												116
117 Other Special Purpose (specify)												117
200 Subtotal (see instructions)	294,356,352		294,356,352		294,356,352	552,068,608	650,151,552	1,202,220,160				200
201 Less Observation Beds	4,857,276		4,857,276		4,857,276							201
202 Total (see instructions)	289,499,072		289,499,072		289,499,072	552,068,608	650,151,552	1,202,220,160				202
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4023)												
40-564 - 08-11											Rev. 2	

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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7192 - 2010]

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART I

Medicare - Title XVIII - Hospital

		Capital Related Cost (from Wksht. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
	INPATIENT ROUTNE SERVICE COST CENTERS								
30	Adults & Pediatrics (General Routine Care)	5,958,423		5,958,423	73,721	80.82	27,578	2,228,854	30
31	Intensive Care Unit	1,556,703		1,556,703	9,717	160.20	4,799	768,800	31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care Unit (specify)								35
35.15		189,973		189,973	2,135	88.98			35.15
40	Subprovider IPF								40
41	Subprovider IRF								41
42	Subprovider (Other)								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	7,705,099		7,705,099	85,573		32,377	2,997,654	200

(A) Worksheet A line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4024 - 4024.1)

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Cost report status - As Submitted
[Record code 7192 - 2010]

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART II

Medicare -Title XVIII - Hospital

		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
(A)	Cost Center Description	1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	6,514,243	194,195,136	** 0.033545	31,535,728	1,057,866	50
50.20		508,844	10,053,193	** 0.050615	1,372,242	69,456	50.20
51	Recovery Room						51
52	Labor Room and Delivery Room						52
53	Anesthesiology	375,333	125,496,832	** 0.002991	19,700,296	58,924	53
54	Radiology-Diagnostic	1,418,769	62,033,448	** 0.022871	10,000,331	228,718	54
55	Radiology-Therapeutic						55
56	Radioisotope						56
57	Computed Tomography (CT) Scan	381,653	121,197,440	** 0.003149	10,506,791	33,086	57
58	Magnetic Resonance Imaging (MRI)	441,760	30,695,140	** 0.014392	2,393,195	34,443	58
59	Cardiac Catheterization	922,880	36,571,520	** 0.025235	8,075,682	203,790	60
60	Laboratory	684,879	101,077,320	** 0.006776	28,855,030	195,522	60
61	PBP Clinical Laboratory Services-Prgm. Only						61
62	Whole Blood & Packed Red Blood Cells						62
63	Blood Storing, Processing, & Transfusing						63
64	Intravenous Therapy						64
65	Respiratory Therapy	542,286	13,167,351	** 0.041184	6,493,946	267,447	65
66	Physical Therapy	156,391	7,477,805	** 0.020914	3,791,087	79,287	66
67	Occupational Therapy						67
68	Speech Pathology						68
69	Electrocardiology	123,619	10,633,482	** 0.011625	3,022,099	35,132	69
70	Electroencephalography	18,846	1,090,586	** 0.017281	256,252	4,428	70
71	Medical Supplies Charged to Patients	464,876	24,296,604	** 0.019133	3,696,472	70,725	71
72	Implantable Devices Charged to Patients	2,026,382	103,075,552	** 0.019659	31,750,928	624,192	72
73	Drugs Charged to Patients	1,126,922	70,323,208	** 0.016025	22,360,470	358,327	73
74	Renal Dialysis						74
75	ASC (Non-Distinct Part)						75
76	Other Ancillary (specify)						76
76.30		775,092	32,675,835	** 0.023721	10,079	187	76.30
88	Rural Health Clinic (RHC)						88
89	Federally Qualified Health Center (FQHC)						89
90	Clinic						90
91	Emergency	2,162,433	132,364,456	** 0.016337	9,034,975	147,604	91
92	Observation Beds	465,380	11,943,812	** 0.038964	355,230	13,841	92
93	Other Outpatient Service (specify)						93
	OTHER REIMBURSABLE COST CENTERS						
94	Home Program Dialysis						94
95	Ambulance Services						95
96	Durable Medical Equipment-Rented						96
97	Durable Medical Equipment-Sold						97
98	Other Reimbursable (specify)						98
200	Total (sum of lines 50 through 199)	19,110,588	1,088,368,768	** 0.017559	193,210,832	3,482,975	200

(A) Worksheet A line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.2)

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Cost report status - As Submitted
[Record code 7192 - 2010]

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART III

Medicare -Title XVIII - Hospital

		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	
INPATIENT ROUTINE SERVICE COST CENTERS											
30	Adults & Pediatrics (General Routine Care)	549,001				549,001	73,721	7.45	27,578	205,456	30
31	Intensive Care Unit	122,949				122,949	9,717	12.65	4,799	60,707	31
32	Coronary Care Unit										32
33	Burn Intensive Care Unit										33
34	Surgical Intensive Care Unit										34
35	Other Special Care Unit (specify)										35
35.15		9,715				9,715	2,135	4.55			35.15
40	Subprovider IPF										40
41	Subprovider IRF										41
42	Subprovider (Other)										42
43	Nursery										43
44	Skilled Nursing Facility										44
45	Nursing Facility										45
200	Total (sum of lines 30-199)	681,665				681,665	85,573		32,377	266,163	200

(A) Worksheet A line numbers

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.3)

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Cost report status - As Submitted
[Record code 7192 - 2010]

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART IV

Medicare - Title XVIII - SNF

		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS															
50	Operating Room		458,386			458,386	458,386	194,195,136							50
50.20	Endoscopy		21,625			21,625	21,625	10,053,193	0.002151	0.002151					50.20
51	Recovery Room														51
52	Labor room and Delivery Room														52
53	Anesthesiology		11,333			11,333	11,333	125,496,832							53
54	Radiology-Diagnostic		76,107			76,107	76,107	62,033,448							54
55	Radiology-Therapeutic														55
56	Radioisotope														56
57	Computed Tomography (CT) Scan		15,033			15,033	15,033	121,197,440							57
58	Magnetic Resonance Imaging (MRI)		25,028			25,028	25,028	30,695,140							58
59	Cardiac Catheterization		25,415			25,415	25,415	36,571,520							59
60	Laboratory		63,578			63,578	63,578	101,077,320							60
61	PBP Clinical Laboratory Services-Prgm. Only														61
62	Whole Blood & Packed Red Blood Cells														62
63	Blood Storing, Processing, & Transfusing														63
64	Intravenous Therapy														64
65	Respiratory Therapy		20,281			20,281	20,281	13,167,351							65
66	Physical Therapy		8,994			8,994	8,994	7,477,805							66
67	Occupational Therapy														67
68	Speech Pathology														68
69	Electrocardiology		6,038			6,038	6,038	10,633,482							69
70	Electroencephalography		1,360			1,360	1,360	1,090,586							70
71	Medical Supplies Charged To Patients							24,296,604							71
72	Implantable Devices Charged to Patients							103,075,552							72
73	Drugs Charged to Patients							70,323,208							73
74	Renal Dialysis														74
75	ASC (Non-Distinct Part)														75
76	Other Ancillary (specify)														76
76.30	Other Ancillary Cost Centers		3,696			3,696	3,696	32,675,835							76.30

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340098		PERIOD: FROM 01/01/2011 TO 12/31/2011		WORKSHEET D, PART IV	
Medicare - Title XVIII - SNF															
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wksht. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
OUTPATIENT SERVICE COST CENTERS															
88	Rural Health Clinic (RHC)														88
89	Federally Qualified Health Center (FQHC)														89
90	Clinic														90
91	Emergency		201,875			201,875	201,875	132,364,456							91
92	Observation Beds		42,880			42,880	42,880	11,943,812							92
93	Other Outpatient Service (specify)														93
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														94
95	Ambulance Services														95
96	Durable Medical Equipment-Rented														96
97	Durable Medical Equipment-Sold														97
98	Other Reimbursable (specify)														98
200	Total (sum of lines 50 through 199)		981,629			981,629	981,629	1,088,368,768							200
(A) Worksheet A line numbers															
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4)															
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART IV

Medicare - Title XVIII - Hospital

		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
ANCILLARY SERVICE COST CENTERS															
50	Operating Room		458,386			458,386	458,386	194,195,136			31,535,728	74,424	22,265,968	52,548	50
50.20	Endoscopy		21,625			21,625	21,625	10,053,193	0.002151	0.002151	1,372,242	2,952	2,526,534	5,435	50.20
51	Recovery Room														51
52	Labor room and Delivery Room														52
53	Anesthesiology		11,333			11,333	11,333	125,496,832			19,700,296	1,773	13,111,660	1,180	53
54	Radiology-Diagnostic		76,107			76,107	76,107	62,033,448			10,000,331	12,270	10,915,219	13,393	54
55	Radiology-Therapeutic														55
56	Radioisotope														56
57	Computed Tomography (CT) Scan		15,033			15,033	15,033	121,197,440			10,506,791	1,303	25,245,278	3,130	57
58	Magnetic Resonance Imaging (MRI)		25,028			25,028	25,028	30,695,140			2,393,195	1,950	7,003,029	5,707	58
59	Cardiac Catheterization		25,415			25,415	25,415	36,571,520			8,075,682	5,613	8,735,150	6,071	59
60	Laboratory		63,578			63,578	63,578	101,077,320			28,855,030	18,150	1,152,987	725	60
61	PBP Clinical Laboratory Services-Prgm. Only														61
62	Whole Blood & Packed Red Blood Cells														62
63	Blood Storing, Processing, & Transfusing														63
64	Intravenous Therapy														64
65	Respiratory Therapy		20,281			20,281	20,281	13,167,351			6,493,946	10,001	500,534	771	65
66	Physical Therapy		8,994			8,994	8,994	7,477,805			3,791,087	4,561			66
67	Occupational Therapy														67
68	Speech Pathology														68
69	Electrocardiology		6,038			6,038	6,038	10,633,482			3,022,099	1,717	1,877,205	1,066	69
70	Electroencephalography		1,360			1,360	1,360	1,090,586			256,252	320	77,935	97	70
71	Medical Supplies Charged To Patients							24,296,604			3,696,472		1,785,077		71
72	Implantable Devices Charged to Patients							103,075,552			31,750,928		11,787,294		72
73	Drugs Charged to Patients							70,323,208			22,360,470		5,607,245		73
74	Renal Dialysis														74
75	ASC (Non-Distinct Part)														75
76	Other Ancillary (specify)														76
76.30	Other Ancillary Cost Centers		3,696			3,696	3,696	32,675,835			10,079		11,939,030	1,407	76.30

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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS										Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011			WORKSHEET D, PART IV	
Medicare - Title XVIII - Hospital															
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total cost (sum of col 1 through col. 4)	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
(A)	Cost Center Description	1	2	3	4	5	6	7	8	9	10	11	12	13	
OUTPATIENT SERVICE COST CENTERS															
88	Rural Health Clinic (RHC)														88
89	Federally Qualified Health Center (FQHC)														89
90	Clinic														90
91	Emergency		201,875			201,875	201,875	132,364,456			9,034,975	13,778	16,989,356	25,909	91
92	Observation Beds		42,880			42,880	42,880	11,943,812			355,230	1,275	3,394,397	12,186	92
93	Other Outpatient Service (specify)														93
OTHER REIMBURSABLE COST CENTERS															
94	Home Program Dialysis														94
95	Ambulance Services														95
96	Durable Medical Equipment-Rented														96
97	Durable Medical Equipment-Sold														97
98	Other Reimbursable (specify)														98
200	Total (sum of lines 50 through 199)		981,629			981,629	981,629	1,088,368,768			193,210,832	150,087	144,913,904	129,625	200
(A) Worksheet A line numbers															
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4024.4)															
Rev. 2 - 08-11														40-571	

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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D, PART V

Medicare -Title XVIII - Hospital

PART V - APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

		Cost to Charge Ratio from Worksheet C, Part I, col. 9	Program Charges			Program Cost			
			PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject to Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject to Ded. & Coins. (see instructions)	PPS Services (see instructions)	Cost Services Subject to Ded. & Coins. (see instructions)	Cost Services Not Subject to Ded. & Coins. (see instructions)	
(A)	Cost Center Description	1	2	3	4	5	6	7	
ANCILLARY SERVICE COST CENTERS									
50	Operating Room		22,265,968			5,493,526			50
50.20	Endoscopy		2,526,534			789,835			50.20
51	Recovery Room								51
52	Labor & Delivery Room								52
53	Anesthesiology		13,111,660			416,400			53
54	Radiology-Diagnostic		10,915,219			1,639,641			54
55	Radiology-Therapeutic								55
56	Radioisotope								56
57	Computed Tomography (CT) Scan		25,245,278			895,450			57
58	Magnetic Resonance Imaging (MRI)		7,003,029			455,694			58
59	Cardiac Catheterization		8,735,150			1,126,188			59
60	Laboratory		1,152,987			104,145			60
61	PBP Clinic Laboratory Services-Prgm. Only								61
62	Whole Blood & Packed Red Blood Cells								62
63	Blood Storing, Processing, & Transfusing								63
64	Intravenous Therapy								64
65	Respiratory Therapy		500,534			235,389			65
66	Physical Therapy								66
67	Occupational Therapy								67
68	Speech Pathology								68
69	Electrocardiology		1,877,205			246,133			69
70	Electroencephalography		77,935			22,778			70
71	Medical Supplies Charged To Patients		1,785,077	46,471		797,860	20,771		71
72	Implantable Devices Charged to Patients		11,787,294			5,395,987			72
73	Drugs Charged to Patients		5,607,245		48,260	1,787,035		15,381	73
74	Renal Dialysis								74
75	ASC (Non-Distinct Part)								75
76	Other Ancillary (specify)								76
76.30	Other Ancillary Cost Centers		11,939,030			2,604,083			76.30
OUTPATIENT SERVICE COST CENTERS									
88	Rural Health Clinic (RHC)								88
89	Federally Qualified Health Center (FQHC)								89
90	Clinic								90
91	Emergency		16,989,356	14,005		3,117,054	2,570		91
92	Observation Bed		3,394,397			1,380,423			92
93	Other Outpatient Service (specify)								93
OTHER REIMBURSABLE COST CENTERS									
94	Home Program Dialysis								94
95	Ambulance								95
96	Durable Medical Equipment-Rented								96
97	Durable Medical Equipment-Sold								97
98	Other Reimbursable Cost Center								98
200	Subtotal (see instructions)		144,913,904	60,476	48,260	26,507,620	23,341	15,381	200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)		144,913,904	60,476	48,260	26,507,620	23,341	15,381	202

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PART I

Medicare -Title XVIII - Hospital

PART I - ALL PROVIDER COMPONENTS

	INPATIENT DAYS		
1	Inpatient days (including private room days and swing-bed days, excluding newborn)	73,721	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	73,721	2
3	Private room days (excluding swing-bed and observation bed days)		3
4	Semi-private room days (excluding swing-bed and observation bed days)	73,721	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	27,578	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions).		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period.		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the Program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16
	SWING BED ADJUSTMENT		
17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	62,189,088	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	62,189,088	27
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28	General inpatient routine service charges (excluding swing-bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	62,189,088	37

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PART II

Medicare -Title XVIII - Hospital

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS					1		
38	Adjusted general inpatient routine service cost per diem (see instructions)				843		38
39	Program general inpatient routine service cost (line 9 x line 38)				23,263,972		39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)				23,263,972		41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (title V & XIX only) Intensive Care Type Inpatient Hospital Units						42
43	Intensive Care Unit	16,684,219	9,717	** 1,717.01	4,799	8,239,931	43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care Unit (specify)	3,580,012	2,135	** 1,676.82			47
						1	
48	Program inpatient ancillary service cost (Worksheet D-3, column 3, line 200)					44,642,472	48
49	Total Program inpatient costs (sum of lines 41 through 48) (see instructions)					76,146,376	49
PASS-THROUGH COST ADJUSTMENTS							
50	Pass through costs applicable to Program inpatient routine services (from Worksheet D, sum of Parts I and III)					3,263,817	50
51	Pass through costs applicable to Program inpatient ancillary services (from Worksheet D, sum of Parts II and IV)					3,633,062	51
52	Total Program excludable cost (sum of lines 50 and 51)					6,896,879	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist, and medical education costs (line 49 minus line 52)					69,249,496	53
TARGET AMOUNT AND LIMIT COMPUTATION							
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket						60
61	If line 53 ÷ line 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1 % of the target amount (line 56), otherwise enter zero. (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
PROGRAM INPATIENT ROUTINE SWING BED COST							
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (see instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (see instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65) (Title XVIII only. For CAH, see instructions.)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

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COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-1, PARTS III & IV

Medicare -Title XVIII - Hospital

PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY. AND ICT/MR ONLY

70	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70
71	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71
72	Program routine service cost (line 9 x line 71)		72
73	Medically necessary private room cost applicable to Program (line 14 x line 35)		73
74	Total Program general inpatient routine service costs (line 72 + line 73)		74
75	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Parts II, column 26, line 45)		75
76	Per diem capital-related costs (line 75 ÷ line 2)		76
77	Program capital-related costs (line 9 x line 76)		77
78	Inpatient routine service cost (line 74 minus line 77)		78
79	Aggregate charges to beneficiaries for excess costs (from provider records)		79
80	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80
81	Inpatient routine service cost per diem limitation		81
82	Inpatient routine service cost limitation (line 9 x line 81)		82
83	Reasonable inpatient routine service costs (see instructions)		83
84	Program inpatient ancillary services (see instructions)		84
85	Utilization review - physician compensation (see instructions)		85
86	Total Program inpatient operating costs (sum of lines 83 through 85)		86

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)	5,758	87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	843.57	88
89	Observation bed cost (line 87 x line 88) (see instructions)	4,857,276	89

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass-Through Cost (col. 3 x col. 4) (see instructions)	
		1	2	3	4	5	
90	Capital-related cost	5,958,423	62,189,088	0.095811	4,857,276	465,380	90
91	Nursing School cost	549,001	62,189,088	0.008828	4,857,276	42,880	91
92	Allied Health cost		62,189,088		4,857,276		92
93	All other Medical Education		62,189,088		4,857,276		93

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTIONS 4025.3 - 4025.4)

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-3

Medicare - Title XVIII - Hospital

	(A) COST CENTER DESCRIPTION	Ratio of Cost to Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults and Pediatrics (General Routine Care)		28,127,808		30
31	Intensive Care Unit		15,834,569		31
32	Coronary Care Unit				32
33	Burn Intensive Care Unit				33
34	Surgical Intensive Care Unit				34
35	Other Special Care (specify)				35
40	Subprovider IPF				40
41	Subprovider IRF				41
42	Subprovider (Specify)				42
43	Nursery				43
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room		31,535,728	7,780,590	50
51	Recovery Room				51
52	Labor Room and Delivery Room				52
53	Anesthesiology		19,700,296	625,642	53
54	Radiology-Diagnostic		10,000,331	1,502,210	54
55	Radiology-Therapeutic				55
56	Radioisotope				56
57	Computed Tomography (CT) Scan		10,506,791	372,676	57
58	Magnetic Resonance Imaging (MRI)		2,393,195	155,728	58
59	Cardiac Catheterization		8,075,682	1,041,165	59
60	Laboratory		28,855,030	2,606,359	60
61	PBP Clinical Laboratory Services-Prgm. Only				61
62	Whole Blood & Packed Red Blood Cells				62
63	Blood Storing, Processing, & Trans.				63
64	Intravenous Therapy				64
65	Respiratory Therapy		6,493,946	3,053,947	65
66	Physical Therapy		3,791,087	1,485,674	66
67	Occupational Therapy				67
68	Speech Pathology				68
69	Electrocardiology		3,022,099	396,249	69
70	Electroencephalography		256,252	74,895	70
71	Medical Supplies Charged to Patients		3,696,472	1,652,179	71
72	Implantable Devices Charged to Patients		31,750,928	14,534,940	72
73	Drugs Charged to Patients		22,360,470	7,126,304	73
74	Renal Dialysis				74
75	ASC (Non-Distinct Part)				75
76	Other Ancillary (specify)		1,382,321	431,795	76
	OUTPATIENT SERVICE COST CENTERS				
88	Rural Health Clinic (RHC)				88
89	Federally Qualified Health Center (FQHC)				89
90	Clinic				90
91	Emergency		9,034,975	1,657,656	91
92	Observation Beds (see instructions)		355,230	144,464	92
93	Other Outpatient Service (specify)				93
	OTHER REIMBURSABLE COST CENTERS				
94	Home Program Dialysis				94
95	Ambulance Services				95
96	Durable Medical Equipment-Rented				96
97	Durable Medical Equipment-Sold				97
98	Other Reimbursable (specify)				98
200	Total (sum of lines 50-94 and 96-98)		193,210,832	44,642,472	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		193,210,832		202

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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET D-3
(A) Worksheet A line numbers			
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4027)			
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital				
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1	DRG amounts other than outlier payments	53,407,440		1
2	Outlier payments for discharges (see instructions)	1,462,245		2
3	Managed care simulated payments	5,594,798		3
4	Bed days available divided by number of days in the cost reporting period (see instructions) Indirect Medical Education Adjustment Calculation for Hospitals	281.58		4
5	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996 (see instructions)	7.31		5
6	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in in accordance with 42 CFR 413.79(e)			6
7	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)			7
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.			7.01
8	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.			8
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)			8.02
9	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus line 8 plus lines (8.01 and 8.02) (see instructions)	7.31		9
10	FTE count for allopathic and osteopathic programs in the current year from your records	7.31		10
11	FTE count for residents in dental and podiatric programs			11
12	Current year allowable FTE (see instructions)	7.31		12
13	Total allowable FTE count for the prior year	7.31		13
14	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	7.31		14
15	Sum of lines 12 through 14 divided by 3	7.31		15
16	Adjustment for residents in initial years of the program			16
17	Adjustment for residents displaced by program or hospital closure			17
18	Adjusted rolling average FTE count	7.31		18
19	Current year resident to bed ratio (line 18 divided by line 4)	0.025961		19
20	Prior year resident to bed ratio (see instructions)	0.027054		20
21	Enter the lesser of lines 19 or 20 (see instructions)	0.025961		21
22	IME payment adjustment (see instructions)	831,106		22
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).			23
24	IME FTE resident count over cap (see instructions)			24
25	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)			25
26	Resident to bed ratio (divide line 25 by line 4)			26
27	IME payments adjustment (see instructions)			27
28	IME Adjustment (see instructions)			28
29	Total IME payment (sum of lines 22 and 28)	831,106		29
Disproportionate Share Adjustment				
30	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.081200		30
31	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.127400		31
32	Sum of lines 30 and 31	0.208600		32
33	Allowable disproportionate share percentage (see instructions)	0.064200		33
34	Disproportionate share adjustment (see instructions)	3,428,758		34
Additional payment for high percentage of ESRD beneficiary discharges				
40	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			40
41	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685 (see instructions)			41
42	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			42
43	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685 (see instructions)			43
44	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			44
45	Average weekly cost for dialysis treatments (see instructions)			45
46	Total additional payment (line 45 times line 44 times line 41)			46
47	Subtotal (see instructions)	59,129,552		47
48	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only (see instructions)			48
49	Total payment for inpatient operating costs SCH and MDH only (see instructions)	59,129,552		49

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART A	
Medicare -Title XVIII - Hospital				
50	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	4,716,380		50
51	Exception payment for inpatient program capital (Worksheet L, Part III) (see instructions)			51
52	Direct graduate medical education payment (from Worksheet E-4, line 49) (see instructions).	292,118		52
53	Nursing and allied health managed care payment	43,521		53
54	Special add-on payments for new technologies			54
55	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			55
56	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			56
57	Routine service other pass through costs	266,163		57
58	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	150,087		58
59	Total (sum of amounts on lines 49 through 58)	64,597,820		59
60	Primary payer payments	64,715		60
61	Total amount payable for program beneficiaries (line 59 minus line 60)	64,533,104		61
62	Deductibles billed to program beneficiaries	5,472,331		62
63	Coinsurance billed to program beneficiaries	232,028		63
64	Allowable bad debts (see instructions)	1,539,561		64
65	Adjusted reimbursable bad debts (see instructions)	1,077,693		65
66	Allowable bad debts for dual eligible beneficiaries (see instructions)	756,981		66
67	Subtotal (line 61 plus line 65 minus lines 62 and 63)	59,906,440		67
68	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			68
69	Outlier payments reconciliation			69
70	Other adjustments (specify) (see instructions)			70
71	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	59,906,440		71
72	Interim payments	57,834,632		72
73	Tentative settlement (for contractor use only)			73
74	Balance due provider (Program) (lines 71 minus the sum of lines 72 and 73)	2,071,807		74
75	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	2,993,925		75
TO BE COMPLETED BY CONTRACTOR				
90	Operating outlier amount from Worksheet E, Part A line 2	1,462,245		90
91	Capital outlier from Worksheet L, Part I, line 2	177,519		91
92	Operating outlier reconciliation adjustment amount (see instructions)			92
93	Capital outlier reconciliation adjustment amount (see instructions)			93
94	The rate used to calculate the Time Value of Money (see instructions)			94
95	Time Value of Money for operating expenses (see instructions)			95
96	Time Value of Money for capital related expenses (see instructions)			96
08-11				

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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B	
Medicare -Title XVIII - Hospital				
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1	Medical and other services (see instructions)		38,722	1
2	Medical and other services reimbursed under OPPS (see instructions).		26,377,996	2
3	PPS payments		25,289,840	3
4	Outlier payment (see instructions)		239,057	4
5	Enter the hospital specific payment to cost ratio (see instructions)			5
6	Line 2 times line 5			6
7	Sum of lines line 3 plus line 4 divided by line 6			7
8	Transitional corridor payment (see instructions)			8
9	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		129,625	9
10	Organ acquisition			10
11	Total cost (sum of lines 1 and 10) (see instructions)		38,722	11
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12	Ancillary service charges		108,736	12
13	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			13
14	Total reasonable charges (sum of lines 12 and 13)		108,736	14
	Customary charges			
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis			15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)			17
18	Total customary charges (see instructions)		108,736	18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		70,014	19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)		38,722	21
22	Interns and residents (see instructions)			22
23	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, §2148)			23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)		25,658,522	24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25	Deductibles and coinsurance (see instructions)		12,043	25
26	Deductibles and Coinsurance relating to amount on line 24 (see instructions)		5,556,487	26
27	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)		20,128,714	27
28	Direct graduate medical education payments (from Worksheet E-4, line 50)		101,887	28
29	ESRD direct medical education costs (from Worksheet E-4, line 36)			29
30	Subtotal (sum of lines 27 through 29)		20,230,600	30
31	Primary payer payments		9,874	31
32	Subtotal (line 30 minus line 31)		20,220,728	32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33	Composite rate ESRD (from Worksheet I-5, line 11)			33
34	Allowable bad debts (see instructions)		1,292,466	34
35	Adjusted reimbursable bad debts (see instructions)		904,726	35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)		558,764	36
37	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		21,125,452	37
38	MSP-LCC reconciliation amount from PS&R			38
39	Other adjustments (specify) (see instructions)			39
40	Subtotal (line 37 plus or minus lines 39 minus 38)		21,125,452	40
41	Interim payments		20,467,816	41
42	Tentative settlement (for contractors use only)			42
43	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		657,638	43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			44
PART B - MEDICAL AND OTHER HEALTH SERVICES TO BE COMPLETED BY CONTRACTOR				
90	Original outlier amount (see instructions)		239,057	90
91	Outlier reconciliation adjustment amount (see instructions)			91
92	The rate used to calculate the Time Value of Money			92
93	Time Value of Money (see instructions)			93
94	Total (sum of lines 91 and 93)			94
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4030.2)				

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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E, PART B
Medicare -Title XVIII - Hospital			
Rev. 2 - 08-11			40-587

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MERCY HOSPITALS INC. - CHARLOTTE, NC
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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-4

Medicare -Title XVIII - Hospital

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996	7.31	1
2	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)		2
3	Amount of reduction to Direct GME cap under section 422 of MMA		3
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)		3.01
4	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))		4
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)		4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)		4.02
5	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts	7.31	5
6	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)	7.31	6
7	Enter the lesser of line 5 or line 6	7.31	7

		Primary Care	Other	Total	
		1	2	3	
8	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year	4.34	2.68	7.02	8
9	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6	4.34	2.68	7.02	9
10	Weighted dental and podiatric resident FTE count for the current year				10
11	Total weighted FTE count	4.34	2.68		11
12	Total weighted resident FTE count for the prior cost reporting year (see instructions)	4.34	2.68		12
13	Total weighted resident FTE count for the penultimate cost reporting year (see instr.)	4.34	2.68		13
14	Rolling average FTE count (sum of lines 11 through 13 divided by 3)	4.34	2.68		14
15	Adjustment for residents in initial years of new programs				15
16	Adjustment for residents displaced by program or hospital closure				16
17	Adjusted rolling average FTE count	4.34	2.68		17
18	Per resident amount	124,741	129,743		18
19	Approved amount for resident costs	541,377	347,713	889,090	19
20	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)				20
21	GME FTE weighted resident count over cap (see instructions)				21
22	Allowable additional direct GME FTE resident count (see instructions)				22
23	Enter the locality adjustment national average per resident amount (see instructions)				23
24	Multiply line 22 time line 23				24
25	Total direct GME amount (sum of lines 19 and 24)	889,090			25
	COMPUTATION OF PROGRAM PATIENT LCAD	Inpatient Part A	Managed Care		
26	Inpatient days	32,377	3,486		26
27	Total inpatient days	79,815	79,815		27
28	Ratio of inpatient days to total inpatient days	0.405651	0.043676		28
29	Program direct GME amount	360,660	38,832		29
30	Reduction for nursing/allied health		5,487		30
31	Net Program direct GME amount			394,005	31

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)

32	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		32
33	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		33
34	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		34
35	Medicare outpatient ESRD charges (see instructions)		35
36	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		36
	APPORTIONMENT OF MEDICARE REASONABLE COST OF GME		
	Part A Reasonable Cost		
37	Reasonable cost (see instructions)	76,146,376	37
38	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		38
39	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		39
40	Primary payer payments (see instructions)	64,715	40
41	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	76,081,664	41
	Part B Reasonable Cost		
42	Reasonable cost (see instructions)	26,546,344	42
43	Primary payer payments (see instructions)	9,874	43
44	Total Part B reasonable cost (line 42 minus line 43)	26,536,468	44

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET E-4	
Medicare -Title XVIII - Hospital				
45	Total reasonable cost (sum of lines 41 and 44)		102,618,128	45
46	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.741406	46
47	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.258594	47
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48	Total program GME payment (line 31)		394,005	48
49	Part A Medicare GME payment (line 46 x 48)(Title XVIII only) (see instructions)		292,118	49
50	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		101,887	50
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 4034)				
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BALANCE SHEET		Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G	
(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)					
	Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
CURRENT ASSETS						
1	Cash on hand and in banks	559,281				1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable	139,912,832				4
5	Other receivables	1,793,782				5
6	Allowances for uncollectible notes and accounts receivable	-72,144,152				6
7	Inventory	7,799,998				7
8	Prepaid expenses	541,259				8
9	Other current assets					9
10	Due from other funds	691,947,648				10
11	Total current assets (sum of lines 1-10)	770,410,688				11
FIXED ASSETS						
12	Land	1,514,842				12
13	Land improvements	13,921,209				13
14	Accumulated depreciation					14
15	Buildings	245,216,832				15
16	Accumulated depreciation					16
17	Leasehold improvements	472,763				17
18	Accumulated depreciation					18
19	Fixed equipment	28,924,922				19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment	96,972,424				23
24	Accumulated depreciation	-140,176,896				24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated Assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)	246,846,096				30
OTHER ASSETS						
31	Investments	80,106,288				31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets	29,386				34
35	Total other assets (sum of lines 31-34)	80,135,680				35
36	Total assets (sum of lines 11, 30, and 35)	1,097,392,384				36
Liabilities and Fund Balances (Omit cents)						
CURRENT LIABILITIES						
37	Accounts payable	648,606				37
38	Salaries, wages, and fees payable					38
39	Payroll taxes payable					39
40	Notes and loans payable (short term)					40
41	Deferred income					41
42	Accelerated payments					42
43	Due to other funds					43
44	Other current liabilities	1,803,227				44
45	Total current liabilities (sum of lines 37 thru 44)	2,451,833				45
LONG TERM LIABILITIES						
46	Mortgage payable					46
47	Notes payable					47
48	Unsecured loans					48
49	Other long term liabilities	1,529,175				49

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BALANCE SHEET		Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G	
(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)					
	Assets (Omit cents)	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
50	Total long term liabilities (sum of lines 46 thru 49)	1,529,175				50
51	Total liabilities (sum of lines 45 and 50)	3,981,008				51
CAPITAL ACCOUNTS						
52	General fund balance	1,093,411,456				52
53	Specific purpose fund					53
54	Donor created - endowment fund balance - restricted					54
55	Donor created - endowment fund balance - unrestricted					55
56	Governing body created - endowment fund balance					56
57	Plant fund balance - invested in plant					57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion					58
59	Total fund balances (sum of lines 52 thru 58)	1,093,411,456				59
60	Total liabilities and fund balances (sum of lines 51 and 59)	1,097,392,384				60
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)						
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STATEMENT OF CHANGES IN FUND BALANCES	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		ENDOWMENT FUND		PLANT FUND		
		1	2	3	4	5	6	7	8	
1	Fund balances at beginning of period		994,581,312							1
2	Net income (loss) (from Worksheet G-3, line 29)		98,908,952							2
3	Total (sum of line 1 and line 2)		1,093,490,304							3
4										4
5										5
6	FUND BALANCE TRANSFER OF PP&E	131,267								6
7										7
8										8
9										9
10	Total additions (sum of lines 4-9)		131,267							10
11	Subtotal (line 3 plus line 10)		1,093,621,504							11
12										12
13										13
14	FUND BALANCE TRANSFER OF PP&E	210,086								14
15										15
16										16
17										17
18	Total deductions (sum of lines 12-17)		210,086							18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,093,411,456							19

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)	Rev. 2
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-2, PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	78,182,064		78,182,064	1
2	Subprovider IPF				2
3	Subprovider IRF				3
4	Subprovider (Other)				4
5	Swing bed - SNF				5
6	Swing bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	78,182,064		78,182,064	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive care unit	30,536,144		30,536,144	11
12	Coronary care unit				12
13	Burn intensive care unit				13
14	Surgical intensive care unit				14
15	Other special care (specify)	5,133,203		5,133,203	15
16	Total intensive care type inpatient hospital services (sum of of lines 11-15)	35,669,348		35,669,348	16
17	Total inpatient routine care services (sum of lines 10 and 16)	113,851,416		113,851,416	17
18	Ancillary services	428,183,712	537,311,488	965,495,168	18
19	Outpatient services	19,757,962	124,550,304	144,308,272	19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
24	Outpatient rehabilitation providers				24
25	ASC				25
26	Hospice				26
27	Other (specify)				27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	561,793,088	661,861,760	1,223,654,912	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Wkst. A, column 3, line 200)		329,907,328	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		329,907,328	43

FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)

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STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET G-3	
Description				
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)		1,223,654,912	1
2	Less contractual allowances and discounts on patients' accounts		808,290,944	2
3	Net patient revenues (line 1 minus line 2)		415,363,904	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)		329,907,328	4
5	Net income from service to patients (line 3 minus line 4)		85,456,568	5
OTHER INCOME				
6	Contributions, donations, bequests, etc		22,652	6
7	Income from investments		6,895,413	7
8	Revenues from telephone and telegraph service			8
9	Revenue from television and radio service			9
10	Purchase discounts			10
11	Rebates and refunds of expenses			11
12	Parking lot receipts		1,803	12
13	Revenue from laundry and linen service			13
14	Revenue from meals sold to employees and guests		954,089	14
15	Revenue from rental of living quarters			15
16	Revenue from sale of medical and surgical supplies to other than patients			16
17	Revenue from sale of drugs to other than patients		8,889	17
18	Revenue from sale of medical records and abstracts		101,762	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		941,272	19
20	Revenue from gifts, flowers, coffee shops, and canteen		430,138	20
21	Rental of vending machines			21
22	Rental of hospital space		1,518,410	22
23	Governmental appropriations			23
24	Other (specify)			24
24.00	MISCELLANEOUS INCOME		145,904	24.00
24.01	GAIN ON ASSET DISPOSAL		29,108	24.01
24.02	MATERNITY SVCS EDUCATION INCOME		41,168	24.02
24.03	YMCA REVENUE		225,650	24.03
24.04	PHARMACY PRECEPTOR REVENUE		2,500	24.04
24.05	PHARMACY ROBOTICS SUPPORT REVENUE		3,132,017	24.05
24.06	LACTATION SALES AND EQUIPMENT RENTAL		63,949	24.06
24.07	SERVICES PROVIDED TO OUTSIDE ENTITY		2,157,702	24.07
24.08	CIR REHAB UNIT SERVICE REVENUE		1,746,879	24.08
24.09	LTACH REVENUE		3,936,991	24.09
24.10	UNREALIZED GAIN ON INVESTMENTS		-7,282,576	24.10
24.11	PHYSICIAN SERVICE REVENUE		159,975	24.11
25	Total other income (sum of lines 6-24)		15,233,695	25
26	Total (line 5 plus line 25)		100,690,264	26
27	Other expenses (specify)			27
27.00	TOTAL OTHER EXPENSES		1,781,307	27.00
28	Total other expenses (sum of line 27 and subscripts)		1,781,307	28
29	Net income (or loss) for the period (line 26 minus line 28)		98,908,952	29
FORM CMS-2552-10 (08/2011) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 4040)				
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MERCY HOSPITALS INC. - CHARLOTTE, NC
Cost report status - As Submitted
[Record code 7192 - 2010]

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 340098	PERIOD: FROM 01/01/2011 TO 12/31/2011	WORKSHEET L

Medicare -Title XVIII - Hospital

PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1	Capital DRG other than outlier	4,312,048	1
2	Capital DRG outlier payments	177,519	2
3	Total inpatient days divided by number of days in the cost reporting period (see instructions)	218.67	3
4	Number of interns & residents (see instructions)	7.31	4
5	Indirect medical education percentage (see instructions)	0.95	5
6	Indirect medical education adjustment (line 1 times line 5)	40,964	6
7	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, Part A line 30) (see instructions)	0.081200	7
8	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	0.127400	8
9	Sum of lines 7 and 8	0.208600	9
10	Allowable disproportionate share percentage (see instructions)	0.043100	10
11	Disproportionate share adjustment (line 10 times lines 1)	185,849	11
12	Total prospective capital payments (sum of lines 1-2, 6 and 11)	4,716,380	12

PART II - PAYMENT UNDER REASONABLE COST

1	Program inpatient routine capital cost (see instructions)		1
2	Program inpatient ancillary capital cost (see instructions)		2
3	Total inpatient program capital cost (line 1 plus line 2)		3
4	Capital cost payment factor (see instructions)		4
5	Total inpatient program capital cost (line 3 x line 4)		5

PART III - COMPUTATION OF EXCEPTION PAYMENTS

1	Program inpatient capital costs (see instructions)		1
2	Program inpatient capital costs for extraordinary circumstances (see instructions)		2
3	Net program inpatient capital costs (line 1 minus line 2)		3
4	Applicable exception percentage (see instructions)		4
5	Capital cost for comparison to payments (line 3 x line 4)		5
6	Percentage adjustment for extraordinary circumstances (see instructions)		6
7	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		7
8	Capital minimum payment level (line 5 plus line 7)		8
9	Current year capital payments (from Part I, line 12 as applicable)		9
10	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		10
11	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		11
12	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		12
13	Current year exception payment (if line 12 is positive, enter the amount on this line)		13
14	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		14
15	Current year allowable operating and capital payment (see instructions)		15
16	Current year operating and capital costs (see instructions)		16
17	Current year exception offset amount (see instructions)		17

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